		Local Codes	5 1 2922	7	F					DENT								19	
		2021-00022	676	-					_	A (3/04)								17	
1		W1SH30I	DLXB7W	☐ AMEI	NDED	REPO	RT												
-	Accid	lent Date th Day	Year	Day of Week		Military 1	Γime	No. o		No. Injured	No. Ki	lled	Not Investigated	at Scene	Left S	Scene	Police Photos	20	
	0	9 22	2021	WEDNES	DAY	13	:47		2	0	2		Accident Recons				Yes No	7.	
2	VEHIC	CLE 1 - Driver		VEHICLE 1				State of	Lic.	VEHICLE 2									
_		se ID Number 6	28623690					NY		License ID Number 010940646 LA  Driver Name - exactly									
	as pri	nted on license	HERDENDO:	RF, ARNO	LD E					as printed or	n license		LLA, KEBI	R SAID	OU				
		ss (Include Numi	ber and Street) ST APT 4	3			Apt. No. Address (Include Number and Street) 3804 DIVISION STREET									Apt. No.			
	City o	r Town			Zip Code			City or Town State Zip Code											
3		CKPORT of Birth	f Occupar	1409 nts   Pub			Date of Birth			Sex Unlice	LA ensed N	lo. of Occu		Public	_				
3	.   '		M			02		perty naged					M		02		Property Damaged		
			ted on registration		Sex		e of Birth	h		Name - exac				S	Sex	Date of Month	Birth Day Year	23	
4		SS (Include Num	LISTOPHER ber and Street)	IM	Apt. N		<u>.</u>	Relea	ased	Address (Inc			RTATION,	Α	C pt. No.	Haz. Mat.	Released	7	
'		HAWLEY	CTS1	Stat		Cod	de	[		6200 S		ING	ST	State		Code	-   🗆		
1		CKPORT		NY	е		ip Code 1409			INDIAN		S		IN	Zip Code 46217				
5		Number 73468		ehicle Year & N 2009 CHE		Vehicle 4DSD		Ins. Co	ode 49	Plate Number 299155		State o		Year & Make VOLV		cle Type AC	Ins. Code 989	1.	
3	Ticket	/Arrest	141	ZOOD CIII	·	1000		1 -		Ticket/Arres	-		2015	VOLV	110	no	1 202	1	
3 · Number(s)       Violation       Violation														25					
	Section	on(s)			01					Section(s)	1								
6	_ V  ĭ	heck if involved more than 9	5 inches wide;		V □	eck if invo more the							gram below tha ace #9. Numbe			lent, or o	draw your own	1.	
2		☐ more than 34	4 feet long; h an overweight	nermit			re than 34 feet long; rated with an overweight pe			permit:	ermit; Rear End Left Turn Right Angle Right Turn Head On						lead On		
	1 1	<ul> <li>operated wit</li> </ul>	h an overdimen	sion permit.	I $\square$	operate	erated with an overdimens			ion permit.				- 7	<u>.</u> → ←	26			
