



TRAFFIC CRASH REPORT

CRASH REPORT # 10MPD 1170	CRASH SEVERITY 2 1.FATAL ERROR 1.FDO 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO	HIT/SKIP 1 1.NOT HIT/SKIP 2.SOLVED 3.UNSOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	# UNITS 2	UNIT ERROR 01 98.ANIMAL 99.UNKNOWN	DATE OF CRASH 6/17/2010	

TIME OF CRASH 17:22	DAY OF WEEK THU	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40332002	LONGITUDE 081542007
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX	1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE	
CRASH LOCATION LAKEVIEW DR.	TYPE LOC 1	

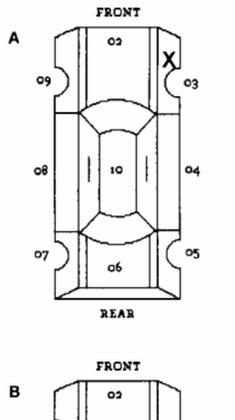
AT/REFERENCE	REFERENCE POINT USED
DIST. REF. DR. PREFIX REFERENCE REF POINT	01.STATE LINE 02.INTERSECTION OF TWO STREETS 03.COUNTY LINE 04.HOUSE NUMBER 05.TOWNSHIP BOUNDARY 06.MILE POST 07.CORPORATION LIMIT 08.PLACE NAME WITHOUT REFERENCE 09.DRIVEWAY 10.STREET OR ROUTE WITHOUT REFERENCE
BRIAR LN. 02	

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) MILLER ANTHONY J.
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 101 LAKEVIEW DR. APT. C15 MILLERSBURG OH 44654			
SOCIAL SECURITY NUMBER	DATE OF BIRTH 08/24/1990	AGE 19	SEX M
HOME PHONE # (330)464-6530	WORK PHONE #		
DL STATE OH	DL # TD709237	LP STATE OH	LP # ERT1833
INJURED TAKEN BY 2 1.NONE 4.OTHER 2.EMS 3.UNKNOWN 3.POLICE	TRANSPORTED BY HOLMES FIRE DIST. #1	INJURED TAKEN TO JOEL POMERENE HOSPI	
OWNER NAME (IF SAME, WRITE 'SAME') MILLER, ANTHONY J.		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 101 LAKEVIEW DR. APT. C15 MILLERSBURG OH 44654	
YEAR 2003	MAKE CADILLAC	MODEL DE VILLE	COLOR BLACK
INSURANCE COMPANY SWISS VILLAGE INS	TOWING SERVICE	OWNER PHONE# (330)464-6530	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO

B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) BEACHY JON E.
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 680 BOB WHITE LN. MILLERSBURG OH 44654			
SOCIAL SECURITY NUMBER	DATE OF BIRTH 03/15/1991	AGE 19	SEX M
HOME PHONE # (330)231-2425	WORK PHONE #		
DL STATE OH	DL # TM594510	LP STATE OH	LP # EVL3008
INJURED TAKEN BY 1 1.NONE 4.OTHER 2.EMS 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE 'SAME') BEACHY, JON E.		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 680 BOB WHITE LN. MILLERSBURG OH 44654	
YEAR 2001	MAKE MITSUBISHI	MODEL ECLIPSE	COLOR BLACK
INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE	OWNER PHONE# (330)231-2425	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO

C	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE#	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			INJURED TAKEN BY <input type="checkbox"/> 1.NONE 4.OTHER 2.EMS 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO	
D	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE#	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			INJURED TAKEN BY <input type="checkbox"/> 1.NONE 4.OTHER 2.EMS 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO	

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
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 SEATER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	MOTORIST 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED 06 HELMET USED 07 RESTRAINT USE UNKNOWN 08 NON-MOTORIST 09 HELMET USED 10 PROTECTIVE PADN (REFLECTIVE CLOTHING) 11 LIGHTING 12 LIGHTING 13 OTHER 14 UNKNOWN	1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	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
A 01	A 14	A 1	A 1	A 1	A 1	A 3
B 01	B 04	B 1	B 1	B 1	B 1	B 1
C	C	C	C	C	C	C
D	D	D	D	D	D	D
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT 'X' IF YES

