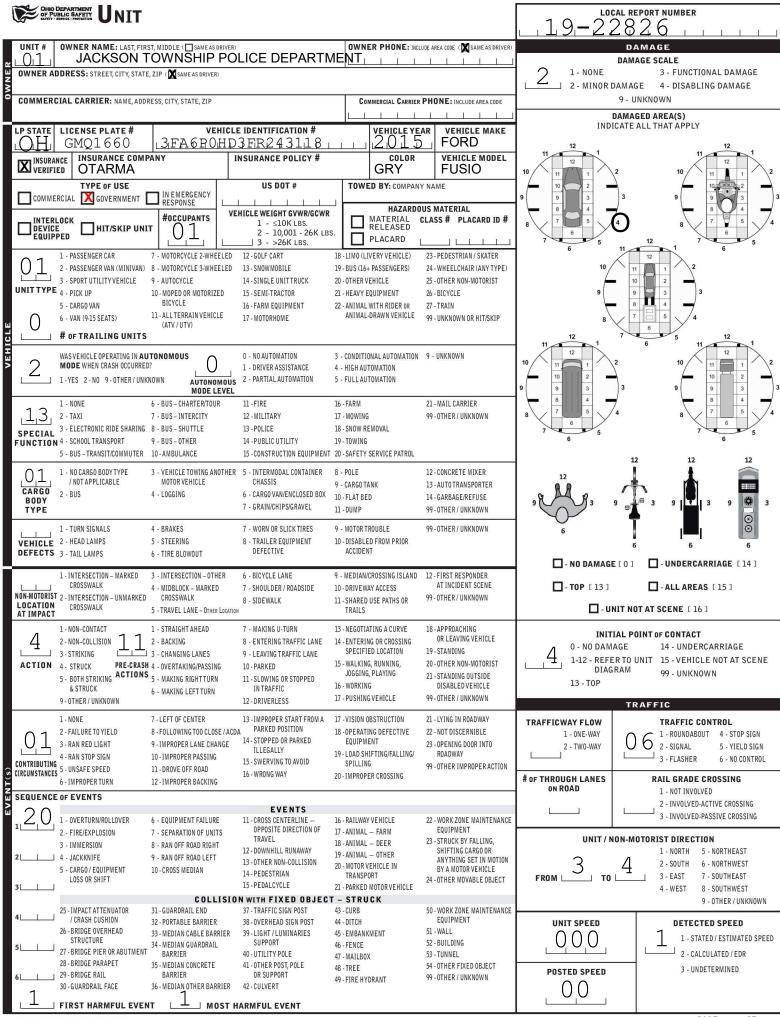
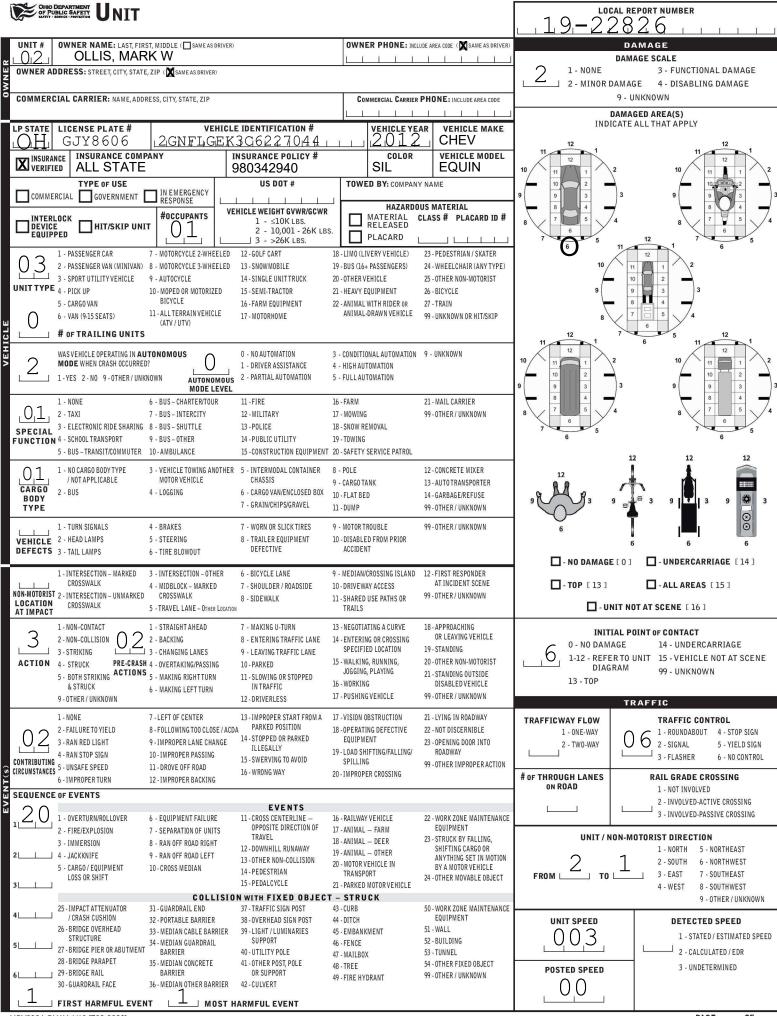
| OHIO DEPARTMENT TRAFFIC CRASH   | LOCAL REPORT NUMBER*<br>$1 \Omega - 2 2 2 2 C$                       |   |  |  |  |   |  |  |  |  |  |  |
|---|--|---|--|--|--|---|--|--|--|--|--|--|
| PHOTOS TAKEN OH-2 OH-3  | 19-22826   |   |  |  |  |   |  |  |  |  |  |  |
| SECONDARY CRASH RIVATE PROPERTY   | <b><sup>NCIC*</sup></b><br>7,6,2,4,                                  | HIT/SKIP NUMBER OF UNITS UNIT IN ER                       |  |  |  |   |  |  |  |  |  |  |
| COUNTY* LOCALITY* LOCATION:C  | COUNTY* LOCALITY* LOCATION: CITY. VILLAGE.TOWNSHIP*                  |   |  |  |  |   |  |  |  |  |  |  |
| $76$ $3^{1-CITY}$   | (Township of)  |   |  | CRASH DATE / TIME*<br>05152019 1641<br>05152019 2 - SERIOUS INJURY |  |   |  |  |  |  |  |  |
|   | LOCATION ROAD NAME   |   | ROAD TYPE                                    | LATITUDE DECIMAL DEGREES SUSPECTED                                 |  |   |  |  |  |  |  |  |
| SR 687 3-EAST   | FULTON   |   |  | 40,846   |  | MINOR INJURY<br>SUSPECTED                             |  |  |  |  |  |  |
| ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | REFERENCE ROAD NAME (ROAD, 4845                                      | MILEPOST, HOUSE #)  | ROAD TYPE                                    |  |  | INJURY POSSIBLE<br>PROPERTY DAMAGE                    |  |  |  |  |  |  |
|   |  |   |  | -81,438  |  | ONLY  |  |  |  |  |  |  |
| REFERENCE POINT DIRECTION   J - INTERSECTION FROM REFERENCE   1 - NORTH IR    | ROUTE TYPE<br>- INTERSTATE ROUTE(TP) AL                              | ROAD TYPE<br>- ALLEY HW- HIGHWAY R                        | RD - ROAD                                    | INTERSECTION RELATED   |  |   |  |  |  |  |  |  |
| □] 3 - HOUSE # □] 3 - EAST  | BI   | - AVENUE LA - LANE S<br>- BOULEVARD MP - MILEPOST S       | WITHIN INTERCHANGE AREA NUMBER OF APPROACHES |  |  |   |  |  |  |  |  |  |
| DISTANCE DISTANCE CF  | - STATE ROUTE  | - CIRCLE OV - OVAL T                                      | ROADWAY                                      |  |  |   |  |  |  |  |  |  |
| FROM REFERENCE UNIT OF MEASURE<br>1 - MILES TF<br>2 - FEET                    | - NUMBERED TOWNSHIP<br>ROUTE   | TL - TRAIL<br>WA - WAY                                    |  |  |  |   |  |  |  |  |  |  |
| 3-YARDS   | HE   | - HEIGHTS PL - PLACE                                      |  |  |  |   |  |  |  |  |  |  |
| LOCATION OF FIRST HARMFUL EVE   | R 1-NOT  | NER OF CRASH COLLISION/IMPA<br>COLLISION 4 - REAR-TO-REAR | СТ   | DIRECTION OF TRAVEN  | L MEDIAN<br>1 - DIVIDED FL   |   |  |  |  |  |  |  |
|   |  | WEEN 5-BACKING<br>MOTOR 5-ANGLE<br>ICLES IN 6-ANGLE       |  | 2 - SOUTH  |  | ( <4 FEET )<br>2 - DIVIDED FLUSH MEDIAN               |  |  |  |  |  |  |
| 4 - ON ROADSIDE 12-SHARED   | JSE PATHS OR TRAI  | NSPORT 7 - SIDESWIPE, SAMI                                |  | 3 - EAST<br>4 - WEST   | (≥4 FEET   |   |  |  |  |  |  |  |
| 6 - OUTSIDE TRAFFIC WAY 13-BIKE LAN   | 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE 3 - HEAD-ON 9 - OTHER / UNKNOWN |   |  |  |  |   |  |  |  |  |  |  |
| 7 - ON RAMP 14 - TOLL BOO<br>8 - OFF RAMP 99 - OTHER / U                      |  |   | 9 - OTHER/UN                                 | NY TYPE)<br>THER/UNKNOWN   |  |   |  |  |  |  |  |  |
| WORK ZONE RELATED   | WORK ZONE TYPE   | LOCATION OF CRASH IN WO                                   |  | CONTOUR  | CONDITIONS   | DITIONS SURFACE                                       |  |  |  |  |  |  |
|   | - LANE CLOSURE<br>- LANE SHIFT/CROSSOVER                             | 1 - BEFORE THE 1ST V<br>WARNING SIGN                      |  |  |  |   |  |  |  |  |  |  |
| LAW ENFORCEMENT PRESENT   | - WORK ON SHOULDER<br>OR MEDIAN                                      | 2 - ADVANCE WARNIN<br>3 - TRANSITION AREA                 | 50000000000000000000000000000000000000       |  | 1 - DRY<br>2 - WET   | 1 - CONCRETE<br>2 - BLACKTOP,                         |  |  |  |  |  |  |
