



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>160-12- 008926</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 <input 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. # <b>05213</b>	REPORTING AGENCY <b>MONTVILLE TOWNSHIP POLICE</b>	# UNITS <b>1</b>	UNIT ERROR <b>98</b> 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>10/26/2012</b>	

TIME OF CRASH <b>05:35</b>	DAY OF WEEK <b>FRI</b>	CITY/VILLAGE/TOWNSHIP <b>TOWNSHIP</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MONTVILLE (TOWNSHIP OF)</b>	COUNTY # <b>52</b>	LATITUDE <b>4104223712</b>	LONGITUDE <b>0814830566</b>
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CRASH OCCURRED ON		TYPE LOCATION POINT USED		LOCAL INFORMATION		
PREFIX <b>0057</b>	CRASH LOCATION <b>0057</b>	TYPE LOC <b>2</b>	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	<b>WADSWORTH / RIVERSTYX</b>		

AT/REFERENCE			REFERENCE POINT USED		
DIST. REF.	DIR <b>N</b>	PREFIX	REFERENCE <b>RIVERSTYX</b>	REF POINT <b>02</b>	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

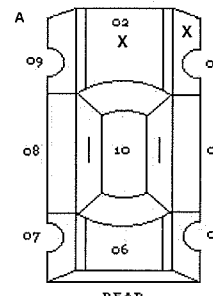
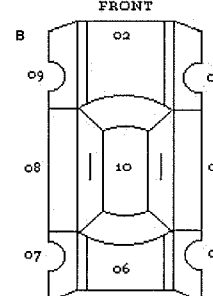
<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>KACHURCHAK ERIC J</b>			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>592 HARTZELL DR NORTON OH 44203</b>						
SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>03/14/1963</b>	AGE <b>49</b>	SEX <b>M</b>	HOME PHONE #	WORK PHONE #
DL STATE <b>OH</b>	DL # <b>RQ118378</b>	LP STATE <b>OH</b>	LP # <b>PHD2877</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME") <b>NEW LIFE TRANSPORTER INC</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>3216 GREENBRIER DR NORTON OH 44203</b>			
YEAR <b>1997</b>	MAKE <b>FREIGHTLI</b>	MODEL <b>NOT STAT</b>	COLOR <b>WHITE</b>	INSURANCE COMPANY <b>ACUITY</b>	TOWING SERVICE	OWNER PHONE # <b>(330)858-2234</b>
OFFENSE CHARGED		OFFENSE DESCRIPTION			CITATION #	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 <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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 <input type="checkbox"/> *X IF YES

OCCUPANT

<b>C</b>	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	
<b>D</b>	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 <b>A 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 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	SAFETY EQUIPMENT <b>A 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 USED UNKNOWN 08 NON-MOTORIST 09 NONE USED 10 HELMET USED 11 PROTECTIVE PADS 12 REFLECTIVE CLOTHING 13 LIGHTING 14 OTHER 15 UNKNOWN	AIR BAG <b>A 1</b> 1. NOT-DEPLOYED 2. DEPLOYED - FRONT 3. DEPLOYED - SIDE 4. DEPLOYED BOTH FRONT/SIDE 5. NOT APPLICABLE 6. DEPLOYMENT UNKNOWN	AIR BAG SWITCH <b>A 4</b> 1. ON-OFF SWITCH NOT PRESENT 2. SWITCH IN ON POSITION 3. SWITCH IN OFF POSITION 4. NOT APPLICABLE 5. UNKNOWN	EJECTION <b>A 1</b> 1. NOT EJECTED 2. TOTALLY EJECTED 3. PARTIALLY EJECTED 4. NOT APPLICABLE 5. UNKNOWN	TRAPPED <b>A 1</b> 1. NOT TRAPPED 2. EXTRICATED BY MECHANICAL MEANS 3. FREED BY NON-MECHANICAL MEANS 4. UNKNOWN	INJURIES <b>A 1</b> 1. NO INJURY 2. POSSIBLE 3. NON-INCAPACITATING 4. INCAPACITATING 5. FATAL INJURY 6. UNKNOWN
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT *X IF YES

