

TRAFFIC CRASH REPORT

CRASH REPORT # 160-13- 3	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 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 01 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 1/1/2013	

TIME OF CRASH 03:50	DAY OF WEEK TUE	CITY/VILLAGE/TOWNSHIP TOWNSHIP	NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF)	COUNTY # 52	LATITUDE 4105399335	LONGITUDE 0814802865
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CRASH OCCURRED ON			TYPE LOCATION POINT USED		LOCAL INFORMATION	
PREFIX	CRASH LOCATION RIVER STYX	TYPE LOC 1	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE		6700 BLK RIVER STYX	

AT/REFERENCE				REFERENCE POINT USED					
DIST. REF.	DIR	PREFIX	REFERENCE 006605	REF POINT 04	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

MOTORIST / NON-MOTORIST

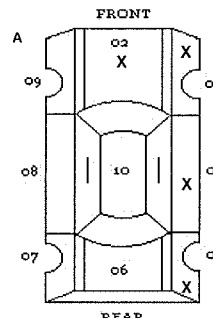
A	UNIT # 01	# OF OCC 2	NAME (LAST, FIRST, MIDDLE) CUNNINGHAM KYLE			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 8513 MANCHESTER AVE NW CANAL FULTON OH 44614						
SOCIAL SECURITY NUMBER		DATE OF BIRTH 04/10/1993	AGE 19	SEX M	HOME PHONE # (330)232-2009	WORK PHONE #
DL STATE OH	DL # TQ588068	LP STATE OH	LP # FRK6667	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") CUNNINGHAM, KYLE			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 8513 MANCHESTER AVE NW CANAL FULTON OH 44614			
YEAR 2001	MAKE CHEVROLE	MODEL OTHER	COLOR GREY	INSURANCE COMPANY STATE FARM	TOWING SERVICE LLOYDS	OWNER PHONE #
OFFENSE CHARGED 4511.19A1		OFFENSE DESCRIPTION DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS			CITATION # Y35313	LOCAL CODE <input type="checkbox"/> *X IF YES

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 <input type="checkbox"/> *X IF YES

OCCUPANT

C	UNIT # 01	NAME (LAST, FIRST, MIDDLE) ABSHIRE NATHANIEL DAKOTA		HOME PHONE # (330)635-6348	DATE OF BIRTH 04/28/1993	AGE 19	SEX M
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 785 MINER DR MEDINA OH 44256				INJURED TAKEN BY 1 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN	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	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)	A 04 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED	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-INCAPACITATING 4. INCAPACITATING 5. FATAL INJURY 6. UNKNOWN
B	B	B	B	B	B	B
C 03 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC 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	C 04 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	C 1	C 4	C 1	C 1	C 1
D	D	D	D	D	D	D
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT *X IF YES

