

SPOKANE POLICE/SHERIFF UNIFORM INCIDENT REPORT

24001 (2/99)

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|--|---|---|---|---|-------------------------------------|-------------------|---------------|-------------|------------|------|------|--|
| DATA | AGENCY NAME SPOKANE P.D. | | <input type="checkbox"/> OFCR SAFETY <input type="checkbox"/> OFCR ASSAULT | | RESP | ASGN | EVIDENCE NUMBER | | | | INCIDENT NUMBER 040120450 | | | | | | | |
| | TYPE OF REPORT <input checked="" type="checkbox"/> PERSONS <input checked="" type="checkbox"/> PROPERTY <input type="checkbox"/> INFORMATION | | <input type="checkbox"/> VEHICLE <input checked="" type="checkbox"/> ARREST <input type="checkbox"/> PHONE REPORT | | <input type="checkbox"/> JUVENILE <input type="checkbox"/> CHILD ABUSE <input type="checkbox"/> DOMESTIC VIOLENCE | | <input type="checkbox"/> HATE/BIAS <input type="checkbox"/> ARSON-LOSS \$ <input type="checkbox"/> OTHER: | | <input type="checkbox"/> COMPUTER USED <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> ALCOHOL RELATED | | | | | | | | | |
| | INCIDENT CLASSIFICATION CITY THEFT | | | | | OFFENSE CODES | | A C | | A C | | A C | | A C | | | | |
| | ADDRESS/LOCATION OF INCIDENT 1616 W. NORTHWEST BL. | | | | PREMISE TYPE/NAME NON-RESIDENTIAL | | | | # OF UNITS ENTERED | | CODE | | GEO CODES | | | | | |
| PERSONS / BUSINESS | REPORTED ON | | OCCURRED ON OR FROM | | | | | | OCCURRED TO | | | | | | | | | |
| | MONTH | DAY | YEAR | TIME | DOW | MONTH | DAY | YEAR | TIME | DOW | MONTH | DAY | YEAR | TIME | DOW | | | |
| | 04 | 16 | 2004 | 0647 | FRI | 04 | 16 | 2004 | 0630 | FRI | 04 | 16 | 2004 | 0730 | FRI | | | |
| | ADD'L () PERSONS ON () VEHICLES () COLLISION RPT. | | CODES: V - VICTIM W - WITNESS O - OTHERS | | B - VICT. BUSINESS C - COMPLAINANT G - PARENT/GUARDIAN | | D - DECEASED RO - REG. OWNER | | LANDLORD NOTIFICATION | | | | | | | | | |
| NO. | NON-DISC. | NAME (LAST, FIRST, MIDDLE) | | | | AFFILIATION | | | | RACE | ETH | SEX | D.O.B./AGE | HGT | WGT | HAIR | EYES | |
| B | | SAFEWAY | | | | | | | | 3 | 3 | | | | | | | |
| STREET ADDRESS | | | | APT.# | CITY | | | | STATE | ZIP | RES. STATUS: | | | | | | | |
| 1616 W. NORTHWEST BLVD. | | | | | SPOKANE | | | | WA | 99205 | F P NOU | | | | | | | |
| RESIDENCE PHONE | | BUSINESS PHONE | | EMPLOYMENT/OCCUPATION/SCHOOL | | | | HATE/BIAS CODE | TYPE VICTIM | TYPE INJURY | VICTIM OF OFNS.# OFNDR.# | RELATIONSHIP CODE | | | | | | |
| | | 327-4974 | | GROCERY STORE | | | | | B | | | | | | | | | |
| NO. | NON- | NAME (LAST, FIRST, MIDDLE) | | | | AFFILIATION | | | | RACE | ETH | SEX | D.O.B./AGE | HGT | WGT | HAIR | EYES | |
| W1 | | FAIRCLOTH, JUDY E. | | | | | | | | W | N | F | 012559 | | | | | |
