

TRAFFIC CRASH REPORT



LOCAL REPORT # *
08-049403

CRASH SEVERITY
2 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY

HIT/SKIP
1 NOT HIT/SKIP
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN

OH-2 OH-3 OH-1P OTHER

LOCAL AGENCY # *
05009

REPORTING AGENCY *
YOUNGSTOWN PD

UNITS
01

UNIT ERROR
01 98 = ANIMAL
99 = UNKNOWN

DATE OF CRASH *
07242008

TIME OF CRASH DAY OF WEEK
0930 THU X

NAME (OF CITY, VILLAGE OR TOWNSHIP) *
YOUNGSTOWN

COUNTY # *
50

LATITUDE LONGITUDE

CRASH OCCURRED ON
PREFIX CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED
RANDALL AVE 1 1 NAMED STREET 3 NUMBERED ROUTE

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

DRIVER INFORMATION
UNIT # 01 OCC. NAME (LAST, FIRST, MIDDLE) NWANKWO, Anthony C.
ADDRESS (STREET, CITY, STATE, ZIP CODE) 2034 GUADALUPE AVE, YOUNGSTOWN, OHIO 44504

DATE OF BIRTH 10211990 AGE 17 SEX M HOME PHONE # 330-747-8437

DL STATE OH DL # 8X180243 LP STATE OH LP # A02220 INJURED TAKEN BY 2 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY Rural Metro INJURED TAKEN TO St. Elizabeth

OWNER NAME (IF SAME, WRITE "SAME") SAME ADDRESS (STREET, CITY, STATE, ZIP CODE) SAME

YEAR 1991 MAKE MAZDA MODEL B20 COLOR MAROON INSURANCE COMPANY Response Direct TOWING SERVICE Lyda's OWNER PHONE # SAME

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

Motorist/Non-Motorist

MOTORIST INFORMATION
UNIT # B NAME (LAST, FIRST, MIDDLE) ADDRESS (STREET, CITY, STATE, ZIP CODE)

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

Occupant

MOTORIST INFORMATION
UNIT # C NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

MOTORIST INFORMATION
UNIT # D NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

SEATING POSITION 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 None/Motorist	SAFETY EQUIPMENT MOTORIST 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 NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG 1 NOT-DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	AIR BAG SWITCH 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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BLANK FOR WITNESS SUPPLEMENT * X IF YES

UNIT NUMBERS
01

NON-MOTORIST LOCATION
A B

- 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
03

- MOTORIST
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
NON-MOTORIST
35 ANIMAL W/RIDER
36 ANIMAL W/BUGGY
37 BICYCLE
38 PEDESTRIAN
39 PEDALCYCLIST
40 SKATER
41 OTHER-NON MOTORIST
42 UNKNOWN

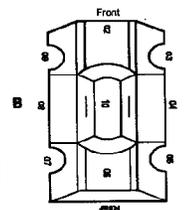
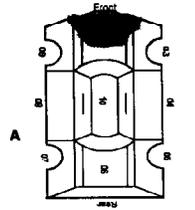
IN EMERGENCY RESPONSE
1 A B

- 1 NO
2 YES
3 UNKNOWN

DAMAGE SCALE
1 A B

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

DAMAGE AREA



MOST DAMAGED AREA

02

- 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

POINT OF IMPACT

02

- 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

3

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

STRIKING VEHICLE: OVERRIDE / UNDERIDE

1 A B

- 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

010

- MOTORIST
01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD
02 BACKING
03 CHANGING LANE
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

CONTRIBUTING CIRCUMSTANCES

19

- MOTORIST
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/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/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

04

- 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

018 316

- 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/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

FIRST HARMFUL EVENT

2

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

MOST HARMFUL EVENT

2

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

SPEED DETECTED

1 A B

- 1 STATED
2 ESTIMATED SPEED

SPEED

A B

POSTED SPEED

25

TRAFFIC CONTROL

01

- 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

2 1

- 1 NORTH
2 SOUTH
3 EAST
4 WEST
5 NORTHEAST
6 NORTHWEST
7 SOUTHEAST
8 SOUTHWEST
9 UNKNOWN

CONDITION

1

- 1 APPARENTLY NORMAL
2 PHYSICAL IMPAIRMENT
3 EMOTIONAL
4 ILLNESS
5 FELL ASLEEP, FAINTED, FATIGUED, ETC
6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
7 OTHER
8 UNKNOWN

ALCOHOL/DRUG SUSPECTED

1

- 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

- 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

- 1 NONE 4 BREATH
2 BLOOD 5 OTHER
3 URINE

ALCOHOL TEST RESULT

A B

DRUG TEST STATUS

1

- 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 A B

- 1 NONE
2 BLOOD
3 URINE
4 OTHER

DRUG TEST 1&2 RESULT

1 2

- 1 NONE
2 MARIJUANA
3 COCAINE
4 OPIATES
5 AMPHETAMINES
6 PCP
7 OTHER
8 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION

03

- 01 NOT AN INTERSECTION
02 FOUR-WAY INTERSECTION
03 T-INTERSECTION
04 Y-INTERSECTION
05 TRAFFIC CIRCLE/ROUNDOABOUT
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

2

- 1 ON ROADWAY
2 ON SHOULDER
3 IN MEDIAN
4 ON ROADSIDE
5 ON GORE
6 OUTSIDE TRAFFICWAY
7 UNKNOWN

ROAD CONTOUR

1

- 1 STRAIGHT LEVEL
2 STRAIGHT GRADE
3 CURVE LEVEL
4 CURVE GRADE

ROAD CONDITIONS

01 02

- 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 # ** 08-1049483

Narrative

Unit #1 stated he was Eastbound on STRAUSBAUGH when he discovered he had no brakes. Coming down the hill attempted to turn left. Turn left went off the right side of road and struck a telephone pole.

MANNER OF COLLISION OR IMPACT

3

- 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

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** SECONDARY

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

SCHOOL BUS RELATED

1

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

WORK ZONE RELATED

4

- 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 WORK ZONE

1

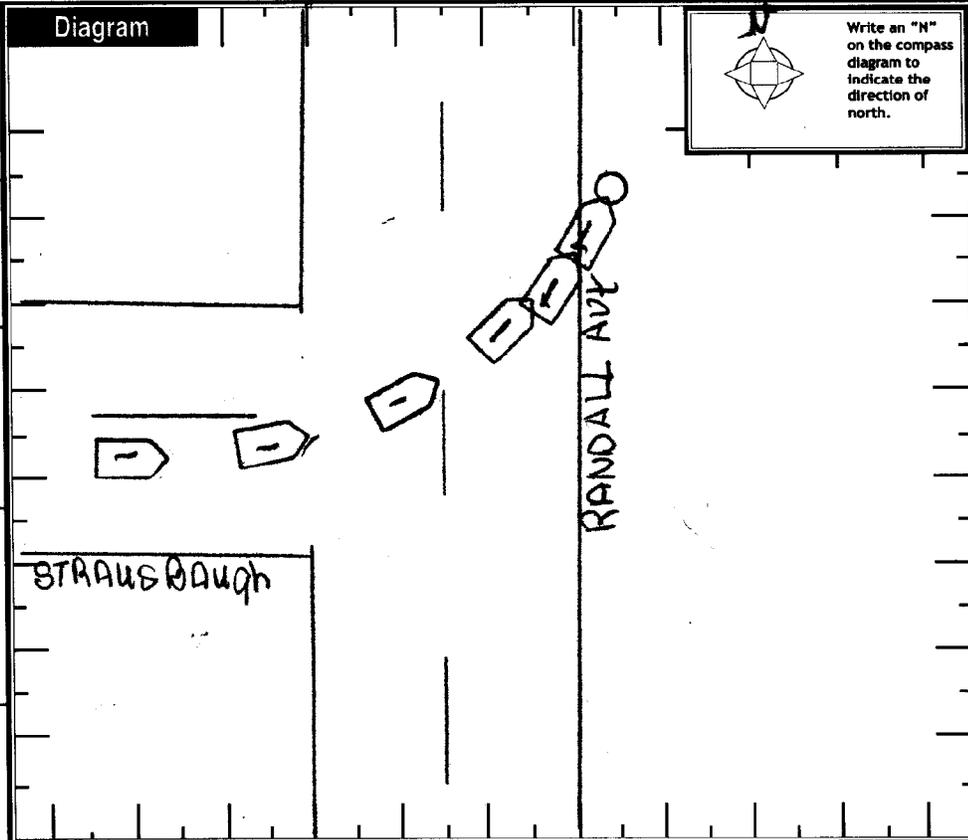
- 1 BEFORE FIRST WORK ZONE WARNING SIGN
- 2 ADVANCE WARNING AREA
- 3 TRANSITION AREA
- 4 ACTIVITY AREA

WORKERS PRESENT

1

- 1 NO
- 2 YES
- 3 UNKNOWN

Diagram



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

Truck/Bus

UNIT #

1

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.

COMPANY (FROM SHIPPING PAPERS)

ADDRESS (STREET, CITY, ST, ZIP CODE)

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 PHONE

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 GRAB/CHPS/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 - 26,000
- 3 MORE THAN 26,000

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

TIME REC CALL

DISPATCH

ARRIVED

CLEARED

OTHER

TOTAL MINUTES

01/24/2008 09:31 09:41 09:57 11:15 94

OFFICER'S NAME *

J BOUNDS

BADGE # *

6717

CHECKED BY

[Signature]

DATE REPORT FILED *

07250008

REPORT TAKEN BY

- 1 POLICE AGENCY
- 2 MOTORIST

REPORT TAKEN AT

- 1 SCENE
- 2 STATION

SUPPLEMENT *
X IF YES

LOCAL REPORT # *

08-0494123