

TRAFFIC ACCIDENT REPORT - POLICE

STAT OF ORE FATAL INJURY PROP. DAMAGE Dept. SHERIFFS City Washington County Washington 1 of 2 Pages

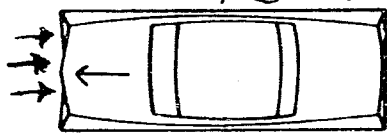
Case No. 83-14247
 Classification: ACCIDENT
 2. Date Occurred 10 30 83 3. Time Occurred 143 AM PM
 4. Reported Date 10 30 83 5. Reported Time 143 AM PM
 1. ACCIDENT INVOLVED: One Other MV Two or More MV's Pedestrian Motorcycle Bicycle/Tricycle Fixed Object Non-Collision
 COMPUTER ENTRY: Persons Vehicle Time Property Booking LEADS NCIC
 Distribution: #42 Det, D.A, DIMU, (Jacobus), #10, #17 Dist Eng
 ACCOMPANYING REPORTS: Veh. Prop. Spec. Custody Person Continuation
 Do Not Write in This Space

6. Location of Occurrence (Route No. or Name) FARMINGTON RD
 7. At Intersection of (Route No. or Name) ROAD BRIDGE RD
 8. If not at Intersection Feet 195.5 Miles N S E W (Intersecting highway or street, landmark or house no.)
 9. Mile Post - 10. 8 Miles N S E W of HILLSBORO Nearest City

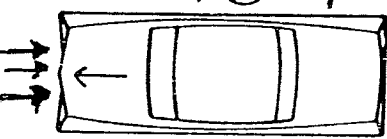
INJURY CODE: (Mark the first one that applies) A - INCAPACITATED - Unconscious, Could not walk, Broken or distorted limbs, severe lacerations, etc. B - NONINCAPACITATED - Lump, Abrasions, Cuts C - POSSIBLE - Momentary Unconsciousness, pain, nausea, limping D - NO APPARENT INJURY
 SEAT BELT CODE: None installed - 0 Lap installed - L In Use - SS Airbag installed - A

UNIT No. 1 - MOTOR VEHICLE	11. FULL NAME (Last) (First) (Middle) <u>EUDALY, JOHN RAY</u>	12. Address <u>RT 4 Box 414 SITERWOOD</u>	13. Sex <u>M</u>	14. Race <u>W</u>	15. D.O.B. <u>12 27 45</u>	16. Seat Belt <u>S</u>	17. X <u>-</u>	18. Inj. <u>K</u>			
	19. Operator License No. <u>[REDACTED]</u>	20. Issuing State <u>OR</u>	21. Type (Specify) <u>DRIVER</u>	22. Residence Phone <u>UNK</u>	23. Business Phone <u>UNK</u>	Sex <u>-</u>	Race <u>-</u>	D.O.B. <u>-</u>	Seat Belt <u>-</u>	X <u>-</u>	Inj. <u>-</u>
	24. Occupant's Name <u>[REDACTED]</u>	25. Address and Phone <u>[REDACTED]</u>		26. Sex <u>-</u>	27. Race <u>-</u>	28. D.O.B. <u>-</u>	29. Seat Belt <u>-</u>	30. X <u>-</u>	31. Inj. <u>-</u>		
	32. <u>[REDACTED]</u>	33. <u>[REDACTED]</u>	34. Sex <u>-</u>	35. Race <u>-</u>	36. D.O.B. <u>-</u>	37. Seat Belt <u>-</u>	38. X <u>-</u>	39. Inj. <u>-</u>			

RETURN TO RECORDS CENTER

48. Owner's Name and Address S/A #11 & #12
 49. Odometer Reading 13875.0
 59. Damage Scale FD-7
 60. Damage Sustained: Sketch damage to Motorcycles, Trailers, etc.

