Shady Oaks Logging LLC
7735 N. Gartner Dr.
Morgantown, In. 46160

October 19, 2020 Brown County Plan Commission

We would like your signature stating you do not have any objections with us running our log yard on our property thank you for your help.

NAME	ADDRESS	SIGNATURE
Sarah Elkins	708 W. Roberson Rd Morgantown IN	Sarah Elkins
William Gardner	708 W. Roberson Rd Morgantown IN	William Gardner
Steven J McCubbins	628 W Robertson Rd.	Steven J McCubbins
Heather Powell	7009 N. Thunder Ridge Rd. Morgantown IN	Heather Powell
Matt Powell	7009 N. Thunder Ridge Rd Morgantown IN	Matt Powell
Joshua Winter	7393 N. Thunder Ridge. Rd. Morgantown IN	Joshua Winter
Mattie Winter	7393 N Thunder Ridge Rd Morgantown, IN	Mattie Winter
KATE HAGGARD	7238 N RICHARDSON DR MORGANTOWN, IN	Kate Haggard
DICK HAGGARD	7238 N RICHARDSON DR MORGANTOWN, IN	Dick Haggard
TIM HAGGARD	7238 N RICHARDSON DR MORGANTOWN IN	Tim Haggard
Mary Jo Golden	8030 Gartner Drive Morgantown, IN	Mary Jo Golden
David D. Golden	8038 Gartner Dr morgantown, IN	David D. Golden
Patty Sharp	8004 GARTNER DR. Morgantown In 46160	Patty Sharp
GARY SHARP	8004 GARTNER DR Morgantown IN 46160	Gary Sharp
Nora Laminack	8115 Gartner Cir Morgantown, IN 46160	Nora Laminack

Shady Oaks Logging LLC
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Morgantown, In. 46160

NAME	ADDRESS	SIGNATURE
Pamela Beers	482 W. Robertson Rd Morgantown 46160	Pamela S Beers
P. Warren Beers	482 W. Robertson Rd 46160	P. Warren Beers
Mary Id. Keeling	482 W. Robertson Rd	Mary Id Keeling
Stella M Robinett	1050 W. Robertson Rd	Stella M Robinett
MARK A Robinett	1050 W Robertson Rd	Mark Robinett
Lisa A Johnson	Sandland Hill Lane	Lisa A Johnson
Ronald L Johnson	Sandland Hill Lane	Ronald L Johnson
Eleanor Taylor	7726 Gartner Dr	Eleanor M Taylor
Dixie Ricketts	7934 Gartner Dr	Dixie Ricketts
Jim Ricketts	7934 Gartner Dr.	Jim Ricketts
Kevin Cowin	7052 N Thunder Ridge Rd	
Kelli Cowin	7052 N Thunder Ridge Rd	Kelli Cowin
Linda Thompson	7337 N. Thunder Ridge Rd	Linda Thompson
Noble L. Thompson	" " " "	
Donald Asher	1361 W Robertson Rd	
Collin Bartlett	162 W. Robertson Rd	Collin Bartlett
Chelsea Bartlett	162 W. Robertson Rd.	Chelsea Bartlett
Brenda Oldham	295 W. Robertson Rd	Brenda Oldham
Rene Park	295 W Robertson Rd	Rene Park

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James Richert				
JAMES RICHERT	1333 W. ROBERTSON RD	MORGANTOWN,	IN	46160
Steve Woodell				
Steve Woodell	8119 Gartner Rd	Morgantown,	IN	46160
Jack Fortney				
Jack Fortney	8123 Gartner Circle	Morgantown,	IN	46160
Vickey Brummett				
Vickey Brummett	8063 GARTNER Rd.	Morgantown,	IN	46160
Norman Brummett				
Norman Brummett	8063 Gartner Rd	Morgantown	IN	46160
Edward M James	"	"		
Edward M James				
Elizabeth James	7926 Gartner Rd	Morgantown,	IN	46160
Norman Taylor				
Norman Taylor	8034 Gartner Circle	Morgantown	IN	46160
Connie Taylor	"	"	"	
Connie Taylor				
Bradley Combs	8111 Gartner Circle	Morgantown	IN	46160
Brian Combs	8111 Gartner Circle	Morgantown	IN	46160
Ryan Overbeck	7933 Robertson Road	Morgantown,	IN	46160
Judy Hess	181 W Robertson Rd	Morgantown	In	46160
Morgan Palmer	168 W. Robertson Rd	Morgantown	IN	46
Joseph Clevenger	168 W. Robertson Rd.	Morgantown	IN	461
Dave Townsend	242 W. Robertson Rd	Morgantown	IN	46160
Lynn Christian	8045 ~~Gartner Dr.~~	~~Morgantown~~		461
Steve Christian	845 Gartner Dr.	Morgantown	In	46160
Charles W. Kelley	8085 GARTNER DR	Morgantown		46
NANCI D. Kelley	8085 GARTNER DR.	Morgantown		46

Shady Oaks Logging LLC
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Morgantown, In. 46160

Lisa Lawrence	1326 W. Robertson Rd. Morgantown IN 46160	Lisa Lawrence
Jack Lawrence	1326 W. Morgantown Rd. Morgantown, IN 46160	Jack A. Lawrence
Sherrie Vaughan	1332 W. Robertson Rd Morgantown, IN 46160	Sherrie L Vaughn
Stephen Vaughan	1332 W. Robertson Rd morgantown, IN 46160	Stephen Vaughn
James Allen	1332 W. Robertson Rd Morgantown, In 46160	
Jeremy Paul Allen	1374 W Robinston Rd Morgantown, IN 46160	
Ricky Gregory	1280 W. Robertson Rd MORGANTOWN IN 46160	Ricky Gregory
Sheila Shaw	1362 W Robertson Rd Morgantown, IN 46160	Sheila Shaw
John Shaw	1362 W. Robertson Rd. Morgantown, In. 46160	John Shaw
Jim Teague	1321 W Robertson Rd Morgantown, IN 46160	Jim Teague
Samantha Long	1342 W Robertson Rd Morgantown IN 46160	Samantha Long
Byron Ley	1342 W. ROBERTSON RD MORGANTOWN, IN. 46160	Byron Ley
Mary Starnes	1360 W. Robertson Rd Morgantown, IN 46160	Mary Starnes
Lonnie Starnes Jr	1360 W. Robertson Rd Morgantown, IN 46160	Lonnie Starnes Jr
Kathy Sipe	1360 W. Robertson Rd Morgantown IN 46160	Kathy Sipe
Lonnie Starnes, Sr	1360 W. Robertson Rd Morgantown, IN 46160	Lonnie Starnes
Richard Chance	8016 Gartner Circle Morgantown, IN 46160	Richard W. Chance
Elaine Chance	8016 Gartner Circle. morgantown, In 46160	Elaine Chance
Sally Richardson	7383 Richardson Dr. Morgantown	

Shady Oaks Logging LLC
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Morgantown, In. 46160

