

# OHIO TRAFFIC CRASH REPORT

Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
10-067	3 1 Fatal 3 PDO 2 Injury 4 Unknown	'X' If Yes	1 Not Hit / Skip 2 Solved 3 Unsolved	'X' If Yes				
N.C.I.C. # *	Reporting Agency *	# Units	Unit Error	Date of Crash *				
08301	Franklin Police Department	02	01 98 = Animal 99 = Unknown	02252010				
Time of Crash	Day of Week	City *	Village *	TWP *	Name (Of City, Village or Township) *	County # *	Latitude	Longitude
1505	THU	X			Franklin	83		

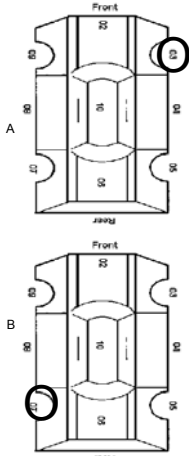
<b>CRASH OCCURRED ON</b>		<b>Type Location Point Used</b>		<b>LOCAL INFORMATION</b>	
Prefix	Crash Location	Type Loc	1 Named Street 3 Numbered Route 2 Numbered Street	I-75	
ST RT 73					
<b>AT / REFERENCE</b>			<b>Reference Point Used</b>		
Dist Reference	DR	Prefix	Reference	Ref Point	02
			IR 75 SB On Ramp		

Unit #	# of Occ.	Name (Last, First, Middle)	
A 01 02		HOUSTON DOREEN	
Address (Street, City, State, Zip Code)			
101 HARBOR GREEN DR BELLEVUE KY 41073			
Social Security Number	Date of Birth	Age	Sex
	04281954	55	F
Home Phone #	Work Phone #		
(859) 291-1099			
DL State	DL #	LP State	LP #
KY	H94386961	KY	144FYT
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)	
HOUSTON DOREEN		101 HARBOR GREEN DR BELLEVUE KY 41073	
Year	Make	Model	Color
2002	TOYT	HIGH	BLK
Insurance Company	Towing Service	Owner Phone #	
West American Insurance		(859) 291-1099	
Offense Charged	Offense Description	Citation #	Local Code? 'X' if Yes

Unit #	# of Occ.	Name (Last, First, Middle)	
B 02 02		NORVELL WANDA I	
Address (Street, City, State, Zip Code)			
804 TAMARACK CT LEBANON OH 45036			
Social Security Number	Date of Birth	Age	Sex
	10251941	68	F
Home Phone #	Work Phone #		
(513) 932-3229			
DL State	DL #	LP State	LP #
OH	RT138373	OH	604XUR
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)	
NORVELL WANDA I		804 TAMARACK CT LEBANON OH 45036	
Year	Make	Model	Color
2007	TOYT	CAM	GRY
Insurance Company	Towing Service	Owner Phone #	
Motorist Mutual Insurance		(513) 932-3229	
Offense Charged	Offense Description	Citation #	Local Code? 'X' if Yes

Unit #	Name (Last, First, Middle)	Home Phone #	Date of Birth	Age	Sex
C 01	JORDAN PAULA		03291946	63	F
Address (Street, City, State, Zip Code)			Injured Taken By	Transported By	Injured Taken To
4484 MAYHEW AVE CINCINNATI OH 45238			1 None 4 Other 2 EMS 5 Unknown 3 Police		
Unit #	Name (Last, First, Middle)	Home Phone #	Date of Birth	Age	Sex
D 02	HIBBARD SHARON K		08261960	49	F
Address (Street, City, State, Zip Code)			Injured Taken By	Transported By	Injured Taken To
1300 DEERFIELD RD LEBANON OH 45036			1 None 4 Other 2 EMS 5 Unknown 3 Police		

