



# TRAFFIC CRASH REPORT

|                                      |   |  |  |  |                                  |                                  |                                   |                                   |
|--------------------------------------|---|--|--|--|----------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| CRASH REPORT #<br><b>12-MV 00150</b> | CRASH SEVERITY<br><b>3</b><br>1 FATAL ERROR 3 FDO<br>2 INJURY 4 UNKNOWN | PRIVATE PROPERTY<br><input type="checkbox"/> NO<br><input checked="" type="checkbox"/> YES | HIT / SKIP<br><b>1</b><br>1 NOT HIT / SKIP<br>2 SOLVED<br>3 NOT SOLVED | PHOTOS TAKEN<br><input checked="" type="checkbox"/> X<br>*X IF YES | OH-2<br><input type="checkbox"/> | OH-3<br><input type="checkbox"/> | OH-1P<br><input type="checkbox"/> | OTHER<br><input type="checkbox"/> |
| N.C.I.C. #<br><b>05213</b>           | REPORTING AGENCY<br><b>MONTVILLE TOWNSHIP POLICE</b>                    | # UNITS<br><b>1</b>  | UNIT ERROR<br><b>98</b><br>99 ANIMAL<br>99 UNKNOWN                     | DATE OF CRASH<br><b>1/5/2012</b>                                   |                                  |                                  |                                   |                                   |

|                               |                           |  |   |                       |                               |                                |
|-------------------------------|---------------------------|--|---|-----------------------|-------------------------------|--------------------------------|
| TIME OF CRASH<br><b>17:45</b> | DAY OF WEEK<br><b>THU</b> | CITY/VILLAGE/TOWNSHIP<br><b>TOWNSHIP</b> | NAME (OF CITY, VILLAGE OR TOWNSHIP)<br><b>MONTVILLE (TOWNSHIP OF)</b> | COUNTY #<br><b>52</b> | LATITUDE<br><b>4105284604</b> | LONGITUDE<br><b>0815120469</b> |
|-------------------------------|---------------------------|--|---|-----------------------|-------------------------------|--------------------------------|

|                      |   |                      |
|----------------------|---|----------------------|
| CRASH OCCURRED ON    | TYPE LOCATION POINT USED                                | LOCAL INFORMATION    |
| PREFIX<br><b>POE</b> | CRASH LOCATION<br><b>POE</b>                            | TYPE LOC<br><b>1</b> |
|                      | 1 NAMED STREET<br>2 NUMBERED STREET<br>3 NUMBERED ROUTE | <b>4634 POE RD</b>   |

|                             |   |
|-----------------------------|---|
| AT/REFERENCE                | REFERENCE POINT USED  |
| DIST. REF.<br><b>004636</b> | DIR<br><b>04</b>  |
| PREFIX                      | REFERENCE POINT USED  |
| REFERENCE                   | 01 STATE LINE<br>02 INTERSECTION OF TWO STREETS<br>03 COUNTY LINE<br>04 HOUSE NUMBER          |
| REF POINT                   | 05 TOWNSHIP BOUNDARY<br>06 MILE POST<br>07 CORPORATION LIMIT<br>08 PLACE NAME WITHOUT REFEREN |
|                             | 09 DRIVEWAY<br>10 STREET OR ROUTE<br>WITHOUT REFERENCE  |

MOTORIST / NON-MOTORIST

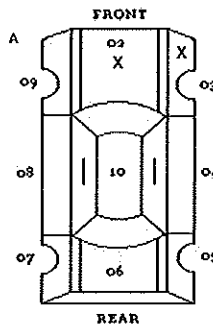
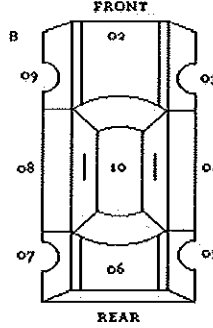
|   |                                    |   |   |
|---|------------------------------------|---|---|
| <b>A</b>  | UNIT #<br><b>01</b>                | # OF OCC<br><b>2</b>  | NAME (LAST, FIRST, MIDDLE)<br><b>SHELTON LAUREL M</b> |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>7615 WADSWORTH RD MEDINA OH 44256</b> |                                    |   |   |
| SOCIAL SECURITY NUMBER  | DATE OF BIRTH<br><b>02/20/1958</b> | AGE<br><b>53</b>  | SEX<br><b>F</b>                                       |
| HOME PHONE #<br><b>(330)760-6938</b>  | WORK PHONE #                       |   |   |
| DL STATE<br><b>OH</b>   | DL #<br><b>RS926891</b>            | LP STATE<br><b>OH</b>   | LP #<br><b>EUD7620</b>                                |
| INJURED TAKEN BY<br><b>1</b><br>1 NONE 4 OTHER<br>2 EMS 5 UNKNOWN<br>3 POLICE       |                                    | TRANSPORTED BY  | INJURED TAKEN TO                                      |
| OWNER NAME (IF SAME, WRITE "SAME")<br><b>SHELTON, LAUREL M</b>                      |                                    | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>7615 WADSWORTH RD MEDINA OH 44256</b> |   |
| YEAR<br><b>2011</b>   | MAKE<br><b>CHEVROLE</b>            | MODEL<br><b>OTHER</b>   | COLOR<br><b>BLACK</b>                                 |
| INSURANCE COMPANY<br><b>STATE FARM</b>  | TOWING SERVICE                     | OWNER PHONE #<br><b>(330)760-6938</b>   |   |
| OFFENSE CHARGED   | OFFENSE DESCRIPTION                | CITATION #  | LOCAL CODE<br><input type="checkbox"/> YES            |

