

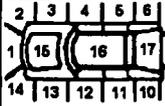
FLORIDA TRAFFIC CRASH REPORT LONG FORM

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 14 2010	TIME OF CRASH 3:15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	TIME OFFICER NOTIFIED 3:17 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	TIME OFFICER ARRIVED 3:18 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	INVEST. AGENCY REPORT NUMBER 10030218	HSMV CRASH REPORT NUMBER 80480136
	COUNTY / CITY CODE 12/42	FEET or MILE(S)	N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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 2	2 1. DIVIDED 2. UNDIVIDED	ON STREET, ROAD OR HIGHWAY 1223 PAMELA ST
	AT THE INTERSECTION OF (street, road or highway) or FEET	MILE(S)	N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	FROM INTERSECTION OF (street, road or highway)		

Section 1 Vehicle Pedestrian	DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input type="checkbox"/> 3. N/A <input type="checkbox"/>	YEAR 98	MAKE CHEV	TYPE 02	USE 01	VEH. LICENSE NUMBER 864WDI	STATE FL	VEHICLE IDENTIFICATION NUMBER 1GNDM19W8WB115985			18. Undercarriage 19. Overturn 20. Windshield 21. Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)				
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		VEHICLE REMOVED BY: OWNER REMOVED		1. Tow Rotation List 2. Tow Owner's Request		3. Driver <input checked="" type="checkbox"/> 4. Other						
	VEHICLE TRAVELING ON AT <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		1223 PAMELA ST		Est. MPH 1	Posted Speed 25	EST. VEHICLE DAMAGE \$0.00	1. Disabling <input type="checkbox"/> 2. Functional <input checked="" type="checkbox"/> 3. No Damage		EST. TRAILER DAMAGE					
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) DIRECT GENERAL INS. CO.		POLICY NUMBER FLAD161411598		NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input checked="" type="checkbox"/>		CURRENT ADDRESS (Number and Street) 1701 BIRCHWOOD CR 1, LEESBURG FL 34748		CITY AND STATE		ZIP CODE				
	NAME OF VEHICLE 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 MIGUEL A. RAYA		CURRENT ADDRESS (Number and Street) 1701 BIRCHWOOD CR 1, LEESBURG FL 34748		CITY, STATE & ZIP CODE		DATE OF BIRTH 12/09/1969								
	DRIVER LICENSE NUMBER R000541694491		STATE FL	DL TYPE 5	REQ. END. 3	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS 5	ALC/DRUG 1	PHYS.DEF. 1	RES. 1	RACE 3	SEX 1	INJ. 1	S. EQUIP 2	EJECT 5
	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.						

Section 2 Vehicle Pedestrian	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 SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)				
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		VEHICLE REMOVED BY:		1. Tow Rotation List 2. Tow Owner's Request		3. Driver <input type="checkbox"/> 4. Other						
	VEHICLE TRAVELING ON AT <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W		1223 PAMELA ST		Est. MPH 0	Posted Speed 0	EST. VEHICLE DAMAGE \$0.00	1. Disabling <input type="checkbox"/> 2. Functional <input type="checkbox"/> 3. No Damage		EST. TRAILER DAMAGE					
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		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 VEHICLE 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 KENNETH H. LEWIS		CURRENT ADDRESS (Number and Street) 2311 GRIFFIN RD K4, LEESBURG FL 34748		CITY, STATE & ZIP CODE		DATE OF BIRTH 06/11/1930								
	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.						