| STREET ADDRESS | | | | APT.# | CITY | | | | STATE | ZIP | RES. STATUS: | | | | | | | |
| 1616 W. NORTHWEST BLVD. | | | | | SPOKANE | | | | WA | 99205 | F P NOU | | | | | | | |
| RESIDENCE PHONE | | BUSINESS PHONE | | EMPLOYMENT/OCCUPATION/SCHOOL | | | | HATE/BIAS CODE | TYPE VICTIM | TYPE INJURY | VICTIM OF OFNS.# OFNDR.# | RELATIONSHIP CODE | | | | | | |
| | | 327-4974 | | SAFEWAY EMPLOYEE | | | | 9 | 5 | 6 | | | | | | | | |
| NUMBER OF SUSPECTS/ARRESTED PERSONS IN THIS INCIDENT: | | SUSPECT CODES | | A - ARREST R - RUNAWAY | | S - SUSPECT M - MISSING | | I - INSTITUTIONAL (MENTAL/DETOX) | | X - OTHER | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | |
| NO. | NAME (LAST, FIRST, MIDDLE) | | | | RACE | ETH | SEX | D.O.B. | AGE | HGT | WGT | HAIR | EYES | | | | | |
| A1 | BERG, ROY A. | | | | W | N | M | 091968 | 35 | 600 | 200 | BRN | BRN | | | | | |
| ALIAS NAME(S) | | | | IDENTIFIERS | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | APT.# | CITY | | | | STATE | ZIP | RES. STATUS: | RESIDENCE PHONE | | | | | | |
| 8728 N. KENSINGTON | | | | | SPOKANE | | | | WA | 99208 | F P NOU | 464-0056 | | | | | | |
| EMPLOYMENT/OCCUPATION/SCHOOL | | | | BUSINESS PHONE | | SOC. SEC. NUMBER | | DRIVERS LIC./DCARD NO. | | STATE | | | | | | | | |
| SELF-EMPLOYED | | | | 995-2374 | | 24 | | 43G | | WA | | | | | | | | |
| IBR ARREST OFFENSE NO. | BOOKED WHERE | | BOOKING # | | CHARGES | | | | CITATION/WARRANT#/AGENCY | | BAIL | | | | | | | |
| | NO | | | | Y M F CITY THEFT (B34656) | | | | | | | | | | | | | |
| ARREST DATE | LOCATION OF ARREST | | | | 2. M F | | | | | | | | | | | | | |
| 04/16/04 | 1616 W. NORTHWEST BLVD | | | | | | | | | | | | | | | | | |
| AFFILIATION | ON VIEW | CITED | STATEMENT | CHARGES | ARRESTEE ARMED WITH | | PCN/IDENTIFICATION NUMBER | | MULTI CLEAR | | | | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> ORAL <input type="checkbox"/> WRITTEN | <input checked="" type="checkbox"/> ADMITTED <input checked="" type="checkbox"/> DENIED | | | | | <input type="checkbox"/> | | | | | | | | | |
| JUV. PARENT/ GDN. NOTIFIED | NAME/RELATIONSHIP OF PERSON NOTIFIED | | | | DATE/TIME NOTIFIED | | NOTIFIED BY | | DISPOSITION OF JUVENILE | | | | | | | | | |
| Y | | | | | | | | | | | | | | | | | | |
| VEHICLE CODES: | | <input type="checkbox"/> STOLEN # <input type="checkbox"/> RECOVERED # | | <input type="checkbox"/> LOCATED <input type="checkbox"/> TOWED <input type="checkbox"/> EVIDENCE | | <input type="checkbox"/> SEIZED <input type="checkbox"/> ABANDONING <input type="checkbox"/> OTHER | | <input type="checkbox"/> DAMAGED/VANDALIZED <input type="checkbox"/> SUSPECTS VEH. | | <input type="checkbox"/> VICTIMS VEH. <input type="checkbox"/> HOLD - FOR: | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| NO. | LICENSE