7	C_B	ox 1 - Point of I	1 DAMAGE C mpact	1 2	C Box		CHICLE 2 DAMAGE CO			1 2	Sideswip (same dir	rection)	Left Turn	$\odot$	Right Tur	n (	ideswipe opposite direction)	1.	
3		ox 2 - Most Dar inter up to three		11. 17.	E Box	x 2 - Most ter up to t		ge 3	_	2.0 2.0	2.		o. NAGRAM	4.	6.	8	<u>.</u> →	1.	
		nore damage co				re damag				5.0 6.0		ENI DI	IAGRAIVI					07	
		ehicle By: DA owed: To: DA			Veh	ved: To:	DADS	WELL	S.S		See	the	last pag	e of ti	he MV	-1042	A for the	27	
		IICLE DAMAGE			3		4 5 6 accident diagram.									ļ			
	1-13	SEE DIAGRAM	ON RIGHT			1		$\vdash$	$\neg$	<u> </u>									
		4. UNDERCARE 5. TRAILER		MOLISHED DAMAGE	2	13				8 9.								- 00	
	1	6. OVERTURNE	D 19. OT	HER		l							rs to any one v		_		_	28 1.	
							12	11		10 9 Unknown/Unable to determine Yes No									
	Re	ference Marker	Coordinat	es (if available	´	ce When						\ <i>(</i> :11	M	- DEM	DD\KE				
		7   7	_ Lattitude/I	Northing:		unty <u>GE1</u>				C	•	Village	e ⊠ Town	of PEM	PICKE			29	
	4	1 0	2		-					d <u>8098</u>			(Route Number of	or Street Name)				11	
	-1		Longitude	/Easting:			ecting st	treet <u>I</u>		AN FALI ]n□s		אַע	(Route Number of	or Street Name)					
	1	1   0	8		- or 2	2) feet		miles		] E   W	of	(Mi	lepost, Nearest inter	secting Route N	lumber or St	treet Name	9)		
		ent Description	Officer's notes	NO CIVIL	י דמעד	יגם מו	.T.Q T	ROAD	7,71	EHICLE	2 WAG	NOP	THROUND	ON POTT	PE 77	ODI	PATOR	30	
	OF	VEHICLE :	1 FAILED	TO STOP	AT I	THE ST	COP S	SIGN	ANI	D WAS S	TRUCK	BY	VEHICLE	2. **0	JT OF	STAT	ΓE	_	
			NSURANCE 8. Proper															USE COVER SHEET	
	BAT	AVIA NY	14020 Pro	perty Da	amage	by t												Ν	
			r RD BATA															]	
Α	8 A 1	9 . 0 L.C	10 A		1 <b>2</b> 69				16 L.(	17 BY	то	18 -		mes of all inv		ם.	Date of Death		
Ĺ	H			-	-		-	-			_						+		
	+-	.0 3.0	A	<del>                                     </del>	70			5.	L.(	0000	+-			, CHRI			09/22/	ZUZ.	
I N	H .	.0 L.C	4		30	M	_	-	_	-	<u> </u>			A, KEBI			-		
V		.0 7.0	1	1.0	38	M	-	-	_	-	-		JA	BER, AH	IMED A	A			
L	E																		
V E	F Off:	la Barris Domin	+1/				day (12.			1010 11	Drag's 15	·	Dietie "D	Don't :	Off.	1-	to Film - D		
D	and Sig	's Rank Depu gnature		K	¢::-	Ba	dge/ID N	NO.		-	Precinct/P Troop/Zon						te/Time Reviewe		
	Print N Full	ame in KYLE	D KRZEMI		018 03			1800				LUIE, M.	LCHAEL		10/09/202 13:54	2 T			

