



Oregon

John A. Kitzhaber, M.D., Governor

Department of State Police
Central Records Section
255 Capitol St. NE, 4th Floor
Salem, OR 97310
(503) 378-3725 x44444
FAX (503) 363-5475

Date: 10/30/14

A review of your request has resulted in the following determination(s). Please make note of all checked items below as they apply to your request for records. In all communications regarding this request please refer to the REF # above.

OSP is the custodian of the enclosed record(s).

The documents we are releasing have been reviewed for exempt material. Exempt information has been redacted* for the following reason(s):

ORS 192.502(2) – information of a personal nature

ORS 192.502(8) relating to 28 CFR Section 20 Criminal Justice Information Systems – regarding certain LEADS/NCIC generated material

Additional Comments:

If I can be of further assistance, feel free to contact me (503) 934-0168
Laura Heathcock
Oregon State Police
Central Records Section

OREGON STATE POLICE INCIDENT REPORT

REPORT TYPE
[] INITIAL REPORT
[] SUPPLEMENTAL

DISTRIBUTION: [] GHQ Criminal [] GHQ F W [] GHQ Patrol
[] ID Documents [] ID Prints [] District [] Explosives
[] Lab [] DA:
[] Other OLCC, COOS BAY
* COOS COUNTY ME KRIS KARCHER

INCIDENT# [CAD#]
SP/12-275030

ASSOCIATED OSP #s/

JAN 16 2013

OTHER AGENCY #s/

OFFENSE/ORS/ FATALITY CRASH: FINAL REPORT

Ocr/ 1 Col/ COOS Stat/ COMP

STATUS/ ACTI - OPEN/ACTIVE INVESTIGATIO CLOSIA - CLOSED BY ADULT ARREST CLOSJ - CLOSED BY JUVENILE ARREST
COMP - CLOSED SERVICE COMPLTE INAC - OPEN/INACTIVE/NO FURTHER INVESTIGATION UNFD - CLOSED UNFOUNDED
NODA - NO PROSECUTION BY DA OTH - OFFENDER DECEASED RFSE - VICTIM REFUSED PROSECUTION

DES

ADDITIONAL OFFENSES/

MDT

Ocr/ 1 Col/ Stat/

MCT

Ocr/ 1 Col/ Stat/

SOR

LEAD/ORIG AGENCY OSP

DATE/TIME REPORTED TO OSP/ 11/04/12 @ 01:55 AM

HITS

RPT DATE/TIME/ 11/04/12 @ 4:00 PM OCCUR'd DATE/TIME 11/04/12 01:51 AM

Polygraph

IF SUPPLEMENTAL: DATE/TIME OF ORIGINAL REPORT/ 11/04/12 @ 4:00 PM

ORIGINAL SUBJECT OF REPORT/ FATALITY CRASH

AES

SUBJECT OF THIS REPORT/ FINAL REPORT

CCFU

VICTIM/SUSPECT BUNCH, THOMAS CHARLES DOB 02-10-82 (DECEASED)

(ADDITIONAL VICTIMS: [] YES [] NO)
(CO-DEFENDANTS: [] YES [] NO)

Misc Flag

LOCATION OF INCIDENT/ SR 241, MILEPOST 3.5

COUNTY/ COOS

Misc Flag

LOCATION TYPE (Premises)/ STATE HIGHWAY

Misc Flag

METHOD OF ENTRY/

(list for each appropriate offense)

OTHER DE (For Field Office Use)

TOTAL LOSS/

TOTAL DAMAGE/

DOMESTIC VIOLENCE? [] YES

THEFT BY COMPUTER? [] YES

OSP DE Date/initial

GANG INVOLVEMENT? [] YES describe

BIAS MOTIVATION? [] YES describe

UCR OK Date/initial

WEAPON USED? [] YES describe

UNDER INFLUENCE OF: [] UNKNOWN

Alcohol? [] YES and/or Drugs? [] YES describe

POST MORTEM BAC OBTAINED

The below-named subject is presently a runaway/missing person and I certify that I am the parent, legal guardian, or reporting party.

Subject/ (Print ONLY) Last First Middle Reporting Party/ (Print ONLY) Last First Middle

Signature/ Signature Date/

REPORTING OFFICER/ DUNLAP, FREDDIE DPSST#/ 35313 DATE/ 12/27/2012

STN/ COOS BAY ASSGN 200 APPROVED/ 3SGT Young DATE/ 12/28/12

ORIGINAL

OREGON STATE POLICE PERSON PAGE

CODES/ V-VICTIM C-COMPLAINANT MP-MISSING PERSON R-RUNAWAY S-SUSPECT PI-PERSON OF INTEREST ARR-ARRESTED BY OTHER AGEN
PB-PUBLIC SAFETY OFFICER M-MENTIONED W-WITNESS D-DRIVER P-PASSENGER OWN-OWNER OT-OTHER

1 [REDACTED]
CODE(S) [REDACTED]
V/D ADDRESS/ [REDACTED]
CITY/ [REDACTED] STATE/ [REDACTED] ZIP/ [REDACTED] PH/ [REDACTED]
DL# [REDACTED] ST/ OR SOC/ [REDACTED] FBI/ [REDACTED]
SID/ [REDACTED] LOCAL ID# [REDACTED] RES STATUS/ YES NO UNK
SEX/ M RACE/ WHITE ETHNICITY/ [REDACTED] DOB/ [REDACTED] HGT/ 6-00
WEIGHT/ 230 HAIR/ BLACK EYES/ BROWN SKIN COLOR/ [REDACTED]
SCARS, MARKS, TATTOS/ [REDACTED]
EMPLOYER/ [REDACTED] WRK HRS */ [REDACTED]
EMPLOYER ADDRESS/ [REDACTED]
CITY/ [REDACTED] STATE/ [REDACTED] ZIP/ [REDACTED] PH/ [REDACTED]
KNOWN ASSOC/ [REDACTED]
RELTN TO ASSOC/ [REDACTED] CLOTHING/ [REDACTED]
CAUTIONS/ N/A CORR STATUS/ N/A POB/ [REDACTED]
REMARKS/

Victim/Missing Persons Only

INJURY TYPE/ [REDACTED] INJURY LEVEL/ [REDACTED]
RELATIONSHIP TO OFFENDER/ [REDACTED]
MISSING PERSON: TYPE/ [REDACTED] STATUS/ [REDACTED]
SUSPECTED FOUL PLAY? YES NO UNKNOWN MISSING PREVIOUSLY? YES NO
RCVRY CIRCUMSTANCES/ [REDACTED]

CODES/ V-VICTIM C-COMPLAINANT MP-MISSING PERSON R-RUNAWAY S-SUSPECT PI-PERSON OF INTEREST ARR-ARRESTED BY OTHER AGEN
PB-PUBLIC SAFETY OFFICER M-MENTIONED W-WITNESS D-DRIVER P-PASSENGER OWN-OWNER OT-OTHER

[REDACTED]
CODE(S) AKA/NICKNAME/ [REDACTED]
M ADDRESS/ [REDACTED]
CITY/ COOS BAY STATE/ OR ZIP/ [REDACTED] PH/ [REDACTED]
DL# [REDACTED] ST/ OR SOC/ [REDACTED] FBI/ [REDACTED]
SID/ [REDACTED] LOCAL ID# [REDACTED] RES STATUS/ YES NO UNK
SEX/ M RACE/ W ETHNICITY/ [REDACTED] DOB/ [REDACTED] HGT/ 5-06
WEIGHT/ 130 HAIR/ BROWN EYES/ [REDACTED] SKIN COLOR/ [REDACTED]
SCARS, MARKS, TATTOS/ [REDACTED]
EMPLOYER/ [REDACTED] WRK HRS */ [REDACTED]
EMPLOYER ADDRESS/ [REDACTED]
CITY/ [REDACTED] STATE/ [REDACTED] ZIP/ [REDACTED] PH/ [REDACTED]
KNOWN ASSOC/ [REDACTED]
RELTN TO ASSOC/ [REDACTED] CLOTHING/ [REDACTED]
CAUTIONS/ N/A CORR STATUS/ N/A POB/ [REDACTED]
REMARKS/

Victim/Missing Persons Only

INJURY TYPE/ [REDACTED] INJURY LEVEL/ [REDACTED]
RELATIONSHIP TO OFFENDER/ [REDACTED]
MISSING PERSON: TYPE/ [REDACTED] STATUS/ [REDACTED]
SUSPECTED FOUL PLAY? YES NO UNKNOWN MISSING PREVIOUSLY? YES NO
RCVRY CIRCUMSTANCES/ [REDACTED]

OREGON STATE POLICE PERSON PAGE

CODES/ V-VICTIM C-COMPLAINANT MP-MISSING PERSON R-RUNAWAY S-SUSPECT PI-PERSON OF INTEREST ARR-ARRESTED BY OTHER AGEN
PB-PUBLIC SAFETY OFFICER M-MENTIONED W-WITNESS D-DRIVER P-PASSENGER OWN-OWNER OT-OTHER

3

CODE(S) AKA/NICKNAME/
M ADDRESS/
CITY/ STATE/ OR ZIP/ PH/
DL# 4778130 ST/ SOC/ FBI/
SID/ LOCAL ID# RES STATUS/ YES NO UNK
SEX/ F RACE/ WHITE ETHNICITY/ DOB/ HGT/ 5-10
WEIGHT/ 145 HAIR/ BLONDE EYES/ SKIN COLOR/
SCARS, MARKS, TATTOS/
EMPLOYER/ WRK HRS */
EMPLOYER ADDRESS/
CITY/ STATE/ ZIP/ PH/
KNOWN ASSOC/
RELTN TO ASSOC/ CLOTHING/
CAUTIONS/ N/A CORR STATUS/ N/A POB/

REMARKS/

Victim/Missing Persons Only

INJURY TYPE/ INJURY LEVEL/
RELATIONSHIP TO OFFENDER/
MISSING PERSON: TYPE/ STATUS/
SUSPECTED FOUL PLAY? YES NO UNKNOWN MISSING PREVIOUSLY? YES NO
RCVRY CIRCUMSTANCES/

CODES/ V-VICTIM C-COMPLAINANT MP-MISSING PERSON R-RUNAWAY S-SUSPECT PI-PERSON OF INTEREST ARR-ARRESTED BY OTHER AGEN
PB-PUBLIC SAFETY OFFICER M-MENTIONED W-WITNESS D-DRIVER P-PASSENGER OWN-OWNER OT-OTHER

CODE(S) AKA/NICKNAME/
M ADDRESS/
CITY/ STATE/ OR ZIP/ PH/
DL# 4409633 ST/ OR SOC/ FBI/
SID/ LOCAL ID# RES STATUS/ YES NO UNK
SEX/ M RACE/ WHITE ETHNICITY/ DOB/ HGT/ 5-07
WEIGHT/ 165 HAIR/ BROWN EYES/ SKIN COLOR/
SCARS, MARKS, TATTOS/
EMPLOYER/ WRK HRS */
EMPLOYER ADDRESS/
CITY/ STATE/ ZIP/ PH/
KNOWN ASSOC/
RELTN TO ASSOC/ CLOTHING/
CAUTIONS/ N/A CORR STATUS/ N/A POB/

REMARKS/

Victim/Missing Persons Only

INJURY TYPE/ INJURY LEVEL/
RELATIONSHIP TO OFFENDER/
MISSING PERSON: TYPE/ STATUS/
SUSPECTED FOUL PLAY? YES NO UNKNOWN MISSING PREVIOUSLY? YES NO
RCVRY CIRCUMSTANCES/

