

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/06)



LOCAL REPORT # *

07-060471

CRASH SEVERITY

3 1 FATAL 3 PDO 2 INJURY 4 UNKNOWN

PRIVATE PROPERTY

X IF YES

HIT/SKIP

1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED

PHOTOS TAKEN

X IF YES

OH-2

OH-3

OH-1P

Other

N.C.I.C. # *

015009

REPORTING AGENCY *

YOUNGSTOWN P.D.

UNITS

01

UNIT ERROR

01

96 = ANIMAL 99 = UNKNOWN

DATE OF CRASH *

08132007

TIME OF CRASH

1344

DAY OF WEEK

MON

CITY *

X

VILLAGE *

TWP *

NAME (OF CITY, VILLAGE OR TOWNSHIP) *

YOUNGSTOWN

COUNTY # *

50

LATITUDE

LONGITUDE

CRASH OCCURRED ON:

PREFIX

HERMOBA DR.

TYPE LOC.

1

TYPE LOCATION POINT USED

1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET

LOCAL INFORMATION

LIST REFERENCE

10019

PREFIX REFERENCE

COLEMAN

REF. POINT

02

REFERENCE POINT USED

01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE

04 HOUSE NUMBER

05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT

08 PLACE NAME W/O REFERENCE

09 DRIVEWAY 10 STREET OR ROUTE W/O REFERENCE

UNIT #

A

OF OCC.

01

NAME (LAST, FIRST, MIDDLE)

LANES, JOSE M.

ADDRESS (STREET, CITY, STATE, ZIP CODE)

1808 E. 42ND ST, LORAIN, OHIO 44055

SOCIAL SECURITY NUMBER

0410791364

DATE OF BIRTH

12231982

AGE

24

SEX

M

HOME PHONE #

440-308-0786

WORK PHONE #

216-749-2261

DL STATE

OH

DL #

344829

LP STATE

OH

LP #

344829

INJURED TAKEN BY

1

1 NONE 4 OTHER

2 EMS 5 UNKNOWN 3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

POLARIS Motor

ADDRESS (STREET, CITY, STATE, ZIP CODE)

Freight Trc 1015 Valley Bell Rd, Brooklyn Heights Oh 44131

YEAR

2005

MAKE

Intentional

MODEL

COLOR

Yellow

INSURANCE COMPANY

MARKEL

TOWING SERVICE

NOVE-

OWNER PHONE #

1-888-588-3783

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE? X IF YES

UNIT #

B

OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

AGE

SEX

HOME PHONE #

WORK PHONE #

DL STATE

DL #

LP STATE

LP #

INJURED TAKEN BY

1 NONE 4 OTHER

2 EMS 5 UNKNOWN 3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

MAKE

MODEL

COLOR

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE? X IF YES

UNIT #

C

OF OCC.

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY

TRANSPORTED BY

INJURED TAKEN TO

UNIT #

D

OF OCC.

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY

TRANSPORTED BY

INJURED TAKEN TO

Motorist/Non-Motorist

Occupant

01	FRONT - LEFT (MC DRIVER)
02	FRONT - MIDDLE
03	FRONT - RIGHT
04	SECOND - LEFT (MC PASS)
05	SECOND - MIDDLE
06	SECOND - RIGHT
07	THIRD - LEFT (MC PASSENGER/SIDE CAR)
08	THIRD - MIDDLE
09	THIRD - RIGHT
10	SLEEPER SECTION OF CAB
11	ENCLOSED CARGO AREA
12	UNENCLOSED CARGO AREA
13	TRAILING UNIT
14	EXTERIOR
15	OTHER
16	NON-MOTORIST
17	UNKNOWN

01	NONE USED
02	SHOULDER BELT ONLY
03	LAP BELT ONLY
04	SHOULDER/LAP BELT
05	CHILD SAFETY SEAT
06	MC HELMET USED
07	USE UNKNOWN
08	NONE USED
09	HELMET USED
10	PROTECTIVE PADS
11	REFLECTIVE CLOTHING
12	LIGHTING
13	OTHER
14	UNKNOWN

