



TRAFFIC CRASH REPORT

CRASH REPORT # 12-MV 00394	CRASH SEVERITY 3 1 FATAL ERROR 3 FDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> *IF YES	HIT / SKIP 1 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> *IF YES	OH-2 <input checked="" type="checkbox"/>	OH-3 <input checked="" type="checkbox"/>	OH-1P <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>
H.C.I.C. # 05213	REPORTING AGENCY MONTVILLE TOWNSHIP POLICE	# UNITS 2	UNIT ERROR 01 55 ANIMAL 60 UNKNOWN	DATE OF CRASH 1/13/2012				

TIME OF CRASH 13:22	DAY OF WEEK FRI	CITY/VILLAGE/TOWNSHIP TOWNSHIP	NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF)	COUNTY # 52	LATITUDE 4106016524	LONGITUDE 0814949594
-------------------------------	---------------------------	--	---	-----------------------	-------------------------------	--------------------------------

CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX 0057	CRASH LOCATION 0057	TYPE LOC 3 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE

DIST. REF. 10 F	DIR N	PREFIX	REFERENCE 6387 WADSWORTH	REF POINT 09	REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION OF TWO STREETS 03 COUNTY LINE 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MALE POST 07 CORPORATION LIMIT 08 PLACE NAME WITHOUT REFEREN 09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE
---------------------------	-----------------	--------	------------------------------------	------------------------	--

MOTORIST / NON-MOTORIST

UNIT # A 01	# OF OCC 4	NAME (LAST, FIRST, MIDDLE) VANSWEARINGEN ANDREA M
-----------------------	----------------------	---

ADDRESS (STREET, CITY, STATE, ZIP-CODE)
773 LAVISTA NORTH LODI OH 44254

SOCIAL SECURITY NUMBER	DATE OF BIRTH 12/05/1991	AGE 20	SEX F	HOME PHONE # (330)948-4809	WORK PHONE # (330)421-9932
------------------------	------------------------------------	------------------	-----------------	--------------------------------------	--------------------------------------

DL STATE OH	DL # TJ607569	LP STATE OH	LP # CAB2481	INJURED TAKEN BY 1 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO
-----------------------	-------------------------	-----------------------	------------------------	---	----------------	------------------

OWNER NAME (IF SAME, WRITE "SAME") ROBERT H. HUFF	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 733 LA VISTA NORTH LODI OH 44254
---	--

YEAR 2000	MAKE CHEVROLE	MODEL IMPALA	COLOR GREEN	INSURANCE COMPANY CINCINATTI INS. C	TOWING SERVICE LLOYDS	OWNER PHONE # (330)948-4809
---------------------	-------------------------	------------------------	-----------------------	---	---------------------------------	---------------------------------------

OFFENSE CHARGED 4511.202	OFFENSE DESCRIPTION OPERATION WITHOUT REASONABLE CONTROL	CITATION # Y33599	LOCAL CODE <input type="checkbox"/> *IF YES
------------------------------------	--	-----------------------------	--

UNIT # B 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) BURCHER JEFFERY S
-----------------------	----------------------	--

ADDRESS (STREET, CITY, STATE, ZIP-CODE)
6765 CENTER ROAD VALLEY CITY OH 44280

SOCIAL SECURITY NUMBER	DATE OF BIRTH 05/22/1959	AGE 52	SEX M	HOME PHONE # (330)635-6941	WORK PHONE # (412)289-0779
------------------------	------------------------------------	------------------	-----------------	--------------------------------------	--------------------------------------

DL STATE OH	DL # RJ687235	LP STATE OH	LP # PHG1985	INJURED TAKEN BY 1 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO
-----------------------	-------------------------	-----------------------	------------------------	---	----------------	------------------

OWNER NAME (IF SAME, WRITE "SAME") ATLAS RESOURCES LLC	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1026A COOKSON AVENUE SE NEW PHILEDELPHIA OH 44663
--	---

YEAR 2011	MAKE CHEVROLE	MODEL OTHER TR	COLOR SILVER	INSURANCE COMPANY FEDERAL INS. CO.	TOWING SERVICE	OWNER PHONE # (412)289-0779
---------------------	-------------------------	--------------------------	------------------------	--	----------------	---------------------------------------

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *IF YES
-----------------	---------------------	------------	--