OREGON STATE POLICE PERSON PAGE

CODES/ V-VICTIM C-COMPLAINANT MP-MISSING PERSON R-RUNAWAY S-SUSPECT PI-PERSON OF INTEREST ARR-ARRESTED BY OTHER AGEN
PB-PUBLIC SAFETY OFFICER M-MENTIONED W-WITNESS D-DRIVER P-PASSENGER OWN-OWNER OT-OTHER

CODE([REDACTED]

M ADDRESS/ [REDACTED]
CITY/ [REDACTED] STATE/ [REDACTED] ZIP/ [REDACTED] PH/ [REDACTED]
DL# 2776257 ST/ OR SOC/ [REDACTED] FBI/
SID/ LOCAL ID# RES STATUS/ YES NO UNK
SEX/ F RACE/ WHITE ETHNICITY/ DOB/ [REDACTED] HGT/ 5-02
WEIGHT/ 143 HAIR/ BROWN EYES/ SKIN COLOR/
SCARS, MARKS, TATTOS/
EMPLOYER/ WRK HRS */
EMPLOYER ADDRESS/
CITY/ STATE/ ZIP/ PH/
KNOWN ASSOC/
RELTN TO ASSOC/ CLOTHING/
CAUTIONS/ N/A CORR STATUS/ N/A POB/

REMARKS/

Victim/Missing Persons Only

INJURY TYPE/ INJURY LEVEL/
RELATIONSHIP TO OFFENDER/
MISSING PERSON: TYPE/ STATUS/
SUSPECTED FOUL PLAY? YES NO UNKNOWN MISSING PREVIOUSLY? YES NO
RCVRY CIRCUMSTANCES/

CODES/ V-VICTIM C-COMPLAINANT MP-MISSING PERSON R-RUNAWAY S-SUSPECT PI-PERSON OF INTEREST ARR-ARRESTED BY OTHER AGEN
PB-PUBLIC SAFETY OFFICER M-MENTIONED W-WITNESS D-DRIVER P-PASSENGER OWN-OWNER OT-OTHER

6
CODE(S) [REDACTED]

M ADDRESS/ [REDACTED]
CITY/ NORT BEND STATE/ OR ZIP/ [REDACTED] PH/ [REDACTED]
DL# [REDACTED] ST/ OR SOC/ [REDACTED] FBI/
SID/ LOCAL ID# RES STATUS/ YES NO UNK
SEX/ F RACE/ WHITE ETHNICITY/ DOB/ [REDACTED] HGT/ 5-04
WEIGHT/ 180 HAIR/ BLONDE EYES/ SKIN COLOR/
SCARS, MARKS, TATTOS/
EMPLOYER/ WRK HRS */
EMPLOYER ADDRESS/
CITY/ STATE/ ZIP/ PH/
KNOWN ASSOC/
RELTN TO ASSOC/ CLOTHING/
CAUTIONS/ N/A CORR STATUS/ N/A POB/

REMARKS/

Victim/Missing Persons Only

INJURY TYPE/ INJURY LEVEL/
RELATIONSHIP TO OFFENDER/
MISSING PERSON: TYPE/ STATUS/
SUSPECTED FOUL PLAY? YES NO UNKNOWN MISSING PREVIOUSLY? YES NO
RCVRY CIRCUMSTANCES/

OREGON STATE POLICE PERSON PAGE

CODES/ V-VICTIM C-COMPLAINANT MP-MISSING PERSON R-RUNAWAY S-SUSPECT PI-PERSON OF INTEREST ARR-ARRESTED BY OTHER AGEN
PB-PUBLIC SAFETY OFFICER M-MENTIONED W-WITNESS D-DRIVER P-PASSENGER OWN-OWNER OT-OTHER

7
CODE(S) AKA/NICKNAME/
M ADDRESS/
CITY STATE/ OR SOC/ ZIP/ PH/
DL# ST/ OR SOC/ FBI/
SID/ LOCAL ID# RES STATUS/ YES NO UNK
SEX/ M RACE/ WHITE ETHNICITY/ DOB/ HGT/ 6-02
WEIGHT/ 250 HAIR/ BROWN EYES/ SKIN COLOR/
SCARS, MARKS, TATTOS/
EMPLOYER/ WRK HRS /
EMPLOYER ADDRESS/
CITY/ STATE/ ZIP/ PH/
KNOWN ASSOC/
RELTN TO ASSOC/ CLOTHING/
CAUTIONS/ N/A CORR STATUS/ N/A POB/
REMARKS/

Victim/Missing Persons Only

INJURY TYPE/ INJURY LEVEL/
RELATIONSHIP TO OFFENDER/
MISSING PERSON: TYPE/ STATUS/
SUSPECTED FOUL PLAY? YES NO UNKNOWN MISSING PREVIOUSLY? YES NO
RCVRY CIRCUMSTANCES/

CODES/ V-VICTIM C-COMPLAINANT MP-MISSING PERSON R-RUNAWAY S-SUSPECT PI-PERSON OF INTEREST ARR-ARRESTED BY OTHER AGEN
PB-PUBLIC SAFETY OFFICER M-MENTIONED W-WITNESS D-DRIVER P-PASSENGER OWN-OWNER OT-OTHER

8
CODE(S) AKA/NICKNAME/ CUMMINGS, TRACEE LYNN
M ADDRESS/
CITY STATE/ OR SOC/ ZIP/ PH/
DL# ST/ OR SOC/ FBI/
SID/ LOCAL ID# RES STATUS/ YES NO UNK
SEX/ F RACE/ WHITE ETHNICITY/ DOB/ HGT/ 5-05
WEIGHT/ 200 HAIR/ BLONDE EYES/ SKIN COLOR/
SCARS, MARKS, TATTOS/
EMPLOYER/ WRK HRS /
EMPLOYER ADDRESS/
CITY/ STATE/ ZIP/ PH/
KNOWN ASSOC/
RELTN TO ASSOC/ CLOTHING/
CAUTIONS/ N/A CORR STATUS/ N/A POB/
REMARKS/

Victim/Missing Persons Only

INJURY TYPE/ INJURY LEVEL/
RELATIONSHIP TO OFFENDER/
MISSING PERSON: TYPE/ STATUS/
SUSPECTED FOUL PLAY? YES NO UNKNOWN MISSING PREVIOUSLY? YES NO
RCVRY CIRCUMSTANCES/

OREGON STATE POLICE PERSON PAGE

CODES/ V-VICTIM C-COMPLAINANT MP-MISSING PERSON R-RUNAWAY S-SUSPECT PI-PERSON OF INTEREST ARR-ARRESTED BY OTHER AGEN
PB -PUBLIC SAFETY OFFICER M-MENTIONED W-WITNESS D-DRIVER P-PASSENGER OWN-OWNER OT-OTHER

9 [REDACTED]
CODE(S) AKA/NICKNAME/
M ADDRESS/[REDACTED]
CITY/[REDACTED] STATE/[REDACTED] ZIP/[REDACTED] PH/[REDACTED]
DL# 9117462 ST/ OR SOC/ FBI/
SID/ LOCAL ID# RES STATUS/ YES NO UNK
SEX/ M RACE/ WHITE ETHNICITY/ DOB/[REDACTED] HGT/ 5-10
WEIGHT/ 270 HAIR/ BLACK EYES/ SKIN COLOR/
SCARS, MARKS, TATTOS/
EMPLOYER/ WRK HRS */
EMPLOYER ADDRESS/
CITY/ STATE/ ZIP/ PH/
KNOWN ASSOC/
RELTN TO ASSOC/ CLOTHING/
CAUTIONS/ N/A CORR STATUS/ N/A POB/
REMARKS/

Victim/Missing Persons Only

INJURY TYPE/ INJURY LEVEL/
RELATIONSHIP TO OFFENDER/
MISSING PERSON: TYPE/ STATUS/
SUSPECTED FOUL PLAY? YES NO UNKNOWN MISSING PREVIOUSLY? YES NO
RCVRY CIRCUMSTANCES/

CODES/ V-VICTIM C-COMPLAINANT MP-MISSING PERSON R-RUNAWAY S-SUSPECT PI-PERSON OF INTEREST ARR-ARRESTED BY OTHER AGEN
PB -PUBLIC SAFETY OFFICER M-MENTIONED W-WITNESS D-DRIVER P-PASSENGER OWN-OWNER OT-OTHER

10 [REDACTED]
CODE(S) AKA/NICKNAME/
M ADDRESS/[REDACTED]
CITY/[REDACTED] STATE/[REDACTED] ZIP/[REDACTED] PH/[REDACTED]
DL# 3194266 ST/ OR SOC/ FBI/
SID/ LOCAL ID# RES STATUS/ YES NO UNK
SEX/ M RACE/ WHITE ETHNICITY/ DOB/[REDACTED] HGT/ 5-09
WEIGHT/ 249 HAIR/ GRAY EYES/ SKIN COLOR/
SCARS, MARKS, TATTOS/
EMPLOYER/ WRK HRS */
EMPLOYER ADDRESS/
CITY/ STATE/ ZIP/ PH/
KNOWN ASSOC/
RELTN TO ASSOC/ CLOTHING/
CAUTIONS/ N/A CORR STATUS/ N/A POB/
REMARKS/

Victim/Missing Persons Only

INJURY TYPE/ INJURY LEVEL/
RELATIONSHIP TO OFFENDER/
MISSING PERSON: TYPE/ STATUS/
SUSPECTED FOUL PLAY? YES NO UNKNOWN MISSING PREVIOUSLY? YES NO
RCVRY CIRCUMSTANCES/

OREGON STATE POLICE PERSON PAGE

CODES/ V-VICTIM C-COMPLAINANT MP-MISSING PERSON R-RUNAWAY S-SUSPECT PI-PERSON OF INTEREST ARR-ARRESTED BY OTHER AGEN
PB -PUBLIC SAFETY OFFICER M-MENTIONED W-WITNESS D-DRIVER P-PASSENGER OWN-OWNER OT-OTHER

M
CODE(S) AKA/NICKNAME/
11 ADDRESS/
CITY/ STATE/ OR SOC/ ZIP/ PH/
DL#/ 9825291 ST/ OR SOC/ FBI/
SID/ LOCAL ID# RES STATUS/ YES NO UNK
SEX/ F RACE/ WHITE ETHNICITY/ DOB/ HGT/ 5-09
WEIGHT/ 160 HAIR/ BLONDE EYES/ SKIN COLOR/
SCARS,MARKS,TATTOS/
EMPLOYER/ WRK HRS */
EMPLOYER ADDRESS/
CITY/ STATE/ ZIP/ PH/
KNOWN ASSOC/
RELTN TO ASSOC/ CLOTHING/
CAUTIONS/ N/A CORR STATUS/ N/A POB/
REMARKS/

Victim/Missing Persons Only

INJURY TYPE/ INJURY LEVEL/
RELATIONSHIP TO OFFENDER/
MISSING PERSON: TYPE/ STATUS/
SUSPECTED FOUL PLAY? YES NO UNKNOWN MISSING PREVIOUSLY? YES NO
RCVRY CIRCUMSTANCES/

CODES/ V-VICTIM C-COMPLAINANT MP-MISSING PERSON R-RUNAWAY S-SUSPECT PI-PERSON OF INTEREST ARR-ARRESTED BY OTHER AGEN
PB -PUBLIC SAFETY OFFICER M-MENTIONED W-WITNESS D-DRIVER P-PASSENGER OWN-OWNER OT-OTHER

