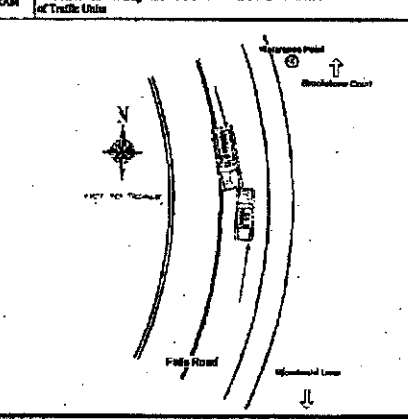


# State of Maryland Motor Vehicle Accident Report

REPORT NO. <b>09852444</b>	PAGE OF <b>1 of 19</b>	ACCIDENT DATE <b>07 18 06</b>	ACCIDENT TIME <b>1554</b>	REPORT TYPE <input checked="" type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> OTHER	RESEARCH <b>00</b>	LOCAL CASE NO. <b>06-199-1042</b>	LOCAL NO. <b>Pc 07 1409</b>	PHOTOS <input type="checkbox"/> NO <input type="checkbox"/> YES			
INVESTIGATING OFFICER (ID) <b>AE SOD</b>	AGENCY & AREA	SUPERVISING OFFICER (ID)	REVIEWER (ID) <b>9828</b>	CODE AND NAME OF MUNICIPALITY <b>00</b>	COUNTY (ID) <b>03</b>						
RD CHAR <b>05</b>	RTS NUM Accident Occurred On <b>MD 25</b>	ROAD NAME <b>Falls Road</b>	IN LANE <b>N1</b>	TRAF SIG <input type="checkbox"/> NO <input type="checkbox"/> YES	ON RAMP <input type="checkbox"/> NO <input type="checkbox"/> YES	Strip Number (Division) <b>0</b>	INTERSECTION <input type="checkbox"/> NO <input type="checkbox"/> YES				
RD COND <b>01</b>	INT-RTS <b>OP 115</b>	INTERSECTING ROAD NAME or Log Mile Reference Manual Description <b>Woodward Lane</b>	NO. OF LANE <b>4</b>	NO. OF LANE <b>56</b>	NO. OF LANE <b>N</b>	NO. OF LANE <b>281</b>	NO. OF LANE <b>66</b>	NO. OF LANE <b>N</b>			
RD DIV <b>01</b>	ACCIDENT DIAGRAM 	Show & Label Roads, Traffic Units, the Travel Direction (consistent with the Log Mile Reference Manual, and Movement) of Traffic Units	31 NORTH	DESCRIBE ACCIDENT briefly. Identify units by numbers. Also identify the following: 1) THE OBJECT DAMAGED & NATURE OF DAMAGE (Property other than vehicle) and 2) THE NAME AND ADDRESS OF OWNER when applicable.							
SRF COND <b>02</b>	CA ZONE <input type="checkbox"/> NO <input type="checkbox"/> YES	JUNCT'N <b>01</b>	EVENT-1 <b>01</b>	EVENT-2 <b>09</b>	FIX OBJ <b>04</b>	COLL TY <b>01</b>	LIGHT <b>01</b>	WEATHER <b>01</b>			
Vehicle # 1 was traveling southbound on Falls Road, north of Woodward Lane. Vehicle # 2 was traveling northbound on Falls Road, north of Woodward Lane. Vehicle # 1 crossed the double yellow centerline and collided with Vehicle # 2.											
75-1) 88 - Sports Utility Vehicle 53-2) 88 - Toxicology Tests completed by the Office of the Chief Medical Examiner											
Curb - Maryland State Highways - Minor Damage											
UNIT# <b>01</b>	NAME (First, Middle, Last)	SEX <b>01</b>	UNIT# <b>02</b>	NAME (First, Middle, Last)	SEX <b>01</b>						
TYPE OF UNIT <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PED	ADDRESS (No., Street, City, State, Zip)	TEL. Work XX Res	TYPE OF UNIT <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PED	ADDRESS (No., Street, City, State, Zip)	TEL. Work XX Res						
MOVEMENT <b>01</b>	CONDITN <b>01</b>	SUBST <b>01</b>	TEST <b>00</b>	RESULT <b>---</b>	FOR PERS ONLY <b>00</b>	AGE <b>00</b>	TYPE <b>00</b>	LOCAT'N <b>00</b>	OBEY <b>00</b>	VIOLR <b>00</b>	
SPEED LIMIT <b>40</b>	SAF EQU <b>32</b>	EQ PROB <b>01</b>	EJECT <b>01</b>	CITATION NUMBER (S) <b>Pending State's Attorney Review</b>	SAF EQU <b>32</b>	EQ PROB <b>01</b>	EJECT <b>04</b>	CITATION NUMBER (S) <b>None Issued</b>	SAF EQU <b>32</b>	EQ PROB <b>01</b>	EJECT <b>04</b>
GOING <b>02</b>	DRIVER'S LICENSE NUMBER <b>MD C 01</b>	STATE <b>MD</b>	CLASS <b>C</b>	DOB <b>01 05 19 28</b>	DRIVER'S LICENSE NUMBER <b>MD C 01</b>	STATE <b>MD</b>	CLASS <b>C</b>	DOB <b>01 05 19 28</b>	DRIVER'S LICENSE NUMBER <b>MD C 01</b>	STATE <b>MD</b>	CLASS <b>C</b>
CONTRIB <b>01</b>	OR DATE OF BIRTH <b>08 19 67</b>	IRREGULAR CONDITION <input type="checkbox"/> PARKED <input type="checkbox"/> CAUGHT FIRE <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERLESS	IRREGULAR CONDITION <input type="checkbox"/> PARKED <input type="checkbox"/> CAUGHT FIRE <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERLESS	HAZMAT NUMBER <b>00</b>	CONTRIB <b>01</b>	OR DATE OF BIRTH <b>05 19 28</b>	IRREGULAR CONDITION <input type="checkbox"/> PARKED <input type="checkbox"/> CAUGHT FIRE <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERLESS	IRREGULAR CONDITION <input type="checkbox"/> PARKED <input type="checkbox"/> CAUGHT FIRE <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERLESS	HAZMAT NUMBER <b>00</b>		
BOO TY <b>88</b>	COMMER VEHICLE ONLY <input type="checkbox"/> NO <input type="checkbox"/> YES	U.S. DOT NUMBER <b>00</b>	ICC NUMBER <b>00</b>	BOO TY <b>02</b>	COMMER VEHICLE ONLY <input type="checkbox"/> NO <input type="checkbox"/> YES	U.S. DOT NUMBER <b>00</b>	ICC NUMBER <b>00</b>	BOO TY <b>00</b>	COMMER VEHICLE ONLY <input type="checkbox"/> NO <input type="checkbox"/> YES		
MOST RE <b>01</b>	OWNER OR CARRIER NAME (With "SAME" if Driver)	TEL. Work XX Res	MOST RE <b>01</b>	OWNER OR CARRIER NAME (With "SAME" if Driver)	TEL. Work XX Res						
CONTRIB CIRCUMSTANCE <b>15</b>	OWNER/CARRIER ADDRESS <b>Same</b>	CONTRIB CIRCUMSTANCE <b>15</b>	OWNER/CARRIER ADDRESS <b>Same</b>								
VEHICLE 1 <b>09</b>	YEAR & MAKE OF VEHICLE <b>02 Mercedes-Benz</b>	MODEL <b>ML 320</b>	VEHICLE 2 <b>07</b>	YEAR & MAKE OF VEHICLE <b>07 Ford</b>	MODEL <b>Focus</b>						
EXP VR & REGISTR STATE <b>07</b>	AREAS DAMAGED <b>MD 16 01 17</b>	INSURER <b>GEICO Insurance</b>	EXP VR & REGISTR STATE <b>07</b>	AREAS DAMAGED <b>MD 01 16 15</b>	INSURER <b>Progressive</b>						
VEHICLE ID NUMBER <b>00</b>	POLICY NUMBER <b>0760409300</b>	VEHICLE ID NUMBER <b>00</b>	VEHICLE ID NUMBER <b>00</b>	POLICY NUMBER <b>10131362-8</b>							
DAM EXT <b>04</b>	VEHICLE REMOVED BY <b>Ruxton Towing</b>	VEHICLE REMOVED TO <b>7546 Bellona Ave.</b>	DAM EXT <b>05</b>	VEHICLE REMOVED BY <b>Ruxton Towing</b>	VEHICLE REMOVED TO <b>7546 Bellona Ave.</b>						
TRAFFIC UNIT # <b>W</b>	SEATING POSITION <b>W</b>	CODE all injured or unseated PASSENGERS below. Use "0" for witness in TRAF UNIT and SEAT column. WRITE NAME & ADDRESS of Injured Passengers and Witnesses.	SEX <b>01</b>	AGE <b>53</b>	SAFETY SEAT <b>00</b>	EQUIP PRGS <b>00</b>	SEVER <b>00</b>	REC-TION <b>00</b>	UNIT <b>00</b>		
<b>W</b>	<b>W</b>		<b>02</b>	<b>UU</b>	<b>00</b>	<b>00</b>	<b>00</b>	<b>00</b>	<b>00</b>		
<b>W</b>	<b>W</b>		<b>02</b>	<b>UU</b>	<b>00</b>	<b>00</b>	<b>00</b>	<b>00</b>	<b>00</b>		
<b>W</b>	<b>W</b>		<b>01</b>	<b>UU</b>	<b>00</b>	<b>00</b>	<b>00</b>	<b>00</b>	<b>00</b>		
<b>W</b>	<b>W</b>		<b>01</b>	<b>UU</b>	<b>00</b>	<b>00</b>	<b>00</b>	<b>00</b>	<b>00</b>		
UNIT <b>A</b>	INURED TAKEN BY: <b>Medic 14</b>	INURED TAKEN TO: <b>Refused Treatment</b>	BMS RPT REPORT <b>00</b>	UNIT <b>B</b>	INURED TAKEN BY: <b>Medic 14</b>	INURED TAKEN TO: <b>Sinai Hospital</b>	BMS RPT REPORT <b>11327244</b>				



**BALTIMORE COUNTY POLICE DEPARTMENT  
SUPPLEMENT**

1a. DIV SOD		2a. PG 07	3a. CC NUMBER 06-199-1042
4a. OFFENSE / INCIDENT Traffic Crash-Fatal MAARS #09852444 C3		6a. VICTIM / FIRM / COMPLAINANT NAME (LAST, FIRST, MIDDLE) (Operator of Vehicle # 2)	
7a. SUPPLEMENT STATUS: [XXX] CONTINUATION OR [ ] FOLLOW-UP		8a. DATE OF ORIGINAL REPORT July 18, 2006	
9a. NARRATIVE: DO NOT REPEAT RESULTS OF PRELIMINARY INVESTIGATION (CLARIFY DATA, SCREENING FACTORS, PROBABLE CAUSE, ETC.). ENTER ANY INFORMATION THAT IS PERTINENT. DO NOT SUMMARIZE UNLESS NECESSARY.			
9a. PAGE NO. 2	10a. ARREST DATA	10.1a VICTIM [ ] ADULT [ ] JUVENILE	10.1b VICTIM
11a. REP. BLOCK NUMBER	12a. NARRATIVE Falls Road, north of Woodward Lane, Baltimore County, Maryland		

**Part I: Synopsis of the Crash**

Vehicle # 1 was traveling southbound on Falls Road, north of Woodward Lane. Vehicle # 2 was traveling northbound on Falls Road, north of Woodward Lane. Vehicle # 1 crossed the double yellow centerline and collided with Vehicle # 2.

