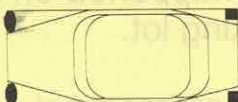
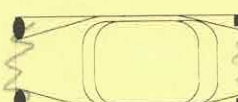


POLICE INCIDENT / CASE NUMBER 99-900194	CRASH DATE 1-5-99	DAY OF WEEK M T W T H F S SN	CRASH TIME 1309 AM PM	POLICE NOTIFIED 1311 AM PM	POLICE ARRIVAL 1318 AM PM	DMV FILE NUMBER
COUNTY Dischamps	ROAD ON WHICH CRASH OCCURRED NW BOND				MILE POST	DMV CODE
<input type="checkbox"/> WITHIN _____ FEET N S OF NEAREST INTERSECTING ROAD <input type="checkbox"/> NEAR _____ MILES E W			<input type="checkbox"/> WITHIN _____ FEET N S OF NEAREST CITY / TOWN <input type="checkbox"/> NEAR _____ MILES E W			
<input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> PUBLIC PROPERTY DAMAGE <input type="checkbox"/> INJURY <input type="checkbox"/> FATAL <input type="checkbox"/> HAZARDOUS MATERIALS <input type="checkbox"/> HIT AND RUN <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> TRAIN R/R <input checked="" type="checkbox"/> TRUCK / BUS						

UNIT #	NAME (LAST, FIRST, MIDDLE) ROMUS, DAVID GENE	DRIVER LICENSE NUMBER 600364Z	STATE OR	SEX M	RACE W	DOB 120855
PED BIC	ADDRESS 55916 SNOW GOOSE, BEND	HOME PHONE (541) 593-6363				
PRK PRP	VEHICLE OWNER 4 R EQUIPMENT	WORK PHONE ( ) 382-8182				

INSURANCE COMPANY <input type="checkbox"/> NONE	INSURANCE POLICY NUMBER PSP 200766-0000	STATE	YEAR	MAKE	MODEL / STYLE	COLOR
VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE PLATE NUMBER YCBUSIE	OR	83	KENWORTH	DUMP	WHITE
VEHICLE TOWED: Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> UNKNOWN	DRIVER TAKEN: Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> UNKNOWN			
BY:	TO:	BY:	TO:			
VEHICLE DAMAGE	DAMAGE ESTIMATE <input type="checkbox"/> ROLLOVER <input type="checkbox"/> NONE <input type="checkbox"/> UNDERCARR <input type="checkbox"/> UNDER \$1000 <input type="checkbox"/> TOTALED <input type="checkbox"/> OVER \$1000 <input checked="" type="checkbox"/> UNKNOWN		ACTION / ARREST / CITES			
FRONT 	USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)					

UNIT #	NAME (LAST, FIRST, MIDDLE) LEE, ROBERT K	DRIVER LICENSE NUMBER 4338896	STATE OR	SEX M	RACE A	DOB 091451
PED BIC	ADDRESS 1449 NW SAGINAW, BEND	HOME PHONE ( ) 388-2892				
PRK PRP	VEHICLE OWNER	WORK PHONE ( )				

INSURANCE COMPANY <input type="checkbox"/> NONE	INSURANCE POLICY NUMBER 73-14184 5505	STATE	YEAR	MAKE	MODEL / STYLE	COLOR
VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE PLATE NUMBER ULD-210	OR	90	TOYOTA	CELICA	RED
VEHICLE TOWED: Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> UNKNOWN	DRIVER TAKEN: Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> UNKNOWN			
BY:	TO:	BY:	TO:			
VEHICLE DAMAGE	DAMAGE ESTIMATE <input type="checkbox"/> ROLLOVER <input type="checkbox"/> NONE <input type="checkbox"/> UNDERCARR <input type="checkbox"/> UNDER \$1000 <input type="checkbox"/> TOTALED <input type="checkbox"/> OVER \$1000 <input checked="" type="checkbox"/> UNKNOWN		ACTION / ARREST / CITES			
FRONT 	USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)					

UNIT #	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS	ADDRESS
SEX RACE DOB	HOME PHONE ( )	WORK PHONE ( )
PASSENGER TAKEN: Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> UNKNOWN	
BY:	TO:	

UNIT #	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS	ADDRESS
SEX RACE DOB	HOME PHONE ( )	WORK PHONE ( )
PASSENGER TAKEN: Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> UNKNOWN	
BY:	TO:	

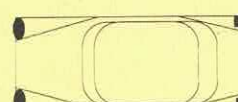
UNIT #	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS	ADDRESS
SEX RACE DOB	HOME PHONE ( )	WORK PHONE ( )
PASSENGER TAKEN: Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> UNKNOWN	
BY:	TO:	