		cal Codes 21-0002267	6 Fages		PC						Notor Vehic						19	
		1SH30DL		□ AMENI	DED RI	EPOR'		IV-104	A (3/04	1)								
1	Accident I Month	Day	Year	Day of Week		itary Time	V	lo. of ehicles	No. Inju		No. Killed	Not Investigate			ft Scene	Police Ph		
	09	22	2021	WEDNESI VEHICLE	DAY	13:4	. /	2	0 <b>VE</b> I		2	Accident Reco	nstructed  PEDEST			R PEDEST		
2	VEHICLE	- Driver		VEHICLE			State	e of Lic.	VEHICLE			CTCLIST	_ PEDESTI	KIAN	U OTHE	State		
-	License ID								License ID Number									
	Driver Nan as printed	ne - exactly							Driver Name - exactly as printed on license									
		nclude Number	and Street)				1/	Apt. No.	Address (Include Number and Street)  Apt. No.									
	,		,															
	City or Tov			State			Code		City or Town State Zip Code  Date of Birth Sex Unlicensed No. of Occupants   Public								22	
3	B Date of Birth Sex Unlicensed No. of 0 Month Day Year						Public Property		Date of E Month	Birth Day	Year	Sex Uni	icensed	No. of Oc		Public Property		
	Name - exactly as printed on registration Sex					-	Damaged									Damaged		
						Date of Month	Birth Day	Year	Name - 6	exactly as printed on registration Sex Date of B Month					Birth Day	Year 23		
4	Address (I	nclude Number	and Street)		Apt. No.	Haz. Mat.	R	eleased	Address	(Includ	de Number an	d Street)		Apt. No.	Haz. Mat.	Rele	eased	
	City or Tov	vn		State		Code Zip (	Code		City or T	own			State	<u> </u> e	Code Zip C	Code		
	-															24		
	Plate Num	ber St	ate of Reg. Ve	hicle Year & Mal	ke Ve	hicle Typ	e Ins	. Code	Plate Nu	mber	State	of Reg. Vehic	e Year & Mal	ke Ve	hicle Type	e Ins. C	ode	
5	Tieket/Arre	not.							Tielset/As	rroot								
	Ticket/Arre Number(s)								Ticket/Ar Number(									
	Violation								Violation								25	
	Section(s)								Section(s	_								
6		c if involved ve nore than 95 ir		\	/		ed vehicle 95 inche					agram below t			ident, or	draw your	own	
		ore than 34 fe		Ē			34 feet lo		diagram in space #9. Number the vehicles.  Rear End Left Turn Right Angle Right Turn							Head On		
			n overweight			erated with an overweight permit;										nead Oil	_	
	C		n overdimens			erated with an overdimension perr EHICLE 2 DAMAGE CODES					ı.	3.	<b>↓</b>	5.	7	7.	26	
_		- Point of Imp		DDES C	D 4	Point of		IAGE CO		2 (:	Sideswipe same direction	Left Turn	-	Right T	urn <del>◀</del>	Sideswipe (opposite dir	ection)	
7		- Most Dama	ge			Most Da				2	. ◀—	′   🕏	4.	6.		8.	·	
		up to three	3	4 5		p to thre		3	4 5	5 /	ACCIDENT D	DIAGRAM						
	Vehicl	damage code	S		Vehicle	amage o	odes										27	
	Tower				Towed:													
	VEHICLI	DAMAGE CO	DDING:		3 🗲	4 5 6 7												
		DIAGRAM O			Ĭ		$\overline{}$		/   '									
		NDERCARRIA		MOLISHED	2 -	2 13				8 0								
		RAILER VERTURNED	18. NO 1 19. OTH	DAMAGE	-					9.  Cost of repairs to any one vehicle will be more than \$1.							28	
	10.0	VERTORIVED	13. 011	LIK	, L					، ار		-		_		1000. □ No		
						12		11	10			wn/Unable to	determine		Yes	□ №		
	Refere	nce Marker	Coordinate	s (if available)	Place	e Where Accident Occurred:												
			Lattitude/N	orthing:	County	ty □ City □ Village □ Town of												
		1 1			Road	n which	accident	occurred	d								29	
					1							(Route Number	er or Street Nam	ne)			_	
			Longitude/	Easting:	at 1) I	nersecti	ng street		] N 🗆 c			(Route Number	er or Street Nam	ne)			$- \sqcap$	
					or 2)_										ne)			
	Accident	Description/Of	ficer's notes			reet	miles				(/)	mepost, rvearest ir	nersecung Kout	e ivulliper of	Sueet Nam	10)	30	
				B RORICE	x 1831	RIS	SER R	D CAI	NANDA	IGUZ	A NY 14	4240000						
	1			PHER B BI														
																_	USE COVER SHEET	
																	N	
																	I.A.	
	8	9	10	11 12	13	14	15	16	17 B	Υ	TO 18		lames of all	involved		Date of	Death Only	
Α	<u> </u>																	
	^																	
L	В																	
	С																	
N V	D																	
	E																	
L																		
Ě	F																	
D		nk Deputy	<b>K</b> .	<b>1</b>	_	Badge	/ID No.	N	ICIC No.		cinct/Post	Station/Beat				ate/Time R	eviewed	
	and Signati					<u>۱</u> ۰۰	18	0	1800	Tro	oop/Zone	Sector	LUTE,	MICHAEI	.	10/09	/2021	
	Full	"KYLE D	KRZEMII	EN											13:54			

