

# FLORIDA TRAFFIC CRASH REPORT

DO NOT WRITE IN THIS SPACE

LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS, 9010 KIRKMAN BUILDING, TALLAHASSEE, FL 32309-0637

DATE OF CRASH 9/27/2008	TIME OF CRASH 11:38 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	TIME OFFICER NOTIFIED 11:40 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	TIME OFFICER ARRIVED 11:43 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	INVEST AGENCY REPORT NUMBER 08-12001	HSANV CRASH REPORT NUMBER 75772215
COUNTY / CITY CODE 23 / 50	FEET or MILE(S) N S E W of	CITY OR TOWN PANAMA CITY (Check if in City or Town)		COUNTY BAY COUNTY <input checked="" type="checkbox"/>	
AT NODE NO or FEET or MILE(S)	FROM NODE NO	NEXT NODE NO	NO. OF LANES 2	1 DIVIDED <input type="checkbox"/> 2 UNDIVIDED <input checked="" type="checkbox"/>	
ON STREET, ROAD OR HIGHWAY 200 BLOCK HARRISON AVE			AT THE INTERSECTION OF (street, road or highway) E 4TH ST		

DRIVER ACTION 1. Primary <input type="checkbox"/> 2. Hit & Run <input type="checkbox"/> 3. Hit A <input type="checkbox"/> 4. Hit B <input type="checkbox"/> 5. N/A <input checked="" type="checkbox"/>	YEAR 97	MAKE GMC	TYPE 4	USE 01	VEH LICENSE NUMBER 971LVM	STATE FL	VEHICLE IDENTIFICATION NUMBER 1GKEK13R5VJ31352	<input type="checkbox"/> 11 Undercarriage <input type="checkbox"/> 12 Overturn <input type="checkbox"/> 13 Windshield <input type="checkbox"/> 14 Trailer <input type="checkbox"/> 15 Other SHOW FIRST POINT OF DAMAGE AND CIRCLE DAMAGE AREA(S)	
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		VEHICLE REMOVED BY		EST. TRAILER DAMAGE		DAMAGE AND CIRCLE DAMAGE AREA(S)	

VEHICLE TRAVELING ON AT N S E W 200 BLOCK HARRISON AVE	EST MPH 05	Posted Speed 35	EST. VEHICLE DAMAGE 500.00	1. Disabled <input type="checkbox"/> 2. Functional <input type="checkbox"/> 3. No Damage <input checked="" type="checkbox"/>	EST. TRAILER DAMAGE 7
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) STATE FARM INSURANCE		POLICY NUMBER 1900458594		VEHICLE REMOVED BY UNKNOWN	
NAME OF VEHICLE OWNER (Check Box if Same As Driver) RICHARD H ALBRITTON III		CURRENT ADDRESS (Number and Street) 101 QUEENS CIRCLE		CITY AND STATE PANAMA CITY, FL	
NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE PANAMA CITY, FL	

NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or RC MC IDENTIFICATION NUMBERS										
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN UNKNOWN		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		DATE OF BIRTH 08/18/1969										
DRIVER LICENSE NUMBER		STATE	DL TYPE	REG. END	ALCOHOL TEST TYPE 1 Blood 1 Urine 5 None 2 Breath 4 Random	RESULTS	ALCOHOL	PHYS DEF	RES	RACE	SEX	HT	HAIR	INJ	E. EQUIP	EXCET.

DRIVER ACTION 1. Primary <input type="checkbox"/> 2. Hit & Run <input type="checkbox"/> 3. Hit A <input type="checkbox"/> 4. Hit B <input type="checkbox"/> 5. N/A <input checked="" type="checkbox"/>	YEAR 03	MAKE FORD	TYPE 01	USE 01	VEH LICENSE NUMBER R486NZ	STATE FL	VEHICLE IDENTIFICATION NUMBER 1FAPP44433F411197	<input type="checkbox"/> 11 Undercarriage <input type="checkbox"/> 12 Overturn <input type="checkbox"/> 13 Windshield <input type="checkbox"/> 14 Trailer <input type="checkbox"/> 15 Other SHOW FIRST POINT OF DAMAGE AND CIRCLE DAMAGE AREA(S)	
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		VEHICLE REMOVED BY HARDER		EST. TRAILER DAMAGE 12		DAMAGE AND CIRCLE DAMAGE AREA(S)	