NAME	ADDRESS	SIGNATURE
Charles Laminack	8115 Gartner Cir Morgantown, IN 46160	
Brandy Bauma	7634 N GARTNER DR Morgantown In 46160	Brandy Bauma
Tyler Bauma	7634 N Gartner Dr Morgantown In 46160	Tyler Bauma
Ray ALLEN	1370 w Robertson RD	Raymond L Allen
Theresa Allen	1370 ROBERTSON RD	THERESA ALLEN
[illegible]	1364 Robertson RD	JULIA FERREAU
John E Emrich	7652 GARTNER DR. MORGANTOWN IN	
Phyllis Emrich	7652 GARTNER DR. MORGANTOWN, IN	
Charles E Maddux	7093 GARTNER LN Morgantown	
DONNA KELSEY MADDUX	7093 GARTNER LN Morgantown	
DON SLICK	8020 Gartner Circle Morgantown, IN 46160	
Sherry & Charlie Taylor	8075 N GARTNER CIR Morgantown In 46160	Sherry & Charlie Taylor Morgantown, IN 46160
Dusty Burke	983 W Robertson Rd Morgantown, IN 46160	
Jackie Moran	983 W. ROBERTSON RD MORGANTOWN IN	
Stephanie Badgley	1313 W Robertson Rd Morgantown, IN 46160	Stephanie Badgley
JEFF Badgley	1313 W. Robertson Rd morgantown IN 46160	Jeff Badgley
Ashley Badgley	1317 W Robertson Rd Morgantown, IN 46160	Ashley Badgley
Cesire Slick	8020 Gartner Circle, Morgantown, IN 46160	
SANDRA RICHERT	1333 W ROBERTSON RD. MORGANTOWN, IN 46160	

Shady Oaks Logging LLC
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Morgantown, In. 46160

NAME	ADDRESS	SIGNATURE
Gary A Selb	7079 Gartner Dr. Morgantown IN	
Gail E. Phillips	8067 Gartner Dr Morgantown, IN	Gail E Phillips
Frank E Wollam JR	"	Frank E Wollam Jr.
Trisha STARK	8052 N. Gartner Dr. morgantown, IN	Trisha Stark
TODD STARK	8052 N. Gartner Rd morgantown, IN	Todd Stark
Ron Carris	7676 Gartner Dr.	Ron Carris
Jeff M Kane	7640 Gartner DR.	Jeff M Kane
Jenny Kane	7640 Gartner RR.	Jen Kane
Austin Kane	7640 Gartner DR.	Austin Kane
John + Kathy Webb	7640 Gartner DR.	John Kathy Webb
Nancy Keithley	1365 W Robertson	Nancy Keithley
Tracy Keithley	1013 W Robertson	Tracy Keithley
Steve Keithley	1365 W Robertson	
ALLEN R. OVERBECK	1354 W ROBERTSON RD	
Ruth E. Overbeck	1354 W Robertson Rd	Ruth E Overbeck
Linda Corwin	7612 N Gartner Dr	Linda Corwin
LARRY Corwin	7612 N GARTNER DR	Larry R Corwin
TONY HAWKINS	1319 W. Robertson Rd	
Leah Hawkins	1319 W. Robertson	

Shady Oaks Logging LLC
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Chris Cassady 485 w. Robertson rd Chris Cassady

Business Lookup Report # 286955155795

You searched for Company Name: WOODCROFT CONSTRUCTION; located in MORGANTOWN, IN 46160

Report Number: 286955155795

Report Date: 2020-02-28 14:32:17

Result # 1:

WOODCROFT CONSTRUCTION

7535 N GARTNER DR

MORGANTOWN, IN 46160-8809

Recorded: 01/1955 - 10/2010

BROWN COUNTY

Telephones & Dates Listed

812-597-4047 **01/1955 - 10/2010**

Affiliated Persons / Sex / Title

GARTNER, ROBERT **OWNER**

S.I.C. Codes / Industry Classification

65120201 **Shopping center, property operation only**

17949901 **Excavation and grading, building construction**

Result # 2:

WOODCROFT CONSTRUCTION

RR 3

MORGANTOWN, IN 46160

Recorded: 01/1982 - 01/1996

BROWN COUNTY

Telephones & Dates Listed

812-597-4047 **01/1982 - 01/1996**

Affiliated Persons / Sex / Title

SR, ROBERT GARTNER

S.I.C. Codes / Industry Classification

FORM 1040

U.S. Treasury Department
Internal Revenue Service

U.S. INDIVIDUAL INCOME TAX RETURN—1963

or taxable year beginning ____, 1963, ending ____, 19____

Print or Type

First name and initial: ROBERT R. & KENNA C. | Last name: GARTNER

If joint return of husband and wife, use first names and middle initials of both

Home address: R. R. 3

Number and street or rural route

City, town or post office, and State: MORGAN TOWN INDIANA

Postal ZIP code

Wife's number if joint return

Occupation

Did you file a return for 1962? ☑ Yes ☐ No. If name or address was different than shown above, enter name and address used.

Check one: ☐ Single ☐ Married filing joint return (even if only one had income) ☐ Unmarried Head of Household ☐ Surviving widow(er) with dependent child ☐ Married filing separately *Give name of wife or husband only if also filing separately*

If joint return, include all income of both husband and wife—**INCOME**—If either you or your wife worked for more than one employer, see page 4 of instructions.

	(a) Federal income tax withheld	(b) Wages, etc.
1. Wages, salaries, tips, etc., and excess of allowances over business expenses: Employer's name / Where employed (city and state)	$	$
2. Totals		
3. "Sick pay" if included in line 1 (attach required statement)		
4. Subtract line 3 from line 2		
5a. Dividends (Schedule B)		
b. Interest (Schedule B or list of payers and amounts)		
c. Rents, royalties, pensions, etc. (Schedule B)		
6a. Business income (Schedule C)		
b. Sale or exchange of property (Schedule D)		
c. Farm income (Schedule F)		
7. Total (add lines 4 through 6c)		
8. Payments by self-employed persons to retirement plans, etc. (attach Form 2950 SE)		
9. Total income (subtract line 8 from line 7)		

• Attach Copy B of Forms W-2 Here •

10. Tax Table — **FIGURE YOUR TAX BY USING EITHER 10 OR 11** — 11. Tax Rate Schedule

If line 9 is less than $5,000 and you do not itemize deductions; Complete page 2 exemption schedule.

Copy total exemptions here ____ Find your tax in table on page 10 of instructions. Do not use lines 11a, b, c, or d. Enter tax on line 12.

a. If you itemize deductions, enter total from page 2. If line 9 is $5,000 or more and you do not itemize, enter 10% of line 9 but not more than $1,000 (*$500 if married and filing separate return*).

b. Subtract line 11a from line 9.

c. Copy total exemptions from page 2 here ____, multiply by $600

d. Subtract line 11c from line 11b. (Figure your tax on this amount by using tax rate schedule on page 9 of instructions and enter tax on line 12.)

TAX—CREDITS—PAYMENTS

12. Tax (from either tax table or tax rate schedule)	
13a. Dividends received credit	
b. Retirement income credit	
c. Investment credit (Form 3468)	
d. Other credits (Specify—see page 5 of instructions)	
e. Total (add lines 13a, b, c, and d)	
14. Balance (subtract line 13e from line 12)	
15. Tax from recomputing prior year investment credit (attach statement)	
16. Total (add lines 14 and 15)	
17. Self-employment tax (Schedule C–3 or F–1)	
18. Total tax (add lines 16 and 17)	
19a. Tax withheld (line 2, column (a) above)	
b. 1963 Estimated tax payments and credits ____ (Office where paid)	
c. Total (add lines 19a and b)	

• Attach Check or Money Order Here •

TAX DUE OR REFUND

20. If payments (line 19c) are less than tax (line 18), enter Balance Due. **Pay in full with this return.** →

21. If payments (line 19c) are larger than tax (line 18), enter Overpayment →

22. Amount of line 21 you wish credited to 1964 Estimated Tax

23. Subtract line 22 from 21. Apply to: ☐ U.S. Savings Bonds, with excess refunded; or ☐ Refund only

★ **LIST YOUR EXEMPTIONS AND SIGN ON OTHER SIDE**

U.S. Treasury Department—Internal Revenue Service

SCHEDULE D (Form 1040)

GAINS AND LOSSES FROM SALES OR EXCHANGES OF PROPERTY

Attach this schedule to your income tax return, Form 1040

1963

Name and address as shown on page 1 of Form 1040

ROBERT A. & KENNA C. GARTNER - 1114 E. GILBERT AVE INDPLS. IND.

