

FLORIDA TRAFFIC CRASH REPORT LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

DO NOT WRITE IN THIS SPACE

Time & Location	DATE OF CRASH 03 24 2010	TIME OF CRASH 8:26 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	TIME OFFICER NOTIFIED 8:31 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	TIME OFFICER ARRIVED 8:35 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	INVEST. AGENCY REPORT NUMBER 10030397	HSMV CRASH REPORT NUMBER 80 80143
	COUNTY / CITY CODE 12/42	FEET or MILE(S) <input type="checkbox"/> FEET <input type="checkbox"/> MILE(S)	N S E W <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W	CITY OR TOWN LEESBURG	(Check if in City or Town)	COUNTY LAKE
	AT NODE NO. or FEET or MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES 4	1 1. DIVIDED 2. UNDIVIDED	ON STREET, ROAD OR HIGHWAY US HWY 441
AT THE INTERSECTION OF (street, road or highway) or FEET MILE(S)		FROM INTERSECTION OF (street, road or highway)		30 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W PALMETTO ST		

Section 1	DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input type="checkbox"/> 3. N/A <input type="checkbox"/>	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER			18. Undercarriage 19. Overturn 20. Windshield 21. Trailer			
	TRAILER OR TOWED VEHICLE INFORMATION								SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)					
Vehicle	VEHICLE TRAVELING ON AT		Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling <input type="checkbox"/> 2. Functional <input type="checkbox"/> 3. No Damage <input type="checkbox"/>		EST. TRAILER DAMAGE						
	U.S. HWY 441		0	0	\$0.00									
Pedestrian	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)					POLICY NUMBER		VEHICLE REMOVED BY:		1. Tow Rotation List <input type="checkbox"/> 2. Tow Owner's Request <input type="checkbox"/> 3. Driver <input type="checkbox"/> 4. Other <input type="checkbox"/>				
	NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input type="checkbox"/>					CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE				
	NAME OF OWNER (Trailer or Towed Vehicle)					CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE				
	NAME OF MOTOR CARRIER (Commercial Vehicle Only)					CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS				
NAME OF DRIVER (Taken From Driver License) / PEDESTRIAN					CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		DATE OF BIRTH					
ERIC D. LINDQUIST					1245 E GRAND AV, CARBONDALE IL 62901		IL 62901		09/11/1989					
DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULTS	ALC/DRUG	PHYS.DEF.	RES.	RACE	SEX	INJ.	S. EQUIP	EJECT
P636523524490		FL	5	3	1 Blood 3 Urine 5 None 2 Breath 4 Refused	1	PEND	6	1	1	2	1	1	1
HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED	IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.						
1 Yes 2 No <input checked="" type="checkbox"/> 2		1 Yes 2 No <input checked="" type="checkbox"/> 2			1 Yes 2 No <input type="checkbox"/> 2	1 Yes 2 No <input checked="" type="checkbox"/> 2		(312) 806-0300						

Section 2	DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input type="checkbox"/> 3. N/A <input checked="" type="checkbox"/>	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER			18. Undercarriage 19. Overturn 20. Windshield 21. Trailer			
	TRAILER OR TOWED VEHICLE INFORMATION								SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)		15			
Vehicle	VEHICLE TRAVELING ON AT		Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling <input type="checkbox"/> 2. Functional <input type="checkbox"/> 3. No Damage <input type="checkbox"/>		EST. TRAILER DAMAGE						
	U.S. HWY 441		40	35	\$2000.00									
Pedestrian	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)					POLICY NUMBER		VEHICLE REMOVED BY:		1. Tow Rotation List <input type="checkbox"/> 2. Tow Owner's Request <input type="checkbox"/> 3. Driver <input type="checkbox"/> 4. Other <input checked="" type="checkbox"/>				
	NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input checked="" type="checkbox"/>					CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE				
	NAME OF OWNER (Trailer or Towed Vehicle)					CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE				
	NAME OF MOTOR CARRIER (Commercial Vehicle Only)					CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS				
NAME OF DRIVER (Taken From Driver License) / PEDESTRIAN					CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		DATE OF BIRTH					
LOUIS C. PORTER					623 N MILLS ST, LEESBURG FL 34748		FL 34748		12/09/1952					
DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULTS	ALC/DRUG	PHYS.DEF.	RES.	RACE	SEX	INJ.	S. EQUIP	EJECT
P636523524490		FL	5	3	1 Blood 3 Urine 5 None 2 Breath 4 Refused	1	PEND	6	1	1	2	1	1	1
HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED	IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.						
1 Yes 2 No <input checked="" type="checkbox"/> 2		1 Yes 2 No <input checked="" type="checkbox"/> 2			1 Yes 2 No <input type="checkbox"/> 2	1 Yes 2 No <input checked="" type="checkbox"/> 2		(352) 728-8149						