VEHICLE TRAVELING ON AT N S E W PARKED 200 BLK HARRISON AVE	EST MPH 00	Posted Speed 35	EST. VEHICLE DAMAGE 2000.00	1. Disabled <input type="checkbox"/> 2. Functional <input type="checkbox"/> 3. No Damage <input checked="" type="checkbox"/>	EST. TRAILER DAMAGE 4
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) NATIONWIDE MUTUAL FIRE		POLICY NUMBER P285304		VEHICLE REMOVED BY HARDER	
NAME OF VEHICLE OWNER (Check Box if Same As Driver) SAME AS DRIVER		CURRENT ADDRESS (Number and Street)		CITY AND STATE PANAMA CITY, FL	
NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE PANAMA CITY, FL	

NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or RC MC IDENTIFICATION NUMBERS										
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN KEVIN C. HARDER		CURRENT ADDRESS (Number and Street) 225 CHERRY ST APT 9		CITY, STATE AND ZIP CODE PANAMA CITY, FL 32401		DATE OF BIRTH 03/25/1983										
DRIVER LICENSE NUMBER H636-503-83-105-0		STATE FL	DL TYPE 5	REG. END 2	ALCOHOL TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Random	RESULTS 5	ALCOHOL	PHYS DEF	RES	RACE	SEX	HT	HAIR	INJ	E. EQUIP	EXCET.

VEHICLE TYPE 01 Automobile 02 Van 03 Light-Truck / PU - 2 or 4 rear tires 04 Medium TRUCK - 4 rear tires 05 Heavy Truck - 2 or more rear axles 06 Tractor (Comb. Harvest) 07 Motor Home (RV) 08 Bus (driver, seats for 15) 09 Bus (driver, seats for over 15) 10 Bicycle 11 Motorcycle 12 Moped 13 All Terrain Vehicle 14 Tractor 15 Low Speed Vehicle 16 Other	VEHICLE USE 01 Private Passenger 02 Commercial Passenger 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 Construction 14 Garbage or Refuse 15 Cargo Van 16 Other	TRAILER TYPE 01 Single Semi Trailer 02 Tandem Semi Trailer 03 Trail Trailer 04 Single Motor / Pushed 05 Boat Trailer 06 Utility Trailer 07 Horse Trailer 08 Pole Trailer 09 Towed Vehicle 10 Auto Transport 11 Other	RESIDENCE (Driver / Ppl.) 1 County of Crash 2 Elsewhere in State 3 Non-Resident Out of State 4 Foreign 5 Unknown CN TYPE 1 A 2 B 3 C 4 D Chevrolet 5 E Operator 6 F Other - Rest 7 None REQUIRED ENDORSEMENT 1 Yes 2 No 3 No Endorsement Required	PHYSICAL DEFECTS 1 No Defects Known 2 Eyesight Defect 3 Fatigue / Alertness 4 Hearing Defect 5 Deaf 6 Seizure Epilepsy Blackout 7 Other Physical Defect INJURY - SEVERITY 1 None 2 Possible 3 Non-Injuring 4 Injuring 5 Fatal (Within 30 Days) 6 Non-Traffic Fatality	ALCOHOL / DRUG USE 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 ALCOHOL 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 Restraint 7 Eye Protection	LOCATION IN VEHICLE 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 REJECTED 1 No 2 Yes 3 Partial
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DRIVER / Plaintiff ACTION 3	YEAR	MAKE	TYPE	USE	VEH LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	18 Undersize 19. Cymtam 20. Windshield 21. Trailer
TRAILER OR TOWED VEHICLE INFORMATION	TRAILER TYPE		SHOW FRONT PORT OF VEHICLE DAMAGE AND CIRCLE DAMAGE AREAS					
VEHICLE TRAVELING N S E W	ON	AT	Est. MPH	Posted Speed	EST VEHICLE DAMAGE	1 Damaged 2 Functional 3 No Damage	EST TRAILER DAMAGE	1. Tow Position List 3 Driver 2. Tow Owner's Request 4. Other
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)			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	
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 AND ZIP CODE		DATE OF BIRTH	
DRIVER LICENSE NUMBER		STATE	DL TYPE	REG. END.	ALCOHOL TEST TYPE 1 Blood 2 Urine 3 None 4 Breath 5 Analyzed	MOBILE	ALCOHOL	PHYS. DEF.
HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED	# YIELD INDICATE NAME OF 4 DOT NUMBER FROM DOT MARKING OR BOX ON PLACARD AND LOGIC NUMBER FROM BOTTOM OF DOT MARKING		WAS HAZARDOUS MATERIAL SPILLED?	RECORDED DRIVER REASON	DRIVER'S PHONE NO	