CODE(S) AKA/NICKNAME/
ADDRESS/
CITY/ STATE/ OR ZIP/ PH/
DL#/ ST/ SOC/ FBI/
SID/ LOCAL ID# RES STATUS/ YES NO UNK
SEX/ RACE/ ETHNICITY/ DOB/ HGT/
WEIGHT/ HAIR/ EYES/ SKIN COLOR/
SCARS,MARKS,TATTOS/
EMPLOYER/ WRK HRS */
EMPLOYER ADDRESS/
CITY/ STATE/ ZIP/ PH/
KNOWN ASSOC/
RELTN TO ASSOC/ CLOTHING/
CAUTIONS/ CORR STATUS/ POB/
REMARKS/

Victim/Missing Persons Only

INJURY TYPE/ INJURY LEVEL/
RELATIONSHIP TO OFFENDER/
MISSING PERSON: TYPE/ STATUS/
SUSPECTED FOUL PLAY? YES NO UNKNOWN MISSING PREVIOUSLY? YES NO
RCVRY CIRCUMSTANCES/



OREGON STATE POLICE PROPERTY REPORT

1. Coos Bay
Office

2. RELATED REPORTS
- Incident
 - Accident
 - Custody
 - Supplemental
 - Additional Evidence
 - Detail
 - Citation
 - Forensic

3. PROPERTY ROOM #

COUNTY OF VENUE Coos

5. GHQ DHQ I.D. LAB DOC.

OTHER: _____

6. INCIDENT #

SP-12-275030

7. INCIDENT TYPE FATALITY CRASH

8. REPORTED 11/9/12 5:40 P.

9. LOCATION (Where seized, found, surrendered)

Street Address SR 241, m.p. 3.4 City _____ State _____ Zip Code _____

PERSONS	10. OWI Last: _____	13. RES. PHONE		
	14. OWI Street: _____	15. RACE <u>W</u>		
	17. <input type="checkbox"/> Finder <input type="checkbox"/> Suspect <input type="checkbox"/> Victim	18. NAME Last: _____ First: _____ Middle: _____	19. SEX	20. D.O.B.
	22. ADDRESS Street: _____ City: _____ State: _____ Zip Code: _____	21. RES. PHONE	23. RACE	24. BUS. PHONE

VEH.	25. VEHICLE INFORMATION				26. TOWED BY				27. TOWED TO				28. TOW OPERATOR'S SIGNATURE			
	License No.	State	VIN	Year	Make	Model	Style	Color	Name	Date						

29. PROPERTY CODES: S - stolen R - recovered E - evidence F - found I - inventory
C - contraband SK - safekeeping RT - returned L - lost

30. Search Warrant Probable Cause Consent

CODE	ITEM #	PROPERTY DETAIL	Serial No.	Brand/Make	Size/Calibre	33. LOT/BIN
		<u>FRONT LEFT 4g Thumbdrive with video</u>				
		<u>FROM N/4 - 11/5 2012</u>				
		<u>Required for review and copy of video footage of person/victim</u>				
		<u>Returned</u>				
		<u>12/26/12</u>				

34. RELEASED TO OR RECEIVED FROM		35. SIGNATURE	
Name <u>To Temp</u>	Address <u>35313</u>	Phone	Signature
36. REPORTING OFFICER		37. RECEIVED-PROP. ROOM	
Name <u>Linna Fiedler</u>	Date <u>11/9/12</u>	no. day year initials	38. APPROVED BY 39. DATA ENTRY

SINGLE VEHICLE FATALITY CRASH: FINAL REPORT
OF [REDACTED] DOB [REDACTED] (DECEASED)
OSP CASE# SP-12-275030
PAGE/0 OF 20

MENTIONED OFFICERS:

- Deputy Will KRAHENBUHL, Coos County Sheriff's Office
- Sr. Trooper Dave TIMM, OSP Coos Bay Area Command Station
- Sr. Trooper Mark MOORE, Collision Reconstructionist, OSP Roseburg
- Kris KARCHER, Deputy Medical Examiner, Coos County District Attorney's Office

MENTENIOED OTHERS

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

MENTIONED AGENCIES:

- Bay Cities Ambulance
- Millington Fire Department
- Coos Bay Fire Department
- Mast Brothers Towing, Coos Bay
- Oregon Department of Transportation

REFER:

- DMV Crash Report under the same case number
- OSP Form 65(s) listing evidence
- DVD recording of crash scene
- DVD recording of interview
- Compact Disc of photos
- Compact Discs of surveillance video from Bachelor's Inn
- Crash Scene Diagram by OSP Sr. Trooper Mark MOORE
- Coos County Medical Examiner's Report
- Coos County Sheriff's Office Incident # S201212883

SINGLE VEHICLE FATALITY CRASH: FINAL REPORT
OP/ [REDACTED] DOB [REDACTED] (DECEASED)
OSP CASE# SP-12-275030
PAGE // OF 20

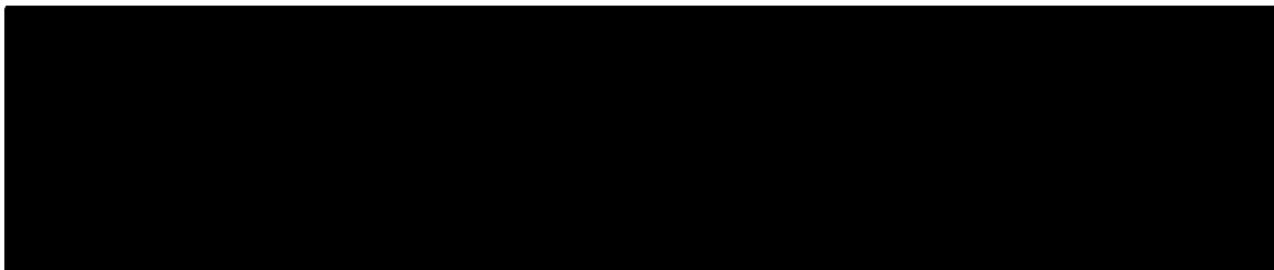
SUMMARY:

On 11-04-12 at approximately 2:06 AM, I investigated a single-vehicle, fatality crash that occurred on SR 241 at milepost 3.5.

The vehicle was traveling northbound in the northbound lane. The operator lost control and the vehicle left the roadway to the shoulder of the northbound lane.

The vehicle began to slide sideways and struck a highway signpost, before continuing northbound and striking a highway guardrail. The guardrail support posts failed and the guardrail entered the passenger compartment of the vehicle and severely injured the operator.

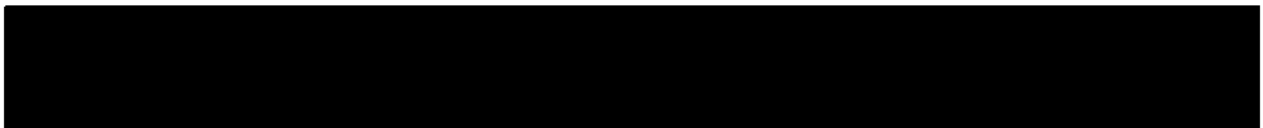
The vehicle was impaled on the guardrail and came to final rest down an embankment.



ACTION TAKEN:

On 11-04-12 at approximately 2:06 AM, I was on duty, in uniform, displaying a badge and operating a marked Oregon State Police patrol vehicle. I was dispatched to a serious injury motor vehicle crash that occurred on SR 241 at milepost 3.5, near the intersection of South Coos River Lane in Coos Bay, Coos County, Oregon.

I arrived at the location and noted that Bay Cities Ambulance medics were on scene. Two pickup trucks were parked on the northbound shoulder of the highway. Two male adults and a female adult were standing near the pickup trucks.



A section of highway guardrail had entered the passenger compartment of the vehicle from the front passenger side area, passed through the front seat area and exited the driver's door. A male adult was supine in the back seat of the vehicle with his head near the rear passenger door.

SINGLE VEHICLE FATALITY CRASH: FINAL REPORT
OP [REDACTED] DOB [REDACTED] (DECEASED)
OSP CASE# SP-12-275030
PAGE/2 OF 20

[REDACTED]

Coos County Sheriff's Office Deputy Will KRAHENBUHL arrived to assist.

[REDACTED]

SINGLE VEHICLE FATALITY CRASH: FINAL REPORT

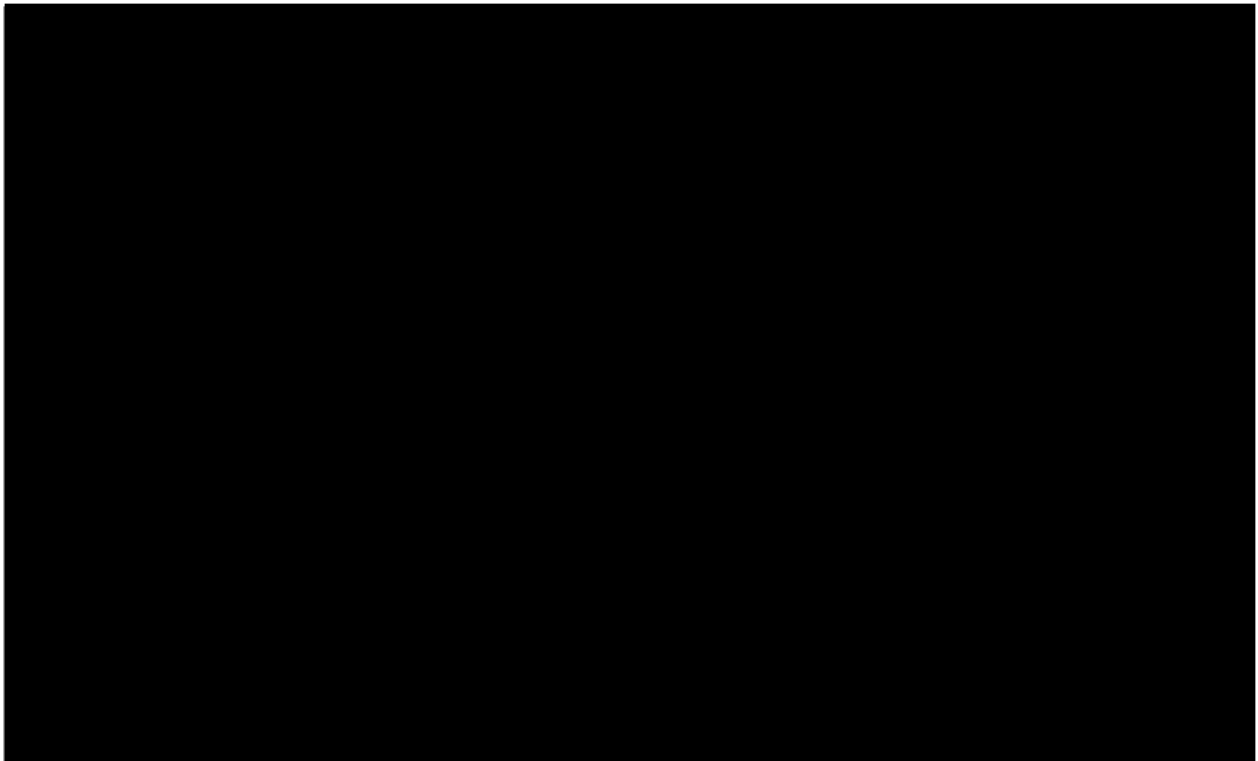
[REDACTED] (DECEASED)

OSP CASE# SP-12-275030

PAGE 13 OF 20

I walked the scene, and began to photograph evidence. Scene evidence indicated that the vehicle was traveling northbound. The operator was unable to maintain control and the vehicle began to skid sideways, with the front of the vehicle positioned towards the roadway. The vehicle left the roadway to the northbound shoulder, and the right rear of the vehicle impacted and severed a road sign post. The vehicle continued sliding sideways northbound along the shoulder.

