

AGENCY NAME
Hubbard Police Department
 CALL NUMBER GEO CODE
FIRST WARD

Printed: 01-03-2011 17:22

*INCIDENT NUMBER- INVESTIGATIVE NUMBER
10-0009487
 *CLEARANCES
 A Death of Suspect G Arrest - Juvenile
 B Prosecution Declined H Warrant Issued
 C Extradition Denied I Invest Pending
 D Victim Refused to Coop. J Closed
 E Juvenile/No Custody K Unfounded
 F Arrest - Adult U Unknow

ADMINISTRATIVE

TOD **02:38**
 TOA **02:38**
 TOC **02:54**

INCIDENT (NON-CRIMINAL)
 OFFENSE
 SUPPLEMENT

*DAN
 X COP WHO RTEN*

OHIO UNIFORM INCIDENT REPORT

*REPORT DATE/TIME				*INCIDENT OCCURED FROM				*INCIDENT OCCURED TO			
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
12	25	2010	03:13	12	25	2010	02:38	12	25	2010	02:38

INCIDENT LOCATION (Street, Apt. City, State, Zip) **TRIANGLE DR., HUBBARD, OH 44425**

OFFENSE

*OFFENSE	*OFFENSE CODE	*AC	*FM & DEG.	*HATE/BIAS	*LARCENY	*CNT	*TYPE CRIMINAL ACTIVITY
1. INCIDENT	1. INCD	C		N		1	1. N 2. 3. (Enter up to three for each offense)
2.	2.						1. 2. 3. B - Buying/Rec.
3.	3.						1. 2. 3. C - Cultivating/Mfg./Pub.
4.	4.						1. 2. 3. D - Distributing/Selling
5.	5.						1. 2. 3. E - Exploiting Children
							1. 2. 3. O - Oper/Promoting/Ass.
							1. 2. 3. P - Possessing/Concealing
							1. 2. 3. T - Transp/Transmitting
							1. 2. 3. U - Using/Consuming

*LOCATION OF OFFENSE (Enter up to two)

- | | | | |
|------------------------------|----------------------------------|------------------------|-----------------------|
| 1. 47 | 12 Jail/Prison | RETAIL | 40 Other Retail Store |
| 2. _____ | 13 Parking Garage | 26 Bar | 41 Factory/Mill/Plant |
| | 14 Other Public Access Buildings | 27 Buy/Sell/Trade Shop | 42 Other Building |
| RESIDENTIAL STRUCTURE | COMMERCIAL LOCATIONS | 28 Restaurant | OUTSIDE |
| 01 Single Family Home | 15 Auto Shop | 29 Gas Station | _____ |
| 02 Multiple Dwelling | 16 Financial Institution | 30 Auto Sales Lot | _____ |
| 03 Residential Facility | 17 Barber/Beauty Shop | 31 Jewelry Store | _____ |
| 04 Other Residential | 18 Hotel/Motel | 32 Clothing Str | _____ |
| 05 Garage/Shed | 19 Dry Cleaners/Laundry | 33 Drugstore | _____ |
| PUBLIC ACCESS BLDGS. | 20 Professional Office | 34 Liquor | _____ |
| 06 Transit Facility | 21 Doctor's Office | 35 Shop | _____ |
| 07 Government Office | 22 Other Business Office | 36 Spr | _____ |
| 08 School | 23 Amusement Center | 37 C | _____ |
| 09 College | 24 Rental Storage Facility | 38 | _____ |
| 10 Church | 25 Other Commercial Service | ? | _____ |
| 11 Hospital | | | |

*SUSPECTED OF USING
 A ALCOHOL
 D DRUGS
 C COMPUTER EQUIPMENT
 N NOT APPLICABLE

*TYPE WEAPON/FORCE USED
 1. _____ 2. _____ 3. _____
 (Three Codes)
 ENTRY EXIT
 1. FRONT
 2. SIDE
 3. REAR
 4. ROOF
 5. OTHER

*METHOD OF ENTRY *METHOD OF ENTRY - MOTOR VEHICLE TH
 FORCE 01 MOTOR RUNNING/KEYS IN CAR
 NO FORCE 02 UNLOCKED
 *NO. PREMISES ENTERED 03 DUPLICATE KEY USED
 04 WINDOW BROKEN
 05 TOWED