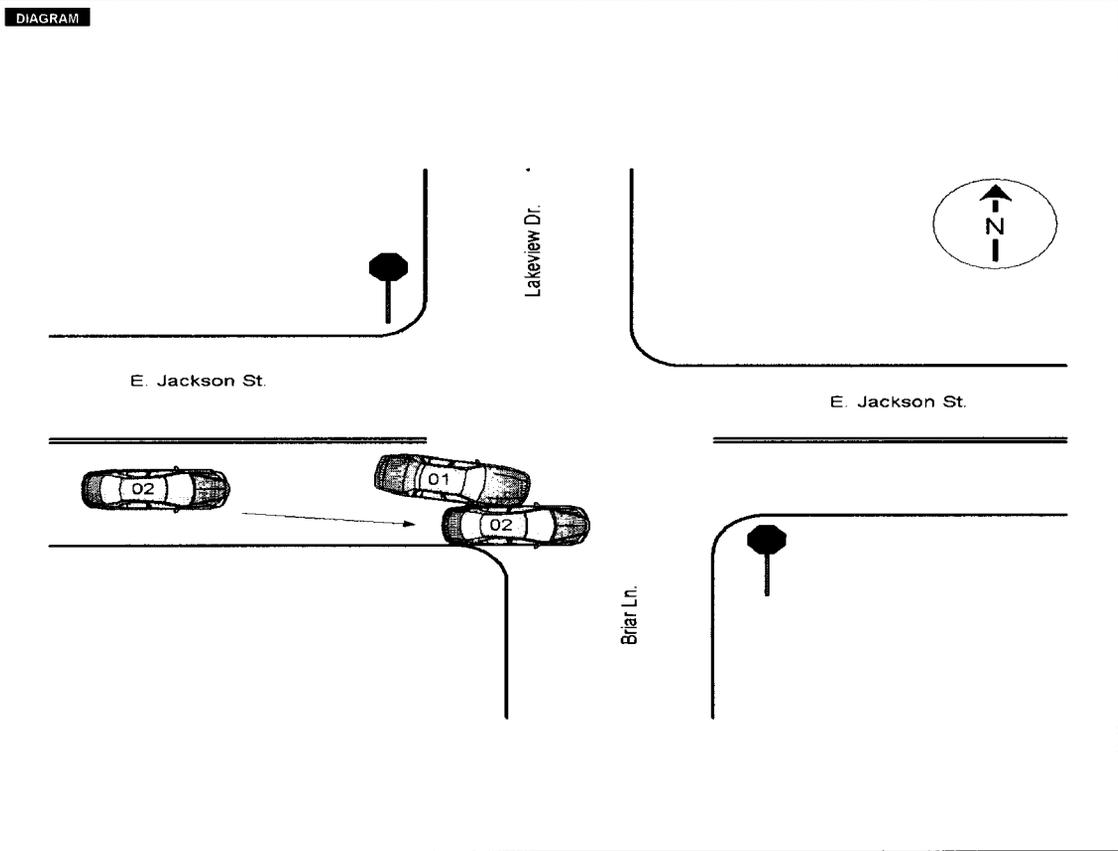
UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="05"/> B <input type="text" value="04"/> <p>MOTORIST</p> <ol style="list-style-type: none"> MOVEMENTS ESSENTIALLY STRAIGHT AHEAD BACKING CHANGING LANES OVER TAKING / PASSING TURNING RIGHT TURNING LEFT MAKING U-TURN ENTERING TRAFFIC LANE LEAVING TRAFFIC LANE PARKED SLOWING OR STOPPED IN TRAFFIC DRIVERLESS OTHER UNKNOWN <p>NON-MOTORIST</p> <ol style="list-style-type: none"> ENTERING OR CROSSING SPECIFIED LOCATION WALKING, RUNNING, JOGGING, PLAYING, CYCLING WORKING PUSHING VEHICLE APPROACHING OR LEAVING VEHICLE PLAYING OR WORKING ON VEHICLE STANDING OTHER UNKNOWN 	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>1 <input type="text" value="20"/></td><td>1 <input type="text" value="20"/></td></tr> <tr><td>2 <input type="text"/></td><td>2 <input type="text"/></td></tr> <tr><td>3 <input type="text"/></td><td>3 <input type="text"/></td></tr> <tr><td>4 <input type="text"/></td><td>4 <input type="text"/></td></tr> </table> <p>NON-COLLISION</p> <ol style="list-style-type: none"> OVER TURN ROLL/OVER FIRE/EXPLOSION IMMERSION JACKKNIFE CARGO EQUIPMENT LOSS OR SHIFT EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) SEPARATION OF UNITS ORAN OF ROAD RIGHT RAN OFF ROAD LEFT CROSS MEDIAN CENTERLINE DOWNHILL RUNAWAY OTHER NON-COLLISION UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE OR OBJECT NOT INDEXED PEDESTRIAN PEDICYCLE RAILWAY VEHICLE (E.G. TRAIN, ENGINE) ANIMAL - FARM ANIMAL - DEER ANIMAL - OTHER MOTOR VEHICLE IN TRANSPORT PARKED MOTOR VEHICLE WORK ZONE MAINTENANCE EQUIPMENT OTHER MOVABLE OBJECT UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT IMPACT ATTEN/ATOR CRASH POSITION BRIDGE OVERHEAD STRUCTURE BRIEF FIER OR ABUTMENT BRIDGE PARAPET BRIDGE RAIL GUARDRAIL FACE GUARDRAIL END MEDIAN BARRIER HIGHWAY TRAFFIC SIGN POST OVERHEAD SIGN POST LIGHT FIXTURES SUPPORT UTILITY POLE OTHER POST, POLE OR SUPPORT CULVERT CURB DEITCH EMBANKMENT FENCE MAILBOX TREE OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC) WORK ZONE MAINTENANCE EQUIPMENT UNKNOWN FIXED OBJECT OTHER UNKNOWN 	A	B	1 <input type="text" value="20"/>	1 <input type="text" value="20"/>	2 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	POSTED SPEED A <input type="text" value="35"/> B <input type="text" value="35"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> NONE GIVEN TEST REFUSED TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE TEST GIVEN, RESULTS KNOWN GIVEN, RESULTS UNKNOWN UNKNOWN
A	B														
1 <input type="text" value="20"/>	1 <input type="text" value="20"/>														
2 <input type="text"/>	2 <input type="text"/>														
3 <input type="text"/>	3 <input type="text"/>														
4 <input type="text"/>	4 <input type="text"/>														
NON-MOTORIST LOCATION A <input type="text"/>	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="06"/> B <input type="text" value="01"/> <p>MOTORIST</p> <ol style="list-style-type: none"> WANTED TO YIELD RAN RED LIGHT OR STOP SIGN EXCEEDED SPEED LIMIT UNSAFE SPEED IMPROPER TURN LEFT OF CENTER FOLLOWED TOO CLOSELY (ACDA) IMPROPER LANE CHANGE/DROVE OFF ROAD/IMPROPER PASSING IMPROPER BACKING IMPROPER START FROM PARKED POSITION STOPPED OR PARKED ILLEGALLY OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER SWERVING TO