Part I—CAPITAL ASSETS

Short-term capital gains and losses—assets held not more than 6 months

a. Kind of property (if necessary, attach statement of descriptive details not shown below)	b. Date acquired (mo., day, yr.)	c. Date sold (mo., day, yr.)	d. Gross sales price	e. Depreciation allowed (or allowable) since acquisition or March 1, 1913 (attach schedule)	f. Cost or other basis, cost of subsequent improvements (if not purchased, attach explanation) and expense of sale	g. Gain or loss (d plus e less f)
1.						

2. Enter your share of net short-term gain (or loss) from partnerships and fiduciaries .....
3. Enter unused capital loss carryover from 5 preceding taxable years (attach statement) .....
4. Net short-term gain (or loss) from lines 1, 2, and 3 .....

Long-term capital gains and losses—assets held more than 6 months

5. Enter gain from line 3, Part II..

FRAME BLDG
5405 MADISON
Rec. on Prim. in

Tot

6. Enter the full amount of your sha
7. Capital gain dividends .....
8. Net long-term gain (or loss) from
9. Combine the amounts shown on
10a. **If line 9 shows a GAIN**—Ent
loss or no entry on line 8.) (S
b. Subtract line 10a from line 9.
11. **If line 9 shows a LOSS**—Ente
line 11b, page 1 of Form 1040

Part II—GAIN FROM DISPOSITION OF DEPRECIABLE PROPERTY UNDER SECTION 1245

a. Kind of property (if necessary, attach statement of descriptive details not shown below)	b. Date acquired (mo., day, yr.)	c. Date sold (mo., day, yr.)	d. Gross sales price	e. Cost or other basis, cost of subsequent improvements (if not purchased, attach explanation) and expense of sale
1.				

f. Depreciation allowed (or allowable) since acquisition or March 1, 1913 (attach schedule)		g. Adjusted basis (e less sum of f-1 and f-2)	h. Total gain (d less g)	i. Ordinary gain (lesser of f-2 or h)	j. Other gain (h less i)
f-1. Prior to January 1, 1962	f-2. After December 31, 1961				

2. Total ordinary gain. Enter here and on line 3, Part IV .....
3. Total other gain. Enter here and on line 5, Part I; however, if the gains do not exceed the losses when this amount is combined with other gains and losses from section 1231 property enter the total of column j on line 1, Part III..

SCHEDULE C (Form 1040)
U.S. Treasury Department
Internal Revenue Service

PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION

(Compute social security self-employment tax on Schedule C-3 (Form 1040))

1963

Attach this schedule to your income tax return, Form 1040 — Partnerships, joint ventures, etc., must file on Form 1065

Name and address as shown on page 1, Form 1040 ROBERT A GARTNER - R.R. 3 MORGANTOWN INDIANA

A. Principal business activity (See separate instructions) Tobacco & Dairying; product (For example: retail grocer, wholesale—tobacco, services—legal, manufacturing—furniture, etc.)

B. Business name Farm **C.** Employer Identification Number

D. Business location (Number and street or rural route) (City or post office) (State)

E. Indicate method of accounting: ☒ cash; ☐ accrual; ☐ other. **F.** Did you file an Employer Quarterly Tax Return, Form 941, for any quarter of 1963? ☐ Yes ☐ No. **G.** Is this business within legal boundaries of city shown on line D? ☐ Yes ☐ No.

H. Did you own this business on December 31, 1963? ☐ Yes ☐ No. **I.** How many months in 1963 did you own this business? 12

1. Gross receipts or gross sales $ ____ Less: Returns and allowance	
2. Inventory at beginning of year (If different than last year's closing inventory attach explanation)	
3. Merchandise purchased $ ____, less cost of any items withdrawn from business for personal use $ ____	
4. Cost of labor (do not include salary paid to yourself)	
5. Material and supplies	
6. Other costs (explain in Schedule C-1)	
7. Total of lines 2 through 6	
8. Inventory at end of this year	
9. Cost of goods sold (line 7 less line 8)	
10. Gross profit (subtract line 9 from line 1)	
OTHER BUSINESS DEDUCTIONS	
11. Depreciation (explain in Schedule C-2)	
12. Taxes on business and business property (explain in Schedule C-1)	
13. Rent on business property	
14. Repairs (explain in Schedule C-1)	
15. Salaries and wages not included on line 4 (exclude any paid to yourself)	
16. Insurance	
17. Legal and professional fees	
18. Commissions	
19. Amortization (attach statement)	
20. Retirement plans, etc. (other than your share—see instructions)	
21. Interest on business indebtedness	
22. Bad debts arising from sales or services	
23. Losses of business property (attach statement)	
24. Depletion of mines, oil and gas wells, timber, etc. (attach schedule)	
25. Other business expenses (explain in Schedule C-1)	
26. Total of lines 11 through 25	
27. Net profit (or loss) (subtract line 26 from line 10). Enter here; on line 1, Schec page 1, Form 1040	1 6 7

C

SCHEDULE C-1. EXPLANATION OF LINES 6, 12, 14, AND 25

Line No.	Explanation	Amount
24		$

16—77885-1

SCHEDULE C-3 (Form 1040)
U.S. Treasury Department
Internal Revenue Service

COMPUTATION OF SOCIAL SECURITY SELF-EMPLOYMENT TAX

Attach this schedule to your income tax return, Form 1040.
See instructions on page 2.

1963

▶ If you had wages of $4,800 or more which were subject to social security taxes, do not fill in this page.
▶ Complete only one Schedule C-3; if you had more than one business, combine profits (or losses) from all of your businesses on this Schedule.
▶ Each self-employed person must file a separate schedule.

NAME AND ADDRESS (as shown on page 1 of Form 1040)
ROBERT A. GARTNER R.R. 3 MORGANTOWN IND

NAME OF SELF-EMPLOYED PERSON (as shown on social security card)
ROBERT A. GARTNER

1. Net profit (or loss) shown on line 27 Schedule C (Form 1040) (Enter combined amount if more than one business).....
2. Add to net profit (or subtract from net loss) losses of business property shown on line 23, Schedule C.....
3. Total (or difference).....
4. Net income (or loss) from excluded services or sources included on line 3.....
   Specify excluded services or sources ----------
5. Net earnings (or loss) from self-employment—
   (a) From business (line 3 less any amount on line 4).....
   (b) From partnerships, joint ventures, etc. (other than farming).....
   (c) From service as a minister, member of a religious order, or a Christian Science if you have filed or are filing Form 2031.....
   (d) From farming reported on line 2 (or line 3 if option used), separate Schedule F
   (e) From service with a foreign government or international organization.....
6. Total net earnings (or loss) from self-employment reported on line 5. Enter here c
   (If line 6 is under $400, you are not subject to self-employment tax. Do nc
7. The largest amount of combined wages and self-employment earnings subject to socic security tax is.....
8. Total wages, covered by social security, paid to you during the taxable year. (Fc "Covered" wages see "F.I.C.A. Wages" box on Form W-2.) Enter here and i item G, below.....
9. Balance (line 7 less line 8).....
10. Self-employment income—line 6 or 9, whichever is smaller. Enter here and in it
11. Self-employment tax—If line 10 is $4,800, enter $259.20; if less, multiply the amc Enter this amount here and on line 17, page 1, Form 1040.....

Do not detach

Important.—The amounts reported on the form below are for your social security account. This account is used in figuring any benefits, based on your earnings, payable to you, your dependents, and your survivors. Fill in each item accurately and completely.