|   |                     |   |  |
|---|---------------------|---|--|
| <b>B</b>                                | UNIT #              | # OF OCC                                      | NAME (LAST, FIRST, MIDDLE)                 |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) |                     |   |  |
| SOCIAL SECURITY NUMBER                  | DATE OF BIRTH       | AGE   | SEX  |
| HOME PHONE #                            | WORK PHONE #        |   |  |
| DL STATE                                | DL #                | LP STATE                                      | LP #                                       |
| INJURED TAKEN BY                        |                     | TRANSPORTED BY                                | INJURED TAKEN TO                           |
| OWNER NAME (IF SAME, WRITE "SAME")      |                     | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) |  |
| YEAR                                    | MAKE                | MODEL   | COLOR                                      |
| INSURANCE COMPANY                       | TOWING SERVICE      | OWNER PHONE #                                 |  |
| OFFENSE CHARGED                         | OFFENSE DESCRIPTION | CITATION #                                    | LOCAL CODE<br><input type="checkbox"/> YES |

OCCUPANT

|   |                     |  |   |                                    |                  |                 |
|---|---------------------|--|---|------------------------------------|------------------|-----------------|
| <b>C</b>  | UNIT #<br><b>01</b> | NAME (LAST, FIRST, MIDDLE)<br><b>SHELTON WAYNE T</b> | HOME PHONE #  | DATE OF BIRTH<br><b>10/17/1946</b> | AGE<br><b>65</b> | SEX<br><b>M</b> |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>7615 WADSWORTH RD MEDINA OH 44256</b> |                     |  | INJURED TAKEN BY<br><b>1</b><br>1 NONE 4 OTHER<br>2 EMS 5 UNKNOWN<br>3 POLICE | TRANSPORTED BY                     | INJURED TAKEN TO |                 |
| <b>D</b>  | UNIT #              | NAME (LAST, FIRST, MIDDLE)                           | HOME PHONE #  | DATE OF BIRTH                      | AGE              | SEX             |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE)   |                     |  | INJURED TAKEN BY  | TRANSPORTED BY                     | INJURED TAKEN TO |                 |

|   |   |   |  |  |   |  |
|---|---|---|--|--|---|--|
| SEATING POSITION  | SAFETY EQUIPMENT  | AIR BAG   | AIR BAG SWITCH   | EJECTION   | TRAPPED   | INJURIES   |
| <b>A</b><br><b>01</b><br>01 FRONT - LEFT (MC DRIVER)<br>02 FRONT - MIDDLE<br>03 FRONT - RIGHT<br>04 SECOND - LEFT (MC PASS)<br>05 SECOND - MIDDLE<br>06 SECOND - RIGHT<br>07 THIRD - LEFT (MC PASSENGER SIDE CAR)<br>08 THIRD - MIDDLE<br>09 THIRD - RIGHT<br>10 SLEEPER SECTION OF CAB<br>11 ENCLOSED CARGO AREA<br>12 UNENCLOSED CARGO AREA<br>13 TRAINING UNIT<br>14 EXTERIOR<br>15 OTHER<br>16 NON-MOTORIST<br>17 UNKNOWN | <b>A</b><br><b>04</b><br>MOTORIST<br>01 NONE USED<br>02 SHOULDER BELT ONLY USED<br>03 LAP BELT ONLY USED<br>04 SHOULDER AND LAP BELT USED<br>05 CHILD SAFETY SEAT USED<br>06 HELMET USED<br>07 RESTRAINT USE UNKNOWN<br>NON-MOTORIST<br>08 NONE USED<br>09 HELMET USED<br>10 PROTECTIVE PADS<br>11 REFLECTIVE CLOTHING<br>12 BRIGHT<br>13 OTHER<br>14 UNKNOWN | <b>A</b><br><b>1</b><br>1. NOT-DEPLOYED<br>2. DEPLOYED - FRONT<br>3. DEPLOYED - S-DE<br>4. DEPLOYED BOTH FRONT/SIDE<br>5. NOT APPLICABLE<br>6. DEPLOYMENT UNKNOWN | <b>A</b><br><b>4</b><br>1 ON-OFF SWITCH NOT PRESENT<br>2 SWITCH IN ON POSITION<br>3 SWITCH IN OFF POSITION<br>4 UNKNOWN POSITION | <b>A</b><br><b>1</b><br>1 NOT EJECTED<br>2 TOTALLY EJECTED<br>3 PARTIALLY EJECTED<br>4 NOT APPLICABLE<br>5 UNKNOWN | <b>A</b><br><b>1</b><br>1 NOT TRAPPED<br>2 EXTRICATED BY MECHANICAL MEANS<br>3 FREED BY NON-MECHANICAL MEANS<br>4 UNKNOWN | <b>A</b><br><b>1</b><br>1 NO INJURY<br>2 POSSIBLE<br>3 NON-INCAPACITATING<br>4 INCAPACITATING<br>5 FATAL INJURY<br>6 UNKNOWN |
| <b>B</b>  | <b>B</b>  | <b>B</b>  | <b>B</b>   | <b>B</b>   | <b>B</b>  | <b>B</b>   |
| <b>C</b><br><b>03</b>   | <b>C</b><br><b>04</b>   | <b>C</b><br><b>1</b>  | <b>C</b><br><b>4</b>   | <b>C</b><br><b>1</b>   | <b>C</b><br><b>1</b>  | <b>C</b><br><b>1</b>   |
| <b>D</b>  | <b>D</b>  | <b>D</b>  | <b>D</b>   | <b>D</b>   | <b>D</b>  | <b>D</b>   |
| BLANK FOR WITNESS   |   |   |  |  |   | <input type="checkbox"/> SUPPLEMENT 'X' IF YES   |