METHODS OF OPERATION

*NO. 1 *TOTAL VICTIMS 1 *VICTIM TYPE I O
 S SOCIETY O OTHER
 U UNKNOWN

NAME (Last, First, Middle) **SOCIETY**
 ADDRESS (Street, Apt., City, State, Zip)
 EMPLOYER NAME AND (Street, Apt., City, State, Zip) ADDRESS
 *AGE/ D.O.B.
 OCCUPATION
 HAIR EYES
 RESIDENT MILITARY OTHER
 TOURIST STUDENT UNKNOWN

VICTIM INJURED IF INJURED DESCR
 *AGG. ASLT/HOMICIDE CIR. *VIC
 My signature verifies that the information on this report is accurate and true
 *VIC/OFFENSE LINK **INCD**
 DATE _____

REPORTING OFFICER **HAYNIE, PTL. HOWARD** BADGE NO. **115** DATE **12-25-2010**
 APPROVING OFFICER BADGE NO. DATE

FOLLOW UP If yes, follow-up assignment
 ADDITIONAL SUPPLEMENTS VICTIM/WITNESS PROPERTY STATEMENTS FORM RECEIVED BY: INTELLIGENCE SPECIAL COPIES
 SUSPECT/ARRESTEE NARRATIVE OTHER INVESTIGATION RECORDS

ALL FILED ON 4-20-11

INCIDENT NUMBER
10-0009487

INCIDENT REPORT - PART 2

INCIDENT NUMBER **10-0009487**

OFFENSE **INCIDENT** INCIDENT DATE/TIME **12-25-2010 02:38**

REPORTEE	NO. 1	NAME (Last, First, Middle) HAYNIE, PTL.	*AGE/ D.O.B
	ADDRESS (Street, Apt., City, State, Zip) 233 SCHOOL ST., HUBBARD, OH 44425		PHONE
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE

VEHICLE	CHECK CATEGORIES <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input type="checkbox"/> SUSPECT'S VEHICLE <input type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> UNAUTH. USE <input type="checkbox"/> ABANDONED											
	NO. 1	<input type="checkbox"/> DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE	LIC DXK2421	LIS OH	LIY 2011	LIT PC	VIN/OAN 1G4CW53L0N1645954	*VALUE \$				
	YVR 1992	VMA BUICK	VMO 36	VST 4D	VCO TOP BOTTOM BEI	<input type="checkbox"/> VEHICLE LOCKED	<input type="checkbox"/> KEYS IN VEHICLE	<input type="checkbox"/> HOLD VEHICLE	<input type="checkbox"/> RELEASE CONTENTS			
	VEHICLE ASSOC W/ SUSPECT #	VEHICLE ASSOC W/ VICTIM #	<input type="checkbox"/> VEHICLE TOWED	TOWED BY	OWNERSHIP VERIFIED BY:	<input type="checkbox"/> TAG RECEIPT	<input type="checkbox"/> TITLE					
	STOLEN MOTOR VEHICLE ONLY	NO. STOLEN	AREA STOLEN: <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL	<input type="checkbox"/> RESID	ADDITIONAL DESCRIPTION							
	AUTO INSURANCE NAME (Company) ADDRESS (Street, City, State, Zip)											PHONE

PROPERTY	*TYPE PROPERTY LOSS (Enter Code Below)										1 NONE	3 COUNTERFEITED/FORGED	5 STOLEN/ECT.	7 RECOVERED	P PHOTO	TOTAL VALUE
											2 BURNED	4 DESTROYED/DAMAGED/VANDALIZED	6 SEIZED	U UNKNOWN	E EVIDENCE	
	*LOSS CODE	QUANTITY	DESCRIPTION										*PROP CODE	*VALUE		
	VICT. NO	VEH. NO	MAKE/BRAND					MAKE/BRAND					DATE RECOVERED			
			SERIAL NUMBER			NCIC NUMBER			OTHER NUMBER							
	*LOSS CODE	QUANTITY	DESCRIPTION										*PROP CODE	*VALUE		
	VICT. NO	VEH. NO	MAKE/BRAND					MAKE/BRAND					DATE RECOVERED			
			SERIAL NUMBER			NCIC NUMBER			OTHER NUMBER							
	*LOSS CODE	QUANTITY	DESCRIPTION										*PROP CODE	*VALUE		
	VICT. NO	VEH. NO	MAKE/BRAND					MAKE/BRAND					DATE RECOVERED			

