

TRAFFIC CRASH REPORT



LOCAL REPORT #
 1 0 - 0 2 4

CRASH SEVERITY
 4 1 FATAL 3 PDO
 2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
 YES NO

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

PHOTOS TAKEN
 YES NO

OH-2 OH-3 OH-1P OTHER

REPORTING AGENCY #
 0 5 7 2 4

REPORTING AGENCY
 BUTLER TOWNSHIP

UNITS
 0 2

UNIT PREFIX
 0 1 98 = ANIMAL
 99 = UNKNOWN

DATE OF CRASH
 0 2 0 4 2 0 1 0

DATE OF CRASH
 1 1 5 2

DAY OF WEEK
 T H U

CITY VILLAGE TWP

NAME (OF CITY, VILLAGE OR TOWNSHIP)
 BUTLER (TOWNSHIP OF)

COUNTY #
 5 7

LATITUDE LONGITUDE

CRASH OCCURRED ON
 PREFIX CRASH LOCATION
 YORK COMMONS BOULEVARD

TYPE LOC
 1

LOCAL INFORMATION
 10-035-201

AT / REFERENCE
 DIST REFERENCE DR PREFIX REFERENCE REF POINT
 @ 3465 0 4

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

UNIT # # OF OCC
 0 1 0 0
 NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DRIVER'S LICENSE NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #

DL STATE DL# LP STATE LP# INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE 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 CODES IF YES

UNIT # # OF OCC
 0 2 0 0
 NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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UNIT # # OF OCC
 NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

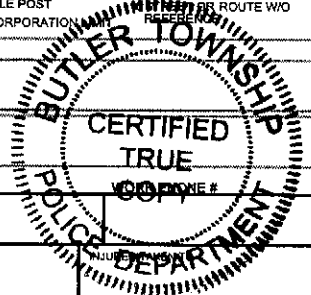
ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

UNIT # # OF OCC
 NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

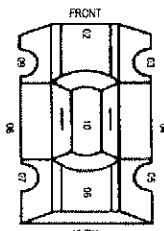
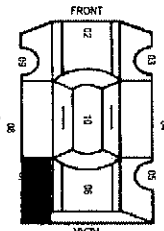
ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

MOTORIST/NON-MOTORIST

Occupant



0 1 SEATING POSITION 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	0 7 SAFETY EQUIPMENT MOTORIST 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	6 AIR BAG 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	4 AIR BAG SWITCH 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	1 EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	4 TRAPPED 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	6 INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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UNIT NUMBERS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="2"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="1"/> <input type="text" value="0"/>	SEQUENCE OF EVENTS <table border="1"> <tr> <td><input type="text" value="2"/> <input type="text" value="1"/></td> <td><input type="text" value="2"/> <input type="text" value="0"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text" value="2"/> <input type="text" value="1"/>	<input type="text" value="2"/> <input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	POSTED SPEED <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>	DRUG TEST STATUS <input type="text" value="1"/>
<input type="text" value="2"/> <input type="text" value="1"/>	<input type="text" value="2"/> <input type="text" value="0"/>												
<input type="text"/>	<input type="text"/>												
<input type="text"/>	<input type="text"/>												
<input type="text"/>	<input type="text"/>												
NON-MOTORIST LOCATION <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 SLOWING/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 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED	TRAFFIC CONTROL <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="1"/>	DRUG TEST TYPE <input type="text" value="1"/>								
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="1"/> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="7"/>	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="1"/> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="1"/>	DIRECTION FROM TO: <input type="text" value="1"/> <input type="text" value="3"/> FROM TO: <input type="text" value="2"/> <input type="text" value="1"/>	DRUG TEST 1&2 RESULT <input type="text"/> <input type="text"/>								
TYPE OF UNIT <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="4"/>	POINT OF IMPACT <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="7"/>	MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 05 IMPROPER TURN 07 LEFT OF CENTER 06 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="8"/>	TYPE OF INTERSECTION <input type="text" value="0"/> <input type="text" value="1"/>								
MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK; 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOBTAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL W/DRIVER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER NON-MOTORIST 42 UNKNOWN	ACTION <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text"/> <input type="text"/>	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED <input type="text" value="6"/>	OCCURRENCE <input type="text" value="6"/>								
IN EMERGENCY RESPONSE <input type="text"/> <input type="text"/>	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text"/> <input type="text"/>	MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST STATUS <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="1"/>								
DAMAGE SCALE <input type="text"/> <input type="text"/>	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text"/> <input type="text"/>	SPEED DETECTED <input type="text" value="2"/> <input type="text" value="2"/>	ALCOHOL TEST TYPE <input type="text" value="1"/>	ROAD CONDITIONS <input type="text" value="0"/> <input type="text" value="1"/>								
1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	1 NO UNDERRIDE OR OVERRIDE 2 UNDERRIDE, COMPARTMENT INTRUSION 3 UNDERRIDE, NO COMPARTMENT INTRUSION 4 UNDERRIDE, COMPARTMENT INTRUSION/UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN	01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	SPEED <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/>	ALCOHOL TEST RESULT <input type="text"/> <input type="text"/>	01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS ** 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN ** SECONDARY ROAD CONDITIONS ONLY								
TOP COPY-ODPS BOTTOM COPY-AGENCY													