|   | - INTERMITTENT OR MOVING WORK<br>- OTHER                             | 4 - ACTIVITY AREA<br>5 - TERMINATION AR                   | EA   |  | 3 - SNOW   | BITUMINOUS,<br>ASPHALT                                |  |  |  |  |  |  |
| LIGHT CONDITION   | WEATHE   | ER  |  | 4 - CURVE GRADE<br>9 - OTHER/UNKNOWN                               | 4 - ICE<br>5 - SAND, MUD, DIRT,  | 3 - BRICK/BLOCK                                       |  |  |  |  |  |  |
| 1 - DAYLIGHT<br>2 - DAWN/DUSK   | 1 - CLEAR<br>2 - CLOUDY  | 6 - SNOW<br>7 - SEVERE CROSSWINDS                         |  |  | OIL, GRAVEL<br>6 - WATER (STANDING,  | /EL STONE   |  |  |  |  |  |  |
| 3 - DARK – LIGHTED ROADWAY  | 3 - FOG, SMOG, SMOKE   | 8 - BLOWING SAND, SOIL, DIRT,                             | 5  |  | MOVING)  |   |  |  |  |  |  |  |
| 4 - DARK – ROADWAY NOT LIGHTED<br>5 - DARK – UNKNOWN ROADWAY LIGHTIN          | 4 - RAIN<br>G 5 - SLEET, HAIL  | 9 - FREEZING RAIN OR FREEZI<br>99 - OTHER / UNKNOWN       |  | 7 - SLUSH<br>9 - OTHER/UNKNOWN                                     | JNKNOWN  |   |  |  |  |  |  |  |
| 9 - OTHER / UNKNOWN   |  |   |  |  |  |   |  |  |  |  |  |  |
|   |  |   |  |  |  | Indicate the north<br>direction with<br>an "N" on the |  |  |  |  |  |  |
| UNIT #1 DROVE PAST AN EMPTY PA<br>VEHICLE AND STARTED TO BACK IN              | TO THE EMPTY SPOT. UNI   |   |  |  |  | compass diagram.                                      |  |  |  |  |  |  |
| NOT SEE UNIT #1 AND FAILING TO Y<br>INTO UNIT #1 WHILE UNIT #1 WAS S          |  | BACKED  |  |  |  | <u> </u>  |  |  |  |  |  |  |
| MINOR DAMAGE TO BOTH VEHICLES   | NO INJURIES REPORTED   | ).  | PARKING LOT OF                               | 4845 FULTON DR. NW.  | (= N =)  | )   -   |  |  |  |  |  |  |
| U-342   |  | -   |  |  | $\smile$   | -   |  |  |  |  |  |  |
| КВ  |  | -   | T  | Ur   | 111  | -   |  |  |  |  |  |  |
|   |  | -   | Ť  | A  |  | -   |  |  |  |  |  |  |
|   |  |   |  |  |  |   |  |  |  |  |  |  |
|   |  |   | -  |  |  |   |  |  |  |  |  |  |
|   |  |   |  |  |  |   |  |  |  |  |  |  |
|   |  |   | ╢  |  |  |   |  |  |  |  |  |  |
|   |  | Not To Scale  |  |  |  |   |  |  |  |  |  |  |
| CRASH REPORTED DATE / TIME  | DISPATCH DATE / TIME   | ARRIVAL DATE / TIME                                       |  | SCENE CLEARED  |  | PORT TAKEN BY   |  |  |  |  |  |  |
| 051520191504 051  | 52019 1507   | 05152019,15   | 50 <sub>7</sub> 10                           | 05152019   | · + + + + 1 =  | POLICE AGENCY   |  |  |  |  |  |  |
| TOTAL TIME OTHER TOT<br>ROADWAY CLOSED INVESTIGATION TIME MINU                | HECKED BY OFFI   |   |  |  |  |   |  |  |  |  |  |  |
|   | COLLINS, JASO<br>32 OFFICER'S BAI                                    |   | 5, JASON<br>BY OFFICER'S BADGE N             |  | SUPPLEMENT<br>(CORRECTION OR ADDITION<br>TO AN EXISTING REPORT SENT TO ODPS) |   |  |  |  |  |  |  |
|   |  | 6_7_  |  |  |  |   |  |  |  |  |  |  |



HSY8304 OH1U 1/19 [760-0820]



| OHIO DEL<br>OF PUBL                |   | OTORIST / NO   | 19 - 22826                       |  |                                   |                                       |                 |   |                                   |  |   |   |                       |  |  |  |
|------------------------------------|---|--|----------------------------------|--|-----------------------------------|---------------------------------------|-----------------|---|-----------------------------------|--|---|---|-----------------------|--|--|--|
| UNIT #                             | NAME: LAST, F   | FIRST, MIDDLE  |                                  | DATE OF BIRTH AGE GENDER                                       |                                   |                                       |                 |   |                                   |  |   |   |                       |  |  |  |
|                                    | MONIGO  | OLD, JAMES LT  |                                  |  |                                   |                                       |                 |   |                                   |  |   |   |                       |  |  |  |
