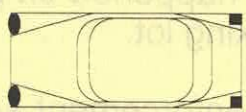


POLICE INCIDENT / CASE NUMBER 00-1682	CRASH DATE 3-1-00	DAY OF WEEK M T W T H F S SN	CRASH TIME 1:40 PM	POLICE NOTIFIED 1:45 PM	POLICE ARRIVAL 1:55 PM	DMV FILE NUMBER
COUNTY DESSAINTES	ROAD ON WHICH CRASH OCCURRED OREGON				MILE POST	DMV CODE
<input type="checkbox"/> WITHIN 300 FEET N S OF NEAREST INTERSECTING ROAD <input checked="" type="checkbox"/> NEAR _____ MILES E W			<input checked="" 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 type="checkbox"/> TRUCK / BUS						

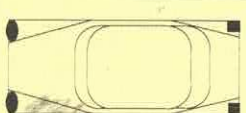
UNIT # 1	NAME (LAST, FIRST, MIDDLE) CARSON, KRISTOPH	DRIVER LICENSE NUMBER 9165058	STATE OR	SEX M	RACE W	DOB 9-8-91
PED	ADDRESS	HOME PHONE ()				
BIC	2575 NE BURNSIDE AVE. MT. SUNG 97011	WORK PHONE ()				
PRK	VEHICLE OWNER	WORK PHONE ()				
PRP	<input type="checkbox"/> SAME					

INSURANCE COMPANY <input type="checkbox"/> NONE	INSURANCE POLICY NUMBER 540613915-10-1					
VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE PLATE NUMBER NKU460	STATE OR	YEAR 86	MAKE TRUMP	MODEL / STYLE	COLOR WHT
VEHICLE TOWED: Y N	<input type="checkbox"/> UNKNOWN	DRIVER TAKEN: Y N	<input type="checkbox"/> UNKNOWN			
BY:	TO:	BY:	TO:			

VEHICLE DAMAGE	DAMAGE ESTIMATE	<input type="checkbox"/> ROLLOVER
FRONT	<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> UNDERCAR
	<input type="checkbox"/> UNDER \$1000	<input type="checkbox"/> TOALED
	<input type="checkbox"/> OVER \$1000	<input type="checkbox"/> UNKNOWN
USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)		ACTION / ARREST / CITES

UNIT # 2	NAME (LAST, FIRST, MIDDLE) LEE, RABIN H	DRIVER LICENSE NUMBER 1338896	STATE OR	SEX M	RACE W	DOB 9-16-51
PED	ADDRESS	HOME PHONE ()				
BIC	1444 N.W. SUGARWOOD RD 97011	WORK PHONE ()				
PRK	VEHICLE OWNER	WORK PHONE ()				
PRP	<input type="checkbox"/> SAME					

INSURANCE COMPANY <input type="checkbox"/> NONE	INSURANCE POLICY NUMBER 73-14194-5505					
VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE PLATE NUMBER ULD210	STATE OR	YEAR 90	MAKE TOYOTA	MODEL / STYLE	COLOR RED
VEHICLE TOWED: Y N	<input type="checkbox"/> UNKNOWN	DRIVER TAKEN: Y N	<input type="checkbox"/> UNKNOWN			
BY:	TO:	BY:	TO:			

VEHICLE DAMAGE	DAMAGE ESTIMATE	<input type="checkbox"/> ROLLOVER
FRONT	<input type="checkbox"/> NONE	<input type="checkbox"/> UNDERCAR
	<input type="checkbox"/> UNDER \$1000	<input type="checkbox"/> TOALED
	<input type="checkbox"/> OVER \$1000	<input type="checkbox"/> UNKNOWN
USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)		ACTION / ARREST / CITES

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

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

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

DISTRIBUTION		
OFFICER NAME / NUMBER C. J. ...	DATE 3-1-00	AGENCY ...



OREGON TRAFFIC ACCIDENT AND INSURANCE REPORT

Complete this form ONLY if your accident is reportable under Oregon Law. The accident is reportable if it happened on a highway or premises open to the public, and resulted in any of the following: 1) More than \$1000 in damage to any one person's property; 2) Injury to any person (no matter how minor the injury); or, 3) the death of any person. (PLEASE PRINT)

