

TRAFFIC CRASH REPORT

CRASH REPORT # 160-12- 008821	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 10/23/2012	

TIME OF CRASH 22:13	DAY OF WEEK MON	CITY/VILLAGE/TOWNSHIP TOWNSHIP	NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF)	COUNTY # 52	LATITUDE 4108122295	LONGITUDE 0814744469
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CRASH OCCURRED ON PREFIX 00071	CRASH LOCATION 00071	TYPE LOC 3	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION I-71 S / MEDINA RD
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AT/REFERENCE DIST. REF.	DIR	PREFIX	REFERENCE MEDINA	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
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A	UNIT # 02	# OF OCC 2	NAME (LAST, FIRST, MIDDLE) MCGINTY REGIS W
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)
6018 TRIPLE CROWN MEDINA OH 44256

SOCIAL SECURITY NUMBER	DATE OF BIRTH 04/28/1963	AGE 49	SEX M	HOME PHONE # (330)723-6310	WORK PHONE #
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DL STATE OH	DL # RM862096	LP STATE OH	LP # EUZ5632	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") MCGINTY, REGIS W	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 6018 TRIPLE CROWN MEDINA OH 44256
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YEAR 2008	MAKE JEEP	MODEL OTHER	COLOR SILVER	INSURANCE COMPANY STATE FARM / JAC	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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B	UNIT # 03	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) SALAMONE MICHAEL F
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)
4706 ROLLRIDGE AVE KALAMAZOO MI 49004-8689

SOCIAL SECURITY NUMBER	DATE OF BIRTH 05/15/1958	AGE 54	SEX M	HOME PHONE # (269)370-0581	WORK PHONE # (330)764-8102
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DL STATE MI	DL # S-455-603-261-3	LP STATE MI	LP # 8HKT46	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") PHYLLIS ANNE SALAMONE	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4706 ROLLRIDGE AVE KALAMAZOO MI 49004-8689
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YEAR 1999	MAKE FORD	MODEL OTHER	COLOR BLUE	INSURANCE COMPANY ALLSTATE / DARRE	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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C	UNIT # 02	NAME (LAST, FIRST, MIDDLE) MCGINTY MICHAEL	HOME PHONE # (330)723-6310	DATE OF BIRTH 11/05/2001	AGE 10	SEX M
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)
6018 TRIPLE CROWN DR MEDINA OH 44256

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 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 C 03 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 BLANK FOR WITNESS	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 04 06.HELMET USED 07.RESTRAINT USE UNKNOWN NON-MOTORIST 08.NONE USED 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.UNKNOWN POSITION B 4 C 4 D <input type="checkbox"/>	EJECTION A 1 1.NOT EJECTED 2.TOTALY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN B 1 C 1 D <input type="checkbox"/>	TRAPPED A 1 1. NOT TRAPPED 2.EXTRACTED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN B 1 C 1 D <input type="checkbox"/>	INJURIES A 6 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN B 1 C 1 D <input type="checkbox"/>
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SUPPLEMENT *X IF YES