|  |  |  |   |   |  |                                   |                                  |                                   |                        |                                  |  |                        |                        |   |  |
|--|--|--|---|---|--|-----------------------------------|----------------------------------|-----------------------------------|------------------------|----------------------------------|--|------------------------|------------------------|---|--|
| <b>UNIT NUMBERS</b><br>A <input type="text" value="01"/> B <input type="text"/>  | <b>DAMAGE AREA</b><br>  | <b>PRE-CRASH ACTIONS</b><br>A <input type="text" value="01"/> B <input type="text"/><br><b>MOTORIST</b><br>01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD<br>02 BACKING<br>03 CHANGING LANES<br>04 OVERTAKING PASSING<br>05 TURNING RIGHT<br>06 TURNING LEFT<br>07 MAKING U-TURN<br>08 ENTERING TRAFFIC LANE<br>09 LEAVING TRAFFIC LANE<br>10 PARKED<br>11 SLOWING OR STOPPED IN TRAFFIC<br>12 DRIVERLESS<br>13 OTHER<br>14 UNKNOWN<br><b>NON-MOTORIST</b><br>15 ENTERING OR CROSSING SPECIFIED LOCATION<br>16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 WORKING<br>18 PUSHING VEHICLE<br>19 APPROXIMATING OR LEAVING VEHICLE<br>20 PLAYING OR WORKING ON VEHICLE<br>21 STANDING<br>22 OTHER<br>23 UNKNOWN  | <b>SEQUENCE OF EVENTS</b><br><table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td>1 <input type="text" value="18"/></td> <td>1 <input type="text"/></td> </tr> <tr> <td>2 <input type="text"/></td> <td>2 <input type="text"/></td> </tr> <tr> <td>3 <input type="text"/></td> <td>3 <input type="text"/></td> </tr> <tr> <td>4 <input type="text"/></td> <td>4 <input type="text"/></td> </tr> </table>  | A   | B  | 1 <input type="text" value="18"/> | 1 <input type="text"/>           | 2 <input type="text"/>            | 2 <input type="text"/> | 3 <input type="text"/>           | 3 <input type="text"/>   | 4 <input type="text"/> | 4 <input type="text"/> | <b>POSTED SPEED</b><br>A <input type="text" value="45"/> B <input type="text"/> | <b>DRUG TEST STATUS</b><br>A <input type="text" value="1"/> B <input type="text"/><br>1 NONE GIVEN<br>2 TEST REFUSED<br>3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 TEST GIVEN, RESULTS KNOWN<br>5 GIVEN, RESULTS UNKNOWN<br>6 UNKNOWN |
| A  | B  |  |   |   |  |                                   |                                  |                                   |                        |                                  |  |                        |                        |   |  |
| 1 <input type="text" value="18"/>  | 1 <input type="text"/>   |  |   |   |  |                                   |                                  |                                   |                        |                                  |  |                        |                        |   |  |
| 2 <input type="text"/>   | 2 <input type="text"/>   |  |   |   |  |                                   |                                  |                                   |                        |                                  |  |                        |                        |   |  |
| 3 <input type="text"/>   | 3 <input type="text"/>   |  |   |   |  |                                   |                                  |                                   |                        |                                  |  |                        |                        |   |  |
| 4 <input type="text"/>   | 4 <input type="text"/>   |  |   |   |  |                                   |                                  |                                   |                        |                                  |  |                        |                        |   |  |
| <b>NON-MOTORIST LOCATION</b><br>A <input type="text" value="05"/> B <input type="text"/><br>01 MARKED CROSSWALK AT INTERSECTION<br>02 AT INTERSECTION BUT NO CROSSWALK<br>03 NON-INTERSECTION CROSSWALK<br>04 DRIVEWAY ACCESS CROSSWALK<br>05 IN ROADWAY<br>06 NOT IN ROADWAY<br>07 MEDIAN (BUT NOT ON SHOULDER)<br>08 ISLAND<br>09 SHOULDER<br>10 SIDEWALK<br>11 WITHIN 10 FEET OF ROADWAY (BUT NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)<br>12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)<br>13 OUTSIDE TRAFFICWAY<br>14 SHARED USE PATHS OR TRAILS<br>15 UNKNOWN   |   | <b>CONTRIBUTING CIRCUMSTANCES</b><br>A <input type="text" value="01"/> B <input type="text"/><br><b>MOTORIST</b><br>01 NONE<br>02 FAILURE TO YIELD<br>03 RAN RED LIGHT OR STOP SIGN<br>04 EXCEEDED SPEED LIMIT<br>05 UNSAFE SPEED<br>06 IMPROPER TURN<br>07 LEFT OF CENTER<br>08 FOLLOWED TOO CLOSELY/ACDA<br>09 IMPROPER LANE CHANGE/DROVE OFF ROAD/IMPROPER PASSING<br>10 IMPROPER BACKING<br>11 IMPROPER START FROM PARKED POSITION<br>12 STOPPED OR PARKED ILLEGALLY<br>13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER<br>14 SWERVING TO AVOID (DUE TO WIND, SUPPERY SURFACE, VEHICLE OBJECT, NON-MOTORIST IN ROADWAY, ETC.)