Page 3 of 5 Pages

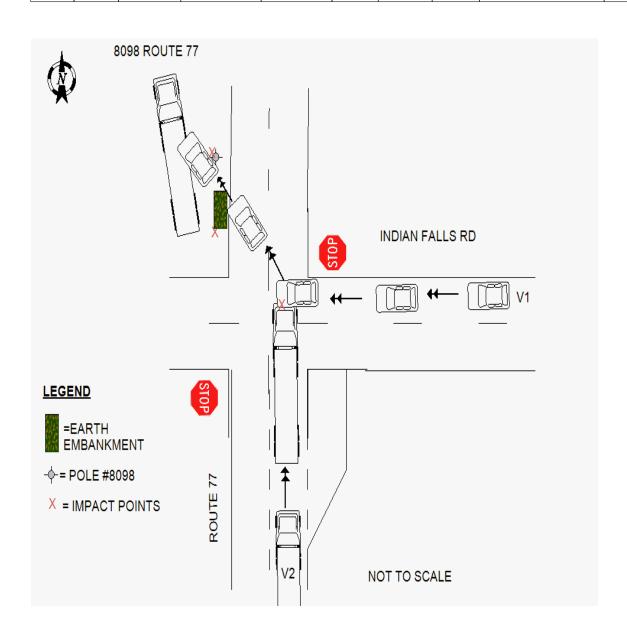
Local Codes
2021-00022676

W1SH30DLXB7W

## New York State Department of Motor Vehicles POLICE ACCIDENT REPORT MV-104A (3/04)

☐ AMENDED REPORT

Accident Date				Day of Week	Military Time	No. of	No. Injured	No. Killed	Not Investigated at Scene	$\Box$	Left Scene	Police Photos
	Month	Day	Year	] '	1	Vehicles				무구		
	09	22	2021	WEDNESDAY	13:47	2	0	2	Accident Reconstructed	$\boxtimes$		Yes No





## POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS



MV-104D (3/02)

