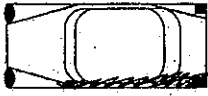
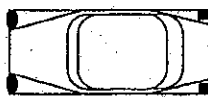




OREGON POLICE TRAFFIC CRASH REPORT

PAGE 1 OF 3

POLICE INCIDENT / CASE NUMBER 11-104451		CRASH DATE 12/03/2011		DAY OF WEEK S N	CRASH TIME 0114 AM	POLICE NOTIFIED 0114 AM	POLICE ARRIVAL 0118 AM	DMV FILE NUMBER	
COUNTY Multnomah		ROAD ON WHICH CRASH OCCURRED SW 3rd Ave and W Burnside				LATITUDE		LONGITUDE	MILE POST
<input type="checkbox"/> WITHIN _____ FEET N S OF NEAREST INTERSECTING ROAD		<input type="checkbox"/> WITHIN _____ FEET N S OF NEAREST CITY / TOWN		<input type="checkbox"/> NEAR _____ MILES E W		<input type="checkbox"/> NEAR _____ MILES E W		Portland, OR	
<input type="checkbox"/> PROPERTY DAMAGE		<input type="checkbox"/> PUBLIC PROPERTY DAMAGE		ESTIMATE: <input type="checkbox"/> UNDER \$1500 <input type="checkbox"/> OVER \$1500 <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> HAZ. MATERIALS		<input type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> TRAIN R/R <input type="checkbox"/> TRUCK / BUS
UNIT #1	NAME (LAST, FIRST, MIDDLE) Suh, Ndamukong Ngwa Lennon					DRIVER LICENSE NUMBER [REDACTED]		STATE SEX RACE OR M B	DOB 01/06/1987
PED	ADDRESS [REDACTED]					PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL		[REDACTED]	
BIC	[REDACTED]					PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL		[REDACTED]	
PRK	VEHICLE OWNER					[REDACTED]		[REDACTED]	
PRP	<input checked="" type="checkbox"/> SAME					[REDACTED]		[REDACTED]	
FIRE	STD SPD	PST SPD	INSURANCE COMPANY <input type="checkbox"/> NONE Progressive Insurance			INSURANCE POLICY NUMBER 13651796-0			
EJECTED Y <input checked="" type="checkbox"/> N	EXTCTD Y <input checked="" type="checkbox"/> N	VEHICLE IDENTIFICATION NUMBER (VIN) 136370R207423		LICENSE PLATE NUMBER 9P-9952		STATE OR	YEAR 13	MAKE Chevy	MODEL SS
VEHICLE TOWED DUE TO VEHICLE DAMAGE Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNKNOWN		BY: A&B Towing		TO: A&B Tow lot		DRIVER TAKEN: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNKNOWN		TO: <input type="checkbox"/> UNKNOWN	
VEHICLE DAMAGE				MARK ALL THAT APPLY: DAMAGE ESTIMATE <input type="checkbox"/> ROLLOVER <input type="checkbox"/> NONE <input type="checkbox"/> UNDERCARR <input type="checkbox"/> UNDER \$1500 <input type="checkbox"/> TOTALED <input type="checkbox"/> OVER \$1500 <input type="checkbox"/> UNKNOWN		INJURY: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> FATAL		EQUIPMENT: <input type="checkbox"/> NO EOP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> ABAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> ABAG-NOT DP	
USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)		SUSPECT NAME		AKA		IN CUSTODY Y <input checked="" type="checkbox"/> N		OTHER INFORMATION: See attached narrative	
HIT AND RUN		SEX RACE DOB		HT	WT	HAIR	EYES	LOCAL ID	
UNIT #2	NAME (LAST, FIRST, MIDDLE) City of Portland					DRIVER LICENSE NUMBER		STATE SEX RACE	DOB
PED	ADDRESS					PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL		[REDACTED]	
BIC	[REDACTED]					PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL		[REDACTED]	
PRK	VEHICLE OWNER					[REDACTED]		[REDACTED]	
PRP	<input type="checkbox"/> SAME					[REDACTED]		[REDACTED]	
