

# 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

## COPY

Time & Location	DATE OF CRASH <b>10/10/2010</b>		TIME OF CRASH <b>0300</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		TIME OFFICER NOTIFIED <b>0304</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		TIME OFFICER ARRIVED <b>0308</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		INVEST. AGENCY REPORT NUMBER <b>2010-00023436</b>		HSMV CRASH REPORT NUMBER <b>74794482</b>							
	COUNTY / CITY CODE <b>12/30</b>		FEET or MILE(S) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		CITY OR TOWN <b>CLERMONT</b>		(Check if In City or Town) <input checked="" type="checkbox"/>		COUNTY <b>LAKE</b>									
	AT NODE NO.		FEET or MILE(S)		FROM NODE NO.		NEXT NODE NO.		NO. OF LANES <b>2</b>		1. DIVIDED 2. UNDIVIDED		ON STREET, ROAD OR HIGHWAY <b>2525 Oakley Seaver Dr (Parking Lot)</b>					
	AT THE INTERSECTION OF (street, road or highway)		FEET or MILE(S)		<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		FROM INTERSECTION OF (street, road or highway)											
Vehicle	DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input type="checkbox"/> 3. N/A <input type="checkbox"/>		YEAR <b>97</b>		MAKE <b>Ford</b>		TYPE <b>01</b>		USE <b>77</b>		VEH. LICENSE NUMBER <b>429XXD</b>		STATE <b>FL</b>		VEHICLE IDENTIFICATION NUMBER <b>1FTEX17L3VNC94737</b>		<div style="display: flex; justify-content: space-between;"> <div>           18 Undercarriage 19 Overtum 20 Windshield 21 Trailer         </div> <div>           SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S) <b>1</b> </div> </div>	
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. MPH		Posted Speed		EST. VEHICLE DAMAGE <b>\$10,000</b>		1. Disabling 2. Functional 3. No Damage <b>1</b>		EST. TRAILER DAMAGE		1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other <b>1</b>			
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) <b>Unknown</b>		POLICY NUMBER		VEHICLE REMOVED BY: <b>South Lake Towing</b>													
	NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input type="checkbox"/>		CURRENT ADDRESS (Number and Street) <b>Maedan Construction Company</b>		CITY AND STATE <b>1391 Ardmore Rd</b>		ZIP CODE <b>Groveland, FL 34736</b>											
Pedestrian	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 (Take From Driver License) / PEDESTRIAN <b>Celina M. Garza</b>		CURRENT ADDRESS (Number and Street) <b>432 Whitewing Cr</b>		CITY, STATE & ZIP CODE <b>Minneola, FL 34715</b>		DATE OF BIRTH <b>08131992</b>											
	DRIVER LICENSE NUMBER <b>G620113921930</b>		STATE <b>FL</b>		DL TYPE <b>5</b>		REQ. END. <b>2</b>		ALCO/DRUG TEST TYPE <b>1</b>		RESULTS <b>6</b>		ALCO/DRUG <b>1</b>		PHYS. DEF. <b>1</b>		RES. <b>3</b>	
Vehicle	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 MATERIALS SPILLED?		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO. <b>352-702-8365</b>							
	1 Yes 2 No <b>2</b>		1 Yes 2 No <b>2</b>				1 Yes 2 No <b>2</b>		1 Yes 2 No <b>2</b>									
	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		<div style="display: flex; justify-content: space-between;"> <div>           18 Undercarriage 19 Overtum 20 Windshield 21 Trailer         </div> <div>           SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)         </div> </div>	
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		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			
Pedestrian	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 (Take From Driver License) / PEDESTRIAN <b>Alexander Aguilar</b>		CURRENT ADDRESS (Number and Street) <b>15630 Meadow Ridge Dr</b>		CITY, STATE & ZIP CODE <b>Groveland, FL 34736</b>		DATE OF BIRTH <b>04-18-1991</b>											
Code Information	DRIVER LICENSE NUMBER <b>A246000911380</b>		STATE <b>FL</b>		DL TYPE <b>5</b>		REQ. END. <b>2</b>		ALCO/DRUG TEST TYPE <b>1</b>		RESULTS <b>1/1/1</b>		ALCO/DRUG <b>3</b>		PHYS. DEF. <b>1</b>		RES. <b>4</b>	
	HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED		IF YES, INDICATE NAME OR FOUR DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIALS SPILLED?		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO. ( )							
	1 Yes 2 No		1 Yes 2 No				1 Yes 2 No		1 Yes 2 No									
VEHICLE TYPE		VEHICLE USE		TRAILER TYPE		RESIDENCE (Driver / Ped.)		PHYSICAL DEFECTS		ALCOHOL / DRUG USE		LOCATION IN VEHICLE						
01 Automobile 02 Van 03 Light Truck/P.U.-2 or 4 rear tires 04 Medium Truck - 4 rear tires 05 Heavy Truck - 2 or more rear axles 06 Truck Tractor (Cab-Bobtail) 07 Motorhome (RV) 08 Bus (driver + seats for 9-15) 09 Bus (driver + seats for over 15) 10 Bicycle 11 Motorcycle 12 Moped 13 All Terrain Vehicle 14 Train 15 Low Speed Vehicle 77 Other		01 Private Transportation 02 Commercial Passengers 03 Commercial Cargo 04 Public Transportation 05 Public School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire / Rescue 10 Military 11 Other Government 12 Dump 13 Concrete Mixer 14 Garbage or Refuse 15 Cargo Van 77 Other		01 Single Semi Trailer 02 Tandem Semi Trailer 03 Tank Trailer 04 Saddle Mount / Flatbed 05 Boat Trailer 06 Utility Trailer 07 House Trailer 08 Pole Trailer 09 Towed Vehicle 10 Auto Transport 77 Other		1 County of Crash 2 Elsewhere in State 3 Non-Resident of State 4 Foreign 5 Unknown DL TYPE 1 A 2 B 3 C 1 A / Chauffeur 5 E / Operator 6 E / Oper - Rest 7 Other REQUIRED ENDORSEMENTS 1 Yes 2 No 3 No Endorsement Required		1 No Defects Known 2 Eyesight Defect 3 Fatigue / Asleep 4 Hearing Defect 5 Illness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect INJURY SEVERITY 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (Within 30 Days) 6 Non-Traffic Fatality		1 Not Drinking or Using Drugs 2 Alcohol - Under Influence 3 Drugs - Under Influence 4 Alcohol & Drugs - Under Influence 5 Had Been Drinking 6 Pending ALCO/DRUG Test Results SAFETY EQUIPMENT IN USE 1 Not In Use 2 Seat Belt / Shoulder Harness 3 Child Restraint 4 Air Bag - Deployed 5 Air Bag - Not Deployed 6 Safety Helmet 7 Eye Protection		1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Body Of Truck 8 Bus Passenger 9 Other EJECTED 1 No 2 Yes 3 Partial						