After impact, Vehicle # 1 was redirected in a southwesterly direction as it rotated in a counter-clockwise direction and came to rest. Vehicle # 2 was redirected in an easterly direction as it rotated in a counter-clockwise direction. Vehicle # 2 struck and traveled over the east curb of Falls Road, where it came to rest.

The operator of Vehicle # 2 was pronounced deceased at 1628 hours by Dr. \_\_\_\_\_, a medical physician at Sinai Hospital.

**Part II: Observations (of the Investigator)**

Crash Dispatch Time: 1554 hours      Request Time: 1600 hours      Arrival Time: 1627 hours

Upon arrival at the crash scene, this Officer observed members of the Baltimore County Police Department Cockeysville and Franklin Precincts securing the crash scene. This Officer observed the operator of Vehicle # 1 sitting on the west curb of Falls Road next to a woman, who was later determined to be his wife.

This Officer observed the two vehicles involved in the crash in their final resting positions. Vehicle # 1 was facing in a northeasterly direction with its right tires and left front tire resting in the northbound lane of Falls Road and its left rear tire resting in the southbound lane of Falls Road. The right side tires and the left front tire were flat as a result of the collision. Vehicle # 2 was facing in a southwesterly direction with its left rear tire and right rear tire resting in the grass, east of the east curb of Falls Road. The right front tire was resting west of the east curb of Falls Road. The left front tire was disengaged and lying west of Vehicle # 2. The remaining tires remained inflated post-impact. Members of the Baltimore County Fire Department had cut the roof of the vehicle off in order to assist with the extrication of the operator.

SCREENING FACTORS	15a. INITIAL SCREENING FACTOR	A.	B.	C.	D.	E.	F.	14a. CASE CONTINUANCE		25a. CC NUMBER 06-199-1042
REVISED TOTAL	REVISED SCREENING FACTOR	A.	B.	C.	D.	E.	F.	16a. TOTAL SCREENING FACTORS	16b. CASE STATUS (CIRCLE ONE) OPEN RELEASE <input checked="" type="radio"/> CLOSED	
17a. REPORT DISTRIBUTION Rec. #a. CD FO COP OTHER	18a. INVESTIGATING OFFICER		ID#	19a. SUPERVISOR'S APPROVAL		ID#	20a. DATE 9/20/06	21a. DATE RCD BY CENTRAL RECORDS		24a. TELETYPE NUMBER 06-0063
21a. REPORT REVIEW OFFICER		22a. REPORTING AREA 071190		23a. DATE RCD BY CENTRAL RECORDS SEP 01 2006		24a. TELETYPE NUMBER 06-0063				



## BALTIMORE COUNTY POLICE DEPARTMENT SUPPLEMENT

<i>"Integrity...Fairness...Service"</i>		1a. DIV SOD	2a. PG 07	3a. CC NUMBER 06-199-1042
4a. OFFENSE / INCIDENT Traffic Crash-Fatal MAARS #09852444 C3		5a. VICTIM / FRIED / COMPLAINANT NAME (LAST, FIRST, MIDDLE) (Operator of Vehicle # 2)		6a. DATE OF ORIGINAL REPORT July 18, 2006
7a. SUPPLEMENT STATUS: [XXX] CONTINUATION OR [ ] FOLLOW-UP		8a. IF MULTIPLE CLEARANCES, LIST CC NUMBERS None		
NARRATIVE: DO NOT REPEAT RESULTS OF PRELIMINARY INVESTIGATION (CLARIFY DATA, SCREENING FACTORS, PROBABLE CAUSE, ETC.); ENTER ANY INFORMATION THAT IS PERTINENT. DO NOT SUMMARIZE UNLESS NECESSARY.				
3a. PAGE NO. 3	10a. ARREST DATA	NAME (LAST, FIRST, MIDDLE) BOOKING NUMBER / IED NUMBER / MISCELLANEOUS INFORMATION		11a. VICTIM [ ] ADULTY [ ] JUVENILE
11a. REF. BLOCK NUMBER	12a. NARRATIVE Falls Road, north of Woodward Lane, Baltimore County, Maryland			

### Part II: Observations (of the Investigator) Continued

Members of the Baltimore County Fire Department had cut the roof of the vehicle off in order to assist with the extrication of the operator.

At the crash scene, Falls Road is a multiple lane asphalt roadway. The roadway consists of one travel lane for northbound traffic and one travel lane for southbound traffic. The travel lanes are separated by painted double yellow centerlines. Painted solid white lines separate the travel lanes from the roadway shoulders.

At the crash scene, southbound Falls Road has a negative grade. As one travels in a southerly direction, there is a left to right curve. The roadway surface was dry at the time of the crash with daytime conditions present. This Officer did not observe any line of sight conflicts at the crash scene. This Officer observed a pre-impact tire mark that was created by the left front tire of Vehicle # 2 within the northbound lane of Falls Road. This Officer also observed gouge marks that were created by the left front rim of Vehicle # 2. A debris field of vehicle parts and fluids was observed in the area of the impact. Various other tire marks were observed from both vehicles as they began to rotate after the collision.

This Officer contacted the National Weather Service for the Baltimore, Maryland area and obtained the following weather information:

#### Baltimore, Maryland

Time (EDT)	Temperature	Dew Point	Humidity	Sea Level Pressure	Visibility	Wind Direction	Wind Speed	Precipitation	Conditions
2:45 PM	93.2 °F	71.6 °F	49%	29.98 in	7.0 miles	SE	5.8 mp h	N/A	Partly Cloudy
5:00 PM	93.2 °F	73.4 °F	52%	29.96 in	7.0 miles	SE	8.1 mp h	N/A	Clear

SCREENING FACTORS	13a. INITIAL SCREENING FACTOR	A.	B.	C.	D.	E.	F.	14a. CASE CONTINUANCE		26a. CC NUMBER 06-199-1042
	13b. REVISED SCREENING FACTOR	A.	B.	C.	D.	E.	F.	15a. TOTAL SCREENING FACTORS	16a. CASE STATUS (CIRCLE ONE) OPEN E-CLERK <input checked="" type="radio"/> RUP CLOSED	
17a. REPORT DISTRIBUTION Rep. Rec. _____ DID _____ PCU _____ CAU _____ OTHER _____	18a. INVESTIGATING OFFICER _____ ID# _____		19a. SUPERVISOR'S APPROVAL _____ ID# _____		20a. DATE 8/20/06		24a. TELEX NUMBER 06-0063			
21a. REPORT REVIEW OFFICER _____		22a. REPORTING AREA 071190		23a. DATE REC'D BY CENTRAL RECORDS SEP 20 2006						





## BALTIMORE COUNTY POLICE DEPARTMENT SUPPLEMENT

<i>Telepdy... Fairness... Service™</i>		1a. DIV <b>SOD</b>	2a. PC <b>07</b>	3a. CC NUMBER <b>06-199-1042</b>	
4a. OFFENSE / INCIDENT <b>Traffic Crash-Fatal MAARS #09852444 C3</b>		5a. VICTIM / FIRM / COMPLAINANT NAME (LAST, FIRST, MIDDLE) <b>(Operator of Vehicle # 2)</b>			6a. DATE OF ORIGINAL REPORT <b>July 18, 2006</b>
7a. SUPPLEMENT STATUS: <input checked="" type="checkbox"/> CONTINUATION OR <input type="checkbox"/> FOLLOW-UP		8a. # MULTIPLE CLEARANCES, LIST CC NUMBERS <b>None</b>			
NARRATIVE: DO NOT REPEAT RESULTS OF PRELIMINARY INVESTIGATION (CLARIFY DATA, SCREENING FACTORS, PROBABLE CAUSE, ETC.) ENTER ANY INFORMATION THAT IS PERTINENT. DO NOT SUMMARIZE UNLESS NECESSARY.					
9a. PAGE <b>NO. 5</b>	10a. ARREST <b>DATA</b>	11a. NAME (LAST, FIRST, MIDDLE) <b>BOOKING NUMBER / UID NUMBER / MISCELLANEOUS INFORMATION</b>			10.1a. VICTIM <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE
	11a. REF. BLOCK NUMBER <b>Falls Road, north of Woodward Lane, Baltimore County, Maryland</b>				

### Part III: Measurements Continued

#### Final Resting Positions of the Vehicles:

##### Vehicle # 1:

- Left front tire: 163 feet 3 inches south of the reference point  
17 feet 8 inches west of the east curb of Falls Road
- Left rear tire: 172 feet 4 inches south of the reference point  
21 feet 0 inches west of the east curb of Falls Road
- Right front tire: 164 feet 9 inches south of the reference point  
12 feet 0 inches west of the east curb of Falls Road
- Right rear tire: 173 feet 8 inches south of the reference point  
15 feet 8 inches west of the east curb of Falls Road