FIRE	STD SPD	PST SPD	INSURANCE COMPANY <input type="checkbox"/> NONE			INSURANCE POLICY NUMBER			
EJECTED Y <input checked="" type="checkbox"/> N	EXTCTD Y <input checked="" type="checkbox"/> N	VEHICLE IDENTIFICATION NUMBER (VIN)		LICENSE PLATE NUMBER		STATE	YEAR	MAKE	MODEL
VEHICLE TOWED DUE TO VEHICLE DAMAGE Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNKNOWN		BY: City of Portland		TO: City of Portland		DRIVER TAKEN: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNKNOWN		TO: <input type="checkbox"/> UNKNOWN	
VEHICLE DAMAGE				MARK ALL THAT APPLY: DAMAGE ESTIMATE <input type="checkbox"/> ROLLOVER <input type="checkbox"/> NONE <input type="checkbox"/> UNDERCARR <input type="checkbox"/> UNDER \$1500 <input type="checkbox"/> TOTALED <input type="checkbox"/> OVER \$1500 <input type="checkbox"/> UNKNOWN		INJURY: <input type="checkbox"/> NONE <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> FATAL		EQUIPMENT: <input type="checkbox"/> NO EOP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> ABAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> ABAG-NOT DP	
USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)		PASSENGER NAME		ADDRESS		INJURY <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> FATAL		LOCATION <input type="checkbox"/> EJECTD <input type="checkbox"/> EXTCTD	
UNIT #1	WITNESS SMITH, BLAINE					PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input checked="" type="checkbox"/> CELL (541) 728-8193		OTHER: <input type="checkbox"/> EJECTD <input type="checkbox"/> EXTCTD	
PASSENGER TAKEN: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNKNOWN		BY: City of Portland		TO: City of Portland		EQUIPMENT: <input type="checkbox"/> NO EOP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> ABAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> ABAG-NOT DP		ACTION / ARREST / CITES	
UNIT #	PASSENGER NAME					ADDRESS		INJURY <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> FATAL	
SEX	RACE	DOB	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL		[REDACTED]		LOCATION <input type="checkbox"/> EJECTD <input type="checkbox"/> EXTCTD		
PASSENGER TAKEN: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNKNOWN		BY: City of Portland		TO: City of Portland		EQUIPMENT: <input type="checkbox"/> NO EOP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> ABAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> ABAG-NOT DP		ACTION / ARREST / CITES	
UNIT #	PASSENGER NAME					ADDRESS		INJURY <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> FATAL	
SEX	RACE	DOB	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL		[REDACTED]		LOCATION <input type="checkbox"/> EJECTD <input type="checkbox"/> EXTCTD		
PASSENGER TAKEN: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNKNOWN		BY: City of Portland		TO: City of Portland		EQUIPMENT: <input type="checkbox"/> NO EOP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> ABAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> ABAG-NOT DP		ACTION / ARREST / CITES	
DISTRIBUTION									
OFFICER NAME / NUMBER L. Pavon #51792 / S. Bourasa #38032					DATE 12/03/2001		AGENCY Portland Police		APPROVED BY [Signature]
735-46A (6-07)					STK# 300017				

