



LOCAL REPORT # 10-0314-90

CRASH SEVERITY 3 1 FATAL 3 PDO 2 INJURY 4 UNKNOWN

PRIVATE PROPERTY 'X' IF YES

HITS/KSP 1 1 NOT HITS/KSP 2 SOLVED 3 UNSOLVED

PHOTOS TAKEN 'X' IF YES

CH-2 CH-3 CH-1P OTHER X

N.C.I.C. # OHP90

REPORTING AGENCY Ohio State Highway Patrol

UNITS 01

UNIT ERROR 99 99 = ANIMAL 99 = UNKNOWN

DATE OF CRASH 05252010

TIME OF CRASH 0440

DAY OF WEEK TUE

CITY Groton

VILLAGE

TWP X

COUNTY 22

LATITUDE 41:20:51.30

LONGITUDE 82:48:22.36

CRASH OCCURRED ON PREFIX (CRASH LOCATION) IRO080

TYPE LOC 3

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

LOCAL LINE DESIGNATION WB

REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE

REFERENCE POINT 06

REFERENCE DIST REFERENCE OR .1m

REFERENCE PREFIX REFERENCE MP0108

REFERENCE 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT

REFERENCE 08 PLACE NAME NO REFERENCE 09 CRANWAY 10 STREET OR ROUTE NO REFERENCE

UNIT # A 0103

OF OCC. 03

NAME (LAST, FIRST, MIDDLE) [REDACTED]

ADDRESS (STREET, CITY, STATE, ZIP CODE) Ann Arbor, Michigan [REDACTED]

SOCIAL SECURITY NUMBER [REDACTED]

DATE OF BIRTH 11281989

AGE 20

SEX M

HOME PHONE # [REDACTED]

WORK PHONE # [REDACTED]

DL STATE MI

LP STATE MI

LP # [REDACTED]

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

TRANSPORTED BY [REDACTED]

INJURED TAKEN TO [REDACTED]

OWNER NAME (IF SAME, WRITE "SAME") [REDACTED]

ADDRESS (STREET, CITY, STATE, ZIP CODE) Ann Arbor, Michigan [REDACTED]

YEAR 1995

MAKE HOND

MODEL Odyssey

COLOR BLU

INSURANCE COMPANY Auto Club Group Insurance Company

TOWING SERVICE Madison's Towing

OWNER PHONE # [REDACTED]

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE 'X' IF YES

UNIT # B

OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

AGE

SEX

HOME PHONE #

WORK PHONE #

DL STATE

LP STATE

LP #

INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 5 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 CODE 'X' IF YES

UNIT # C 01

OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE) Ann Arbor, Michigan [REDACTED]

SOCIAL SECURITY NUMBER

DATE OF BIRTH 04161987

AGE 23

SEX F

HOME PHONE #

WORK PHONE #

DL STATE

LP STATE

LP #

INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 5 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 CODE 'X' IF YES

UNIT # D 01

OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE) Ann Arbor, Michigan [REDACTED]

SOCIAL SECURITY NUMBER

DATE OF BIRTH 12311952

AGE 57

SEX F

HOME PHONE #

WORK PHONE #

DL STATE

LP STATE

LP #

INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 5 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 CODE 'X' IF YES