OCCUPANT

UNIT # C 01	NAME (LAST, FIRST, MIDDLE) WALSH SARAH	HOME PHONE # (330)815-7574	DATE OF BIRTH 03/23/1993	AGE 18	SEX F
-----------------------	--	--------------------------------------	------------------------------------	------------------	-----------------

ADDRESS (STREET, CITY, STATE, ZIP-CODE)
176 WEST STATE STREET BARBERTON OH 44203

INJURED TAKEN BY 1 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO
---	----------------	------------------

UNIT # D 01	NAME (LAST, FIRST, MIDDLE) COLEMAN RUSSELL	HOME PHONE # (330)815-1274	DATE OF BIRTH 02/02/2001	AGE 10	SEX M
-----------------------	--	--------------------------------------	------------------------------------	------------------	-----------------

ADDRESS (STREET, CITY, STATE, ZIP-CODE)
176 WEST STATE STREET BARBERTON OH 44203

INJURED TAKEN BY 1 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO
---	----------------	------------------

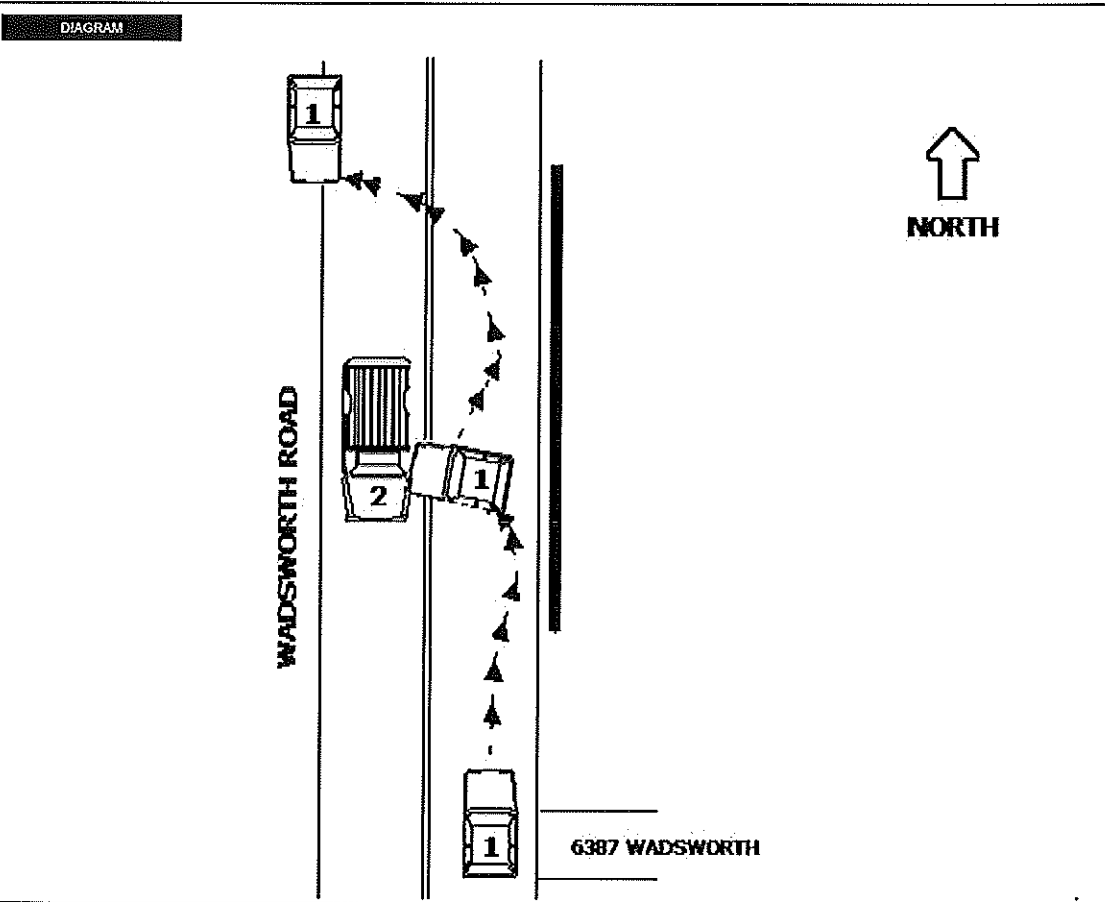
SEATING POSITION A 01 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) B 01 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB C 03 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO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

