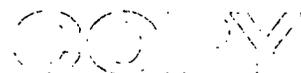


FLORIDA TRAFFIC CRASH REPORT

LONG FORM

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

DO NOT WRITE IN THIS SPACE



Time & Location	DATE OF CRASH 08/04/2010	TIME OF CRASH 11:51 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	TIME OFFICER NOTIFIED 11:52 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	TIME OFFICER ARRIVED 11:58 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	INVEST. AGENCY REPORT NUMBER 10-08-14661	HSMV CRASH REPORT NUMBER 74799524
	COUNTY / CITY CODE 12 / 40	FEET or MILE(S) <input type="checkbox"/> FEET <input type="checkbox"/> MILE(S)	N S E W <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	CITY OR TOWN Lady Lake	(Check if in City or Town)	COUNTY Lake
	AT NODE NO. or FEET or MILE(S) <input type="checkbox"/> FEET <input type="checkbox"/> MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES 2	<input type="checkbox"/> 1. DIVIDED <input checked="" type="checkbox"/> 2. UNDIVIDED	ON STREET, ROAD OR HIGHWAY

DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input type="checkbox"/> 3. N/A <input checked="" type="checkbox"/>	YEAR	MAKE Roadmaster	TYPE 10	USE 77	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	
TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE					

VEHICLE TRAVELING N S E W <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	ON AT CR 25	Est MPH 10	Posted Speed 45	EST. VEHICLE DAMAGE \$0.00	1. Debasing 2. Functional 3. No Damage 2	EST. TRAILER DAMAGE	1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other 4
--------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------	----------------------	---------------------------	--------------------------------------	----------------------------------------------------------	---------------------	-------------------------------------------------------------------------------------

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR RP)	POLICY NUMBER	VEHICLE REMOVED BY: CSO DEROSA
---------------------------------------------------	---------------	------------------------------------------

NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input checked="" type="checkbox"/>	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
SAME AS DRIVER			

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)	QTY, STATE AND ZIP CODE	US DOT or ICC MC IDENTIFICATION NUMBERS

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN Patrick J Green	CURRENT ADDRESS (Number and Street) 106 Mark Avenue	CITY, STATE & ZIP CODE Lady Lake, FL 32159-	DATE OF BIRTH 03/16/1965
----------------------------------------------------------------------------------	---------------------------------------------------------------	-------------------------------------------------------	------------------------------------

DRIVER LICENSE NUMBER G650-670-65-0960 State ID	STATE FL	DL TYPE 7	REQ. END. 2	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Death 4 Refused 5	RESULTS	ALC/DRUG 5	PHYS. DEF. 1	RES. 1	RACE 1	SEX 1	INJ. 2	S. EQUIP. 1	EJECT. 5
-----------------------------------------------------------	--------------------	---------------------	-----------------------	----------------------------------------------------------------------------	---------	----------------------	------------------------	------------------	------------------	-----------------	------------------	-----------------------	--------------------

HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No 2	PLACARDED 1 Yes 2 No 2	IF YES, INDICATE NAME OR FOUR DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.	WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No 2	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No 2	DRIVER'S PHONE NO. 352-460-3300
--------------------------------------------------------------	----------------------------------	-----------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------	------------------------------------------------------------------------------	-------------------------------------------

DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input checked="" type="checkbox"/> 3. N/A <input type="checkbox"/>	YEAR 1	MAKE Chrysler	TYPE 01	USE 01	VEH. LICENSE NUMBER UNK	STATE FL	VEHICLE IDENTIFICATION NUMBER UNK	
TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE					

VEHICLE TRAVELING N S E W <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W	ON AT Griffin Avenue	Est MPH 0	Posted Speed 45	EST. VEHICLE DAMAGE \$0.00	1. Debasing 2. Functional 3. No Damage 3	EST. TRAILER DAMAGE	1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other 3
--------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------	---------------------	---------------------------	--------------------------------------	----------------------------------------------------------	---------------------	-------------------------------------------------------------------------------------

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR RP)	POLICY NUMBER	VEHICLE REMOVED BY: UNK
---------------------------------------------------	---------------	-----------------------------------

NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input checked="" type="checkbox"/>	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
UNK	UNK		

