

TRAFFIC CRASH REPORT

CRASH REPORT # 160-12- 010943	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 X *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 2	UNIT ERROR 01 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 12/31/2012	

TIME OF CRASH 18:46	DAY OF WEEK MON	CITY/VILLAGE/TOWNSHIP TOWNSHIP	NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF)	COUNTY # 52	LATITUDE 4105462148	LONGITUDE 0814813263
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CRASH OCCURRED ON			TYPE LOCATION POINT USED		LOGAL INFORMATION
PREFIX RIVER STYX	CRASH LOCATION RIVER STYX	TYPE LOC 1	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE		
DIST. REF.	DIR	PREFIX	REFERENCE 006535 RIVER STYX	REF POINT 09	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

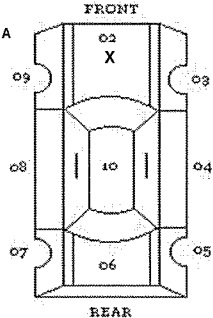
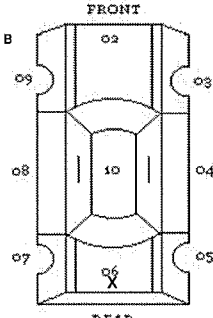
A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) HECKEL MARGARET R			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 178 FAIRLAWN AVENUE WADSWORTH OH 44281						
SOCIAL SECURITY NUMBER	DATE OF BIRTH 04/22/1971	AGE 41	SEX F	HOME PHONE # (440)821-2472	WORK PHONE # (330)721-8424	
DL STATE OH	DL # RM734750	LP STATE OH	LP # EQR9821	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") HECKEL, MARGARET R			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 178 FAIRLAWN AVENUE WADSWORTH OH 44281			
YEAR 2009	MAKE FORD	MODEL OTHER	COLOR GRAY	INSURANCE COMPANY WILDECORP	TOWING SERVICE	OWNER PHONE #
OFFENSE CHARGED	OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES

B	UNIT # 02	# OF OCC 3	NAME (LAST, FIRST, MIDDLE) BAKER ROBERT W			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 11063 BANCROFT AVENUE N.W. UNIONTOWN OH 44685						
SOCIAL SECURITY NUMBER	DATE OF BIRTH 08/03/1973	AGE 39	SEX M	HOME PHONE # (330)305-9779	WORK PHONE # (330)495-5415	
DL STATE OH	DL # RQ047931	LP STATE OH	LP # EMA5769	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") BAKER, ROBERT W			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 11063 BANCROFT AVENUE N.W. UNIONTOWN OH 44685			
YEAR 2007	MAKE CADILLAC	MODEL OTHER	COLOR BLACK	INSURANCE COMPANY STATE FARM	TOWING SERVICE	OWNER PHONE # (330)305-9779
OFFENSE CHARGED	OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES

C	UNIT # 02	NAME (LAST, FIRST, MIDDLE) BAKER SUSAN A			HOME PHONE # (330)305-9779	DATE OF BIRTH 08/09/1970	AGE 42	SEX F
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 11063 BANCROFT AVENUE N.W. UNIONTOWN OH 44685						INJURED TAKEN BY 1 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO
D	UNIT # 02	NAME (LAST, FIRST, MIDDLE) BAKER III ROBERT A			HOME PHONE # (330)305-9779	DATE OF BIRTH 11/26/2005	AGE 7	SEX M
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 11063 BANCROFT AVENUE N.W. UNIONTOWN OH 44685						INJURED TAKEN BY 1 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
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 D 06 12.UNENCLOSED CARGO AREA 13.TRAILING UNIT 14.EXTERIOR 15.OTHER 16.NON-MOTORIST 17.UNKNOWN	A 04 01.NONE USED 02.SHoulder BELT ONLY USED 03.LAP BELT ONLY USED B 04 04.SHoulder AND LAP BELT USED 05.CHILD SAFETY SEAT USED 06.HELMET USED 07.RESTRAINT USE UNKNOWN NON-MOTORIST 08.NONE USED 09.HELMET USED D 05 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 B 1 C 1 D 5	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 4	A 1 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN B 1 C 1 D 1	A 1 1.NOT TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN B 1 C 1 D 1	A 1 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN B 1 C 1 D 1
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT *X IF YES