SCHEDULE SE (Form 1040)
U.S. Treasury Department
Internal Revenue Service

U.S. REPORT OF SELF-EMPLOYMENT INCOME

1963

For crediting to your social security account

PLEASE DO

A. Indicate year covered by this return (even though income was received only in part of year):
Calendar year 1963 ☐; or other taxable year beginning ----------, 1963, ending ----------
If less than 12 months, was short year due to (a) ☐ Death, or (b) ☐ Change in accounting period or (c) ☐ Other.

B. BUSINESS ACTIVITIES SUBJECT TO SELF-EMPLOYMENT TAX (Grocery store, restaurant, etc.)
MASONRY & DIGGING CONTRACTOR

C. BUSINESS ADDRESS (number and street, city or post office, State)
Same

D. SOCIAL SECURITY ACCOUNT NUMBER OF PERSON NAMED IN ITEM E BELOW ▶ [redacted]

E. PRINT OR TYPE NAME OF SELF-EMPLOYED PERSON AS SHOWN ON SOCIAL SECURITY C
ROBERT A. GARTNER

PRINT OR TYPE HOME ADDRESS (number and street or rural route)
R.R. 3

(City or post office, State, and postal ZIP code)
MORGANTOWN INDIANA

SCHEDULE B (Form 1040)
U.S. Treasury Department
Internal Revenue Service

SUPPLEMENTAL SCHEDULE OF INCOME AND CREDITS

(From all sources other than wages, business, farming, and sale or exchange of property)

Attach this schedule to your income tax return, Form 1040

1963

Name and address as shown on page 1 of Form 1040
ROBERT A. GARTNER - RTE. B. GALOPEGIAN TAXES INDIANA

Part I.—DIVIDEND INCOME (Income from savings (building) and loan associations and credit unions should be entered as interest in Part II)

	AMOUNT
1. Name of qualifying corporation declaring dividend (more than one entry may be made on a line) (Indicate by (H), (W), (J) whether stock is held by husband, wife, or jointly)	
2. Total	
3. Exclusion of $50 (If both husband and wife received dividends, each is entitled to exclude not more than $50 of his (her) own dividends)	
4. Subtract line 3 from line 2. Enter here and on line 1, Part VII	
5. Name of nonqualifying corporation declaring dividend: Controlled foreign corporations (attach Form 3646)	
6. Total (add lines 4 and 5). Enter here and on line 5a, page 1, Form 1040	

Part II.—INTEREST INCOME (This includes interest credited to your account)

Note: A separate attachment may be used if interest is the only income to be repo

1. Name of payer (more than one entry may be made on a line) DR. ARND

2. Total—Enter here and on line 5b, page 1, Form 1040

Part III.—PENSION AND ANNUITY INCOME

A.—General Rule (If you did not contribute to the cost of the pension or annuity, enter the total amount received on l

1. Investment in contract
2. Expected return
3. Percentage of income to be excluded (line 1 divided by line 2) %
4. Amount received thi
5. Amount excludable plied by line 3)
6. Taxable portion (excess of line 4 over line 5)

B.—Special Rule—Where your employer has contributed part of the cost and your own contribution will be recovered tax-free within 3 years. If your cost was fully recovered in prior years, enter the total amount received on line 5 and omit lines 1 through 4.

1. Cost of annuity (amounts you paid)
2. Cost received tax-free in past years
3. Remainder of cost (line 1 less line 2)
4. Amount received this year
5. Taxable portion (excess, if any, of line 4 over line 3)

Part IV.—RENT AND ROYALTY INCOME

1. Kind and location of property (Identify whether rent or royalty)	
Rentals	
1. Totals	

2. Net income (or loss) from rents and

Part V.—OTHER INCOME OR LOSSES

1. Partnerships (name, address, and no
2. Estates or trusts (name and address)
3. Other sources (state nature)

Total of Parts III, IV, and V (Enter he

INDIANA DEPARTMENT OF REVENUE

FORM IT-40

1963 INDIVIDUAL INCOME TAX RETURN 1963

☐ CHECK IF AMENDED RETURN

FIRST NAME AND INITIAL / LAST NAME: ROBERT R. & KENNA C. GARTNER

HOME ADDRESS: R. R. 3 (NUMBER AND STREET OR RURAL ROUTE)

Spouse's Social Security No.: Confidential

(CITY, TOWN OR POST OFFICE): MORGANTOWN (COUNTY): BROWN (STATE): INDIANA (ZIP CODE NO.)

Spouse's Occupation: H. W. Code:

Spouse's Name If Filing Separate Return:

Check One: ☐ Single ☐ Married filing joint return ☐ Married filing separate return

If wife or husband is also filing a separate return, enter his or her first name and Social Security No. above ◆

1. Adjusted Gross Income Tax (From Schedule AG, Line 21)
2. Gross Income Tax — Taxpayer (From Schedule GT, Line 22)
3. Gross Income Tax—Spouse (From Schedule GT, Line 22—If single or marrie
4. Total Tax Due (Add Lines 1, 2, and 3)

PAYMENTS & CREDITS

5. Tax Withheld By Employer(s) (From Schedule AG, Line 2, Column B)
   (Attach WH2's and WH6's to this return. No credit can be given unless WH2's are attached.)
6. Quarterly Gross Income Tax Payments
   - 6a. First Quarter, 1963 $
   - 6b. Second Quarter, 1963 $
7. Total Quarterly Gross Income Tax Payments (Add Lines 6a and 6b)
8. Payments on 1963 Declaration of Estimated Adjusted Gross Income Tax:
   - 8a. Amount Paid With Declaration $
   - 8b. Amount Paid On Second Installment $
9. Total Payments on 1963 Declaration of Estimated Adjusted Gross Income T
   (Add Lines 8a and 8b)
10. Gross Income Tax Paid At Time Of Sale Of Real Estate
    (Receipts For Gross Income Tax Paid Must Be Attached To This Return)
11. If This Is An Amended Return, Enter Amount Paid On Original Return
12. Total Payments And Credits (Add Lines 5, 7, 9, 10, and 11)
13. If Line 4 Is Larger Than Line 12, Subtract Line 12 From Line 4 And Enter Amount Of Tax Due
14. If Line 12 Is Larger Than Line 4, Subtract Line 4 From Line 12 And Enter Amount Of Overpayment (See Lines 18 and 19 Below)
15. If Payment Of Amount Shown On Line 13 Is Made After Due Date, Add Interest Of ½ Of 1% Per Month Of Amount Shown On Line 13
16. If This Return Is Filed After The Due Date, Add Penalty Of 10% Of Line 13 Or $2.00 Whichever Is Greater
17. Total Tax, Interest, And Penalty Due, (Add Lines 13, 15, and 16)
18. Amount Of Overpayment Shown On Line 14 You Want Credited To Yo Declaration Of Estimated Adjusted Gross Income Tax
19. Amount Of Overpayment Shown On Line 14 You Want Refunded

Did you file a Gross Income Tax Return last year ☒ Yes ☐ No

Name of Preparer

Make Remittance Payable To: Indiana Department of Revenue, Indianapolis, Indiana 46204.

FOR DEPARTMENT USE ONLY, PLEASE

I declare under the penalties of perjury that I have examined this return (including all attached schedules) and to the best of my knowledge and belief it true, correct, and complete, and that I owe no delinquent Indiana Intangible Tax.

Sign Here X X (If Joint return, both husband and wife must sign) Date

INDIANA DEPARTMENT OF REVENUE

SCHEDULE GT
(Form IT-40)

SCHEDULE OF GROSS INCOME TAX

Attach this schedule to your income tax return, Form IT-40

Jan. 1—
June 30
1963

Name and address as shown on page 1 of Form IT-40 Robert A. Gardner R.F.D. 3 Morgantown Ind.