MOTORIST / NON-MOTORIST

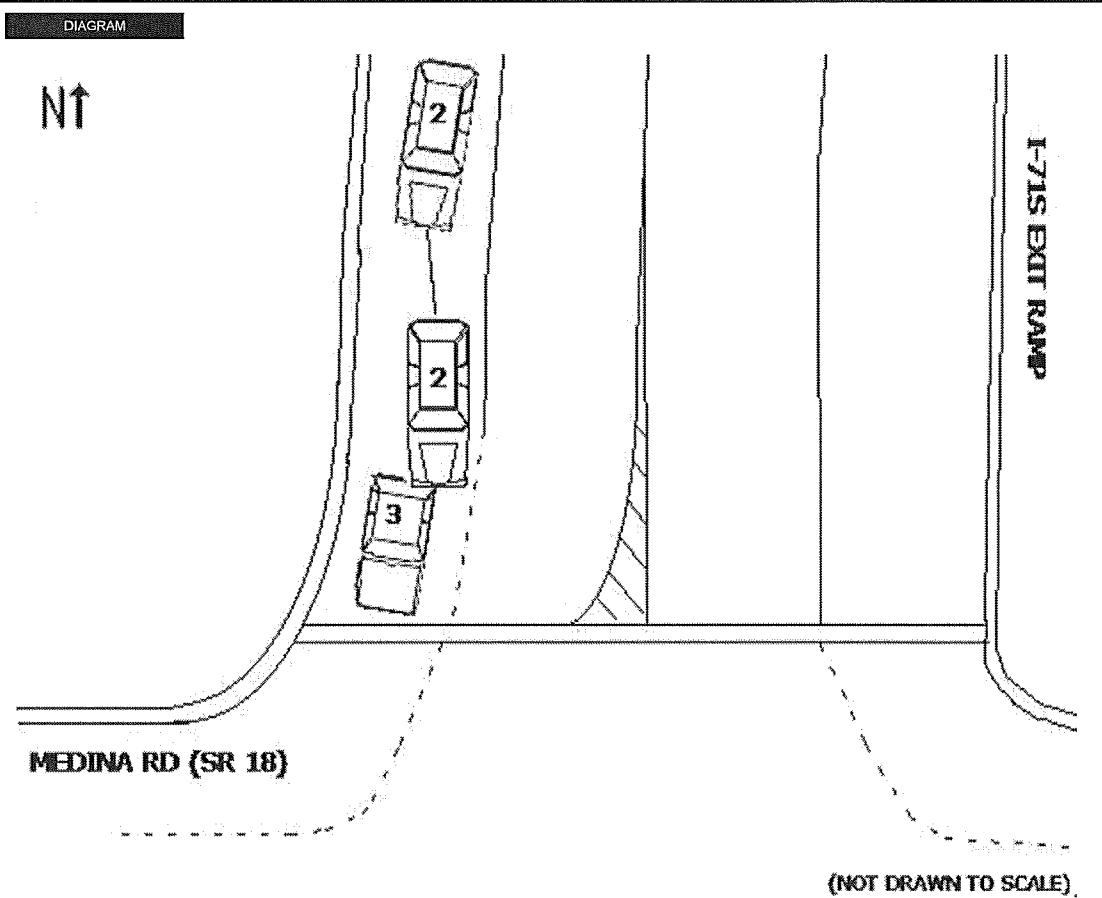
OCCUPANT

<p>UNIT NUMBERS</p> <p>A <input type="text" value="02"/> B <input type="text" value="03"/></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>MOST DAMAGED AREA</p> <p>A <input type="text" value="03"/> B <input type="text" value="07"/></p>	<p>PRE-CRASH ACTIONS</p> <p>A <input type="text" value="01"/> B <input type="text" value="11"/></p> <p>MOTORIST 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</p> <p>NON-MOTORIST 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>	<p>SEQUENCE OF EVENTS</p> <p>A B</p> <p>1 <input type="text" value="20"/> 1 <input type="text" value="20"/></p> <p>2 <input type="text"/> 2 <input type="text"/></p> <p>3 <input type="text"/> 3 <input type="text"/></p> <p>4 <input type="text"/> 4 <input type="text"/></p> <p>NON-COLLISION 01. OVERTURN/ROLLOVER 02. FIRE/EXPLOSION 03. IMMERSION 04. JACKKNIFE 05. GARGOLE/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</p>	<p>POSTED SPEED</p> <p>A <input type="text" value="65"/> B <input type="text" value="65"/></p> <p>TRAFFIC CONTROL</p> <p>A <input type="text" value="04"/> B <input type="text" value="04"/></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. WALK/DONT WALK 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> <p>A <input type="text" value="1"/> <input type="text" value="1"/> B <input type="text" value="1"/> <input type="text" value="1"/></p> <p>1. NONE 2. MARIJUANA 3. COCAINE 4. OPIATES 5. AMPHETAMINES 6. PCP 7. OTHER 8. UNKNOWN AT TIME OF REPORTING</p>
<p>TYPE OF UNIT</p> <p>A <input type="text" value="06"/> B <input type="text" value="03"/></p> <p>MOTORIST 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 (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</p> <p>NON-MOTORIST 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>	<p>CONTRIBUTING CIRCUMSTANCES</p> <p>A <input type="text" value="08"/> B <input type="text" value="01"/></p> <p>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/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</p> <p>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</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 SLICK 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> <p>FROM TO FROM TO</p> <p>A <input type="text" value="1"/> <input type="text" value="2"/> B <input type="text" value="1"/> <input type="text" value="2"/></p> <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, DISTURBED) 4. ILLNESS 5. FELL ASLEEP, FAINTED, FATIGUED, ETC. 6. UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7. OTHER 8. UNKNOWN</p>	<p>TYPE OF INTERSECTION</p> <p><input type="text" value="08"/></p> <p>01. NOT AN INTERSECTION 02. FOUR-WAY INTERSECTION 03. T-INTERSECTION 04. Y-INTERSECTION 05. TRAFFIC CIRCLE/ROUNDOABOUT 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</p> <p>OCCURRENCE</p> <p><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>
<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. STRIKING 4. STRUCK 5. BOTH STRIKING 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>SPEED DETECTED</p> <p>A <input type="text" value="2"/> 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><input type="text" value="2"/></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="3"/> B <input type="text" value="2"/></p> <p>1. NONE 2. NON-FUNCTIONAL 3. FUNCTIONAL DAMAGE 4. DISABLING DAMAGE 5. SEVERE 6. UNKNOWN</p>	<p>STRIKING VEHICLE OVERRIDE/UNDERRIDE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>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</p>	<p>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</p> <p>A <input type="text"/> B <input type="text"/></p>	<p>SPEED</p> <p>A <input type="text" value="5"/> 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="01"/> SECONDARY <input type="text"/></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><input type="text"/> SUPPLEMENT 'X' IF YES</p>					<p>LOCAL REPORT #</p> <p>160-12- 008821</p>