The vehicle struck the head of a highway guardrail at the front passenger door "B" support pillar, and the guardrail support posts failed as the guardrail was detached from the support posts by the impact. The guardrail entered the vehicle passenger compartment at the front passenger door, traveling between the dashboard and the front passenger seat. The guardrail struck and injured the operator as it continued through the vehicle, punching out the driver's door. The vehicle was impaled on the guardrail and rotated counterclockwise and came to rest down the embankment, facing to the south.



Millington Fire Department personnel cleared the scene. I completed the photographing and marking of the scene, and ODOT personnel arrived to assess damage to state property and assist with traffic control.

Sr. Trooper Dave TIMM arrived to assist.

SINGLE VEHICLE FATALITY CRASH: FINAL REPORT

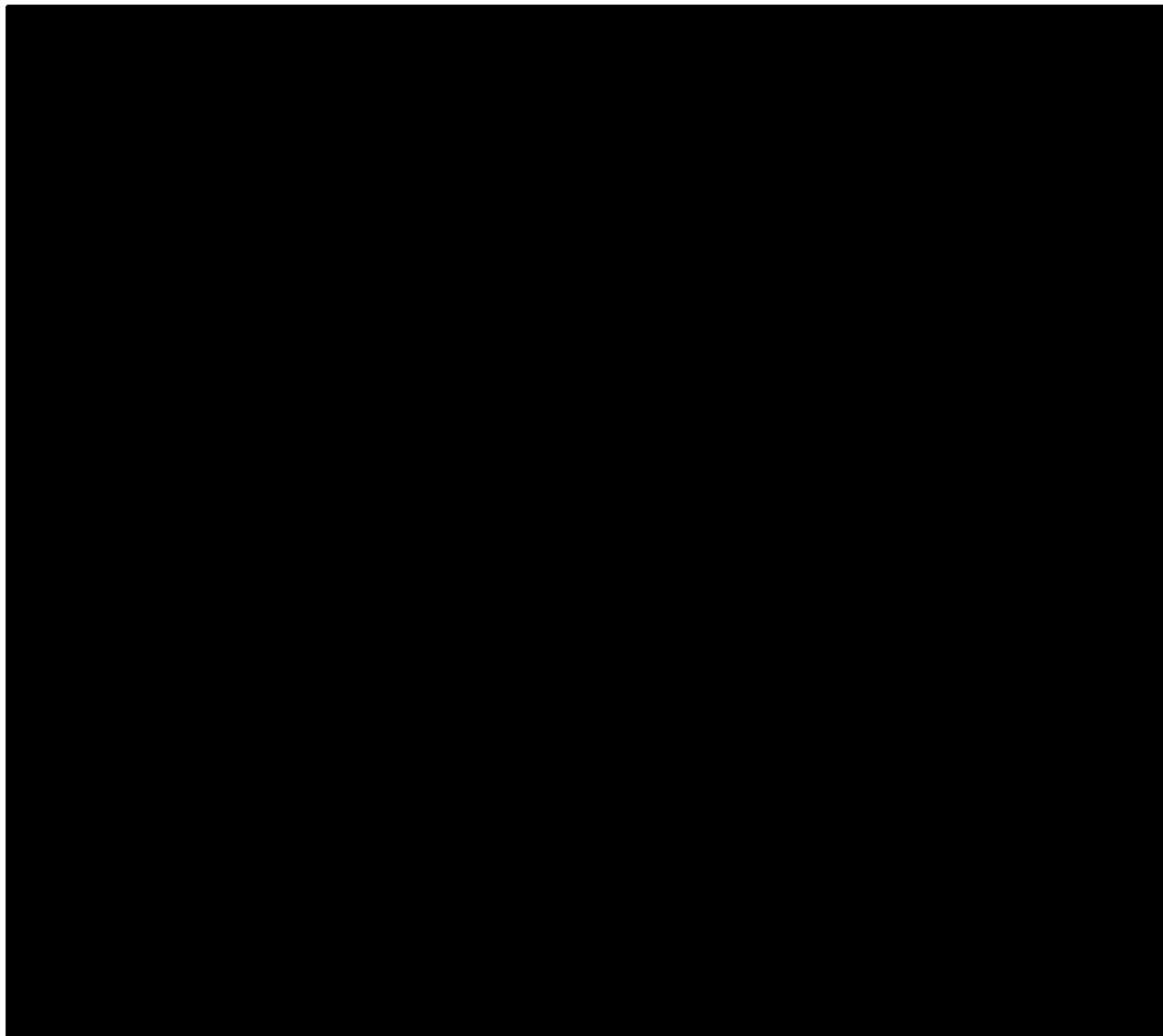
[REDACTED] (DECEASED)

OSP CASE# SP-12-275030

PAGE 4 OF 20

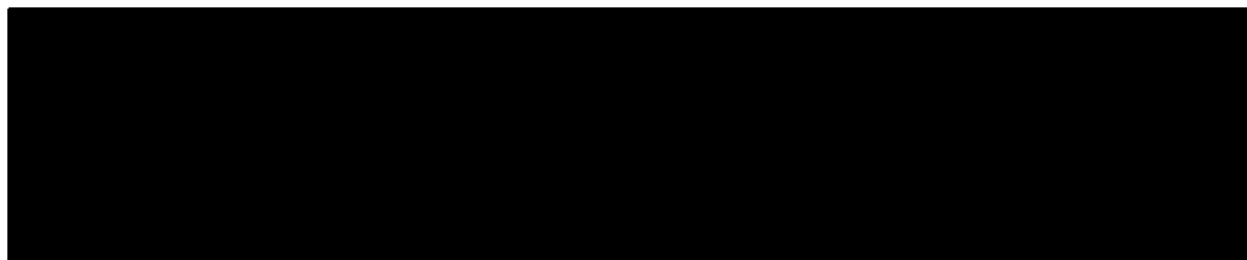


SINGLE VEHICLE FATALITY CRASH: FINAL REPORT
OP [REDACTED] DOB [REDACTED] (DECEASED)
OSP CASE# SP-12-275030
PAGE 5 OF 20



On 11-05-12 at approximately 7:50 AM, I contacted Sr. Trooper Mark MOORE at milepost 3.5 on SR 241. I took daytime photographs of the scene and assisted Sr. Trooper MOORE with measuring and documenting the crash scene.

Refer to the crash scene diagram and Sr. Trooper Mark MOORE'S supplemental report.