NUMBER | STATE | VIN/HULL NO. | | YEAR | MAKE | MODEL | | STYLE | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| COLOR | SPECIAL FEATURES/DESCRIPTION | | | | VALUES | DRIVER IS: <input type="checkbox"/> R/O <input type="checkbox"/> PERSON # | | REGISTERED OWNERS NAME | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| VEHICLE DISPOSITION | | TOW COMPANY/ADDRESS/PHONE | | | | STATE TOW NO. | | REGISTERED OWNERS ADDRESS | | | | | | | | | | |
| <input type="checkbox"/> LEFT AT SCENE <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> TOWED | | | | | | | | | | | | | | | | | | |
| LOCKED | KEYS IN VEHICLE | DELINQ. PAYMENT | VICTIM CONSENT | THEFT INS. | DRIVE-ABLE | DAMAGE TO VEHICLE | SPECIFY DAMAGE BY SHADING DAMAGED AREA | | DAMAGE EST. \$ | | | | | | | | | |
| Y | N | Y | N | Y | N | Y | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>7</td><td>5</td><td>3</td><td>1</td></tr> <tr><td>8</td><td>6</td><td>4</td><td>2</td></tr> </table> | | 7 | 5 | 3 | 1 | 8 | 6 | 4 | 2 | | |
| 7 | 5 | 3 | 1 | | | | | | | | | | | | | | | |
| 8 | 6 | 4 | 2 | | | | | | | | | | | | | | | |
| <p>MAKING FALSE REPORTS TO PUBLIC OFFICERS: (1) A PERSON COMMITS THE CRIME OF MAKING A FALSE REPORT IF HE/SHE WILLFULLY MAKES ANY UNTRUE, MISLEADING OR EXAGGERATED STATEMENT IN ANY REPORT TO A POLICE OR FIRE DEPT. (2) MAKING A FALSE REPORT IS A MISDEMEANOR, IF PROPERTY CRIME: I DID NOT GIVE ANYONE PERMISSION TO ENTER MY PREMISES AND/OR TAKE/REMOVE MY PROPERTY/VEHICLE. IF FOUND PROPERTY, I HAVE BEEN ADVISED OF CHAPTER 63 OF THE R.C.W. AND () I DO () DO NOT WISH TO CLAIM THE PROPERTY IF THE TRUE OWNER CANNOT BE FOUND.</p> <p>() RELEASED PROPERTY TO _____ () I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE</p> <p>() I ACCEPT LIABILITY FOR TOWING AND STORAGE</p> <p>() THE NAMED JUVENILE IS PRESENTLY A RUNAWAY</p> <p>() THE NAMED PERSON IS PRESENTLY MISSING</p> | | | | | | | | | | | | | | | | | | |
| SIGNATURE OF PERSON | | | | | | DATE | | | | | | | | | | | | |
| OFFICER NAME/NUMBER | | AREA | OFFICER NAME/NUMBER | | AREA | APPROVED BY | BOOKING APPROVED BY | ASSIGNED | | | | | | | | | | |
| A. AMES # 637 | | 3484 | | | | CO L221 | | | | | | | | | | | | |
| IBR CLEARANCE | | ADMIN CLEARANCE | | DISTRIBUTION | | () HD () DET () PAT | | OTHER: | | DATA ENTRY | | | | | | | | |
| <input type="checkbox"/> ARR/A <input type="checkbox"/> ARR/J | | <input type="checkbox"/> EXC/A <input type="checkbox"/> EXC/J | | <input type="checkbox"/> WARRANT <input type="checkbox"/> SUSPENDED | | <input type="checkbox"/> CA <input type="checkbox"/> PA | | <input type="checkbox"/> CPS <input type="checkbox"/> DSHS | | <input type="checkbox"/> JUV <input type="checkbox"/> MH | | | | | | | | |