AVOID (DUE TO ROAD SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.) FAILURE TO CONTROL VISION OBSTRUCTION DRIVER INATTENTION BEATIGUASLEEP OPERATING DEFECTIVE EQUIPMENT LOAD SHIFTING/FALLING/SPILLING OTHER IMPROPER ACTION UNKNOWN <p>NON-MOTORIST</p> <ol style="list-style-type: none"> NONE IMPROPER CROSSING DARTING WALKING AND/OR ILLEGALLY IN ROADWAY FAILURE TO YIELD RIGHT OF WAY NOT VISIBLE (DARK CLOTHING) INATTENTIVE FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER WRONG SIDE OF THE ROAD OTHER UNKNOWN 	VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	SEQUENCE OF EVENTS A <input type="text" value="20"/> B <input type="text" value="20"/>	TRAFFIC CONTROL A <input type="text" value="12"/> B <input type="text" value="12"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> NONE BLOOD URINE OTHER 										
TYPE OF UNIT A <input type="text" value="04"/> B <input type="text" value="03"/>	MOST DAMAGED AREA A <input type="text" value="03"/> B <input type="text" value="08"/>	VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	SEQUENCE OF EVENTS A <input type="text" value="20"/> B <input type="text" value="20"/>	DIRECTION FROM TO A <input type="text" value="4"/> <input type="text" value="2"/> B <input type="text" value="4"/> <input type="text" value="3"/>	DRUG TEST 1 & 2 RESULT <table border="1"> <tr><td>1</td><td>2</td><td>1</td><td>2</td></tr> <tr><td>A <input type="text" value="1"/></td><td>A <input type="text" value="1"/></td><td>B <input type="text" value="1"/></td><td>B <input type="text" value="1"/></td></tr> </table> <ol style="list-style-type: none"> NONE MARIJUANA COCAINE OPiates AMPHETAMINES PCP OTHER UNKNOWN AT TIME OF REPORTING 	1	2	1	2	A <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text" value="1"/>	B <input type="text" value="1"/>		
1	2	1	2												
A <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text" value="1"/>	B <input type="text" value="1"/>												
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/>	ACTION A <input type="text" value="3"/> B <input type="text" value="4"/>	VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	SEQUENCE OF EVENTS A <input type="text" value="20"/> B <input type="text" value="20"/>	CONDITION A <input type="text" value="1"/> B <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="02"/>										
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	SEQUENCE OF EVENTS A <input type="text" value="20"/> B <input type="text" value="20"/>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/>	OCURRENCE <input type="text" value="1"/>										
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	SEQUENCE OF EVENTS A <input type="text" value="20"/> B <input type="text" value="20"/>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="2"/>										
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	SEQUENCE OF EVENTS A <input type="text" value="20"/> B <input type="text" value="20"/>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONDITIONS PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/>										
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	SEQUENCE OF EVENTS A <input type="text" value="20"/> B <input type="text" value="20"/>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONDITIONS PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/>										