POLICE INCIDENT / CASE NUMBER 11-104451	EMS NOTIFIED AM PM	EMS ARRIVAL AM PM	LOCAL CODES A B C D E	PAGE 2	OF 3
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Check ONE box in all categories. Check ALL boxes that apply in categories with (+).

FIRST HARMFUL EVENT <input type="checkbox"/> NON COLLISION <input type="checkbox"/> OVERTURN <input type="checkbox"/> FIRE / EXPLOSION <input type="checkbox"/> IMMERSION <input type="checkbox"/> GAS INHALATION <input type="checkbox"/> OTHER NON COLLISION <input type="checkbox"/> MEDICAL (Explain) <input type="checkbox"/> COLLISION WITH <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PARKED MOTOR VEHICLE <input type="checkbox"/> RAILWAY TRAIN <input type="checkbox"/> BICYCLIST CRASH TYPE <input type="checkbox"/> HEAD ON <input type="checkbox"/> REAR END <input type="checkbox"/> ANGLE <input type="checkbox"/> SIDESWIPE <input type="checkbox"/> MANNER UNKNOWN FIXED OBJECT <input type="checkbox"/> BARRICADE <input type="checkbox"/> BOULDER / ROCK <input type="checkbox"/> BRIDGE / PASS or RAILING <input type="checkbox"/> BUILDING <input type="checkbox"/> CULVERT HEADWALL <input type="checkbox"/> CURBING <input type="checkbox"/> DITCH <input type="checkbox"/> DIVIDER - CONCR or STEEL <input type="checkbox"/> FENCE - NOT MEDIAN <input type="checkbox"/> FIRE HYDRANT <input type="checkbox"/> HIGHWAY GUARDRAIL <input type="checkbox"/> HIGHWAY SIGN <input type="checkbox"/> IMPACT ABSORBER <input type="checkbox"/> LIGHT STANDARD <input type="checkbox"/> MAILBOX <input type="checkbox"/> OVERHEAD SIGN POST <input type="checkbox"/> OVERHEAD STRUCTURE <input type="checkbox"/> PIER or COLUMN <input type="checkbox"/> RETAINING WALL <input type="checkbox"/> SIDESLOPE EARTH <input type="checkbox"/> SIDESLOPE ROCK or STONE <input type="checkbox"/> TRAFFIC SIGNAL POST <input type="checkbox"/> TREE <input type="checkbox"/> UNDERPASS TUNNEL <input type="checkbox"/> UTILITY POLE <input checked="" type="checkbox"/> OTHER FIXED (Explain) OTHER OBJECT (NOT FIXED) <input type="checkbox"/> ANIMAL <input type="checkbox"/> THROWN / FALLING OBJECT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER OBJECT (Explain)	WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY (OVERCAST) <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> SLEET / HAIL / ETC <input type="checkbox"/> FOG / SMOG <input type="checkbox"/> SMOKE <input type="checkbox"/> BLOWING SAND / DIRT <input type="checkbox"/> SEVERE CROSSWIND <input type="checkbox"/> OTHER / UNKNOWN SURFACE CONDITION <input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> SNOW / SLUSH <input type="checkbox"/> ICY <input type="checkbox"/> MUDDY <input type="checkbox"/> DEBRIS <input type="checkbox"/> RUTS / HOLES / BUMPS <input type="checkbox"/> WORN / POLISHED <input type="checkbox"/> LOW / SOFT SHOULDER <input type="checkbox"/> OTHER (Explain) SURFACE TYPE <input type="checkbox"/> CONCRETE <input type="checkbox"/> BLACKTOP / ASPHALT <input type="checkbox"/> GRAVEL <input type="checkbox"/> DIRT <input type="checkbox"/> OTHER LIGHT <input type="checkbox"/> FULL DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DUSK <input type="checkbox"/> DARK - LIGHTED WAY <input type="checkbox"/> DARK - NOT LIGHTED <input type="checkbox"/> UNKNOWN TRAFFIC CONTROL TYPE <input type="checkbox"/> NONE <input type="checkbox"/> SCHOOL BUS LIGHTS <input type="checkbox"/> OFFICER / CROSSING GUARD or FLAGGER <input type="checkbox"/> TRAFFIC SIGNAL w/ PEDESTRIAN CONTROL <input type="checkbox"/> TRAFFIC SIGNAL <input type="checkbox"/> FLASHING BEACON <input type="checkbox"/> STOP SIGN <input type="checkbox"/> YIELD SIGN <input type="checkbox"/> RR CROSSING GATES <input type="checkbox"/> RR CROSSING BUCKS <input type="checkbox"/> RR