##### Vehicle # 2:

- Left front tire: Tire disengaged
- Left rear tire: 129 feet 5 inches south of the reference point  
8 feet 7 inches east of the east curb of Falls Road
- Right front tire: 130 feet 10 inches south of the reference point  
1 foot 10 inches west of the east curb of Falls Road
- Right rear tire: 126 feet 3 inches south of the reference point  
5 feet 3 inches east of the east curb of Falls Road

SCREENING FACTORS	13a. DIGITAL SCREENING FACTOR	A.	B.	C.	D.	E.	F.	14a. CASE CONTINUANCE		25a. CC NUMBER <b>06-199-1042</b>
	REMOVED TOTAL	13b. REVISED SCREENING FACTOR	A.	B.	C.	D.	E.	F.	15a. TOTAL SCREENING FACTORS	
17a. REPORT DISTRIBUTION No. Mgt. _____ CO _____ POL _____ OIA _____ OTHER _____	14b. INVESTIGATING OFFICER _____ ID# _____		15b. SUPERVISOR'S APPROVAL _____		20a. DATE <b>8/30/06</b>		24a. TELE. NUMBER <b>06-0063</b>			
21a. REPORT REVIEW OFFICER _____		22a. REPORTING AREA <b>071190</b>		23a. DATE REC'D BY CENTRAL RECORDS <b>SEP 01 2006</b>						



**BALTIMORE COUNTY POLICE DEPARTMENT  
SUPPLEMENT**

1a. DRV SOD		2a. PC 07	3a. CC NUMBER 06-199-1042
4a. OFFENSE / INCIDENT Traffic Crash-Fatal MAARS #09852444 C3		5a. VICTIM / FIRMS / COMPLAINT NAME (LAST, FIRST, MIDDLE) (Operator of Vehicle # 2)	
7a. SUPPLEMENT STATUS: <input checked="" type="checkbox"/> CONTINUATION OR <input type="checkbox"/> FOLLOW-UP		6a. DATE OF ORIGINAL REPORT July 18, 2006	
8a. IF MULTIPLE CLEARANCES, LIST CC NUMBERS None			
NARRATIVE: DO NOT REPEAT RESULTS OF PRELIMINARY INVESTIGATION (CLARIFY DATA, SCREENING FACTORS, PROBABLE CAUSE, ETC.). ENTER ANY INFORMATION THAT IS PERTINENT. DO NOT SUMMARIZE UNLESS NECESSARY.			
9a. PAGE NO. 6	10a. ARREST DATA	NAME (LAST, FIRST, MIDDLE) BOOKING NUMBER / DID NUMBER / MISCELLANEOUS INFORMATION	10.1a VICTIM <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE
11a. REP. BLOCK NUMBER	12a. NARRATIVE Falls Road, north of Woodward Lane, Baltimore County, Maryland		

**Part IV: Vehicle Data**

Vehicle # 1:

Vehicle # 1 is a black, 2002 Mercedes-Benz ML320, sports utility vehicle displaying Maryland registration plates of with an expiration of November 2007. The vehicle was displaying a vehicle identification number of . The vehicle was equipped with a digital display and the odometer reading was not obtained due to a lack of power. The vehicle appeared to be in good pre-crash condition.

Safety Equipment (Vehicle # 1):

The vehicle is equipped with a three-point harness system (lap and shoulder belt) for the vehicle operator. The operator of the vehicle explained that he was restrained by his seatbelt at the time of the collision. Vehicle # 1 is also equipped with a driver and front passenger airbag system. Both airbags were observed deployed post-impact. This Officer observed a small amount of a reddish substance on the passenger side airbag. This Officer also observed a child safety seat in the right rear passenger compartment that was fastened to the seat. This Officer was instructed that no child was within the vehicle at the time of the collision.

Tire Information (Vehicle #1):

Vehicle # 1 is equipped with four Continental 4X4 Contact tires, size 255 / 60 R 17 106H. The left front, left rear and right rear tires were deflated due to the collision. The right rear tire remained inflated post-crash. All four tires appeared to have sufficient tread on them.

Load Shifts or Unusual Cargo (Vehicle # 1):

None observed

SCREENING FACTORS	13a. INITIAL SCREENING FACTOR	A.	B.	C.	D.	E.	F.	14a. CASE CONTINUANCE		15a. CASE STATUS (CIRCLE ONE) OPEN X-CLEAR CLOSED	06-199-1042
REVISED TOTAL	REVISED SCREENING FACTOR	A.	B.	C.	D.	E.	F.	16a. TOTAL SCREENING FACTORS			
17a. REPORT ORIGINATOR	18a. INVESTIGATING OFFICER			ID#	19a. SUPERVISOR'S APPROVAL			ID#	20a. DATE		
OD FDU CAU OTHER	21a. REPORT REVIEW OFFICER			22a. REPORTING AREA	23a. DATE RECD BY CENTRAL RECORDS			24a. TELEX NUMBER			
				071190	SEP 01 2006			06-0063			



## BALTIMORE COUNTY POLICE DEPARTMENT SUPPLEMENT

<i>"Integrity, Fairness, Service"</i>		1a. IOW SOD	2a. PC 07	3a. CC NUMBER 06-199-1042
4a. OFFENSE / INCIDENT Traffic Crash-Fatal MAARS #09852444 C3		5a. VICTIM / FIRN / COMPLAINANT NAME (LAST, FIRST, MIDDLE) (Operator of Vehicle # 2)		6a. DATE OF ORIGINAL REPORT July 18, 2006
7a. SUPPLEMENT STATUS: [XXX] CONTINUATION OR [ ] FOLLOW-UP		8a. # MULTIPLE CLEARANCES, LIST CC NUMBERS None		
NARRATIVE: DO NOT REPEAT RESULTS OF PRELIMINARY INVESTIGATION (CLARIFY DATA, SCREENING FACTORS, PROBABLE CAUSE, ETC). ENTER ANY INFORMATION THAT IS PERTINENT. DO NOT SUMMARIZE UNLESS NECESSARY.				
9a. PAGE NO. 7	10a. ARREST DATA	11a. NAME (LAST, FIRST, MIDDLE) BOOKING NUMBER / UID NUMBER / MISCELLANEOUS INFORMATION		12a. VICTIM [ ] ADULT [ ] JUVENILE
13a. REP. BLOCK NUMBER	13b. NARRATIVE Falls Road, north of Woodward Lane, Baltimore County, Maryland			

### Part IV: Vehicle Data Continued

#### Damage (Vehicle # 1):

An examination of Vehicle # 1 revealed extensive contact damage to the left front bumper area of the vehicle. The hood was bent upward in the middle. The left front axle area was damaged as a result of the collision. The front grille was broken and lying on the roadway. The right windshield area was cracked as a result of the passenger side airbag deployment.

#### Vehicle # 2:

Vehicle # 2 is a grey, 2000 Ford Focus, 4-door passenger vehicle displaying Maryland registration plates of with an expiration of June 2007. The vehicle was displaying a vehicle identification number of . The odometer reading was not obtained due to the severe damage of the front dash. The vehicle appeared to be in good pre-crash condition.

#### Safety Equipment (Vehicle # 2):

The vehicle is equipped with a three-point harness system (lap and shoulder belt) for the vehicle operator. The left front seatbelt was cut by members of the Baltimore County Fire Department to assist with extrication purposes. This information would indicate that the operator of Vehicle # 2 was restrained at the time of the collision. Vehicle # 2 is also equipped with a driver and front passenger airbag system. Both airbags were observed deployed post-impact.

#### Tire Information (Vehicle # 2):

The right rear tire was a Firestone Firehawk GTA, size P195 / 60 R15 87T M+S. This tire was observed to have sufficient tread depth and adequate air pressure. The remaining tires were Mastercraft Avenger G/T, size P195 / 60 R 15. The left front tire was off the rim and lying on the ground. The remaining portion of this rim was lying next to the tire with significant rim damage from the roadway. The remaining tires were observed to have adequate tread depth and were inflated.

SCREENING FACTORS	17a. INITIAL SCREENING FACTOR	A.	B.	C.	D.	E.	F.	14a. CASE CONTINUANCE		06-199-1042 <small>25a. CC NUMBER</small>
	REVERSED TOTAL	REVERSED SCREENING FACTOR	A.	B.	C.	D.	E.	F.	15a. TOTAL SCREENING FACTORS	
17b. REPORT SCREENING FACTOR	18a. INVESTIGATING OFFICER			19a. SUPERVISOR'S APPROVAL			20a. DATE		06-0063	
17c. REPORT REVIEW OFFICER	21a. REPORT REVIEW OFFICER			22a. REPORTING AREA			23a. DATE REC'D BY CENTRAL RECORDS			
17d. REPORT REVIEW OFFICER	21b. REPORT REVIEW OFFICER			22b. REPORTING AREA			23b. DATE REC'D BY CENTRAL RECORDS			
17e. REPORT REVIEW OFFICER	21c. REPORT REVIEW OFFICER			22c. REPORTING AREA			23c. DATE REC'D BY CENTRAL RECORDS			



## BALTIMORE COUNTY POLICE DEPARTMENT SUPPLEMENT

<i>"Integrity, Fairness, Service"</i>		10. DIV <b>SOD</b>	20. PG <b>07</b>	30. CC NUMBER <b>06-199-1042</b>
46. OFFENSE / INCIDENT <b>Traffic Crash-Fatal MAARS #09852444 C3</b>		50. VICTIM / FIRMS / COMPLAINANT NAME (LAST, FIRST, MIDDLE) <b>(Operator of Vehicle # 2)</b>		60. DATE OF ORIGINAL REPORT <b>July 18, 2006</b>
70. SUPPLEMENT STATUS: <input checked="" type="checkbox"/> CONTINUATION OR <input type="checkbox"/> FOLLOW-UP <b>None</b>				
NARRATIVE: DO NOT REPEAT RESULTS OF PRELIMINARY INVESTIGATION (CLARIFY DATA, SCREENING FACTORS, PROBABLE CAUSE, ETC.). ENTER ANY INFORMATION THAT IS PERTINENT. DO NOT SUMMARIZE UNLESS NECESSARY.				
80. PAGE <b>NO. 8</b>	100. ARREST <b>DATA</b>	NAME (LAST, FIRST, MIDDLE) <b>BOOKING NUMBER / UID NUMBER / MISCELLANEOUS INFORMATION</b>		10.10 VICTIM <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE
110. RPT. BLOCK NUMBER	120. NARRATIVE <b>Falls Road, north of Woodward Lane, Baltimore County, Maryland</b>			

### Part IV: Vehicle Data Continued

#### Load Shifts or Unusual Cargo (Vehicle #2):

None observed

#### Damage (Vehicle # 2):

An examination of Vehicle # 2 revealed extensive contact damage on the left front bumper area. Members of the Baltimore County Fire Department cut the roof and other parts of the vehicle in order to assist with the extrication of the operator. The left door was opened. The inside dash was pushed to the passenger side from the collision. The driver's seat was leaning towards the driver's side.