| 12                                 |   | DR NW MASSILLC   | N OH 4                           |  | CONTACT PHONE - INCLUDE AREA CODE |                                       |                 |   |                                   |  |   |   |                       |  |  |  |
|                                    | INJURED   | EMS AGENCY (NAME)                                      |                                  |  |                                   |                                       |                 |   |                                   |  |   |   |                       |  |  |  |
| NON _ 5                            | TAKEN<br>BY   |  |                                  |  |                                   | 1                                     | 1               | 1   |                                   |  |   |   |                       |  |  |  |
|                                    | OPERATOR L  | ICENSE NUMBER  |                                  | OFFENS   | SE CHAR                           | RGED                                  | LOCAL<br>CODE   | OFFENSE DESC                              |                                   |  |   |   |                       |  |  |  |
| <sup>≥</sup> ol class<br>4         | ENDORSEMENT<br>SELECT UP TO 2                                       | RESTRICTION SELECT                                     | racted                           | ALCOHOL MARIJUANA  |                                   |                                       |                 |   | YPE VALUE                         |  | rug test(s<br><sup>ype</sup> result<br>1                      | )<br>T SELECT UP TO 4                             |                       |  |  |  |
|                                    | NAME: LAST, F   |  |                                  |  |                                   | THER DRUG                             |                 |   |                                   | DATE OF BIRTH  |   |   | GENDER                |  |  |  |
| 02                                 |   | PHYLLIS J  |                                  |  |                                   |                                       |                 |   | 120                               | 41960  | í í   | 58  | F                     |  |  |  |
|                                    | STREET, CITY, ST.   | ATE, ZIP<br>SE DR LOUISVILLE                           | E OH 44                          | 641  |                                   |                                       |                 |   | CONTACT PHONE - INCLUDE AREA CODE |  |   |   |                       |  |  |  |
| W-INJURIES                         | INJURED I<br>TAKEN<br>BY  | EMS AGENCY (NAME)                                      |                                  | INJUREDT   | AKEN TO                           | : MEDICAL FACILITY                    | NAME, CITY)     | SAFETY EQUIPMENT                          | Прот-со<br>Мс не                  |  | AIR BAG US  | AG USAGE EJECTION TRAPPED                         |                       |  |  |  |
|                                    | OPERATOR L  | ICENSE NUMBER  |                                  | OFFENS   | SE CHAR                           | RGED                                  | LOCAL<br>CODE   | OFFENSE DESC                              | RIPTION                           |  |   |   |                       |  |  |  |
| ol class                           | ENDORSEMENT<br>SELECT UP TO 2                                       | <b>RESTRICTION</b> SELECT                              |                                  | /ER<br>TRACTED   | ALCOHOL / DRUG SUSPECTED CONDIT   |                                       |                 |   |                                   | YPE VALUE  |   | RUG TEST(S  | )<br>T select up to 4 |  |  |  |