Section 3

DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER		2 3 4 5 6 7 15 16 17 8 14 13 12 11 10 9		18 Undercarriage 19 Overturn 20 Windshield 21 Trailer				
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE												
VEHICLE TRAVELING N S E W		ON AT		Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1. Disabling 2. Functional 3. No Damage		EST. TRAILER DAMAGE		SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)					
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)					POLICY NUMBER		VEHICLE REMOVED BY:		1. Tow Rotation List 2. Tow Owner's Request 3. Driver						
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 (Take From Driver License) / PEDESTRIAN					CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		DATE OF BIRTH						
DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END.	ALCO/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused		RESULTS	ALCO/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 MATERIALS SPILLED?		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.					
1 Yes 2 No		1 Yes 2 No				1 Yes 2 No		1 Yes 2 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		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		1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction / Maintenance SOURCE OF CARRIER INFORMATION 1 Not Applicable 2 Shipping Papers 3 Vehicle Side 4 Driver 5 Other	
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) 77 All Other (Explain in Narrative)		POINT OF VEHICLE IMPACT ON ROADWAY 01 On Road 02 Not On Road 03 Shoulder 04 Median 05 Turn Lane		PEDESTRIAN ACTION 01 Crossing Not at Intersection 02 Crossing at Mid-block Crosswalk 03 Crossing at Intersection 04 Walking Along Road With Traffic 05 Walking Along Road Against Traffic 06 Working on Vehicle in Road		LOCATION TYPE 1 Primarily Business 2 Primarily Residential 3 Open Country	
01 On Road 02 Nearby 03 Entered		WORK AREA 01 None 02 Nearby 03 Entered		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) 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 77 All Other (Explain in Narrative)		01 Daylight 02 Dusk 03 Dawn 04 Dark (Street Light) 05 Dark (No Street Light) 88 Unknown	
ROAD SURFACE CONDITION 01 Dry 02 Wet 03 Slippery 04 Ice 77 All Other (Explain in Narrative)				WEATHER 01 Clear 02 Cloudy 03 Rain 04 Fog 77 All Other (Explain in Narrative)		ROAD SURFACE TYPE 01 Slag / 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 Obscured 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 NARRATIVE/DIAGRAM

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 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 10/10/2010	COUNTY / CITY CODE 12/30	INVEST. AGENCY REPORT NUMBER 2010-00023436	HSMV CRASH REPORT NUMBER 74794482
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V1 was traveling northbound in the parling lot of 2525 Oakley Seaver Dr when the driver of V1 intentionally struck the pedestrian who was standing in front of her vehicle. Driver of V1 stated initially that she "floored it" and that "I thought he would get out of the way". The pedestrian was flown to ORMC for treatment for his injuries.

V1 was turned over to South Lake towing with a hold.

Driver of V1 submitted blood and results are pending.