SUPPLEMENT 'X' IF YES LOCAL REPORT # 10MPD 1170

NARRATIVE

UNIT 01 WAS TRAVELING EASTBOUND ON E. JACKSON ST. AND TURNED ON HIS LEFT TURN SIGNAL TO MAKE A LEFT TURN ONTO LAKEVIEW DR. UNIT 01 SLOWED DOWN DUE TO WESTBOUND TRAFFIC. UNIT 02 WAS ALSO TRAVELING EASTBOUND ON E. JACKSON ST. AND WAS BEHIND UNIT 01. UNIT 02 SAW UNIT 01'S LEFT TURN SIGNAL AND WHEN UNIT 01 SLOWED DOWN FOR THE LEFT TURN UNIT 02 PASSED ON THE RIGHT. UNIT 02 WAS PASSING UNIT 01 WHEN UNIT 01 TURNED HIS VEHICLE TO THE RIGHT AND STRUCK UNIT 02 IN THE DRIVER'S SIDE DOOR. UNIT 01 SAID THAT HE SAW UNIT 02 COMING AND THOUGHT THAT UNIT 02 WAS GOING TO REAR END HIM, SO HE TURNED TO THE RIGHT. UNIT 01 DID ADMIT THAT HE HAD HIS LEFT TURN SIGNAL ON.

MANNER OF COLLISION OR IMPACT 6 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWIPES SAME DIRECTION 8 SIDESWIPES OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER 01 01 CLEAR 02 CLOUDY 03 FOG/SMOG/SMOKE 04 RAIN 05 SLEET/HAIL/ICE/Freezing RAIN (OR DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND/SOIL/DIRT/SNOW 09 OTHER 10 UNKNOWN	WORK ZONE RELATED 1 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS PRIMARY SECONDARY 1 <input type="checkbox"/> 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - ROADWAY NOT LIGHTED 6 DARK - UNKNOWN ROADWAY LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT OR MOVING WORK 5 OTHER
LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE THE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	LOC ATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE THE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA
WORKERS PRESENT <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN	WORKERS PRESENT <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN



TRUCK/BUS UNIT # <input type="checkbox"/>	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 8 PERSONS, INCLUDING DRIVER.	THE CRASH RESULTED IN ONE OF THE FOLLOWING: A A FATALITY; OR N AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT; OR D AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
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COMPANY (FROM SHIPPING PAPERS)

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 (9-15 INCLUDING DRIVER) 03 VAN ENCLOSED BOX 04 GRAIN CHIPS/GRAVEL 05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MINER 10 AUTO TRANSPORTER 11 GARBAGE REFUSE 12 OTHER 13 UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 1 LESS THAN 10,000 2 10,001 - 26,000 3 MORE THAN 26,000	CDL CLASS <input type="checkbox"/> 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	HAZARDOUS MATERIALS <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN	HAZARDOUS MATERIALS REFINISHED <input type="checkbox"/> 1 NO 2 YES 3 NOT APPLICABLE			

POLICE ACTION

DATE CRASH REPORTED 6/17/2010	TIME REC CALL 17:24	DISPATCH 17:25	ARRIVED 17:28	CLEARED 17:49	OTHER 0	TOTAL MINUTES 24
OFFICER'S NAME PTL. KEVIN BROWN			BADGE # 108	CHECKED BY	DATE REPORT FILED 6/17/2010	
REPORT TAKEN BY 1 POLICE AGENCY 2 MOTORIST 1	REPORT TAKEN AT 1 SCENE 2 STATION 3 OTHER 1	SUPPLEMENT 'X' IF YES <input type="checkbox"/>		LOCAL REPORT # 10MPD 1170		