| T                                  | டாட   |  |                                  |  |                                   |                                       |                 |   |                                   |  |   |   |                       |  |  |  |
| UNIT #                             | NAME: LAST, F   | FIRST, MIDDLE  |                                  |  | DATE OF BIRTH AGE GENDER          |                                       |                 |   |                                   |  |   |   |                       |  |  |  |
|                                    | STREET, CITY, ST  | ATE, ZIP   |                                  | CONTACT PHONE - INCLUDE AREA CODE                              |                                   |                                       |                 |   |                                   |  |   |   |                       |  |  |  |
| 10101                              |   |  |                                  |  |                                   |                                       |                 |   |                                   | <u> </u>   | <u> </u>  |   |                       |  |  |  |
| Z INJURIES                         | INJURED  <br>TAKEN<br>BY  | EMS AGENCY (NAME)                                      |                                  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUUSED |                                   |                                       |                 |   | П ВОТ-Со                          |  | AIR BAG US  | AGE   | TRAPPED               |  |  |  |
| LS OL STATE                        | OPERATOR L  | ICENSE NUMBER  |                                  | OFFENS   | SE CHAR                           | RGED                                  | LOCAL<br>CODE   | OFFENSE DESC                              |                                   |  |   |   |                       |  |  |  |
| OL CLASS                           | ENDORSEMENT<br>SELECT UP TO 2                                       | <b>RESTRICTION</b> SELECT                              |                                  | /ER<br>TRACTED   |                                   | DHOL / DRUG SUSPE                     | CTED<br>RIJUANA | CONDITION                                 |                                   | YPE VALUE  |   | DRUG TEST(S)<br>JS TYPE RESULT SELECT UP TO 4     |                       |  |  |  |
| T                                  | டாட   | 1 1 1 1 1 1  |                                  | i  | 01                                | THER DRUG                             |                 |   |                                   |  |   |   |                       |  |  |  |
| INJU<br>1-FATAL                    | IRIES   | SEATING POSITION<br>1 - FRONT - LEFT SIDE              | A<br>1 - NOT DEP                 | IR BAG   |                                   | OL CLASS<br>1-CLASS A                 | 5               | OL RESTRIC                                |                                   | DRIVER DISTRACT  |   | TEST STA  | TUS                   |  |  |  |
|                                    | SERIOUS INJURY  | (MOTORCYCLE DRIVER)                                    | 2 - DEPLOYE                      |  |                                   | 2 - CLASS B                           |                 | 2 - CDL INTRASTAT                         |                                   | 2 - MANUALLY OPERATING   | AN 2  | 2 - TEST REFUSED                                  |                       |  |  |  |
| 3 - SUSPECTED                      |   | 2 - FRONT – MIDDLE<br>3 - FRONT – RIGHT SIDE           | 3 - DEPLOYE                      |  |                                   | 3 - CLASS C                           |                 | 3 - CORRECTIVE LE                         | NSES                              | ELECTRONIC COMMUNI<br>DEVICE (TEXTING, TYP                               |   | 3 - TEST GIVEN, CONTAMINATED<br>SAMPLE / UNUSABLE |                       |  |  |  |
