

TRAFFIC CRASH REPORT

CRASH REPORT # 160-12- 007991	CRASH SEVERITY 2 1 FATAL ERROR 3 PDD 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 02 89 ANIMAL 89 UNKNOWN	DATE OF CRASH 9/27/2012	

MOTORIST / NON-MOTORIST

OCCUPANT

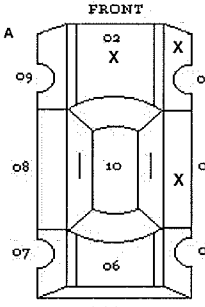
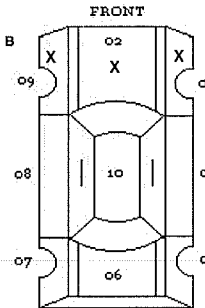
TIME OF CRASH 12:45	DAY OF WEEK THU	CITY/VILLAGE/TOWNSHIP TOWNSHIP	NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF)	COUNTY # 52	LATITUDE 4107011740	LONGITUDE 0814848511
CRASH OCCURRED ON PREFIX RIVER STYX			TYPE LOC 1	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION RIVER STYX & TURNBERRY	
AT/REFERENCE DIST. REF. DIR PREFIX REFERENCE TURNBERRY				REF POINT 02	REFERENCE POINT USED 01 STATE LINE 05 TOWNSHIP BOUNDARY 09 DRIVEWAY 02 INTERSECTION OF TWO STREETS 06 MILE POST 10 STREET OR ROUTE 03 COUNTY LINE 07 CORPORATION LIMIT WITHOUT REFERENCE 04 HOUSE NUMBER 08 PLACE NAME WITHOUT REFEREN	

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) DUCHEK JAMES D		ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4182 E NORMANDY PARK DRIVE MEDINA OH 44256	
SOCIAL SECURITY NUMBER	DATE OF BIRTH 10/02/1945	AGE 66	SEX M	HOME PHONE # (330)722-8825	WORK PHONE # (330)722-8825	
DL STATE OH	DL # RQ043380	LP STATE OH	LP # EET6862	INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME") DONNA J DUCHEK			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4182 E NORMANDY PARK DRIVE MEDINA OH 44256			
YEAR 2007	MAKE CHRYSLER	MODEL OTHER	COLOR BLUE	INSURANCE COMPANY STATE FARM	TOWING SERVICE SHUE'S TOWING	OWNER PHONE # (330)722-8825
OFFENSE CHARGED	OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> "X" IF YES

B	UNIT # 02	# OF OCC 2	NAME (LAST, FIRST, MIDDLE) BROZOSKA ERICA T		ADDRESS (STREET, CITY, STATE, ZIP-CODE) 17982 N INLET DRIVE STRONGSVILLE OH 44136	
SOCIAL SECURITY NUMBER	DATE OF BIRTH 10/01/1986	AGE 25	SEX F	HOME PHONE # (216)856-1012	WORK PHONE # (216)856-1012	
DL STATE OH	DL # SP737147	LP STATE OH	LP # ELC1488	INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME") ERICA T BRZOSKA			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 17982 N INLET DRIVE STRONGSVILLE OH 44136			
YEAR 2008	MAKE MAZDA	MODEL OTHER	COLOR BLUE	INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE EXCALIBUR	OWNER PHONE # (216)856-1012
OFFENSE CHARGED 4511.43	OFFENSE DESCRIPTION RIGHT OF WAY-STOP AND YIELD SIGNS-STOP SIGN VIOLATI				CITATION # Y34096	LOCAL CODE <input type="checkbox"/> "X" IF YES