### Part V: Physical Evidence

Alcohol/illicit drug consumption does not appear to be a factor in this crash. An inspection of the interiors of Vehicle # 1 and Vehicle # 2 did not reveal any evidence of alcohol or illicit drug consumption. While at the crash scene, this Officer met with the operator of Vehicle # 1. This Officer did not observe or detect any signs of impairment on the part of the operator of Vehicle # 1.

The Post-Mortem Toxicology Report will indicate any evidence of alcohol, prescription or illicit drug consumption on the part of the operator of Vehicle # 2.

#### Property for Safekeeping:

This Officer recovered the following pieces of property from within Vehicle # 2:

4448-001) 1 gold Seiko Quartz watch

This Officer obtained the Maryland Driver's License from the operator of Vehicle # 2 and returned it to the Maryland Motor Vehicle Administration.

SCREENING FACTORS	10. INITIAL SCREENING FACTOR	A.	B.	C.	D.	E.	F.	140. CASE CONTINUANCE		06-199-1042
	REVISED TOTAL	REVISED SCREENING FACTOR	A.	B.	C.	D.	E.	F.	150. TOTAL SCREENING FACTORS	
170. REPORT ORIGINATOR Off. No. _____ CO _____ PCU _____ CAG _____ CHIEF _____	180. INVESTIGATING OFFICER ID# _____			190. SUPERVISOR'S APPROVAL _____ 8/20/06				200. DATE		
	210. REPORT REVIEW OFFICER	220. REPORTING AREA <b>071190</b>		230. DATE REC'D BY CENTRAL RECORDS		240. TELE. NUMBER <b>06-0063</b>				



**BALTIMORE COUNTY POLICE DEPARTMENT  
SUPPLEMENT**

1a. DIV SOD		2a. PC 07	3a. CC NUMBER 06-199-1042
4a. OFFENSE / INCIDENT Traffic Crash-Fatal MAARS #09852444 C3		6a. VICTIM / FIRMS / COMPLAINANT NAME (LAST, FIRST, MIDDLE) (Operator of Vehicle # 2)	
7a. SUPPLEMENT STATUS: [XXX] CONTINUATION OR [ ] FOLLOW-UP		8a. DATE OF ORIGINAL REPORT July 18, 2006	
5a. IF MULTIPLE CLEARANCES, LIST CC NUMBERS None			
NARRATIVE: DO NOT REPEAT RESULTS OF PRELIMINARY INVESTIGATION (CLARIFY DATA, SCREENING FACTORS, PROBABLE CAUSE, ETC). ENTER ANY INFORMATION THAT IS PERTINENT. DO NOT SUMMARIZE UNLESS NECESSARY.			
9a. PAGE NO. 9	10a. ARREST DATA	NAME (LAST, FIRST, MIDDLE) BOOKING NUMBER / UID NUMBER / MISCELLANEOUS INFORMATION	10, 1a VICTIM [ ] ADULT [ ] JUVENILE
11a. REF. BLOCK NUMBER	12a. NARRATIVE Falls Road, north of Woodward Lane, Baltimore County, Maryland		

**Part V: Physical Evidence Continued**

No other property was recovered from the crash scene.

Photographs:

Officer First Class \_\_\_\_\_ photographed the overall crash scene and the vehicles involved utilizing a 35-millimeter camera and 35 millimeter film. Officer First Class \_\_\_\_\_ relinquished the rolls of film to this Officer. This Officer packaged the film as evidence per the Baltimore County Police Department Evidence Packaging Procedures Manual, and forwarded it to the Baltimore County Police Department Photo Lab for processing. A request for photographic service (Form 127) was submitted.

Miscellaneous:

A routine check through the Maryland Motor Vehicle Administration for the operator of Vehicle # 1 revealed his Maryland Driver's license address to be the following:

The operator of Vehicle # 1 explained to this Officer that he currently resides at the following location:

This new address was verified when this Officer re-interviewed him on July 19, 2006 at his place of residence.

SCREENING FACTORS	11a. INITIAL SCREENING FACTOR	A.	B.	C.	D.	E.	F.	14a. CASE CONTINUANCE		20a. CASE NUMBER 06-199-1042	
	11b. REVISED TOTAL	A.	B.	C.	D.	E.	F.	15a. TOTAL SCREENING FACTORS	16a. CASE STATUS (CIRCLE ONE) OPEN SOLEMP CLOSED		
17a. REPORT DISTRIBUTION Rec. Sgt. _____ C/O _____ FOU _____ C/OU _____ C/ACC _____	18a. INVESTIGATING OFFICER _____ ID# _____			19a. SUPERVISOR'S APPROVAL _____ ID# _____			20a. DATE _____ 8/30/06				
21a. REPORT REVIEW OFFICER _____		22a. REPORTING AREA 071190		23a. DATE REC'D BY CENTRAL RECORDS SEP 01 2006		24a. TELEX NUMBER 06-0063					



**BALTIMORE COUNTY POLICE DEPARTMENT  
SUPPLEMENT**

1a. DV SOD		2a. PG 07	3a. CC NUMBER 06-199-1042
4a. OFFENSE / INCIDENT Traffic Crash-Fatal MAARS #09852444 C3		6a. VICTIM / PRN / COMPLAINT NAME (LAST, FIRST, MIDDLE) (Operator of Vehicle # 2)	
7a. SUPPLEMENT STATUS: <input checked="" type="checkbox"/> CONTINUATION OR <input type="checkbox"/> FOLLOW-UP		8a. DATE OF ORIGINAL REPORT July 18, 2006	
9a. IF MULTIPLE CLEARANCES, LIST CC NUMBERS None			
NARRATIVE: DO NOT REPEAT RESULTS OF PRELIMINARY INVESTIGATION (CLARIFY DATA, SCREENING FACTORS, PROBABLE CAUSE, ETC.). ENTER ANY INFORMATION THAT IS PERTINENT. DO NOT SUMMARIZE UNLESS NECESSARY.			
10a. PAGE NO. 10	10b. ARREST DATA	NAME (LAST, FIRST, MIDDLE) BOOKING NUMBER / IIS NUMBER / MISCELLANEOUS INFORMATION	10c. VICTIM <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE
11a. REF. BLOCK NUMBER	12a. NARRATIVE Falls Road, north of Woodward Lane, Baltimore County, Maryland		

**Part VI: Interviews**

This Officer interviewed Mr. \_\_\_\_\_, the operator of Vehicle # 1, at the crash scene. In the interview, Mr. \_\_\_\_\_ explained he was traveling southbound on Falls Road. He explained that all of a sudden the gray car came into his lane. He explained then there was a collision.

This Officer asked Mr. \_\_\_\_\_ to complete a written statement, to which he agreed. Within the statement, the following was obtained:

"I was traveling south on Falls Road past Padonia at reasonable speed limit (45 mph) in medium traffic. I noticed very briefly a silver car drift across the double yellow median. I thought I was/had made the proper adjustments in my lane to allow for it when the accident occurred."

This Officer then followed up the statement with the following question and answer session:

Question: Were there any distractions while driving? (Cell phones, radio, etc.)

Answer: "I was listening to the radio"

Question: Where were you heading too?

Answer: "Too pick up my daughter"

Question: Where were you coming from?

Answer: "my house"

Question: What were you doing at your house?

Answer: "Doing my work, I work out of my house"

SCREENING FACTORS	13a. INITIAL SCREENING FACTOR	A.	B.	C.	D.	E.	F.	14a. CASE CONTINUANCE	
	REVISD SCREENING FACTOR	A.	B.	C.	D.	E.	F.	15a. TOTAL SCREENING FACTORS	16a. CASE STATUS (CIRCLE ONE) OPEN X CLEAR CLOSED
17a. REPORT DESTINATION (See Ref.)	18a. INVESTIGATING OFFICER			ID#	19a. SUPERVISOR'S APPROVAL			20a. DATE	24a. TELEEX NUMBER
18b. REPORT REVIEW OFFICER	21a. REPORTING AREA			071190	22a. DATE REC'D BY CENTRAL RECORDS			23a. TELEEX NUMBER	
18c. OTHER					SEP 01 2006			06-0063	



## BALTIMORE COUNTY POLICE DEPARTMENT SUPPLEMENT

<i>"Integrity...Fairness...Service"</i>		1a. DIV SOD	2a. PC 07	3a. CC NUMBER 06-199-1042
4a. OFFENSE / INCIDENT Traffic Crash-Fatal MAARS #09852444 C3		5a. VICTIM / FIRM / COMPLAINANT NAME (LAST, FIRST, MIDDLE) (Operator of Vehicle # 2)		6a. DATE OF ORIGINAL REPORT July 18, 2006
7a. SUPPLEMENT STATUS: <input checked="" type="checkbox"/> CONTINUATION OR <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> None				
NARRATIVE: DO NOT REPEAT RESULTS OF PRELIMINARY INVESTIGATION (CLARIFY DATA, SCREENING FACTORS, PROBABLE CAUSE, ETC.) ENTER ANY INFORMATION THAT IS PERTINENT. DO NOT SUMMARIZE UNLESS NECESSARY.				
9a. PAGE NO. 11	10a. ARREST DATA	NAME (LAST, FIRST, MIDDLE) BOOKING NUMBER / UID NUMBER / MISCELLANEOUS INFORMATION		10.1a VICTIM <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE
11a. REF. BLOCK NUMBER	12a. NARRATIVE Falls Road, north of Woodward Lane, Baltimore County, Maryland			

### Part VI: Interviews Continued

Question: Where you drinking any alcoholic beverages tonight or today?  
Answer: "No"

Question: Did you see what part of the vehicle crossed the double yellow line?  
Answer: "No"

Question: How fast were you traveling?  
Answer: "I would say 45 miles per hour"

Question: When you saw the car, what was your reaction?  
Answer: "to drift to the side of the road, not to swerve."

