

OHIO

TRAFFIC CRASH REPORT

Traffic Crash Report

CRASH REPORT # 10MPD 2075	CRASH SEVERITY 2 1 FATAL ERROR 3 FIBR 4 INJURY 5 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> IF YES	HIT/SKIP 1 1 NOT HIT/SKIP 2 SOLATED 3 UNOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> IF YES	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 10/21/2010	

TIME OF CRASH 21:26	DAY OF WEEK THU	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40320009	LONGITUDE 081550205
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CRASH OCCURRED ON			TYPE LOCATION POINT USED			LOCAL INFORMATION			
PREFIX S	CRASH LOCATION WASHINGTON	TYPE LOC 1	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE						
A1/REFERENCE			REFERENCE POINT USED						
DIST. REF. 300 F	DR E	PREFIX S	REFERENCE 001640 WASHINGTON	REF POINT 04	01 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME WITHOUT REFERENCE			09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE	

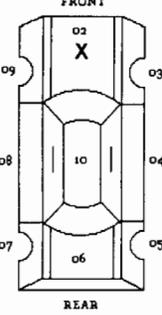
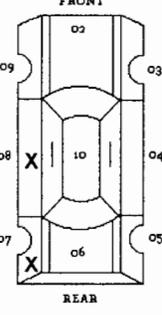
A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) BUTLER PATRICIA K			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 10933 US 62 KILLBUCK OH 44637						
SOCIAL SECURITY NUMBER		DATE OF BIRTH 05/28/1953	AGE 57	SEX F	HOME PHONE # (330)276-5000	WORK PHONE #
DL STATE OH	DL # RK022145	LP STATE OH	LP # 920WWC	INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') BUTLER, PATRICIA K			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 10933 US 62 KILLBUCK OH 44637			
YEAR 1999	MAKE PONTIAC	MODEL BONNEVILLE	COLOR BLUE	INSURANCE COMPANY NATIONWIDE	TOWING SERVICE	OWNER PHONE#
OFFENSE CHARGED 331.17	OFFENSE DESCRIPTION FAILURE TO YIELD WHEN TURNING LEFT				CITATION # 10133	LOCAL CODE <input checked="" type="checkbox"/> YES <input type="checkbox"/> IF YES

B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) DUTTON DAVID C			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7747 TR 103 MILLERSBURG OH 44654						
SOCIAL SECURITY NUMBER		DATE OF BIRTH 11/06/1949	AGE 60	SEX M	HOME PHONE # (330)674-7585	WORK PHONE #
DL STATE OH	DL # RS296648	LP STATE OH	LP # CTN9944	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') DUTTON, PATRICIA M.			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7747 TR 103 MILLERSBURG OH 44654			
YEAR 2010	MAKE MERCURY	MODEL OTHER	COLOR GREY	INSURANCE COMPANY NATIONWIDE	TOWING SERVICE	OWNER PHONE# (330)674-7585
OFFENSE CHARGED	OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> IF YES

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
A 01 01 FRONT - LEFT (MC DRIVER) B 01 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) C 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 D 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	A 04 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED B 04 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED C 06 HELMET USED 07 RESTRAINT USE UNKNOWN D 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	A 1 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/SIDE B 1 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN C D	A 1 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION B 1 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION C D	A 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN B 1 C D	A 1 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN B 1 C D	A 1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN B 3 C D
						<input type="checkbox"/> SUPPLEMENT <input checked="" type="checkbox"/> IF YES