<b>01</b> 01 Front - Left ( MC Driver) 02 Front - Middle 03 Front - Right	<b>04</b> 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 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown	<b>1</b> 1 Not Deployed 2 Deployed-Front 3 Deployed-Side 4 Deployed Both Front/Side 5 Not Applicable 6 Unknown	<b>4</b> 1 Not Present 2 In On Position 3 In Off Position 4 Unknown	<b>1</b> 1 Not Ejected 2 Totally Ejected 3 Partially Ejected 4 Not Applicable 5 Unknown	<b>1</b> 1 Not Trapped 2 Extricated By Mechanical Means 3 Freed BY Non-Mechanical Means 4 Unknown	<b>1</b> 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal Injury 6 Unknown
<b>01</b> 04 Second - Left ( MC Pass) 05 Second - Middle 06 Second - Right	<b>04</b> 06 MC Helmet Used 07 Use Unknown 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown	<b>1</b> 1 Not Deployed 2 Deployed-Front 3 Deployed-Side 4 Deployed Both Front/Side 5 Not Applicable 6 Unknown	<b>4</b> 1 Not Present 2 In On Position 3 In Off Position 4 Unknown	<b>1</b> 1 Not Ejected 2 Totally Ejected 3 Partially Ejected 4 Not Applicable 5 Unknown	<b>1</b> 1 Not Trapped 2 Extricated By Mechanical Means 3 Freed BY Non-Mechanical Means 4 Unknown	<b>1</b> 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal Injury 6 Unknown
<b>03</b> 07 Third - Left 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	<b>04</b> 06 MC Helmet Used 07 Use Unknown 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown	<b>1</b> 1 Not Deployed 2 Deployed-Front 3 Deployed-Side 4 Deployed Both Front/Side 5 Not Applicable 6 Unknown	<b>4</b> 1 Not Present 2 In On Position 3 In Off Position 4 Unknown	<b>1</b> 1 Not Ejected 2 Totally Ejected 3 Partially Ejected 4 Not Applicable 5 Unknown	<b>1</b> 1 Not Trapped 2 Extricated By Mechanical Means 3 Freed BY Non-Mechanical Means 4 Unknown	<b>1</b> 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal Injury 6 Unknown
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<b>Unit Numbers</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">02</div> </div>	<b>Damage Area</b> 	<b>Pre-Crash Actions</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">11</div> </div>	<b>Sequence Of Events</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">A</td> <td style="border: 1px solid black; padding: 2px;">B</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">20</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">20</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">2</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">2</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">3</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">3</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">4</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">4</td> </tr> </table>	A	B	20	20	2	2	3	3	4	4	<b>Posted Speed</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">45</div> <div style="border: 1px solid black; padding: 2px;">45</div> </div>	<b>Drug Test Status</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>
A	B														
20	20														
2	2														
3	3														
4	4														
<b>Non-Motorist Location</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div> </div>	<b>Most Damaged Area</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">06</div> </div>	<b>Motorist</b> 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 <b>Non-Motorist</b> 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	<b>Non-Collision</b> 01 Overtum/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 <b>Collision w/ Person, Vehicle, Or Object Not Fixed</b> 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 <b>Collision with Fixed Object</b> 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/Luminaries 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	<b>Traffic Control</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">04</div> <div style="border: 1px solid black; padding: 2px;">04</div> </div>	<b>Drug Test Type</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>										