FLASHING SIGNAL <input type="checkbox"/> RR CROSSING w/ PAVEMENT MARKINGS <input type="checkbox"/> LANE CONTRLS / LINES / STRIPES / DEVICES <input type="checkbox"/> SCHOOL SIGNAL <input type="checkbox"/> OTHER REG SIGN <input type="checkbox"/> TURN LANES <input type="checkbox"/> UNKNOWN TRAFFIC CONTROL DEVICE CONDITION <input type="checkbox"/> NO MALFUNCTION <input type="checkbox"/> DOWN / MISSING <input type="checkbox"/> TURNED FROM PROPER POSITION <input type="checkbox"/> OBSCURED BY OTHER SIGNS <input type="checkbox"/> OBSCURED BY PARKED VEHICLE <input type="checkbox"/> OBSCURED BY VEGETATION <input type="checkbox"/> LIGHTS MALFUNCTION <input type="checkbox"/> LIGHTS STUCK <input type="checkbox"/> GATES INOPERATIVE <input type="checkbox"/> GATE ARM MISSING <input type="checkbox"/> OTHER RR MALFUNCTION <input type="checkbox"/> OTHER IMPAIRMENT <input type="checkbox"/> UNKNOWN	ROAD CHARACTER <input type="checkbox"/> STRAIGHT and LEVEL <input type="checkbox"/> STRAIGHT w/ GRADE <input type="checkbox"/> CURVED and LEVEL <input type="checkbox"/> CURVED w/ GRADE VEH #1 — NUMBER OF LANES VEH #2 — NUMBER OF LANES — TOTAL NUMBER OF LANES ROAD FLOW <input type="checkbox"/> ONE WAY TRAFFIC <input type="checkbox"/> NOT PHYSLY DIVIDED MEDIAN TYPE <input type="checkbox"/> UNPAVED <input type="checkbox"/> BARRIER <input type="checkbox"/> PAVED <input type="checkbox"/> CONT LEFT TURN DRIVER LICENSE VIOLATION DRIVER #1 #2 <input type="checkbox"/> NONE <input type="checkbox"/> INSTRUCTION PERMIT <input type="checkbox"/> LICENSE RESTRICTION <input type="checkbox"/> EXPIRED LICENSE <input type="checkbox"/> OUT OF CLASS <input type="checkbox"/> SUSPENDED / REVOKED <input type="checkbox"/> UNLICENSED * DRIVER FACTORS DRIVER #1 #2 <input type="checkbox"/> NONE <input type="checkbox"/> CELL PHONE USE <input type="checkbox"/> OBSTRUCTED VIEW <input type="checkbox"/> FAILED TO YIELD ROW <input type="checkbox"/> DISREGD TRAF SIGN <input type="checkbox"/> TOO FAST FOR COND <input type="checkbox"/> MADE IMPROPER TURN <input type="checkbox"/> WRONG SIDEWAY <input type="checkbox"/> FOLLOW TOO CLOSELY <input type="checkbox"/> IMPROPER LANE CHNG <input type="checkbox"/> IMPROPER BACKING <input type="checkbox"/> IMPROPER PASSING <input type="checkbox"/> IMPROPER SIGNAL <input type="checkbox"/> IMPROPER PARKING <input type="checkbox"/> FATIGUE / DROWSY <input type="checkbox"/> ILL / BLACKOUT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) * IMPAIRMENT DRIVER #1 #2 <input type="checkbox"/> NONE <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNDER INFL - MEDS <input type="checkbox"/> UNKNOWN DETERMINED BY: <input type="checkbox"/> INTOXILYZER TEST <input type="checkbox"/> BLOOD OR URINE TEST <input type="checkbox"/> FIELD SOB. TEST <input type="checkbox"/> OBSERVED (SPEECH, ODOR, ETC.) <input type="checkbox"/> DRE EVALUATION <input type="checkbox"/> STATEMENTS <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) RESULTS OF TEST: D1 _____ % D2 _____ % <input type="checkbox"/> NO TEST GIVEN <input type="checkbox"/> TEST REFUSED <input type="checkbox"/> TESTED FOR DRUGS <input type="checkbox"/> RESLTS NOT AVAILABLE	* VEH RELATED FACTORS #1 #2 <input type="checkbox"/> NONE <input type="checkbox"/> BRAKES <input type="checkbox"/> STEERING <input type="checkbox"/> POWER PLANT <input type="checkbox"/> SUSPENSION <input type="checkbox"/> TIRES <input type="checkbox"/> EXHAUST <input type="checkbox"/> LIGHTS <input type="checkbox"/> SIGNALS <input type="checkbox"/> WINDOWS / WINDSHLD <input type="checkbox"/> RESTRAINT SYSTEM <input type="checkbox"/> WHEELS <input type="checkbox"/> COUPLING <input type="checkbox"/> CARGO <input type="checkbox"/> OTHER VEHICLE MOVEMENT #1 #2 <input