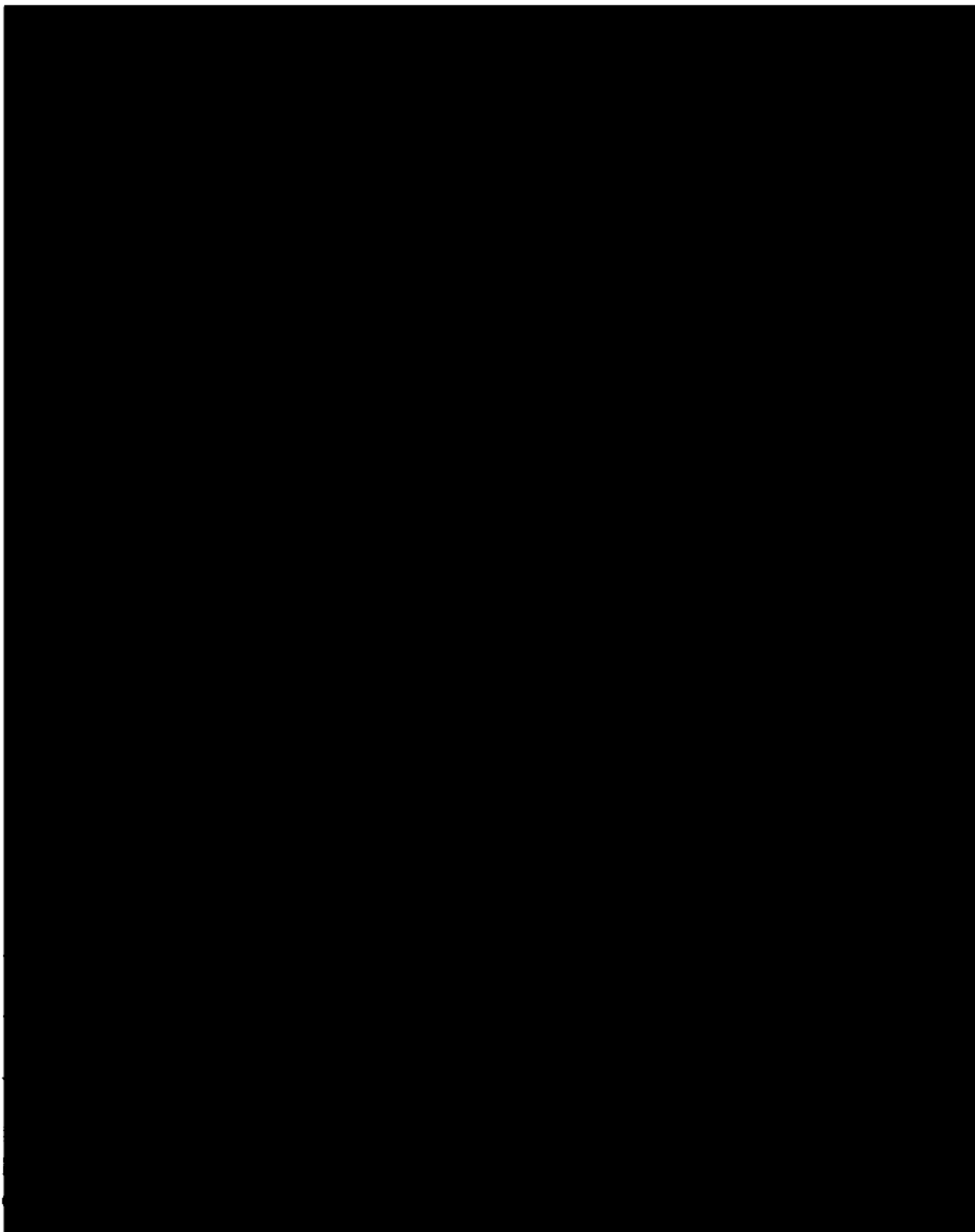


SINGLE VEHICLE FATALITY CRASH: FINAL REPORT

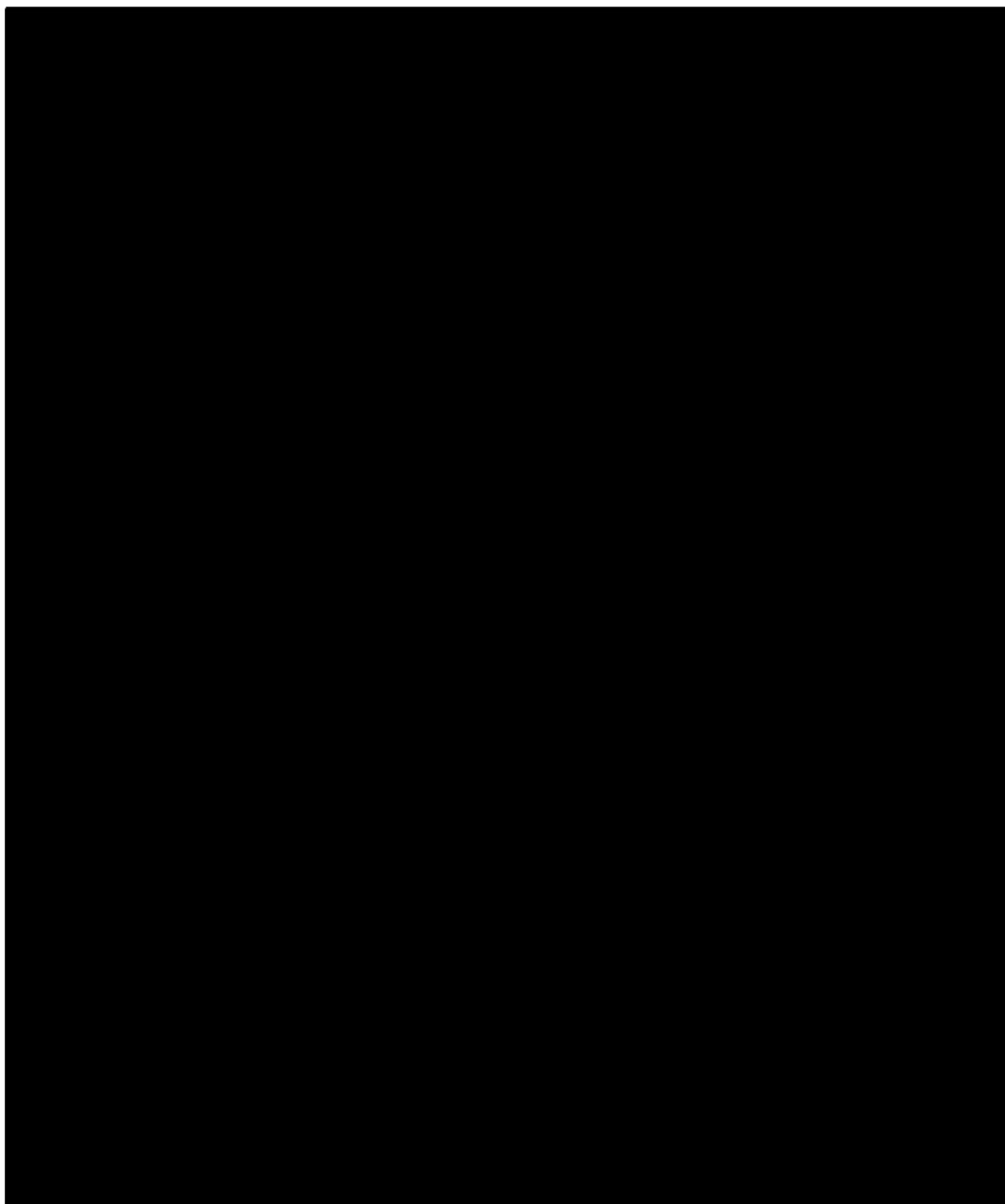
OP [REDACTED] DOB [REDACTED] (DECEASED)

OSP CASE# SP-12-275030

PAGE/6 OF 20



SINGLE VEHICLE FATALITY CRASH: FINAL REPORT
OF [REDACTED] DOB [REDACTED] (DECEASED)
OSP CASE# SP-12-275030
PAGE 17 OF 20

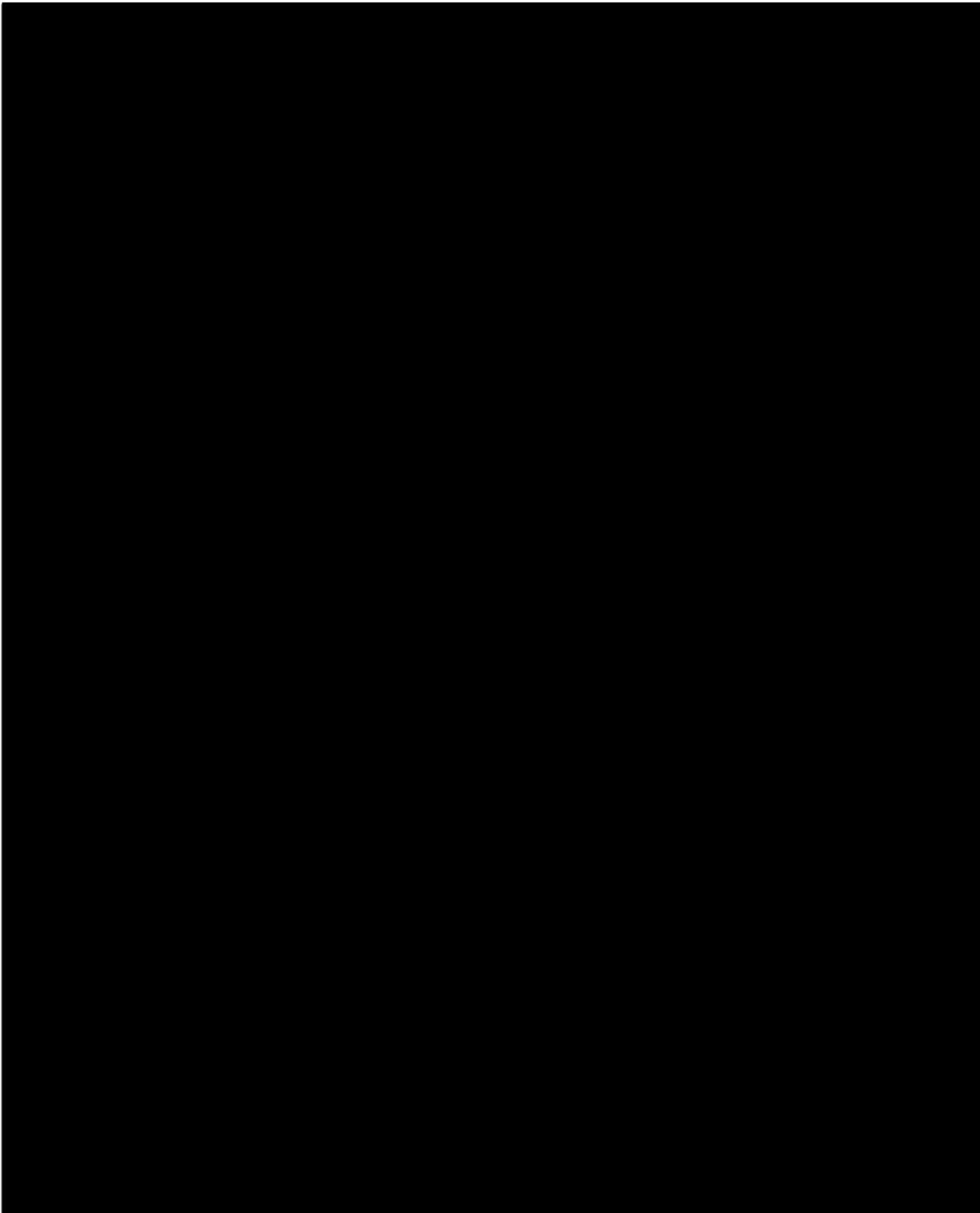


SINGLE VEHICLE FATALITY CRASH: FINAL REPORT

OP [REDACTED] DOB [REDACTED] (DECEASED)

OSP CASE# SP-12-275030

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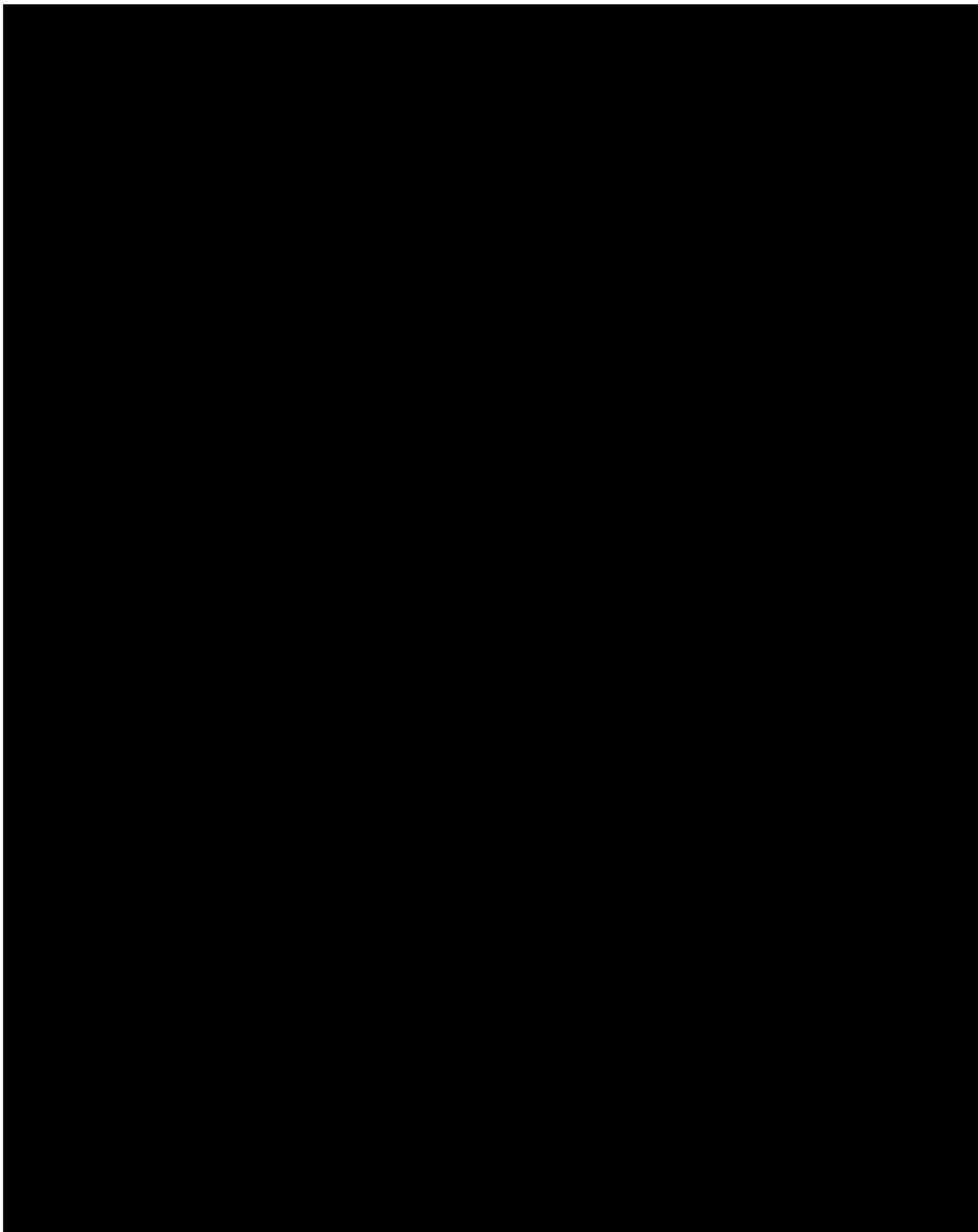


SINGLE VEHICLE FATALITY CRASH: FINAL REPORT

OP/ [REDACTED] DOB [REDACTED] (DECEASED)