| 4 - POSSIBLE IN<br>5 - NO APPAREN  |   | 4 - SECOND – LEFT SIDE                                 | 4 - DEPLOYE<br>5 - NOT APP       |  | NT / SIDE                         | 4 - REGULAR CLASS<br>(OHIO = D)       |                 | 4 - FARM WAIVER<br>5 - EXCEPT CLASS       | A BUS                             | TEST GIVEN, RES  |   |   |                       |  |  |  |
|                                    | TAKEN BY  | (MOTORCYCLE PASSENGER)<br>5 - SECOND – MIDDLE          | 9 - DEPLOYN                      |  | WN                                | 5 - M/C MOPED ONLY<br>6 - NO VALID OL |                 | 6 - EXCEPT CLASS /<br>& CLASS B BUS       |                                   | 3 - TALKING ON HANDS-FR<br>COMMUNICATION DEVI<br>4 - TALKING ON HAND-HEL | CE 5  | 5 - TEST GIVEN, RESULTS<br>UNKNOWN                |                       |  |  |  |
| 1 - NOT TRANSP                     | ORTED   | 6 - SECOND - RIGHT SIDE                                |                                  |  |                                   |                                       |                 | 7 - EXCEPT TRACTO                         | R-TRAILER                         | COMMUNICATION DEVI   | ALCOHOL TEST TYPE   |   |                       |  |  |  |
| /TREATED A<br>2 - EMS              | TSCENE  | 7 - THIRD – LEFT SIDE<br>(MOTORCYCLE SIDE CAR)         | 1 - NOT EJE                      | ECTION<br>CTED   |                                   | OL ENDORSEN<br>H - HAZMAT             | /IENT           | 8 - INTERMEDIATE<br>RESTRICTIONS          | LICENSE                           | 5 - OTHER ACTIVITY WITH<br>ELECTRONIC DEVICE                             | C DEVICE 1 - NONE   |   |                       |  |  |  |
| 3 - POLICE                         |   | 8 - THIRD - MIDDLE                                     | 2 - PARTIAL                      | LY EJECTED   |                                   | M - MOTORCYCLE                        |                 | 9 - LEARNER'S PER<br>RESTRICTIONS         | MIT                               | 6 - PASSENGER  | 2 LIDINE  |   |                       |  |  |  |
| 9 - OTHER / UNK                    | NOWN  | 9 - THIRD – RIGHT SIDE<br>10 - SLEEPER SECTION         | 3 - TOTALLY                      | TEJECIED F-PASSENGER   |                                   |                                       |                 |   | LIGHT ONLY                        | 7 - OTHER DISTRACTION<br>INSIDE THE VEHICLE                              | - BREATH  |   |                       |  |  |  |
| SAFETY E                           | QUIPMENT  | OF TRUCK CAB   | 4 - NUTAPP                       | LIUADLE N-TANKER   |                                   |                                       |                 |   | PLOYMENT                          | 8 - OTHER DISTRACTION O<br>THE VEHICLE                                   | UTSIDE 5  | 5-0THER   |                       |  |  |  |
| 1 - NONE USED                      |   | 11 - PASSENGER IN OTHER<br>ENCLOSED CARGO AREA         | TF<br>1 - NOTTRAI                |  |                                   | R - THREE-WHEEL MO                    | TORCYCLE        | 12 - LIMITED – OTHE<br>13 - MECHANICAL DI |                                   | 9 - OTHER / UNKNOWN  | DRUG TEST   | ТҮРЕ  |                       |  |  |  |
|                                    |   |  |                                  | TED BY   |                                   | S - SCHOOL BUS<br>T - DOUBLE & TRIPLE | TPAILEDS        | (SPECIAL BRAK                             | ES, HAND                          | CONDITION  |   | 1 - NONE  |                       |  |  |  |
|                                    | SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED<br>CARGO AREA |  | MECHANICAL MEANS<br>3 - FREED BY |  |                                   | X - TANKER / HAZMAT                   | TRAILENS        | CONTROLS, OR O<br>ADAPTIVE DEVI           |                                   |  | 2 - BLOOD<br>3 - URINE  |   |                       |  |  |  |
