



# OREGON POLICE TRAFFIC CRASH REPORT

PAGE 1 OF 3

POLICE INCIDENT / CASE NUMBER <b>11-104451</b>	CRASH DATE <b>12/03/2011</b>	DAY OF WEEK M T W TH F <b>S SN</b>	CRASH TIME <b>0114 AM PM</b>	POLICE NOTIFIED <b>0114 AM PM</b>	POLICE ARRIVAL <b>0118 AM PM</b>	DMV FILE NUMBER
COUNTY <b>Multnomah</b>	ROAD ON WHICH CRASH OCCURRED <b>SW 3rd Ave and W Burnside</b>		LATITUDE	LONGITUDE	MILE POST	DMV CODE

<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 <b>Portland, OR</b>

<input checked="" type="checkbox"/> PROPERTY DAMAGE	<input checked="" type="checkbox"/> PUBLIC PROPERTY DAMAGE	ESTIMATE: <input type="checkbox"/> UNDER \$1500 <input type="checkbox"/> OVER \$1500 <input checked="" type="checkbox"/> UNKNOWN	<input type="checkbox"/> HAZ. MATERIALS	<input type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> TRAIN R/R	<input type="checkbox"/> TRUCK / BUS
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UNIT #1 <b>Suh, Ndamukong Ngwa Lennon</b>	DRIVER LICENSE NUMBER	STATE <b>OR</b>	SEX <b>M</b>	RACE <b>B</b>	DOB <b>01/06/1987</b>
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PED BIC	ADDRESS	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL
PRK PRP	VEHICLE OWNER	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL
<input checked="" type="checkbox"/> SAME		

FIRE Y N	STD SPD	PST SPD	INSURANCE COMPANY <input type="checkbox"/> NONE <b>Progressive Insurance</b>	INSURANCE POLICY NUMBER <b>13651796-0</b>
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EJECTED Y P N	EXTRCTD Y N	VEHICLE IDENTIFICATION NUMBER (VIN) <b>136370R207423</b>	LICENSE PLATE NUMBER <b>9P-9952</b>	STATE <b>OR</b>	YEAR <b>13</b>	MAKE <b>Chevy</b>	MODEL <b>SS</b>	STYLE <b>PC</b>	COLOR <b>Red</b>
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VEHICLE TOWED DUE TO VEHICLE DAMAGE Y N <input type="checkbox"/> UNKNOWN	DRIVER TAKEN: Y N <input type="checkbox"/> UNKNOWN
BY: <b>A&amp;B Towing</b>	TO: <b>A&amp;B Tow lot</b>

VEHICLE DAMAGE	MARK ALL THAT APPLY: DAMAGE ESTIMATE <input type="checkbox"/> ROLLOVER <input type="checkbox"/> NONE <input type="checkbox"/> UNDERCAR <input type="checkbox"/> UNDER \$1500 <input type="checkbox"/> TOTALED <input type="checkbox"/> OVER \$1500 <input checked="" 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
 FRONT		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"/> A/BAG-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"/> A/BAG-NOT DP
USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)		ACTION / ARREST / CITES <b>None</b>

HIT AND RUN	SUSPECT NAME	AKA	IN CUSTODY Y N
	ADDRESS	OTHER INFORMATION: <b>See attached narrative</b>	
	SEX RACE DOB HT WT HAIR EYES LOCAL ID		

UNIT #2 <b>City of Portland</b>	DRIVER LICENSE NUMBER	STATE	SEX	RACE	DOB
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PED BIC	ADDRESS	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL
PRK PRP	VEHICLE OWNER	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL
<input type="checkbox"/> SAME		

FIRE Y N	STD SPD	PST SPD	INSURANCE COMPANY <input type="checkbox"/> NONE	INSURANCE POLICY NUMBER
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EJECTED Y P N	EXTRCTD Y N	VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE PLATE NUMBER	STATE	YEAR	MAKE	MODEL	STYLE	COLOR
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VEHICLE TOWED DUE TO VEHICLE DAMAGE Y N <input type="checkbox"/> UNKNOWN	DRIVER TAKEN: Y N <input type="checkbox"/> UNKNOWN
BY:	TO:

VEHICLE DAMAGE	MARK ALL THAT APPLY: DAMAGE ESTIMATE <input type="checkbox"/> ROLLOVER <input type="checkbox"/> NONE <input type="checkbox"/> UNDERCAR <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
 FRONT		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"/> A/BAG-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"/> A/BAG-NOT DP
USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)		ACTION / ARREST / CITES