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)	QTY, STATE AND ZIP CODE	US DOT or ICC MC IDENTIFICATION NUMBERS

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN UNK	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 Death 4 Refused	RESULTS	ALC/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.	
							1	1	1	1	1	2	5	1

WAS HAZARDOUS MATERIAL BEING TRANSPORTED 1 Yes 2 No 2	PLACARDED 1 Yes 2 No 2	IF YES, INDICATE NAME OR FOUR DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.	WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No 2	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No 2	DRIVER'S PHONE NO. ()
-----------------------------------------------------------------	----------------------------------	-----------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------	------------------------------------------------------------------------------	---------------------------

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 RACE	5 Illness	5 Had Been Drinking	5 Rear Center
06 Truck Tractor (Cab-Boat)	06 Private School Bus	06 Utility Trailer	1 A 2 B 3 C	6 Seizure, Epilepsy, Blackout	6 Pending ALCODRUG Test Results	6 Rear Right
07 Motor Home (RV)	07 Ambulance	07 House Trailer	1 White 2 Black	7 Other Physical Defect		7 In Body Of Truck
08 Bus (driver + seats for 9-15)	08 Law Enforcement	08 Pole Trailer	4 D/ Chauffeur 5 Operator 3 Hispanic	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-Rest 7 None	1 None 2 Possible 3 Non-Incapacating 4 Incapacating 5 Fatal (Within 30 Days) 6 Non-Traffic Fatality	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	9 Other
10 Bicycle	10 Military	10 Auto Transport	REQUIRED ENDORSEMENTS			EJECTED
11 Motorcycle	11 Other Government	77 Other	1 Yes 2 No 3 No Endorsement Required			1 No 2 Yes 3 Partial
12 Moped	12 Dump					
13 All Terrain Vehicle	13 Concrete Mixer					
14 Train	14 Garbage or Refuse					
15 Low Speed Vehicle	15 Cargo Van					
77 Other	77 Other					

S e c t i o n	DRIVER ACTION 1. Phantom 2. HR & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER		18. Undercarriage 19. Quarter 20. Windshield 21. Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)			
	TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE						EST. TRAILER DAMAGE	1. Disabling 2. Functional 3. No Damage		
V e h i c l e	VEHICLE TRAVELING N S E W		ON	AT	Est MPH	Posted Speed	EST. VEHICLE DAMAGE	VEHICLE REMOVED BY:		1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other			
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR RP)						POLICY NUMBER	VEHICLE REMOVED BY:					
	NAME OF VEHICLE OWNER (Check Box If Same As Driver)			CURRENT ADDRESS (Number and Street)			CITY AND STATE		ZIP CODE				
P e d e s t r i a n	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.	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 Nona 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 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD AND 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	OWNERS NAME	ADDRESS	CITY	STATE	ZIP
# 2	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNERS NAME	ADDRESS	CITY	STATE	ZIP

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN			VEHICLE DEFECT			VEHICLE MOVEMENT			VEHICLE SPECIAL FUNCTIONS			
01 No Improper Driving / Action	1	2	3	01 No Defects	1	2	3	01 Straight Ahead	1	2	3	
02 Careless Driving (Explain in Narrative)	01	01		02 Def. Brakes	01	01		02 Slowing / Stopped / Stalled	01	05		
03 Failed To Yield Right - of - Way				03 Worn / Smooth Tires				03 Making Left Turn				
04 Improper Backing				04 Defective / Improper Lights	01	01		04 Backing				
05 Improper Lane Change				05 Puncture / Blowout				05 Making Right Turn	11 Passing			
06 Improper Turn	01	01		06 Steering Mech.				06 Changing Lanes	12 Driverless or Runaway Vehicle			
07 Alcohol - Under Influence				07 Windshield Wipers				07 Entering / Leaving / Parking Space	77 All Other Explain in Narrative			
08 Drugs - Under Influence				08 Equipment / Vehicle Defect				08 Properly Parked				
09 Alcohol & Drugs - Under Influence				77 All Other (Explain in Narrative)				09 Improperly Parked				
10 Followed Too Closely								10 Making U-Turn				
11 Disregarded Traffic Signal				POINT OF COLLISION			PEDESTRIAN ACTION			SOURCE OF CARRIER INFORMATION		
12 Exceeded Safe Speed Limit				01 On Road	1	2	3	01 Crossing Not at Intersection	07 Working In Road	1	2	3
13 Disregarded Stop Sign				02 Not On Road				02 Crossing at Mid-block Crosswalk	08 Standing/Playing In Road			
14 Failed To Maintain Equip. / Vehicle				03 Shoulder	01	01		03 Crossing at Intersection	09 Standing In Pedestrian Island			
15 Improper Passing				04 Median				04 Walking Along Road With Traffic	77 All Other (Explain in Narrative)			
16 Drove Left of Center				05 Turn Lane				05 Walking Along Road Against Traffic				
17 Exceeded Stated Speed Limit				WORK AREA			LOCATION TYPE					
18 Obstructing Traffic				01 None	1	2	3	06 Working on Vehicle In Road	88 Unknown			
				02 Nearby	01	01						
				03 Entered								

