

# TRAFFIC CRASH REPORT

CRASH REPORT # <b>160-13- 56</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> *X IF YES	HIT / SKIP <b>1</b> 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED	PHOTOS TAKEN <b>X</b> *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. # <b>05213</b>	REPORTING AGENCY <b>MONTVILLE TOWNSHIP POLICE</b>	# UNITS <b>1</b>	UNIT ERROR <b>01</b> 88 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>1/2/2013</b>	

TIME OF CRASH <b>23:41</b>	DAY OF WEEK <b>WED</b>	CITY/VILLAGE/TOWNSHIP <b>TOWNSHIP</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MONTVILLE (TOWNSHIP OF)</b>	COUNTY # <b>52</b>	LATITUDE <b>41062207</b>	LONGITUDE <b>081480876</b>
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>SHARON COPLEY</b>	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE <b>1</b>	<b>3100 BLK SHARON COPLEY RD</b>

DIST. REF.	DIR	PREFIX	REFERENCE <b>003183</b>	REF POINT <b>04</b>	REFERENCE POINT USED	LOCAL INFORMATION
					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

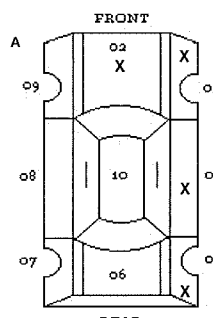
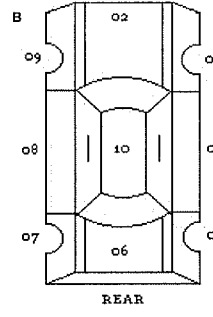
<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>2</b>	NAME (LAST, FIRST, MIDDLE) <b>NEMECEK KELLY L</b>		ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>4235 KELLER HANNA DR BRUNSWICK OH 44212</b>	
SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>10/08/1985</b>	AGE <b>27</b>	SEX <b>F</b>	HOME PHONE # <b>(330)416-0356</b>	WORK PHONE #
DL STATE <b>OH</b>	DL # <b>SM789287</b>	LP STATE <b>OH</b>	LP # <b>EXB9332</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY
OWNER NAME (IF SAME, WRITE "SAME") <b>EMMALY E OCHWAT</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>3959 EVERGREEN LN RICHFIELD OH 44286</b>			
YEAR <b>2009</b>	MAKE <b>TOYOTA</b>	MODEL <b>COROLLA</b>	COLOR <b>WHITE</b>	INSURANCE COMPANY <b>ERIE INSURANCE C</b>	TOWING SERVICE <b>OTHER</b>	OWNER PHONE # <b>(216)778-0022</b>
OFFENSE CHARGED <b>4511.202</b>	OFFENSE DESCRIPTION <b>OPERATION WITHOUT REASONABLE CONTROL</b>				CITATION # <b>Y35308</b>	LOCAL CODE <input type="checkbox"/> *X IF 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
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

OCCUPANT

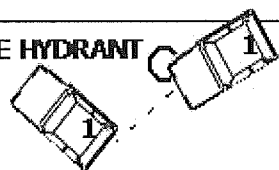
<b>C</b>	UNIT # <b>01</b>	NAME (LAST, FIRST, MIDDLE) <b>OCHWAT EMMALY E</b>		HOME PHONE # <b>(216)778-0022</b>	DATE OF BIRTH <b>03/26/1991</b>	AGE <b>21</b>	SEX <b>F</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>3959 EVERGREEN LN RICHFIELD OH 44286</b>				INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	
<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	