NARRATIVE	<p>Officer made a traffic stop on Triangle Drive.</p>
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- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------|------------------|----------|----------------------|---------------------------|---------------------------|-------------------------------|--------------------|--------------------|-----------|----------------------------|--------------------------|--------------------|------------------|------------------|----------------------------|---------------------------|----------------|--------------------|-----------|-------------------------|-----------------------|----------------------------|---------------------|------------------------|----------------------------|---------------------|---------------------------|-------------------|-----------------------|----------------------|----------|-------------------------|--------------------|--------------------|------------------|------------|--------------------|---------------------|---------|--------------|-------------------|----------|-------------|----------------|-------------|----------|-----------|-------------|---------------|----------------------|---------------------|---------|-------------|------------------|------------|---------------------|--------------------|--------------------|---------------|----------------|------------|--------------------|-------|----------------|-------------------|----------------------|
| PROPERTY CODES: | EXCHANGE MEDIUMS | 01 Money | 02 Credit/Debit Card | 03 Negotiable Instruments | 04 Other Exchange Mediums | 05 Non-Negotiable Instruments | 06 Personal Papers | 07 Other Documents | VALUABLES | 08 Jewelry/Precious Metals | 09 Art Objects, Antiques | 10 Other Valuables | PERSONAL EFFECTS | 11 Clothing/Furs | 12 Purses/Handbags/Wallets | 13 Other Personal Effects | HOUSHOLD ITEMS | 14 Household Items | EQUIPMENT | 15 Drug/Narcotic Equip. | 16 Gambling Equipment | 17 Computer Hardware/Soft. | 18 Office Equipment | 19 Stereo TV Equipment | 20 Recordings - Audio Vis. | 21 Sports Equipment | 22 Photographic Equipment | 23 Farm Equipment | 24 Heavy Construction | 25 Building Supplies | 26 Tools | 27 Vehicle Parts/Acces. | 28 School Supplies | 29 Other Equipment | CONSUMABLE ITEMS | 30 Alcohol | 31 Drugs/Narcotics | 32 Consumable Goods | ANIMALS | 33 Livestock | 34 Household Pets | VEHICLES | 35 Aircraft | 36 Automobiles | 37 Bicycles | 38 Buses | 39 Trucks | 40 Trailers | 41 Watercraft | 42 Recreational Veh. | 43 Other Motor Veh. | WEAPONS | 44 Firearms | 45 Other Weapons | STRUCTURES | 46 Single Occupancy | 47 Other Dwellings | 48 Commercial/Bus. | 49 Indus./Mfg | 50 Public/Comm | 51 Storage | 52 Other Structure | OTHER | 53 Merchandise | 54 Other Property | 55 Pending Inventory |
|-----------------|------------------|----------|----------------------|---------------------------|---------------------------|-------------------------------|--------------------|--------------------|-----------|----------------------------|--------------------------|--------------------|------------------|------------------|----------------------------|---------------------------|----------------|--------------------|-----------|-------------------------|-----------------------|----------------------------|---------------------|------------------------|----------------------------|---------------------|---------------------------|-------------------|-----------------------|----------------------|----------|-------------------------|--------------------|--------------------|------------------|------------|--------------------|---------------------|---------|--------------|-------------------|----------|-------------|----------------|-------------|----------|-----------|-------------|---------------|----------------------|---------------------|---------|-------------|------------------|------------|---------------------|--------------------|--------------------|---------------|----------------|------------|--------------------|-------|----------------|-------------------|----------------------|

SUSPECT / ARREST SUPPLEMENT

ARRESTING AGENCY Hubbard Police Department		INCIDENT NUMBER 10-0009487	
VICTIM		OFFENSE INCIDENT	
		INCIDENT DATE/TIME 12-25-2010 02:38	
NO. 1 <input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE CHECK APPROPRIATE CATEGORY <input type="checkbox"/> SUSPECT <input type="checkbox"/> ARRESTEE <input checked="" type="checkbox"/> SUSPECT/ARRESTEE <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> CHARGES FILED			
NAME (Last, First, Middle) WHORTEN, DANNY A			
ALIAS			
GANG AFFILIATION			
ADDRESS (Street, Apt., City, State, Zip) 876 SAUL DR, HUBBARD, OH 44425			PHONE 330-534-2368
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)			PHONE
PLACE OF BIRTH		D.L.#/STATE RR302349 / OH	OCCUPATION/SCHOOL
*AGE/ D.O.B 63 - 63 / 05-26-1947	*SEX M	*RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	*HEIGHT 511
		*WEIGHT 240	HAIR GRY
		EYES BRO	
MARITAL STATUS UNK	SCARS, MARKS, TATTOOS		
ADDITIONAL DESCRIPTIVES			
SUSPECTED OF USING <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS			
POTENTIAL INJURIES?			
*RESIDENT STATUS <input checked="" type="checkbox"/> 1. RESIDENT <input type="checkbox"/> 2. TOURIST <input type="checkbox"/> 3. MILITARY <input type="checkbox"/> 4. STUDENT <input type="checkbox"/> 5. OTHER (Explain) <input type="checkbox"/> 6. UNKNOWN			
*ARRESTEE WAS ARMED WITH			
ARRESTEE ARMED WITH 1. 99 2. 3.			
99 NONE	11 FIREARM	12 HANDGUN	12A AUTOMATIC HANDGUN
13 RIFLE	13A FULLY AUTOMATIC	13B OTHER FULLY AUTOMATIC FIREARM	14 SHOTGUN
15 OTHER FIREARM	15A SEMI-AUTOMATIC SPORTING RIFLE	15B SEMI-AUTOMATIC ASSAULT FIREARM	15C MACHINE PISTOL
16 IMITATION FIREARM	17 SIMULATED FIREARM	18 BB/PELLET GUN	20 KNIFE/CUTTING INSTRUMENT
30 BLUNT OBJECT	35 MOTOR VEHICLE	40 PERSONAL WEAPON	50 POISON
60 EXPLOSIVES	65 FIRE/INCENDIARY DEVICE	70 DRUGS/NARCS/SLEEPING PILLS	80 OTHER WEAPON
U UNKNOWN			