FIRST / SUBSEQUENT HARMFUL EVENT(S)			ROAD SYSTEM IDENTIFIER			LIGHTING CONDITION								
01 Collision With MV in Transport (Rear End)	15 Collision With Animal	29 M/R Ran Into Ditch/Culvert	1	2	3	01 Interstate	07 Forest Road	01 Daylight						
02 Collision With MV in Transport (Head On)	16 MV HR Sign / Sign Post	30 Ran Off Road Into Water				02 U.S.	08 Private Roadway	02 Dusk						
03 Collision With MV in Transport (Angle)	17 MV HR Utility Pole / Light Pole	31 Overtaken	11	05		03 State	77 All Other Explain in Narrative	03 Dawn						
04 Collision With MV in Transport (Left Turn)	18 MV HR Guardrail	32 Occupant Fell From Vehicle				04 County		04 Dark (Street Light)						
05 Collision With MV in Transport (Right Turn)	19 MVHR Fence	33 Tractor/Trailer Jackknifed				05 Local		05 Dark (No Street Light)						
06 Collision With MV in Transport (Sideswipe)	20 MV HR Concrete Barrier Wall	34 Fire				06 Turnpike / Toll		88 Unknown						
07 Collision With MV in Transport (Backed Into)	21 MV HR Bridge/Pier/Abutment/Rail	35 Explosion				ROAD SURFACE CONDITION		ROAD SURFACE TYPE						
08 Collision With Parked Car	22 MV HR Tree / Shrubbery	36 Downhill Runaway				01 Dry	01 Clear	01 Slag/Gravel/Stone						
09 Collision With MV on Roadway	23 Collision With Construction Barricade Sign	37 Cargo Loss or Shift				02 Wet	02 Cloudy	02 Blacktop						
10 Collision With Pedestrian	24 Collision With Traffic Gate	38 Separation of Units				03 Slippery	03 Rain	03 Brick/Block						
11 Collision With Bicycle	25 Collision With Crash Attenuators	39 Median Crossover				04 Icy	04 Fog	04 Concrete						
12 Collision With Bicycle (Bike Lane)	26 Collision With Fixed Object Above Road	77 All Other Explain in Narrative				77 All Other (Explain in Narrative)	77 All Other (Explain in Narrative)	05 Dirt						
13 Collision With Moped	27 MV HR Other Fixed Object							77 All Other (Explain in Narrative)						
14 Collision With Train	28 Collision With Moveable Object On Road							77 All Other (Explain in Narrative)						
ROAD CONDITIONS AT TIME OF CRASH			VISION OBSTRUCTED			TRAFFIC CONTROL			SITE LOCATION			TRAFFICWAY CHARACTER		
01 No Defects	01 Vision Not Obscured	01 No Control				01 Not At Intersection / RR Xing / Bridge	01 Straight - Level							
02 Obstruction With Warning	02 Inherent Weather	02 Speed Zone	01			02 At Intersection	02 Straight - Upgrade / Downgrade							
03 Obstruction Without Warning	03 Parked / Stopped Vehicle	03 Speed Control Sign			05	03 Influenced By Intersection	03 Curve - Level							
04 Road Under Repair / Construction	04 Trees / Crops / Bushes	04 School Zone				04 Driveway Access	04 Curve - Upgrade / Downgrade							
05 Loose Surface Materials	05 Load On Vehicle	05 Traffic Signal				05 Railroad	04. Curve - Upgrade / Downgrade							
06 Shoulder - Soft / Low / High	06 Building / Fixed Object	06 Stop Sign				06 Bridge	01. Paved							
07 Holes / Ruts / Unsealed Pavement Edge	07 Signs / Billboards	07 Yield Sign				07 Entrance Ramp	02. Unpaved							
08 Standing Water	08 Fog	08 Flashing Light				08 Exit Ramp	03. Curb							
09 Worn / Polished Road Surface	09 Smoke	09 Railroad Signal			03	09 Parking Lot - Public								
77 All Other (Explain in Narrative)	10 Glare	10 Officer / Guard / Person				10 Parking Lot - Private								

