



TRAFFIC CRASH REPORT

CRASH REPORT # 160-12- 00810	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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # 05213	REPORTING AGENCY MONTVILLE TOWNSHIP POLICE	# UNITS 2	UNIT ERROR 02 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 10/22/2012	

TIME OF CRASH 13:45	DAY OF WEEK MON	CITY/VILLAGE/TOWNSHIP TOWNSHIP	NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF)	COUNTY # 52	LATITUDE 4106234690	LONGITUDE 0814837905
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX 00162	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	3404 SHARON COPLEY RD
CRASH LOCATION 00162	TYPE LOC 3	

AT/REFERENCE	REFERENCE POINT USED
DIST. REF. 003404	01 STATE LINE 02 INTERSECTION OF TWO STREETS 03 COUNTY LINE 04 HOUSE NUMBER
DIR 04	05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME WITHOUT REFEREN
PREFIX	09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE
REFERENCE 003404	
REF POINT 04	

MOTORIST / NON-MOTORIST

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) VUJANOV-SCHERZ VIKKI L	
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 8058 COON CLUB RD MEDINA OH 44256				
SOCIAL SECURITY NUMBER		DATE OF BIRTH 03/04/1963	AGE 49	SEX F
HOME PHONE # (330)667-6018		WORK PHONE # (330)591-7284		
DL STATE OH	DL # QD739185	LP STATE OH	LP # DPV2108	INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
OWNER NAME (IF SAME, WRITE "SAME") VUJANOV-SCHERZ, VIKKI L		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 8058 COON CLUB RD MEDINA OH 44256		
YEAR 2009	MAKE CHEVROLE	MODEL OTHER	COLOR BROWN	INSURANCE COMPANY CINCINATI INSURA
TOWING SERVICE OTHER		OWNER PHONE # (330)667-6018		
OFFENSE CHARGED		OFFENSE DESCRIPTION		CITATION #
				LOCAL CODE <input type="checkbox"/> *X IF YES

B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) LAWSON CHRISTOPHER	
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1023 GUILFORD BLVD MEDINA OH 44256				
SOCIAL SECURITY NUMBER		DATE OF BIRTH 03/05/1987	AGE 25	SEX M
HOME PHONE # (330)241-4278		WORK PHONE # (401)269-9054		
DL STATE OH	DL # TL212883	LP STATE OH	LP # EDF9809	INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
OWNER NAME (IF SAME, WRITE "SAME") RICKEY D LAWSON		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1023 GUILFORD BLVD MEDINA OH 44256		
YEAR 2000	MAKE VOLVO	MODEL 264	COLOR MAROON	INSURANCE COMPANY GEICO
TOWING SERVICE LLOYDS		OWNER PHONE #		
OFFENSE CHARGED 4511.21A		OFFENSE DESCRIPTION ASSURED CLEAR DISTANCE AHEAD		CITATION # Y35090
				LOCAL CODE <input type="checkbox"/> *X IF YES