Page 4 of 5 Pages

Local	20do	l A poids	nt Do	***	Militoni	Time	Country		∩:+/T	Town /\ /illo ao		No. I/	illad N	la Vahia	Ina  \A/	orle Dolotod
Local C	-00022676	Accide Month			Military	rime	County		ار) /ity	own/Village		INO. K	illea   r	vo. venic	ies įvv	ork Related
	30DLXB7W	09		2021	13:4	47	GENESEE		PEMB	ROKE, TOWN	OF	2	:	2		Yes 🛛 No
Name a	and Address of Dec	eased				L										
1: H	HERDENDORF, A	RNOLD	E	2	284 WI	LLOW S	ST APT 4	3	LOC	KPORT	NY	1409	94			
ACCIDENT DATA																
Speed	Limit (MPH)	Loca	ation (	Route c	r Street	Name)										
	55	809	98 R	OUTE	77											
Estima	ted Speed:															
Vehi	cle 1 MPH	- [	⊠ Un	known		Vehicle	2	_ MPH	Ζι	Jnknown	Vehic	le _		MPH	□ U	nknown
Vehicle	Model (for example	e, Must	ang o	r Corve	tte):											
Vehi	cle 1 <u>COBALT</u>					Vehicle	2 <u>TRAC</u>	CTOR			Vehic	le				
	ay Surface:							_		_	_					
_		Blacktop			ck or Blo	ock	☐ Dirt		Slag	g L	Gravel		☐ Sto	one		Other
	Lanes Roadway Fl									Divided high	way madia	n etrin				guard rail
3								type unknov	vn 🖳	Divided High	way, medic	iii siiip		ot physica	ally div	rided
EMER	GENCY MEDICAL	SERVI	CES *		HOSPIT	AL INFO	PRMATION	l noonital out	ido o	f the NVC air	o nomo o	ounty or	d atata	of that h	oonito	1.
		Tim	ne (Mil	litary):	ir the vic	tım was	taken to a	nospitai outs	side o	f the NYS, giv	e name, co	ounty ar	ia state	or that n	ospita	I.
Notified	d		13:4	17												
۸ ۳۳۱۰ ۲۵ ط	l at Scene		13:5	51	If the vic	tim was	transferred	to another	nospit	tal (after initia	transporta	ition), gi	ve the	name, co	unty a	nd state of
Anived	rat Scene				that hosp	pital:				`	·	,. 0				
Arrived	l at Hospital															
occi	JPANT DATA								_				1			
						D	T:			Type of	Air E			Initial F	oint o	f
Vehicle	Na	ıme				Deceas Yes/N				Extrication equip. Used	Deployed Yes/No	Not in Vehicle	. 1	mpact to	Vehicl	e***
	Driver					103/14	o Boati	1 103/140	-	.quip. Oseu	103/110	VOITIOIO				
1.0	HERDENDORF,	ARNO	)LD 1	E		Yes	17:4	0 Yes	JA	WS OF LIF	E Yes	No	11 -	MIDDLE	SID	E LEFT
1.0	Passenger								1				1			
1.0	ROWELL, CHR	ISTOF	PHER	M		Yes		Yes	JA	AW OF LIF	E Yes	No				
2.0	Driver								1				1			
2.0	INALLA, KEB	IR SA	IDOI	IJ		No		No			No	No	02 -	FRONT	MIDD	LE
2.0	Passenger								1				1			
2.0	JABER, AHME	D A				No		No			No	Yes				
									]				]			
									1				1			
									1				1			
									]				]			
									]				]			
									]				]			
* Th	nis includes any type	of EM	IS ser	vice (fo	r exampl	e, fire, p	olice, priva	te). If you ar	e una	able to furnish	the EMS of	lata, ple	ase giv	e the nar	ne, ad	dress and
pla	ate number of the ar	mbulan	ces s	o we ca	n contac	t them:										
** To	be "extricated", the	victim	must	be prie	d from th	ne wreck	age. Unfas	tening the s	eat be	elt is not cons	idered "ext	ricated".				
*** Ind	dicate the first area	of the v	ehicle/	e that w	as impad	cted, for	example, r	ght front, ur	derca	arriage.						
Additio	nal Information															
SIGN	Officer's Rank and	Sia 🖊	- L				Badge/ID	No Departr	nent	Precinct/Post	Station/Be	eat/ Re	viewing	ı İDa	ate/Tin	ne
					455			1		Troop/Zone	Sector	Off	icer	Re	viewe	hd
	Print Name <sub>KYLE</sub> , in Full	KRZI	EMIE	N			018	0180	0			LUI	E, MIC	CHAEL   1   1	u/U9 3:54	72021
	in Full ਨਾਜਾਨਾ,															



## POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS



MV-104D (3/02)