Code Information	VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver / Ped.)	PHYSICAL DEFECTS	ALCOHOL / DRUG USE	LOCATION IN VEHICLE
01 Automobile	01 Private Transportation	01 Single Semi Trailer	1 County of Crash	1 No Defects Known	1 Not Drinking or Using Drugs	1 Front Left	
02 Van	02 Commercial Passengers	02 Tandem Semi Trailer	2 Elsewhere in State	2 Eyesight Defect	2 Alcohol - Under Influence	2 Front Center	
03 Light Truck / P.U.-2 or 4 rear tires	03 Commercial Cargo	03 Tank Trailer	3 Non-Resident Out of State	3 Fatigue / Asleep	3 Drugs - Under Influence	3 Front Right	
04 Medium Truck - 4 rear tires	04 Public Transportation	04 Saddle Mount / Flatbed	4 Foreign 5 Unknown	4 Hearing Defect	4 Alcohol & Drugs - Under Influence	4 Rear Left	
05 Heavy Truck - 2 or more rear axles	05 Public School Bus	05 Boat Trailer	DL TYPE	5 Illness	5 Had Been Drinking	5 Rear Center	
06 Truck Tractor (Cab-Boatall)	06 Private School Bus	06 Utility Trailer	1 A 2 B 3 C	6 Seizure, Epilepsy, Blackout	6 Pending ALC/DRUG Test Results	6 Rear Right	
07 Motor Home (RV)	07 Ambulance	07 House Trailer	4 O/ Chauffeur	7 Other Physical Defect		7 In Body of Truck	
08 Bus (driver + seats for 9-15)	08 Law Enforcement	08 Pole Trailer	5 E/ Operator	INJURY SEVERITY	SAFETY EQUIPMENT IN USE	8 Bus Passenger	
09 Bus (driver + seats for over 15)	09 Fire / Rescue	09 Towed Vehicle	6 E/ Oper.-Rast.	1 None	1 Not in use	9 Other	
10 Bicycle	10 Military	10 Auto Transport	7 None	2 Possible	2 Seat Belt / Shoulder Harness	EJECTED	
11 Motorcycle	11 Other Government	77 Other	REQUIRED ENDORSEMENTS	3 Non-Incapacitating	3 Child Restraint	1 No	
12 Moped	12 Dump		1 Yes	4 Incapacitating	4 Air Bag - Deployed	2 Yes	
13 All Terrain Vehicle	13 Concrete Mixer		2 No	5 Fatal (Within 30 Days)	5 Air Bag - Not Deployed	3 Partial	
14 Train	14 Garbage or Refuse		3 No Endorsement Required	6 Non-Traffic Fatality	6 Safety Helmet		
15 Low Speed Vehicle	15 Cargo Van				7 Eye Protection		
77 Other	77 Other						