C	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
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	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) 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	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 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	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 01	B 04	B 1	B 4	B 1	B 1	B 1
C	C	C	C	C	C	C
D	D	D	D	D	D	D
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>REAR</p>	<p>PRE-CRASH ACTIONS</p> <p>A <input type="text" value="11"/> B <input type="text" value="01"/></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 PARKED 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>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> <p>NON-COLLISION</p> <ol style="list-style-type: none"> OVERTAKE/ROLL-OVER FIRE/EXPLOSION IMMERSION JACKKNIFE CARGO/EQUIPMENT LOSS OR SHIFT EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) SEPARATION OF UNITS RAN OFF ROAD RIGHT RAN OFF ROAD LEFT CROSS MEDIAN/CENTERLINE DOWNHILL RUNAWAY OTHER NON-COLLISION UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED PEDESTRIAN PEDALCYCLE 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 CURB DITCH EMBARKMENT FENCE MAILBOX TREE OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC) WORK ZONE MAINTENANCE EQUIPMENT UNKNOWN FIXED OBJECT OTHER UNKNOWN 	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"/>	<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	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"/>																
<p>NON-MOTORIST LOCATION</p> <p>A <input type="text"/></p>	<p>FRONT</p> <p>REAR</p> <p>MOST DAMAGED AREA</p> <p>A <input type="text" value="05"/> B <input type="text" value="09"/></p>	<p>CONTRIBUTING CIRCUMSTANCES</p> <p>A <input type="text" value="01"/> B <input type="text" value="08"/></p> <p>MOTORIST</p> <ol style="list-style-type: none"> NONE FAILURE TO YIELD RAV RED LIGHT OR STOP SIGN EXCEEDED SPEED LIMIT UNSAFE SPEED IMPROPER TURN LEFT OF CENTER FOLLOWED TOO CLOSELY/ACDA IMPROPER LANE CHANGE/OROVE 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/ASLEEP WORKING ON SLICK TIRES TRAILER EQUIPMENT DEFECTIVE MOTOR TROUBLE DISABLED FROM PRIOR ACCIDENT OTHER DEFECTS NO DEFECTS 	<p>TRAFFIC CONTROL</p> <p>A <input type="text" value="16"/> B <input type="text" value="16"/></p> <p>01. NO CONTROLS</p> <ol style="list-style-type: none"> STOP SIGN YIELD SIGN TRAFFIC SIGNAL TRAFFIC FLASHERS SCHOOL ZONE RAILROAD CROSSBUCKS RAILROAD FLASHERS RAILROAD GATES CONSTRUCTION BARRICADE POLICE OFFICER PAVEMENT MARKINGS CROSSWALK LINES WALK/DONT WALK TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED NOT REPORTED UNKNOWN 	<p>TRAFFIC CONTROL</p> <p>A <input type="text" value="16"/> B <input type="text" value="16"/></p>	<p>DRUG TEST TYPE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>DRUG TEST 1 & 2 RESULT</p> <table border="1"> <tr> <td>A</td> <td>1</td> <td>2</td> <td>B</td> <td>1</td> <td>2</td> </tr> <tr> <td><input type="text" value="1"/></td> <td><input type="text" value="1"/></td> <td><input type="text"/></td> <td><input type="text" value="1"/></td> <td><input type="text" value="1"/></td> <td><input type="text"/></td> </tr> </table> <ol style="list-style-type: none"> NONE MARIJUANA COCAINE OPiates AMPHETAMINES PCP OTHER UNKNOWN AT TIME OF REPORTING 	A	1	2	B	1	2	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text"/>
A	1	2	B	1	2												
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text"/>												
<p>TYPE OF UNIT</p> <p>A <input type="text" value="06"/> B <input type="text" value="03"/></p> <p>MOTORIST</p> <ol style="list-style-type: none"> SUB-COMPACT COMPACT MINI 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 W/RIDER ANIMAL W/BUGGY BICYCLE PEDESTRIAN PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) SKATER OTHER-NON MOTORIST (WHEELCHAIR, ETC) UNKNOWN 	<p>POINT OF IMPACT</p> <p>A <input type="text" value="05"/> 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="5"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST 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="4"/></td> <td><input type="text" value="3"/></td> <td>B <input type="text" value="4"/></td> <td><input type="text" value="3"/></td> </tr> </table> <ol style="list-style-type: none"> NORTH SOUTH EAST WEST NORTHEAST NORTHWEST SOUTHEAST SOUTHWEST UNKNOWN 	FROM	TO	FROM	TO	A <input type="text" value="4"/>	<input type="text" value="3"/>	B <input type="text" value="4"/>	<input type="text" value="3"/>	<p>TYPE OF INTERSECTION</p> <p>A <input type="text" value="01"/></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 UNKNOWN 				
FROM	TO	FROM	TO														
A <input type="text" value="4"/>	<input type="text" value="3"/>	B <input type="text" value="4"/>	<input type="text" value="3"/>														
<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>ACTION</p> <p>A <input type="text" value="4"/> B <input type="text" value="3"/></p> <ol style="list-style-type: none"> NON-CONTACT NON-COLLISION STRICKING STRUCK BOTH STRICKING AND STRUCK UNKNOWN 	<p>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</p> <p>A <input type="text"/></p>	<p>MOST HARMFUL EVENT</p> <p>A <input type="text" value="5"/> B <input type="text" value="1"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<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>OCCURRENCE</p> <p>A <input type="text" value="1"/></p> <ol style="list-style-type: none"> ON ROADWAY ON SHOULDER IN MEDIAN ON ROADSIDE ON GORE OUTSIDE TRAFFICWAY 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>STRIKING VEHICLE OVERRIDE/UNDERRIDE</p> <p>A <input type="text" value="3"/> B <input type="text" value="3"/></p> <ol style="list-style-type: none"> NO 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"/></p>	<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 DRUG NOT IMPAIRED YES-DRUGS SUSPECTED YES-ALCOHOL AND DRUGS SUSPECTED UNKNOWN 	<p>ROAD CONTOUR</p> <p>A <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>	<p>STRIKING VEHICLE OVERRIDE/UNDERRIDE</p> <p>A <input type="text" value="3"/> B <input type="text" value="3"/></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="0"/> 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> <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>ROAD CONDITIONS</p> <table border="1"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> </tr> <tr> <td><input type="text" value="01"/></td> <td><input type="text"/></td> </tr> </table> <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 	PRIMARY	SECONDARY	<input type="text" value="01"/>	<input type="text"/>								
PRIMARY	SECONDARY																
<input type="text" value="01"/>	<input type="text"/>																
<p><input type="text"/> SUPPLEMENT 'X' IF YES</p>				<p>LOCAL REPORT #</p> <p>160-12- 00810</p>													

NARRATIVE

ON 10/22/2012, UNIT 1 STOPPED FOR CONSTRUCTION WORKERS ON SHARON COPLEY RD. UNIT 2, FOLLOWING UNIT 1, DID NOT STOP IN TIME AND REAR ENDED UNIT 1. THERE WERE NO INJURIES AND BOTH UNITS WERE TOWED FROM THE SCENE. UNIT 2 WAS CITED FOR ACDA.

<p>MANNER OF COLLISION OR IMPACT</p> <p><input checked="" type="checkbox"/> 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><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/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"/> 2</p> <p>1. NO 2. YES 3. UNKNOWN</p>	
<p>LIGHT CONDITIONS</p> <p>PRIMARY <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> 1</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 checked="" type="checkbox"/> 3</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 checked="" type="checkbox"/> 2</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 N D</p> <p>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 (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03. VAN/ENCLOSED BOX <input type="checkbox"/> 04. GRAB/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>WEIGHT (GVWR)</p> <p><input type="checkbox"/> 1. LESS THAN 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"/> 1. CLASS A <input type="checkbox"/> 2. CLASS B <input type="checkbox"/> 3. CLASS C <input type="checkbox"/> 4. CLASS D <input type="checkbox"/> 5. CLASS E</p>	<p>HAZARDOUS MATERIALS PLACARD</p> <p><input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. UNKNOWN</p>	<p>HAZARDOUS MATERIALS RELEASED</p> <p><input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. NOT APPLICABLE <input type="checkbox"/> 4. UNKNOWN</p>
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POLICE ACTION						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
10/22/2012	13:46	13:47	13:51	14:32	0	45
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED		
P.O. BRETT HARRISON		1614	SGT LAFOND	10/22/2012		
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"/>		160-12- 00810		