<br>15 FAILURE TO CONTROL<br>16 VISION OBSTRUCTION<br>17 DRIVER INATTENTION<br>18 FATIGUE/ASLEEP<br>19 OPERATING DEFECTIVE EQUIPMENT<br>20 LOAD SHIFTING/FALLING/SPILLING<br>21 OTHER IMPROPER ACTION<br>22 UNKNOWN<br><b>NON-MOTORIST</b><br>23 NONE<br>24 IMPROPER CROSSING<br>25 DARTING<br>26 LYING AND/OR ILLEGALLY IN ROADWAY<br>27 FAILURE TO YIELD RIGHT OF WAY<br>28 NOT VISIBLE (DARK CLOTHING)<br>29 INATTENTIVE<br>30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER<br>31 WROGK S/D/E OF THE ROAD<br>32 OTHER<br>33 UNKNOWN | <b>NON-COLLISION</b><br>01 OVERTURN ROLL-OVER<br>02 FIRE EXPLOSION<br>03 IMMERSION<br>04 JACKKNIFE<br>05 CARGO EQUIPMENT LOSS OR SHIFT<br>06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.)<br>07 SEPARATION OF UNITS<br>08 RAN OF ROAD RIGHT<br>09 RAN OFF ROAD LEFT<br>10 CROSS MEDIAN/CENTERLINE<br>11 DOWNHILL RUNAWAY<br>12 OTHER NON-COLLISION<br>13 UNKNOWN NON-COLLISION<br>14 COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED<br>15 PEDESTRIAN<br>16 PEDAL CYCLE<br>17 RAILWAY VEHICLE (E.G. TRAIN, ENGINE)<br>18 ANIMAL - FARM<br>19 ANIMAL - DEER<br>20 ANIMAL - OTHER<br>21 MOTOR VEHICLE IN TRANSPORT<br>22 PARKED MOTOR VEHICLE<br>23 WORK ZONE MAINTENANCE EQUIPMENT<br>24 OTHER MOVABLE OBJECT<br>25 UNKNOWN MOVABLE OBJECT<br>26 COLLISION WITH FIXED OBJECT<br>27 IMPACT ATTENUATOR/CRASH CUSHION<br>28 BRIDGE OVERHEAD STRUCTURE<br>29 BRIDGE PIER OR ABUTMENT<br>30 BRIDGE PARAFET<br>31 BRIDGE RAIL<br>32 GUARDRAIL FACE<br>33 GUARDRAIL END<br>34 MEDIAN BARRIER<br>35 HIGHWAY TRAFFIC SIGN POST<br>36 OVERHEAD SIGN POST<br>37 LIGHT TOWER/MARSHES SUPPORT<br>38 UTILITY POLE<br>39 OTHER POST, POLE OR SUPPORT<br>40 CULVERT<br>41 CURB<br>42 DITCH<br>43 EMBANKMENT<br>44 FENCE<br>45 MAILBOX<br>46 TREE<br>47 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.)<br>48 WORK ZONE MAINTENANCE EQUIPMENT<br>49 UNKNOWN FIXED OBJECT<br>50 OTHER<br>51 UNKNOWN | <b>TRAFFIC CONTROL</b><br>A <input type="text" value="12"/> B <input type="text"/><br>01 NO CONTROLS<br>02 STOP SIGN<br>03 YIELD SIGN<br>04 TRAFFIC SIGNAL<br>05 TRAFFIC FLASHERS<br>06 SCHOOL ZONE<br>07 RAILROAD CROSSBUCKS<br>08 RAILROAD FLASHERS<br>09 RAILROAD GATES<br>10 CONSTRUCTION BARRICADE<br>11 POLICE OFFICER<br>12 PAVEMENT MARKINGS<br>13 CROSSWALK LINES<br>14 WALK/DON'T WALK<br>15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED<br>16 OTHER<br>17 NOT REPORTED<br>18 UNKNOWN | <b>DRUG TEST TYPE</b><br>A <input type="text" value="1"/> B <input type="text"/><br>1 NONE<br>2 BLOOD<br>3 URINE<br>4 OTHER<br><b>DRUG TEST 1 &amp; 2 RESULT</b><br><table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td>1 <input type="text" value="1"/></td> <td>1 <input type="text"/></td> </tr> <tr> <td>2 <input type="text" value="1"/></td> <td>2 <input type="text"/></td> </tr> </table> | A                                 | B                                | 1 <input type="text" value="1"/>  | 1 <input type="text"/> | 2 <input type="text" value="1"/> | 2 <input type="text"/>   |                        |                        |   |  |
| A  | B  |  |   |   |  |                                   |                                  |                                   |                        |                                  |  |                        |                        |   |  |
| 1 <input type="text" value="1"/>   | 1 <input type="text"/>   |  |   |   |  |                                   |                                  |                                   |                        |                                  |  |                        |                        |   |  |
| 2 <input type="text" value="1"/>   | 2 <input type="text"/>   |  |   |   |  |                                   |                                  |                                   |                        |                                  |  |                        |                        |   |  |