Enter entire income received both taxable and non-taxable

SOURCE OF RECEIPTS	A 1½% Rate	⅜ of 1% Rate	Non-Taxable
1. Wages and salaries (before payroll deductions)	$		$
2. Commissions, fees (and other personal service type income)			
3. Interest and dividends			
4. Rents and leases (of real and personal property)			
5. Sales of real estate (see schedule 2 below)			
6. Sales of securities (and other personal property)			
7. Enter only Gross Earnings (from business activity taxed on gross earnings basis)			
8. Contractors service receipts			
9. Other service receipts			
10. Other receipts (including pensions and alimony)			
11. Contractors sale of materials			
12. Selling at retail			
13. Laundry, dry cleaning (and industrial processors)			
14. Sales of agricultural products			
15. Manufacturers sales at wholesale			
16. Other sales at wholesale			
17. Totals (lines 1 through 16)			
18. Deduct non-taxable receipts (from column C)			
19. Exemption (deduct from column A or column B)			
20. Amount subject to tax (line 17 less lines 18 and 19)			
21. Multiply line 20 by rate in column A and column B			
22. Add total of line 21, columns A and B, enter in column C			

PLEASE PRINT OR TYPE

SCHEDULE 1 — LIST NON-TAXABLE ITEMS REPORTED IN COLUMN C

LINE	ITEM DEDUCTED	DEDUCTED AT 1½%	DEDUCTED AT ⅜ of 1%
		$	$

SCHEDULE 2 — DESCRIPTION OF ALL SALES OF REAL ESTATE AS REPORTED ON LINE 5

NOTE: Report Gross Sales Price only in schedule 2. Report mortgages and other non-taxable items in Schedule 1. If more than 3 sales of real estate have been made, attach additional schedules.

DESCRIPTION: 5405 Madison

DATE OF SALE: 1-63 NAME OF PURCHASER DR. ARNDT

DESCRIPTION:

DATE OF SALE: NAME OF PURCHASER

DESCRIPTION:

DATE OF SALE: NAME OF PURCHASER

Brown County Sheriff's Office

Scott Southerland
Sheriff

55 State Rd. 46E
P.O. Box 95
Nashville, IN 47448
Phone 812-988-6655
Fax 812-988-8859

REQUEST FOR PUBLIC RECORDS

(Covered under I.C. 5-14-3-5)

Policy Statement

It is the policy of this office to provide any and public information permitted under the law (I.C. 5-14-3-5) to all citizens. In order to better effectively and sufficiently serve you, please complete the information below. Thank you.

Scott Southerland, Sheriff

I hereby request to view and/or copy the information permitted by law of the following:

(Circle type of incident you are seeking information for) An accident-assault-burglary-incident-robbery-theft-murder or other:

Indicate approximate date, time and location of incident for which you are seeking information:

Date: 2014- present

Time: _____

Location: West Robertson Rd. - Crash reports

Name Christina Buccos
(Person requesting information or records)

Address _____

City _____ State _____ ZIP _____

Phone No. (317) 341-2006

Date requested 10/14/20 Date needed _____

2014-1

2017-1

Copy fees:

Accident Report $5.00
Photograph $3.00 each
Case Report 1 – 10 pages no fee – after 10th page - .10 cents each additional page

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902282347

Page 1 of 4

Local ID: 14A081801

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
08/18/2014	Mon	3:11 PM	BROWN	JACKSON	2	0	0	0	0

Road Crash Occurred On	Nearest Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
WEST ROBERTSON RD	ROBERTSON RD			COUNTY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
NO	NASHVILLE(BROWN)	OTHER	39 18.205	-86 15.868

Driver #1	Driver #2	Driver #3	Driver #4
HOLLETT,GARY,C	TEAGUE,KELLI,L		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Alcoholic Beverages					
Illegal Drugs					
Prescription Drugs					
Driver Asleep or Fatigued					
Driver Illness					
Unsafe Speed					
Failure to Yield					
Disregard Signal					
Left of Center		✓			
Improper Passing					
Improper Turning					
Improper Lane Usage					
Following Too Closely					
Unsafe Backing					
Overcorrecting					
Ran off Road					
Wrong Way on One Way					
Pedestrian's Action					
Passenger Distraction					
Restriction Violation					
Jackknifing					
Cell Phone Usage					
Other Telematics					
Driver Distracted					
Speed/Weather Conditions					
Unsafe Lane Movement					
Other					
None			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Engine Failure or Defective					
Accelerator Failure or Defective					
Brake Failure or Defective					
Tire Failure or Defective					
Headlight(s) Defective or Not On					
Other Lights Defective					
Steering Failure					
Window/Windshield Defective					
Oversize/Overweight Load					
Insecure/Leaky Load					
Tow Hitch Failure					
Other					
None			✓		

Environment Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Glare					
Roadway Surface					
Holes/Ruts in Surface					
Shoulder Defective					
Road Under Construction					
Severe Crosswinds					
Obstruction Not Marked					
Lane Marking Obscured					
View Obstructed					
Animal/Object in Roadway					
Traffic Ctl Inop/Missing/Obscure					
Utility Work					
Other					
None			✓		

Area Information

Hit and Run	NO
School Zone	NO
Rumble Strips	NO
Locality	RURAL
Light Condition	DAYLIGHT
Weather Conditions	CLOUDY
Surface Condition	DRY
Type of Median	NONE
Type of Roadway Junction	NO JUNCTION INVOLVED
Road Character	STRAIGHT/HILLCREST
Roadway Surface	ASPHALT
Construction	NO
If Yes, Construction Type	
Traffic Control Devices	NONE
Traffic Control Device Operational?	NA
Was this crash the result of aggressive driving?	NO

Total Estimate of all damage in the Crash: $5001 TO $10000

Other Property Damage (1)	State Property	Owner's Name and Address
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant

☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(Last Name, First Name, MI)		
Non-Motorist Type		Non-Motorist Action
Apparent Physical Condition		
Cited?	Direction	
Street/Highway		
Traffic Control?	If yes, was traffic control operational?	

Local ID
14A081801

Type of Crash	OPPOSITE DIRECTION SIDESWIPE				
Time Notified	Time Arrived	Other Location of Investigation			
3:13 PM	3:31 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				08/18/2014	
Investigating Officer		ID No.	Agency	Reviewing Officer	
STOGSDILL, B		138	BROWN SD		

Narrative

The driver of unit #1 advised he was east bound on West Robertson road and as he came over a hill crest he advised he was left of center and saw unit#2 west bound on West Robertson road and was unable to get back over before side swiping unit #2.

The driver of unit #2 advised she was west bound on West Robertson road and as she was starting over a hill crest unit #1 was left of center and she advised she swerved over as far as she could but was still side swiped by unit #1.

UNIT INFORMATION

902282347

Local ID: 14A081801

1	Driver's Name (Last, First, MI): HOLLETT, GARY, C
Address (Street, City, State, Zip): 7092 THUNDER RIDGE RD	
MORGANTOWN IN 46160	
Date of Birth:	Age:	Gender: MALE
Driver's License #:	Lic Type: OP	CDL Class:	Lic State: IN

Apparent Physical Status: [✓] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [ ] Glasses/Contact Lenses; [✓] Outside Rearview Mirror; [ ] Daylight Driving; [ ] Automatic Transmission; [ ] Special Controls; [ ] Employment Only; [ ] Motorcycle Only; [ ] To/From Employment; [ ] Employer's Vehicle Only; [ ] State-Owned Vehicles; [ ] PP Chauffeurs Taxi Only; [ ] Power Steering; [ ] Special Restrictions; [ ] Probation DWI; [ ] Probation HTO; [ ] None

Test Given: NONE

Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT

Certified Test: [ ] Pending

Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	RED	1998	FORD	ESCORT	4D

# Occupants	Lic Year	License #	License State
1	2015	SLS801	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	STATE FARM	7653423353