Page 5 of 5 Pages

Local C	Code	Accident Date	Military	/ Time	County	С	ity/Town/Village		No. Killed	No. Veh	nicles Work Related
	-00022676 30DLXB7W	Month Day 09 22 2	Yr. 021 13:	47	GENESEE	Pl	EMBROKE, TOWN	OF	2	2	□Yes⊠No
Name a	and Address of Dec	eased		<u>'</u>		,					•
2: I	ROWELL, CHRIS	TOPHER M	205 H	AWLEY C	TS1	I	OCKPORT	NY	14094		
	DENT DATA										
Speed	Limit (MPH)	Location (Ro	oute or Stree	t Name)							
	55	8098 ROU	TE 77								
Estima	ted Speed:										
Vehi				Vehicle		MPH	Unknown	Vehicle		_ MPH	Unknown
	e Model (for example	e, Mustang or C	Corvette):								
Vehi				Vehicle				Vehicle			
	/ay Surface: Concrete	Blacktop [	Brick or B	lock	☐ Dirt		Slag	Gravel	П	Stone	☐ Other
_	Lanes Roadway FI						9				nighway, guard rail
3	<b>I</b>			ner barrier	or barrier typ	e unknowr	Divided high	way, median			ically divided
EMER	GENCY MEDICAL				RMATION		-				,
		Time (Milita	ry): If the vi	ctim was t	aken to a ho	spital outsid	de of the NYS, given	/e name, cou	nty and st	ate of that	t hospital:
Notified	d	13:47									
Arrived	l at Scene	13:51			ansferred to	another ho	ospital (after initia	l transportation	on), give th	ne name,	county and state of
			that hos	spital:							
Arrived	l at Hospital		_								
occi	JPANT DATA										
							Type of	Air Ba	ns		
				Decease	ed Time of	Extricated	Extrication		Not in		I Point of
Vehicle	Na	ame		Yes/No	Death	Yes/No**	Equip. Used	Yes/No V	ehicle	impact t	to Vehicle***
				1							
								1 00,110			
								1 33/110 1			
	his includes any type				lice, private)	. If you are				give the n	ame, address and
pla —	ate number of the a	mbulances so w	ve can conta	ct them:			unable to furnish	the EMS dat	a, please	give the n	ame, address and
** To	ate number of the a	mbulances so we victim must be	ve can conta	the wrecka	ge. Unfaster	ning the sea	unable to furnish	the EMS dat	a, please	give the n	ame, address and
** To ** Ind	ate number of the and be "extricated", the dicate the first area	mbulances so we victim must be	ve can conta	the wrecka	ge. Unfaster	ning the sea	unable to furnish	the EMS dat	a, please	give the n	ame, address and
** To ** Ind	ate number of the a	mbulances so we victim must be	ve can conta	the wrecka	ge. Unfaster	ning the sea	unable to furnish	the EMS dat	a, please	give the n	ame, address and
** To ** Ind Additio	ate number of the a be "extricated", the dicate the first area anal Information	mbulances so we victim must be of the vehicle the	ve can conta	the wrecka	ge. Unfaster xample, righ	ning the sea	unable to furnish	the EMS dat	a, please		·
** To ** Ind Additio	ate number of the and be "extricated", the dicate the first area and Information  Officer's Rank and Deputy	mbulances so we victim must be of the vehicle the	ve can conta	the wrecka	ge. Unfaster xample, righ	ning the sea	unable to furnish	the EMS dat	a, please atted".	ing	Date/Time
** To ** Ind Additio	ate number of the and be "extricated", the dicate the first area anal Information  Officer's Rank and	mbulances so we victim must be of the vehicle the	ve can conta	the wrecka	ge. Unfaster xample, righ	ning the sea	unable to furnish et belt is not consercarriage.  Precinct/Pos Troop/Zone	the EMS dat	a, please atted".	ing	Date/Time

Page 4 of 5 Pages NEW YORK STATE Local Codes 2021-00022676

W1SH30DLXB7W

AMENDED REPORT

## **TRUCK and BUS SUPPLEMENTAL** POLICE ACCIDENT REPORT

MV-104S (10/05)
Mail To: NYS Dept. of Motor Vehicles, Accident Records Bureau,
PO Box 2084, Albany NY 12220-0084