| <b>TYPE OF UNIT</b><br>A <input type="text" value="06"/> B <input type="text"/><br><b>MOTORIST</b><br>01 SUB-COMPACT<br>02 COMPACT<br>03 MID-SIZED<br>04 FULL-SIZE<br>05 MINIVAN<br>06 SPORT UTILITY VEHICLE<br>07 PICKUP<br>08 VANLIVAN<br>09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES<br>10 SINGLE UNIT TRUCK, 3 OR MORE AXLES<br>11 TRUCK/TRAILER<br>12 TRUCK TRACTOR (BOAT TAIL)<br>13 TRACTOR-SEMI-TRAILER<br>14 TRACTOR DOUBLE - SHORT<br>15 TRACTOR DOUBLE - LONG<br>16 FIFTH WHEEL OR CONVERTER DOLLY<br>17 TRACTOR/TRIPLES<br>18 MOTORCYCLE<br>19 MOTORIZED BICYCLE<br>20 SCHOOL BUS<br>21 CHURCH BUS<br>22 PUBLIC BUS<br>23 OTHER BUS<br>24 POLICE VEHICLE<br>25 FIRE TRUCK<br>26 AMBULANCE-RESCUE<br>27 TAXI<br>28 MOTOR HOME<br>29 TRAILER<br>30 FARM VEHICLE<br>31 FARM EQUIPMENT<br>32 SNOWMOBILE<br>33 CONSTRUCTION EQUIPMENT<br>34 ALL OTHERS<br><b>NON-MOTORIST</b><br>35 ANIMAL W/ RIDER<br>36 ANIMAL W/ BUGGY<br>37 BICYCLE<br>38 PEDESTRIAN<br>39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)<br>40 SKATER<br>41 OTHER-NON MOTORIST (WHEELCHAIR, ETC.)<br>42 UNKNOWN | <b>MOST DAMAGED AREA</b><br>A <input type="text" value="03"/> B <input type="text"/><br>01 NONE<br>02 CENTER FRONT<br>03 RIGHT FRONT<br>04 RIGHT SIDE<br>05 RIGHT REAR<br>06 REAR CENTER<br>07 LEFT REAR<br>08 LEFT SIDE<br>09 LEFT FRONT<br>10 TOP AND WINDOWS<br>11 UNDERCARRIAGE<br>12 LOAD /TRAILER<br>13 TOTAL (ALL AREAS)<br>14 OTHER<br>15 UNKNOWN                    | <b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b><br>A <input type="text"/> B <input type="text"/><br>01 TURN SIGNALS<br>02 HEAD LAMPS<br>03 TAIL LAMPS<br>04 BRAKES<br>05 STEERING<br>06 TIRE BLOWOUT<br>07 WORN OR SLICK TIRES<br>08 TRAILER EQUIPMENT DEFECTIVE<br>09 MOTOR TROUBLE<br>10 SQUELLED FROM FRONT OR ACCIDENT<br>11 OTHER DEFECTS<br>12 NO DEFECTS   | <b>FIRST HARMFUL EVENT</b><br>A <input type="text" value="1"/> B <input type="text"/><br>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)   | <b>DIRECTION</b><br><table border="1"> <tr> <td>FROM TO</td> <td>FROM TO</td> </tr> <tr> <td>A <input type="text" value="3"/></td> <td>B <input type="text"/></td> </tr> <tr> <td>4 <input type="text"/></td> <td><input type="text"/></td> </tr> </table> 1 NORTH<br>2 SOUTH<br>3 EAST<br>4 WEST<br>5 NORTHEAST<br>6 NORTHWEST<br>7 SOUTHEAST<br>8 SOUTHWEST<br>9 UNKNOWN  | FROM TO  | FROM TO                           | A <input type="text" value="3"/> | B <input type="text"/>            | 4 <input type="text"/> | <input type="text"/>             | <b>TYPE OF INTERSECTION</b><br>A <input type="text" value="01"/> B <input type="text"/><br>01 NOT AN INTERSECTION<br>02 FOUR-WAY INTERSECTION<br>03 T-INTERSECTION<br>04 Y-INTERSECTION<br>05 TRAFFIC CIRCLE/ROUNDBOUT<br>06 FIVE-POINT, OR MORE<br>07 ON RAMP<br>08 OFF RAMP<br>09 CROSSOVER<br>10 DRIVEWAY<br>11 RAILWAY GRADE CROSSING<br>12 SHARED USE PATHS OR TRAILS<br>13 UNKNOWN |                        |                        |   |  |
| FROM TO  | FROM TO  |  |   |   |  |                                   |                                  |                                   |                        |                                  |  |                        |                        |   |  |
| A <input type="text" value="3"/>   | B <input type="text"/>   |  |   |   |  |                                   |                                  |                                   |                        |                                  |  |                        |                        |   |  |
| 4 <input type="text"/>   | <input type="text"/>   |  |   |   |  |                                   |                                  |                                   |                        |                                  |  |                        |                        |   |  |
| <b>POINT OF IMPACT</b><br>A <input type="text" value="03"/> B <input type="text"/><br>01 NONE<br>02 CENTER FRONT<br>03 RIGHT FRONT<br>04 RIGHT SIDE<br>05 RIGHT REAR<br>06 REAR CENTER<br>07 LEFT REAR<br>08 LEFT SIDE<br>09 LEFT FRONT<br>10 TOP AND WINDOWS<br>11 UNDERCARRIAGE<br>12 LOAD /TRAILER<br>13 TOTAL (ALL AREAS)<br>14 OTHER<br>15 UNKNOWN  | <b>ACTION</b><br>A <input type="text" value="3"/> B <input type="text"/><br>1 NON-CONTACT<br>2 NON-COLLISION<br>3 STRICKING<br>4 STRUCK<br>5 BOTH STRICKING AND STRUCK<br>6 UNKNOWN  | <b>IN EMERGENCY RESPONSE</b><br>A <input type="text" value="1"/> B <input type="text"/><br>1 NO<br>2 YES<br>3 UNKNOWN  | <b>MOST HARMFUL