PROPERTY / NARRATIVE REPORT

| | | | |
|--|---|--|--|
| TYPE OF ACTION: 1 - STOLEN 2 - LOST 3 - DESTROYED/DAMAGED/VANDALIZED | 4 - COUNTERFEIT/FORGED 5 - BURNED 6 - INVESTIGATIVE INFO. | 7 - UNKNOWN 8 - NONE 9 - RECOVERED BY VICTIM | INCIDENT NUMBER 040120450 |
|--|---|--|--|

PROPERTY DESCRIPTION for DESC CODE blocks

- | | | |
|--------------------------------------|--|--|
| 01 AIRCRAFT | 15 HEAVY CONSTRUCTION/INDUSTRIAL EQUIPMENT | 29 STRUCTURES - SINGLE DWELLINGS |
| 02 ALCOHOL | 16 JEWELRY/PRECIOUS METALS | 30 STRUCTURES - OTHER DWELLINGS |
| 03 AUTOMOBILE | 17 HOUSEHOLD GOODS | 31 STRUCTURES - OTHER COMMERCIAL /BUSINESS |
| 04 BICYCLES | 18 LIVESTOCK | 32 STRUCTURES - INDUST./MFG. |
| 05 BUSES | 19 MERCHANDISE | 33 STRUCTURES - PUBLIC/COMMUNITY |
| 06 CLOTHING/FURS | 20 MONEY | 34 STRUCTURES - STORAGE |
| 07 COMPUTER HARDWARE/SOFTWARE | 21 NEGOTIABLE INSTRUMENTS | 35 STRUCTURES - OTHER |
| 08 CONSUMABLE GOODS | 22 NON-NEGOTIABLE INSTRUMENTS | 36 TOOLS - POWER/HAND |
| 09 CREDIT/DEBIT CARDS | 23 OFFICE - TYPE EQUIPMENT | 37 TRUCKS |
| 10 DRUGS/NARCOTICS | 24 OTHER MOTOR VEHICLES | 38 VEHICLE PARTS/ACCESSORIES |
| 11 DRUGS/NARCOTICS EQUIPMENT/PARAPH. | 25 PURSES/HANDBAGS/WALLETS | 39 WATERCRAFT |
| 12 FARM EQUIPMENT | 26 RADIOS/TELEVISIONS/VISUAL | 88 PENDING INVENTORY |
| 13 FIREARMS | 27 RECORDINGS - AUDIO/VISUAL | 98 RESERVED FOR SPECIAL USE |
| 14 GAMBLING EQUIPMENT | 28 RECREATIONAL VEHICLES | 99 OTHER (INCLUDES INTANGIBLES) |

| No. | ITEM | SERIAL/OAN | BRAND NAME | MODEL/CALIBER |
|----------|------------|---|------------|---------------|
| Action # | DESC. CODE | DESCRIPTION (IF WEAPON, INDICATE BARREL LENGTH, ACTION, FINISH) | | VALUE \$ |
| | | | | |
| | | | | |
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| | | | | |
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SEE ADDITIONAL

| | | | | | |
|--------------------|-------|------|-------|------|--------------------|
| ENTERED: (INITIAL) | LOCAL | NCIC | WACIC | DATE | LETTER SENT Y N |
|--------------------|-------|------|-------|------|--------------------|

SPOKANE POLICE/SHERIFF ADDITIONAL REPORT

| | | | | | | |
|---|----------------------|---------------------------------------|---|--------------------------------------|--------------------------|-------------|
| DATE: 04/17/04 | TIME: 0527 | CHARGE/INCIDENT: City Theft | PAGE: 3 / 4 | INCIDENT NUMBER: 040120450 | | |
| COMPLAINANT: (LAST, FIRST M.) | | RACE: | SEX: | DOB: | EMP./SCHOOL: | |
| STREET ADDRESS: | | CITY: | STATE: | ZIP: | RES. PHONE: | BUS. PHONE: |
| ARREST: (LAST, FIRST M.) Berg, Roy A. | | DOB: 091968 | LOCATION OF INCIDENT: 1616 W. Northwest Blvd. | | DATE: 04/16/04 | |

On 04/16/04 around 0649 hours Ofc. B. Yinger and I were dispatched to the Safeway grocery store at 1616 W. Northwest Blvd. reference an in custody shoplifter. Upon our arrival on scene we contacted the store security officer "Jamie," who stated he had observed the W/M subject put a box of Safeway brand cough syrup in his jacket pocket. Jamie said he watched the W/M subject then take another box of the cough syrup, and a candy item up to the cash register, and pay for the 2 items in his hand.

Jamie advised us the W/M subject then walked out of the store, and he contacted the W/M. Jamie stated that he identified himself as store security, and he then asked the W/M subject to come back into the store. Jamie informed us the W/M started giving him flack, and was refusing to wait at the store for the Police. Jamie told us the W/M then slightly pushed him trying to get over towards his car, which was parked in the parking lot.

Jamie said the W/M subject finally became cooperative, and agreed to walk inside the store and into the security office. I contacted the W/M, who was identified as Roy A. Berg (091968). Ofc. Yinger briefly interviewed a clerk from the grocery store, a Judy E. Faircloth (012559). Faircloth had not witnessed the theft, but did witness Berg slightly pushing Jamie. Ofc. Yinger asked Jamie if he wanted to press charges against Berg for assault and he said "no." Jamie just wanted to pursue the charge for theft.