# 1	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	ZIP
# 2	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	ZIP

CONTRIBUTING CAUSE - DRIVER/PEDESTRIAN			VEHICLE - EFFECT			VEHICLE MOVEMENT			VEHICLE SPECIAL FUNCTIONS																																														
01 No Proper 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 Disobeyed Traffic Signal	12 Exceeded Safe Speed Limit	13 Dumped 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 Driven on Wrong Side / Way	22 Traffic Police	23 Vehicle Modified	24 Driver Distraction (Explain in Narrative)	25 All Other (Explain in Narrative)	01 No Defect	02 Def. Brakes	03 Worn / Smooth Tires	04 Defective / Improper Lights	05 Puncture / Missing	06 Steering Mech.	07 Windshield Wipers	08 Equipment / Vehicle Defect	77 All Other (Explain in Narrative)	01 Straight Ahead	02 Stopping / 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	12 Farm	13 Release Person	14 Recreational	15 Emergency or Operation	16 Construction / Maintenance	17 All Other (Explain in Narrative)	01 Not Applicable	02 Stopping Papers	03 Vehicle Side	04 Drive	05 Other
POINT OF COLLISION			WORK AREA			PEDESTRIAN ACTION			LOCATION TYPE																																														
01 On Road	02 Not On Road	03 Shoulder	04 Median	05 Turn Lane	01 None	02 Hourly	03 Extended	01 Crossing 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	07 Working in Road	08 Stopping/Playing in Road	09 Standing in Pedestrian Island	10 All Other (Explain in Narrative)	11 Primary Business	12 Primary Residential	13 Open County																																			

FIRST / SUBSEQUENT HARMFUL EVENTS			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	07 Collision With MV in Transport (Blocked 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 Guard	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 Barbed 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 Movable Object On Road	29 MV Ran into Ditch/Culvert	30 Ran Off Road into Water	31 Overturned	32 Occupant Fall From Vehicle	33 Tractor / Trailer Jackknifed	34 Fire	35 Explosion	36 Downhill Runaway	37 Cargo Loss of Shift	38 Separation of Units	39 Median Crossover	77 All Other (Explain in Narrative)	01 Interstate or Forest Road	02 U.S.	03 State	04 County	05 Local	06 Tumpked Toll	07 Clear	08 Cloudy	09 Rain	10 Fog	11 All Other (Explain in Narrative)	01 Daylight	02 Dusk	03 Dawn	04 Dark (Street Light)	05 Dark (No Street Light)	06 Unknown
ROAD CONDITIONS AT TIME OF CRASH			VISION OBSTRUCTED			TRAFFIC CONTROL			SITE LOCATION			TRAFFIC WAY CHARACTER																																												
01 No Defect	02 Obstruction With Warning	03 Obstructed Without Warning	04 Road Under Repair / Construction	05 Loose Surface Materials	06 Shoulders - Soft / Low / High	07 Holes / Ruts / Uneven Paved Edge	08 Standing Water	09 Worn / Painted Road Surface	77 All Other (Explain in Narrative)	01 Vision Not Observed	02 Incident Weather	03 Parked / Stopped Vehicle	04 Trees / Crops / Bushes	05 Load On Vehicle	06 Building / Fixed Object	07 Signs / Billboards	08 Fog	09 Smoke	77 All Other (Explain in Narrative)	10 Other	01 No Control	02 Speed / Speed Zone	03 Speed Control Sign	04 School Zone	05 Traffic Signal	06 Stop Sign	07 Yield Sign	08 Flashing Light	09 Advance Signal	10 Officer Guard / Flag person	01 Met At Intersection / RR X-ing / Bridge	02 At Intersection	03 In Roadway 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								

Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
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# FLORIDA TRAFFIC CRASH REPORT NARRATIVE/DIAGRAM

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH  
RECORDS SECTION, 3001 KIRKMAN BUILDING, TALLAHASSEE, FL 32309-4564

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 9/27/2008	COUNTY/CITY CODE 23 / 50	INVEST. AGENCY REPORT NUMBER 08-12001	HEAVY CRASH REPORT NUMBER
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(NARRATIVE)