EVENT</b><br>A <input type="text" value="1"/> B <input type="text"/><br>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)   | <b>CONDITION</b><br>A <input type="text" value="1"/> B <input type="text"/><br>1 APPARENTLY NORMAL<br>2 PHYSICAL IMPAIRMENT<br>3 EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)<br>4 ILLNESS<br>5 FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL<br>7 OTHER<br>8 UNKNOWN  | <b>OCCURRENCE</b><br>A <input type="text" value="1"/> B <input type="text"/><br>1 ON ROADWAY<br>2 ON SHOULDER<br>3 IN MEDIAN<br>4 ON ROAD SIDE<br>5 ON GORE<br>6 OUTSIDE TRAFFICWAY<br>7 UNKNOWN   |                                   |                                  |                                   |                        |                                  |  |                        |                        |   |  |
| <b>DAMAGE SCALE</b><br>A <input type="text" value="2"/> B <input type="text"/><br>1 NONE<br>2 NON-FUNCTIONAL<br>3 FUNCTIONAL DAMAGE<br>4 DISASLING DAMAGE<br>5 SEVERE<br>6 UNKNOWN   | <b>STRIKING VEHICLE OVERSIDE/OVERRIDE</b><br>A <input type="text" value="1"/> B <input type="text"/><br>1 NO UNDERRIDE OR OVERRIDE<br>2 UNDERRIDE, COMPARTMENT INTRUSION<br>3 UNDERRIDE, NO COMPARTMENT INTRUSION<br>4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN<br>5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT<br>6 OVERRIDE, OTHER VEHICLE<br>7 UNKNOWN IF UNDERRIDE OR OVERRIDE | <b>ALCOHOL/DRUG SUSPECTED</b><br>A <input type="text" value="1"/> B <input type="text"/><br>1 NONE<br>2 YES ALCOHOL SUSPECTED<br>3 YES-NSD NOT IMPAIRED<br>4 YES-DRUGS SUSPECTED<br>5 YES-ALCOHOL AND DRUGS SUSPECTED<br>6 UNKNOWN   | <b>SPEED DETECTED</b><br>A <input type="text"/> B <input type="text"/><br>1 STATED<br>2 ESTIMATED   | <b>ALCOHOL TEST STATUS</b><br>A <input type="text" value="1"/> B <input type="text"/><br>1 NONE GIVEN<br>2 TEST REFUSED<br>3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 TEST GIVEN, RESULTS KNOWN<br>5 TEST GIVEN, RESULTS UNKNOWN<br>6 UNKNOWN  | <b>ROAD CONTOUR</b><br>A <input type="text" value="1"/> B <input type="text"/><br>1 STRAIGHT LEVEL<br>2 STRAIGHT GRADE<br>3 CURVE LEVEL<br>4 CURVE GRADE<br>5 UNKNOWN  |                                   |                                  |                                   |                        |                                  |  |                        |                        |   |  |
| <b>ALCOHOL TEST TYPE</b><br>A <input type="text" value="1"/> B <input type="text"/><br>1 NONE<br>2 BLOOD<br>3 URINE<br>4 BREATH<br>5 OTHER   | <b>ALCOHOL TEST RESULT</b><br>A <input type="text"/><br>B <input type="text"/>   | <b>ALCOHOL TEST RESULT</b><br>A <input type="text"/><br>B <input type="text"/>   | <b>ALCOHOL TEST RESULT</b><br>A <input type="text"/><br>B <input type="text"/>  | <b>ALCOHOL TEST RESULT</b><br>A <input type="text"/><br>B <input type="text"/>  | <b>ROAD CONDITIONS</b><br><table border="1"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> </tr> <tr> <td>A <input type="text" value="01"/></td> <td><input type="text"/></td> </tr> </table> 01 DRY<br>02 WET<br>03 SNOW<br>04 ICE<br>05 SAND/MUD/DIRT/LOU/GRAVEL<br>06 WATER (STANDING, MOVING)<br>07 SLUSH<br>08 DEBRIS<br>09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT<br>10 OTHER<br>11 UNKNOWN                   | PRIMARY                           | SECONDARY                        | A <input type="text" value="01"/> | <input type="text"/>   |                                  |  |                        |                        |   |  |
| PRIMARY  | SECONDARY  |  |   |   |  |                                   |                                  |                                   |                        |                                  |  |                        |                        |   |  |
| A <input type="text" value="01"/>  | <input type="text"/>   |  |   |   |  |                                   |                                  |                                   |                        |                                  |  |                        |                        |   |  |
| <input type="checkbox"/> SUPPLEMENT 'X' IF YES   |  |  |   |   | <b>LOCAL REPORT #</b><br>12-MV 00150   |                                   |                                  |                                   |                        |                                  |  |                        |                        |   |  |

