

MEMORANDUM		Gordon Myers, E	xecutive Director		
	Nancy Bo Enforcem	oykin nent Division			
FAX NO:	919-707-0	0045			
FROM:			PHONE	NO:	
DATE:			FAX NO	:	
SUBJECT:	Request 1	for Accident Repo	rt		
I am requesting a copy	of the following	llowing accident rep	port:		
Boating	Hunting				
Date of accident:		County	Body o	of Water	
Names of parties invol	lved: <u>(</u>] — — —			erators and any in	
Please send copy of re (Name and address)	port to:				
**Please Note: Due to	the proce	essing time of accid	ent reports, please	e allow up to 8 week	as for your

Please Note: Due to the processing time of accident reports, please allow up to 8 weeks for your request to be processed.