| 5 - CHILD REST<br>FORWARD FA       | D RESTRAINT SYSTEM –  |  |                                  | HANICAL MI   | EANS                              | GENDER                                |                 | 14 - MILITARY VEHIO                       |                                   | 2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRE                    |   | 4 - OTHER   |                       |  |  |  |
| 6 - CHILD REST<br>REAR FACIN       | RAINT SYSTEM –<br>G   | 14 - RIDING ON VEHICLE EXTERIOR<br>(NON-TRAILING UNIT) |                                  | F - FEMALE   |                                   |                                       |                 | AIR BRAKES                                |                                   | ANGRY, DISTURBED)  | D   | DRUG TEST RESULT(S)                               |                       |  |  |  |
| 7 - BOOSTER SE                     |   | 15 - NON-MOTORIST                                      |                                  |  |                                   | M - MALE<br>U - OTHER / UNKNOWN       |                 | 16 - OUTSIDE MIRRO<br>17 - PROSTHETIC AIL |                                   | 4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED,                                 |   | 1 - AMPHETAMINES                                  |                       |  |  |  |
| 8 - HELMET US<br>9 - PROTECTIVE    |   | 99 - OTHER / UNKNOWN                                   |                                  |  |                                   |                                       |                 | 18 - OTHER                                |                                   | FATIGUED, ETC.   | 3   | - BARBITURATES<br>- BENZODIAZEPIN                 | IES                   |  |  |  |
| (ELBOW, KN                         | EES, ETC.)  |  |                                  |  |                                   |                                       |                 |   |                                   | 6 - UNDER THE INFLUENCE<br>OF MEDICATIONS / DRUG                         | GS 4  | CANNABINOIDS                                      |                       |  |  |  |
| 10 - REFLECTIVE<br>11 - LIGHTING - |   |  |                                  |  |                                   |                                       |                 |   |                                   | / ALCOHOL<br>9 - OTHER / UNKNOWN   | /ALCOHOL 5 - COCAINE<br>9 - OTHER / UNKNOWN 6 - OPIATES / OPI |   |                       |  |  |  |
| / BICYCLE Of                       | NLY   |  |                                  |  |                                   |                                       |                 |   | 7 - OTHER                         |  |   |   |                       |  |  |  |
| 99 - OTHER / UNK                   | NUWN  |  |                                  |  |                                   |                                       |                 |   |                                   |  | 8   | - NEGATIVE RESU                                   | LTS                   |  |  |  |

HSY8306 OH1M 1/19 [760-1500]



## OHIO TRAFFIC CRASH REPORT DIAGRAM/NARRATIVE CONTINUATION

| LOCA         | REPORTING AGENCY<br>JACKSON TWP POLICE DEPARTMENT |       |       |       |        |        |   |  |       |      |      |        | DA<br>M                         | DATE OF CRASH |       |      |                    |     |       |        |       |      |    |  |
|--------------|---|-------|-------|-------|--------|--------|---|--|-------|------|------|--------|---------------------------------|---------------|-------|------|--------------------|-----|-------|--------|-------|------|----|--|
| IN COUNTY OF |   |       |       |       |        |        | CRASH LOCATION                          |  |       |      |      |        |                                 |               |       |      |                    |     |       |        |       |      |    |  |
