



TRAFFIC CRASH REPORT

CRASH REPORT # 12-MV 00056	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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # 05213	REPORTING AGENCY MONTVILLE TOWNSHIP POLICE	# UNITS 2	UNIT ERROR 01 05 ANIMAL 09 UNKNOWN	DATE OF CRASH 1/2/2012	

TIME OF CRASH 17:44	DAY OF WEEK MON	CITY/VILLAGE/TOWNSHIP TOWNSHIP	NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF)	COUNTY # 52	LATITUDE 4107363417	LONGITUDE 0814817938
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CRASH OCCURRED ON		TYPE LOCATION POINT USED		LOCAL INFORMATION		
PREFIX	CRASH LOCATION COUNTRY CLUB DRIVE	TYPE LOC 1	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE			

DIST. REF.			DIR	PREFIX	REFERENCE RUSTIC LAKE DRIVE	REF POINT 02	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

MOTORIST / NON-MOTORIST

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) HOLLAND PATRICIA S		
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)
3214 TRAILS LAKE DRIVE MEDINA OH 44256

SOCIAL SECURITY NUMBER	DATE OF BIRTH 03/19/1941	AGE 70	SEX F	HOME PHONE # (330)725-5286	WORK PHONE #
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DL STATE OH	DL # RH129176	LP STATE OH	LP # FFY5942	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")
ARCHITECT RESEARCH CONSULTANTS

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)
1383 SHARON COPELY ROAD SHARON CENTER OH 44274

YEAR 2011	MAKE ACURA	MODEL OTHER	COLOR BRONZ	INSURANCE COMPANY NATL FIRE INS CO	TOWING SERVICE	OWNER PHONE # (330)725-5286
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES
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B	UNIT # 02	# OF OCC 2	NAME (LAST, FIRST, MIDDLE) ARNOLD COLIN E		
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)
18140 STATE ROAD NORTH ROYALTON OH 44133

SOCIAL SECURITY NUMBER	DATE OF BIRTH 03/12/1987	AGE 24	SEX M	HOME PHONE # (330)421-1224	WORK PHONE #
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DL STATE OH	DL # SW161843	LP STATE OH	LP # FGA3598	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")
SAME

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)

YEAR 2011	MAKE GMC	MODEL OTHER	COLOR TEAL	INSURANCE COMPANY ALLSTATE	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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OCCUPANT

C	UNIT # 02	NAME (LAST, FIRST, MIDDLE) ARNOLD MONICA A			HOME PHONE # (330)635-0701	DATE OF BIRTH 10/06/1988	AGE 23	SEX F
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)
18140 STATE RD NORTH ROYALTON OH 44133

INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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D	UNIT #	NAME (LAST, FIRST, MIDDLE)			HOME PHONE #	DATE OF BIRTH	AGE	SEX
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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
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SEATING POSITION A <input type="checkbox"/> 01 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT B <input type="checkbox"/> 01 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT C <input type="checkbox"/> 03 07 THIRD - LEFT (MC PASSENGER'S SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA D <input type="checkbox"/> 13 TRAILER UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN BLANK FOR WITNESS	SAFETY EQUIPMENT A <input type="checkbox"/> 04 MOTORIST 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED B <input type="checkbox"/> 04 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED 06 HELMET USED 07 RESTRAINT USE UNKNOWN 08 UNKNOWN 09 NONE USED 10 HELMET USED 11 PROTECTIVE PADS 12 LIGHTING 13 OTHER 14 UNKNOWN C <input type="checkbox"/> 04 05 CHILD SAFETY SEAT USED 06 HELMET USED 07 RESTRAINT USE UNKNOWN 08 UNKNOWN 09 NONE USED 10 HELMET USED 11 PROTECTIVE PADS 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG A <input type="checkbox"/> 1 1. NOT DEPLOYED 2. DEPLOYED - FRONT 3. DEPLOYED - SIDE 4. DEPLOYED BOTH FRONT/DC 5. NOT APPLICABLE 6. DEPLOYMENT UNKNOWN B <input type="checkbox"/> 1 C <input type="checkbox"/> 1 D <input type="checkbox"/>	AIR BAG SWITCH A <input type="checkbox"/> 4 1. ON-OFF SWITCH NOT PRESENT 2. SWITCH IN ON POSITION 3. SWITCH IN OFF POSITION 4. UNKNOWN POSITION B <input type="checkbox"/> 4 C <input type="checkbox"/> 4 D <input type="checkbox"/>	EJECTION A <input type="checkbox"/> 1 1. NOT EJECTED 2. TOTALLY EJECTED 3. PARTIALLY EJECTED 4. NOT APPLICABLE 5. UNKNOWN B <input type="checkbox"/> 1 C <input type="checkbox"/> 1 D <input type="checkbox"/>	TRAPPED A <input type="checkbox"/> 1 1. NOT TRAPPED 2. EXTRICATED BY MECHANICAL MEANS 3. FREED BY NON-MECHANICAL MEANS 4. UNKNOWN B <input type="checkbox"/> 1 C <input type="checkbox"/> 1 D <input type="checkbox"/>	INJURIES A <input type="checkbox"/> 1 1. NO INJURY 2. POSSIBLE 3. NON-INCAPACITATING 4. INCAPACITATING 5. FATAL INJURY 6. UNKNOWN B <input type="checkbox"/> 1 C <input type="checkbox"/> 1 D <input type="checkbox"/>
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SUPPLEMENT *X 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 (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>FRONT</p> <p>REAR</p> <p>MOST DAMAGED AREA</p> <p>A <input type="text" value="07"/> B <input type="text" value="09"/></p>	<p>PRE-CRASH ACTIONS</p> <p>A <input type="text" value="01"/> B <input type="text" value="11"/></p> <p>MOTORIST</p> <p>01 ENTERING 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 NON-MOTORIST 16 ENTERING OR CROSSING SPECIFIED LOCATION 17 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROXIMATING OR LEAVING VEHICLE 20 PLAYING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN</p>	<p>SEQUENCE OF EVENTS</p> <table border="1"> <tr> <td>A</td> <td>1 <input type="text" value="20"/></td> <td>B</td> <td>1 <input type="text" value="20"/></td> </tr> <tr> <td>A</td> <td>2 <input type="text"/></td> <td>B</td> <td>2 <input type="text"/></td> </tr> <tr> <td>A</td> <td>3 <input type="text"/></td> <td>B</td> <td>3 <input type="text"/></td> </tr> <tr> <td>A</td> <td>4 <input type="text"/></td> <td>B</td> <td>4 <input type="text"/></td> </tr> </table> <p>NON-COLLISION</p> <p>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 14 PEDESTRIAN 15 PEDALCYCLE 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 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 LUMINAIRE SUPPORT 35 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MALEBX 44 TREE 45 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN</p>	A	1 <input type="text" value="20"/>	B	1 <input type="text" value="20"/>	A	2 <input type="text"/>	B	2 <input type="text"/>	A	3 <input type="text"/>	B	3 <input type="text"/>	A	4 <input type="text"/>	B	4 <input type="text"/>	<p>POSTED SPEED</p> <p>A <input type="text" value="25"/> B <input type="text" value="25"/></p> <p>TRAFFIC CONTROL</p> <p>A <input type="text" value="01"/> B <input type="text" value="01"/></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 CROSSWALK LINES 14 WALKWAY/TWALK 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16 OTHER 17 NOT REPORTED 18 UNKNOWN</p>	<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 border="1"> <tr> <td>A</td> <td>1 <input type="text" value="1"/></td> <td>2 <input type="text" value="1"/></td> <td>B</td> <td>1 <input type="text" value="1"/></td> <td>2 <input type="text" value="1"/></td> </tr> </table> <p>1 NONE 2 MARIJUANA 3 COCAINE 4 OPATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING</p>	A	1 <input type="text" value="1"/>	2 <input type="text" value="1"/>	B	1 <input type="text" value="1"/>	2 <input type="text" value="1"/>
A	1 <input type="text" value="20"/>	B	1 <input type="text" value="20"/>																								
A	2 <input type="text"/>	B	2 <input type="text"/>																								
A	3 <input type="text"/>	B	3 <input type="text"/>																								
A	4 <input type="text"/>	B	4 <input type="text"/>																								
A	1 <input type="text" value="1"/>	2 <input type="text" value="1"/>	B	1 <input type="text" value="1"/>	2 <input type="text" value="1"/>																						
<p>TYPE OF UNIT</p> <p>A <input type="text" value="03"/> B <input type="text" value="06"/></p> <p>MOTORIST</p> <p>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 (ROBOTA'L) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR DOUBLE - SHORT 15 TRACTOR DOUBLE - LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIFLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 25 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAM 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SHOW/MOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS 35 NON-MOTORIST 35 ANIMAL W/ R-DER 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>CONTRIBUTING CIRCUMSTANCES</p> <p>A <input type="text" value="14"/> B <input type="text" value="01"/></p> <p>MOTORIST</p> <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 23 NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 OVERTAKING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 WORK ZONE (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 SICK 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" 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 (1-4)</p>	<p>DIRECTION</p> <table border="1"> <tr> <td>FROM</td> <td>TO</td> <td>FROM</td> <td>TO</td> </tr> <tr> <td>A <input type="text" value="3"/></td> <td>A <input type="text" value="4"/></td> <td>B <input type="text" value="4"/></td> <td>B <input type="text" value="3"/></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, DISTRESSED) 4 ILLNESS 5 FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN</p>	FROM	TO	FROM	TO	A <input type="text" value="3"/>	A <input type="text" value="4"/>	B <input type="text" value="4"/>	B <input type="text" value="3"/>	<p>TYPE OF INTERSECTION</p> <p>A <input type="text" value="04"/></p> <p>01 NOT AN INTERSECTION 02 FOURWAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDABOUT 06 FINE 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</p> <p>OCCURRENCE</p> <p>A <input type="text" value="1"/></p> <p>1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN</p>														
FROM	TO	FROM	TO																								
A <input type="text" value="3"/>	A <input type="text" value="4"/>	B <input type="text" value="4"/>	B <input type="text" value="3"/>																								
<p>IN EMERGENCY RESPONSE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NO 2 YES 3 UNKNOWN</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 STRUCK 4 STRUCK 5 BOTH STRUCK AND STRUCK 6 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 SICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS 12 NO DEFECTS</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>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-HBD NOT IMPAIRED 4 YES-DRUGS SUSPECTED 5 YES-ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN</p>	<p>ROAD CONTOUR</p> <p>A <input type="text" value="4"/></p> <p>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN</p>																						
<p>DAMAGE SCALE</p> <p>A <input type="text" value="2"/> B <input type="text" value="2"/></p> <p>1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DABLING DAMAGE 5 SEVERE 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 OVERRIDE 2 UNDERIDE, COMPARTMENT INTRUSION 3 UNDERIDE, NO COMPARTMENT INTRUSION 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN IF UNDERIDE OR OVERRIDE</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 SICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS 12 NO DEFECTS</p>	<p>SPEED</p> <p>A <input type="text" value="20"/></p> <p>B <input type="text" value="0"/></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>ROAD CONDITIONS</p> <p>PRIMARY <input type="text" value="03"/> SECONDARY <input type="text" value="04"/></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>SUPPLEMENT 'X' IF YES</p> <p><input type="checkbox"/></p>					<p>LOCAL REPORT #</p> <p>12-MV 00056</p>																						