1	NOT-DEPLOYED
2	DEPLOYED-FRONT
3	DEPLOYED-SIDE
4	DEPLOYED BOTH FRONT/SIDE
5	NOT APPLICABLE
6	UNKNOWN

1	NOT PRESENT
2	IN ON POSITION
3	IN OFF POSITION
4	UNKNOWN

1	NOT EJECTED
2	TOTALLY EJECTED
3	PARTIALLY EJECTED
4	NOT APPLICABLE
5	UNKNOWN

1	NOT TRAPPED
2	EXTRICATED BY MECHANICAL MEANS
3	FREED BY NON-MECHANICAL MEANS
4	UNKNOWN

1	NO INJURY
2	POSSIBLE
3	NON-INCAPACITATING
4	INCAPACITATING
5	FATAL INJURY
6	UNKNOWN

SUPPLEMENT # X IF YES

UNIT NUMBERS
01 02 03 04 05 06 07 08 09 10 11 12 13 14 15

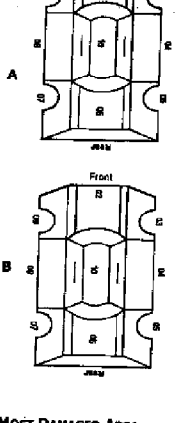
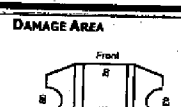
NON-MOTORIST LOCATION
01 MARKED CROSSWALK AT INTERSECTION
02 INTERSECTION/NO CROSSWALK
03 NON-INTERSECTION CROSSWALK
04 DRIVEWAY ACCESS CROSSWALK
05 IN ROADWAY
06 NOT IN ROADWAY
07 MEDIAN (BUT NOT SHOULDER)
08 ISLAND
09 SHOULDER
10 SIDEWALK
11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)
12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
13 OUTSIDE TRAFFICWAY
14 SHARED USE PATHS OR TRAILS
15 UNKNOWN

TYPE OF UNIT
01 SUB-COMPACT
02 COMPACT
03 MID SIZE
04 FULL SIZE
05 MINIVAN
06 SPORT UTILITY VEHICLE
07 PICKUP
08 PANEL/VAN
09 SINGLE UNIT TRUCK
10 TRUCK/TRAILER
11 TRUCK TRACTOR (BOBTAIL)
12 TRACTOR/SEMI-TRAILER
13 TRACTOR/DOUBLE SHORT
14 TRACTOR/DOUBLE LONG
15 FIFTH WHEEL OR CONVERTER DOLLY
16 TRACTOR/TRIPLES
17 MOTORCYCLE
18 MOTORIZED BICYCLE
19 SCHOOL BUS
20 CHURCH BUS
22 PUBLIC BUS
23 OTHER BUS
24 POLICE VEHICLE
25 FIRE TRUCK
26 AMBULANCE/RESCUE
27 TAXI
28 MOTOR HOME
29 TRAIN
30 FARM VEHICLE
31 FARM EQUIPMENT
32 SNOWMOBILE
33 CONSTRUCTION EQUIPMENT
34 ALL OTHERS

MOTORIST
01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD
02 BACKING
03 CHANGING LANES
04 OVERTAKING/PASSING
05 TURNING RIGHT
06 TURNING LEFT
07 MAKING U-TURN
08 ENTERING TRAFFIC LANE
09 LEAVING TRAFFIC LANE
10 PARKED
11 SLOWING/STOPPED IN TRAFFIC
12 DRIVERLESS
13 OTHER
14 UNKNOWN
NON-MOTORIST
15 ENTERING/CROSSING IN SPECIFIED LOCATION
16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING
17 WORKING
18 PUSHING VEHICLE
19 APPROACHING/LEAVING VEHICLE
20 PLAYING/WORKING ON VEHICLE
21 STANDING
22 OTHER
23 UNKNOWN