C	UNIT # 02	NAME (LAST, FIRST, MIDDLE) BAIR NATALIE E		HOME PHONE # (330)598-1087	DATE OF BIRTH 10/26/2007	AGE 4	SEX F
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3920 TURNBERRY DRIVE MEDINA OH 44256				INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	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 <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	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 11.ENCLOSED CARGO AREA 12.UNENCLOSED CARGO AREA 13.TRAILING UNIT 14.EXTERIOR 15.OTHER 16.NON-MOTORIST 17.UNKNOWN	SAFETY EQUIPMENT A 04 MOTORIST 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 C 05 06.HELMET USED 07.RESTRAINT USE UNKNOWN 08.MOTORIST 09.HELMET USED 10.PROTECTIVE PADS D <input type="checkbox"/> 11.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 <input type="checkbox"/>	AIR BAG SWITCH A 4 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.NOT APPLICABLE 5.UNKNOWN B 4 C 4 D <input type="checkbox"/>	EJECTION A 1 1. NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN B 1 C 1 D <input type="checkbox"/>	TRAPPED A 1 1. NOT TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN B 1 C 1 D <input type="checkbox"/>	INJURIES A 3 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN B 1 C 1 D <input type="checkbox"/>	
BLANK FOR WITNESS							<input type="checkbox"/> SUPPLEMENT "X" IF YES