V i o l a t o r (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: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS SECTION, NEIL KIRWAN 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 08/04/2010	COUNTY / CITY CODE 12 / 40	INVEST. AGENCY REPORT NUMBER 10-08-14661	HSMV CRASH REPORT NUMBER 74799524
------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------	------------------------------------	--------------------------------------	----------------------------------------------------	---------------------------------------------

(NARRATIVE)

V-1 The Bicycle, was South Bound on CR 25 going through the intersection of Griffin Avenue when it struck with its front wheel, the left front wheel of V-2 which was stopped waiting to make a right turn to go South on CR 25, from Griffin Avenue.
D-1 stated he was driving his bicycle South Bound on CR 25 near the right shoulder going thru the intersection of Griffin Avenue, when he struck the cream colored Chrysler 300 in the left front tire, with the front tire of his bicycle.
He states that he could not move to the left because traffic was going in the same direction as he was and would have been run over. He further stated he was not hurt at the time of the accident and told the driver of the car to "go", I'm ok. D-1 further stated, he drove his bike to the Lake Sumter fire station, 306 Hermososa Street, Lady lake, Fl, after he struck the car and complained of injuries to both of his knees and right elbow to the EMS at Station 61. EMS transported D-1 to The Villages Medical Center for evaluation.
1249 hours CSO DeRosa contacted D-1 at the hospital, and he provided the vehicle information of the car he struck. Chrysler 300, Cream in color, tinted windows, Florida License tag, driven by a white male 60-70's, grey hair and mustache. He further states he could ID the driver of V-2.
D-1 was being evaluated at the hospital for possible injuries.
CSO DeRosa transported V-1 bicycle to 106 Mark Avenue, Lady Lake to Al Gaubis for safe keeping per owner Patrick Green.
No further follow up at this time

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
------------------	-----------------	--------------	----------	------------------	-----------------	--------------	----------

FIRST AID GIVEN BY - NAME Lake County EMS	1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified 1st Aider 5. Other	INJURED TAKEN TO: 2	BY - NAME
-----------------------------------------------------	---------------------------------------------------------------------------------------------------------	-------------------------------	-----------

WAS INVESTIGATION MADE AT SCENE? 1. YES 2. NO 2	IF NO, THEN WHERE? The Villages Hospital	IS INVESTIGATION COMPLETE? 1. YES 2. NO 1	F NO, THEN WHY?	DATE OF REPORT	PHOTOS TAKEN 1. YES 2. NO 2	IF YES, BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER
--------------------------------------------------------	-------------------------------------------------	--------------------------------------------------	-----------------	----------------	------------------------------------	---------------------------------------------------

INVESTIGATOR - RANK & SIGNATURE DEROSA THOMAS	ID/BADGE NUMBER 2278	DEPARTMENT Lady Lake Police Department	FHP SO PD OTHER
---------------------------------------------------------	--------------------------------	--------------------------------------------------	-----------------

REPORT # 10-08-14661

HSMV# 74799524

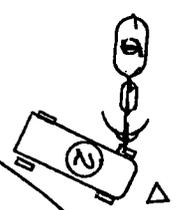
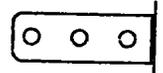
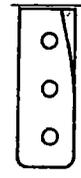
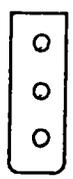
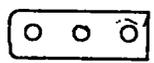
CSO DEROSA# 2278

08-04-2010



CR 25

GRIFFIN AV



GRIFFIN AV

CR 25

404.