Vehicle Identification#: 1FAFP10P5WW136922

Registered Owner's Name (Last, First, MI): HOLLETT, GARY [ ] Same as Driver

Address (Street, City, State, Zip): 7092 THUNDER RIDGE RD

MORGANTOWN IN 46160

Towed? NO | To By | Due to Disabling Damage

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	Same as Driver
License#			Address (Street, City, State, Zip)	
Veh Year	Make			

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	Same as Driver
License#			Address (Street, City, State, Zip)	
Veh Year	Make			

Commercial Vehicle: Carrier's Name and Address

HAZMAT Proper Shipping Name: | State DOT#

US DOT# | ICC# | CMV Inspection | If Yes

Gross Vehicle Weight Rating | Cargo Body Type

HAZMAT Placard | HAZMAT Release of Cargo | HAZMAT 4-Digit ID# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

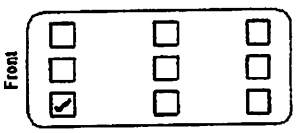
Nature of Most Severe Injury:

Location of Most Severe Injury:

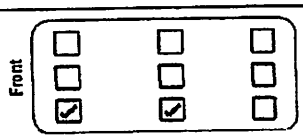
If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

Initial Impact Area: [ ] Undercarriage [ ] Trailer [ ] None [ ] Unknown



Areas Damaged (Multiples): [ ] Undercarriage [ ] Trailer [ ] None [ ] Unknown



Vehicle Use: PERSONAL (FARM, COMPANY)

Emergency Run?	Fire?
	NO

Vehicle Type: PASSENGER CAR/STATION WAGON

Pre-Crash Vehicle Action: GOING STRAIGHT

Direction of Travel: EAST

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[ ] Multi-Lane Divided (3 or more)	[ ] Alley
[ ] Multi-Lanes (3 or more)	[ ] Multi-Lane Undivided 2 way left turn	
	[✓] Multi-Lane Undivided (3 or more)	

Event Collision With: 1. ANOTHER MOTOR VEHICLE

UNIT INFORMATION

902282347

Local ID
14A081801

	Driver's Name (Last, First, MI)
2	TEAGUE, KELLI, L

Address (Street, City, State, Zip): 644 PRINCETON DR

WHITELAND IN 46184

Date of Birth	Age	Gender
		FEMALE

Driver's License #	Lic Type	CDL Class	Lic State
	OP		IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [ ] Glasses/Contact Lenses; [ ] Outside Rearview Mirror; [ ] Daylight Driving; [ ] Automatic Transmission; [ ] Special Controls; [ ] Employment Only; [ ] Motorcycle Only; [ ] To/From Employment; [ ] Employer's Vehicle Only; [ ] State-Owned Vehicles; [ ] PP Chauffeurs Taxi Only; [ ] Power Steering; [ ] Special Restrictions; [ ] Probation DWI; [ ] Probation HTO; [x] None

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results	Certified Test	Drug Results
PBT	[ ] Pending	

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLU	2013	CHEVROLET	MALIBU	4D

# Occupants	Lic Year	License #	License State
1	2014	457BUB	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	STATE FARM	3178883584

Vehicle Identification#: 1G11B5SA2DF357631

Registered Owner's Name (Last, First, MI) [ ] Same as Driver: TEAGUE, KELLI

Address (Street, City, State, Zip): 644 PRINCETON DR

WHITELAND IN 46184-1127

Towed?	To	Due to Disabling Damage
NO	By	

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI) [ ] Same as Driver
License#			Address (Street, City, State, Zip)
Veh Year	Make		

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI) [ ] Same as Driver
License#			Address (Street, City, State, Zip)
Veh Year	Make		

Commercial Vehicle: Carrier's Name and Address

HAZMAT Proper Shipping Name: | State DOT#

US DOT# | ICC# | CMV Inspection | If Yes

Gross Vehicle Weight Rating | Cargo Body Type

HAZMAT Placard | HAZMAT Release of Cargo | HAZMAT 4-Digit ID# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

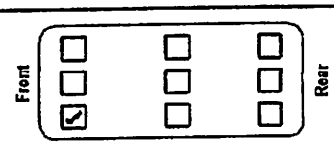
Nature of Most Severe Injury:

Location of Most Severe Injury:

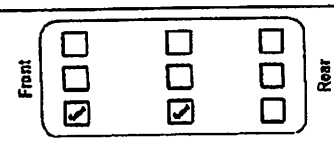
If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

Initial Impact Area: [ ] Undercarriage [ ] Trailer [ ] None [ ] Unknown



Areas Damaged (Multiples): [ ] Undercarriage [ ] Trailer [ ] None [ ] Unknown



Vehicle Use: PERSONAL (FARM, COMPANY)

Emergency Run?	Fire?
	NO

Vehicle Type: PASSENGER CAR/STATION WAGON

Pre-Crash Vehicle Action: GOING STRAIGHT

Direction of Travel: WEST

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[ ] Multi-Lane Divided (3 or more)	[ ] Alley
[ ] Multi-Lanes (3 or more)	[ ] Multi-Lane Undivided 2 way left turn	
	[x] Multi-Lane Undivided (3 or more)	

Event Collision With: 1. ANOTHER MOTOR VEHICLE

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902967827

Page 1 of 3

Local ID: 17A072502

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
07/25/2017	Tue	4:44 PM	BROWN	JACKSON	1	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/Mile Marker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
ROBERTSON RD	WEST RCBERTSON RD			COUNTY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
NO	NASHVILLE(BROWN)		39 18.212	-86 15.383

Driver #1	Driver #2	Driver #3	Driver #4
DERBYSHIRE,CAROLYN,S			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Alcoholic Beverages					
Illegal Drugs					
Prescription Drugs					
Driver Asleep or Fatigued					
Driver Illness					
Unsafe Speed					
Failure to Yield					
Disregard Signal					
Left of Center		✓			
Improper Passing					
Improper Turning					
Improper Lane Usage					
Following Too Closely					
Unsafe Backing					
Overcorrecting					
Ran off Road					
Wrong Way on One Way					
Pedestrian's Action					
Passenger Distraction					
Restriction Violation					
Jackknifing					
Cell Phone Usage					
Other Telematics					
Driver Distracted					
Speed/Weather Conditions					
Unsafe Lane Movement					
Other					
None		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Engine Failure or Defective					
Accelerator Failure or Defective					
Brake Failure or Defective					
Tire Failure or Defective					
Headlight(s) Defective or Not On					
Other Lights Defective					
Steering Failure					
Window/Windshield Defective					
Oversize/Overweight Load					
Insecure/Leaky Load					
Tow Hitch Failure					
Other					
None		✓			

Environment Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Glare					
Roadway Surface					
Holes/Ruts in Surface					
Shoulder Defective					
Road Under Construction					
Severe Crosswinds					
Obstruction Not Marked					
Lane Marking Obscured					
View Obstructed					
Animal/Object in Roadway					
Traffic Ctl Inop/Missing/Obscure					
Utility Work					
Other					
None		✓			

Area Information

Hit and Run	YES
School Zone	NO
Rumble Strips	NO
Locality	RURAL
Light Condition	DAYLIGHT
Weather Conditions	CLEAR
Surface Condition	DRY
Type of Median	
Type of Roadway Junction	NO JUNCTION INVOLVED
Road Character	STRAIGHT/HILLCREST
Roadway Surface	ASPHALT
Construction	NO
If Yes, Construction Type	
Traffic Control Devices	NONE
Traffic Control Device Operational?	NA
Was this crash the result of aggressive driving?	NO

Total Estimate of all damage in the Crash: $5001 TO $10000

	State Property	Owner's Name and Address
Other Property Damage (1)		
Other Property Damage (2)		

Witness/Other Participant

	#	Name
☐ Witness ☐ Other Participant		

Address etc.

Phone # Location at Time of Crash

	#	Name
☐ Witness ☐ Other Participant		

Address etc.