<b>Type Of Unit</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">06</div> <div style="border: 1px solid black; padding: 2px;">03</div> </div>	<b>Point Of Impact</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">07</div> </div>	<b>Contributing Circumstances</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">17</div> <div style="border: 1px solid black; padding: 2px;">01</div> </div>	<b>Direction</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">From</td> <td style="border: 1px solid black; padding: 2px;">To</td> <td style="border: 1px solid black; padding: 2px;">From</td> <td style="border: 1px solid black; padding: 2px;">To</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">4</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">3</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">4</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">3</td> </tr> </table>	From	To	From	To	4	3	4	3	<b>Condition</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	<b>Drug Test 1&amp;2 Result</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div> </div>		
From	To	From	To												
4	3	4	3												
<b>Motorist</b> 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; 2 Axles, 6 Tires 10 Single Unit Truck; 3+ Axles 11 Truck/Trailer 12 Truck Tractor (Bobtail) 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 Train 30 Farm Vehicle 31 Farm Equipment 32 Snowmobile 33 Construction Equipment 34 All Others <b>Non-Motorist</b> 35 Animal W/Rider 36 Animal W/Buggy 37 Bicycle 38 Pedestrian 39 Pedalcyclist 40 Skater 41 Other-Non Motorist 42 Unknown	<b>Action</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">3</div> <div style="border: 1px solid black; padding: 2px;">4</div> </div>	<b>Vehicle Defect Code Only If '19' Selected Above</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div> </div>	<b>Alcohol/Drug Suspected</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	<b>Alcohol Test Status</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	<b>Occurrence</b> <div style="border: 1px solid black; padding: 2px; text-align: center;">1</div>										
<b>In Emergency Response</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div> </div>	<b>Striking Vehicle: Override/ Underride</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">B</div> </div>	<b>First Harmful Event</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	<b>Alcohol Test Type</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	<b>Alcohol Test Result</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div> </div>	<b>Road Contour</b> <div style="border: 1px solid black; padding: 2px; text-align: center;">1</div>										
<b>Damage Scale</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">2</div> <div style="border: 1px solid black; padding: 2px;">2</div> </div>	<b>Damage Scale</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">2</div> <div style="border: 1px solid black; padding: 2px;">2</div> </div>	<b>Most Harmful Event</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	<b>Speed Detected</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">2</div> <div style="border: 1px solid black; padding: 2px;">2</div> </div>	<b>Speed</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">A</div> </div>	<b>Road Conditions</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">Primary</td> <td style="border: 1px solid black; padding: 2px;">Secondary</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">03</td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> </table>	Primary	Secondary	03							
Primary	Secondary														
03															
<b>Supplement * 'X' if Yes</b> <div style="border: 1px solid black; padding: 2px; text-align: center;">X</div>	<b>Local Report # *</b> <div style="border: 1px solid black; padding: 2px; text-align: center;">10-067</div>	<b>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</b> 	<b>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</b> 	<b>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</b> 	<b>1 None</b> 2 Test Refused 3 Test Given, Contaminated Sample/Unusable 4 Test Given, Results Known 5 Test Given, Results Unknown 6 Unknown <b>1 None</b> 2 Marijuana 3 Cocaine 4 Opiates 5 Amphetamines 6 PCP 7 Other 8 Unknown at Time Of Reporting <b>01 Not An Intersection</b> 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 <b>1 On Roadway</b> 2 On Shoulder 3 In Median 4 On Roadside 5 On Gore 6 Outside Trafficway 7 Unknown <b>01 Dry</b> 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										