SEATING POSITION

SAFETY EQUIPMENT

AIR BAG

AIR BAG SWITCH

EJECTION

TRAPPED

INJURIES

SUPPLEMENT 'X' IF YES

Motorist/Non-Motorist

Occupant

UNIT NUMBERS 0 1 A B	DAMAGE AREA A B	PRE-CRASH ACTIONS 0 1 A B	SEQUENCE OF EVENTS A B 0 6 1 2 3 4	POSTED SPEED 6 5 A B	DRUG TEST STATUS 1 A B
NON-MOTORIST LOCATION A B 1 MARKED CROSSWALK AT INTERSECTION 2 INTERSECTION NO CROSSWALK 3 NON-INTERSECTION CROSSWALK 4 DRIVEWAY ACCESS CROSSWALK 5 IN ROADWAY 6 NOT IN ROADWAY 7 MEDIAN (BUT NOT SHOULDER) 8 ISLAND 9 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 PATHS OR TRAILS 15 UNKNOWN	A B Most Damaged Area 0 3 A B	MOTORIST 01 MOVEMENT 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-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	NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSED 04 JACKKNIFE 05 CAR/GOV EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS-MEDIAN ENTER LINE 11 DOWN-HILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED	TRAFFIC CONTROL 1 2 A B 01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSBUCKS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALK DON'T WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSED, OBSCURED 16 OTHER	DRUG TEST TYPE 1 A B 1 NONE 2 BLOOD 3 URINE 4 OTHER
TYPE OF UNIT 0 5 A B		CONTRIBUTING CIRCUMSTANCES 1 9 A B	MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY (C/D) 09 IMPROPER LANE CHANGING 10 DROVE OFF ROAD 11 IMPROPER PASSING 12 IMPROPER BACKING 13 IMPROPER START FROM PARKED POSITION 14 STOPPED OR PARKED ILLEGALLY 15 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLECT OR AGGRESSIVE MANNER 16 SWERVING TO AVOID (DUE TO HIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 17 FAILURE TO CONTROL 18 VISION OBSTRUCTION 19 DRIVER INATTENTION 20 FATIGUE/ASLEEP 21 OPERATING DEFECTIVE EQUIPMENT 22 LOAD SHIFTING/FALLING/SPILLING 23 OTHER IMPROPER ACTION 24 UNKNOWN	DIRECTION 3 4 A B 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN	DRUG TEST 1&2 RESULT A B 1 2 1 2 1 NONE 2 MARIJUANA 3 COCAINE 4 OPATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING
MOTORIST 01 SUBCOMPACT 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 (EOB/TAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR DOWNER 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 TRAILER 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS	POINT OF IMPACT 0 1 A B 01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	NON-MOTORIST 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 SIGN, SIGNAL, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	COLLISION WITH FIXED OBJECT 25 IMPACT ATTENTION/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE RAMP 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/ILLUMINARIES 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 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	CONDITION 1 A B 1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FAINTED, FATIGUE, ETC 6 UNDER THE INFLUENCE OF MEDICATION/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN	TYPE OF INTERSECTION 0 1 A B 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCULAR UNABOUT 06 FIVE-WAY, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY ACCESS 11 RAILWAY GRADE CROSSING 12 SHARED USE PATHS OR TRAILS 13 UNKNOWN
IN EMERGENCY RESPONSE A B 1 NO 2 YES 3 UNKNOWN	ACTION 2 A B 1 NONCONTACT 2 NONCOLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE 1 1 A B 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 FRONT CRASH 11 OTHER DEFECTS	FIRST HARMFUL EVENT 1 A B OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	ALCOHOL/DRUG SUSPECTED 1 A B 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBD NOT IN PAIRED 4 YES - DRUG SUSPECTED 5 YES - ALCOHOL/DRUG SUSPECTED 6 UNKNOWN	OCCURRENCE 1 A B 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON DIRT 6 OUTSIDE TRAFFICWAY 7 UNKNOWN
DAMAGE SCALE 4 A B 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	STRIKING VEHICLE: OVERRIDE/UNDERIDE A B 1 NO UNDERIDE OR OVERRIDE 2 UNDERIDE, COMPARTMENT INTRUSION 3 UNDERIDE, NO COMPARTMENT INTRUSION 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE OTHER VEHICLE 7 UNKNOWN		MOST HARMFUL EVENT 1 A B OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	ALCOHOL TEST TYPE 1 A B 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	ROAD CONDITION 0 1 A B 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAYEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS** 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN
			SPEED DETECTED 1 A B 1 STATED 2 ESTIMATED SPEED	ALCOHOL TEST RESULT A B	ROAD CONDITION 0 1 A B
			SPEED 7 0 A B	SUPPLEMENT * 'X' IF YES 1 0 - 0 3 1 4 - 9 0	LOCAL REPORT #** 1 0 - 0 3 1 4 - 9 0

TOP COPY - COPS BOTTOM COPY - AGENCY

CAD Incident Number - LHP100525000505

Narrative

Unit #1 was travelling west on IR 80. The right front tire of Unit #1 broke from the axle causing damage to Unit #1.