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-Booth)	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 D/ 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.-ResL.	1 None	1 Not in use	9 Other
10 Bicycle	10 Military	10 Auto Transport	7 None	2 Possible	2 Seat Belt / Shoulder Harness	3 Partial	
11 Motorcycle	11 Other Government	77 Other	REQUIRED ENDORSEMENTS	3 Non-Incapacitating	3 Child Restraint		
12 Moped	12 Dump		1 Yes	4 Incapacitating	4 Air Bag - Deployed		
13 All Terrain Vehicle	13 Concrete Mixer		2 No	5 Fatal (Within 30 Days)	5 Air Bag - Not Deployed		
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. HR & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	18. Undercarriage 19. Overtum 20. Windshield 21. Trailer					
	TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE					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 2. Functional 3. No Damage	EST. TRAILER DAMAGE								
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)	POLICY NUMBER	VEHICLE REMOVED BY:		1. Tow Rotation List 2. Tow Owner's Request	3. Driver 4. Other								
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																																														
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 Fleeing Police	23 Vehicle Modified	24 Driver Distraction (Explain In Narrative)	25 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 None	2 Farm	3 Police Pursuit	4 Recreational	5 Emergency Operation	6 Construction / Maintenance	77 All Other (Explain In Narrative)	1 Not Applicable	2 Shipping Papers	3 Vehicle Side	4 Driver	5 Other
POINT OF COLLISION			WORK AREA			PEDESTRIAN ACTION			LOCATION TYPE																																														
01 On Road			01 None			01 Crossing Not at Intersection			1 Primarily Business																																														
02 Not On Road			02 Nearby			02 Crossing at Mid-block Crosswalk			2 Primarily Residential																																														
03 Shoulder			03 Entered			03 Crossing at Intersection			3 Open Country																																														
04 Median						04 Walking Along Road With Traffic																																																	
05 Turn Lane						05 Walking Along Road Against Traffic																																																	
						06 Working on Vehicle in Road																																																	
						07 Working In Road																																																	
						08 Standing/Playing In Road																																																	
						09 Standing in Pedestrian Island																																																	
						77 All Other (Explain In Narrative)																																																	
						88 Unknown																																																	

FIRST / SUBSEQUENT HARMFUL EVENT(S)			ROAD SYSTEM IDENTIFIER			LIGHTING CONDITION								
01 Collision With MV in Transport (Rear End)	15 Collision With Animal	29 MV Ran Into Ditch/Culvert	01 Interstate	07 Forest Road	01 Daylight	02 U.S.	08 Private Roadway	02 Dusk						
02 Collision With MV in Transport (Head On)	16 MV Hit Sign / Sign Post	30 Ran Off Road Into Water	03 State	77 All Other (Explain In Narrative)	03 Dawn	04 County		03 Dark (Street Light)						
03 Collision With MV in Transport (Angle)	17 MV Hit Utility Pole / Light Pole	31 Overtumed	05 Local		04 Dark (No Street Light)	05 Local		05 Dark (No Street Light)						
04 Collision With MV in Transport (Left Turn)	18 MV Hit Guardrail	32 Occupant Fell From Vehicle	06 Turnpike / Toll		88 Unknown	ROAD SURFACE TYPE								