NARRATIVE

UNIT 3 WAS TRAVELING SOUTH ON I-71 AND EXITED AT THE MEDINA ROAD / RT 18 EXIT AND STOPPED AT THE RED LIGHT INDICATED BY THE RED ARROW. UNIT 2 WAS TRAVELING IN THE SAME DIRECTION AND STRUCK THE BACK OF UNIT 3 WHILE COMING TO A STOP.

MANNER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 2 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	SCHOOL BUS RELATED <input checked="" type="checkbox"/> 1 1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN
WEATHER <input checked="" type="checkbox"/> 01 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	WORK ZONE RELATED <input checked="" type="checkbox"/> 1 1. NO 2. YES 3. UNKNOWN
LIGHT CONDITIONS PRIMARY <input checked="" type="checkbox"/> 4 SECONDARY <input type="checkbox"/> 1. DAYLIGHT 2. DAWN 3. DUSK 4. DARK - LIGHTED ROADWAY 5. DARK - ROADWAY NOT LIGHTED 6. DARK - UNKNOWN ROADWAY LIGHTING 7. CLARE 8. OTHER 9. UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1. LANE CLOSURE 2. LANE SHIFT/CROSSOVER 3. WORK ON SHOULDER OR MEDIAN 4. INTERMITTENT OR MOVING WORK 5. OTHER
LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1. BEFORE THE FIRST WORK ZONE WARNING SIGN 2. ADVANCE WARNING AREA 3. TRANSITION AREA 4. ACTIVITY AREA	WORKERS PRESENT <input type="checkbox"/> 1. NO 2. YES 3. UNKNOWN



TRUCK/BUS UNIT # <input type="text"/>	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	A N D 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
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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
CARGO BODY TYPE <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. GRAIN/CHIPS/GRAVEL/LWN <input type="checkbox"/> 05. POLE <input type="checkbox"/> 06. CARGO TANK <input type="checkbox"/> 07. FLATBED <input type="checkbox"/> 08. DUMP <input type="checkbox"/> 09. CONCRETE MIXER <input type="checkbox"/> 10. AUTO TRANSPORTER <input type="checkbox"/> 11. GARBAGE/REFUSE <input type="checkbox"/> 12. OTHER <input type="checkbox"/> 13. UNKNOWN		WEIGHT (GVWR) <input type="checkbox"/> 1. LESS/EQUAL 10,000 <input type="checkbox"/> 2. 10,001 - 26,000 <input type="checkbox"/> 3. MORE THAN 26,000	CDL CLASS <input type="checkbox"/> 1. CLASS A 2. CLASS B 3. CLASS C 4. CLASS D 5. CLASS E	HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1. NO 2. YES 3. UNKNOWN	HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> 1. NO 2. YES 3. NOT APPLICABLE		

POLICE ACTION						
DATE CRASH REPORTED 10/23/2012	TIME REC CALL 22:14	DISPATCH 22:16	ARRIVED 22:23	CLEARED 23:00	OTHER 0	TOTAL MINUTES 44
OFFICER'S NAME P.O. SETH GAEDE		BADGE # 1616	CHECKED BY <i>Seth M. Gaede</i>	DATE REPORT FILED 10/23/2012		
REPORT TAKEN BY <input checked="" type="checkbox"/> 1 1. POLICE AGENCY 2. MOTORIST 3. UNKNOWN	REPORT TAKEN AT <input checked="" type="checkbox"/> 1 1. SCENE 2. STATION 3. OTHER	SUPPLEMENT <input type="checkbox"/> * IF YES		LOCAL REPORT # 160-12- 008821		