UNIT #1	<input type="checkbox"/> PASSENGER NAME	ADDRESS
<input checked="" type="checkbox"/> WITNESS <b>SMITH, BLAINE</b>	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input checked="" type="checkbox"/> CELL <b>(541) 728-8193</b>	

SEX RACE DOB	INJURY <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> FATAL	LOCATION <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> OTHER	OTHER: <input type="checkbox"/> EJECTED <input type="checkbox"/> EXTRCTD
	<input type="checkbox"/> NONE <input type="checkbox"/> VISIBLE INJURY	<input type="checkbox"/> FLR <input type="checkbox"/> CUR <input type="checkbox"/> ORR	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN	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"/> A/BAG-DEPLYD		
BY:	<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"/> A/BAG-NOT DP		

UNIT #	<input type="checkbox"/> PASSENGER NAME	ADDRESS
<input type="checkbox"/> WITNESS	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL	

SEX RACE DOB	INJURY <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> FATAL	LOCATION <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> OTHER	OTHER: <input type="checkbox"/> EJECTED <input type="checkbox"/> EXTRCTD
	<input type="checkbox"/> NONE <input type="checkbox"/> VISIBLE INJURY	<input type="checkbox"/> FLR <input type="checkbox"/> CUR <input type="checkbox"/> ORR	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN	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"/> A/BAG-DEPLYD		
BY:	<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"/> A/BAG-NOT DP		

UNIT #	<input type="checkbox"/> PASSENGER NAME	ADDRESS
<input type="checkbox"/> WITNESS	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL	

SEX RACE DOB	INJURY <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> FATAL	LOCATION <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> OTHER	OTHER: <input type="checkbox"/> EJECTED <input type="checkbox"/> EXTRCTD
	<input type="checkbox"/> NONE <input type="checkbox"/> VISIBLE INJURY	<input type="checkbox"/> FLR <input type="checkbox"/> CUR <input type="checkbox"/> ORR	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN	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"/> A/BAG-DEPLYD		
BY:	<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"/> A/BAG-NOT DP		

OFFICER NAME / NUMBER <b>L. Pavon #51792 / S. Bourasa #38032</b>	DATE <b>12/03/2011</b>	AGENCY <b>Portland Police</b>	APPROVED BY 
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Check ONE box in all categories. Check ALL boxes that apply in categories with (\*).