**NARRATIVE**  
 ON 01/05/2012, WHILE TRAVELING EAST ON POE RD. A DEER RAN IN FRONT OF UNIT 1. UNIT 1 STRUCK THE DEER CAUSING BODY DAMAGE TO THE RIGHT FRONT SIDE OF THE VEHICLE. THE VEHICLE WAS DRIVEN FROM THE SCENE AND THE DEER WAS LATER DISPATCHED.

|   |  |                    |  |
|---|--|--------------------|--|
| <b>MANNER OF COLLISION OR IMPACT</b><br><input checked="" type="checkbox"/> 1<br>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT<br>2 REAR-END<br>3 HEAD-ON<br>4 REAR-TO-REAR<br>5 BACKING<br>6 KICKLE<br>7 SIDESWIPE SAME DIRECTION<br>8 SIDESWIPE OPPOSITE DIRECTION<br>9 UNKNOWN | <b>SCHOOL BUS RELATED</b><br><input checked="" type="checkbox"/> 1<br>1 NO<br>2 YES, DIRECTLY INVOLVED<br>3 YES, INDIRECTLY INVOLVED<br>4 UNKNOWN                            | <b>DIAGRAM</b><br> |  |
| <b>WEATHER</b><br><input checked="" type="checkbox"/> 01<br>01 CLEAR<br>02 CLOUDY<br>03 FOG SMOG SMOKE<br>04 RAIN<br>05 SLEET/HAIL (FREEZING RAIN OR DRIZZLE)<br>06 SNOW<br>07 SEVERE CROSSWINDS<br>08 BLOWING SAND/SOIL/DIRT/SNOW<br>09 OTHER<br>10 UNKNOWN                          | <b>WORK ZONE RELATED</b><br><input checked="" type="checkbox"/> 1<br>1 NO<br>2 YES<br>3 UNKNOWN  |                    |  |
| <b>LIGHT CONDITIONS</b><br>PRIMARY <input checked="" type="checkbox"/> 5<br>SECONDARY <input type="checkbox"/><br>1 DAYLIGHT<br>2 DAWN<br>3 DUSK<br>4 DARK - LIGHTED ROADWAY<br>5 DARK - ROADWAY NOT LIGHTED<br>6 DARK - UNKNOWN ROADWAY LIGHTING<br>7 GLARE<br>8 OTHER<br>9 UNKNOWN  | <b>TYPE OF WORK ZONE</b><br><input type="checkbox"/><br>1 LANE CLOSURE<br>2 LANE SHIFT/CROSSOVER<br>3 WORK ON SHOULDER OR MEDIAN<br>4 INTERMITTENT OR MOVING WORK<br>5 OTHER |                    |  |
| <b>LOCATION OF CRASH IN WORK ZONE</b><br><input type="checkbox"/><br>1 BEFORE THE FIRST WORK ZONE WARNING SIGN<br>2 ADVANCE WARNING AREA<br>3 TRANSITION AREA<br>4 ACTIVITY AREA  | <b>WORKERS PRESENT</b><br><input type="checkbox"/><br>1 NO<br>2 YES<br>3 UNKNOWN   |                    |  |

