

TRAFFIC CRASH REPORT



LOCAL REPORT #
 1 0 - 0 1 0

CRASH SEVERITY
 3 1 FATAL 3 PDO
 2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
 YES

HIT/SKIP
 1 NOT HIT/SKIP
 2 SOLVED
 3 UNSOLVED

PHOTOS TAKEN
 YES

OH-2 OH-3 OH-1P OTHER

REPORTING AGENCY #
 0 5 7 2 4

REPORTING AGENCY
 BUTLER TOWNSHIP

UNITS
 0 1

UNIT ERROR
 9 8 98 = ANIMAL
 99 = UNKNOWN

DATE OF CRASH
 0 1 1 5 2 0 1 0

TIME OF CRASH
 0 0 1 6

DAY OF WEEK
 F R I

CITY VILLAGE TWP

NAME (OF CITY, VILLAGE OR TOWNSHIP)
 BUTLER TOWNSHIP

COUNTY #
 5 7

LATITUDE LONGITUDE

CRASH LOCATION
 W NATIONAL ROAD

TYPE LOC TYPE LOCATION POINT USED
 1 1 NAMED STREET 3 NUMBERED ROUTE
 2 NUMBERED STREET

LOCAL ID OR MAP ID
 10-015-003

REFERENCE POINT USED
 0 2 DOG LEG ROAD

REFERENCE POINT USED
 01 STATE LINE
 02 INTERSECTION 2 STREETS 06 MILE POST
 03 COUNTY LINE
 04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE
 05 TOWNSHIP BOUNDARY 09 BRUSH
 10 STREET OR ALLEY W/O REFERENCE
 07 CORPORATION CITY

NAME (LAST, FIRST, MIDDLE)
 0 1 0 2 COE

ELIZABETH M.

ADDRESS (STREET, CITY, STATE, ZIP CODE)
 110 WALDWICK FARM CIRCLE UNION OH 45322

DATE OF BIRTH
 0 3 2 8 1 9 8 9

AGE
 2 0

SEX
 F

HOME PHONE #
 937-775-1592

DL STATE DL#
 OH

LP STATE LP#
 OH BF51DH

INJURED TAKEN BY
 1 NONE 4 OTHER
 2 EMS 5 UNKNOWN
 3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")
 COE, KENNETH A.

ADDRESS (STREET, CITY, STATE, ZIP CODE)
 110 WALDWICK FARM CIRCLE UNION OH 45322

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
 2 0 0 2 GMC SAFARI MAROON STATE FARM 937-775-1592

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE #

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

AGE

SEX

HOME PHONE #

WORK PHONE #

DL STATE DL#

LP STATE LP#

INJURED TAKEN BY

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE #

NAME (LAST, FIRST, MIDDLE)
 0 1 COE REBECCA M.

AGE
 1 7

HOME PHONE #
 937-775-1592

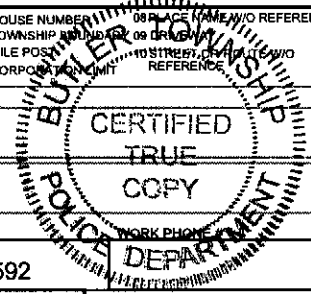
DATE OF BIRTH
 0 4 0 8 1 9 9 2

ADDRESS (STREET, CITY, STATE, ZIP CODE)
 110 WALDWICK FARM CIRCL UNION OH 45322

INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO

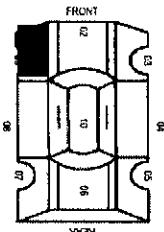
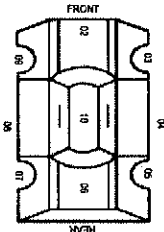
INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO

SEATING POSITION 0 1 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	SAFETY EQUIPMENT 0 4 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER/LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 USE UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG 1 A 1 NOT-DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	AIR BAG SWITCH 1 A 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	EJECTION 1 A 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED 1 A 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES 1 A 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN	SUPPLEMENT * X IF YES
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MOTORIST/MOTORIST

Occupant

UNIT NUMBERS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	SEQUENCE OF EVENTS <input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/> <input type="text" value="1"/> <input type="text" value="8"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	POSTED SPEED <input type="text" value="5"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text"/> <input type="text"/>
NON-MOTORIST LOCATION <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		MOTORIST 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 BLUOWING/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN	NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO/EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION	TRAFFIC CONTROL <input type="text" value="0"/> <input type="text" value="4"/> <input type="text"/> <input type="text"/>	01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN
01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION/ NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN	MOST DAMAGED AREA <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	NON-MOTORIST 15 ENTERING/CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	CONTRIBUTING CIRCUMSTANCES <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	DIRECTION FROM TO <input type="text" value="3"/> <input type="text" value="4"/> <input type="text"/> <input type="text"/> FROM TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text"/> <input type="text"/>
TYPE OF UNIT <input type="text" value="0"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	POINT OF IMPACT <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ACDA 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTION 18 FATIGUE/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORKZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	CONDITION <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	DRUG TEST 1&2 RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
NON-MOTORIST 35 ANIMAL WRIDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER NON-MOTORIST 42 UNKNOWN	ACTION <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	FIRST HARMFUL EVENT <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	TYPE OF INTERSECTION <input type="text" value="0"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/>
IN EMERGENCY RESPONSE <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MOST HARMFUL EVENT <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	ROAD CONTOUR <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>
DAMAGE SCALE <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SPEED DETECTED <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	ROAD CONDITIONS PRELIMINARY <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/> SPHOOT/CAK <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DAMAGE SCALE 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN		SPEED <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>		ALCOHOL TEST RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
IN EMERGENCY RESPONSE 1 NO 2 YES 3 UNKNOWN		VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		ALCOHOL TEST TYPE 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	
DAMAGE SCALE 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN		VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		ALCOHOL TEST TYPE 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	

