

TRAFFIC CRASH REPORT



CRASH REPORT # 12-MV 00194	CRASH SEVERITY 3 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> "X" IF YES	HIT / SKIP 1 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> "X" IF YES	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # 05213	REPORTING AGENCY MONTVILLE TOWNSHIP POLICE	# UNITS 1	UNIT ERROR 98 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 1/7/2012	

TIME OF CRASH 06:58	DAY OF WEEK SAT	CITY/VILLAGE/TOWNSHIP TOWNSHIP	NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF)	COUNTY # 52	LATITUDE 4105287746	LONGITUDE 0814932262
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CRASH OCCURRED ON PREFIX 0057	CRASH LOCATION 0057	TYPE LOC 3	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION SOUTH OF POE
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DIST. REF.				DIR N	PREFIX	REFERENCE 006850	REF POINT 04	REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION OF TWO STREETS 03 COUNTY LINE 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME WITHOUT REFEREN 09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE		
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A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) LEMON JERRY D.	
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 2440 WALL ROAD RITTMAN OH 44270				

SOCIAL SECURITY NUMBER	DATE OF BIRTH 09/17/1938	AGE 73	SEX M	HOME PHONE # (330)336-5244	WORK PHONE #
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DL STATE OH	DL # RF786045	LP STATE OH	LP # EGW5894	INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME") LEMON, JERRY D.	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 2440 WALL ROAD RITTMAN OH 44270
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YEAR 2007	MAKE FORD	MODEL OTHER	COLOR BLACK	INSURANCE COMPANY GRANGE MUTUAL	TOWING SERVICE OTHER	OWNER PHONE #
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> "X" IF YES
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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 #
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DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME")	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)
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YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> "X" IF YES
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C	UNIT #	NAME (LAST, FIRST, MIDDLE)		HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)							
				INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	

D	UNIT #	NAME (LAST, FIRST, MIDDLE)		HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)							
				INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	

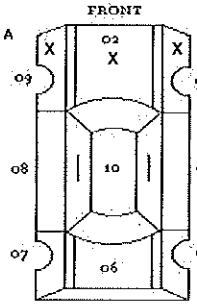
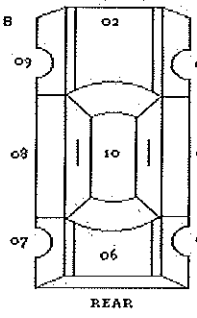
SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
A 01 01 FRONT - LEFT (VC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (VC PAS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (VC PASSENGER SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	A 04 01 MOTORIST 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED 06 HELMET USED 07 RESTRAINT USE UNKNOWN 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	A 1 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	A 4 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	A 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	A 1 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	A 1 1 NO INJURY 2 POSSIBLE 3 NON-CAPACITATING 4 CAPACITATING 5 FATAL INJURY 6 UNKNOWN