Question: Do you know how close you were to the curb?  
Answer: "No, I do not! I think I did not get over fast enough"

Question: Were you between the southbound white line and the double yellow line?  
Answer: "For sure, yes! As sure as I can be because I have bike riders coming down the shoulder."

Question: Is there anything else you would like to add?  
Answer: "No"

On July 19, 2006, this Officer re-interviewed Mr. \_\_\_\_\_ at his residence. He explained that when he said "drift," he meant that he was just moving in a fluid manner. He explained that he was definitely in his lane when the collision occurred. He could not add any further information into the collision at this time.

SCREENING FACTORS	13a. INITIAL SCREENING FACTOR						14a. CASE CONTINUANCE		23a. CASE STATUS (SPECIFY ONE) <input type="checkbox"/> OPEN <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOSING	23b. CASE NUMBER 06-199-1042
	REMOVED TOTAL						15a. TOTAL SCREENING FACTORS			
17a. REPORT DISTRIBUTION Ref. Rpt. _____ OO _____ PCU _____ CMT _____ OTHER _____	18a. INVESTIGATING OFFICER _____ ID# _____			19a. SUPERVISOR'S APPROVAL _____ 3111			20a. DATE 8/30/06			
21a. REPORT REVIEW OFFICER _____		22a. REPORTING AREA 071190		22a. DATE REC'D BY CENTRAL RECORDS SEP 01 2006		24a. TELEX NUMBER 06-0063				



**BALTIMORE COUNTY POLICE DEPARTMENT  
SUPPLEMENT**

3a. DV SOD		3a. PG 07	3a. CC NUMBER 06-199-1042
4a. OFFENSE / INCIDENT Traffic Crash-Fatal MAARS #09852444 C3		4a. VICTIM / FIRM / COMPLAINANT NAME (LAST, FIRST, MIDDLE) (Operator of Vehicle # 2)	
7a. SUPPLEMENT STATUS: <input checked="" type="checkbox"/> CONTINUATION OR <input type="checkbox"/> FOLLOW-UP		8a. DATE OF ORIGINAL REPORT July 18, 2006	
5a. IF MULTIPLE CLEARANCES, LIST CC NUMBERS None			
NARRATIVE: DO NOT REPEAT RESULTS OF PRELIMINARY INVESTIGATION (CLARIFY DATA, SCREENING FACTORS, PROBABLE CAUSE, ETC.) ENTER ANY INFORMATION THAT IS PERTINENT. DO NOT SUMMARIZE UNLESS NECESSARY.			
9a. PAGE NO. 12	10a. ARREST DATA	10b. NAME (LAST, FIRST, MIDDLE) BOOKING NUMBER / UID NUMBER / MISCELLANEOUS INFORMATION	10c. VICTIM <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE
11a. REF. BLOCK NUMBER	12a. NARRATIVE Falls Road, north of Woodward Lane, Baltimore County, Maryland		

**Part VI: Interviews Continued**

This Officer interviewed Dr. \_\_\_\_\_, a possible witness to the collision, at the crash scene. Dr. \_\_\_\_\_ explained that he did not observe the collision. He explained that he was a passer by that attempted to assist the operator of Vehicle # 2 by conducting CPR. He explained that he transferred care to the members of the Baltimore County Fire Department when they arrived. He could not explain any further.

Officer First Class \_\_\_\_\_ relinquished to me a completed written statement by \_\_\_\_\_, a witness to the collision. Within the written statement, Mr. \_\_\_\_\_ wrote the following:

"While I was driving northbound on Falls Road, I observed an accident approximately 150 feet in front of me. I saw a dark SUV traveling southbound and a gray (light color) car traveling northbound. I really did not notice anything until the vehicle actually collided. I do not know how fast they were going or if any crossed the yellow line. After the collision, I immediately called '911.'"

On July 20, 2006, this Officer traveled to the residence of \_\_\_\_\_ and spoke to him in regards to his written statement. He explained that he was following the gray vehicle (Vehicle # 2) north on Falls Road and did not observe anything remarkable about the driving of the vehicle. He explained that all of a sudden he saw the black SUV (Vehicle # 1) traveling southbound on Falls Road. He explained that before he could think, "they are going to collide," both vehicles collided into one another. He explained that the collision occurred somewhere near the middle of the roadway. He could not be certain which vehicle crossed the line because it happened so quickly and he did not expect the collision. He again explained that the gray vehicle (Vehicle # 2) was driving appropriately throughout its travels, otherwise, he would have remembered more. He could not explain any further.

SCREENING FACTORS	13a. INITIAL SCREENING FACTOR	A.	B.	C.	D.	E.	F.	14a. CASE CONTINUANCE		16a. CARE STATUS (CIRCLE ONE) OPEN X-CLEAR <input checked="" type="radio"/> RES. CLOSED	16c. CC NUMBER 06-199-1042
REVISED TOTAL	REVISED SCREENING FACTOR	A.	B.	C.	D.	E.	F.	16b. TOTAL SCREENING FACTORS			
17a. REPORT DISTRIBUTION Rec. Mgr. _____ CD _____ FOI _____ OAU _____ OTHER _____	18a. INVESTIGATING OFFICER ID# _____		19a. SUPERVISOR'S APPROVAL ID# _____				20a. DATE 8/30/06				
	21a. REPORT REVIEW OFFICER	22a. REPORTING AREA 071190		23a. DATE REC'D BY CENTRAL RECORDS SEP 21 2006			24a. TELEEX NUMBER 06-0063				



**BALTIMORE COUNTY POLICE DEPARTMENT  
SUPPLEMENT**

1a. DIV SOD		2a. PC 07		3a. CC NUMBER 06-199-1042	
4a. OFFENSE / INCIDENT Traffic Crash-Fatal MAARS #09852444 C3			6a. VICTIM / PRM / COMPLAINANT NAME (LAST, FIRST, MIDDLE) (Operator of Vehicle # 2)		8a. DATE OF ORIGINAL REPORT July 18, 2006
7a. SUPPLEMENT STATUS: <input checked="" type="checkbox"/> CONTINUATION OR <input type="checkbox"/> FOLLOW-UP None					
NARRATIVE: DO NOT REPEAT RESULTS OF PRELIMINARY INVESTIGATION (CLARIFY DATA, SCREENING FACTORS, PROBABLE CAUSE, ETC.). ENTER ANY INFORMATION THAT IS PERTINENT. DO NOT SUMMARIZE UNLESS NECESSARY.					
9a. PAGE NO. 13		10a. ARREST DATA		11a. VICTIM <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE	
11a. REP. BLOCK NUMBER		12a. NARRATIVE Falls Road, north of Woodward Lane, Baltimore County, Maryland			

**Part VI: Interviews Continued**

While re-interviewing Mr. [redacted] on July 19, 2006, he relayed information that [redacted] may have witnessed the collision. On July 20, 2006, this Officer interviewed Ms. [redacted] via the telephone. Within the interview, she explained that she was northbound on Falls Road and came up to the collision after it had occurred. She explained that she went around the scene and continued on her travels. She explained that she saw someone there in a pair of scrubs, but could not advise into the events leading up to the collision.

On July 19, 2006, this Officer responded to the Baltimore County Communications Center and obtained any and all transcripts of various callers that notified the 911 Center of this collision. The cell phone number belonging to Ms. [redacted] was one of the individuals that notified the 911 Center of the collision. On July 20, 2006 this Officer interviewed Ms. [redacted] via the telephone. Within the interview, Ms. [redacted] explained she did not witness the collision, but traveled around it after it had occurred. She explained that she gave her phone to another male subject because he knew where he was and he talked to the 911 Operator. She explained she could not tell me who this other gentleman was or anything about the collision.

Additional phone numbers were obtained as a result of this inquiry; however, those phone numbers were from untraceable locations or from the Mercedes Response Center.

SCREENING FACTORS	13a. INITIAL SCREENING FACTOR	A.	B.	C.	D.	E.	F.	14a. CASE CONTINUANCE	
	REMOVED TOTAL	A.	B.	C.	D.	E.	F.	16a. TOTAL SCREENING FACTORS	17a. CASE STATUS (CIRCLE ONE) OPEN CLEAR <input checked="" type="radio"/> <b>RESOLVED</b> CLOSED
19a. REPORT DISTRIBUTION SOD _____ CDO _____ FDU _____ CMAU _____ OTHER _____	18a. INVESTIGATING OFFICER [redacted] ID# [redacted]		19a. SUPERVISOR'S APPROVAL ID# [redacted] DATE [redacted]		23a. DATE REC'D BY CENTRAL RECORDS SEP 04 2006		24a. TELEX NUMBER 06-0063		06-199-1042
21a. REPORT REVIEW OFFICER		22a. REPORTING AREA 071190							



## BALTIMORE COUNTY POLICE DEPARTMENT SUPPLEMENT

18. DIV SOD		19. PC 07	20. CC NUMBER 06-199-1042
4a. OFFENSE / INCIDENT Traffic Crash-Fatal MAARS #09852444 C3		4b. VICTIM / FIRM / COMPLAINANT NAME (LAST, FIRST, MIDDLE) (Operator of Vehicle # 2)	
7a. SUPPLEMENT STATUS: <input checked="" type="checkbox"/> CONTINUATION OR <input type="checkbox"/> FOLLOW-UP		5a. DATE OF ORIGINAL REPORT July 18, 2006	
6a. # MULTIPLE CLEARANCES, LIST CC NUMBERS None			
NARRATIVE: DO NOT REPEAT RESULTS OF PRELIMINARY INVESTIGATION (CLARIFY DATA, SCREENING FACTORS, PROBABLE CAUSE, ETC.). ENTER ANY INFORMATION THAT IS PERTINENT. DO NOT SUMMARIZE UNLESS NECESSARY.			
8a. PAGE NO. 14	10a. ARREST DATA	10b. VICTIM <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE	10c. NAME (LAST, FIRST, MIDDLE) BOOKING NUMBER / UID NUMBER / MISCELLANEOUS INFORMATION
11a. REF. BLOCK NUMBER	11b. NARRATIVE Falls Road, north of Woodward Lane, Baltimore County, Maryland		

### Part VII: Notifications Made

#### Crash Team Personnel:

Sergeant \_\_\_\_\_ was notified of the collision and did not respond to the scene. Acting Sergeant \_\_\_\_\_ responded to the crash scene and assisted with the investigation. Officer First Class \_\_\_\_\_ responded to the crash scene and assisted with the investigation.