| St           | SR 687 & FULTON DR                                |       |       |       |        |        |   |  |       |      |      |        |                                 |               |       |      |                    |     |       |        |       |      |    |  |
| ON T         | HE C  | DATE  | OF T  | HE C  | RASH   | H, LT. | MON                                     | IIGOL  | D RE  | QUE  | STE  |        | RTY                             | HEAI          | LTH S | HAR  | е то               | LOO | K FOI | r vid  | EO    |      |    |  |
|              |   |       |       | ON 0  |        |        |   |  |       |      |      |        |                                 |               |       |      |                    |     |       | STILL  |       |      |    |  |
| NOT          | REC   | EIVE  | D TH  | E VIC | DEO N  | IOR V  | VORE                                    | ) FRC  | DM LI | BERT | YHE  | ALTH   | I SHA                           | RE S          | TATI  | NG W | (HET               | HER | OR N  | ΟΤ ΤΙ  | HERE  | IS   |    |  |
|              |   |       |       |       |        |        |   | ON THE STATEMENTS RECEIVED FROM THE DRIVERS OF BOTH VEHICLES A |       |      |      |        |                                 |               |       |      |                    |     |       |        |       |      |    |  |
| THE          | DAM   | AGE   | SCEN  | NE, U | INIT # | 2 IS A | \T FA                                   | ULT.   | IF V  | IDEO | OF T | THIS ( | IIS CRASH IS FOUND TO BE AVAILA |               |       |      |                    |     |       | 5, I W | ILL R | EOPE | IN |  |
| THIS         | CAS   | EAT   | THA   | ΤΤΙΜ  | 1E.    |        |   |  |       |      |      |        |                                 |               |       |      |                    |     |       |        |       |      |    |  |
| NOT          | HING  | FUR   | RTHEF | २.    |        |        |   |  |       |      |      |        |                                 |               |       |      |                    |     |       |        |       |      |    |  |
| SGT          | . J. C  | OLLII | NS #3 | 42    |        |        |   |  |       |      |      |        |                                 |               |       |      |                    |     |       |        |       |      |    |  |
| КВ           |   |       |       |       |        |        |   |  |       |      |      |        |                                 |               |       |      |                    |     |       |        |       |      |    |  |
|              |   |       |       |       |        |        |   |  |       |      |      |        |                                 |               |       |      |                    |     |       |        |       |      |    |  |
|              |   |       |       |       |        |        |   |  |       |      |      |        |                                 |               |       |      |                    |     |       |        |       |      |    |  |
|              |   |       |       |       |        |        |   |  |       |      |      |        |                                 |               |       |      |                    |     |       |        |       |      |    |  |
|              |   |       |       |       |        |        |   |  |       |      |      |        |                                 |               |       |      |                    |     |       |        |       |      |    |  |
|              |   |       |       |       |        |        |   |  |       |      |      |        |                                 |               |       |      |                    |     |       |        |       |      |    |  |
|              |   |       |       |       |        |        |   |  |       |      |      |        |                                 |               |       |      |                    |     |       |        |       |      |    |  |