Narrative

UNIT #1 WAS BACKED INTO A PARKING SPACE IN THE WALMART PARKING LOT. UNIT #1 PULLED FORWARD AND TURNED LEFT TO ENTER THE TRAFFIC ISLE AND COLLIDED WITH THE LEFT REAR BUMPER OF UNIT #2 WHICH WAS PARKED UNOCCUPIED IN THE ADJACENT PARKING SPACE TO THE EAST. UNIT #1 THEN FLED THE SCENE WITHOUT LEAVING CONTACT INFORMATION.

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="2"/> 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="1"/> SECONDARY <input type="text"/> 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN	TYPE OF WORK ZONE <input type="text"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIUM 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 <input type="text"/>	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GVWR 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.
COMPANY (FROM SHIPPING PAPERS) <input type="text"/>	COMPANY PHONE <input type="text"/>	
ADDRESS (STREET, CITY, ST, ZIP CODE) <input type="text"/>		

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	V. REG.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CARGO BODY TYPE <input type="text"/>	01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAIN/CHIPS/GRAVEL	05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP	09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	Weight (GVWR) <input type="text"/> 1 LESS/EQUAL 10,000 2 10,001-26,000 3 MORE THAN 26,000	CDL Class <input type="text"/> 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	Hazardous Materials Placard <input type="text"/> 1 NO 2 YES 3 UNKNOWN	Hazardous Materials Released <input type="text"/> 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN

Police Action

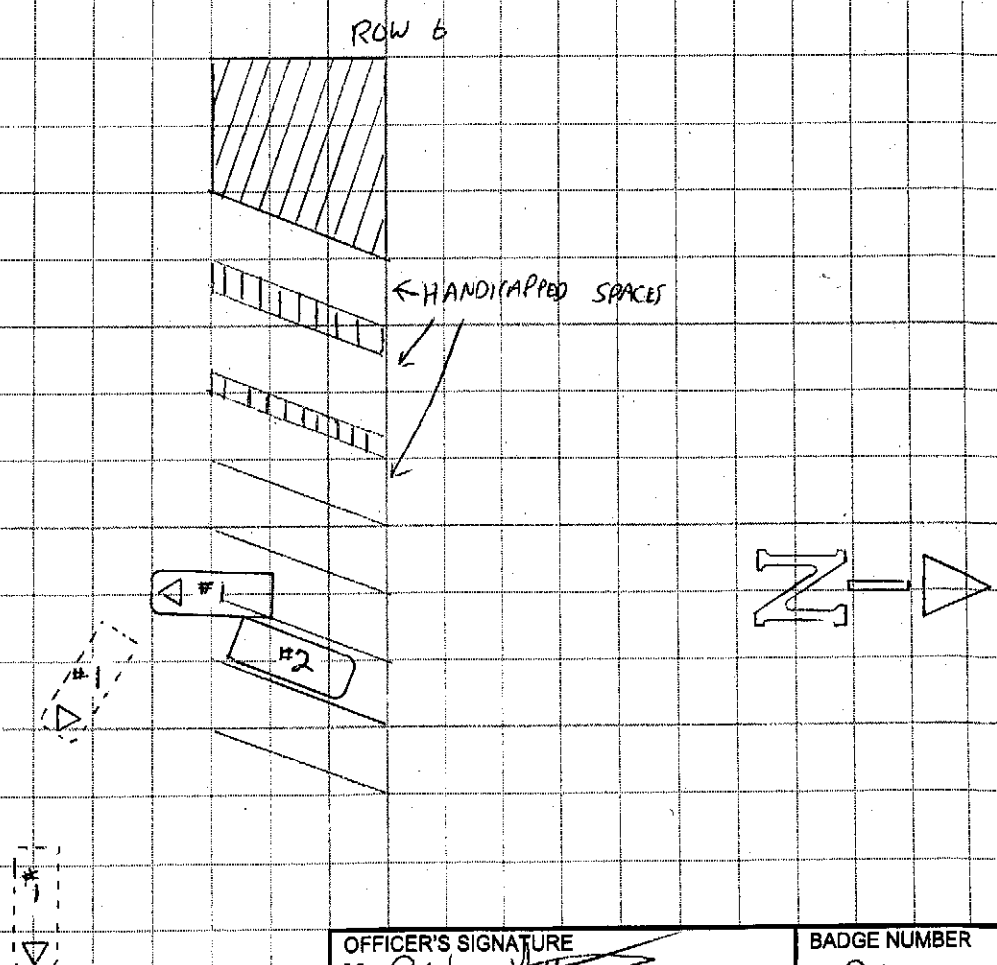
DATE CRASH REPORTED	TIME REC CAL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
0 2 0 4 2 0 1 0	1 2 0 0	1 2 2 3	1 2 2 3	1 2 5 7	4 0	7 4
OFFICER'S NAME *	BADGE # *	CHECKED BY	DATE REPORT FILED *			
OFFICER C. GUTHRIE	2 1	OFFICER J. LESLIE	0 2 0 4 2 0 1 0			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * X IF YES		LOCAL REPORT *		
1 1 POLICE AGENCY 2 MOTORIST	1 1 SCENE 2 STATION 3 OTHER	<input type="checkbox"/>		1 0 - 0 2 4		