IN EMERGENCY RESPONSE
1 NO
2 YES
3 UNKNOWN

DAMAGE SCALE
1 NONE
2 NON-FUNCTIONAL DAMAGE
3 FUNCTIONAL DAMAGE
4 DISABLING DAMAGE
5 SEVERE
6 UNKNOWN



POINT OF IMPACT
01 NONE
02 CENTER FRONT
03 RIGHT FRONT
04 RIGHT SIDE
05 RIGHT REAR
06 REAR CENTER
07 LEFT REAR
08 LEFT SIDE
09 LEFT FRONT
10 TOP AND WINDOWS
11 UNDERCARRIAGE
12 LOAD/TRAILER
13 TOTAL (ALL AREAS)
14 OTHER
15 UNKNOWN

ACTION
1 NON-CONTACT
2 NON-COLLISION
3 STRIKING
4 STRUCK
5 BOTH STRIKING AND STRUCK
6 UNKNOWN

STRIKING VEHICLE: OVERRIDE / UNDERIDE
1 NO UNDERIDE OR OVERRIDE
2 UNDERIDE, COMPARTMENT INTRUSION
3 UNDERIDE, NO COMPARTMENT INTRUSION
4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN
5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT
6 OVERRIDE, OTHER VEHICLE
7 UNKNOWN

PRE-CRASH ACTIONS
01 NONE
02 CENTER FRONT
03 RIGHT FRONT
04 RIGHT SIDE
05 RIGHT REAR
06 REAR CENTER
07 LEFT REAR
08 LEFT SIDE
09 LEFT FRONT
10 TOP AND WINDOWS
11 UNDERCARRIAGE
12 LOAD/TRAILER
13 TOTAL (ALL AREAS)
14 OTHER
15 UNKNOWN

CONTRIBUTING CIRCUMSTANCES
01 NONE
02 FAILURE TO YIELD
03 RAN RED LIGHT, OR STOP SIGN
04 EXCEEDED SPEED LIMIT
05 UNSAFE SPEED
06 IMPROPER TURN
07 LEFT OF CENTER
08 FOLLOWED TOO CLOSELY/ACCDA
09 IMPROPER LANE CHANGE/
DROVE OFF ROAD/
IMPROPER PASSING
10 IMPROPER BACKING
11 IMPROPER START FROM PARKED POSITION
12 STOPPED OR PARKED ILLEGALLY
13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER
14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)
15 FAILURE TO CONTROL
16 VISION OBSTRUCTION
17 DRIVER INATTENTION
18 FATIGUE/ASLEEP
19 OPERATING DEFECTIVE EQUIPMENT
20 LOAD SHIFTING/FALLING/SPLING
21 OTHER IMPROPER ACTION
22 UNKNOWN
NON-MOTORIST
23 NONE
24 IMPROPER CROSSING
25 DARTING
26 LYING AND/OR ILLEGALLY IN ROADWAY
27 FAILURE TO YIELD RIGHT OF WAY
28 NOT VISIBLE (DARK CLOTHING)
29 INATTENTIVE
30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER
31 WRONG SIDE OF THE ROAD
32 OTHER
33 UNKNOWN

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE
01 TURN SIGNALS
02 HEAD LAMPS
03 TAIL LAMPS
04 BRAKES
05 STEERING
06 TIRE BLOWOUT
07 WORN OR SLICK TIRES
08 TRAILER EQUIPMENT DEFECTIVE
09 MOTOR TROUBLE
10 DISABLED FROM PRIOR CRASH
11 OTHER DEFECTS