# Narrative

Both units were traveling eastbound on SR 73 near the IR 75 SB on ramp. The driver of Unit #1 was momentarily distracted during which time she rear-ended Unit #2. Unit #1 sustained moderate to heavy damage to the right front fender/ wheel well area. Unit #2 received moderate damage to the left rear bumper skirt and quarter panel area.

## Manner Of Collision or Impact

**2**

- 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 Intermittent/Moving Work
- 5 Other

## Location Of Crash In

**1**

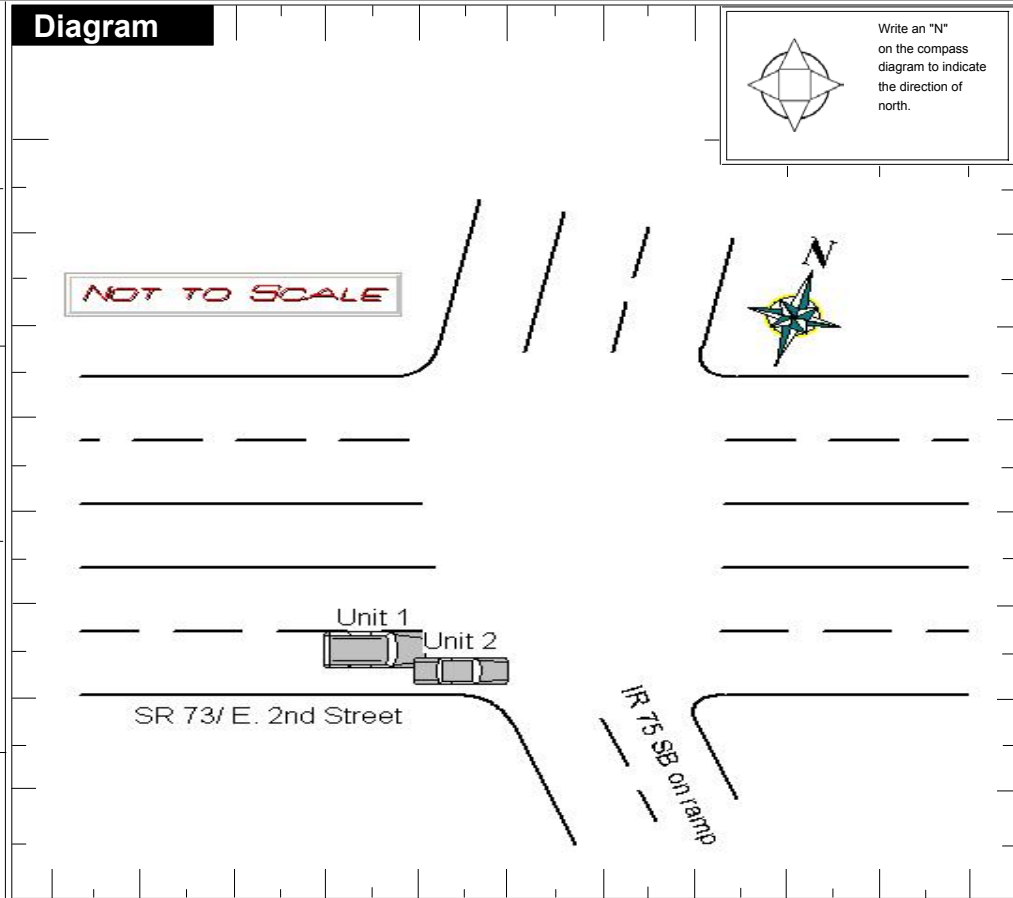
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

## Workers Present

**1**

- 1 No
- 2 Yes
- 3 Unknown

## Diagram



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

## Truck/Bus

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.

**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.

Unit #

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.

<b>Cargo Body Type</b>	01 Not Applicable	05 Pole	09 Concrete Mixer	<b>Weight (GVWR)</b>	<b>CDL Class</b>	<b>Hazardous Materials Placard</b>	<b>Hazardous Material Released</b>
	02 Bus (9-15) Including Driver	06 Cargo Tan	10 Auto Transporter	<input type="text"/> 1 Less/Equal 10,000	<input type="text"/> 1 Class A	<input type="text"/> 1 No	<input type="text"/> 1 No
	03 Van/Enclosed Box	07 Flatbed	11 Garbage/Refuse	<input type="text"/> 2 10,001 - 26,000	<input type="text"/> 2 Class B	<input type="text"/> 2 Yes	<input type="text"/> 2 Yes
	04 Grain/Chips/Gravel	08 Dump	12 Other	<input type="text"/> 3 More Than 26,000	<input type="text"/> 3 Class C	<input type="text"/> 3 Unknown	<input type="text"/> 3 Not Applicable
			13 Unknown		<input type="text"/> 4 Class M		<input type="text"/> 4 Unknown
					<input type="text"/> 5 Class D		

## Police Action

Date Crash Reported: **02252010** Time Rec. Call: **1505** Dispatch: **1508** Arrived: **1512** Cleared: **1516** Other: **0** Total Minutes: **8**

Officer's Name: **Warrington, Mark** Badge #: **1F42** Checked By: **Warrington, Mark** Date Report Filed: **02252010**

Report Taken By: **1** 1 Police Agency 2 Motorist Report Taken At: **1** 1 Scene 2 Station 3 Other Supplement:  'X' if Yes Local Report #: **10-067**