I ran Berg through dispatch who informed me Berg had no criminal history at all. I read Berg his Constitutional Rights, which advised understanding and agreed to waive in order to answer my questions. Berg admitted that he had "accidentally" taken the cough syrup, placed it in his jacket pocket, and then walked out of the store without paying for it. Berg stated he was holding his keys in one hand, and also on his cellular phone when he came into the store.

Berg said he was going to run in and grab the cough syrup, and he also wanted the candy item. Berg told me he didn't have enough "hands" to carry both boxes of the cough syrup, so he placed one in his pocket. Berg stated he "just forgot" that the box was in his pocket, when he went up to the check out counter, and paid for the other box of cough syrup and the candy. I asked Berg why he had caused such a problem with Jamie when being approached.

Berg admitted he was acting in the wrong manner, and apologized to me. Berg continued to state that he had just made a mistake. Since Ofc. Yinger was talking to Jamie, I had him advise Jamie of Berg's statement and non-existent criminal history. I wanted to confirm that they still wanted to pursue the City Theft charge against Berg. I heard Jamie tell Ofc. Yinger that they still wanted to press the Theft charge.

| | | | | | | |
|---------------------------------|-----------------------|----------------------|---------------|---------|-------|--------------|
| OFFICER NAME: A. Ames | NUMBER: 637 | AREA: B484 | OFFICER NAME: | NUMBER: | AREA: | APPROVED BY: |
|---------------------------------|-----------------------|----------------------|---------------|---------|-------|--------------|

A. Ames #637

SPOKANE POLICE/SHERIFF ADDITIONAL REPORT

| | | | | | | |
|---|----------------------|---------------------------------------|---|--------------------------------------|--------------------------|-------------|
| DATE: 04/17/04 | TIME: 0527 | CHARGE/INCIDENT: City Theft | PAGE: 4 / 4 | INCIDENT NUMBER: 040120450 | | |
| COMPLAINANT: (LAST, FIRST M.) | | RACE: | SEX: | DOB: | EMP/SCHOOL: | |
| STREET ADDRESS: | | CITY: | STATE: | ZIP: | RES. PHONE: | BUS. PHONE: |
| ARREST: (LAST, FIRST M.) Berg, Roy A. | | DOB: 091968 | LOCATION OF INCIDENT: 1616 W. Northwest Blvd. | | DATE: 04/16/04 | |

I advised Berg he was under arrest for City Theft, and informed him that Jamie could have pressed charges against him for the assault. Berg was cited / released for City Theft (B34656), and was advised he was trespassed from the Safeway. Berg refused to sign the trespass warning from the Safeway, that Jamie wanted him to sign. I had dispatch enter a 1-year PIN on the location, trespassing Berg from the location.

We cleared the location, and I later discovered Ofc. Yinger had not obtained all of Jamie's information at the time we were on scene. I attempted further calls to the Safeway, and Securitas security (Jamie's employer), however was not able to contact anyone or obtain Jamie name / DOB. Either of the two businesses can be contacted (Monday through Friday) to obtain that information at a later date.

A. Ames # 637

| | | | | | | |
|---------------------------------|-----------------------|----------------------|---------------|---------|-------|--------------|
| OFFICER NAME: A. Ames | NUMBER: 637 | AREA: B484 | OFFICER NAME: | NUMBER: | AREA: | APPROVED BY: |
|---------------------------------|-----------------------|----------------------|---------------|---------|-------|--------------|

CRIMINAL TRAFFIC NON-TRAFFIC B 34656

IN THE DISTRICT MUNICIPAL COURT OF WASHINGTON
 STATE OF WASHINGTON PLAINTIFF VS. NAMED DEFENDANT
 COUNTY OF SPOKANE DISTRICT COURT OF SPOKANE
 CITY/TOWN OF SPOKANE SPOKANE, WA *WA032013J
 CITY OF SPOKANE MUNICIPAL DEPT. *WA032051J
 CITY OF DEER PARK MUNICIPAL COURT *WA032021J

L.E.A. ORI #: WA0320400 COURT ORI #: 040120450

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

IDENTIFICATION NO. 43G STATE WA EXPIRES 09/06 ID NO. (SSN/ICV) 24

NAME: LAST BERG FIRST ROY MIDDLE A.