NAME/DESCRIPTIVES

ASSOC. PERSONS

ARREST INFORMATION

JUVENILE

RUNAWAYS / MISSING

NAME	ADDRESS (Street, Apt., City, State, Zip)	Phone
1.	1.	1.
2.	2.	2.

*ARREST/OFFENSE DESCRIPTION	*ARREST/OFFENSE CODE	*F/M & DEGREE	*WARRANT #	*ARREST LARCENY TYPE
1. INCIDENT	1. INCD	1.	1	23A - POCKET PICKING 23B - PURSE SNATCHING
2.	2.	2.	2.	23C - SHOPLIFTING
3.	3.	3.	3.	23D - THEFT FROM BUILDING
4.	4.	4.	4.	23E - THEFT FROM COIN-OP MACH. 23F - THEFT FROM MOTOR VEH.
5.	5.	5.	5.	23G - MOTOR VEH. PARTS/ACCES. 240 - THEFT OF MOTOR VEHICLE 23H - OTHER

*ARREST DATE 12-25-2010	TIME 02:39	ARREST LOCATION (Street, Apt., City, State, Zip) TRIANGLE DRIVE
*INCIDENT TRACKING NUMBER 10-0009487	*ARREST DISPOSITION SUM	BAIL PR
MIRANDA WITNESSED BY: not given		TIME READ
<input type="checkbox"/> FINGERPRINTED	FINGERPRINT CARD NO.	<input type="checkbox"/> PHOTOS TAKEN
NO. TAKEN	PHOTO ID NO.	FBI/BCI#
MULTIPLE ARRESTEE SEGMENTS INDICATOR <input checked="" type="checkbox"/> COUNT ARRESTEE <input type="checkbox"/> MULTIPLE INDICATOR <input type="checkbox"/> N/A		*ARREST TYPE <input checked="" type="checkbox"/> IN PROGRESS <input type="checkbox"/> SUMMONS <input type="checkbox"/> OTHER <input type="checkbox"/> COMPLAINANT <input type="checkbox"/> WARRANT <input type="checkbox"/> ORDER OF PROTECTION

<input type="checkbox"/> JUV. PARENT/ GAURDIAN NOTIFIED	DATE/TIME NOTIFIED	NOTIFIED BY	*JUVENILE DISPOSITION <input type="checkbox"/> HANDLED W/IN DEPT. <input type="checkbox"/> REFERRED TO OTHER AUTH.
PARENT/GAURDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip)		RELATIONSHIP	PHONE
PARENT/GAURDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip)		RELATIONSHIP	PHONE

<input type="checkbox"/> PREVIOUS RUNAWAY/ MISSING	DATE OF LAST CONTACT	DATE OF EMANCIPATION	NCIC#	DATE/TIME ENTERED
LAST SEEN WEARING				

REPORTING OFFICER/ARRESTING OFFICER HAYNIE, PTL. HOWARD	BADGE NO. 115	DATE 12-25-2010
APPROVING OFFICER	BADGE NO.	DATE
COURT HUBBARD MAYORS COURT	COURT DATE 01-06-2011	