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.
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)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
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FIRST AID GIVEN BY - NAME Clermont FD and Lake Sumter EMS	1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified 1st Aider 5. Other 2	INJURED TAKEN TO: ORMC	BY - NAME Aircare
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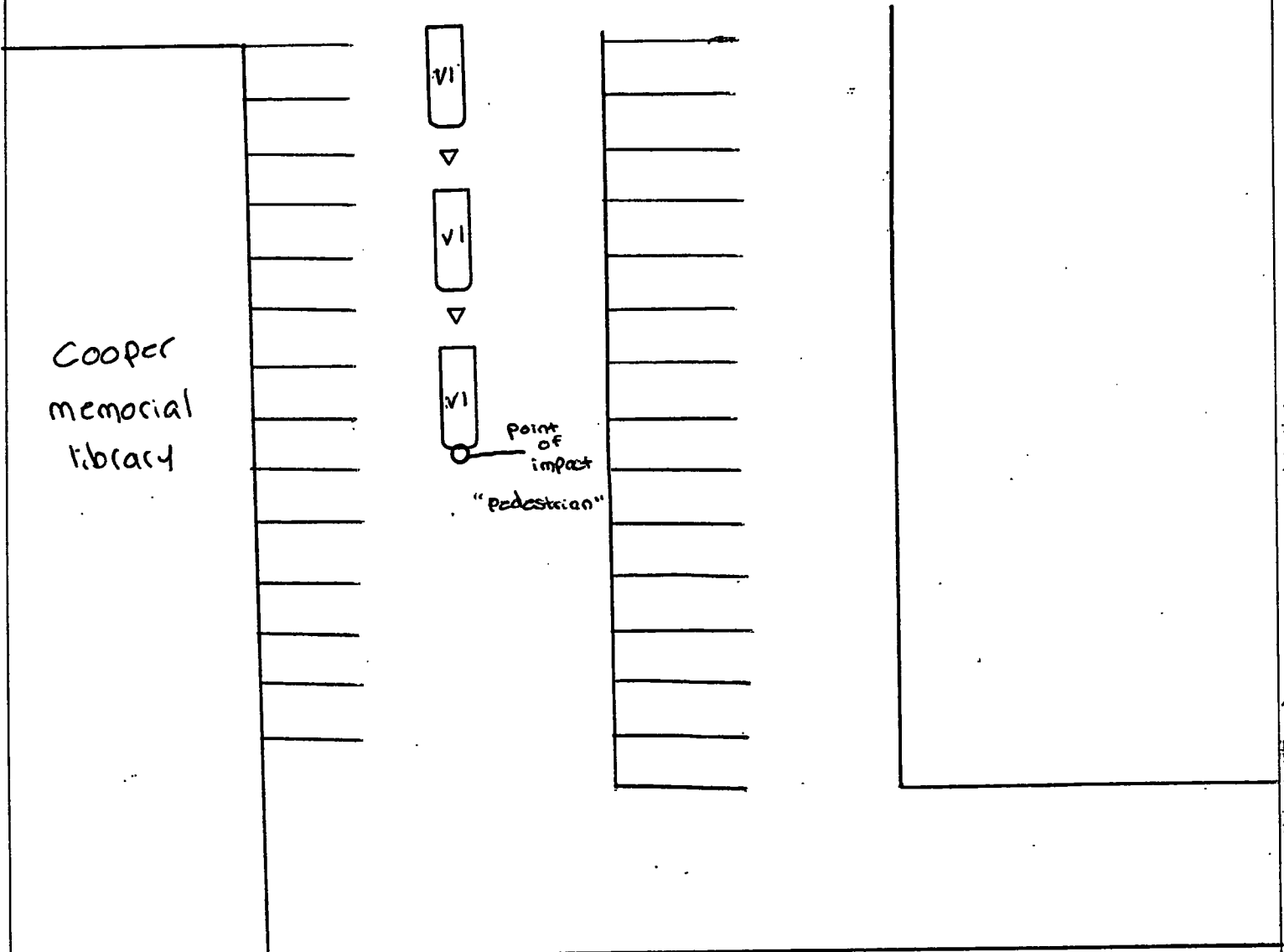
WAS INVESTIGATION MADE AT SCENE? 1. YES 2. NO 1	IF NO, THEN WHERE? IS INVESTIGATION COMPLETE? 1. YES 2. NO 2	IF NO, THEN WHY? Charges Pending	DATE OF REPORT 10/10/2010	PHOTOS TAKEN 1. YES 2. NO 1	IF YES, BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER
INVESTIGATOR - RANK & SIGNATURE Ofc. E Wyatt		ID/BADGE NUMBER 173	DEPARTMENT CLERMONT POLICE DEPARTMENT		FHP SO PD OTHER <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

DIAGRAM

not drawn to scale  
Case # 2010-00023436



Parking Lot



Oakley Seaver Drive