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
<b>A</b> <b>01</b> 01. FRONT - LEFT (MC DRIVER) 02. FRONT - MIDDLE 03. FRONT - RIGHT 04. SECOND - LEFT (MC PASS) 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. TRAILER'S UNIT 14. EXTERIOR 15. OTHER 16. NON-MOTORIST 17. UNKNOWN	<b>A</b> <b>04</b> 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. RESTRAINT USE UNKNOWN 08. NONE USED 09. HELMET USED 10. PROTECTIVE PADS 11. REFLECTIVE CLOTHING 12. LIGHTING 13. OTHER 14. UNKNOWN	<b>A</b> <b>1</b> 1. NOT-DEPLOYED 2. DEPLOYED - FRONT 3. DEPLOYED - SIDE 4. DEPLOYED BOTH FRONT/SIDE 5. NOT APPLICABLE 6. DEPLOYMENT UNKNOWN	<b>A</b> <b>4</b> 1. ON-OFF SWITCH NOT PRESENT 2. SWITCH IN ON POSITION 3. SWITCH IN OFF POSITION 4. UNKNOWN POSITION	<b>A</b> <b>1</b> 1. NOT EJECTED 2. TOTALLY EJECTED 3. PARTIALLY EJECTED 4. NOT APPLICABLE 5. UNKNOWN	<b>A</b> <b>1</b> 1. NOT TRAPPED 2. EXTRICATED BY MECHANICAL MEANS 3. FREED BY NON-MECHANICAL MEANS 4. UNKNOWN	<b>A</b> <b>1</b> 1. NO INJURY 2. POSSIBLE 3. NON-INCAPACITATING 4. INCAPACITATING 5. FATAL INJURY 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> <b>03</b>	<b>C</b> <b>04</b>	<b>C</b> <b>1</b>	<b>C</b> <b>4</b>	<b>C</b> <b>1</b>	<b>C</b> <b>1</b>	<b>C</b> <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> A <input type="text" value="01"/> B <input type="text"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="01"/> B <input type="text"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>A</td><td><input type="text" value="10"/></td><td>B</td><td><input type="text"/></td></tr> <tr><td>1</td><td><input type="text"/></td><td>1</td><td><input type="text"/></td></tr> <tr><td>2</td><td><input type="text" value="09"/></td><td>2</td><td><input type="text"/></td></tr> <tr><td>3</td><td><input type="text" value="48"/></td><td>3</td><td><input type="text"/></td></tr> <tr><td>4</td><td><input type="text"/></td><td>4</td><td><input type="text"/></td></tr> </table>	A	<input type="text" value="10"/>	B	<input type="text"/>	1	<input type="text"/>	1	<input type="text"/>	2	<input type="text" value="09"/>	2	<input type="text"/>	3	<input type="text" value="48"/>	3	<input type="text"/>	4	<input type="text"/>	4	<input type="text"/>	<b>POSTED SPEED</b> A <input type="text" value="55"/> B <input type="text"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/>
A	<input type="text" value="10"/>	B	<input type="text"/>																						
1	<input type="text"/>	1	<input type="text"/>																						
2	<input type="text" value="09"/>	2	<input type="text"/>																						
3	<input type="text" value="48"/>	3	<input type="text"/>																						
4	<input type="text"/>	4	<input type="text"/>																						
<b>NON-MOTORIST LOCATION</b> A <input type="text"/> B <input type="text"/>		<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>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  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>	<b>TRAFFIC CONTROL</b> A <input type="text" value="12"/> B <input type="text"/>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/>																				
<b>TYPE OF UNIT</b> A <input type="text" value="03"/> B <input type="text"/>	<b>MOST DAMAGED AREA</b> A <input type="text" value="04"/> B <input type="text"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="01"/> B <input type="text"/>	<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  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. IMPACT ATTENUATOR/CRASH CUSHION  26. BRIDGE OVERHEAD STRUCTURE  27. BRIDGE PIER OR ABUTMENT  28. BRIDGE PARAPET  29. BRIDGE RAIL  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. CULVERT  39. CURB  40. DITCH  41. EMBARKMENT  42. FENCE  43. MAIL BOX  44. TREE  45. OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC)  46. WORK ZONE MAINTENANCE EQUIPMENT  47. UNKNOWN FIXED OBJECT  48. OTHER  49. UNKNOWN</p>	<b>TRAFFIC CONTROL</b> A <input type="text" value="12"/> B <input type="text"/>	<b>DRUG TEST 1 &amp; 2 RESULT</b> <table border="1"> <tr><td>1</td><td><input type="text" value="1"/></td><td>2</td><td><input type="text" value="1"/></td><td>1</td><td><input type="text"/></td><td>2</td><td><input type="text"/></td></tr> <tr><td>A</td><td><input type="text"/></td><td>B</td><td><input type="text"/></td><td></td><td></td><td></td><td></td></tr> </table>	1	<input type="text" value="1"/>	2	<input type="text" value="1"/>	1	<input type="text"/>	2	<input type="text"/>	A	<input type="text"/>	B	<input type="text"/>								
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A	<input type="text"/>	B	<input type="text"/>																						
<p>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  <b>NON-MOTORIST</b>  35. ANIMAL WRIDER  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>	<b>POINT OF IMPACT</b> A <input type="text" value="03"/> B <input type="text"/>	<p>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  <b>NON-MOTORIST</b>  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>	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="3"/> B <input type="text"/>	<b>DIRECTION</b> <table border="1"> <tr><td>FROM</td><td>TO</td><td>FROM</td><td>TO</td></tr> <tr><td>A</td><td><input type="text" value="3"/></td><td>B</td><td><input type="text" value="4"/></td></tr> </table>	FROM	TO	FROM	TO	A	<input type="text" value="3"/>	B	<input type="text" value="4"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="01"/>												
FROM	TO	FROM	TO																						
A	<input type="text" value="3"/>	B	<input type="text" value="4"/>																						
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="3"/> B <input type="text"/>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text"/>	<b>OCCURRENCE</b> <input type="text" value="1"/>																				
<b>DAMAGE SCALE</b> A <input type="text" value="5"/> B <input type="text"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text"/>	<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>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="4"/>																				
<p>1. NONE UNDERRIDE OR OVERRIDE  2. UNDERRIDE, COMPARTMENT INTRUSION  3. UNDERRIDE, NO COMPARTMENT INTRUSION  4. UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN  5. OVERRIDE, MOTOR VEHICLE IN TRAFFICWAY  6. OVERRIDE, OTHER VEHICLE  7. UNKNOWN IF UNDERRIDE OR OVERRIDE</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>01. NONE GIVEN  02. TEST REFUSED  03. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  04. TEST GIVEN, RESULTS KNOWN  05. TEST GIVEN, RESULTS UNKNOWN  06. UNKNOWN</p>	<b>SPEED DETECTED</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> <table border="1"> <tr><td>PRIMARY</td><td><input type="text" value="01"/></td><td>SECONDARY</td><td><input type="text"/></td></tr> </table>	PRIMARY	<input type="text" value="01"/>	SECONDARY	<input type="text"/>																
PRIMARY	<input type="text" value="01"/>	SECONDARY	<input type="text"/>																						
<b>SUPPLEMENT 'X' IF YES</b>				<b>LOCAL REPORT #</b> 160-13- 56																					