<b>FIRST HARMFUL EVENT</b> 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)  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 checked="" 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 O/PASS or RAILING <input type="checkbox"/> BUILDING <input type="checkbox"/> CULVERT HEADWALL <input type="checkbox"/> CURBING <input type="checkbox"/> DITCH <input type="checkbox"/> DIVIDER - CNCRT 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)	<b>WEATHER</b> <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  <b>SURFACE CONDITION</b> #1 #2 <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)	<b>ROAD CHARACTER</b> #1 #2 <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  <b>ROAD FLOW</b> #1 #2 <input type="checkbox"/> ONE WAY TRAFFIC <input type="checkbox"/> NOT PHYSLY DIVDED  <b>MEDIAN TYPE</b> <input type="checkbox"/> UNPAVED <input type="checkbox"/> BARRIER <input checked="" type="checkbox"/> PAVED <input type="checkbox"/> CONT LEFT TURN  <b>DRIVER LICENSE VIOLATION</b> 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"/> SUSPND / REVOKED <input type="checkbox"/> UNLICENSED	<b>*VEH RELATED FACTORS</b> #1 #2 <input type="checkbox"/> NONE <input type="checkbox"/> BRAKES <input checked="" 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  <b>VEHICLE MOVEMENT</b> #1 #2 <input type="checkbox"/> BACKING <input type="checkbox"/> STOPPED <input checked="" 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  <b>TRAILER TYPE</b> #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	<b>TRUCK CONFIGURATION</b> #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)	<b>PEDESTRIAN TYPE</b> <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)
OTHER OBJECT (NOT FIXED) <input type="checkbox"/> ANIMAL <input type="checkbox"/> THROWN / FALLING OBJECT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER OBJECT (Explain)	<b>SURFACE TYPE</b> #1 #2 <input type="checkbox"/> CONCRETE <input type="checkbox"/> BLACKTOP / ASPHALT <input type="checkbox"/> GRAVEL <input type="checkbox"/> DIRT <input type="checkbox"/> OTHER  <b>LIGHT</b> <input type="checkbox"/> FULL DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DUSK <input checked="" type="checkbox"/> DARK - LIGHTED WAY <input type="checkbox"/> DARK - NOT LIGHTED <input type="checkbox"/> UNKNOWN  <b>TRAFFIC CONTROL TYPE</b> #1 #2 <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	<b>* DRIVER FACTORS</b> 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"/> DISGRD 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 checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain)	<b>PEDESTRIAN ACTION</b> <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 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  <b>PED / BIKE VISIBILITY</b> <input type="checkbox"/> NO CONTRAST w/BKGRND <input type="checkbox"/> CONTRASTED w/BKGRND <input type="checkbox"/> REFLECTIVE  <b>OTHER</b> <input type="checkbox"/> OTHER LIGHT SOURCE <input type="checkbox"/> UNKNOWN  <b>* PED / BIKE FACTORS</b> <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)	<b>* PASSENGER FACTORS</b> 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)	<b>PEDESTRIAN LOCATION</b> 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
<b>EVENT LOCATION</b> ON ROADWAY <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/> INTERSECTION <input type="checkbox"/> INTERSECTION RELATED <input type="checkbox"/> DRIVEWAY ACCESS <input type="checkbox"/> INTERCHANGE AREA <input type="checkbox"/> RAILROAD CROSSING <input type="checkbox"/> BRIDGE <input type="checkbox"/> TUNNEL <input type="checkbox"/> OTHER ON-ROAD AREA OFF ROADWAY <input type="checkbox"/> SHOULDER <input type="checkbox"/> TURNOUT <input type="checkbox"/> ROADSIDE <input type="checkbox"/> BEYOND RIGHT OF WAY <input type="checkbox"/> MEDIAN <input type="checkbox"/> DRIVEWAY <input type="checkbox"/> PRIVATE DRIVE <input type="checkbox"/> RAILROAD CROSSING <input type="checkbox"/> OTHER OFF ROAD <input type="checkbox"/> PARKING LOT <input type="checkbox"/> UNKNOWN					
<b>SPECIAL ZONE</b> <input type="checkbox"/> NONE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> SNOW <input type="checkbox"/> SCHOOL <input type="checkbox"/> UNKNOWN WORK <input type="checkbox"/> OTHER					
<b>TRAFFIC CONTROL DEVICE CONDITION</b> #1 #2 <input checked="" 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 MALFUNCTN <input type="checkbox"/> OTHER IMPAIRMENT <input type="checkbox"/> UNKNOWN					
<b>DETERMINED BY:</b> <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)					
<b>RESULTS OF TEST:</b> D1 _____% D2 _____% <input checked="" type="checkbox"/> NO TEST GIVEN <input type="checkbox"/> TEST REFUSED <input type="checkbox"/> TESTED FOR DRUGS <input type="checkbox"/> RESLTS NOT AVAILABLE					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">  <p>SKETCH &amp; NARRATIVE</p> <p>SKID MARKS TO (FEET) _____</p> <p>DISTANCE AFTER (FEET) _____</p> </div> <div style="width: 55%;"> <p>UNIT 1 2</p> </div> </div> <div style="border: 1px solid black; height: 300px; width: 100%; margin-top: 10px;"> <!-- Grid area for sketch and narrative --> </div>					

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 NAWA LENNON	CRN	SEX M	RACE B	DOB 01/06/1987		
LOCATION OF OCCURRENCE SW 3 <sup>RD</sup> AVE AND W. BURNSIDE						
<small>NARRATIVE—The order of appearance for additional information will be:                  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.</small>						

ITEM	CODE	
8.		<p>ON THE ABOVE DATE AND TIME, WE RESPONDED TO SW 3<sup>RD</sup> 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 3<sup>RD</sup> 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 3<sup>RD</sup> 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 3<sup>RD</sup> 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/SHIFT N	ASSN/DIST 857	SUPERVISOR'S SIGNATURE [Signature] 22529
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CASE NUMBER 11-104451

PORTLAND POLICE BUREAU

SPECIAL REPORT

TYPE: 4. SUPPLEMENTAL

CASE NUMBER 11-104451	REFER CASE NUMBER	CLASSIFICATION	
STATUS	ORIGINAL REPORT DATE 12/04/11	TIME 2258	THIS REPORT DATE 12/05/11
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

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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)	CRN	SEX	RACE	DOB	<input checked="" type="checkbox"/>
ADDRESS		CITY	STATE		ZIP	
<input type="checkbox"/> WORK PHONE <input type="checkbox"/> MESSAGE PHONE		MOBILE PHONE	HOME PHONE			

**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 3<sup>rd</sup>.

[REDACTED] stated that she was a passenger in the vehicle with Suh along with [REDACTED] and another passenger when Suh crashed his vehicle on SW 3<sup>rd</sup> Ave and W Burnside Street [REDACTED] stated that she suffered minor injuries that required her to see a doctor the following day.