#### Other Notifications:

Traffic Management Section Commander Captain \_\_\_\_\_ was notified of this crash. Captain \_\_\_\_\_ responded to the crash scene.

This Officer sent a facsimile of the preliminary draft copy on July 18, 2006 to the following sections:

- Office of the Chief Medical Examiner
- Traffic Management Commander
- Baltimore County Police Department's Media Relations
- Baltimore County Police Department's Communication Center (Police Liaison)
- Baltimore County Assistant State's Attorney

#### Next of Kin:

Staff at Sinai Hospital notified \_\_\_\_\_ the fiancée of the operator of Vehicle # 2, that Mr. \_\_\_\_\_ died as a result of the collision. Acting Sergeant \_\_\_\_\_ and this Officer then spoke to Ms. \_\_\_\_\_ who explained she was notified of the collision and the death of Mr. \_\_\_\_\_

SCREENING FACTORS	12a. INITIAL SCREENING FACTOR	A.	B.	C.	D.	E.	F.	14a. CASE CONTINUANCE		20a. CC NUMBER 06-199-1042
	REMOVED SCREENING FACTOR	A.	B.	C.	D.	E.	F.	16a. TOTAL SCREENING FACTORS	16b. CASE STATUS (CIRCLE ONE) OPEN X CLEAR WSP CLOSED	
17a. REPORT DISTRIBUTION (See Exp.)	18a. INVESTIGATING OFFICER		ID#	19a. SUPERVISOR'S APPROVAL		ID#	20a. DATE			
17b. OTHER	21a. REPORT REVIEW OFFICER	22a. REPORTING AREA		23a. DATE REC'D BY CENTRAL RECORDS		24a. TELEX NUMBER				
		071190		SEP 01 2006		06-0063				



**BALTIMORE COUNTY POLICE DEPARTMENT  
SUPPLEMENT**

16. DIV SOD		20. PG 07		30. CC NUMBER 06-199-1042	
44. OFFENSE / INCIDENT Traffic Crash-Fatal MAARS #09852444 C3			50. VICTIM / FIRM / COMPLAINANT NAME (LAST, FIRST, MIDDLE) (Operator of Vehicle # 2)		56. DATE OF ORIGINAL REPORT July 18, 2006
70. SUPPLEMENT STATUS: <input checked="" type="checkbox"/> CONTINUATION OR <input type="checkbox"/> FOLLOW-UP			52. IF MULTIPLE CLEARANCES LIST CC NUMBERS None		
NARRATIVE: DO NOT REPEAT RESULTS OF PRELIMINARY INVESTIGATION (CLARIFY DATA, SCREENING FACTORS, PROBABLE CAUSE, ETC.) ENTER ANY INFORMATION THAT IS PERTINENT. DO NOT SUMMARIZE UNLESS NECESSARY.					
90. PAGE NO. 15	100. ARREST DATA	NAME (LAST, FIRST, MIDDLE) BOOKING NUMBER / UID NUMBER / MISCELLANEOUS INFORMATION			10. 10 VICTIM <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE
110. REP. BLOCK NUMBER	120. NARRATIVE Falls Road, north of Woodward Lane, Baltimore County, Maryland				

**Part VII: Notifications Made Continued**

Ms. notified the daughter of the operator of Vehicle # 2, about her father's death. This Officer contacted Ms. in regards to her father's death via the telephone and she explained she was aware of the situation.

Towing Companies:

This Officer instructed Precinct # 07, Desk Personnel to contact the licensed Baltimore County Towing Company responsible for the area of the crash scene for removal of the vehicles involved in the crash. Mr. responded to the crash scene at 1824 hours on behalf of Ruxton Towing and removed the vehicles.

Teletype Report:

I sent the Fatal Accident Teletype # 06-0063 on July 27, 2006 at 1647 hours.

**Part VIII: Medical Examiner Information**

Dr. pronounced deceased at 1628 hours at Sinai Hospital. Additional staff at Sinai Hospital requested a member from the Office of the Chief Medical Examiner to respond to Sinai Hospital and take custody of This Officer spoke to from the Office of the Chief Medical Examiner who informed this Officer that Forensic Investigator would be investigating the incident.

This Officer contacted the Office of the Chief Medical Examiner and was informed that Dr. conducted an autopsy on It was the opinion of Dr. that died as a result of

SCREENING FACTORS	13a. INITIAL SCREENING FACTOR	A.	B.	C.	D.	E.	F.	14a. CASE CONTINUANCE	
	13b. REVISED SCREENING FACTOR	A.	B.	C.	D.	E.	F.	15a. TOTAL SCREENING FACTORS	16a. CASE STATUS (CIRCLE ONE) OPEN S-CLEAR CLOSED
17a. REPORTING OFFICER	19a. INVESTIGATING OFFICER			ID#	19b. SUPERVISOR'S APPROVAL			ID#	20a. DATE
17b. REPORT REVIEW OFFICER	21a. REPORTING AREA		071190		23a. DATE REC'D BY CENTRAL RECORDS			24a. TELETYPE NUMBER	
				SEP 01 2006			06-0063		



## BALTIMORE COUNTY POLICE DEPARTMENT SUPPLEMENT

		1e. DIV SOD	2e. PC 07	3e. CC NUMBER 06-199-1042
4e. OFFENSE / INCIDENT Traffic Crash-Fatal MAARS #09852444 C3		5e. VICTIM / FIRM / COMPLAINANT NAME (Operator of Vehicle # 2)		6e. DATE OF ORIGINAL REPORT July 18, 2006
7e. SUPPLEMENT STATUS: [XXX] CONTINUATION OR [ ] FOLLOW-UP. 8e. IF MULTIPLE CLEARANCES, LIST CC NUMBERS None				
NARRATIVE: DO NOT REPEAT RESULTS OF PRELIMINARY INVESTIGATION (CLARIFY DATA, SCREENING FACTORS, PROBABLE CAUSE, ETC.). ENTER ANY INFORMATION THAT IS PERTINENT. DO NOT SUMMARIZE UNLESS NECESSARY.				
9e. PAGE NO. 16	10e. ARREST DATA	11e. NAME (LAST, FIRST, MIDDLE) BOOKING NUMBER / URD NUMBER / MISCELLANEOUS INFORMATION		12e. VICTIM [ ] ADULT [ ] JUVENILE
13e. REP. BLOCK NUMBER	14e. NARRATIVE Falls Road, north of Woodward Lane, Baltimore County, Maryland			

### Part VIII: Medical Examiner Information Continued

multiple injuries caused by an accident. This Officer submitted a request via facsimile and United States mail to the Office of the Chief Medical Examiner requesting a copy of the completed autopsy report.

Office of the Chief Medical Examiner  
State of Maryland

### Part IX: Investigator's Conclusions

The primary cause of this collision is the failure of \_\_\_\_\_ to control his vehicle from crossing the double yellow centerlines. Physical evidence at the scene indicates that the collision occurred in the northbound travel lanes and not the southbound travel lanes as indicated by \_\_\_\_\_.

A copy of this report will be forwarded to the Baltimore County States Attorney's Office for review.

SCREENING FACTORS	21e. INITIAL SCREENING FACTOR	A.	B.	C.	D.	E.	F.	14e. CASE CONTINUANCE		
REVISED TOTAL	REVISED SCREENING FACTOR	A.	B.	C.	D.	E.	F.	15e. TOTAL SCREENING FACTORS	16e. CASE STATUS [ ] OPEN [ ] CLEAR [ ] CLOSE	
17e. REPORT ORIGINATOR	18e. INVESTIGATING OFFICER			19e. SUPERVISOR'S APPROVAL			20e. DATE	06-199-1042 SEP 01 2006 06-0063		
DO	21e. REPORT REVIEW OFFICER		22e. REPORTING AREA		23e. DATE REC'D BY CENTRAL RECORDS		24e. TELEEX NUMBER			
FBI			071190				06-0063			
CHAU										

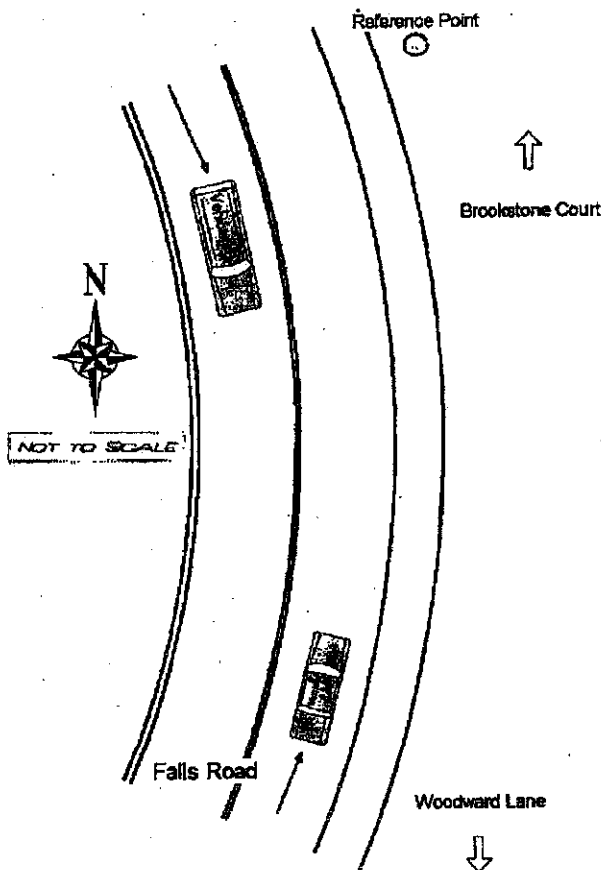


### BALTIMORE COUNTY POLICE DEPARTMENT SUPPLEMENT

1s. DIV SOD		2s. PC 07	3s. CC NUMBER 06-199-1042
4s. OFFENSE / INCIDENT Traffic Crash-Fatal MAARS #09852444 C3		6s. VICTIM / PIUM / COMPLAINANT NAME (LAST, FIRST, MIDDLE) (Operator of Vehicle # 2)	
7s. SUPPLEMENT STATUS: <input checked="" type="checkbox"/> CONTINUATION OR <input type="checkbox"/> FOLLOW-UP		8s. DATE OF ORIGINAL REPORT July 18, 2006	
9s. IF MULTIPLE CLEARANCES, LIST CC NUMBERS None			
NARRATIVE: DO NOT REPEAT RESULTS OF PRELIMINARY INVESTIGATION (CLARIFY DATA, SCREENING FACTORS, PROBABLE CAUSE, ETC.) ENTER ANY INFORMATION THAT IS PERTINENT. DO NOT SUMMARIZE UNLESS NECESSARY.			
9s. PAGE NO. 17	10s. ARREST DATA	NAME (LAST, FIRST, MIDDLE) BOOKING NUMBER / UID NUMBER / MISCELLANEOUS INFORMATION	10.1s VICTIM <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE
11s. REF. BLOCK NUMBER	12s. NARRATIVE Falls Road, north of Woodward Lane, Baltimore County, Maryland		