Section 3	DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER											
	TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE						18. Undercarriage 19. Overturn 20. Windshield 21. Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)									
Vehicle	VEHICLE TRAVELING ON AT N S E W	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE			1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other										
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)	POLICY NUMBER	VEHICLE REMOVED BY:																
Pedestrian	NAME OF VEHICLE OWNER (Check Box If Same As Driver)	CURRENT ADDRESS (Number and Street)	CITY AND STATE		ZIP CODE														
	NAME OF OWNER (Trailer or Towed Vehicle)	CURRENT ADDRESS (Number and Street)	CITY AND STATE		ZIP CODE														
	NAME OF MOTOR CARRIER (Commercial Vehicle Only)	CURRENT ADDRESS (Number and Street)	CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS														
	NAME OF DRIVER (Taken From Driver License) / PEDESTRIAN	CURRENT ADDRESS (Number and Street)	CITY, STATE & ZIP CODE		DATE OF BIRTH														
	DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS	ALC/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP	EJECT					
	HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE	DRIVER'S PHONE NO.												
# 1	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP												
# 2	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP												
CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN			VEHICLE DEFECT			VEHICLE MOVEMENT			VEHICLE SPECIAL FUNCTIONS			SOURCE OF CARRIER INFORMATION			LOCATION TYPE				
01 No Improper Driving / Action 02 Careless Driving (Explain in Narrative) 03 Failed To Yield Right - of - Way 04 Improper Backing 05 Improper Lane Change 06 Improper Turn 07 Alcohol - Under Influence 08 Drugs - Under Influence 09 Alcohol & Drugs - Under Influence 10 Followed Too Closely 11 Disregarded Traffic Signal 12 Exceeded Safe Speed Limit 13 Disregarded Stop Sign 14 Failed To Maintain Equip. / Vehicle 15 Improper Passing 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Obstructing Traffic 19 Improper Load 20 Disregarded Other Traffic Control 21 Driving Wrong Side / Way 22 Fleeting Police 23 Vehicle Modified 24 Driver Distraction (Explain in Narrative) 77 All Other (Explain in Narrative)			01 No Defects 02 Def. Brakes 03 Worn / Smooth Tires 04 Defective / Improper Lights 05 Puncture / Blowout 06 Steering Mech. 07 Windshield Wipers 08 Equipment / Vehicle Defect 77 All Other (Explain in Narrative)			01 Straight Ahead 02 Slowing / Stopped / Stalled 03 Making Left Turn 04 Backing 05 Making Right Turn 06 Changing Lanes 07 Entering / Leaving / Parking Space 08 Properly Parked 09 Improperly Parked 10 Making U-Turn 11 Passing 12 Driverless or Runaway Vehicle 77 All Other (Explain in Narrative)			1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction / Maintenance 1 Not Applicable 2 Shipping Papers 3 Vehicle Side 4 Driver 5 Other			1 Primarily Business 2 Primarily Residential 3 Open Country							
FIRST / SUBSEQUENT HARMFUL EVENT(S)			ROAD SYSTEM IDENTIFIER			LIGHTING CONDITION			ROAD SURFACE CONDITION			WEATHER			ROAD SURFACE TYPE				
01 Collision With MV in Transport (Rear End) 02 Collision With MV in Transport (Head On) 03 Collision With MV in Transport (Angle) 04 Collision With MV in Transport (Left Turn) 05 Collision With MV in Transport (Right Turn) 06 Collision With MV in Transport (Sideswipe) 07 Collision With MV in Transport (Backed Into) 08 Collision With Parked Car 09 Collision With MV on Roadway 10 Collision With Pedestrian 11 Collision With Bicycle 12 Collision With Bicycle (Bike Lane) 13 Collision With Moped 14 Collision With Train 15 Collision With Animal 16 MV Hit Sign / Sign Post 17 MV Hit Utility Pole / Light Pole 18 MV Hit Guardrail 19 MV Hit Fence 20 MV Hit Concrete Barrier Wall 21 MV Hit Bridge/Pier/Abutment/Rail 22 MV Hit Tree / Shrubbery 23 Collision With Construction Barricade Sign 24 Collision With Traffic Gate 25 Collision With Crash Attenuators 26 Collision With Fixed Object Above Road 27 MV Hit Other Fixed Object 28 Collision With Moveable Object on Road 29 MV Ran Into Ditch/Culvert 30 Ran Off Road Into Water 31 Overturned 32 Occupant Fell From Vehicle 33 Tractor / Trailer Jackknifed 34 Fire 35 Explosion 36 Downhill Runaway 37 Cargo Loss or Shift 38 Separation of Units 39 Median Crossover 77 All Other (Explain in Narrative)			01 Interstate 02 U.S. 03 State 04 County 05 Local 06 Turnpike / Toll 07 Forest Road 08 Private Roadway 77 All Other (Explain in Narrative)			01 Daylight 02 Dusk 03 Dawn 04 Dark (Street Light) 05 Dark (No Street Light) 88 Unknown			01 Dry 02 Wet 03 Slippery 04 Icy 77 All Other (Explain in Narrative)			01 Clear 02 Cloudy 03 Rain 04 Fog 77 All Other (Explain in Narrative)			01 Stag/Gravel/Stone 02 Blacktop 03 Brick/Block 04 Concrete 05 Dirt 77 All Other (Explain in Narrative)				
ROAD CONDITIONS AT TIME OF CRASH			VISION OBSTRUCTED			TRAFFIC CONTROL			SITE LOCATION			TRAFFICWAY CHARACTER							
01 No Defects 02 Obstruction With Warning 03 Obstruction Without Warning 04 Road Under Repair / Construction 05 Loose Surface Materials 06 Shoulders - Soft / Low / High 07 Holes / Ruts / Unsafe Paved Edge 08 Standing Water 09 Worn / Polished Road Surface 77 All Other (Explain in Narrative)			01 Vision Not Obstructed 02 Inclement Weather 03 Parked / Stopped Vehicle 04 Trees / Crops / Bushes 05 Load On Vehicle 06 Building / Fixed Object 07 Signs / Billboards 08 Fog 09 Smoke 10 Glare 77 All Other (Explain in Narrative)			01 No Control 02 Special Speed Zone 03 Speed Control Sign 04 School Zone 05 Traffic Signal 06 Stop Sign 07 Yield Sign 08 Flashing Light 09 Railroad Signal 10 Officer / Guard / Flagperson 11 Posted No U-Turn 12 No Passing Zone 77 All Other (Explain in Narrative)			01 Not At Intersection / RR X-ing / Bridge 02 At Intersection 03 Influenced By Intersection 04 Driveway Access 05 Railroad 06 Bridge 07 Entrance Ramp 08 Exit Ramp 09 Parking Lot - Public 10 Parking Lot - Private 11 Private Property 12 Toll Booth 13 Public Bus Stop Zone 77 All Other (Explain in Narrative)			01 Straight - Level 02 Straight - Upgrade / Downgrade 03 Curve - Level 04 Curve - Upgrade / Downgrade TYPE SHOULDER 01 Paved 02 Unpaved 03 Curb							
Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER														
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER														
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER														
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER														