V2 WAS PROPERLY PARKED IN THE 200 BLOCK OF HARRISON AVE.  
 V1, WHILE BACKING, STRUCK THE LEFT SIDE OF V2 AND THEN LEFT THE AREA.  
 V2, WHICH WAS PARKED AND UNATTENDED, SUSTAINED DAMAGE TO THE LEFT SIDE.  
 V1 WAS POSSIBLY A WHITE SPORT UTILITY VEHICLE BEING DRIVEN BY AN UNKNOWN DRIVER.  
 A SMALL PIECE OF THE RIGHT REAR BUMPER FROM V1 WAS RECOVERED FROM THE SCENE.  
 SEVERAL HOURS LATER, A WHITE GMC YUKON TRUCK WAS FOUND PARKED AND UNATTENDED  
 IN THE PARKING LOT OF THE TACO BELL RESTAURANT ON W 23RD ST.  
 THE GMC YUKON HAD A SMALL PIECE OF THE REAR BUMPER MISSING.  
 THE PIECE OF BUMPER THAT WAS RECOVERED FROM CRASH SCENE ON HARRISON AVE  
 EXACTLY MATCHED THE REAR BUMPER OF THE GMC YUKON.  
 EVEN THOUGH THE DRIVER OF THE GMC YUKON HAS NOT BEEN IDENTIFIED, IT WAS  
 DETERMINED THAT THE GMC YUKON WAS V1.

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT
<del>SEC#</del>	<del>PASS#</del>	<del>PASSENGER'S NAME</del>	<del>CURRENT ADDRESS</del>	<del>CITY &amp; STATE</del>	<del>ZIP CODE</del>	<del>DATE OF BIRTH</del>	<del>RACE</del>	<del>SEX</del>	<del>LOC</del>	<del>INJ</del>	<del>S. EQUIP.</del>	<del>EJECT</del>
<del>SEC#</del>	<del>PASS#</del>	<del>PASSENGER'S NAME</del>	<del>CURRENT ADDRESS</del>	<del>CITY &amp; STATE</del>	<del>ZIP CODE</del>	<del>DATE OF BIRTH</del>	<del>RACE</del>	<del>SEX</del>	<del>LOC</del>	<del>INJ</del>	<del>S. EQUIP.</del>	<del>EJECT</del>
<del>SEC#</del>	<del>PASS#</del>	<del>PASSENGER'S NAME</del>	<del>CURRENT ADDRESS</del>	<del>CITY &amp; STATE</del>	<del>ZIP CODE</del>	<del>DATE OF BIRTH</del>	<del>RACE</del>	<del>SEX</del>	<del>LOC</del>	<del>INJ</del>	<del>S. EQUIP.</del>	<del>EJECT</del>
<del>SEC#</del>	<del>PASS#</del>	<del>PASSENGER'S NAME</del>	<del>CURRENT ADDRESS</del>	<del>CITY &amp; STATE</del>	<del>ZIP CODE</del>	<del>DATE OF BIRTH</del>	<del>RACE</del>	<del>SEX</del>	<del>LOC</del>	<del>INJ</del>	<del>S. EQUIP.</del>	<del>EJECT</del>
<del>SEC#</del>	<del>PASS#</del>	<del>PASSENGER'S NAME</del>	<del>CURRENT ADDRESS</del>	<del>CITY &amp; STATE</del>	<del>ZIP CODE</del>	<del>DATE OF BIRTH</del>	<del>RACE</del>	<del>SEX</del>	<del>LOC</del>	<del>INJ</del>	<del>S. EQUIP.</del>	<del>EJECT</del>
<del>SEC#</del>	<del>PASS#</del>	<del>PASSENGER'S NAME</del>	<del>CURRENT ADDRESS</del>	<del>CITY &amp; STATE</del>	<del>ZIP CODE</del>	<del>DATE OF BIRTH</del>	<del>RACE</del>	<del>SEX</del>	<del>LOC</del>	<del>INJ</del>	<del>S. EQUIP.</del>	<del>EJECT</del>

VIOLATOR (S)	SECTION#	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
<del>VIOLATOR (S)</del>	<del>SECTION#</del>	<del>NAME OF VIOLATOR</del>	<del>FL STATUTE NUMBER</del>	<del>CHARGE</del>	<del>CITATION NUMBER</del>
<del>VIOLATOR (S)</del>	<del>SECTION#</del>	<del>NAME OF VIOLATOR</del>	<del>FL STATUTE NUMBER</del>	<del>CHARGE</del>	<del>CITATION NUMBER</del>

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
<del>WITNESS NAME (1)</del>	<del>CURRENT ADDRESS</del>	<del>CITY &amp; STATE</del>	<del>ZIP CODE</del>	<del>WITNESS NAME (2)</del>	<del>CURRENT ADDRESS</del>	<del>CITY &amp; STATE</del>	<del>ZIP CODE</del>