|              |   |       |       |       |        |        |   |  |       |      |      |        |                                 |               |       |      |                    |     |       |        |       |      |    |  |
|              |   |       |       |       |        |        |   |  |       |      |      |        |                                 |               |       |      |                    |     |       |        |       |      |    |  |
|              |   |       |       |       |        |        |   |  |       |      |      |        |                                 |               |       |      |                    |     |       |        |       |      |    |  |
|              |   |       |       |       |        |        |   |  |       |      |      |        |                                 |               |       |      |                    |     |       |        |       |      |    |  |
|              |   |       |       |       |        |        |   |  |       |      |      |        |                                 |               |       |      |                    |     |       |        |       |      |    |  |
|              |   |       |       |       |        |        |   |  |       |      |      |        |                                 |               |       |      |                    |     |       |        |       |      |    |  |
|              |   |       |       |       |        |        |   |  |       |      |      |        |                                 |               |       |      |                    |     |       |        |       |      |    |  |
|              |   |       |       |       |        |        |   |  |       |      |      |        |                                 |               |       |      |                    |     |       |        |       |      |    |  |
|              |   |       |       |       |        |        |   |  |       |      |      |        |                                 |               |       |      |                    |     |       |        |       |      |    |  |
|              |   |       |       |       |        |        |   |  |       |      |      |        |                                 |               |       |      |                    |     |       |        |       |      |    |  |
|              |   |       |       |       |        |        |   |  |       |      |      |        |                                 |               |       |      |                    |     |       |        |       |      |    |  |
|              |   |       |       |       |        |        |   |  |       |      |      |        |                                 |               |       |      |                    |     |       |        |       |      |    |  |
|              |   |       |       |       |        |        |   |  |       |      |      |        |                                 |               |       |      |                    |     |       |        |       |      |    |  |
|              |   |       |       |       |        |        |   |  |       |      |      |        |                                 |               |       |      |                    |     |       |        |       |      |    |  |
|              |   |       |       |       |        |        |   |  |       |      |      |        |                                 |               |       |      |                    |     |       |        |       |      |    |  |
|              |   |       |       |       |        |        |   |  |       |      |      |        |                                 |               |       |      |                    |     |       |        |       |      |    |  |
|              |   |       |       |       |        |        | OFFICER'S SIGNATURE<br>X COLLINS, JASON |  |       |      |      |        |                                 |               |       |      | BADGE NUMBER<br>67 |     |       |        |       |      |    |  |