 Is Vehicle Drivable? Yes No

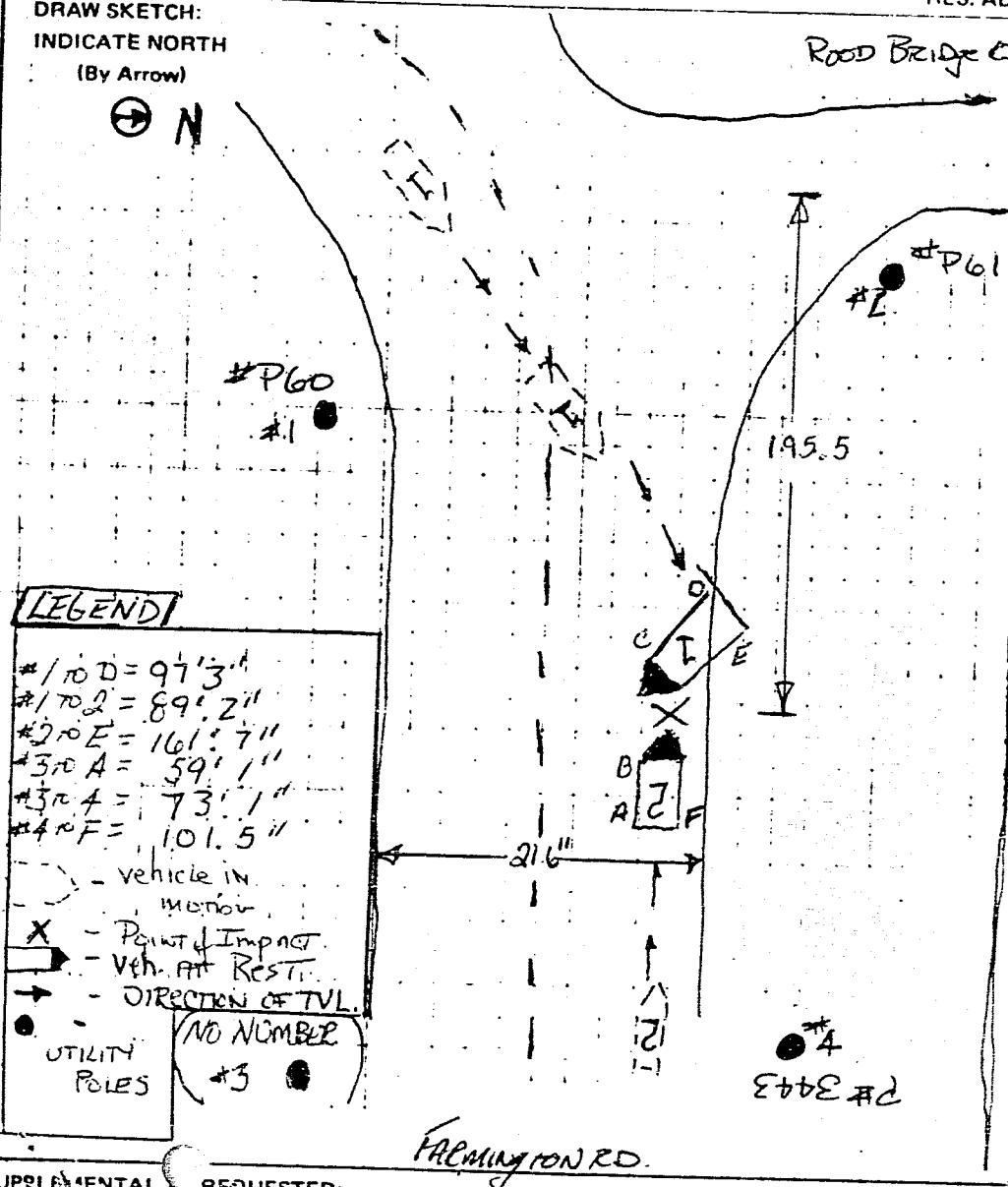
UNIT No. 2 - MOTOR VEH., PED., OTHER	61. FULL NAME (Last) (First) (Middle) <u>HUNTER, LINDA JO</u>	62. Address <u>RT 2 Box 292 - A CORNELIUS</u>	63. Sex <u>F</u>	64. Race <u>W</u>	65. D.O.B. <u>8 30 48</u>	66. Seat Belt <u>S</u>	67. X <u>-</u>	68. Inj. <u>A</u>			
	69. Operator License No. <u>[REDACTED]</u>	70. Issuing State <u>OR</u>	71. Type (Specify) <u>DRIVER</u>	72. Residence Phone <u>UNK</u>	73. Business Phone <u>UNK</u>	Sex <u>-</u>	Race <u>-</u>	D.O.B. <u>-</u>	Seat Belt <u>-</u>	X <u>-</u>	Inj. <u>-</u>
	74. Occupant's Name <u>HUNTER, JEFFERY SCOTT</u>	75. Address and Phone <u>RT 2 Box 292 - A CORNELIUS</u>		76. Sex <u>M</u>	77. Race <u>W</u>	78. D.O.B. <u>5 15 72</u>	79. Seat Belt <u>S</u>	80. X <u>-</u>	81. Inj. <u>K</u>		
	82. <u>[REDACTED]</u>	83. <u>[REDACTED]</u>	84. Sex <u>-</u>	85. Race <u>-</u>	86. D.O.B. <u>-</u>	87. Seat Belt <u>-</u>	88. X <u>-</u>	89. Inj. <u>-</u>			