SEQUENCE OF EVENTS
A B
1 2 3 4

NON-COLLISION
01 OVERTURN/ROLLOVER
02 FIRE/EXPLOSION
03 IMMERSION
04 JACKKNIFE
05 CARGO/EQUIPMENT LOSS/SHIFT
06 EQUIPMENT FAILURE
07 SEPARATION OF UNITS
08 RAN OFF ROAD RIGHT
09 RAN OFF ROAD LEFT
10 CROSS MEDIAN/CENTERLINE
11 DOWNHILL RUNAWAY
12 OTHER NON-COLLISION
13 UNKNOWN NON-COLLISION
COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED
14 PEDESTRIAN
15 PEDALCYCLE
16 RAILWAY VEHICLE
17 ANIMAL - FARM
18 ANIMAL - DEER
19 ANIMAL - OTHER
20 MOTOR VEHICLE IN TRANSPORT
21 PARKED MOTOR VEHICLE
22 WORK ZONE MAINTENANCE EQUIPMENT
23 OTHER MOVABLE OBJECT
24 UNKNOWN MOVABLE OBJECT
COLLISION WITH FIXED OBJECT
25 IMPACT ATTENUATOR/CRASH CUSHION
26 BRIDGE OVERHEAD STRUCTURE
27 BRIDGE PIER OR ABUTMENT
28 BRIDGE PARAPET
29 BRIDGE RAIL
30 GUARDRAIL FACE
31 GUARDRAIL END
32 MEDIAN BARRIER
33 HIGHWAY TRAFFIC SIGN POST
34 OVERHEAD SIGN POST
35 LIGHT/ILLUMINARIES SUPPORT
36 UTILITY POLE
37 OTHER POST, POLE OR SUPPORT
38 CULVERT
39 CURB
40 DITCH
41 EMBANKMENT
42 FENCE
43 MAILBOX
44 TREE
45 OTHER FIXED OBJECT
46 WORK ZONE MAINTENANCE EQUIPMENT
47 UNKNOWN FIXED OBJECT
48 OTHER
49 UNKNOWN

FIRST HARMFUL EVENT
1 2 3 4
OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

MOST HARMFUL EVENT
1 2 3 4
OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

SPEED DETECTED
1 STATED
2 ESTIMATED SPEED
SPEED
A B

ALCOHOL TEST STATUS
1 NONE
2 TEST REFUSED
3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
4 TEST GIVEN, RESULTS KNOWN
5 TEST GIVEN, RESULTS UNKNOWN
6 UNKNOWN
ALCOHOL TEST TYPE
1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER
ALCOHOL TEST RESULT
A B

POSTED SPEED
25

TRAFFIC CONTROL
01 NO CONTROLS
02 STOP SIGN
03 YIELD SIGN
04 TRAFFIC SIGNAL
05 TRAFFIC FLASHERS
06 SCHOOL ZONE
07 RAILROAD CROSSBUCKS
08 RAILROAD FLASHERS
09 RAILROAD GATES
10 CONSTRUCTION BARRICADE
11 POLICE OFFICER
12 PAVEMENT MARKINGS
13 CROSSWALK LINES
14 WALK/DON'T WALK SIGNAL
15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
16 OTHER

DIRECTION
FROM TO FROM TO
1 NORTH
2 SOUTH
3 EAST
4 WEST
5 NORTHEAST
6 NORTHWEST
7 SOUTHWEST
8 SOUTHWEST
9 UNKNOWN

CONDITION
1 APPARENTLY NORMAL
2 PHYSICAL IMPAIRMENT
3 EMOTIONAL
4 ILLNESS
5 FELL ASLEEP, FAINED, FATIGUED, ETC
6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
7 OTHER
8 UNKNOWN
ALCOHOL/DRUG SUSPECTED
1 NONE
2 YES - ALCOHOL SUSPECTED
3 YES - HBD NOT IMPAIRED
4 YES - DRUGS SUSPECTED
5 YES - ALCOHOL/DRUGS SUSPECTED
6 UNKNOWN

ALCOHOL TEST STATUS
1 NONE
2 TEST REFUSED
3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
4 TEST GIVEN, RESULTS KNOWN
5 TEST GIVEN, RESULTS UNKNOWN
6 UNKNOWN
ALCOHOL TEST TYPE
1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER
ALCOHOL TEST RESULT
A B

DRUG TEST STATUS
1 NONE
2 TEST REFUSED
3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
4 TEST GIVEN, RESULTS KNOWN
5 TEST GIVEN, RESULTS UNKNOWN
6 UNKNOWN

DRUG TEST TYPE
1 NONE
2 BLOOD
3 URINE
4 OTHER
DRUG TEST 1&2 RESULT
1 2 1 2

TYPE OF INTERSECTION
01 NOT AN INTERSECTION
02 FOUR-WAY INTERSECTION
03 T-INTERSECTION
04 Y-INTERSECTION
05 TRAFFIC CIRCLE/ROUNDABOUT
06 FIVE-POINT, OR MORE
07 ON RAMP
08 OFF RAMP
09 CROSSOVER
10 DRIVEWAY/ACCESS
11 RAILWAY GRADE CROSSING
12 SHARED-USE PATHS OR TRAILS
13 UNKNOWN