FIRST AID GIVEN BY - NAME \_\_\_\_\_ 1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified 1st Aid 5. Other \_\_\_\_\_

REPORTED THROUGH \_\_\_\_\_ BY - NAME \_\_\_\_\_

WAS INVESTIGATION MADE AT SCENE? 1 YES  2 NO  IF NO, THEN WHERE? \_\_\_\_\_

IS INVESTIGATION COMPLETE? 1 YES  2 NO  IF NO, THEN WHY? \_\_\_\_\_

DATE OF REPORT 09 | 28 | 2008

PHOTOS TAKEN 1 YES  2 NO  IF YES BY WHOM? 1 INVESTIGATING AGENCY  2 OTHER

INVESTIGATOR - RANK & SIGNATURE OFFICER L. FRANCINGUES ID/BADGE NUMBER 106 DEPARTMENT PANAMA CITY POLICE DEPARTMENT

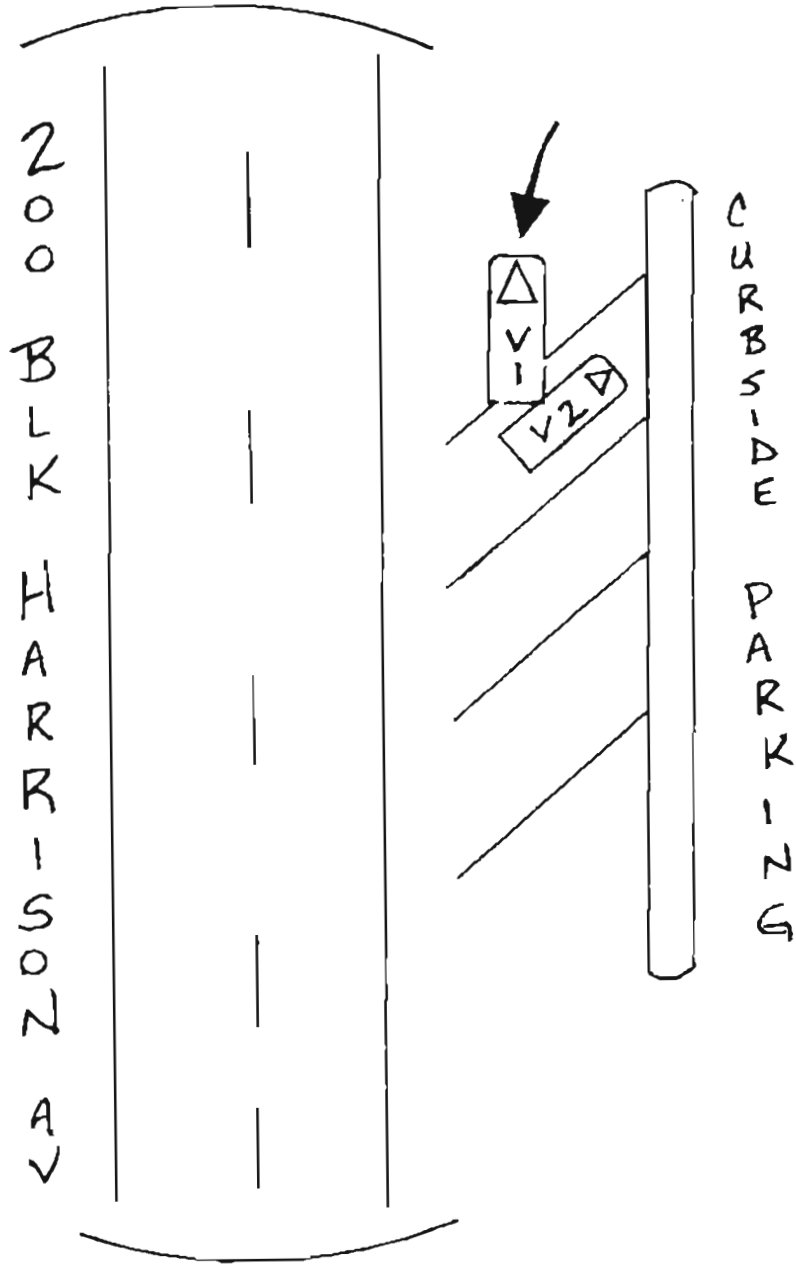
FHP  SO  PO  OTHER

DIAGRAM

Not To Scale



INDICATE NORTH WITH ARROW



4

4