98. Owner's Name and Address S/A #61 & #62
 99. Odometer Reading 81821.0
 109. Damage Scale FD-7
 110. Damage Sustained: Sketch damage to Motorcycles, Trailers, etc.

 Is Vehicle Drivable? Yes No

111. Actions Taken (Citations, etc.) REPORT WRITTEN
 Reporting Officer(s) B. BASS
 112. Primary Cause EXCESSIVE SPEED - FAILURE TO DRIVE TO RIGHT
 113. Secondary Cause -
 Rec./Div PATROL Relief/Shift DAY (12) Assn./Dist. 143 R/C Times 1 P ARR 3 P CLE 30 Approved by: [Signature]

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114. Weather (x) one <input type="checkbox"/> CLEAR <input checked="" type="checkbox"/> RAINING <input type="checkbox"/> SNOWING <input type="checkbox"/> FOG <input type="checkbox"/> CLOUDY <input type="checkbox"/> OTHER	115. Road Cond. (x) one <input type="checkbox"/> DRY <input checked="" type="checkbox"/> WET <input type="checkbox"/> SNOWY <input type="checkbox"/> ICY <input type="checkbox"/> OTHER	116. Light Cond (x) one <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN or DUSK <input type="checkbox"/> DRKNS/Lighted <input type="checkbox"/> DRKNS/Unlighted <input type="checkbox"/> OTHER	117. Skidmarks to Impact (ft.) 0 0 Distance Travel'd after impact (ft) 0 0 Stated spd. before Impact (MPH) - - Designated speed for area (MPH) 30 30	118. Traffic Control Devices <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Describe: <u>SPEED CONTROL</u> <u>SIGN UPON ENTERING CORNER FROM BOTH DIRECTIONS</u>	FIRST AID GIVEN BY: <u>METRO WEST AMBULANCE & FIRE DISTRICT #1</u> INJURED TAKEN TO: <u>EMANUAL HOSPITAL</u> BY: <u>LIFE FLIGHT HELICOPTER</u>
WITNESSES: NAME <u>NONE</u> NAME _____		RES. ADDRESS & PH. _____ RES. ADDRESS & PH. _____			



NARRATIVE: (Print/Write Clearly) USE EXTRA PAGE IF NEEDED

THIS ACCIDENT OCCURRED ON A TWO LANE TWO WAY RD, FARMINGTON RD, NEAR THE INTERSECTION OF A TWO LANE TWO WAY ROAD, ROAD BRIDGE RD.

VEHICLE #1:
 WAS HEADED EAST BOUND ON FARMINGTON ROAD. WHEN AS IT ROUNDED THE CORNER OF ROAD BRIDGE RD IT CROSSED OVER INTO THE ON COMING LANE OF TRAFFIC AND COLLIDED WITH VEHICLE #2. HEAD ON.
 THERE WERE NO SKID MARKS LEFT BY VEHICLE #1 AND IT CAME TO REST PARTIALLY ON THE SHOULDER AND ROADWAY OF THE WEST BOUND LANE.