**NARRATIVE**

**UNIT 1 WAS WESTBOUND ON SHARON COPLEY RD AND LEFT ROADWAY ON SOUTHSIDE. UNIT 1 STRUCK A FIRE HYDRANT AND CAME TO FINAL REST OFF ROADWAY.**

<p><b>MANNER OF COLLISION OR IMPACT</b></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><b>SCHOOL BUS RELATED</b></p> <p><input checked="" type="checkbox"/> 1</p> <p>1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN</p>	<p><b>DIAGRAM</b></p> <p style="font-size: 2em; font-weight: bold;">N↑</p> <p style="font-weight: bold;">*NOT TO SCALE*</p> <hr style="border: 1px solid black;"/> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">SHARON COPLEY RD</p> <hr style="border: 1px solid black;"/> <div style="text-align: right; margin-top: 20px;"> <p><b>FIRE HYDRANT</b></p>  </div>
<p><b>WEATHER</b></p> <p><input checked="" type="checkbox"/> 01</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><b>WORK ZONE RELATED</b></p> <p><input checked="" type="checkbox"/> 1</p> <p>1. NO 2. YES 3. UNKNOWN</p>	
<p><b>TYPE OF WORK ZONE</b></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><b>LOCATION OF CRASH IN WORK ZONE</b></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><b>LIGHT CONDITIONS</b></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><b>WORKERS PRESENT</b></p> <p><input type="checkbox"/></p> <p>1. NO 2. YES 3. UNKNOWN</p>	

<b>TRUCK/BUS</b>	<p><b>UNIT #</b></p> <p><input type="text"/></p>	<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><b>A</b> 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> <p><b>N</b> <b>D</b></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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<p><b>CARGO BODY TYPE</b></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. GRAIN/CHIPS/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><b>WEIGHT (GVWR)</b></p> <p><input type="checkbox"/> 1. LESS/EQUAL 10,000 <input type="checkbox"/> 2. 10,001 - 26,000 <input type="checkbox"/> 3. MORE THAN 26,000</p>	<p><b>CDL CLASS</b></p> <p><input type="checkbox"/></p> <p>1. CLASS A 2. CLASS B 3. CLASS C 4. CLASS D 5. CLASS E</p>	<p><b>HAZARDOUS MATERIALS PLACARD</b></p> <p><input type="checkbox"/></p> <p>1. NO 2. YES 3. UNKNOWN</p>	<p><b>HAZARDOUS MATERIALS RELEASED</b></p> <p><input type="checkbox"/></p> <p>1. NO 4. UNKNOWN 2. YES 3. NOT APPLICABLE</p>
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<b>POLICE ACTION</b>							
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES	
1/2/2013	23:42	23:42	23:47	00:36	0	54	
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED			
P.O. CARL KANENBERG		1609	SGT LAFOND	1/2/2013			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT		LOCAL REPORT #			
<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> *X IF YES		160-13- 56			