type="checkbox"/> BACKING <input type="checkbox"/> STOPPED <input type="checkbox"/> STRAIGHT AHEAD <input type="checkbox"/> TURNING RIGHT <input type="checkbox"/> TURNING LEFT <input type="checkbox"/> MAKING U-TURN <input type="checkbox"/> ENTER TRAFFIC LANE <input type="checkbox"/> LEAVE TRAFFIC LANE <input type="checkbox"/> OVERTAKING <input type="checkbox"/> CHANGING LANES <input type="checkbox"/> AVOIDING MANEUVER <input type="checkbox"/> MERGING <input type="checkbox"/> PARKING <input type="checkbox"/> NEGOTIATING A CURVE <input type="checkbox"/> OTHER TRAILER TYPE #1 #2 <input type="checkbox"/> LOG BUNK <input type="checkbox"/> SEMITRAILER <input type="checkbox"/> POLE TRAILER <input type="checkbox"/> FULL TRAILER <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> UTILITY TRAILER <input type="checkbox"/> TRAVEL TRAILER <input type="checkbox"/> BOAT TRAILER <input type="checkbox"/> FARM EQUIPMENT <input type="checkbox"/> HORSE TRAILER <input type="checkbox"/> VEHICLE IN TOW <input type="checkbox"/> OTHER / UNKNOWN	TRUCK CONFIGURATION #1 #2 <input type="checkbox"/> TRUCK (2 or 3 AXLE) <input type="checkbox"/> TRUCK / TRACTOR SEMI <input type="checkbox"/> TRUCK and TRAILER <input type="checkbox"/> DOUBLE TRAILERS <input type="checkbox"/> TRIPLE TRAILERS <input type="checkbox"/> DROMEDARY and SEMI <input type="checkbox"/> HEAVY HAUL CONFIG <input type="checkbox"/> BUS <input type="checkbox"/> OTHER (Explain) * PASSENGER FACTORS PASS UNIT #1 #1 #2 <input type="checkbox"/> NONE <input type="checkbox"/> INTERFERED w/ DRIVER <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) PASS UNIT #2 #1 #2 <input type="checkbox"/> NONE <input type="checkbox"/> INTERFERED w/ DRIVER <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) PEDESTRIAN LOCATION IN ROAD <input type="checkbox"/> IN X-WALK <input type="checkbox"/> NOT IN X-WALK <input type="checkbox"/> NO X-WALK AVAILABLE INTERSECTION <input type="checkbox"/> IN X-WALK <input type="checkbox"/> NOT IN X-WALK <input type="checkbox"/> NO X-WALK AVAILABLE OTHER <input type="checkbox"/> NOT IN ROADWAY <input type="checkbox"/> SHOULDER <input type="checkbox"/> MEDIAN <input type="checkbox"/> BIKE LANE <input type="checkbox"/> UNKNOWN	PEDESTRIAN TYPE <input type="checkbox"/> NONE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> BICYCLIST <input type="checkbox"/> CONVEYANCE <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> ANIMAL RIDER <input type="checkbox"/> RIDER of ANIM DRAWN VEH <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) * PEDESTRIAN ACTION <input type="checkbox"/> ENTER / CROSS ROAD <input type="checkbox"/> WALK / RIDE w/ TRAFF <input type="checkbox"/> WALK / RIDE AGAINST <input type="checkbox"/> STEP ON / OFF VEHICLE <input type="checkbox"/> STEP ON / OFF SCH BUS <input type="checkbox"/> APPROCH / LEAVE SC BUS <input type="checkbox"/> APPROACH / LEAVE VEH <input type="checkbox"/> WORK / PUSHING VEHICLE <input type="checkbox"/> OTHER WORKING <input type="checkbox"/> PLAYING <input type="checkbox"/> STANDING <input type="checkbox"/> LYING DOWN <input type="checkbox"/> UNKNOWN PED / BIKE VISIBILITY CLOTHING <input type="checkbox"/> NO CONTRAST w/ BKGND <input type="checkbox"/> CONTRASTED w/ BKGND <input type="checkbox"/> REFLECTIVE OTHER <input type="checkbox"/> OTHER LIGHT SOURCE <input type="checkbox"/> UNKNOWN * PED / BIKE FACTORS <input type="checkbox"/> NONE <input type="checkbox"/> FAILED TO YIELD ROW <input type="checkbox"/> DISREGARD TRAFFIC SIGN <input type="checkbox"/> ILLEGALLY IN ROAD <input type="checkbox"/> EQUIPMENT VIOLATION <input type="checkbox"/> CLOTHING NOT VISIBLE <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain)
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(NOT TO SCALE)