OSP CASE# SP-12-275030

PAGE/9 OF 20

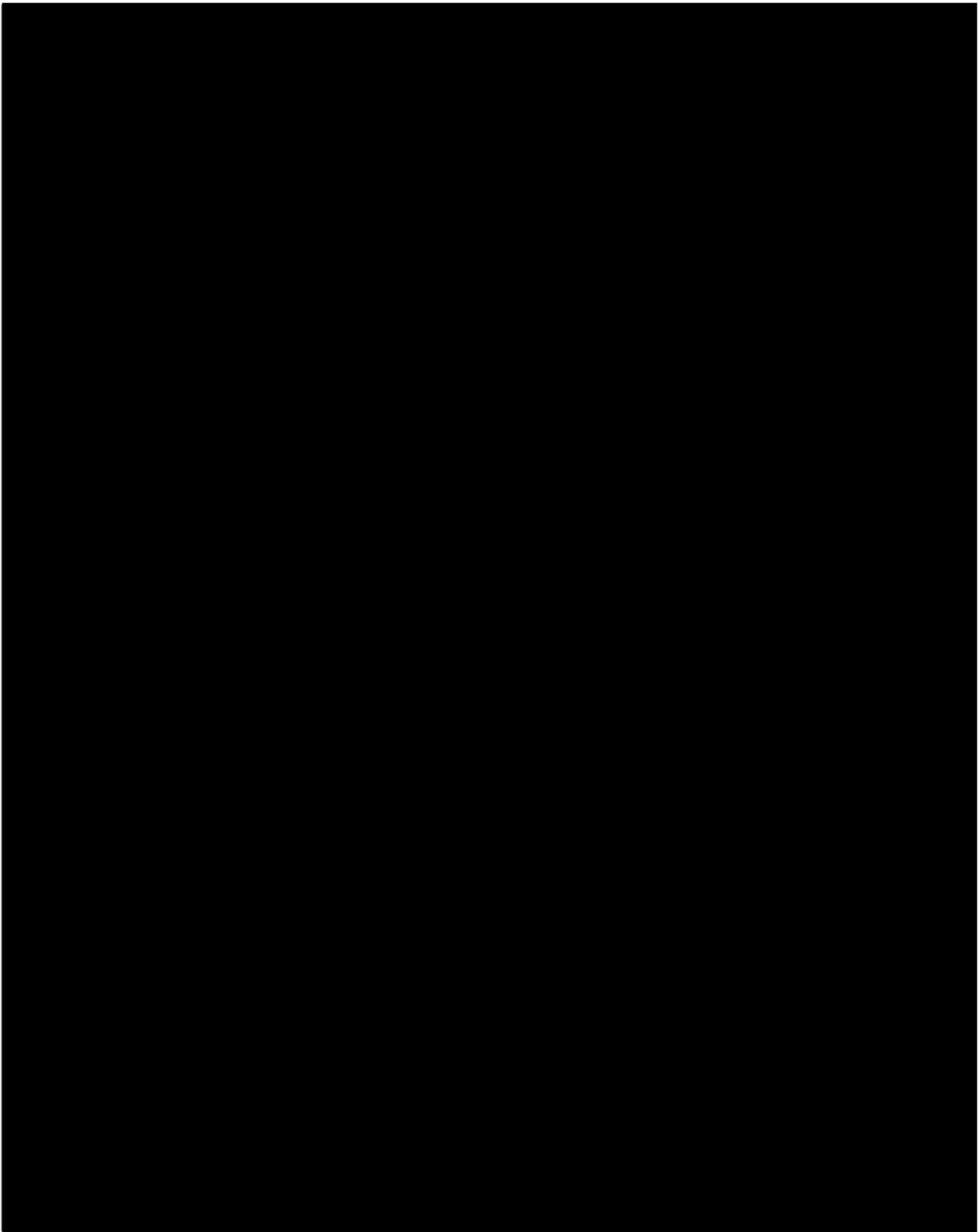


SINGLE VEHICLE FATALITY CRASH: FINAL REPORT

OP [REDACTED] DOB [REDACTED] (DECEASED)

OSP CASE# SP-12-275030

PAGE 20 OF 20



OREGON STATE POLICE INCIDENT REPORT

REPORT TYPE:

INITIAL REPORT
 SUPPLEMENTAL

DISTRIBUTION: GHQ Criminal GHQ F&W GHQ Patrol
 ID Documents ID Prints District Explosives
 Lab DA
 Other SE. Tpc. Dunlap - OSP Coos Bay

INCIDENT # [CAD#]
SP 12-275030

ASSOCIATED OSP #s/

OTHER AGENCY #s/

DEC 03 2012

OFFENSE/ORS/ Motor Vehicle Collision Diagram Occr/ 1 Col/ Coos Status/ INAC

STATUS/ ACTI-OPEN/ACTIVE INVESTIGATION CLOS/A-CLOSED BY ADULT ARREST CLOS/J-CLOSED BY JUVENILE ARREST COMP-CLOSED
SERVICE COMPLETE INAC-OPEN/INACTIVE/NO FURTHER INVESTIGATION UNFD-CLOSED UNFOUNDED NODA-NO PROSECUTION BY DA
RFSE-VICTIM REFUSED PROSECUTION DTH-OFFENDER DECEASED

ADDITIONAL OFFENSES/

DES

MDT

MCT

SOR

HITS

Polygraph

CCFU

AES

Misc. Flag

Misc. Flag

Other DE (For Field Office Use)

OSP DE Date/Initial

UCR OK Date/Initial

Occr/ _____ Col/ _____ Status/ _____
Occr/ _____ Col/ _____ Status/ _____
Occr/ _____ Col/ _____ Status/ _____
(SEE NARRATIVE FOR ADDITIONAL OFFENSES: YES NO)

LEAD/ORIG. AGENCY/ Oregon State Police DATE/TIME REPORTED TO OSP/ 11/04/12 5:00am

DATE/TIME OF THIS REPORT/ 11/30/12 7:15am DATE/TIME OF OCCURRENCE/ 11/04/12 1:54am

IF SUPPLEMENTAL: DATE/TIME ORIGINAL REPORT/ _____

ORIGINAL SUBJECT OF REPORT/ _____

SUBJECT OF THIS REPORT/ _____

VICTIM/SUSPECT/ [REDACTED]

(ADDITIONAL VICTIMS: YES NO)
(CO-DEFENDANTS: YES NO)

LOCATION OF INCIDENT/ (SR) Highway 241 mp 3.5 COUNTY/ Coos

LOCATION TYPE (Premise)/ State Highway

METHOD OF ENTRY/ _____
(list for each appropriate offense)

TOTAL LOSS/ _____ TOTAL DAMAGE/ _____

DOMESTIC VIOLENCE? YES THEFT BY COMPUTER? YES

GANG INVOLVEMENT? YES describe _____

BIAS MOTIVATION? YES describe _____

WEAPON USED? YES describe _____

UNDER INFLUENCE OF:
Alcohol? YES UNKNOWN Drugs? YES describe _____

The below-named subject is presently a runaway/missing person and I certify that I am the parent, legal guardian, or reporting party.

Subject/ _____ Reporting Party/ _____
(P.W. ONLY) Last, First Middle (P.W. ONLY) Last, First Middle

Signature/ _____ Date/ _____

REPORTING OFFICER/ ScTpc M.L. MOORE BPSST#/ 34109 DATE/ 11/30/12

STN/ _____ APPROVED/ Reconstruction Group DATE/ 11/29/12

12-275030

FATAL MOTOR VEHICLE COLLISION
State Route Highway 241, Milepost 3.5, Coos County
November 04, 2012 / 1:54am
Incident # SP 12-275030

INCIDENT: SP 12-275030

SUBJECT: Collision Reconstruction Scene Mapping and Next of Kin Notification

REFER TO: Oregon Police Traffic Crash Report by Sr. Trooper F. Dunlap under Case #12-275030

LOCATION: State Route 241, Milepost 3.5
Coos County, Oregon

OPERATOR #1: [REDACTED]
DOB [REDACTED]

VEHICLE #1: [REDACTED]

MENTIONED OFFICERS: F. Dunlap, Senior Trooper
Oregon State Police – Coos Bay

SUMMARY:

[REDACTED]

ACTION TAKEN:

[REDACTED]

ATTACHMENT:

- Scene mapping

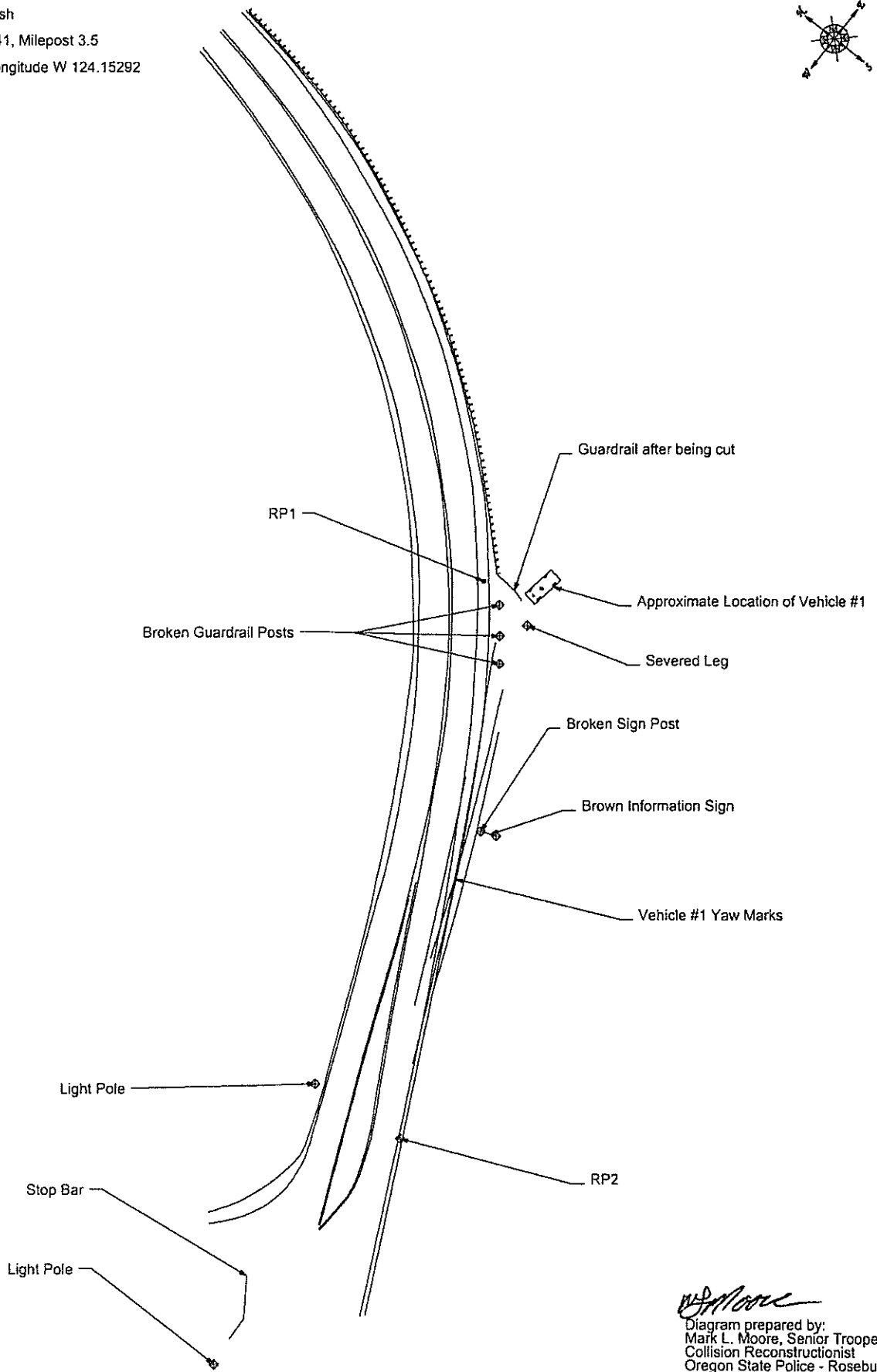
REVIEWED BY:

Jeffrey C. Willis, Senior Trooper
SW Region Collision Reconstructionist, ACTAR #1212
Oregon State Police - Roseburg

REPORT PREPARED BY:

Mark L. Moore, Senior Trooper
Collision Reconstructionist, ACTAR # 2515
Oregon State Police - Roseburg

Fatal Motor Vehicle Crash
11/04/2012 1:54am
State Route Highway 241, Milepost 3.5
Coos County, Oregon
Latitude N 43.36405, Longitude W 124.15292
SP 12-275030



Approximate Scale



Mark L. Moore
Diagram prepared by:
Mark L. Moore, Senior Trooper
Collision Reconstructionist
Oregon State Police - Roseburg
ACTAR #2515



OREGON POLICE TRAFFIC CRASH REPORT

PAGE 1 OF 2

POLICE INCIDENT / CASE NUMBER SP-12-275030	CRASH DATE 11/04/2012	DAY OF WEEK M T W TH F S(SH)	CRASH TIME 01:51	POLICE NOTIFIED 01:54	POLICE ARRIVAL 02:06	DMV FILE NUMBER
COUNTY COOS 06	ROAD ON WHICH CRASH OCCURRED SR 241		LATITUDE 43.36416	LONGITUDE -124.1528	MILE POST 3.5	DMV CODE

<input type="checkbox"/> WITHIN 150.00 FEET N S OF NEAREST INTERSECTING ROAD	<input type="checkbox"/> WITHIN _____ FEET N S OF NEAREST CITY / TOWN
<input checked="" type="checkbox"/> NEAR _____ MILES E W SOUTH COOS RIVER LANE	<input checked="" type="checkbox"/> NEAR 1.30 MILES E W Coos Bay
<input checked="" type="checkbox"/> PROPERTY DAMAGE <input checked="" type="checkbox"/> PUBLIC PROPERTY DAMAGE ESTIMATE: <input checked="" type="checkbox"/> UNDER \$1500 <input type="checkbox"/> OVER \$1500 <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> HAZ MATERIALS <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> TRAIN R/R <input type="checkbox"/> TRUCK / BUS

UNIT # 1	NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE NUMBER	STATE	SEX	RACE	DOB
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PED BIC PRK PRP	ADDRESS	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input checked="" type="checkbox"/> CELL
VEHICLE OWNER		PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL
<input type="checkbox"/> SAME		()

FIRE <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	STD SPD <input checked="" type="checkbox"/> UNK	PST SPD 55	EJECTED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	EXTRCTD <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
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VEHICLE TOWED DUE TO VEHICLE DAMAGE <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNKNOWN	DRIVER TAKEN: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNKNOWN
BY: MAST BROS ENTERPRISES INC	BY: AMBULANCE
TO: TOW COMPANY	TO: HOSPITAL

VEHICLE DAMAGE	MARK ALL THAT APPLY:	INJURY:
<input type="checkbox"/> Top <input type="checkbox"/> Bottom	DAMAGE ESTIMATE: <input type="checkbox"/> NONE <input type="checkbox"/> UNDER \$1500 <input checked="" type="checkbox"/> OVER \$1500 <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> NONE <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> INCAPACITATED <input checked="" type="checkbox"/> FATAL
	<input type="checkbox"/> ROLLOVER <input type="checkbox"/> UNDERCAR <input checked="" type="checkbox"/> TOTALED <input type="checkbox"/> UNKNOWN	EQUIPMENT: <input checked="" type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input checked="" type="checkbox"/> A/BAG-NOT DP

SUSPECT NAME	AKA	IN CUSTODY <input type="checkbox"/> Y <input type="checkbox"/> N
ADDRESS	OTHER INFORMATION:	
SEX RACE DOB HT WT HAIR EYES LOCAL ID		

UNIT # 2	NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE NUMBER	STATE	SEX	RACE	DOB
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PED BIC PRK PRP	ADDRESS	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL
VEHICLE OWNER		PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL
<input type="checkbox"/> SAME		()

FIRE <input type="checkbox"/> Y <input type="checkbox"/> N	STD SPD	PST SPD	INSURANCE COMPANY <input type="checkbox"/> NONE	INSURANCE POLICY NUMBER
EJECTED <input type="checkbox"/> Y <input type="checkbox"/> N	EXTRCTD <input type="checkbox"/> Y <input type="checkbox"/> N	VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE PLATE NUMBER	STATE YEAR MAKE MODEL STYLE COLOR

VEHICLE TOWED DUE TO VEHICLE DAMAGE <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNKNOWN	DRIVER TAKEN: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNKNOWN
BY:	BY:
TO:	TO:

VEHICLE DAMAGE	MARK ALL THAT APPLY:	INJURY:
<input type="checkbox"/> Top <input type="checkbox"/> Bottom	DAMAGE ESTIMATE: <input type="checkbox"/> NONE <input type="checkbox"/> UNDER \$1500 <input checked="" type="checkbox"/> OVER \$1500 <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> NONE <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> FATAL
	<input type="checkbox"/> ROLLOVER <input type="checkbox"/> UNDERCAR <input type="checkbox"/> TOTALED <input type="checkbox"/> UNKNOWN	EQUIPMENT: <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP

UNIT #	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS	ADDRESS
SEX RACE DOB	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL	INJURY <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> FATAL
		LOCATION: LF CF RF LR CR RR OTHER: EJECTED Y P N EXTRCTD Y N

PASSENGER TAKEN: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNKNOWN	BY:	TO:	EQUIPMENT: <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP
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UNIT #	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS	ADDRESS
SEX RACE DOB	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL	INJURY <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> FATAL
		LOCATION: LF CF RF LR CR RR OTHER: EJECTED Y P N EXTRCTD Y N

PASSENGER TAKEN: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNKNOWN	BY:	TO:	EQUIPMENT: <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP
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UNIT #	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS	ADDRESS
SEX RACE DOB	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL	INJURY <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> FATAL
		LOCATION: LF CF RF LR CR RR OTHER: EJECTED Y P N EXTRCTD Y N

PASSENGER TAKEN: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNKNOWN	BY:	TO:	EQUIPMENT: <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP
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DISTRIBUTION	ODOT
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OFFICER NAME / NUMBER DUNLAP, Freddie. T. 35313	DATE 11/04/2012	AGENCY Oregon State Police	APPROVED BY
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Check ONE box in all categories. Check ALL boxes that apply in categories with (★).