FLORIDA TRAFFIC CRASH REPORT
1-NARRATIVE/DIAGRAM

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

TIME EMS NOTIFIED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	TIME EMS ARRIVED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF CRASH 03/24/2010	COUNTY / CITY CODE 12/42	INVEST. AGENCY REPORT NUMBER 10030397	HSMV CRASH REPORT NUMBER 80480143
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(NARRATIVE)

PEDESTRIAN WAS WALKING ACROSS U.S. HWY 441 JUST WEST OF PALMETTO ST AND WALKED RIGHT INTO THE PATH OF VEHICLE 1 CAUSING A COLLISION. VEHICLE 1 WAS TRAVELING EAST ON U.S. HWY 441. DRIVER STATED THAT THE PEDESTRIAN WAS IN THE MEDIAN AND WALKED RIGHT INTO HIS LANE. DRIVER ALSO STATED THAT THE PEDESTRIAN WAS TRYING TO GET UP AND WALK AWAY AFTER BEING HIT. THE PEDESTRIAN HAD A SEVERE BUMP ON THE SIDE OF HIS HEAD AND WAS ALSO BLEEDING FROM BOTH EARS.

**** END ****

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
2	1	ALBERT L. WESTBROOK	623 MILLS ST, LEESBURG FL 34748			02/24/1955	1	1	3	1	1	1
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.

