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CHAMPAIGN POLICE DEPARTMENT

82 E. University Ave. Champaign IL., 61820; Phone (217) 351-4545

OFFICIAL POLICE REPORT

This report may be presented in person or mailed to the Champaign Police Department, Attn: B.J.Meyers. Do not fax.



GEO-Code: _____ Case Number: _____
 Badge: _____ Rpt Received By: _____
 Time Received: _____ Date Received: _____
 Identify Theft Information Provided Online

Type of Occurrence:
 THEFT UNDER \$500.00(0020) THEFT OVER \$500.00(0010) LOST PROPERTY(9061)
 CRIMINAL DAMAGE (1310) LOST DRIVERS LIC/PLATE (9063) OTHER _____

Address of Occurrence: _____
 Location type: Street (304) Apartment (090) Lot (096) House (290) Business (140) Lot(270) Bar (303) Driveway (176)

Time Frame of Occurrence:
 Start Date: ____/____/____ Time: _____ End Date: ____/____/____ Time: _____

Reporting Person/Victim: _____

Date of Birth: ____/____/____ Last First Middle
 Race: _____ Sex: M F Hair _____
 Height _____ Weight _____ Eye _____

Driver's License Number: _____ State Issued: _____ Soc Sec: _____

Email address: _____

Permanent Address: _____
 Street Apt City State Zip

Permanent Phone Number: _____ Cell Phone Number: _____

Local Address: _____
 Street Apt City State Zip

Local Phone Number: _____ School: _____

Employer: _____ Phone Number: _____

Address: _____

Bicycle Information- IF applicable (009) LEADS # _____
 COLOR _____ MAKE _____ MODEL _____ SPEED _____
 FRAME SIZE _____ WHEEL SIZE _____ STYLE _____ LOCKED Y/N _____
 SERIAL NUMBER _____ AGENCY/CITY REGISTERED _____
 IDENTIFYING MARKS _____ REGISTRATION NUMBER _____

Cell Phone Information- IF applicable (009) LEADS# _____
 COLOR _____ MAKE _____ MODEL _____ TYPE _____
 SERIAL NUMBER _____ PHONE NUMBER _____
 CARRIER _____ CARRYING CASE Y/N VALUE \$ _____

Purse/Wallet Information- IF applicable (700)
 BRAND _____ COLOR _____ DESIGN/LOGO _____
 MATERIAL _____ FEATURES (bifold/zip top/etc) _____
 OTHER IDENTIFIERS _____ VALUE \$ _____

-Over-



Texas Peace Officer's Crash Report (Form CR-3 1/1/2019)

Mail to Texas Department of Transportation, Crash Records, P.O. Box 149348, Austin, TX 78714 Questions? Call (512) 486-5780
Refer to Attached Code Sheet for Numbered Fields
*These fields are required on all additional sheets submitted for this crash (i.e., additional vehicles, occupants, injured etc.)

Page 1 of 2

Crash Date: 08/07/2011, Crash Time: 0856, Case # 11-219090, Local Use

County: EL PASO, City Name: EL PASO, Outside City Limit:

In your opinion, did this crash result in at least \$1,000 damage to any one person's property? Yes No

ROAD ON WHICH CRASH OCCURRED: 1 Hwy Part LR, 2 Hwy Part 98, 3 Street Prefix 5700, 4 Street Name UPPER VALLEY, 4 Street Suffix RD

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER: At Yes No, 1 Hwy Part LR, 2 Hwy Part 98, 3 Street Prefix 700, Street Name GOMEZ, 4 Street Suffix

Unit 1: 1 Unit Desc 1, Parked Vehicle , Ht and LP State TX, LP Num 871151, VIN 1 F D N F 2 1 L 6 4 E C 6 9 6 7 9, Veh Year 2004, Veh Color WHI, Veh Make FORD, Veh Model F250 SUPERCAB, 7 Body Style TR, Fin. Resp. Name CITY OF EL PASO, Fin. Resp. Num ENTITY #889, Fin. Resp. Phone Num 915-541-4777, 27 Vehicle Damage Rating 1 1 2, F D 3, 27 Vehicle Damage Rating 2 - - - - -, Vehicle Inventoried Yes No, Towed By SUN CITY TOWING, Towed To 910 N. RAYNOR

Unit 2: 2 Unit Desc 1, Parked Vehicle , Ht and LP State TX, LP Num 40P6349, VIN 2 H G F G 1 1 6 0 8 H 5 1 5 2 7 8, Veh Year 2008, Veh Color GRN, Veh Make HONDA, Veh Model CIVIC (AND CRX), 7 Body Style P2, Fin. Resp. Name BUCHINO, THOMAS, Fin. Resp. Num 015115535U71065, Fin. Resp. Phone Num 800-531-8222, 27 Vehicle Damage Rating 1 3, R P 4, 27 Vehicle Damage Rating 2 - - - - -, Vehicle Inventoried Yes No, Towed By SUN CITY TOWING, Towed To SUN CITY TOWING, 9365 ESCOBAR, 852-6640

Person Num	12 Pin Type	13 Seat Position	Name: Last, First, Middle	14 Heavy Severity	15 Age	16 Sex	17 Hgt.	18 Wgt.	19 Hair	20 Eyes	21 Skn.	22 Alc. Result	23 Drug Result	24 Drug Result	25 Drug Category
1	1	1	MITCHELL, JOHN CHARLES	N	29	W	2	1	1	1	97	N	96	97	97
2	2	3	BUCHINO, VALERIE	N	2	F	1	2	1	2	97	N	96	97	97

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT

A VC SECTION VIOLATED

B OTHER IMPROPER DRIVING*

C OTHER THAN DRIVER*

D UNKNOWN*

CITED YES/NO

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Make a report to the police when making a report, inform the police exactly what happened. 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