				, , ,	<u> </u>					
	INSTRUCTIONS You must complete this form:		Number of:		Number	of Vehicles:				
	◆ if at least one of the vehicles involved is:									
	- a truck having a GVWR or GCWR > 10,000 lbs.; or			having a GVWR		owed/transporteue to damage	d from scene			
	<ul> <li>a vehicle with Haz Mat placard; or</li> <li>a bus designed to carry 9 or more persons, including th</li> </ul>	o drivor:	GCWR	> 10,000 lbs.		of Persons:				
	AND at least one of the following conditions is met:	e unver,	Vehicles							
	- at least one person sustained fatal injuries		placard2_ Sustaining fatal injuries							
	- at least one person was transported for IMMEDIATE me	edical	Buses d							
	treatment		or more	MMEDIATE						
	- at least one vehicle is disabled and was towed/transpor	ted from the scene.	or more persons medical treatment							
	ACCIDENT DATE MILITARY TIME COUNTY	,	CITY/TOWN/VILLAGE							
	Mo.	NESEE	PEMBROKE, TOWN OF							
	DRIVER				1 1	STATE	OF LIC.	1		
ER	LICENSE ID #									
DRIVER	DRIVER NAME - exactly as printed on license (Last, First, M.I.)							1		
1	LICENSE CLASS	4.5			DATE OF BIRTI		SEX	7		
	1 A 2 B 3 CDL C 6 E 7 M 8 MJ	4 D 9 OTHER	5 D 10 D		Mo.   D	ay Year	1 Male 2 Female			
_	CARRIER NAME	00			<u> </u>	ı	2 / 0///4/0	1		
ER	STREET OR P.O. BOX	CITY	5	STATE	ZIP COD		OTAL AXLES ncludes trailers)	8		
CARRIER						(II	iciudes trailers)			
გ	PLATE NUMBER STATE OF REG.	CARRIER'S IDENT	IFICATION NUMBER	ıs						
		US DOT			ICC MC					
2	WEIGHT RATING OF TRUCK POWER UNIT		VEHICLE	IDENTIFICATION	NUMBER			1		
	1 Less than or equal to 10,000 lbs.									
	2 10,000 - 26,000 lbs. 3 More than 26,000 lbs.									
3	VEHICLE CONFIG					TRAFFIC WA	Y	9		
		Tractor/Triples Unknown Heavy Truck, o	1 Two-way, not divided							
	, , ,	Passenger Car - only red	•	isplays a		y, divided, unprotected median				
		Hazardous Material plac	erial placard  3 Two-way, divided, positive median							
	` ′		-van, panel, pickup, sport utility hen vehicle displays an HM placard  5 Not reported							
	o rracion demi tranci	Bus (seats for 9 - 15 per								
4		GO BODY TYPE	<u>,, , , , , , , , , , , , , , , , , , ,</u>	,		ACCESS	CONTROL	10		
	_ , ,   ,     ,     ,     ,	Concrete Mixer		10 Grain, Chips	, Gravel	1 No Acces	ss Control			
	l - a	Auto Transporter Garbage/Refuse	11 Pole 2 Full Access Control 12 Bus (seats for 9 - 15 people,							
		Other		12 Bus (seats f		<sup>9</sup> , 4 Partial A	ccess Control			
-	5 Dump									
5	HAZARDOUS MATERIALS INVOLVEMENT			F EVENTS (FOR		•		11		
	Does vehicle have Haz Mat placard? 1 Yes 2 No	1 Ran Off Road (n	,		-	nimal (collision)	-!>	12		
	COPY FROM PLACARD:	<ul><li>2 Jackknife (nonco 3 Overturn/Rollove</li></ul>			•	ked Object (colli an/Centerline (n	,	'2		
	4-digit identification number 1 or 2-digit number from	4 Downhill Runawa	,			Failure (noncolli	,	13		
	from diamond/orange panel bottom of diamond:	5 Cargo Loss or S	,	10		e, blown tires, e	,			
		6 Explosion or Fire		20	Other (nonc		•	14		
	NAME OF HAZ	7 Separation of Ur 8 Involving Pedest			Unknown (n	,				
	MAT CLASS:	9 Involving Motor	, ,	rt (collision) 22	With Work Z		W			
6	WAS HAZARDOUS CARGO RELEASED FROM VEHICLE	10 Involving Parked	•	ollision)		e Equipment (co Movable Object	,			
	(other than fuel from fuel tank)?	11 Involving Train (c	•			viovable Object wn Movable Ob	,			
	1 Yes 2 No	12 Involving Pedalc					, , ,	ļ		
	OFFICER'S RANK AND SIGNATURE Deputy	BA	ADGE/ID NO.	NCIC NO.		DATE OF REPOR	(I			
	PRINT NAME IN KYLE, KRZEMIEN		018	01800		10/09/20	)21			
	FIN 1	1		1				1		