SKETCH & NARRATIVE

UNIT 1 2

SKID MARKS TO (FEET)

DISTANCE AFTER (FEET)

TRANSIT POLICE DIVISION		CONTINUATION REPORT				PAGE OF 3/3	
CASE NO.	CASE NO. 11-104451	CLASSIFICATION TRAFFIC CRASH REPORT		TYPE OF CONTINUATION <input checked="" type="checkbox"/> INCIDENT <input type="checkbox"/> CUSTODY <input checked="" type="checkbox"/> TRAFFIC ACCIDENT <input type="checkbox"/> SPECIAL			
	SUBJECT'S NAME SUH, NDAMUKONGU NGWA LENNON			SEX M	RACE B	DOB 01/06/1987	
	LOCATION OF OCCURRENCE SW 3RD AVE AND W. BURNSIDE						
	<small>NARRATIVE-The order of appearance for additional information will be:</small> ITEM 1: ADDITIONAL PERSON INFO-List additional people (not suspects) and identify their involvement with the appropriate code. Additional person info includes contacts. ITEM 2: ADDITIONAL SUSPECT INFO-Report all suspect info on additional incident reports. Each suspect must have coded crime analysis descriptors. Detail in the narrative only suspect info not covered in the boxes. ITEM 3: ADDITIONAL VEHICLE INFO-List additional vehicles in the same fashion as reported in the vehicle section. Include the identifying code. ITEM 4: ADDITIONAL WORTHLESS DOCUMENTS-Record multiple worthless documents on a multiple worthless document form and attach as additional pages. Record in the narrative the number of worthless documents written. ITEM 5: ADDITIONAL PROPERTY-Record no more than four additional items of property in the narrative-and/or use a special report and attach as additional pages. ITEM 6: ADDITIONAL OFFICERS-List all officers present and identify their involvement with the incident being reported. ITEM 7: SUMMARY-A short summary is necessary if the narrative is more than one full page in length. ITEM 8: NARRATIVE-List in chronological order all of the relevant details in the incident and/or elements of the crime or violation.						
ITEM	CODE						
	8.	<p>ON THE ABOVE DATE AND TIME, WE RESPONDED TO SW 3RD AVE AND W. BURNSIDE FOR A REPORT OF A VEHICLE ACCIDENT.</p> <p>UPON ARRIVAL, I SAW A RED VEHICLE THAT WAS BACKED INTO A TREE ON THE SOUTHEAST CORNER ON SW 3RD AVE. THE VEHICLE HAD HEAVY REAR AND SIDE DAMAGE.</p> <p>I MADE CONTACT WITH THE DRIVER OF THE VEHICLE AND IDENTIFIED THE DRIVER AS NDAMUKONGU N. SUH DOB: 01/06/87 WHO STATED THAT HE LOST CONTROL OF HIS VEHICLE AND CRASHED.</p> <p>I ASKED SUH FOR HIS DRIVERS LICENSE AND VEHICLE INSURANCE INFORMATION. SUH WAS VERY COOPERATIVE AND PROVIDED ME WITH THE INFORMATION. SUH DID NOT APPEAR TO BE INTOXICATED AND DID NOT HAVE ANY SIGNS OF IMPAIRMENT.</p> <p>SUH SAID HE WAS TRAVELING SOUTH BOUND ON 3RD AVE WHEN HE TRIED TO GO AROUND A PARKED TAXI, SUH SAID THAT WHEN HE DROVE AROUND THE TAXI, HE LOST CONTROL OF HIS CAR AND STEERED TO THE SIDE CAUSING THE VEHICLE TO SPIN AND CRASH.</p> <p>SUH CRASHED HIS VEHICLE AGAINST A LIGHT POLE, WATER FOUNTAIN, AND A TREE LOCATED ON THE SOUTHEAST CORNER ON SW 3RD AVE.</p> <p>PER SUH, I REQUESTED A TOW TRUCK. THE VEHICLE WAS TOWED BY A & B TOW AND RELOCATED TO THEIR TOW YARD.</p> <p>NOTE: I NOTICE EXTENSIVE DAMAGE TO THE LOWER PORTION OF THE CITY LIGHT POLE. THE WATER FOUNTAIN WAS SLIGHTLY BENT CAUSING WATER TO COME OUT THROUGH THE BOTTOM OF THE FOUNTAIN. I ALSO NOTICED A LARGE CHUNK OF TREE BARK WAS MISSING WHERE THE VEHICLE MADE IMPACT WITH THE TREE.</p>					
REPORTING OFFICER(S) L. PAVON # 51792 / S. BOURASA # 38032		BPST	PREC/DIV CE/U	RLF/SHFT N	ASSN/DIST 857	SUPERVISOR'S SIGNATURE [Signature] 22529	