NARRATIVE

UNIT #1 WAS EASTBOUND ON COUNTRY CLUB DRIVE, AND BEGAN SLIDING ON AN ICY SNOW-COVERED HILL. THE BACK END OF UNIT #1 SLID INTO THE FRONT LEFT CORNER OF UNIT #2 WHICH WAS NEARLY STOPPED ROUNDING THE SAME HILL WESTBOUND. UNIT #2 SUSTAINED NON-FUNCTIONAL DAMAGE TO THE LEFT REAR QUARTER PANEL, AND UNIT #1 SUSTAINED NON-FUNCTIONAL DAMAGE TO THE FRONT LEFT QUARTER PANEL AND HEADLIGHT LENS.

<p>MANNER OF COLLISION OR IMPACT</p> <p><input checked="" type="checkbox"/> 8</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 S-DESWIPE SAME DIRECTION 8 S-DESWIPE 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"/> 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><input checked="" type="checkbox"/> 1</p> <p>1 NO 2 YES 3 UNKNOWN</p>	
<p>LIGHT CONDITIONS</p> <p>PRIMARY <input checked="" type="checkbox"/> 3 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 MEDIUM 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>	

<p>TRUCK/BUS UNIT #</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>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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<p>COMPANY (FROM SHIPPING PAPERS)</p>	<p>COMPANY PHONE</p>
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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 GRAB-BARS/GRAVEL VAN</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 - 28,000 <input type="checkbox"/> 3 MORE THAN 28,000</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 2 YES 3 NOT APPLICABLE 4 UNKNOWN</p>
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POLICE ACTION

DATE CRASH REPORTED 1/2/2012	TIME REC CALL 17:44	DISPATCH 17:44	ARRIVED 17:52	CLEARED 18:23	OTHER 0	TOTAL MINUTES 39
OFFICER'S NAME P.O. ANGELA S. VIVO	BADGE # 1610	CHECKED BY 1606	DATE REPORT FILED 1/2/2012			
REPORT TAKEN BY 1 POLICE AGENCY 2 MOTORIST 3 UNKNOWN	REPORT TAKEN AT 1 SCENE 2 STATION 3 OTHER	SUPPLEMENT 'X' IF YES <input type="checkbox"/>		LOCAL REPORT # 12-MV 00056		