05 Collision With MV in Transport (Right Turn)	19 MV Hit Fence	33 Tractor / Trailer Jackknifed	01 Dry	01 Clear	01 Slag/Gravel/Stone	02 Wet	02 Cloudy	02 Blacktop						
06 Collision With MV in Transport (Sideswipe)	20 MV Hit Concrete Barrier Wall	34 Fire	03 Slippery	03 Rain	03 Brick/Block	04 Icy	04 Fog	04 Concrete						
07 Collision With MV in Transport (Backed Into)	21 MV Hit Bridge/Pier/Abutment/Rail	35 Explosion	04 Other (Explain In Narrative)	04 Fog	05 Dirt	05 Standing Water	05 Fog	05 All Other (Explain In Narrative)						
08 Collision With Parked Car	22 MV Hit Tree / Shrubbery	36 Downhill Runaway	07 All Other (Explain In Narrative)	07 All Other (Explain In Narrative)	07 All Other (Explain In Narrative)	09 Collision With Pedestrian	07 All Other (Explain In Narrative)	07 All Other (Explain In Narrative)						
09 Collision With MV on Roadway	23 Collision With Construction Barricade Sign	37 Cargo Loss or Shift	ROAD SURFACE CONDITION			11 Collision With Bicycle	11 Private Property	11 Private Property						
10 Collision With Pedestrian	24 Collision With Traffic Gate	38 Separation of Units	01	01	02 Curve - Upgrade / Downgrade	12 Collision With Bicycle (Bike Lane)	12 Toll Booth	12 Toll Booth						
11 Collision With Bicycle	25 Collision With Crash Attenuators	39 Median Crossover	02	02	03 Curve - Level	13 Collision With Moped	13 Public Bus Stop Zone	13 Public Bus Stop Zone						
12 Collision With Bicycle (Bike Lane)	26 Collision With Fixed Object Above Road	77 All Other (Explain In Narrative)	03	03	04 Curve - Upgrade / Downgrade	14 Collision With Train	14 Public Bus Stop Zone	14 Public Bus Stop Zone						
13 Collision With Moped	27 MV Hit Other Fixed Object		04	04	05 Shoulder	15 Collision With Train	15 Public Bus Stop Zone	15 Public Bus Stop Zone						
14 Collision With Train	28 Collision With Moveable Object on Road		05	05	01 Paved	16 Collision With Train	16 Public Bus Stop Zone	16 Public Bus Stop Zone						
ROAD CONDITIONS AT TIME OF CRASH			TRAFFIC CONTROL			SITE LOCATION			TRAFFICWAY CHARACTER					
01 No Defects	01 Vision Not Obstructed	01 No Control	01 Not At Intersection / RR X-ing / Bridge	01 Straight - Level	02 Obstruction With Warning	02 Special Speed Zone	02 At Intersection	02 Straight - Upgrade / Downgrade	02 Unpaved	03 Obstruction Without Warning	03 Speed Control Sign	03 Influenced By Intersection	03 Curve - Level	03 Curb
04 Road Under Repair / Construction	04 Trees / Crops / Bushes	04 School Zone	04 Driveway Access	04 Curve - Upgrade / Downgrade	05 Loose Surface Materials	05 Traffic Signal	05 Railroad	05 Curve - Upgrade / Downgrade	05 Shoulder	06 Shoulders - Soft / Low / High	06 Stop Sign	06 Bridge	06 Curve - Upgrade / Downgrade	06 Shoulder
07 Holes / Ruts / Unsafe Paved Edge	07 Signs / Billboards	11 Posted No U-Turn	07 Entrance Ramp	07 Curve - Upgrade / Downgrade	08 Standing Water	07 Yield Sign	07 Private Property	07 Curve - Upgrade / Downgrade	07 Shoulder	09 Worn / Polished Road Surface	08 Flashing Light	08 Exit Ramp	08 Curve - Upgrade / Downgrade	08 Shoulder
77 All Other (Explain In Narrative)	10 Glare	12 No Passing Zone	08 Exit Ramp	08 Curve - Upgrade / Downgrade	77 All Other (Explain In Narrative)	09 Railroad Signal	08 Public Bus Stop Zone	08 Curve - Upgrade / Downgrade	08 Shoulder	77 All Other (Explain In Narrative)	10 Officer / Guard / Flagperson	09 Parking Lot - Public	09 Curve - Upgrade / Downgrade	09 Shoulder

Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	1	MIGUEL RAYA	316.1303	FAIL TO STOP FOR MOBILITY IMPAIRED	8038FUG
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

FLORIDA TRAFFIC CRASH REPORT 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 03/14/2010	COUNTY / CITY CODE 12/42	INVEST. AGENCY REPORT NUMBER 10030218	HSMV CRASH REPORT NUMBER 80480136
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(NARRATIVE)

V1 was stopped at the stop sign on Pamela St/Griffin Rd heading North. The wheelchair pedestrian was traveling West on Griffin Rd crossing over Pamela St.

V1 stated he stopped at the stop sign and looked West. V1 stated he did not see the pedestrian to his right and started to make a right turn onto Griffin Rd. V1 made contact with the pedestrian.

The wheel chair did not fall over, however the pedestrian wanted to go to LRMC for precautionary measures.

V1 had no damage.

V1 driver was issued a traffic ticket for Failure to Yield.

**** END ****

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)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
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FIRST AID GIVEN BY - NAME	1. Physician or Nurse	2. Paramedic or EMT	3. Police Officer	INJURED TAKEN TO:	BY - NAME
EMS- ROBIN HILL	4. Certified 1st Alder	5. Other	02	LEESBURG REGIONAL MEDICAL	EMS

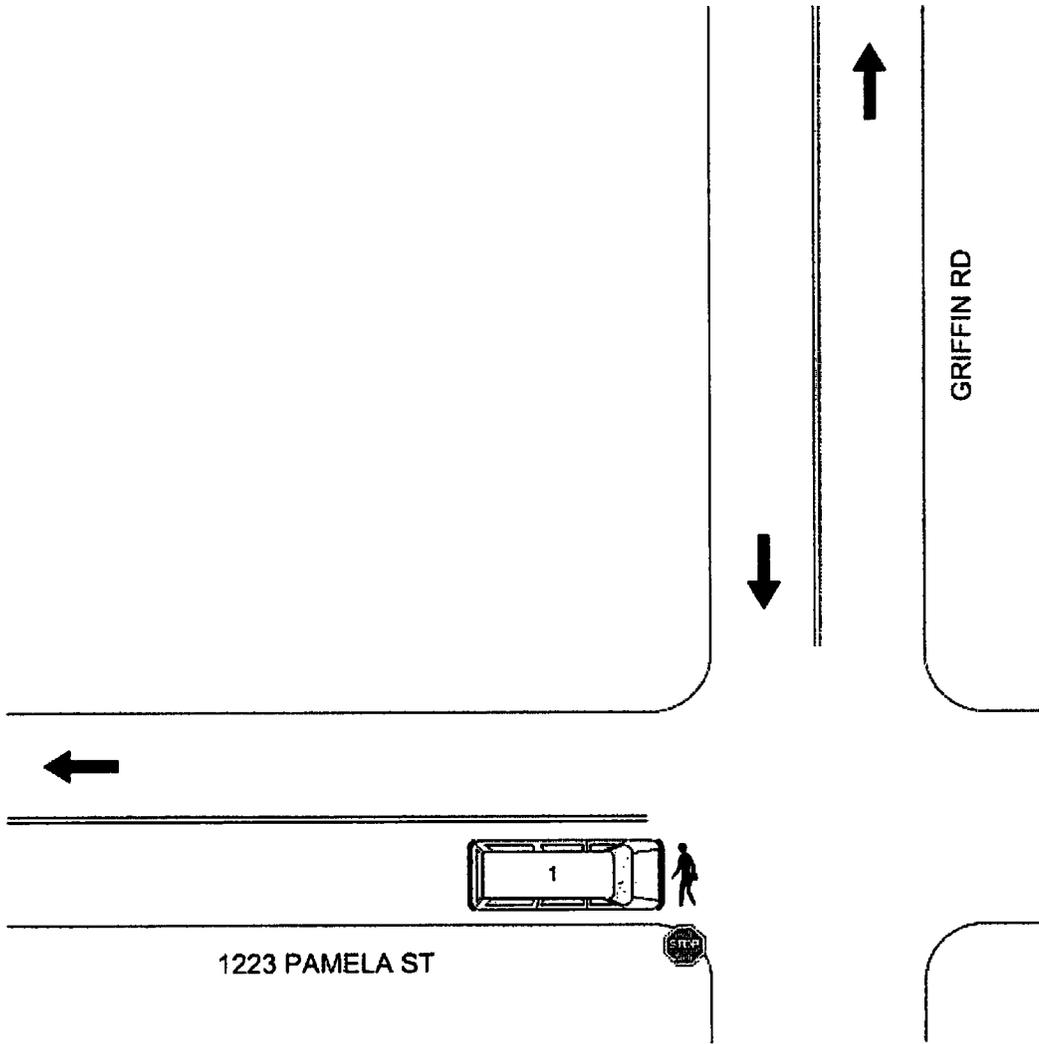
WAS INVESTIGATION MADE AT SCENE?	1. YES <input type="checkbox"/>	2. NO <input checked="" type="checkbox"/>	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE?	1. YES <input type="checkbox"/>	2. NO <input checked="" type="checkbox"/>	IF NO, THEN WHY?	DATE OF REPORT	PHOTOS TAKEN	1. YES <input type="checkbox"/>	2. NO <input checked="" type="checkbox"/>	IF YES, BY WHOM?
INVESTIGATOR - RANK & SIGNATURE	ID/BADGE NUMBER		DEPARTMENT	FHP		SO	PD	OTHER				

PO Josh Rappoport	1124	LEESBURG POLICE DEPARTMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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DIAGRAM



Indicate North



Drawing Not To Scale.