#### Part XI: Large Diagram:

The Large Diagram is not to scale. This Large Diagram is of the Pre-Impact.



SCREENING FACTORS	13s. INITIAL SCREENING FACTOR	A.	B.	C.	D.	E.	F.	14s. CARE CONTINUANCE	
	REMOVED SCREENING FACTOR	A.	B.	C.	D.	E.	F.	15s. TOTAL SCREENING FACTORS	16s. CARE STATUS (CIRCLE ONE) <input type="checkbox"/> OPEN <input checked="" type="checkbox"/> X-CLASS <input type="checkbox"/> CLOSED
17s. REPORT DISTRIBUTION Sgt. # CO POI CSU OTHER	18s. INVESTIGATING OFFICER ID#		19s. SUPERVISOR'S APPROVAL 3/01				20s. DATE 8/30/06		21s. CC NUMBER 06-199-1042
	22s. REPORT REVIEW OFFICER	23s. REPORTING AREA 071190	24s. DATE REC'D BY CENTRAL RECORDS SEP 11 2006		25s. YELEX NUMBER 06-0063				

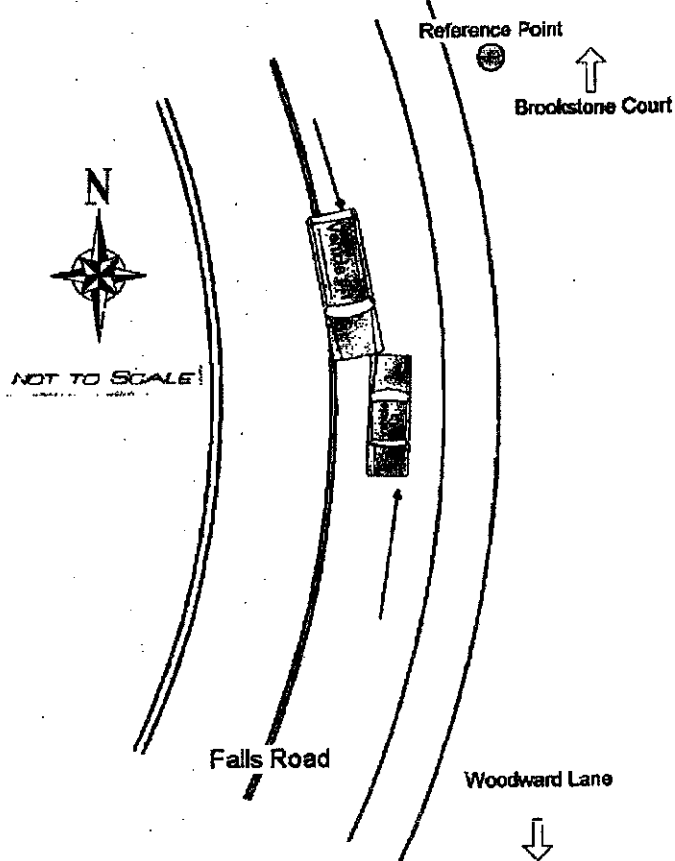


## BALTIMORE COUNTY POLICE DEPARTMENT SUPPLEMENT

<i>"Integrity... Fairness... Service"</i>		1a. DIV SOD	2a. PG 07	3a. CG NUMBER 06-199-1042
4a. OFFENSE / INCIDENT Traffic Crash-Fatal MAARS #09852444 C3		5a. VICTIM / FIRM / COMPLAINANT NAME (LAST, FIRST, MIDDLE) (Operator of Vehicle # 2)		6a. DATE OF ORIGINAL REPORT July 18, 2006
7a. SUPPLEMENT STATUS: [XXX] CONTINUATION OR [ ] FOLLOW-UP		8a. # OF MULTIPLE CLEARANCES, LIST CG NUMBERS None		
NARRATIVE: DO NOT REPEAT RESULTS OF PRELIMINARY INVESTIGATION (CLARIFY DATA, SCREENING FACTORS, PROBABLE CAUSE, ETC.). ENTER ANY INFORMATION THAT IS PERTINENT. DO NOT SUMMARIZE UNLESS NECESSARY.				
9a. PAGE NO. 18	10a. ARREST DATA	NAME (LAST, FIRST, MIDDLE) BOOKING NUMBER / UID NUMBER / MISCELLANEOUS INFORMATION		10.1a VICTIM [ ] ADULT [ ] JUVENILE
11a. RPT. BLOCK NUMBER	12a. NARRATIVE Falls Road, north of Woodward Lane, Baltimore County, Maryland			

### Part XI: Large Diagram:

The Large Diagram is not to scale. This Large Diagram is of the Impact.



SCREENING FACTORS	13a. INITIAL SCREENING FACTOR	A.	B.	C.	D.	E.	F.	14a. CASE CONTINUANCE		15a. CASE STATUS (CIRCLE ONE) OPEN X-CLEAR CLOSED	06-199-1042
		REVISED TOTAL	13b. REVISED SCREENING FACTOR	A.	B.	C.	D.				
17a. REPORT DISTRIBUTION Sgt. _____ Sgt. _____ Sgt. _____ Sgt. _____	18a. INVESTIGATING OFFICER			18b. SUPERVISOR'S APPROVAL			19a. ID# 3101	20a. DATE 8/13/06			
	21a. REPORT REVIEW OFFICER	22a. REPORTING AREA 071190			23a. DATE REC'D BY CENTRAL RECORDS SEP 01 2006		24a. TELEEX NUMBER 06-0063				

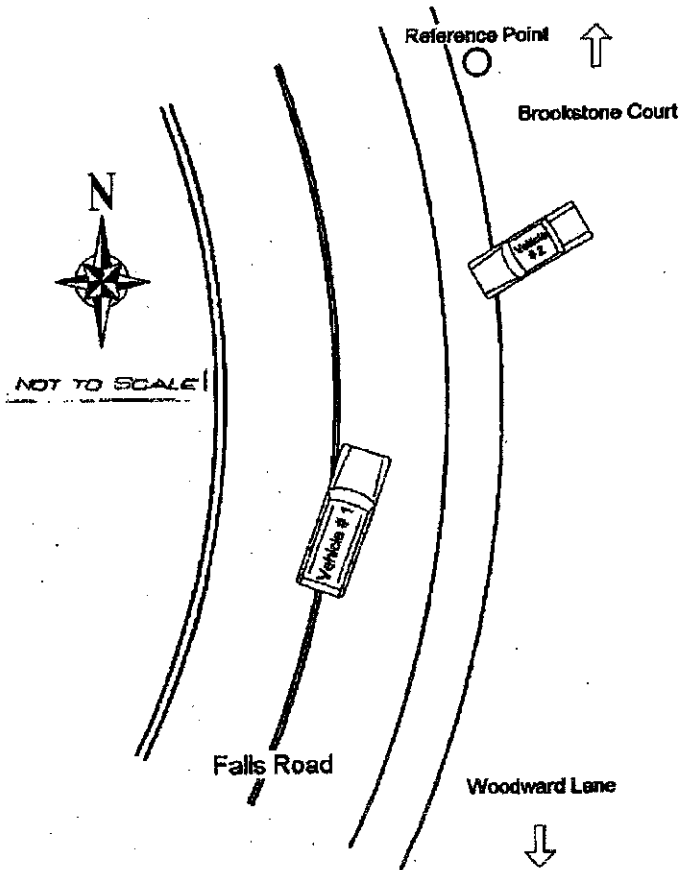


## BALTIMORE COUNTY POLICE DEPARTMENT SUPPLEMENT

<i>"Integrity...Fairness...Service"</i>		1a. DIV <b>SOD</b>	2a. PC <b>07</b>	3a. CC NUMBER <b>06-199-1042</b>
4a. OFFENSE / INCIDENT <b>Traffic Crash-Fatal MAARS #09852444 C3</b>		5a. VICTIM / FIRM / COMPLAINANT NAME (LAST, FIRST, MIDDLE) <b>(Operator of Vehicle # 2)</b>		6a. DATE OF ORIGINAL REPORT <b>July 18, 2006</b>
7a. SUPPLEMENT STATUS: <input checked="" type="checkbox"/> CONTINUATION OR <input type="checkbox"/> FOLLOW-UP			8a. IF MULTIPLE CLEARANCES, LIST CC NUMBERS <b>None</b>	
NARRATIVE: DO NOT REPEAT RESULTS OF PRELIMINARY INVESTIGATION (CLARIFY DATA, SCREENING FACTORS, PROBABLE CAUSE, ETC.). ENTER ANY INFORMATION THAT IS PERTINENT. DO NOT SUMMARIZE UNLESS NECESSARY.				
9a. PAGE <b>NO. 19</b>	10a. ARREST <b>DATA</b>	NAME (LAST, FIRST, MIDDLE)  BOOKING NUMBER / UID NUMBER / MISCELLANEOUS INFORMATION		10.1a VICTIM <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE
11a. REF. BLOCK NUMBER	12a. NARRATIVE <b>Falls Road, north of Woodward Lane, Baltimore County, Maryland</b>			

### Part XI: Large Diagram:

The Large Diagram is not to scale. This Large Diagram is of the Post Impact.