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="01"/> B <input type="text"/>	SEQUENCE OF EVENTS A <input type="text" value="09"/> B <input type="text"/> 1 <input type="text" value="01"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	POSTED SPEED A <input type="text" value="45"/> B <input type="text"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text"/> 1. NONE GIVEN 2. TEST REFUSED 3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4. TEST GIVEN, RESULTS KNOWN 5. GIVEN, RESULTS UNKNOWN 6. UNKNOWN
NON-MOTORIST LOCATION A <input type="text"/> B <input type="text"/> 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	TYPE OF UNIT A <input type="text" value="06"/> B <input type="text"/> MOTORIST 01. SUB-COMPACT 02. COMPACT 03. MID SIZE 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/DRIVER 36. ANIMAL W/BUGGY 37. BICYCLE 38. PEDESTRIAN 39. PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40. SKATER 41. OTHER-RCH MOTORIST (WHEELCHAIR, ETC.) 42. UNKNOWN	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="15"/> B <input type="text"/> 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/AGDA 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	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 OF 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. PEDACYCLE 17. RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 18. ANIMAL - FARM 19. ANIMAL - DEER 20. ANIMAL - OTHER 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/LUMINARIES SUPPORT 36. UTILITY POLE 37. OTHER POST, POLE OR SUPPORT 38. CURB 39. DITCH 40. DITCH 41. EMBARKMENT 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"/> 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. CROSSWALK LINES 14. WALK/DONT WALK 15. TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSERVED 16. OTHER 17. NOT REPORTED 18. UNKNOWN	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text"/> 1. NONE 2. BLOOD 3. URINE 4. OTHER
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text"/> 1. NO 2. YES 3. UNKNOWN	ACTION A <input type="text" value="2"/> B <input type="text"/> 1. NON-CONTACT 2. NON-COLLISION 3. STRIKING 4. STRUCK 5. BOTH STRIKING AND STRUCK 6. UNKNOWN	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> 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	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	CONDITION A <input type="text" value="6"/> B <input type="text"/> 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	DRUG TEST 1 & 2 RESULT A <input type="text" value="1"/> <input type="text" value="2"/> B <input type="text"/> <input type="text"/> 1. NONE 2. MARIJUANA 3. COCAINE 4. OPiates 5. AMPHETAMINES 6. PCP 7. OTHER 8. UNKNOWN AT TIME OF REPORTING
DAMAGE SCALE A <input type="text" value="4"/> B <input type="text"/> 1. NONE 2. NON-FUNCTIONAL 3. FUNCTIONAL DAMAGE 4. DISABLING DAMAGE 5. SEVERE 6. UNKNOWN	POINT OF IMPACT A <input type="text" value="04"/> B <input type="text"/> 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	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	MOST HARMFUL EVENT A <input type="text" value="2"/> B <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	ALCOHOL/DRUG SUSPECTED A <input type="text" value="2"/> B <input type="text"/> 1. NONE 2. YES ALCOHOL SUSPECTED 3. YES - NOT IMPAIRED 4. YES-DRUGS SUSPECTED 5. YES-ALCOHOL AND DRUGS SUSPECTED 6. UNKNOWN	TYPE OF INTERSECTION <input type="text" value="01"/> 01. NOT AN INTERSECTION 02. FOUR-WAY INTERSECTION 03. T-INTERSECTION 04. Y-INTERSECTION 05. TRAFFIC CIRCLE/ROUNDBOUT 06. FIVE-POINT, OR MORE 07. ON RAMP 08. OFF RAMP 09. CROSSOVER 10. DRIVEWAY 11. RAILWAY GRADE CROSSING 12. SHARED-USE PATHS OR TRAILS 13. UNKNOWN
DAMAGE SCALE A <input type="text" value="4"/> B <input type="text"/>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text"/> 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	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	SPEED DETECTED A <input type="text" value="1"/> B <input type="text"/> 1. STATED 2. ESTIMATED	ALCOHOL TEST STATUS A <input type="text" value="4"/> B <input type="text"/> 1. NONE GIVEN 2. TEST REFUSED 3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4. TEST GIVEN, RESULTS KNOWN 5. TEST GIVEN, RESULTS UNKNOWN 6. UNKNOWN	ROAD CONTOUR <input type="text" value="4"/> 1. STRAIGHT LEVEL 2. STRAIGHT GRADE 3. CURVE LEVEL 4. CURVE GRADE 5. UNKNOWN
DAMAGE SCALE A <input type="text" value="4"/> B <input type="text"/>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	SPEED A <input type="text" value="45"/> B <input type="text"/>	ALCOHOL TEST TYPE A <input type="text" value="4"/> B <input type="text"/> 1. NONE 2. BLOOD 3. URINE 4. BREATH 5. OTHER	ROAD CONDITIONS PRIMARY <input type="text" value="02"/> SECONDARY <input type="text" value="03"/> 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
<input type="checkbox"/> SUPPLEMENT 'X' IF YES				LOCAL REPORT # 160-13- 3	

NARRATIVE

UNIT #1 WAS TRAVELING NORTH ON RIVER STYX ROAD. UNIT #1 STATED THAT HE HIT A PATCH OF BLACK ICE AND WENT OFF THE ROAD TO THE LEFT AND OVERTURNED THE VEHICLE. DRIVER AND PASSENGER STATED THAT THEY DID NOT SUSTAIN ANY INJURIES. THE DRIVER SHOWED SIGNS OF IMPAIRMENT AND WAS SUBJECTED TO SFSTS. HE WAS ARRESTED FOR OVI AND BROUGHT BACK TO THE STATION FOR PROCESSING. HE WAS ALSO CITED FOR FAILURE TO CONTROL. THE VEHICLE WAS TOWED FROM THE SCENE BY LLOYD'S TOWING.

<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-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><input checked="" type="checkbox"/> 1</p> <p>1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN</p>	<p>DIAGRAM</p>
<p>WEATHER</p> <p><input checked="" type="checkbox"/> 01</p> <p>01. CLEAR 02. CLOUDY 03. FOG/SMOG/SMOKE 04. RAIN 05. SLEET/HAUL (FREEZING RAIN OR DRIZZLE) 06. SNOW 07. SEVERE CROSSWINDS 08. BLOWING SANDS/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. 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="checkbox"/>	<p>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A. TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR B. TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR C. A BUS DESIGNED FOR AT LEAST 9 PERSONS, INCLUDING DRIVER</p>	<p>A THE CRASH RESULTED IN ONE OF THE FOLLOWING: A. FATALITY; OR B. AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT; OR C. 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	
<p>CARGO BODY TYPE</p> <p><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. GRAB/CHIPS/GRAVEL/WV</p>			<p>WEIGHT (GVWR)</p> <p><input type="checkbox"/> 1. LESS/EQUAL 10,000 <input type="checkbox"/> 2. 10,001 - 25,000 <input type="checkbox"/> 3. MORE THAN 25,000</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>								

POLICE ACTION						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
1/1/2013	03:57	04:00	04:20	07:00	0	180
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED		
P.O. SETH GAEDE		1616	SGT LAFOND	1/1/2013		
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT 'X' IF YES		LOCAL REPORT #		
<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 1	<input type="checkbox"/>		160-13- 3		