SUPPLEMENTAL	1	0	-	0	1	0				
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Narrative

UNIT #1 WAS TRAVELING EASTBOUND ON WEST NATIONAL ROAD AT DOG LEG ROAD IN THE RIGHT LANE, WHEN A DEER ENTERED THE ROADWAY FROM THE NORTH. UNIT #1 WAS UNABLE TO STOP THE VEHICLE AND COLLIDED WITH THE DEER.

Diagram

SEE OH-2 FOR DIAGRAM

MANNER OF COLLISION OR IMPACT <input type="text" value="1"/> 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWIPE, SAME DIRECTION 8 SIDESWIPE, OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED <input type="text" value="1"/> 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER <input type="text" value="0"/> <input type="text" value="1"/> 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL, (FREEZING RAIN DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN	WORK ZONE RELATED <input type="text" value="1"/> 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS PRIMARY: <input type="text" value="5"/> SECONDARY: <input type="text"/> 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 CLARE 8 OTHER 9 UNKNOWN	TYPE OF WORK ZONE <input type="text"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/MOVING WORK 5 OTHER
	LOCATION OF CRASH IN WORK ZONE <input type="text"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA
	WORKERS PRESENT <input type="text"/> 1 NO 2 YES 3 UNKNOWN

Truck/Bus UNIT # <input type="text"/> <input type="text"/> COMPANY (FROM SHIPPING PAPERS) <input type="text"/> ADDRESS (STREET, CITY, ST, ZIP CODE) <input type="text"/> COMPANY PHONE <input type="text"/>	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH AGVWR MORE THAN 10,000 POUNDS; OR A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.	A THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING: A FATALITY; OR AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER
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US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
CARGO BODY TYPE	01 NOT APPLICABLE	05 POLE	09 CONCRETE MIXER	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released
<input type="text"/>	02 BUS (8-15 INCLUDING DRIVER)	06 CARGO TANK	10 AUTO TRANSPORTER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	03 VAN/ENCLOSED BOX	07 FLATBED	11 GARBAGE/REFUSE	1 LESS/EQUAL 10,000	1 CLASS A	1 NO	1 NO
	04 GRAIN/CHIPS/GRAVEL	08 DUMP	12 OTHER	2 10,001-25,000	2 CLASS B	2 YES	2 YES
			13 UNKNOWN	3 MORE THAN 25,000	3 CLASS C	3 UNKNOWN	3 NOT APPLICABLE
					4 CLASS M		4 UNKNOWN
					5 CLASS D		

Police Action						
DATE CRASH REPORTED: <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>	TIME REC CALL: <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="8"/>	DISPATCH: <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="8"/>	ARRIVED: <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="5"/>	CLEARED: <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>	OTHER: <input type="text"/>	TOTAL MINUTES: <input type="text" value="5"/> <input type="text" value="3"/>
OFFICER'S NAME: <input type="text" value="OFFICER L. BILBREY"/>	BADGE #: <input type="text" value="1"/> <input type="text" value="6"/>	CHECKED BY: <input type="text" value="CHIEF D. HOBBS"/>	DATE REPORT FILED: <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>			
REPORT TAKEN BY: <input type="text" value="1"/> 1 POLICE AGENCY 2 MOTORIST	REPORT TAKEN AT: <input type="text" value="1"/> 1 SCENE 2 STATION 3 OTHER	SUPPLEMENT * X IF YES: <input type="text"/>	LOCAL REPORTS: <input type="text" value="1"/> <input type="text" value="0"/> - <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>			



Butler Township Police Department

8526 North Dixie Drive Dayton, Ohio 45414
Phone: 937-890-2671 Fax: 937-890-2740



WITNESS STATEMENT

D#: 10-015-003

Date Statement Completed: 01/14/10

Page # 1 of 1

Name: Elizabeth Marie Coe

DOB: 03 28 89

FULL NAME REQUIRED, including FIRST, MIDDLE, and LAST name, and any suffix (Jr, Sr, III, etc.)

Address: 110 Waldwick Farm Circle Union

OH 45322

Phone Number(s): Home: 937-775-1592 Work: _____

Cell: 937-475-8224

SIGNATURE REQUIRED AT END OF STATEMENT

I was driving west on National Rd. when a deer leaped across in front of my car. I ^{from the right} could not stop in time and clipped the back flange of the deer with my left front bumper.

Elizabeth M Coe