PORTLAND
POLICE BUREAU

SPECIAL REPORT

TYPE: 4. SUPPLEMENTAL

PAGE/OF
2 / 2

11-104451

CASE
NUMBER

COPIES

- ☐ DET
☐ CENTRAL
☐ EAST
☐ NORTH
☐ NE
☐ SE
☐ CAT
☐ DHS/CHS

- ☐ DVD
☐ DVRU
☐ ECRT
☐ JDH
☐ JUV
☐ CS
☐ DVCS

- ☐ _____
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____

COMPUTER
ENTRY☐ Desk

DPSST
☐ Person

DPSST
☐ Entry /
Vehicle

DPSST
☐ Distribution

DPSST

_____ was treated the following morning at OHSU. She was given X-ray's to determine the extent of her injuries. _____ said she was just bruised and her shoulder is swollen and will be in pain for an unknown amount of time. She did not report any broken bones or other injuries. _____ was prescribed pain medication.

The incident was reported at 0114 hours. Sgt. Harris arrived on scene at 0116 hours and observed no occupants or victims in the area. My partner and I arrived on scene at 0118 hours and saw no victims that needed medical attention. No witnesses outside Dante's came forward to report an injured passenger or to report the reckless driving.

_____ requested that her name remain confidential because she fears for her safety. _____ said that Suh has a lot of friends and family and fears retaliation. She requested her name not be included in a future press release.

EXTERNAL DISTRIBUTION LIST

Add Addressee

REPORTING OFFICER(S)

Lino Pavon

DPSST
51792PREC / DIV
Central/URLF / SHIFT
NASSN / DIST
857

SUPERVISOR'S SIGNATURE

Michael Frome (22827)