LOCAL REPORT NUMBER 10-024	REPORTING AGENCY BUTLER TOWNSHIP PD	DATE OF CRASH M 02 D 01 Y 10
IN COUNTY OF MONTGOMERY	CRASH LOCATION 3465 YORK COMMONS BLVD	

← WALMART BUILDING →

"NOT TO SCALE"



OFFICER'S SIGNATURE

X C.W. *[Signature]*

BADGE NUMBER

21

OHIO TRAFFIC ACCIDENT – DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER	10-024	REPORTING AGENCY	BUTLER TOWNSHIP PD	DATE OF ACCIDENT						
					M	02	D	04	Y	10
IN COUNTY OF MONTGOMERY		ACCIDENT LOCATION 3465 York Commons Boulevard								

On Thursday, February 04, 2010, at 1223 hours, I was dispatched to Walmart, 3465 York Commons Boulevard in Butler Township, Montgomery County, Ohio, for a hit-and-run private-property crash.

Upon arrival I met with the owner of unit #2, Shirley A. Karnes. Mrs. Karnes parked her car in row #6 about 1100 hours. When she returned to the car at about 1200 hours, she found damage to the left-rear corner and what appeared to be black paint transfer left by the suspect vehicle.

Mrs. Karnes's car was in the third regular parking space of row #6 east of the three handicapped parking spaces in that row.

I collected a sample of paint from the left-rear corner of unit #2's bumper and later logged it into the property room as evidence. I then made contact with Walmart Asset Protection Associate Josh Clark inside the store. Mr. Clark reviewed the parking lot video cameras and found the crash was captured on the system.

The Walmart video shows a red or maroon 4-door car backing up into the parking space just west of Mrs. Karne's car. At about 1152 hours, the suspect vehicle begins to pull out of the parking space. The parking spaces are at an angle and instead of driving towards the west, which is the direction the car was angled towards since the driver had backed in, the car attempted to make a sharp left turn and struck the left-rear corner of unit #2. The suspect vehicle paused momentarily, then drove off without reporting the damage or leaving their contact information.

Mr. Clark also found video from inside Walmart showing the person who got out of the suspect vehicle and then got back into it before it drove off. The suspect purchased a pack of combs but paid in cash, and therefore no further information was available as to his identity.

Mr. Clark burned a CD-R of the video footage showing the crash and the suspect vehicle, and printed a still image of the driver. I later copied the CD-R for the detective section and logged the original into the property room as evidence.

OFFICER'S SIGNATURE
C. Guthrie

BADGE NO.
21