[REDACTED] stated that she was sitting on rear driver side passenger seat of the car at the time of the accident. I asked [REDACTED] to tell me what happen and she said, "I really don't know what happen. It just happened too quick. I just remember being thrown around." [REDACTED] said that she did not see a taxi. [REDACTED] was making reference to the taxi that Suh claimed he had to go around prior to the accident.

[REDACTED] stated that Suh was driving recklessly. [REDACTED] said, "I didn't see a taxi. He was driving unsafe. I don't know if there was a taxi. It was just clear to me that we were going too fast."

After the accident, [REDACTED] said that her friend [REDACTED] was hurt. She said that they were told to get out of the car. [REDACTED] said that it was obvious [REDACTED] was hurt because she was bleeding from her face.

[REDACTED] stated that she immediately got out of the car along with [REDACTED] because there was a large crowd of people taking photographs of the accident and they did not want to be photographed. [REDACTED] said they moved to the SW 3<sup>rd</sup> Ave and SW Ankeny Street to avoid being photographed.

[REDACTED] stated she was concerned about [REDACTED] since it was obvious she was badly hurt. [REDACTED] said she called [REDACTED] s husband to come and pick her up and take her to the hospital. According to [REDACTED] s husband arrive shortly after and transported [REDACTED] to OHSU for treatment. [REDACTED] did not think she was hurt or felt the need to go to the hospital so she went home. [REDACTED] said she had to go to the hospital the following morning because she felt pain and her shoulder was swollen in her left collar bone area.

COMPUTER ENTRY

- Desk
- DPSST Person
- DPSST Entry / Vehicle
- DPSST Distribution
- DPSST

REPORTING OFFICER(S) Lino Pavon	DPSST 51792	PREC / DIV Central/U	RLF / SHIFT N	ASSN / DIST 857	SUPERVISOR'S SIGNATURE Michael Frome (22827)
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CASE NUMBER  
11-104451

PORTLAND  
POLICE BUREAU

**SPECIAL REPORT**

TYPE: 4. SUPPLEMENTAL

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██████ 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.

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**COMPUTER ENTRY**

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- DPSST

REPORTING OFFICER(S)  
Lino Pavon

DPSST  
51792

PREC / DIV  
Central/U

RLF / SHIFT  
N

ASSN / DIST  
857

SUPERVISOR'S SIGNATURE  
Michael Frome (22827)

CASE NUMBER 11-104451

PORTLAND POLICE BUREAU

SPECIAL REPORT

TYPE: 4, SUPPLEMENTAL

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CASE NUMBER 11-104451	REFER CASE NUMBER	CLASSIFICATION	
STATUS	ORIGINAL REPORT DATE 12/03/11	TIME 0114	THIS REPORT DATE 12/04/11
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

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**PERSON** SB - Subject SI - Sick/Injured/Cared For PE - Park Exclusion VI - Victim RP - Reporting Party KN - Person w/Knowledge Add Person  
 OW - Owner WI - Witness BU - Business PF - Property Finder MI - Missing RW - Runaway AR - Arrested

<input type="checkbox"/> DET	CODE	NAME: (Last, First Middle)	CRN	SEX	RACE	DOB	<input checked="" type="checkbox"/>
<input type="checkbox"/> CENTRAL	SI	[REDACTED]					
<input type="checkbox"/> EAST	ADDRESS	CITY		STATE	ZIP		
<input type="checkbox"/> NORTH	<input type="checkbox"/> WORK PHONE <input type="checkbox"/> MESSAGE PHONE		MOBILE PHONE	HOME PHONE			
<input type="checkbox"/> NE	<b>VEHICLE</b> L - Locate A - Abandoned T - Towed V - Victim's Vehicle X - Suspect Vehicle I - Information M - Missing <span style="float: right;">Add Vehicle</span>						

SE  
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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 3<sup>rd</sup>.

[REDACTED] stated that she was a passenger in the vehicle with Suh when he crashed his vehicle on SW 3<sup>rd</sup> 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 3<sup>rd</sup> 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 Pavan	DPSST 51792	PREC / DIV Central/U	RLF / SHIFT N	ASSN / DIST 857	SUPERVISOR'S SIGNATURE David Michaelson (23060)
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 Entry /  
Vehicle
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 Distribution
- DPSST

REPORTING OFFICER(S)  
Lino Pavon

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David Michaelson (23060)

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