MOTORIST / NON-MOTORIST / OCCUPANT

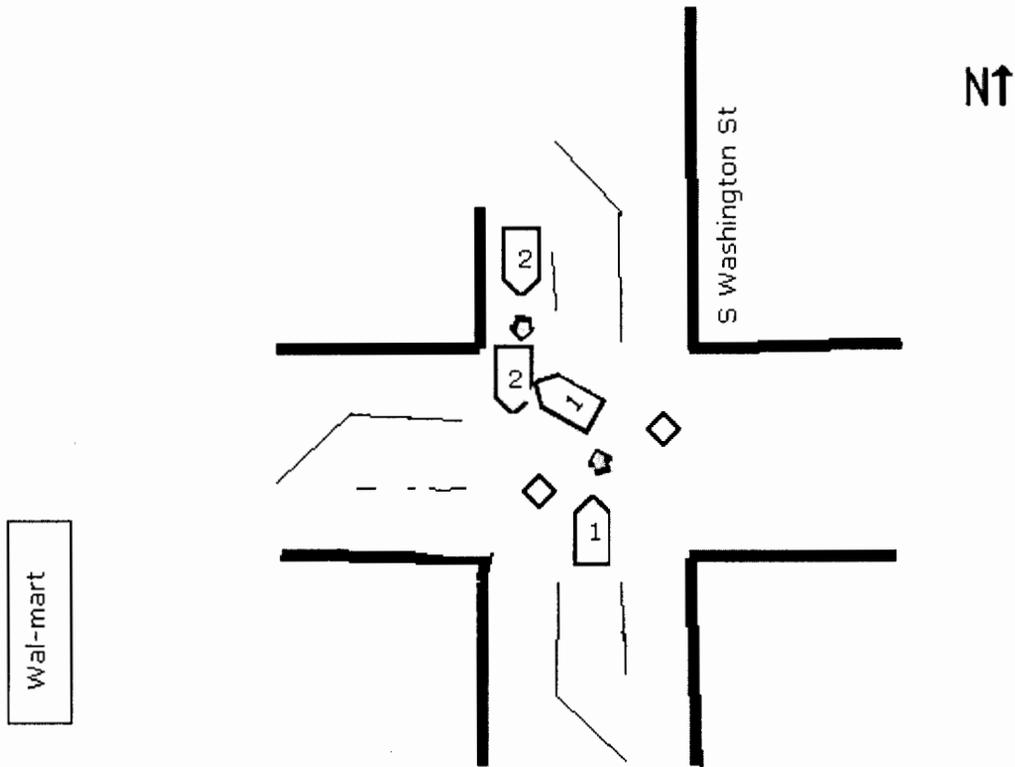
UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA FRONT 	PRE-CRASH ACTIONS A <input type="text" value="06"/> B <input type="text" value="01"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>1 <input type="text" value="20"/></td><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>	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"/>
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"/>		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 OR STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING OR CROSSING SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING OR LEAVING VEHICLE 20 PLYING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	NON-COLLISION 01 OVERTURN ROLL-OVER 02 FIRE/EXPLOSION 03 IMBROSION 04 JACKKNIFE 05 CARGO EQUIPMENT LOSS OR SHIFT 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 SEPARATION OF UNITS 08 RAN OF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIED 15 PEDESTRIAN 16 PED CYCLE 17 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 18 ANIMAL - FARM 19 ANIMAL - DEER 20 ANIMAL - OTHER 21 MOTOR VEHICLE IN TRANSPORT 22 PARKED MOTOR VEHICLE 23 WORK ZONE MAINTENANCE EQUIPMENT 24 OTHER MOVABLE OBJECT 25 UNKNOWN MOVABLE OBJECT 26 COLLISION WITH FIXED OBJECT 27 IMPACT ATTENUATOR CRASH CUSHION 28 BRIDGE OVERHEAD STRUCTURE 29 BRIDGE PIER OR ABUTMENT 30 BRIDGE PARAPET 31 BRIDGE RAIL 32 GUT/ROADSIDE FACE 33 GUT/ROADSIDE END 34 MEDIAN BARRIER 35 HIGHWAY TRAFFIC SIGN POST 36 OVERHEAD SIGN POST 37 LIGHT FIXTURE/SUPPORT 38 UTILITY POLE 39 OTHER POST, POLE OR SUPPORT 40 CULVERT 41 CURB 42 DITCH 43 EMBANKMENT 44 FENCE 45 MAILBOX 46 TREE 47 OTHER FIXED OBJECT/WALL/BUILDING/TUNNEL, ETC. 48 WORK ZONE MAINTENANCE EQUIPMENT 49 UNKNOWN FIXED OBJECT 50 OTHER 51 UNKNOWN	TRAFFIC CONTROL A <input type="text" value="04"/> B <input type="text" value="04"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>										
TYPE OF UNIT A <input type="text" value="04"/> B <input type="text" value="04"/>	MOST DAMAGED AREA FRONT 	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="02"/> B <input type="text" value="01"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	DIRECTION FROM TO FROM TO A <input type="text" value="2"/> <input type="text" value="4"/> B <input type="text" value="1"/> <input type="text" value="2"/>	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><input type="text" value="1"/></td><td>B <input type="text" value="1"/></td><td><input type="text" value="1"/></td></tr> </table>	1	2	1	2	A <input type="text" value="1"/>	<input type="text" value="1"/>	B <input type="text" value="1"/>	<input type="text" value="1"/>		
1	2	1	2												
A <input type="text" value="1"/>	<input type="text" value="1"/>	B <input type="text" value="1"/>	<input type="text" value="1"/>												
MOTORIST 01 SUBCOMPACT 02 COMPACT 03 MID-SIZED 04 FULL-SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL VAN 09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK, 3 OR MORE AXLES 11 TRUCK TRAILER 12 TRUCK TRACTOR (DOBTAIL) 13 TRACTOR-SEMI-TRAILER 14 TRACTOR DOUBLE - SHORT 15 TRACTOR DOUBLE - LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR TRIPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAILER 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL - W RIDER 36 ANIMAL - W HUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER-NON MOTORIST (WHEELCHAIR, ETC) 42 UNKNOWN	POINT OF IMPACT A <input type="text" value="09"/> B <input type="text" value="08"/>	MOTORIST 01 NONE 02 FAILURE TO YIELD 03 ORANGE RED LIGHT OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ACDA 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/SPILLING 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	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="02"/>										
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 '19' SELECTED ABOVE A <input type="text"/>	MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONTOUR <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 '19' SELECTED ABOVE A <input type="text"/>	SPEED DETECTED A <input type="text" value="2"/> B <input type="text" value="2"/>	ALCOHOL TEST TYPE 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 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	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 IF UNDERIDE OR OVERRIDE	01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWN/T 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS 12 NO DEFECTS	SPEED A <input type="text" value="10"/> B <input type="text" value="35"/>	ALCOHOL TEST RESULT A <input type="text"/>	LOCAL REPORT # 10MPD 2075										