MANNER OF COLLISION OR IMPACT

1

- 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
- 2 REAR-END
- 3 HEAD-ON
- 4 REAR-TO-REAR
- 5 BACKING
- 6 ANGLE
- 7 SIDESWIP, SAME DIRECTION
- 8 SIDESWIP, OPPOSITE DIRECTION
- 9 UNKNOWN

WEATHER

0 1

- 01 CLEAR
- 02 CLOUDY
- 03 FOG, SMOG, SMOKE
- 04 RAIN
- 05 SLEET, HAIL (FRESHING RAIN DRIZZLE)
- 06 SNOW
- 07 SEVERE CROSSWINDS
- 08 BLOWING SAND, SOIL, DIRT, SNOW
- 09 OTHER
- 10 UNKNOWN

LIGHT CONDITIONS

PRIMARY SECONDARY

5

- 1 DAYLIGHT
- 2 DAWN
- 3 DUSK
- 4 DARK - LIGHTED ROADWAY
- 5 DARK - NOT LIGHTED
- 6 DARK - UNKNOWN LIGHTING
- 7 BLARE
- 8 OTHER
- 9 UNKNOWN

SCHOOL BUS RELATED

1

- 1 NO
- 2 YES, DIRECTLY INVOLVED
- 3 YES, INDIRECTLY INVOLVED
- 4 UNKNOWN

WORK ZONE RELATED

1

- 1 NO
- 2 YES
- 3 UNKNOWN

TYPE OF WORK ZONE

1

- 1 LANE CLOSURE
- 2 LANE SHIFTCROSSOVER
- 3 WORK ON SHOULDER OR MEDIAN
- 4 INTERMITTENT/MOVING WORK
- 5 OTHER

LOCATION OF CRASH IN WORK ZONE

1

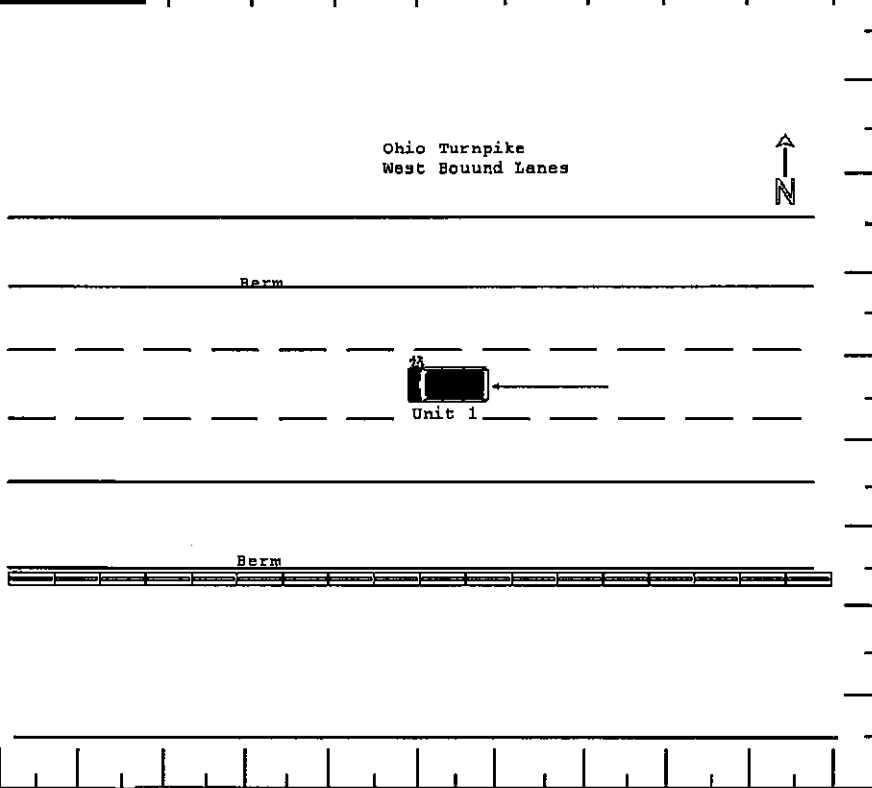
- 1 BEFORE FIRST WORK ZONE WARNING SIGN
- 2 ADVANCE WARNING AREA
- 3 TRANSITION AREA
- 4 ACTIVITY AREA

WORKERS PRESENT

1

- 1 NO
- 2 YES
- 3 UNKNOWN

Diagram



Truck/Bus

UNIT #

1

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.