SCREENING FACTORS	12c. INITIAL SCREENING FACTOR	A.	B.	C.	D.	E.	F.	14a. CASE CONTINUANCE	
	REVISED TOTAL	A.	B.	C.	D.	E.	F.	14b. TOTAL SCREENING FACTORS	14c. CASE STATUS (CIRCLE ONE) OPEN <input checked="" type="checkbox"/> CLEAR CLOSED
12a. REPORT DISTRIBUTION SIC: _____ CS: _____ FOR: _____ DIR: _____ OTHER: _____	18a. INVESTIGATING OFFICER ID#		19a. SUPERVISOR'S APPROVAL <i>JIP</i>				20a. DATE <i>8/30/06</i>		3a. CC NUMBER <b>06-199-1042</b>
	21a. REPORT REVIEW OFFICER	22a. REPORTING AREA <b>071190</b>		23a. DATE REC'D BY CENTRAL RECORDS		24a. TELEX NUMBER <b>06-0063</b>			

SEP 01 2006



## BALTIMORE COUNTY POLICE DEPARTMENT SUPPLEMENT

<i>"Integrity... Fairness... Service"</i>		1a. DIV SOD	2a. PC 07	3a. CC NUMBER 06-199-1042
4a. OFFENSE / INCIDENT Traffic Crash - Fatal MAARS # 09852444 C3		5a. VICTIM / FIRM / COMPLAINANT NAME (Operator of Vehicle #2)		6a. DATE OF ORIGINAL REPORT 7/18/06
7a. SUPPLEMENT STATUS: <input type="checkbox"/> CONTINUATION    OR <input checked="" type="checkbox"/> FOLLOW-UP			8a. IF MULTIPLE CLEARANCES, LIST CC NUMBERS None	
NARRATIVE: DO NOT REPEAT RESULTS OF PRELIMINARY INVESTIGATION (CLARIFY DATA, SCREENING FACTORS, PROBABLE CAUSE, ETC.) ENTER ANY INFORMATION THAT IS PERTINENT. DO NOT SUMMARIZE UNLESS NECESSARY.				
9a. PAGE NO. N/A	10a. ARREST DATA	NAME (LAST, FIRST, MIDDLE)		10.1a. VICTIM <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE
	ARREST NUMBER / BCI NUMBER / MISCELLANEOUS INFORMATION			
11a. REF. BLOCK NUMBER	12a. NARRATIVE Falls Road @ Woodward Lane, Baltimore County, Maryland			

I reviewed this report on August 22, 2006. I find it to be complete in content and form. I concur with the investigator's conclusions.

I am a qualified Crash Reconstructionist.

SCREENING FACTORS	13a. INITIAL SCREENING FACTOR	A.0	B.0	C.0	D.0	E.0	F.0	14a. CASE CONTINUANCE		06-199-1042 2a. CC NUMBER
	REVIEWED TOTAL	REVIEWED SCREENING FACTOR	A.0	B.0	C.0	D.0	E.0	F.0	15a. TOTAL SCREENING FACTORS	
17a. REPORT DISTRIBUTION Rec. Mgr. SOD PCF GSM OTHER	18a. INVESTIGATING OFFICER			18b. SUPERVISOR'S APPROVAL			20a. DATE	16a. CASE STATUS (CIRCLE ONE) OPEN 3-CLEAR CLOSED		
	19a. REPORT REVIEW OFFICER		21a. REPORTING AREA 071190		23a. DATE REC'D BY CENTRAL RECORDS SEP 01 2006		24a. TELEX NUMBER N/A			



## BALTIMORE COUNTY POLICE DEPARTMENT SUPPLEMENT

<i>"Integrity, Fairness, Service"</i>		1a. DIV SOD	2a. PC 07	3a. CC NUMBER 06-199-1042
4a. OFFENSE / INCIDENT Traffic Crash-Fatal MAARS #09852444 C3		5a. VICTIM / FIRM / COMPLAINANT NAME (LAST, FIRST, MIDDLE) (Operator of Vehicle # 2)		6a. DATE OF ORIGINAL REPORT 07/18/2006
7a. SUPPLEMENT STATUS: <input type="checkbox"/> CONTINUATION OR <input checked="" type="checkbox"/> FOLLOW-UP		8a. IF MULTIPLE CLEARANCES, LIST CC NUMBERS None		
NARRATIVE: DO NOT REPEAT RESULTS OF PRELIMINARY INVESTIGATION (CLARIFY DATA, SCREENING FACTORS, PROBABLE CAUSE, ETC). ENTER ANY INFORMATION THAT IS PERTINENT. DO NOT SUMMARIZE UNLESS NECESSARY.				
9a. PAGE NO. N/A	10a. ARREST DATA	NAME (LAST, FIRST, MIDDLE) ARREST NUMBER / BCI NUMBER / MISCELLANEOUS INFORMATION		10.1a VICTIM <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE
11a. REF. BLOCK NUMBER	12a. NARRATIVE Falls Road, north of Woodward Lane, Baltimore County, Maryland			

I reviewed the fatal crash report by Officer First Class \_\_\_\_\_ on August 22, 2006. I found the report to be complete in both form and content. I agree with Officer First Class \_\_\_\_\_ findings.

I am qualified Crash Reconstructionist.

SCREENING FACTORS	13a. INITIAL SCREENING FACTOR	A.	B.	C.	D.	E.	F.	14a. CASE CONTINUANCE		26. CC NUMBER 06-199-1042
	REVISED TOTAL	REVISED SCREENING FACTOR	A.	B.	C.	D.	E.	F.	16a. TOTAL SCREENING FACTORS	
17a. REPORT DISTRIBUTION Rec. Ppt. _____ CO _____ FOI _____ OAU _____ OTHER _____	18a. INVESTIGATING OFFICER ID# 4042			19a. SUPERVISOR'S APPROVAL ID# 3101				20a. DATE 8/26/06		
	21a. REPORT REVIEW OFFICER		22a. REPORTING AREA 071190		23a. DATE REC'D BY CENTRAL RECORDS		24a. TELETYPE NUMBER N/A			

SEP 01 2006



# BALTIMORE COUNTY POLICE DEPARTMENT

## WITNESS/STATEMENT FORM

"Integrity...Fairness...Service"

LOCATION: Falls Rd / Woodward Ln CC NUMBER: 06-199-1042  
 NAME: \_\_\_\_\_ AGE: 53 DOB: 3-29-53  
 ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
 OFFICER'S NAME: \_\_\_\_\_ ID# \_\_\_\_\_ ASSIGNMENT: S00

While I was driving northbound on Falls Rd, I observed an accident approximately 150 feet in front of me. I saw a dark SUV traveling southbound and a gray (light color) car traveling northbound. I really didn't notice anything until the vehicles actually collided. I don't know how fast they were going or if anyone crossed. After the collision, I immediately called "911" the yellow line.

SIGNATURE: \_\_\_\_\_  
 WITNESS: \_\_\_\_\_

DATE: 7-18-06 TIME: 4:40 PM  
 WITNESS: \_\_\_\_\_



# BALTIMORE COUNTY POLICE DEPARTMENT WITNESS/STATEMENT FORM

"Integrity... Fairness... Service"

LOCATION: Falls Rd / Woodyard Ln CC NUMBER: 06-199-1042  
 NAME: X AGE: 38 DOB: 8-19-67  
 ADDRESS: X  
 PHONE NUMBER: (H) X (W) X  
 OFFICER'S NAME: \_\_\_\_\_ ID# 4448 ASSIGNMENT: S60

I WAS TRAVELING SOUTH ON FALLS RD PAST PADONIA AT A REASONABLE SPEED LIMIT (45mph) IN MEDIUM TRAFFIC. I NOTICED VERY BRIEFLY A SILVER CAR DRIFT ACROSS THE DOUBLE yellow median. I THOUGHT I WAS/HAD MADE THE PROPER ADJUSTMENTS IN MY LANE TO ALLOW FOR IT WHEN THE ACCIDENT OCCURRED.

Q: Were there any DISTRACTIONS while driving? (Cell phone, RADIO, etc)

A: I was listening to the RADIO

Q: Whom were you hearing too?

A: "Too pick up my Daughter"

SIGNATURE: X

DATE: 7-17-06 TIME: 4:30p

WITNESS: \_\_\_\_\_

WITNESS: \_\_\_\_\_



# BALTIMORE COUNTY POLICE DEPARTMENT WITNESS/STATEMENT FORM CONTINUATION

"Integrity...Fairness...Service"

CC# 06-199-1042

NAME: \_\_\_\_\_

Q: Where were you coming from?

A: "My house"

Q: What were you doing at your house?

A: "Doing my work; I work out of my house"

Q: Were you drinking any alcoholic beverages tonight or today?

A: "No"

Q: Did you see what part of the vehicle crossed the double yellow line?

A: "No"

Q: How fast were you traveling?

A: "I would say 45 miles per hour"

Q: When you saw the car, what was your reaction?

A: "To drift to the side of the road, not to swerve"

Q: Do you know how close you were to curb?

A: "No I do not." I think I did not get over fast enough

Q: Were you between the south bound white line and the double yellow line?

SIGNATURE: \_\_\_\_\_

DATE: 7-17-06 TIME: 4:20p

WITNESS: \_\_\_\_\_

WITNESS: \_\_\_\_\_

PAGE 2 of 3



# BALTIMORE COUNTY POLICE DEPARTMENT WITNESS/STATEMENT FORM CONTINUATION

"Dedicated... Faithful... Service"

CC# 06-199-1042

NAME: \_\_\_\_\_

A: "For sure, yes!" As sure as I can be because I have  
bike riders coming down the shoulder

Q: Is there anything else you would like to add?

A: No

SIGNATURE: \_\_\_\_\_

DATE: 7-17-06 TIME: 7-17-06

WITNESS: \_\_\_\_\_

WITNESS: \_\_\_\_\_

PAGE 3 of 3