NARRATIVE

UNIT #1 WAS NORTHBOUND ON S. WASHINGTON ST. IN TURN LANE TO TURN LEFT INTO WAL-MART DRIVE AND TURNED INTO UNIT #2 WHO WAS SOUTHBOUND ON S. WASHINGTON ST. UNIT #2 STATED HE SAW UNIT #1 ATTEMPTING TO TURN AS HE ENTERED THE INTERSECTION AND TRIED VEERING TO HIS RIGHT TO AVOID THE COLLISION. DRIVER OF UNIT #2 CLAIMED HEADACHE POSSIBLY FROM HIS HEAD HITTING THE HEADREST BUT DECLINED MEDICAL ATTENTION.

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 SIDESWIFE SAME DIRECTION 8 SIDESWIFE 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 (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLUING 09 SAND/SHRUB/DIRT/SNOW 99 OTHER 10 UNKNOWN	WORK ZONE RELATED 1 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS PRIMARY SECONDARY 4 <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
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

DIAGRAM



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 <input type="checkbox"/> 01 NOT APPLICABLE 02 BUS (9-15 INCL) (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) <input type="checkbox"/> 1 LESS/EQUAL 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 REFUSED <input type="checkbox"/> 1 NO 2 YES 3 NOT APPLICABLE			

POLICE ACTION						
DATE CRASH REPORTED 10/21/2010	TIME REC CALL 21:28	DISPATCH 21:28	ARRIVED 21:35	CLEARED 22:09	OTHER 0	TOTAL MINUTES 41
OFFICER'S NAME PTL. JEFFREY S. LAY		BADGE # 109	CHECKED BY		DATE REPORT FILED 10/21/2010	
REPORT TAKEN BY 1 1 POLICE AGENCY 2 MOTORIST	REPORT TAKEN AT 1 1 SCENE 2 STATION 3 OTHER	<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT # 10MPD 2075		