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)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT

ICC MC

PUCQ

TRAILER LP ST.

TRAILER LP YEAR

TRAILER LP #

PLACARD #

DIA

CARGO BODY TYPE

- 01 NOT APPLICABLE
- 02 BUS (8-15 INCLUDING DRIVER)
- 03 VAN/ENCLOSED BOX
- 04 GRANCH/POD/RAVEL

- 05 POLE
- 06 CARGO TANK
- 07 FLATBED
- 08 DUMP

- 09 CONCRETE MIXER
- 10 AUTO TRANSPORTER
- 11 GARBAGE/REFUSE
- 12 OTHER
- 13 UNKNOWN

WEIGHT (GVWR)

- 1 LESS THAN 10,000
- 2 10,001 - 20,000
- 3 MORE THAN 20,000

CDL CLASS

- 1 CLASS A
- 2 CLASS B
- 3 CLASS C
- 4 CLASS M
- 5 CLASS D

HAZARDOUS MATERIALS PLACARD

- 1 NO
- 2 YES
- 3 UNKNOWN

HAZARDOUS MATERIALS RELEASED

- 1 NO
- 2 YES
- 3 NOT APPLICABLE
- 4 UNKNOWN

Police Action

DATE CRASH REPORTED

0 5 2 5 2 0 1 0

TIME REC CALL

0 5 0 2

DISPATCH

0 5 0 2

ARRIVED

0 5 2 5

CLEARED

0 6 0 0

OTHER

2 0

TOTAL MINUTES

0 0 7 8

OFFICER'S NAME *

Wlodarsky, Eric

BADGE # *

1 1 3 1

CHECKED BY

KLHARRIS

DATE REPORT FILED *

0 5 2 8 2 0 1 0

REPORT TAKEN BY

1

1 POLICE AGENCY
2 MOTORIST

REPORT TAKEN AT

1

1 SCENE
2 STATION
3 OTHER

SUPPLEMENT *
* "X" IF YES

LOCAL REPORT # *

1 0 - 0 3 1 4 - 9 0

TOP COPY - DOPS BOTTOM COPY - AGENCY

CAD Incident Number - LHP100525000505

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER	10-0314-90	REPORTING AGENCY	Ohio State Highway Patrol	DATE OF ACCIDENT	05/25/2010
IN COUNTY OF	Erie	ACCIDENT LOCATION	IR0080		
This was called in as a disabled vehicle. When I arrived at the scene, I observed a scuff mark off the right side of the roadway. Upon speaking with the occupants of the vehicle, the driver said that he was just driving along at normal speeds and the tire just broke off. It appeared the tire had broken from the axle. It caused minor damage to the right front quarter panel and undercarriage as well. There was nothing in the roadway to cause this to occur.					
OFFICER'S SIGNATURE				BADGE NO. 1131	

HSY 7002

CAD Incident Number - LHP100525000505

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	10-0314-90	REPORTING AGENCY	Ohio State Highway Patrol	DATE OF CRASH	05/25/2010
---------------------------	------------	---------------------	---------------------------	---------------	------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO	
(PRINTED)	
Wlodarsky, Eric	AT IR0080
(OFFICERS NAME)	(LOCATION)
ADDRESS OF WITNESS	[REDACTED] Ann Arbor, Michigan [REDACTED]
PHONE	[REDACTED]
SIGNATURE OF WITNESS	OFFICERS SIGNATURE

HSY 7003 1/82

CAD Incident Number - LHP100525000505