ADDRESS 8728 N. KENSINGTON IF NEW ADDRESS

CITY SPOKANE STATE WA ZIP CODE 99208 EMPLOYER SELF-EMPLOYED

RACE W SEX M DATE OF BIRTH 09/19/68 HEIGHT 600 WEIGHT 200 EYES BAMBRA HAIR RESIDENTIAL PHONE NO. () 464-0056

VIOLATION DATE MONTH 04 DAY 16 YEAR 2004 TIME 0649 INTERPRETER LANG:

AT LOCATION 1616 W. NORTHWEST BLVD. M.P. CITY/COUNTY OF SPOKANE

DID OPERATE THE FOLLOWING VEHICLE/MOTOR VEHICLE ON A PUBLIC HIGHWAY AND

| | | | | | | | |
|------------------------------------|-------|---------|----------|-----------|-------------|-------|----------|
| VEHICLE LICENSE NO. | STATE | EXPIRES | VEH. YR. | MAKE | MODEL | STYLE | COLOR |
| TRAILER #1 LICENSE NO. | STATE | EXPIRES | TR. YR. | TRAILER # | LICENSE NO. | STATE | EXPIRES |
| OWNER/COMPANY IF OTHER THAN DRIVER | | ADDRESS | | CITY | | STATE | ZIP CODE |

ACCIDENT BAC COMMERCIAL YES HAZARD YES EXEMPT FARM FIRE
 NO NR R I F READING VEHICLE NO PLACARD NO VEHICLE R.V. OTHER

DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

1. VIOLATION/STATUTE CODE 10.05.100 DV CITY THEFT

2. VIOLATION/STATUTE CODE DV

MANDATORY BAIL U.S. FUNDS \$ MAN

APPEARANCE DATE WITHIN 15 DAYS NO. DAY YEAR TIME AM PM RELATED # DATE ISSUED 09/16/04

WITHOUT ADMITTING HAVING COMMITTED EACH OF THE ABOVE OFFENSE(S), I PROMISE TO RESPOND AS DIRECTED ON THIS NOTICE.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S), AND MY REPORT WRITTEN ON THE BACK OF THIS DOCUMENT IS TRUE AND CORRECT.

OFFICER A. AMES : 637
 OFFICER B. YINGER : 698

COMPLAINT / CITATION

| CRG | PLEA | CNG | FINDINGS | FINE | SUSPENDED | SUB-TOTAL | FIND/JUDG DATE |
|--|------|-----|-----------|-------------------------|----------------|-----------------|-----------------|
| 1 | G NG | | G NG D BF | \$ | \$ | \$ | ABS. MLD TO OLY |
| 2 | G NG | | G NG D BF | \$ | \$ | \$ | TO SERVE |
| OTHER COSTS \$ | | | | | | WITH DAYS SUSP. | |
| RECOMMENDED NONEXTENSION OF SUSPENSION | | | | LICENSE SUR-RENDER DATE | TOTAL COSTS \$ | CREDIT/TIME SVD | |

B 34656

OFFICER REPORT

SEE

REPORT

I HEREBY INCORPORATE REPORT # 040120450 A COPY OF WHICH IS ATTACHED HERETO AND MADE A PART HEREOF BY REFERENCE.

| | | | | | | | | | | | | | | |
|-------------------------------------|--|--|------------------------|--|---|------|-------------------|--|-------|------------------------------------|-----------------------|--|--|--|
| TRAFFIC LT MED HV | | | WEATHER CL RN FG SN | | | | STREET D W I S | | | | LIGHT D DWN DSK DK | | | |
| WITNESS NAME (LAST, FIRST, M.I.) | | | | | | | | | | PHONE | | | | |
| ADDRESS | | | | | | CITY | | | STATE | | ZIP | | | |
| WITNESS NAME (LAST, FIRST, M.I.) | | | | | | | | | | PHONE | | | | |
| ADDRESS | | | | | | CITY | | | STATE | | ZIP | | | |
| INCIDENT NUMBER <u>040120450</u> | | | | | RELATED CITATION/INFRACTION NUMBERS <u>—————</u> | | | | | OFFICER/NO. <u>A. AMES #637</u> | | | | |