OCCURRENCE
1 ON ROADWAY
2 ON SHOULDER
3 IN MEDIAN
4 ON ROADSIDE
5 ON GORE
6 OUTSIDE TRAFFICWAY
7 UNKNOWN
ROAD CONTOUR
1 STRAIGHT LEVEL
2 STRAIGHT GRADE
3 CURVE LEVEL
4 CURVE GRADE

ROAD CONDITIONS
PRIMARY SECONDARY
01 DRY
02 WET
03 SNOW
04 ICE
05 SAND, MUD, DIRT, OIL, GRAVEL
06 WATER (STANDING, MOVING)
07 SLUSH
08 DEBRIS**
09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT**
10 OTHER
11 UNKNOWN
**SECONDARY ROAD CONDITIONS ONLY

SUPPLEMENT * X* IF YES LOCAL REPORT # * 07-0604711

Narrative

Unit # 1 was southbound on the 3200 block of
 Hermosa Dr. misjudged the clearance of two overhead wires
 and struck them bringing them down. Cable and phone wires
 down. Cable service out to some houses. Trailer Plate (ONTARIO)
 C 9853R

MANNER OF COLLISION OR IMPACT

1

- 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
- 2 REAR-END
- 3 HEAD-ON
- 4 REAR-TO-REAR
- 5 BACKING
- 6 ANGLE
- 7 SIDESWIPe, SAME DIRECTION
- 8 SIDESWIPe, OPPOSITE DIRECTION
- 9 UNKNOWN

SCHOOL BUS RELATED

1

- 1 NO
- 2 YES, DIRECTLY INVOLVED
- 3 YES, INDIRECTLY INVOLVED
- 4 UNKNOWN

WORK ZONE RELATED

1

- 1 NO
- 2 YES
- 3 UNKNOWN

TYPE OF WORK ZONE

1

- 1 LANE CLOSURE
- 2 LANE SHIFT/CROSSOVER
- 3 WORK ON SHOULDER OR MEDIAN
- 4 INTERMITTENTLY MOVING WORK
- 5 OTHER

LOCATION OF CRASH IN WORK ZONE

1

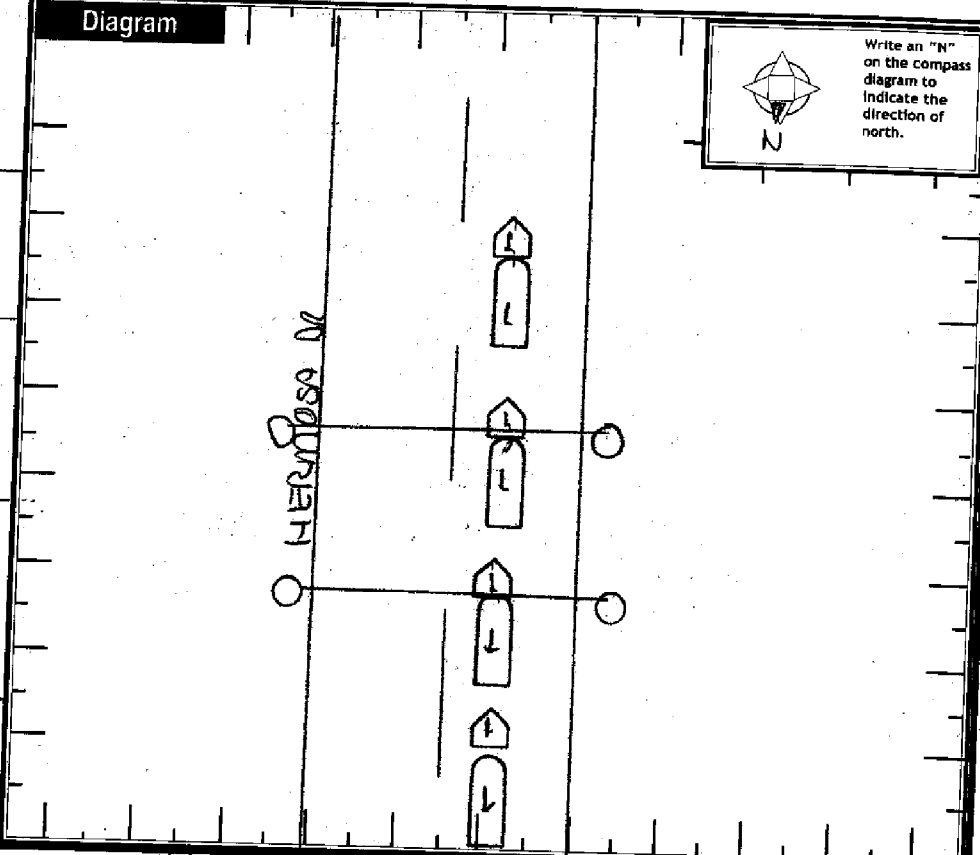
- 1 BEFORE FIRST WORK ZONE WARNING SIGN
- 2 ADVANCE WARNING AREA
- 3 TRANSITION AREA
- 4 ACTIVITY AREA