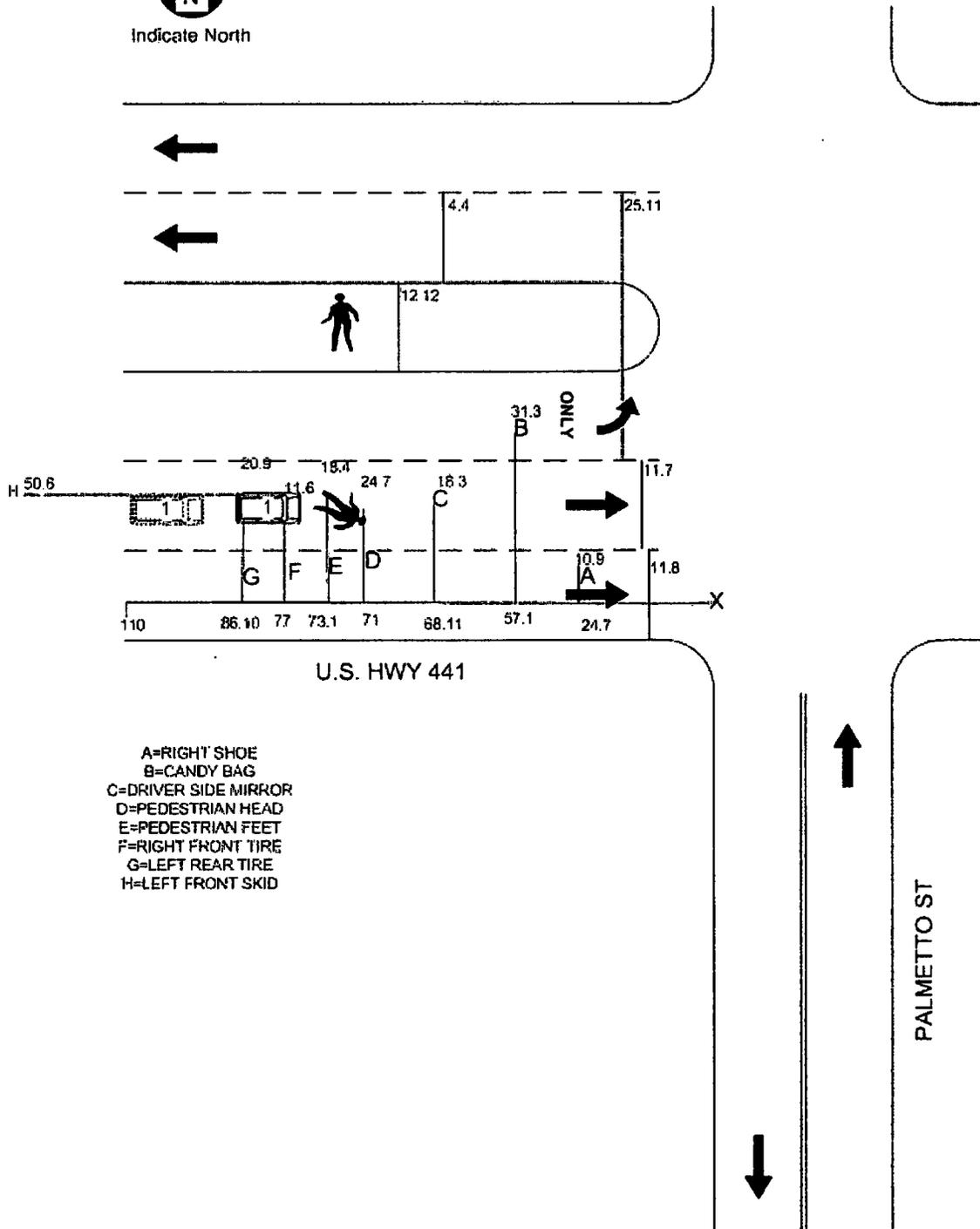
Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

WITNESS NAME (1) GINGER L. BLACKMON 613 W OAK TERRACE DR, LEESBURG FL 34748	WITNESS NAME (2)					
FIRST AID GIVEN BY - NAME RON PAIGE	INJURED TAKEN TO: SHANDS HOSPITAL	BY - NAME AEROMED				
1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified 1st Alder 5. Other	02					
WAS INVESTIGATION MADE AT SCENE? 1. YES 1 2. NO	IS INVESTIGATION COMPLETE? 1. YES 2 2. NO	IF NO, THEN WHY? THI NOT COMPLETE	DATE OF REPORT 03/24/2010	PHOTOS TAKEN 1. YES 1 2. NO	IF YES, BY WHOM? 1. INVESTIGATING AGENCY 1 2. OTHER	
INVESTIGATOR - RANK & SIGNATURE PO J nathan Sement	ID/BADGE NUMBER 1130	DEPARTMENT LEESBURG P LICE DEPARTMENT	FHP	SO	PD	OTHER
			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

DIAGRAM



Indicate North



- A=RIGHT SHOE
- B=CANDY BAG
- C=DRIVER SIDE MIRROR
- D=PEDESTRIAN HEAD
- E=PEDESTRIAN FEET
- F=RIGHT FRONT TIRE
- G=LEFT REAR TIRE
- H=LEFT FRONT SKID

Drawing Not To Scale.