VEHICLE #2:
 WAS HEADED WEST BOUND ON FARMINGTON ROAD AND AS IT APPROACHED THE INTERSECTION OF ROAD BRIDGE ROAD IT COLLIDED WITH VEHICLE #1. VEHICLE #2 HAD NO SKID MARKS AND IT CAME TO REST IN THE WEST BOUND LANE.

OFFICER'S NOTE:
 WRITER ARRIVED AT THE ACCIDENT WITH FIRE AND RESCUE PERSONEL. WRITER WITH MEDICS SAW 1 MALE OCCUPANT OF VEHICLE #1 AT THE DRIVERS WHEEL. THIS SUBJECT HAD TRAMATIC INJURIES TO HIS NECK; HE WAS UNCONSCIOUS WITH NO REPEARABLE SIGNS OF LIFE. IT WAS APPARENT TO MEDICS AND WRITER THAT DUE TO INJURIES SUSTAINED IN THIS ACCIDENT THIS SUBJECT WAS ALREADY DECEASED.
 MEDICS AND FIRE FIGHTERS IMMEDIATELY BEGAN TO GIVE FIRST AID TO A FEMALE BEHIND THE DRIVERS WHEEL OF VEHICLE #2. AND TO A YOUNG MALE JUVENILE ON THE PASSENGER SIDE OF THE VEHICLE. AFTER APPROX 15 MINUTES OF FIRST AID THE MEDICS ADVISED THE YOUNG MALE WAS DECEASED.
 MR. THAT

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Case Number 83-19247	Connect Case No	WASHINGTON COUNTY DEPARTMENT OF PUBLIC SAFETY Continuation Report	Accompanying Reports <input type="checkbox"/> Incident <input type="checkbox"/> Custody <input type="checkbox"/> Spectal	<input type="checkbox"/> Evidence <input checked="" type="checkbox"/> Accident <input type="checkbox"/> DUI	Page 2 of 2
Offense Fatal Accident					

Life Flight was called to the scene and transported the female from vehicle #2 to Emanuel Hospital. Medical Examiner Jacobus came to the scene and recovered identification of the driver of vehicle #1: MR EUDALY, AND vehicle #2, LINDA HUNTER. At the time of this report it was not determined who the young male juvenile passenger of vehicle #2 was. He had no identification on him.

SR Dep Bowman, Deputy Kisor, and Dep Keiso assisted at the accident with traffic control and scene security. SR Dep Bowman took photographs of the accident scene while writer and Dep Keiso conducted the investigation. MED. EXAMINER JACOBUS WAS ASSISTED by MEDICS in removing EUDALY AND THE YOUNG JUVENILE FROM THEIR VEHICLES INTO THE MEDICAL EXAMINER'S VAN where JACOBUS took custody of their bodies.

UPON INVESTIGATING THE SCENE I COULD FIND NO SKID MARKS FROM EITHER VEHICLE. THE PAVEMENT WAS WET AND VERY SLIPPERY FROM RAIN ALL DAY LONG. THIS WAS A HEAD ON COLLISION AND FROM THE POSITION OF THE VEHICLES AND THE EXTENT OF DAMAGES I believe vehicle #1 crossed into the oncoming lane as it rounded the curve in the road and struck vehicle #2 which was positioned in its own lane of traffic. There are speed control signs of 30 mph approaching this curve from both directions and from the amount of damages I estimate the speed of vehicle #1 to be between 60 & 75 mph which also was the reason it crossed into the oncoming lane.

As MR. EUDALY was removed from his vehicle observed between his legs was a quart of Boones Ferry Apple wine which was 3/4 empty and a pint of MAGNUM MALT liquor on the floorboard under his feet; empty.

Both vehicles were towed from the scene by Acme Towing and the MEDICAL EXAMINER ADVISED he would make the family notifications

at 5⁴⁵ pm this date JACOBUS TELEPHONED this Dept with the name of the young juvenile deceased - see pg #1.

Reporting Officer(s) B. Bass	BPST 9196	ASSN PATROL	Shift 1R	Grid	Approved
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