WORKERS PRESENT

1

- 1 NO
- 2 YES
- 3 UNKNOWN

Diagram



Write an "N" on the compass diagram to indicate the direction of north.

WEATHER

01

- 01 CLEAR
- 02 CLOUDY
- 03 FOG, SMOG, SMOKE
- 04 RAIN
- 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)
- 06 SNOW
- 07 SEVERE CROSSWINDS
- 08 BLOWING SAND, SOIL, DIRT, SNOW
- 09 OTHER
- 10 UNKNOWN

LIGHT CONDITIONS

PRIMARY 1

- 1 DAYLIGHT
- 2 DAWN
- 3 DUSK
- 4 DARK - LIGHTED ROADWAY
- 5 DARK - NOT LIGHTED
- 6 DARK - UNKNOWN LIGHTING
- 7 GLARE
- 8 OTHER
- 9 UNKNOWN

Truck/Bus

Unit #

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
 A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
 A BUS DESIGNED FOR AT LEAST 9 PERSONS, INCLUDING DRIVER.

**A
N
D**

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
 A FATALITY; OR
 AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
 AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

COMPANY (FROM SHIPPING PAPERS)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT: ICC MC: PUCO: TRAILER LP ST: TRAILER LP YEAR: TRAILER LP #: PLACARD: # DIA:

CARGO BODY TYPE: 01 NOT APPLICABLE, 02 BUS (8-15 INCLUDING DRIVER), 03 VAN/ENCLOSED BOX, 04 GRAIN/CHIPS/GRAVEL, 05 POLE, 06 CARGO TANK, 07 FLATBED, 08 DUMP, 09 CONCRETE MIXER, 10 AUTO TRANSPORTER, 11 GARBAGE/REFUSE, 12 OTHER, 13 UNKNOWN

Weight (GVWR): 1 LESS/EQUAL 10,000, 2 10,001 - 20,000, 3 MORE THAN 20,000

CDL Class: 1 CLASS A, 2 CLASS B, 3 CLASS C, 4 CLASS M, 5 CLASS D

Hazardous Materials Placard: 1 NO, 2 YES, 3 UNKNOWN

Hazardous Materials Released: 1 NO, 2 YES, 3 NOT APPLICABLE, 4 UNKNOWN

Police Action

DATE CRASH REPORTED: 08/13/07 TIME REC CALL: 1344 DISPATCH: 1344 ARRIVED: 1344 CLEARED: 1500 OTHER: TOTAL MINUTES: 76

OFFICER'S NAME: J. ROUNDS BADGE #: 8717 CHECKED BY: D/S R. Deichman DATE REPORT FILED: 08/14/07

REPORT TAKEN BY: 1 POLICE AGENCY, 2 MOTORIST REPORT TAKEN AT: 1 SCENE, 2 STATION, 3 OTHER

SUPPLEMENT "X" IF YES: LOCAL REPORT #: 07-0604711