ACCIDENT DATE 3-1-00	DAY OF WEEK M T W TH F S SN	TIME OF DAY 1040	AM PM	COUNTY DESHUTES	DO NOT WRITE IN THIS SPACE	Accident Number _____
ROAD ON WHICH ACCIDENT OCCURRED (Name of street, road or route) OREGON AVE.				MILE POST		Accident Type Code (Circle One) 1 2 3 4 6 8 9 X R P
<input type="checkbox"/> WITHIN _____ FEET N S E W NAME OF NEAREST INTERSECTING ROAD				<input type="checkbox"/> WITHIN _____ FEET N S E W NAME OF NEAREST CITY / TOWN		
<input type="checkbox"/> NEAR _____ MILES N S E W				<input type="checkbox"/> NEAR _____ MILES N S E W BEND		

TYPE OF ACCIDENT - The accident involved one or more of the following: (Mark all that apply):

<input type="checkbox"/> Two vehicles	<input type="checkbox"/> Fatality	<input type="checkbox"/> ATV / Snowmobile	<input type="checkbox"/> Train	<input type="checkbox"/> Animal _____
<input type="checkbox"/> More than two vehicles	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Parked vehicle	<input type="checkbox"/> Fixed object _____
	<input type="checkbox"/> Pedestrian		<input type="checkbox"/> Overturned vehicle	<input type="checkbox"/> Other _____

Were you covered by liability insurance at the time of the accident? YES NO If you do not complete ALL of this section, your accident will be considered uninsured and your driving privileges may be suspended. You must list the insurance company that provided liability coverage for the vehicle you were driving. DMV will verify this information with the insurance company. If the insurance company denies the coverage, DMV will suspend your Oregon driving privileges.

DRIVER'S NAME (LAST, FIRST, MIDDLE) LEE, ROBIN K.	DRIVER'S LICENSE NUMBER 7338896	STATE OR	DATE OF BIRTH 7-26-51	SEX F	
DRIVER'S ADDRESS 1449 NW SAGINAW AVE	CITY BEND	STATE OR	ZIP CODE 97701	<input type="checkbox"/> IF ADDRESS CHANGE	
VEHICLE OWNER'S NAME AND ADDRESS <input checked="" type="checkbox"/> SAME	CITY	STATE	ZIP CODE		
INSURANCE COMPANY NAME (NOT AGENT) AND ADDRESS FARMERS INSURANCE CO. OF OREGON	CITY BEND	STATE OR	ZIP CODE 97701		
POLICY NUMBER 73 1114-55-05	VEHICLE IDENTIFICATION NUMBER JT2ST08P7L0003149	VEHICLE PLATE NUMBER ULD210	STATE OR	YEAR 10	MAKE & MODEL BUICK CELICA

Was your vehicle's damage: more than \$1000 or \$1000 or less?

Did the accident occur while you were driving your employer's vehicle?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Were you driving on your job and being paid for the principal purpose of driving?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Were you being paid to drive and/or deliver persons or property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Were you operating a government owned vehicle marked for transporting mail in accordance with government rules?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Were you operating an authorized emergency vehicle?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Were you operating a commercial motor vehicle requiring you to have a commercial driver license?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
a) Were you transporting hazardous material?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

DRIVER'S NAME (LAST, FIRST, MIDDLE) CARSON, KRISTEN J.	DRIVER'S LICENSE NUMBER 7165058	STATE OR	DATE OF BIRTH 7-8-81	SEX F	
DRIVER'S ADDRESS 2575 NE BUTLER MARKET RD	CITY BEND	STATE OR	ZIP CODE 97701		
VEHICLE OWNER'S NAME AND ADDRESS <input checked="" type="checkbox"/> SAME KAREN SUE KIM CARSON (SAME ADDRESS)	CITY	STATE	ZIP CODE		
INSURANCE COMPANY NAME (NOT AGENT) AND ADDRESS TRAVELERS PROPERTY CASUALTY - P.O. BOX 6095 GLEN FALLS	CITY GLEN FALLS	STATE OR	ZIP CODE 97030		
POLICY NUMBER 7406130151011	VEHICLE IDENTIFICATION NUMBER JACH15L465450236	VEHICLE PLATE NUMBER NKU460	STATE OR	YEAR 96	MAKE & MODEL BUICK TRUCEL

IF ADDITIONAL VEHICLES WERE INVOLVED IN THE ACCIDENT, ATTACH A SUPPLEMENTAL REPORT.

DESCRIBE WHAT HAPPENED:
 I stopped on Oregon street before making a left turn and then a vehicle parked on Oregon street backed into my car hitting and damaging the front drivers side of my car. I was hit while still stopped waiting to make the turn. There was no damage to the other vehicle.

I certify all information given on this report is true and accurate to the best of my knowledge.

SIGNATURE OF PERSON MAKING REPORT X Robin K Lee	DATE SIGNED 3/1/00
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0302'00052 SAEI