<p>UNIT NUMBERS</p> <p>A <input type="text" value="01"/> B <input type="text" value="02"/></p>	<p>DAMAGE AREA</p> 	<p>PRE-CRASH ACTIONS</p> <p>A <input type="text" value="01"/> B <input type="text" value="06"/></p> <p>MOTORIST</p> <ol style="list-style-type: none"> MOVEMENTS ESSENTIALLY STRAIGHT AHEAD BACKING CHANGING LANES OVERTAKING/PASSING TURNING RIGHT TURNING LEFT MAKING U-TURN ENTERING TRAFFIC LANE LEAVING TRAFFIC LANE SLOWING OR STOPPED IN TRAFFIC DRIVERLESS OTHER UNKNOWN <p>NON-MOTORIST</p> <ol style="list-style-type: none"> ENTERING OR CROSSING SPECIFIED LOCATION WALKING, RUNNING, JOGGING, PLAYING, CYCLING WORKING PUSHING VEHICLE APPROACHING OR LEAVING VEHICLE PLAYING OR WORKING ON VEHICLE STANDING OTHER UNKNOWN 	<p>SEQUENCE OF EVENTS</p> <table border="1"> <tr> <td>A</td> <td><input type="text" value="20"/></td> <td>B</td> <td><input type="text" value="20"/></td> </tr> <tr> <td>1</td> <td><input type="text"/></td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>2</td> <td><input type="text"/></td> <td>3</td> <td><input type="text"/></td> </tr> <tr> <td>3</td> <td><input type="text"/></td> <td>4</td> <td><input type="text"/></td> </tr> </table>	A	<input type="text" value="20"/>	B	<input type="text" value="20"/>	1	<input type="text"/>	2	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>	<p>POSTED SPEED</p> <p>A <input type="text" value="45"/> B <input type="text" value="45"/></p>	<p>DRUG TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> NONE GIVEN TEST REFUSED TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE TEST GIVEN, RESULTS KNOWN GIVEN, RESULTS UNKNOWN UNKNOWN
A	<input type="text" value="20"/>	B	<input type="text" value="20"/>																		
1	<input type="text"/>	2	<input type="text"/>																		
2	<input type="text"/>	3	<input type="text"/>																		
3	<input type="text"/>	4	<input type="text"/>																		
<p>NON-MOTORIST LOCATION</p> <p>A <input type="text"/></p>	<p>REAR</p> 	<p>CONTRIBUTING CIRCUMSTANCES</p> <p>A <input type="text" value="01"/> B <input type="text" value="02"/></p> <p>MOTORIST</p> <ol style="list-style-type: none"> NONE FAILURE TO YIELD RAN RED LIGHT OR STOP SIGN EXCEEDED SPEED LIMIT UNSAFE SPEED IMPROPER TURN LEFT OF CENTER FOLLOWED TOO CLOSELY/ACDA IMPROPER LANE CHANGE/DROVE OFF ROAD/IMPROPER PASSING IMPROPER BACKING IMPROPER START FROM PARKED POSITION STOPPED OR PARKED ILLEGALLY OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.) FAILURE TO CONTROL VISION OBSTRUCTION DRIVER INATTENTION FATIGUE/SLEEP OPERATING DEFECTIVE EQUIPMENT LOAD SHIFTING/FALLING/SPILLING OTHER IMPROPER ACTION UNKNOWN NON-MOTORIST NONE IMPROPER CROSSING DARTING LYING AND/OR ILLEGALLY IN ROADWAY FAILURE TO YIELD RIGHT OF WAY NOT VISIBLE (DARK CLOTHING) INATTENTIVE FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER WRONG SIDE OF THE ROAD OTHER UNKNOWN 	<p>NON-COLLISION</p> <ol style="list-style-type: none"> OVERTURN/ROLLOVER FIRE/EXPLOSION IMMERSION JACKKNIFE CARGO/EQUIPMENT LOSS OR SHIFT EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) SEPARATION OF UNITS RAN OF ROAD RIGHT RAN OFF ROAD LEFT CROSS MEDIUM/CENTERLINE DOWNHILL RUNAWAY OTHER NON-COLLISION UNKNOWN NON-COLLISION <p>COLLISION W/PERSON, VEHICLE OR OBJECT NOT FIXED</p> <ol style="list-style-type: none"> PEDESTRIAN PEDICYCLE RAILWAY VEHICLE (E.G. TRAIN, ENGINE) ANIMAL - FARM ANIMAL - DEER ANIMAL - OTHER MOTOR VEHICLE IN TRANSPORT PARKED MOTOR VEHICLE WORK ZONE MAINTENANCE EQUIPMENT OTHER MOVABLE OBJECT UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT IMPACT ATTENUATOR/CRASH CUSHION BRIDGE OVERHEAD STRUCTURE BRIDGE PIER OR ABUTMENT BRIDGE PARAPET BRIDGE RAIL GUARDRAIL FACE GUARDRAIL END MEDIAN BARRIER HIGHWAY TRAFFIC SIGN POST OVERHEAD SIGN POST LIGHT/LUMINARIES SUPPORT UTILITY POLE OTHER POST, POLE OR SUPPORT CULVERT CLUB DITCH EMBARKMENT FENCE MAILBOX TREE OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC) WORK ZONE MAINTENANCE EQUIPMENT UNKNOWN FIXED OBJECT OTHER UNKNOWN 	<p>TRAFFIC CONTROL</p> <p>A <input type="text" value="12"/> B <input type="text" value="02"/></p> <ol style="list-style-type: none"> NO CONTROLS STOP SIGN YIELD SIGN TRAFFIC SIGNAL TRAFFIC FLASHERS SCHOOL ZONE RAILROAD CROSSBUCKS RAILROAD FLASHERS RAILROAD GATES CONSTRUCTION BARRICADE TRAFFIC CONTROL DEVICE PAVEMENT MARKINGS CROSSWALK LINES WALK/DONT WALK TRAFFIC CONTROL DEVICE (OPERATIVE, MISSING, OBSCURED) OTHER NOT REPORTED UNKNOWN 	<p>DRUG TEST TYPE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> NONE BLOOD URINE OTHER 																