MOTORIST / NON-MOTORIST OCCUPANT

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="01"/> B <input type="text" value="11"/>	SEQUENCE OF EVENTS <table border="1"> <tr> <td>A</td> <td>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>	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"/>	POSTED SPEED A <input type="text" value="45"/> B <input type="text" value="45"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/>		
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"/>																
NON-MOTORIST LOCATION A <input type="text"/>		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	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-MEDIA/CENTERLINE 11. DOWNHILL RUNAWAY 12. OTHER NON-COLLISION 13. UNKNOWN NON-COLLISION 14. COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 14. PEDESTRIAN 15. FED/AC/CLC 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. COLLISION WITH FIXED OBJECT 26. IMPACT ATTENUATOR/CRASH CUSHION 27. BRIDGE OVERHEAD STRUCTURE 28. BRIDGE PIER OR ABUTMENT 29. BRIDGE PARAPET 30. GUARDRAIL FACE 31. GUARDRAIL END 32. MEDIAN BARRIER 33. HIGHWAY TRAFFIC SIGN POST 34. OVERHEAD SIGN POST 35. LIGHT TOWER/ILLUMINARIES SUPPORT 36. UTILITY POLE 37. OTHER POST, POLE OR SUPPORT 38. CULVERT 39. CURB 40. OTHER 41. EMBANKMENT 42. FENCE 43. MAILBOX 44. TREE 45. OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL ETC.) 46. WORK ZONE MAINTENANCE EQUIPMENT 47. UNKNOWN FIXED OBJECT 48. OTHER 49. UNKNOWN	TRAFFIC CONTROL A <input type="text" value="12"/> B <input type="text" value="12"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>												
TYPE OF UNIT A <input type="text" value="06"/> B <input type="text" value="06"/>	MOST DAMAGED AREA A <input type="text" value="02"/> B <input type="text" value="06"/>	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="08"/> B <input type="text" value="01"/>	CONTRIBUTING CIRCUMSTANCES 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/YACDA 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. 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	DIRECTION <table border="1"> <tr> <td>FROM TO</td> <td>FROM TO</td> </tr> <tr> <td>A <input type="text" value="2"/> <input type="text" value="1"/></td> <td>B <input type="text" value="2"/> <input type="text" value="1"/></td> </tr> </table>	FROM TO	FROM TO	A <input type="text" value="2"/> <input type="text" value="1"/>	B <input type="text" value="2"/> <input type="text" value="1"/>	DRUG TEST 1 & 2 RESULT <table border="1"> <tr> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>A <input type="text" value="1"/></td> <td><input type="text" value="1"/></td> <td>B <input type="text" value="1"/></td> <td><input type="text" value="1"/></td> </tr> </table>	1	2	1	2	A <input type="text" value="1"/>	<input type="text" value="1"/>	B <input type="text" value="1"/>	<input type="text" value="1"/>
FROM TO	FROM TO																
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1	2	1	2														
A <input type="text" value="1"/>	<input type="text" value="1"/>	B <input type="text" value="1"/>	<input type="text" value="1"/>														
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 (BOBTAIL) 13. TRACTOR/SEMI-TRAILER 14. TRACTOR/DOUBLE - SHORT 15. TRACTOR DOUBLE - LONG 16. FIFTH WHEEL OR CONVERTER DOLLY 17. TRACTOR/TRIPLES 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. TRAIN 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	POINT OF IMPACT A <input type="text" value="02"/> B <input type="text" value="06"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	CONDITION A <input type="text" value="1"/> B <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="01"/>												
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/>	ACTION A <input type="text" value="3"/> B <input type="text" value="4"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/>	OCCURRENCE <input type="text" value="1"/>												
DAMAGE SCALE A <input type="text" value="3"/> B <input type="text" value="3"/>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	SPEED DETECTED A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="1"/>												
DAMAGE SCALE A <input type="text" value="3"/> B <input type="text" value="3"/>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	SPEED A <input type="text" value="40"/> B <input type="text" value="10"/>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONDITIONS <table border="1"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> </tr> <tr> <td><input type="text" value="02"/></td> <td><input type="text" value="03"/></td> </tr> </table>	PRIMARY	SECONDARY	<input type="text" value="02"/>	<input type="text" value="03"/>								
PRIMARY	SECONDARY																
<input type="text" value="02"/>	<input type="text" value="03"/>																
SUPPLEMENT 'X' IF YES				ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/>													
				LOCAL REPORT # 160-12- 010943													

NARRATIVE

UNIT #2 WAS TRAVELING NORTHBOUND ON RIVER STYX ROAD, AND OBSERVED A VEHICLE IN THE DRIVEWAY OF 6535 RIVER STYX ROAD PARTIALLY IN THE ROADWAY. UNIT #2 ATTEMPTED TO STOP BUT SLID ON THE ROADWAY MISSING THE VEHICLE IN THE DRIVEWAY. UNIT #1 WAS BEHIND UNIT #2 AND DID NOT STOP IN TIME, SLIDING ON THE ROADWAY INTO UNIT #2. NO INJURIES WERE SUSTAINED IN THE CRASH, AND NO VEHICLES REQUIRED A TOW.

<p>MANNER OF COLLISION OR IMPACT</p> <p>2</p> <p>1. NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2. REAR-END 3. HEAD-ON 4. REAR-TO-REAR 5. BACKING 6. ANGLE 7. SIDESWIPE SAME DIRECTION 8. SIDESWIPE OPPOSITE DIRECTION 9. UNKNOWN</p>	<p>SCHOOL BUS RELATED</p> <p>1</p> <p>1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN</p>	<p style="text-align: center;">DIAGRAM</p> <p style="text-align: center;">RIVER STYX</p> <p style="text-align: center;">6535 RIVER STYX</p> <p style="text-align: right;">* Not To Scale *</p>
<p>WEATHER</p> <p>06</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>1</p> <p>1. NO 2. YES 3. UNKNOWN</p>	
<p>LIGHT CONDITIONS</p> <p>PRIMARY 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. INTERMITTENT 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>A 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>
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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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CARGO BODY TYPE	<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>	WEIGHT (GVWR)	CDL CLASS	HAZARDOUS MATERIALS PLACARD	HAZARDOUS MATERIALS RELEASED
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POLICE ACTION						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
12/31/2012	18:46	18:46	18:46	19:08	0	22
OFFICER'S NAME		BADGE #	CHECKED BY		DATE REPORT FILED	
P.O. JUSTIN BENNETT		1612	SGT. LAFOND		12/31/2012	
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT 'X' IF YES		LOCAL REPORT #		
1	1	<input type="checkbox"/>		160-12- 010943		