SUPPLEMENT *IF YES

<p>UNIT NUMBERS</p> <p>A <input type="text" value="01"/> B <input type="text" value="02"/></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 (BUT NOT IN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN</p> <p>TYPE OF UNIT</p> <p>A <input type="text" value="03"/> B <input type="text" value="07"/></p> <p>MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID-SIZED 04 FULL-SIZE 05 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 (BOBTAIL) 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 PUBLIC 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 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER-NON-MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN</p> <p>DAMAGE SCALE</p> <p>A <input type="text" value="4"/> B <input type="text" value="3"/></p> <p>1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 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" value="07"/></p> <p>POINT OF IMPACT</p> <p>A <input type="text" value="02"/> B <input type="text" value="09"/></p> <p>ACTION</p> <p>A <input type="text" value="3"/> B <input type="text" value="4"/></p> <p>1 NON-CONTACT 2 NON-COLLISION 3 STRICKING 4 STRUCK 5 BOTH STRICKING AND STRUCK 6 UNKNOWN</p> <p>STRIKING VEHICLE OVERRIDE/UNDERIDE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NO UNDERIDE OR OVERIDE 2 UNDERIDE, COMPARTMENT INTRUSION 3 UNDERIDE, NO COMPARTMENT INTRUSION 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERIDE, OTHER VEHICLE 7 UNKNOWN IF UNDERIDE OR OVERIDE</p>	<p>PRE-CRASH ACTIONS</p> <p>A <input type="text" value="01"/> B <input type="text" value="01"/></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 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>CONTRIBUTING CIRCUMSTANCES</p> <p>A <input type="text" value="15"/> B <input type="text" value="01"/></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/ACDA 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, SLIPPERY 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/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 OASTING 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 VIOLATION 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>SEQUENCE OF EVENTS</p> <table style="width:100%;"> <tr> <td style="width:50%;">A</td> <td style="width:50%;">B</td> </tr> <tr> <td>1 <input type="text" value="20"/></td> <td>1 <input type="text" value="20"/></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> <p>NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 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 COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 BICYCLE 16 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAFET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT TOWER/LANES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MILEBOX 44 TREE 45 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN</p> <p>FIRST HARMFUL EVENT</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></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" value="1"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-6)</p> <p>SPEED DETECTED</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 STATED 2 ESTIMATED</p> <p>SPEED</p> <p>A <input type="text" value="20"/> B <input type="text" value="35"/></p>	A	B	1 <input type="text" value="20"/>	1 <input type="text" value="20"/>	2 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	<p>POSTED SPEED</p> <p>A <input type="text" value="55"/> B <input type="text" value="55"/></p> <p>TRAFFIC CONTROL</p> <p>A <input type="text" value="12"/> B <input type="text" value="12"/></p> <p>01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSINGS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALK/DON'T WALK 15 TRAFFIC CONTROL DEVICE (OPERATIVE, MISSING, OBSCURED) 16 OTHER 17 NOT REPORTED 18 UNKNOWN</p> <p>DIRECTION</p> <table style="width:100%;"> <tr> <td style="width:50%;">FROM TO</td> <td style="width:50%;">FROM TO</td> </tr> <tr> <td>A <input type="text" value="2"/> <input type="text" value="1"/></td> <td>B <input type="text" value="1"/> <input type="text" value="2"/></td> </tr> </table> <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" value="1"/></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>ALCOHOL/DRUG SUSPECTED</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE 2 YES ALCOHOL SUSPECTED 3 YES-HED NOT IMPAIRED 4 YES-DRUGS SUSPECTED 5 YES-ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN</p> <p>ALCOHOL TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></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" value="1"/></p> <p>1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER</p> <p>ALCOHOL TEST RESULT</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	FROM TO	FROM TO	A <input type="text" value="2"/> <input type="text" value="1"/>	B <input type="text" value="1"/> <input type="text" value="2"/>	<p>DRUG TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></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" value="1"/></p> <p>1 NONE 2 BLOOD 3 URINE 4 OTHER</p> <p>DRUG TEST 1 & 2 RESULT</p> <table style="width:100%;"> <tr> <td style="width:50%;">A</td> <td style="width:50%;">B</td> </tr> <tr> <td>1 <input type="text" value="1"/> 2 <input type="text" value="1"/></td> <td>1 <input type="text" value="1"/> 2 <input type="text" value="1"/></td> </tr> </table> <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 INTERSECTION</p> <p><input type="text" value="01"/></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 CH RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY 11 RAILWAY GRADE CROSSING 12 SHARED-USE PATHS OR TRAILS 13 UNKNOWN</p> <p>OCCURRENCE</p> <p><input type="text" value="1"/></p> <p>1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE OF TRAFFICWAY 7 UNKNOWN</p> <p>ROAD CONTOUR</p> <p><input type="text" value="2"/></p> <p>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN</p> <p>ROAD CONDITIONS</p> <table style="width:100%;"> <tr> <td style="width:50%;">PRIMARY</td> <td style="width:50%;">SECONDARY</td> </tr> <tr> <td><input type="text" value="03"/></td> <td><input type="text" value="04"/></td> </tr> </table> <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>	A	B	1 <input type="text" value="1"/> 2 <input type="text" value="1"/>	1 <input type="text" value="1"/> 2 <input type="text" value="1"/>	PRIMARY	SECONDARY	<input type="text" value="03"/>	<input type="text" value="04"/>
A	B																										
1 <input type="text" value="20"/>	1 <input type="text" value="20"/>																										
2 <input type="text"/>	2 <input type="text"/>																										
3 <input type="text"/>	3 <input type="text"/>																										
4 <input type="text"/>	4 <input type="text"/>																										
FROM TO	FROM TO																										
A <input type="text" value="2"/> <input type="text" value="1"/>	B <input type="text" value="1"/> <input type="text" value="2"/>																										
A	B																										
1 <input type="text" value="1"/> 2 <input type="text" value="1"/>	1 <input type="text" value="1"/> 2 <input type="text" value="1"/>																										
PRIMARY	SECONDARY																										
<input type="text" value="03"/>	<input type="text" value="04"/>																										
<p><input type="text"/> SUPPLEMENT 'X' IF YES</p>		<p>LOCAL REPORT # 12-MV 00394</p>																									