PORTLAND
POLICE BUREAU

SPECIAL REPORT

TYPE: 4. SUPPLEMENTAL

CASE
NUMBER
11-104451CASE NUMBER
11-104451

REFER CASE NUMBER

CLASSIFICATION

STATUS

ORIGINAL REPORT DATE
12/03/11TIME
0114THIS REPORT DATE
12/04/11TIME
0509

LOCATION OF OCCURRENCE

SW 3rd Ave and W Burnside Street

PRECINCT OF OCCURRENCE

Central Precinct

SUBJECT OF THIS REPORT

Injury Statement

CAD INCIDENT NUMBER

PP-336693

COPIES

- ☐ DET
☐ CENTRAL
☐ EAST
☐ NORTH
☐ NE
☐ SE
☐ CAT
☐ DHS/CHS
☐ DVD
☐ DVRU
☐ ECRT
☐ JDH
☐ JUV
☐ CS
☐ DVCS
☐ _____
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PERSON SB - Subject SI - Sick/Injured/Cared For PE - Park Exclusion VI - Victim RP - Reporting Party KN - Person w/Knowledge
OW - Owner WI - Witness BU - Business PF - Property Finder MI - Missing RW - Runaway AR - Arrested

Add Person

CODE SI	NAME: (Last, First Middle) [REDACTED]	CRN [REDACTED]	SEX [REDACTED]	RACE [REDACTED]	DOB [REDACTED]	X
ADDRESS [REDACTED]		CITY [REDACTED]	STATE [REDACTED]		ZIP [REDACTED]	
<input type="checkbox"/> WORK PHONE <input type="checkbox"/> MESSAGE PHONE		MOBILE PHONE [REDACTED]		HOME PHONE [REDACTED]		

VEHICLE L - Locate A - Abandoned T - Towed V - Victim's Vehicle X - Suspect Vehicle I - Information M - Missing

Add Vehicle

PROPERTY RECEIPT NO.

None

PROPERTY S - STOLEN L - LOST D - DAMAGED F - FOUND K - SAFEKEEPING R - RECOVERED E - EVIDENCE

Add Property

NARRATIVE (COMMENTS)

8. NARRATIVE:

On the above date and time, I called SI [REDACTED] to take a statement in regards to the vehicle accident that involved Ndamukong Ngwa Suh on the morning of December 3rd.

[REDACTED] stated that she was a passenger in the vehicle with Suh when he crashed his vehicle on SW 3rd Ave and W Burnside Street. [REDACTED] stated that she suffered several injuries during the crash.

[REDACTED] stated that she was sitting in the rear passenger seat of the car when Suh started driving. [REDACTED] said that Suh was driving too fast and that caused him to crash the car. [REDACTED] said, "He was driving too fast and reckless all the time. There was never a taxi. He was just going too fast and he could have killed someone at Dante's." [REDACTED] was referring to the taxi that Suh claimed he had to drive around prior to the crash.

[REDACTED] stated that Suh called 911. [REDACTED] said that she repeatedly told Suh that she was hurt and needed a doctor.

[REDACTED] stated she left the scene of the accident because there was a lot of people outside Dante's taking pictures and she did not want to be photographed. [REDACTED] and her friend [REDACTED] left the scene and moved to SW 3rd Ave and SW Ankeny Street where she asked her friend [REDACTED] to call her husband. [REDACTED] husband arrived and transported her to OHSU to be treated.

[REDACTED] suffered a laceration to her forehead that required 5 stitches, a black eye, a "busted lip", and a torn shoulder muscle.

The incident was reported at 0114 hours. Sgt. Harris arrived on scene at 0116 hours and observed no occupants or victims in the area. My partner and I arrived on scene at 0118 hours and saw no victims that needed medical attention. No witnesses outside Dante's came forward to report an injured passenger or to report the reckless driving. According to [REDACTED] there were four occupants inside the vehicle at the time of the accident.

REPORTING OFFICER(S)

Lino Pavon

DPSST
51792PREC / DIV
Central/URLF / SHIFT
NASSN / DIST
857

SUPERVISOR'S SIGNATURE

David Michaelson (23060)

PORTLAND
POLICE BUREAU

SPECIAL REPORT

TYPE: 4. SUPPLEMENTAL

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11-104451 requested that her name remain confidential because she fears for her safety. said that Suh has a lot of friends and family and fears retaliation. She requested her name not be included in a future press release.

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REPORTING OFFICER(S)

Lino Pavon

DPSST

51792

PREC / DIV

Central/U

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