BLANK FOR WITNESS

SUPPLEMENT 'X' IF YES

MOTORIST / NON-MOTORIST

OCCUPANT

<p>UNIT NUMBERS</p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <p>NON-MOTORIST LOCATION</p> <p>A <input type="text"/> B <input type="text"/></p> <p>01 MARKED CROSSWALK AT INTERSECTION 02 AT INTERSECTION BUT NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT ON SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (BUT NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN</p>	<p>DAMAGE AREA</p> <p>FRONT</p>  <p>REAR</p>  <p>MOST DAMAGED AREA</p> <p>A <input type="text" value="02"/> B <input type="text"/></p> <p>01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN</p>	<p>PRE-CRASH ACTIONS</p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <p>MOTORIST 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING OR STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN</p> <p>NON-MOTORIST 15 ENTERING OR CROSSING SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING OR LEAVING VEHICLE 20 PLAYING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN</p>	<p>SEQUENCE OF EVENTS</p> <p>A <input type="text" value="18"/> B <input type="text"/></p> <p>1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/></p> <p>NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE EXPLOSION 03 INVERSION 04 JACKKNIFE 05 CARGO EQUIPMENT LOSS OR SHIFT 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS-MEDIAN CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/ PERSON VEHICLE OR OBJECT NOT FIXED 15 PEDESTRIAN 16 BICYCLE 17 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 18 ANIMAL - FARM 19 ANIMAL - DEER 20 ANIMAL - OTHER 21 MOTOR VEHICLE IN TRANSPORT 22 PARKED MOTOR VEHICLE 23 WORK ZONE MAINTENANCE EQUIPMENT 24 OTHER MOVABLE OBJECT 25 UNKNOWN MOVABLE OBJECT 26 COLLISION WITH FIXED OBJECT 27 IMPACT ATTENUATOR CRASH CUSHION 28 BRIDGE OVERHEAD STRUCTURE 29 BRIDGE PIER OR ABUTMENT 30 BRIDGE PARAPET 31 BRIDGE RAIL 32 GUARDRAIL END 33 GUARDRAIL FACE 34 MEDIAN BARRIER 35 HIGHWAY TRAFFIC SIGN POST 36 OVERHEAD SIGN POST 37 LIGHT TOWER/SUPPORT 38 UTILITY POLE 39 OTHER POST, POLE OR SUPPORT 40 CURB 41 DITCH 42 EMBANKMENT 43 FENCE 44 MALEOX 45 TREE 46 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) 47 WORK ZONE MAINTENANCE EQUIPMENT 48 UNKNOWN FIXED OBJECT 49 OTHER 50 UNKNOWN</p>	<p>POSTED SPEED</p> <p>A <input type="text" value="55"/> B <input type="text"/></p> <p>TRAFFIC CONTROL</p> <p>A <input type="text" value="12"/> B <input type="text"/></p> <p>01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSBUCKS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 14 OTHER 15 NOT REPORTED 16 UNKNOWN</p>	<p>DRUG TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p> <p>DRUG TEST TYPE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1 NONE 2 BLOOD 3 URINE 4 OTHER</p> <p>DRUG TEST 1 & 2 RESULT</p> <p>A <input type="text" value="1"/> <input type="text" value="1"/> B <input type="text"/> <input type="text"/></p> <p>1 NONE 2 MARIJUANA 3 COCAINE 4 OPiates 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING</p>
<p>TYPE OF UNIT</p> <p>A <input type="text" value="02"/> B <input type="text"/></p> <p>MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID-SIZED 04 FULL-SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK, 3 OR MORE AXLES 11 TRUCK-TRAILER 12 TRUCK-TRACTOR (BOAT/L) 13 TRACTOR-SEMI-TRAILER 14 TRACTOR-DOUBLE - SHORT 15 TRACTOR-DOUBLE - LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRAILER 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUEBLO BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAILER 30 FARM VEHICLE 31 FARM EQUIPMENT 32 NON-MOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 BICYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 36 SKATER 37 OTHER NON-MOTORIST (WHEELCHAIR, ETC.) 38 UNKNOWN</p>	<p>CONTRIBUTING CIRCUMSTANCES</p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <p>MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ACD 09 IMPROPER LANE CHANGE/DROVE OFF ROAD/IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SUPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTION 18 FATIGUE/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPALLING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN</p>	<p>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</p> <p>A <input type="text"/> B <input type="text"/></p> <p>01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS 12 NO DEFECTS</p>	<p>FIRST HARMFUL EVENT</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p> <p>MOST HARMFUL EVENT</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<p>DIRECTION</p> <p>FROM TO FROM TO</p> <p>A <input type="text" value="1"/> <input type="text" value="2"/> B <input type="text"/> <input type="text"/></p> <p>1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN</p> <p>CONDITION</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4 ILLNESS 5 FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN</p>	<p>TYPE OF INTERSECTION</p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <p>01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE ROUNDABOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 COVERED 10 DRIVEWAY 11 RAILWAY GRADE CROSSING 12 SHARED USE PATHS OR TRAILS 13 UNKNOWN</p> <p>OCCURRENCE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN</p> <p>ROAD CONTOUR</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN</p>
<p>IN EMERGENCY RESPONSE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	<p>ACTION</p> <p>A <input type="text" value="4"/> B <input type="text"/></p> <p>1 NON-CONTACT 2 NON-COLLISION 3 STRICKING 4 STRUCK 5 BOTH STRICKING AND STRUCK 6 UNKNOWN</p>		<p>SPEED DETECTED</p> <p>A <input type="text" value="2"/> B <input type="text"/></p> <p>1 STATED 2 ESTIMATED</p>	<p>ALCOHOL/DRUG SUSPECTED</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1 NONE 2 YES ALCOHOL SUSPECTED 3 YES-HBO NOT IMPAIRED 4 YES-DRUGS SUSPECTED 5 YES-ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN</p>	<p>ROAD CONDITIONS</p> <p>PRIMARY SECONDARY</p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <p>01 DRY 02 WET 03 SNOW 04 ICE 05 SAND/MUD/DIRT/OIL/GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN</p>
<p>DAMAGE SCALE</p> <p>A <input type="text" value="4"/> B <input type="text"/></p> <p>1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN</p>	<p>STRIKING VEHICLE OVERRIDE/UNDERRIDE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1 NO UNDERRIDE OR OVERRIDE 2 UNDERRIDE, COMPARTMENT INTRUSION 3 UNDERRIDE, NO COMPARTMENT INTRUSION 4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN IF UNDERRIDE OR OVERRIDE</p>		<p>SPEED</p> <p>A <input type="text" value="50"/> B <input type="text"/></p>	<p>ALCOHOL TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p>	<p>ALCOHOL TEST TYPE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER</p> <p>ALCOHOL TEST RESULT</p> <p>A <input type="text"/> B <input type="text"/></p>
<p><input type="text"/> SUPPLEMENT 'X' IF YES</p>					<p>LOCAL REPORT # 12-MV 00194</p>

NARRATIVE

UNIT 1 WAS SOUTH BOUND AND WAS STRUCK BY A DEER. UNIT 1 SUFFERED DISABLING DAMAGE AND REQUIRED A TOW. HEIDI'S TOWING WAS CALLED AND TOWED UNIT 1. THERE WERE NO INJURIES. THERE ARE PHOTOS OF THE DAMAGES.

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

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

COMPANY (FROM SHIPPING PAPERS)	COMPANY PHONE
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ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
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<p>CARGO BODY TYPE</p> <p><input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (8-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRANULARS GRAVEL/WN</p>	<p>05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER</p>	<p>10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN</p>	<p>WEIGHT (GVWR)</p> <p><input type="checkbox"/> 1 LESS-EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 20,000 <input type="checkbox"/> 3 MORE THAN 20,000</p>	<p>CDL CLASS</p> <p><input type="checkbox"/></p> <p>1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E</p>	<p>HAZARDOUS MATERIALS PLACARD</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	<p>HAZARDOUS MATERIALS RELEASED</p> <p><input type="checkbox"/></p> <p>1 NO 4 UNKNOWN 2 YES 3 NOT APPLICABLE</p>
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POLICE ACTION							
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES	
1/7/2012	06:58	06:58	07:02	07:40	60	102	
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED			
P.O. MICHAEL D. STONE		1613	SGT NEIL	1/7/2012			
REPORT TAKEN BY	REPORT TAKEN AT			<input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT #		
<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 1				12-MV 00194		