<p>TYPE OF UNIT</p> <p>A <input type="text" value="02"/> B <input type="text" value="02"/></p> <p>MOTORIST</p> <ol style="list-style-type: none"> SUB-COMPACT COMPACT MID SIZE FULL SIZE MINIVAN SPORT UTILITY VEHICLE PICKUP PANELVAN SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES SINGLE UNIT TRUCK, 3 OR MORE AXLES TRUCK/TRAILER TRUCK TRACTOR (BOBTAIL) TRACTOR/SEMI-TRAILER TRACTOR/DOUBLE - SHORT TRACTOR DOUBLE - LONG FIFTH WHEEL OR CONVERTER DOLLY TRACTOR/TRIPLES MOTORCYCLE MOTORIZED BICYCLE SCHOOL BUS CHURCH BUS PUBLIC BUS OTHER BUS POLICE VEHICLE FIRE TRUCK AMBULANCE/RESCUE TAXI MOTOR HOME TRAIN FARM VEHICLE FARM EQUIPMENT SNOWMOBILE CONSTRUCTION EQUIPMENT ALL OTHERS <p>NON-MOTORIST</p> <ol style="list-style-type: none"> ANIMAL WRIDDER ANIMAL W/BUGGY BICYCLE SKATER OTHER-NON MOTORIST (WHEELCHAIR, ETC) UNKNOWN 	<p>MOST DAMAGED AREA</p> <p>A <input type="text" value="03"/> B <input type="text" value="02"/></p> <p>POINT OF IMPACT</p> <p>A <input type="text" value="03"/> B <input type="text" value="09"/></p> <p>ACTION</p> <p>A <input type="text" value="03"/> B <input type="text" value="09"/></p> <ol style="list-style-type: none"> NONE CENTER FRONT RIGHT FRONT RIGHT SIDE RIGHT REAR REAR CENTER LEFT REAR LEFT SIDE LEFT FRONT TOP AND WINDOWS UNDERCARRIAGE LOAD /TRAILER TOTAL (ALL AREAS) OTHER UNKNOWN 	<p>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</p> <p>A <input type="text"/></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> <p>FROM TO FROM TO</p> <p>A <input type="text" value="1"/> <input type="text" value="2"/> B <input type="text" value="4"/> <input type="text" value="1"/></p> <ol style="list-style-type: none"> NORTH SOUTH EAST WEST NORTHEAST NORTHWEST SOUTHEAST SOUTHWEST UNKNOWN <p>CONDITION</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> APPARENTLY NORMAL PHYSICAL IMPAIRMENT EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) ILLNESS FELL ASLEEP, FAINTED, FATIGUED, ETC UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL OTHER UNKNOWN 	<p>TYPE OF INTERSECTION</p> <p><input type="text" value="03"/></p> <ol style="list-style-type: none"> NOT AN INTERSECTION FOUR-WAY INTERSECTION T-INTERSECTION Y-INTERSECTION TRAFFIC CIRCLE/ROUNDBOUT FIVE-POINT, OR MORE ON RAMP OFF RAMP CROSSOVER DRIVEWAY RAILWAY GRADE CROSSING SHARED-USE PATHS OR TRAILS OTHER <p>OCCURRENCE</p> <p><input type="text" value="1"/></p> <ol style="list-style-type: none"> ON ROADWAY ON SHOULDER IN MEDIAN ON ROADSIDE ON RAMP OUTSIDE TRAFFICWAY UNKNOWN 																
<p>IN EMERGENCY RESPONSE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> NO YES UNKNOWN 	<p>STRIKING VEHICLE OVERRIDE/UNDERRIDE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> NONE UNDERRIDE OR OVERRIDE UNDERRIDE, COMPARTMENT INTRUSION UNDERRIDE, NO COMPARTMENT INTRUSION UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN OVERRIDE, MOTOR VEHICLE IN TRANSPORT OVERRIDE, OTHER VEHICLE UNKNOWN IF UNDERRIDE OR OVERRIDE 	<p>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</p> <p>A <input type="text"/></p>	<p>SPEED DETECTED</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> STATED ESTIMATED 	<p>ALCOHOL/DRUG SUSPECTED</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> NONE YES ALCOHOL SUSPECTED YES-HBD NOT IMPAIRED YES-DRUGS SUSPECTED YES-ALCOHOL AND DRUGS SUSPECTED UNKNOWN 	<p>ROAD CONTOUR</p> <p><input type="text" value="1"/></p> <ol style="list-style-type: none"> STRAIGHT LEVEL STRAIGHT GRADE CURVE LEVEL CURVE GRADE UNKNOWN 																
<p>DAMAGE SCALE</p> <p>A <input type="text" value="4"/> B <input type="text" value="4"/></p> <ol style="list-style-type: none"> NONE NON-FUNCTIONAL FUNCTIONAL DAMAGE DISABLING DAMAGE SEVERE UNKNOWN 	<p>ALCOHOL TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> NONE GIVEN TEST REFUSED TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE TEST GIVEN, RESULTS KNOWN TEST GIVEN, RESULTS UNKNOWN UNKNOWN 	<p>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</p> <p>A <input type="text"/></p>	<p>SPEED</p> <p>A <input type="text" value="35"/> B <input type="text" value="1"/></p>	<p>ALCOHOL TEST TYPE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> NONE BLOOD URINE BREATH OTHER 	<p>ROAD CONDITIONS</p> <p>PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/></p> <ol style="list-style-type: none"> DRY WET SNOW ICE SAND/MUD/DIRT/OIL/GRAVEL WATER (STANDING, MOVING) SLUSH DEBRIS RUT, HOLES, BUMPS, UNEVEN PAVEMENT OTHER UNKNOWN 																
<p>DAMAGE SCALE</p> <p>A <input type="text" value="4"/> B <input type="text" value="4"/></p> <ol style="list-style-type: none"> NONE NON-FUNCTIONAL FUNCTIONAL DAMAGE DISABLING DAMAGE SEVERE UNKNOWN 	<p>ALCOHOL TEST RESULT</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	<p>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</p> <p>A <input type="text"/></p>	<p>SPEED</p> <p>A <input type="text" value="35"/> B <input type="text" value="1"/></p>	<p>ALCOHOL TEST RESULT</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	<p>LOCAL REPORT #</p> <p>160-12- 007991</p>																
<p>SUPPLEMENT 'X' IF YES</p> <p><input type="text"/></p>				<p>LOCAL REPORT #</p> <p>160-12- 007991</p>																	