DISTRIBUTION	OFFICER NAME / NUMBER M. MAUNDIN #3568 T-1	DATE 1-5-99	AGENCY BEND PD
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POLICE INCIDENT / CASE NUMBER <b>9001998</b>	CRASH DATE <b>01-05-99</b>	DAY OF WEEK <b>S SN</b>	CRASH TIME <b>1309</b>	POLICE NOTIFIED <b>1311</b>	POLICE ARRIVAL <b>1318</b>	DMV FILE NUMBER	
COUNTY <b>Deschutes</b>	ROAD ON WHICH CRASH OCCURRED <b>NW NEWPORT</b>					MILE POST	DMV CODE
<input type="checkbox"/> WITHIN _____ FEET N S OF NEAREST INTERSECTING ROAD <input type="checkbox"/> NEAR _____ MILES E W <b>NW BOND</b>		<input type="checkbox"/> WITHIN _____ FEET N S OF NEAREST CITY / TOWN <input type="checkbox"/> NEAR _____ MILES E W <b>BEND</b>					
<input checked="" type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> PUBLIC PROPERTY DAMAGE <input type="checkbox"/> INJURY <input type="checkbox"/> FATAL <input type="checkbox"/> HAZARDOUS MATERIALS <input type="checkbox"/> HIT AND RUN <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> TRAIN R/R <input type="checkbox"/> TRUCK / BUS							

UNIT #	NAME (LAST, FIRST, MIDDLE) <b>POURCES, MACILYN MC CACHERN</b>	DRIVER LICENSE NUMBER <b>4807711</b>	STATE	SEX	RACE	DOB <b>03-17-32</b>
PED	ADDRESS <b>2995 NW ROCKCHUCK BEND, OR</b>		HOME PHONE <b>( ) 388-5103</b>			
PRK	VEHICLE OWNER		WORK PHONE <b>( ) RETIRED</b>			
PRP	<input checked="" type="checkbox"/> SAME					

INSURANCE COMPANY <input type="checkbox"/> NONE <b>VALLEY INSURANCE</b>		INSURANCE POLICY NUMBER <b>41AV 456129-02</b>				
VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE PLATE NUMBER <b>VUP 296</b>	STATE <b>OR</b>	YEAR <b>1998</b>	MAKE <b>SUBARU</b>	MODEL / STYLE <b>LEGACY</b>	COLOR <b>RED</b>
VEHICLE TOWED: <b>Y</b> <input checked="" type="checkbox"/> <b>N</b> <input type="checkbox"/>	<input type="checkbox"/> UNKNOWN TO:	DRIVER TAKEN: <b>Y</b> <input checked="" type="checkbox"/> <b>N</b> <input type="checkbox"/>	<input type="checkbox"/> UNKNOWN TO:			
VEHICLE DAMAGE	DAMAGE ESTIMATE <input type="checkbox"/> ROLLOVER <input type="checkbox"/> NONE <input type="checkbox"/> UNDERCAR <input type="checkbox"/> UNDER \$1000 <input type="checkbox"/> TOTALED <input type="checkbox"/> OVER \$1000 <input type="checkbox"/> UNKNOWN		ACTION / ARREST / CITES			
FRONT 	USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)					

UNIT #	NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE NUMBER	STATE	SEX	RACE	DOB
PED	ADDRESS		HOME PHONE <b>( )</b>			
PRK	VEHICLE OWNER		WORK PHONE <b>( )</b>			
PRP	<input type="checkbox"/> SAME					
INSURANCE COMPANY <input type="checkbox"/> NONE		INSURANCE POLICY NUMBER				
VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE PLATE NUMBER	STATE	YEAR	MAKE	MODEL / STYLE	COLOR
VEHICLE TOWED: <b>Y</b> <input checked="" type="checkbox"/> <b>N</b> <input type="checkbox"/>	<input type="checkbox"/> UNKNOWN TO:	DRIVER TAKEN: <b>Y</b> <input checked="" type="checkbox"/> <b>N</b> <input type="checkbox"/>	<input type="checkbox"/> UNKNOWN TO:			
VEHICLE DAMAGE	DAMAGE ESTIMATE <input type="checkbox"/> ROLLOVER <input type="checkbox"/> NONE <input type="checkbox"/> UNDERCAR <input type="checkbox"/> UNDER \$1000 <input type="checkbox"/> TOTALED <input type="checkbox"/> OVER \$1000 <input type="checkbox"/> UNKNOWN		ACTION / ARREST / CITES			
FRONT 	USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)					

UNIT #	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS	ADDRESS
SEX	RACE	DOB
HOME PHONE <b>( )</b>		WORK PHONE <b>( )</b>
PASSENGER TAKEN: <b>Y</b> <input checked="" type="checkbox"/> <b>N</b> <input type="checkbox"/>		<input type="checkbox"/> UNKNOWN TO:
UNIT #	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS	ADDRESS
SEX	RACE	DOB
HOME PHONE <b>( )</b>		WORK PHONE <b>( )</b>
PASSENGER TAKEN: <b>Y</b> <input checked="" type="checkbox"/> <b>N</b> <input type="checkbox"/>		<input type="checkbox"/> UNKNOWN TO:
UNIT #	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS	ADDRESS
SEX	RACE	DOB
HOME PHONE <b>( )</b>		WORK PHONE <b>( )</b>
PASSENGER TAKEN: <b>Y</b> <input checked="" type="checkbox"/> <b>N</b> <input type="checkbox"/>		<input type="checkbox"/> UNKNOWN TO:

DISTRIBUTION		
OFFICER NAME / NUMBER <b>M MAUNDER 3568</b>	DATE <b>01-05-99</b>	AGENCY <b>BEND PD</b>