ADDITIONAL PERSONS SUPPLEMENT

INCIDENT NUMBER
10-0009487

VICTIM SOCIETY OFFENSE INCIDENT INCIDENT DATE/TIME
12-25-2010 02:38

PERSON	NO. 1	NAME (Last, First, Middle) HAYNIE, PTL.			NAME TYPE PC - PRIMARY CALLER	
	GENDER		RACE	AGE/ D.O.B		
	ADDRESS (Street, Apt., City, State, Zip) 233 SCHOOL ST., HUBBARD, No State, 44425					PHONE
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)					PHONE
	<input type="checkbox"/> STATEMENTS OBTAINED		TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			

PERSON	NO. 2	NAME (Last, First, Middle) WHORTEN, DANNY A.			NAME TYPE OD - OWNER/DRIVER	
	GENDER M		RACE W	AGE/ D.O.B 63 05-26-1947		
	ADDRESS (Street, Apt., City, State, Zip) 876 SAUL DR., HUBBARD, TRUM 44425					PHONE
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)					PHONE
	<input type="checkbox"/> STATEMENTS OBTAINED		TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			

PERSON	NO.	NAME (Last, First, Middle)			NAME TYPE	
	GENDER		RACE	AGE/ D.O.B		
	ADDRESS (Street, Apt., City, State, Zip)					PHONE
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)					PHONE
	<input type="checkbox"/> STATEMENTS OBTAINED		TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			

PERSON	NO.	NAME (Last, First, Middle)			NAME TYPE	
	GENDER		RACE	AGE/ D.O.B		
	ADDRESS (Street, Apt., City, State, Zip)					PHONE
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)					PHONE
	<input type="checkbox"/> STATEMENTS OBTAINED		TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			

PERSON	NO.	NAME (Last, First, Middle)			NAME TYPE	
	GENDER		RACE	AGE/ D.O.B		
	ADDRESS (Street, Apt., City, State, Zip)					PHONE
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)					PHONE
	<input type="checkbox"/> STATEMENTS OBTAINED		TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			

PERSON	NO.	NAME (Last, First, Middle)			NAME TYPE	
	GENDER		RACE	AGE/ D.O.B		
	ADDRESS (Street, Apt., City, State, Zip)					PHONE
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)					PHONE
	<input type="checkbox"/> STATEMENTS OBTAINED		TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			

PERSON	NO.	NAME (Last, First, Middle)			NAME TYPE	
	GENDER		RACE	AGE/ D.O.B		
	ADDRESS (Street, Apt., City, State, Zip)					PHONE
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)					PHONE
	<input type="checkbox"/> STATEMENTS OBTAINED		TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			

REPORTING OFFICER/ARRESTING OFFICER HAYNIE, PTL. HOWARD				BADGE NO. 115	DATE 12-25-2010
APPROVING OFFICER				BADGE NO.	DATE

NARRATIVE SUPPLEMENT

Investigative Narrative <input type="checkbox"/>	INCIDENT NUMBER 10-0009487
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VICTIM SOCIETY	OFFENSE INCIDENT	INCIDENT DATE/TIME 12-25-2010 02:38
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While performing a spot check of the area East Liberty at Creed, I heard a car horn signal about 4 times, pause and then signal with another few blasts as it passed through the 600 block of East Liberty, traveling East. I caught up to the suspect vehicle on Triangle Drive, activated the overhead lights on marked unit #43, effecting a traffic stop. I approached the male operator, identified myself and the reason for the stop. The male operator, (now identified as DANNY A. WHORTEN), said he was passing his friends home. I asked if his friend was outside or awake at nearly 3 am on Christmas morning. At this point WHORTEN repeatedly said "I fucked up". WHORTEN was cited into the Hubbard Mayor's Court for the Horn Blowing 337.19c, on Thursday, January 6, 2011 @ 0930 hours.

REASON CLEARED <input type="checkbox"/> DEATH OF OFFENDER <input type="checkbox"/> PROSECUTION DECLINED <input type="checkbox"/> EXTRADITION DENIED	<input type="checkbox"/> VICTIM REFUSED TO COORP. <input type="checkbox"/> JUVENILE/NO CUSTODY <input type="checkbox"/> ARREST - ADULT	<input type="checkbox"/> ARREST - JUVENILE <input type="checkbox"/> WARRANT ISSUED <input type="checkbox"/> INVEST. PENDING	<input type="checkbox"/> CLOSED <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> INVEST. PENDING	DATE CLEARED
REPORTING OFFICER HAYNIE, PTL. HOWARD	BADGE NO.	DATE 12-25-2010		
APPROVING OFFICER	BADGE NO.	DATE		