NARRATIVE

UNIT #2 WAS ATTEMPTING TO MAKE A LEFT HAND TURN FROM TURNBERRY ONTO RIVER STYX ROAD, WHEN IT STRUCK UNIT #1, WHICH WAS SOUTHBOUND ON RIVER STYX ROAD. UNIT #2 FAILED TO YIELD FROM THE STOP SIGN ON TURNBERRY TO UNIT #1. BOTH VEHICLES SUSTAINED DISABLING DAMAGE AND WERE TOWED FROM THE SCENE. THE DRIVER OF UNIT #1 COMPLAINED OF SHOULDER INJURIES, BUT DECLINED TRANSPORT BY L.S.T. AFTER EVALUATION. THE OCCUPANTS OF UNIT #2 WERE NOT INJURED IN THE ACCIDENT.

<p>MANNER OF COLLISION OR IMPACT</p> <p>6</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>DIAGRAM</p> <p style="text-align: right;">*Drawing Not To Scale</p>
<p>WEATHER</p> <p>02</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 1 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>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>

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>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. GRAIN/CHIPS/GRAVEL/WN</p>	<p><input type="checkbox"/> 05. POLE <input type="checkbox"/> 06. CARGO TANK <input type="checkbox"/> 07. FLAT BED <input type="checkbox"/> 08. DUMP <input type="checkbox"/> 09. CONCRETE MIXER</p>	<p><input type="checkbox"/> 10. AUTO TRANSPORTER <input type="checkbox"/> 11. GARBAGE/REFUSE <input type="checkbox"/> 12. OTHER <input type="checkbox"/> 13. UNKNOWN</p>	<p>WEIGHT (GVWR)</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>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>
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POLICE ACTION						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
9/27/2012	12:45	12:48	12:48	13:48	0	60
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED		
SGT. CHRISTOPHER LAFOND		1605	SGT LAFOND	9/27/2012		
REPORT TAKEN BY	REPORT TAKEN AT		SUPPLEMENT 'X' IF YES		LOCAL REPORT #	
<input type="checkbox"/> 1. POLICE AGENCY <input type="checkbox"/> 2. MOTORIST <input type="checkbox"/> 3. UNKNOWN	<input type="checkbox"/> 1. SCENE <input type="checkbox"/> 2. STATION <input type="checkbox"/> 3. OTHER		<input type="checkbox"/>		160-12- 007991	