NARRATIVE
UNIT #1 WAS TRAVELING NORTHBOUND ON WADSWORTH ROAD, AND LOST CONTROL OF THE VEHICLE IN THE SNOW AND ICE. UNIT #1 SLIDE SIDWAYS STRIKING UNIT #2 ON THE DRIVERS SIDE AS IT TRAVELED SOUTHBOUND ON WADSWORTH ROAD. UNIT #1 CAME TO REST IN THE SOUTHBOUND LANE FACING SOUTH.

MANNER OF COLLISION OR IMPACT <input type="checkbox"/> 8 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 SINGLE 7 SIDESWIPE SAME DIRECTION 8 SIDESWIPE OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER <input type="checkbox"/> 06 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-DRY-SNOW 09 OTHER 10 UNKNOWN	WORK ZONE RELATED <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS PRIMARY <input type="checkbox"/> 1 <input type="checkbox"/> SECONDARY 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	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT OR MOVING WORK 5 OTHER
TRUCK/BUS UNIT # <input type="text"/>	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE THE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA
WORKERS PRESENT <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN	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



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	<input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D
--	--

COMPANY (FROM SHIPPING PAPERS)	COMPANY PHONE
--------------------------------	---------------

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
--------	--------	------	----------------	-----------------	--------------	-----------	-------

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

POLICE ACTION							
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES	
1/13/2012	13:22	13:22	13:26	14:08	0	46	
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED			
P.O. JUSTIN BENNETT		1612	SGT. NEIL	1/13/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT 'X' IF YES		LOCAL REPORT #			
<input type="checkbox"/> 1 1 POLICE AGENCY 2 MOTORIST 3 UNKNOWN	<input type="checkbox"/> 1 1 SCENE 2 STATION 3 OTHER	<input type="checkbox"/>		12-MV 00394			

LOCAL REPORT # 12-MV 00394	REPORTING AGENCY MONTVILLE TOWNSHIP POLICE	DATE OF CRASH 1/13/2012
COUNTY# 52	CRASH LOCATION 0057	

Crash Diagram Number :	
------------------------	--