|   |  |  |
|---|--|--|
| <b>TRUCK/BUS UNIT #</b><br><input type="checkbox"/> | THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:<br>A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS, OR<br>A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD, OR<br>A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER | <b>A N D</b><br>THE CRASH RESULTED IN ONE OF THE FOLLOWING:<br>A FATALITY OR<br>AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT, OR<br>AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER |
|---|--|--|

|                                       |                      |
|---------------------------------------|----------------------|
| <b>COMPANY (FROM SHIPPING PAPERS)</b> | <b>COMPANY PHONE</b> |
|---------------------------------------|----------------------|

**ADDRESS (STREET, CITY, ST, ZIP CODE)**

|               |               |             |                       |                        |                     |                  |              |
|---------------|---------------|-------------|-----------------------|------------------------|---------------------|------------------|--------------|
| <b>US DOT</b> | <b>ICC MC</b> | <b>PUCO</b> | <b>TRAILER LP ST.</b> | <b>TRAILER LP YEAR</b> | <b>TRAILER LP #</b> | <b>PLACARD #</b> | <b># DIA</b> |
|---------------|---------------|-------------|-----------------------|------------------------|---------------------|------------------|--------------|

|   |  |   |  |   |   |
|---|--|---|--|---|---|
| <b>CARGO BODY TYPE</b><br><input type="checkbox"/> 01 NOT APPLICABLE<br><input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER)<br><input type="checkbox"/> 03 VAN/ENCLOSED BOX<br><input type="checkbox"/> 04 CRAIN/CHIPS GRAVEL/WN<br><input type="checkbox"/> 05 POLE<br><input type="checkbox"/> 06 CARGO TANK<br><input type="checkbox"/> 07 FLATBED<br><input type="checkbox"/> 08 DUMP<br><input type="checkbox"/> 09 CONCRETE MIXER | <input type="checkbox"/> 10 AUTO TRANSPORTER<br><input type="checkbox"/> 11 GARBAGE REFUSE<br><input type="checkbox"/> 12 OTHER<br><input type="checkbox"/> 13 UNKNOWN | <b>WEIGHT (GVWR)</b><br><input type="checkbox"/> 1 LESS EQUAL 10,000<br><input type="checkbox"/> 2 10,001 - 20,000<br><input type="checkbox"/> 3 MORE THAN 20,000 | <b>CDL CLASS</b><br><input type="checkbox"/> 1 CLASS A<br><input type="checkbox"/> 2 CLASS B<br><input type="checkbox"/> 3 CLASS C<br><input type="checkbox"/> 4 CLASS D<br><input type="checkbox"/> 5 CLASS E | <b>HAZARDOUS MATERIALS PLACARD</b><br><input type="checkbox"/> 1 NO<br><input type="checkbox"/> 2 YES<br><input type="checkbox"/> 3 UNKNOWN | <b>HAZARDOUS MATERIALS RELEASED</b><br><input type="checkbox"/> 1 NO<br><input type="checkbox"/> 2 YES<br><input type="checkbox"/> 3 NOT APPLICABLE |
|---|--|---|--|---|---|

|  |   |  |                                |                                      |                                      |                   |                            |
|--|---|--|--------------------------------|--------------------------------------|--------------------------------------|-------------------|----------------------------|
| <b>DATE CRASH REPORTED</b><br>1/5/2012   |   | <b>TIME REC CALL</b><br>17:46                  | <b>DISPATCH</b><br>17:46       | <b>ARRIVED</b><br>17:47              | <b>CLEARED</b><br>18:00              | <b>OTHER</b><br>0 | <b>TOTAL MINUTES</b><br>14 |
| <b>OFFICER'S NAME</b><br>P.O. BRETT J. HARRISON  |   | <b>BADGE #</b><br>1614                         | <b>CHECKED BY</b><br>1606 NEIL |                                      | <b>DATE REPORT FILED</b><br>1/5/2012 |                   |                            |
| <b>REPORT TAKEN BY</b><br><input checked="" type="checkbox"/> 1 POLICE AGENCY<br><input type="checkbox"/> 2 MOTORIST<br><input type="checkbox"/> 3 UNKNOWN | <b>REPORT TAKEN AT</b><br><input checked="" type="checkbox"/> 1 SCENE<br><input type="checkbox"/> 2 STATION<br><input type="checkbox"/> 3 OTHER | <input type="checkbox"/> SUPPLEMENT 'X' IF YES |                                | <b>LOCAL REPORT #</b><br>12-MV 00150 |                                      |                   |                            |