Phone # Location at Time of Crash

Non-Motorist

(Last Name, First Name, MI)

Non-Motorist Type	Non-Motorist Action
Apparent Physical Condition	
Cited? / Direction	
Street/Highway	
Traffic Control?	If yes, was traffic control operational?

Local ID
17A072502

Type of Crash

Time Notified	Time Arrived	Other Location of Investigation				
4:45 PM	5:27 PM	SEE NARRATIVE				
Assisting Officer		ID No.	Agency	Investigation Complete? YES	Photos Taken? YES	
Assisting Officer		ID No.	Agency	Date of Report 07/25/2017		
Investigating Officer		ID No.	Agency	Reviewing Officer		
JACKSON, J		506	BROWN SD			

Narrative

Deputy Joe Jackson 506

On 7/25/2017 at approximately 0445pm dispatch advised of a motor vehicle accident on West Robertson Rd involving two vehicles. Dispatch also advised that one of the vehicles an was a white truck that was heading east and did not stop. At the time of the call I was on a domestic call. Once I was advised that there were no injuries I finished the call and was en route to the crash. Dispatch advised that the initial caller said that they had went ahead and drove the car to their house.

I met the caller (Dave Derbyshire) at his house at 65 Pine Water Ct. and spoke with Carolyn and Dave Derbyshire. Carolyn stated that she was driving west on West Robertson Road and a truck had topped the hill at the same time as they did and was driving over the center at a high rate of speed and hit the drivers side of their car. The truck had broke off their mirror and damaged the entire side of their car from the driver's door to the rear of the car and even damaged the left rear wheel. There is also rubber marks on the side of Derbyshire's vehicle from where the truck tire had went down the side of it.

Dave and Carolyn stated that they stopped the car and the white truck kept driving east at a high rate of speed. Carolyn Derbyshire was driving the car and Dave Derbyshire was in the passenger seat. Dave stated that the white pickup truck was kind of boxy like a mid 90's 3/4 ton Ford but was unclear of the exact make. Dave also said that the truck had no markings on it and they could not get a plate on the fact that the truck was driving so fast and never stopped.

I took pictures of Derbyshire's car at their house and had Carolyn fill out a written statement. I later went out to West Robertson Rd and found the approximate spot where the initial impact took place. There was still broken glass on the road from the drivers side mirror on Derbyshire's car. I took several pictures and drove all the way down West Robertson Rd and drove down Thunder Creek Rd. I also drove all through the camp grounds at the back of the road and could not locate the white truck.

I did not complete a crash diagram since there were no vehicles at the crash site.

UNIT INFORMATION

902967827

Local ID: 17A072502

1 — Driver's Name (Last, First, MI)	DERBYSHIRE, CAROLYN, S
Address (Street, City, State, Zip)	65 PINE WATER CT
	NASHVILLE IN 47448
Date of Birth / Age / Gender	/ / FEMALE
Lic Type / CDL Class / Lic State	OP / / IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [ ] Glasses/Contact Lenses; [ ] Outside Rearview Mirror; [ ] Daylight Driving; [ ] Automatic Transmission; [ ] Special Controls; [ ] Employment Only; [ ] Motorcycle Only; [ ] To/From Employment; [ ] Employer's Vehicle Only; [ ] State-Owned Vehicles; [ ] PP Chauffeurs Taxi Only; [ ] Power Steering; [ ] Special Restrictions; [ ] Probation DWI; [ ] Probation HTO; [x] None

Test Given	NONE
Type Given	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results	PBT
Certified Test	[ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	BLU	2011	Mazda	Mazda3	4D

# Occupants	Lic Year	License #	License State
2	2018	178NAR	IN

# Axles	Speed Limit	Insured By	Phone Number
2	30	CINCINNATI INSURANCE CO	8123313230

Vehicle Identification#: JM1BL1K67B1400917

Registered Owner's Name (Last, First, MI) [ ] Same as Driver: DERBYSHIRE, CAROLYN

Address (Street, City, State, Zip): 65 PINE WATER CT

NASHVILLE IN 47448

Towed?	To	Due to Disabling Damage
NO	By	

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI) [ ] Same as Driver
License#			Address (Street, City, State, Zip)
Veh Year	Make		

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI) [ ] Same as Driver
License#			Address (Street, City, State, Zip)
Veh Year	Make		

Commercial Vehicle: Carrier's Name and Address

HAZMAT Proper Shipping Name: | State DOT#

US DOT# | ICC# | CMV Inspection | If Yes

Gross Vehicle Weight Rating | Cargo Body Type

HAZMAT Placard | HAZMAT Release of Cargo | HAZMAT 4-Digit ID# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No. | Immed Attn | Driver Injury Status

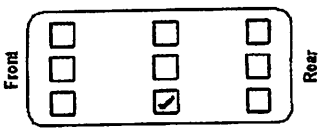
Nature of Most Severe Injury

Location of Most Severe Injury

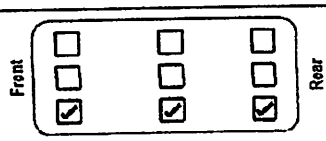
If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes

Initial Impact Area: [ ] Undercarriage [ ] Trailer [ ] None [ ] Unknown



Areas Damaged (Multiples): [ ] Undercarriage [ ] Trailer [ ] None [ ] Unknown



Vehicle Use: PERSONAL (FARM, COMPANY)

Emergency Run?	Fire?
	NO

Vehicle Type: PASSENGER CAR/STATION WAGON

Pre-Crash Vehicle Action: GOING STRAIGHT

Direction of Travel: WEST

Type of Primary/Secondary Roadway:

- [ ] One Way Road
- [ ] One Lane - One Way
- [ ] Two Lanes - One Way
- [ ] Multi-Lanes (3 or more) - One Way
- [ ] Multi-Lane w/ Grass Median Only
- [ ] Multi-Lane w/ Center Turn Lane
- [ ] Multi-Lane w/ Curb Raised Median
- [ ] Multi-Lane w/ Cable Barrier
- [x] Two Lanes - Two Way
- [ ] Multi-Lane Divided (3 or more) - Two Way
- [ ] Multi-Lane Undivided Two Way Left Turn
- [ ] Multi-Lane Undivided (3 or more) - Two Way
- [ ] Multi-Lane w/ Concrete Barrier
- [ ] Multi-Lane w/ Metal Guardrail Median
- [ ] Private Drive
- [ ] Alley
- [ ] Ramp

Event Collision With: 1. ANOTHER MOTOR VEHICLE

Brown County Emergency 911

Calls For Service View Call Report

715 Greasy Creek Road Nashville, IN 47448

Call #	Dispatcher	Received	Call Time	Caller Name
2019-00020902	ethompson	ADMIN	11/01/2019 13:48 Hrs	CHRIS
Phone #	**Event Type**	**Priority**	**Close Time**	**Disposition**
	HARASSMENT	Medium	11/01/2019 14:14 Hrs	CALL COMPLETED

Location

Incident Location	Latitude	Longitude	Common Place
WEST ROBERTSON, IN			

Caller Location

Incident Notes

Notes

REMARKS/NARRATIVES:
11/01/2019 13:50:10 ETHOMPSON: SHERRIE MITCHELL HARASSING TREE TRIMMERS
11/01/2019 14:14:13 DNICLEY: SHERRI LEFT, NOT HOME, NO COMMUNICATION, JUST TOOK PHOTOS

Officers

Primary	Radio #	Name	Dispatch	On Scene	Clear
Y	76	Williams, Chad	11/01/2019 13:50 Hrs	11/01/2019 14:07 Hrs	11/01/2019 14:14 Hrs