<p>FIRST HARMFUL EVENT</p> <p>NON COLLISION <input type="checkbox"/> OVERTURN <input type="checkbox"/> FIRE / EXPLOSION <input type="checkbox"/> IMMERSION <input type="checkbox"/> GAS INHALATION <input type="checkbox"/> OTHER NON COLLISION <input type="checkbox"/> MEDICAL (Explain)</p> <p>COLLISION WITH <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PARKED MOTOR VEHICLE <input type="checkbox"/> RAILWAY TRAIN <input type="checkbox"/> BICYCLIST CRASH TYPE <input type="checkbox"/> HEAD ON <input type="checkbox"/> REAR END <input type="checkbox"/> ANGLE <input type="checkbox"/> SIDESWIPE <input type="checkbox"/> MANNER UNKNOWN FIXED OBJECT <input type="checkbox"/> BARRICADE <input type="checkbox"/> BOULDER / ROCK <input type="checkbox"/> BRIDGE OPASS or RAILING <input type="checkbox"/> BUILDING <input type="checkbox"/> CULVERT HEADWALL <input type="checkbox"/> CURBING <input type="checkbox"/> DITCH <input type="checkbox"/> DIVIDER - CNCRT or STEEL <input type="checkbox"/> FENCE - NOT MEDIAN <input type="checkbox"/> FIRE HYDRANT <input type="checkbox"/> HIGHWAY GUARDRAIL <input checked="" type="checkbox"/> HIGHWAY SIGN <input type="checkbox"/> IMPACT ABSORBER <input type="checkbox"/> LIGHT STANDARD <input type="checkbox"/> MAILBOX <input type="checkbox"/> OVERHEAD SIGN POST <input type="checkbox"/> OVERHEAD STRUCTURE <input type="checkbox"/> PIER or COLUMN <input type="checkbox"/> RETAINING WALL <input type="checkbox"/> SIDESLOPE EARTH <input type="checkbox"/> SIDESLOPE ROCK or STONE <input type="checkbox"/> TRAFFIC SIGNAL POST <input type="checkbox"/> TREE <input type="checkbox"/> UNDERPASS TUNNEL <input type="checkbox"/> UTILITY POLE <input type="checkbox"/> OTHER FIXED (Explain)</p> <p>OTHER OBJECT (NOT FIXED) <input type="checkbox"/> ANIMAL <input type="checkbox"/> THROWN / FALLING OBJECT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER OBJECT (Explain)</p> <p>EVENT LOCATION</p> <p>ON ROADWAY <input type="checkbox"/> NON-INTERSECTION <input type="checkbox"/> INTERSECTION <input type="checkbox"/> INTERSECTION RELATED <input type="checkbox"/> DRIVEWAY ACCESS <input type="checkbox"/> INTERCHANGE AREA <input type="checkbox"/> RAILROAD CROSSING <input type="checkbox"/> BRIDGE <input type="checkbox"/> TUNNEL <input type="checkbox"/> OTHER ON-ROAD AREA OFF ROADWAY <input type="checkbox"/> SHOULDER <input type="checkbox"/> TURNOUT <input checked="" type="checkbox"/> ROADSIDE <input type="checkbox"/> BEYOND RIGHT OF WAY <input type="checkbox"/> MEDIAN <input type="checkbox"/> DRIVEWAY <input type="checkbox"/> PRIVATE DRIVE <input type="checkbox"/> RAILROAD CROSSING <input type="checkbox"/> OTHER OFF ROAD <input type="checkbox"/> PARKING LOT <input type="checkbox"/> UNKNOWN</p> <p>SPECIAL ZONE</p> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> SNOW <input type="checkbox"/> SCHOOL <input type="checkbox"/> UNKNOWN WORK <input type="checkbox"/> OTHER	<p>WEATHER</p> <input type="checkbox"/> CLEAR <input checked="" type="checkbox"/> CLOUDY (OVERCAST) <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> SLEET / HAIL / ETC <input type="checkbox"/> FOG / SMOG <input type="checkbox"/> SMOKE <input type="checkbox"/> BLOWING SAND / DIRT <input type="checkbox"/> SEVERE CROSSWIND <input type="checkbox"/> OTHER / UNKNOW N <p>SURFACE CONDITION</p> <p>#1 #2 <input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> SNOW / SLUSH <input type="checkbox"/> ICY <input checked="" type="checkbox"/> MUDDY <input type="checkbox"/> DEBRIS <input type="checkbox"/> RUTS / HOLES / BUMPS <input type="checkbox"/> WORN / POLISHED <input type="checkbox"/> LOW / SOFT SHOULDER <input type="checkbox"/> OTHER (Explain)</p> <p>SURFACE TYPE</p> <p>#1 #2 <input type="checkbox"/> CONCRETE <input type="checkbox"/> BLACKTOP / ASPHALT <input type="checkbox"/> GRAVEL <input checked="" type="checkbox"/> DIRT <input type="checkbox"/> OTHER</p> <p>LIGHT</p> <input type="checkbox"/> FULL DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DUSK <input checked="" type="checkbox"/> DARK - LIGHTED WAY <input type="checkbox"/> DARK - NOT LIGHTED <input type="checkbox"/> UNKNOWN <p>TRAFFIC CONTROL TYPE</p> <p>#1 #2 <input type="checkbox"/> NONE <input type="checkbox"/> SCHOOL BUS LIGHTS <input type="checkbox"/> OFFICER / CROSSING GUARD or FLAGGER <input type="checkbox"/> TRAFFIC SIGNAL w/ PEDESTRIAN CONTROL <input type="checkbox"/> TRAFFIC SIGNAL <input type="checkbox"/> FLASHING BEACON <input type="checkbox"/> STOP SIGN <input type="checkbox"/> YIELD SIGN <input type="checkbox"/> RR CROSSING GATES <input type="checkbox"/> RR CROSSING BUCKS <input type="checkbox"/> RR FLASHING SIGNAL <input type="checkbox"/> RR CROSSING w/ PAVEMENT MARKINGS / STRIPES / DEVICES <input checked="" type="checkbox"/> LANE CONTRLS / LINES / STRIPES / DEVICES <input type="checkbox"/> SCHOOL SIGNAL <input type="checkbox"/> OTHER REG SIGN <input type="checkbox"/> TURN LANES <input type="checkbox"/> UNKNOWN</p> <p>TRAFFIC CONTROL DEVICE CONDITION</p> <p>#1 #2 <input checked="" type="checkbox"/> NO MALFUNCTION <input type="checkbox"/> DOWN / MISSING <input type="checkbox"/> TURNED FROM PROPER POSITION <input type="checkbox"/> OBSCURED BY OTHER SIGNS <input type="checkbox"/> OBSCURED BY PARKED VEHICLE <input type="checkbox"/> OBSCURED BY VEGETATION <input type="checkbox"/> LIGHTS MALFUNCTION <input type="checkbox"/> LIGHTS STUCK <input type="checkbox"/> GATES INOPERATIVE <input type="checkbox"/> GATE ARM MISSING <input type="checkbox"/> OTHER RR MALFUNCTN <input type="checkbox"/> OTHER IMPAIRMENT <input type="checkbox"/> UNKNOWN</p>	<p>ROAD CHARACTER</p> <p>#1 #2 <input type="checkbox"/> STRAIGHT and LEVEL <input type="checkbox"/> STRAIGHT w/ GRADE <input type="checkbox"/> CURVED and LEVEL <input checked="" type="checkbox"/> CURVED w/ GRADE</p> <p>VEH #1 <u>1</u> NUMBER OF LANES VEH #2 <u> </u> NUMBER OF LANES <u>2</u> TOTAL NUMBER OF LANES</p> <p>ROAD FLOW</p> <p>#1 #2 <input type="checkbox"/> ONE WAY TRAFFIC <input checked="" type="checkbox"/> NOT PHYSLY DIVIDED</p> <p>MEDIAN TYPE</p> <input type="checkbox"/> UNPAVED <input type="checkbox"/> BARRIER <input type="checkbox"/> PAVED <input type="checkbox"/> CONT LEFT TURN <p>DRIVER LICENSE VIOLATION</p> <p>DRIVER #1 #2 <input type="checkbox"/> NONE <input type="checkbox"/> INSTRUCTION PERMIT <input type="checkbox"/> LICENSE RESTRICTION <input type="checkbox"/> EXPIRED LICENSE <input type="checkbox"/> OUT OF CLASS <input checked="" type="checkbox"/> SUSPND / REVOKED <input type="checkbox"/> UNLICENSED</p> <p>★ DRIVER FACTORS</p> <p>DRIVER #1 #2 <input type="checkbox"/> NONE <input type="checkbox"/> CELL PHONE USE <input type="checkbox"/> OBSTRUCTED VIEW <input type="checkbox"/> FAILED TO YIELD ROW <input type="checkbox"/> DISRGRD TRAF SIGN <input type="checkbox"/> TOO FAST FOR COND <input checked="" type="checkbox"/> MADE IMPROPER TURN <input type="checkbox"/> WRONG SIDE/WAY <input type="checkbox"/> FOLLOW TOO CLOSELY <input type="checkbox"/> IMPROPER LANE CHNG <input type="checkbox"/> IMPROPER BACKING <input type="checkbox"/> IMPROPER PASSING <input type="checkbox"/> IMPROPER SIGNAL <input type="checkbox"/> IMPROPER PARKING <input type="checkbox"/> FATIGUE / DROWSY <input type="checkbox"/> ILL / BLACKOUT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain)</p> <p>★ IMPAIRMENT</p> <p>DRIVER #1 #2 <input type="checkbox"/> NONE <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNDER INFL - MEDS <input checked="" type="checkbox"/> UNKNOWN</p> <p>DETERMINED BY: <input type="checkbox"/> INTOXILYZER TEST <input type="checkbox"/> BLOOD OR URINE TEST <input type="checkbox"/> FIELD SOB. TEST <input type="checkbox"/> OBSERVED (SPEECH, ODOR, ETC.) <input type="checkbox"/> DRE EVALUATION <input type="checkbox"/> STATEMENTS <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain)</p> <p>RESULTS OF TEST: D1 <u> </u> % D2 <u> </u> % <input checked="" type="checkbox"/> NO TEST GIVEN <input type="checkbox"/> TEST REFUSED <input type="checkbox"/> TESTED FOR DRUGS <input type="checkbox"/> RESLTS NOT AVAILABLE</p>	<p>★ VEH RELATED FACTORS</p> <p>#1 #2 <input checked="" type="checkbox"/> NONE <input type="checkbox"/> BRAKES <input type="checkbox"/> STEERING <input type="checkbox"/> POWER PLANT <input type="checkbox"/> SUSPENSION <input type="checkbox"/> TIRES <input type="checkbox"/> EXHAUST <input type="checkbox"/> LIGHTS <input type="checkbox"/> SIGNALS <input type="checkbox"/> WINDOWS / WINDSHLD <input type="checkbox"/> RESTRAINT SYSTEM <input type="checkbox"/> WHEELS <input type="checkbox"/> COUPLING <input type="checkbox"/> CARGO <input type="checkbox"/> OTHER</p> <p>VEHICLE MOVEMENT</p> <p>#1 #2 <input type="checkbox"/> BACKING <input type="checkbox"/> STOPPED <input type="checkbox"/> STRAIGHT AHEAD <input type="checkbox"/> TURNING RIGHT <input type="checkbox"/> TURNING LEFT <input type="checkbox"/> MAKING U-TURN <input type="checkbox"/> ENTER TRAFFIC LANE <input type="checkbox"/> LEAVE TRAFFIC LANE <input type="checkbox"/> OVERTAKING <input type="checkbox"/> CHANGING LANES <input type="checkbox"/> AVOIDING MANEUVER <input type="checkbox"/> MERGING <input type="checkbox"/> PARKING <input checked="" type="checkbox"/> NEGOTIATING A CURVE <input type="checkbox"/> OTHER</p> <p>TRAILER TYPE</p> <p>#1 #2 <input type="checkbox"/> LOG BUNK <input type="checkbox"/> SEMITRAILER <input type="checkbox"/> POLE TRAILER <input type="checkbox"/> FULL TRAILER <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> UTILITY TRAILER <input type="checkbox"/> TRAVEL TRAILER <input type="checkbox"/> BOAT TRAILER <input type="checkbox"/> FARM EQUIPMENT <input type="checkbox"/> HORSE TRAILER <input type="checkbox"/> VEHICLE IN TOW <input type="checkbox"/> OTHER / UNKNOW N</p>	<p>TRUCK CONFIGURATION</p> <p>#1 #2 <input type="checkbox"/> TRUCK (2 or 3 AXLE) <input type="checkbox"/> TRUCK / TRACTOR-SEMI <input type="checkbox"/> TRUCK and TRAILER <input type="checkbox"/> DOUBLE TRAILERS <input type="checkbox"/> TRIPLE TRAILERS <input type="checkbox"/> DROMEDARY and SEMI <input type="checkbox"/> HEAVY HAUL CONFIG <input type="checkbox"/> BUS <input type="checkbox"/> OTHER (Explain)</p> <p>★ PASSENGER FACTORS</p> <p>PASS UNIT #1 #1 #2 <input type="checkbox"/> NONE <input type="checkbox"/> INTERFERED w/DRIVER <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain)</p> <p>PASS UNIT #2 #1 #2 <input type="checkbox"/> NONE <input type="checkbox"/> INTERFERED w/DRIVER <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNKNOW N <input type="checkbox"/> OTHER (Explain)</p> <p>PEDESTRIAN LOCATION</p> <p>IN ROAD <input type="checkbox"/> IN X-WALK <input type="checkbox"/> NOT IN X-WALK <input type="checkbox"/> NO X-WALK AVAILABLE INTERSECTION <input type="checkbox"/> IN X-WALK <input type="checkbox"/> NOT IN X-WALK <input type="checkbox"/> NO X-WALK AVAILABLE OTHER <input type="checkbox"/> NOT IN ROADWAY <input type="checkbox"/> SHOULDER <input type="checkbox"/> MEDIAN <input type="checkbox"/> BIKE LANE <input type="checkbox"/> UNKNOWN</p>	<p>PEDESTRIAN TYPE</p> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> BICYCLIST <input type="checkbox"/> CONVEYANCE <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> ANIMAL RIDER <input type="checkbox"/> RIDER of ANIM DRAWN VEH <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) <p>★ PEDESTRIAN ACTION</p> <input type="checkbox"/> ENTER / CROSS ROAD <input type="checkbox"/> WALK / RIDE w/TRAFF <input type="checkbox"/> WALK / RIDE AGAINST <input type="checkbox"/> STEP ON / OFF VEHICLE <input type="checkbox"/> STEP ON / OFF SCH BUS <input type="checkbox"/> APPROCH / LEAVE SC BUS <input type="checkbox"/> APPROACH / LEAVE VEH <input type="checkbox"/> WORK / PUSHING VEHICLE <input type="checkbox"/> OTHER WORKING <input type="checkbox"/> PLAYING <input type="checkbox"/> STANDING <input type="checkbox"/> LYING DOWN <input type="checkbox"/> UNKNOW N <p>PED / BIKE VISIBILITY</p> <p>CLOTHING <input type="checkbox"/> NO CONTRAST w/BKGRND <input type="checkbox"/> CONTRASTED w/BKGRND <input type="checkbox"/> REFLECTIVE <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER LIGHT SOURCE <input type="checkbox"/> UNKNOWN</p> <p>★ PED / BIKE FACTORS</p> <input type="checkbox"/> NONE <input type="checkbox"/> FAILED TO YIELD ROW <input type="checkbox"/> DISREGARD TRAFFIC SIGN <input type="checkbox"/> ILLEGALLY IN ROAD <input type="checkbox"/> EQUIPMENT VIOLATION <input type="checkbox"/> CLOTHING NOT VISIBLE <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain)
<p>SKETCH & NARRATIVE</p> <p style="text-align: left;"> <input type="checkbox"/> SKID MARKS TO (FEET) <u> </u> <input type="checkbox"/> DISTANCE AFTER (FEET) <u> </u> </p> <p>REFER TO DIAGRAM BY RECONSTRUCTIONIST</p> <p>Operator was travelling northbound. The operator did not maintain control and the vehicle left the roadway to the shoulder of the northbound lane. The vehicle began to skid sideways and the right rear of the vehicle struck a highway sign. The vehicle continued the sideways travel and impacted a highway guardrail. The guardrail impaled the vehicle, and it came to final rest in heavy brambles along the roadway. The operator was severely injured and was extricated and transported to the hospital by ambulance personnel. The operator later succumbed to his injuries.</p>					