Agency

Brown County Sheriffs Office

People

First Name	Last Name	Race	Sex	DOB	Address
	CHRIS				
Phone	**Roles**				
	Caller				

Brown County Emergency 911

Calls For Service View Call Report

715 Greasy Creek Road Nashville, IN 47448

Call #	Dispatcher	Received	Call Time	Caller Name
2020-00014692	aoswald	RADIO	08/14/2020 11:28 Hrs	
Phone #	**Event Type**	**Priority**	**Close Time**	**Disposition**
	ASSIST MOTORIST	Medium	08/14/2020 11:32 Hrs	CALL COMPLETED

Location

Incident Location	Latitude	Longitude	Common Place
135N/W ROBERTSON RD, IN			

Caller Location

Incident Notes

Notes

REMARKS/NARRATIVES:
08/14/2020 11:32:20 AOSWALD: CAMPER WAS TRYING TO GET TO CAMPGROUND ON WEST ROBERTSON AND SHERRI MITCHELL WAS NOT WANTING TO BACK HER CAR UP TO LET THEM GO

Officers

Primary	Radio #	Name	Dispatch	On Scene	Clear
Y	711	Pool, William	08/14/2020 11:28 Hrs	08/14/2020 11:28 Hrs	08/16/2020 20:09 Hrs

Agency

Brown County Sheriffs Office

Incidents

Report #	Supp #	Agency	Reporting Officer(s)
		Brown County Sheriffs Office	Pool, William

CAD Detail

Print Date: 02-Mar-20
Print Time: 11:19:00
User Name: ethompson

Incident #2019-00020902

Hide Incident Log; Hide System Messages; Hide Media

Incident Location:	WEST ROBERTSON	**Apt:**	
Inc Loc Info:		**Latitude:**	
Building:		**Longitude:**	
Community:			
Municipality:			
Caller Name:	CHRIS	**Disposition:**	C
Caller Location:		**Apt:**	
Call Loc Info:		**Building:**	
Phone:	317 341 2006	**Source:**	ADMIN
Call Back Phone:			
Incoming 911:	01-Nov-19 13:48:41	**Created By:**	ethompson
Create Date/Time:	01-Nov-19 13:48:41	**Sent By:**	ethompson
Dispatch Date/Time:	*01-Nov-19 13:50:14	**Language:**	
Enroute Date/Time:	01-Nov-19 13:50:15		
Onscene Date/Time:	01-Nov-19 14:07:35	**Priority:**	2
Clear Date/Time:	01-Nov-19 14:14:27	**Event:**	HARAS
Closed Date/Time:	01-Nov-19 14:14:27		

Remarks:

User Name	Date/Time	Remarks
ethompson	01-Nov-19 13:50:11	SHERRIE MITCHELL HARASSING TREE TRIMMERS
dnicley	01-Nov-19 14:14:13	SHERRI LEFT, NOT HOME, NO COMMUNICATION, JUST TOOK PHOTOS

Unit Activity:

Unit	Employee	Department	Temporary Department	Status	Location/Remark/Case	Date/Time
76	CHAD WILLIAMS	BCSO		DISPATCH		*01-Nov-19 13:50:14
76	CHAD WILLIAMS	BCSO		ENROUTE		01-Nov-19 13:50:15
76	CHAD WILLIAMS	BCSO		ONSCENE		01-Nov-19 14:07:35
76	CHAD WILLIAMS	BCSO		AVAILABLE		01-Nov-19 14:14:20

* Date/Time is Backfilled

2020-03-02 09:12 000 >> 8129885618 812 988 8859 P 1/2

CAD Detail

Print Date: 02-Mar-20
Print Time: 11:19:01
User Name: ethompson

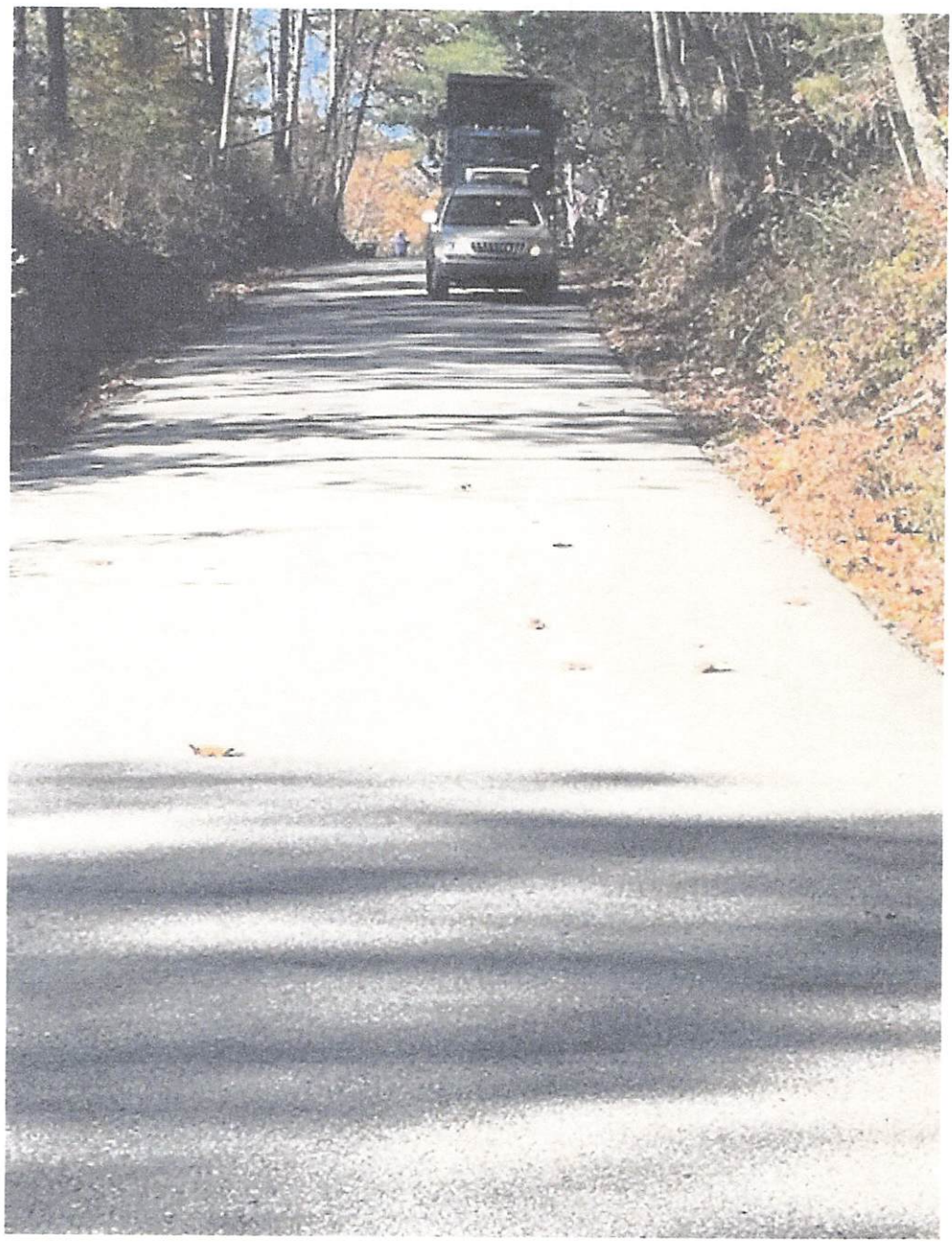
Incident #2019-00020902

Hide Incident Log; Hide System Messages; Hide Media

Dispositions:

Incident Disposition	Remarks
C - CALL COMPLETED	

Unit Disposition	Unit Org	Count	Unit	Remarks
NO REPORT-NO REPORT	BCSO	1	76	

* Date/Time is Backfilled

2020-03-02 09:12 000 >> 8129885618 812 988 8859 P 2/2