<p><b>UNIT NUMBERS</b></p> <p>A <input type="text" value="01"/> B <input type="text"/></p>	<p><b>DAMAGE AREA</b></p> <p style="text-align: center;">FRONT</p>  <p style="text-align: center;">REAR</p> <p style="text-align: center;">FRONT</p>  <p style="text-align: center;">REAR</p> <p style="text-align: center;">MOST DAMAGED AREA</p> <p>A <input type="text" value="03"/> B <input type="text"/></p> <p><b>POINT OF IMPACT</b></p> <p>A <input type="text" value="03"/> B <input type="text"/></p> <p><b>ACTION</b></p> <p>A <input type="text" value="3"/> B <input type="text"/></p> <p><b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p>	<p><b>PRE-CRASH ACTIONS</b></p> <p>A <input type="text" value="01"/> B <input type="text"/></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 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><b>CONTRIBUTING CIRCUMSTANCES</b></p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <p>MOTORIST 01.NONE 02.FAILURE TO YIELD 03.RAN RED LIGHT OR STOP SIGN 04.EXCEEDED SPEED LIMIT 05.INSURE SPEED 06.IMPROPER TURN 07.LEFT OF CENTER 08.FOLLOWED TOO CLOSELY/ADDA 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 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><b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b></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><b>SEQUENCE OF EVENTS</b></p> <table style="width:100%;"> <tr> <td>A</td> <td><input type="text" value="18"/></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"/></td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>3</td> <td><input type="text"/></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> <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 COLLISION WITH PERSON, VEHICLE, OR OBJECT (NOT FIRED) 14.PEDESTRIAN 15.PEDACYCLE 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 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/LUMINARIES SUPPORT 36.UTILITY POLE 37.OTHER POST, POLE OR SUPPORT 38.CULVERT 39.CURB 40.DITCH 41.EMBARKMENT 42.FENCE 43.MAILBOX 44.TREE 45.OTHER FIXED OBJECT(WALL, BUILDING, TUNNEL, ETC) 46.WORK ZONE MAINTENANCE EQUIPMENT 47.UNKNOWN FIXED OBJECT 48.OTHER 49.UNKNOWN</p> <p><b>FIRST HARMFUL EVENT</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p> <p><b>MOST HARMFUL EVENT</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p> <p><b>SPEED DETECTED</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1.STATED 2.ESTIMATED</p> <p><b>SPEED</b></p> <p>A <input type="text" value="35"/> B <input type="text"/></p>	A	<input type="text" value="18"/>	B	<input type="text"/>	1	<input type="text"/>	1	<input type="text"/>	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><b>POSTED SPEED</b></p> <p>A <input type="text" value="55"/> B <input type="text"/></p> <p><b>TRAFFIC CONTROL</b></p> <p>A <input type="text" value="12"/> B <input type="text"/></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><b>DIRECTION</b></p> <table style="width:100%;"> <tr> <td>FROM TO</td> <td>FROM TO</td> </tr> <tr> <td>A <input type="text" value="2"/> <input type="text" value="1"/></td> <td>B <input type="text"/> <input type="text"/></td> </tr> </table> <p>1.NORTH 2.SOUTH 3.EAST 4.WEST 5.NORTHEAST 6.NORTHWEST 7.SOUTHEAST 8.SOUTHWEST 9.UNKNOWN</p> <p><b>CONDITION</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1.APPARENTLY NORMAL 2.PHYSICAL IMPAIRMENT 3.EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4.UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7.OTHER 8.UNKNOWN</p> <p><b>ALCOHOL/DRUG SUSPECTED</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></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><b>ALCOHOL TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></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><b>ALCOHOL TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1.NONE 2.BLOOD 3.URINE 4.BREATH 5.OTHER</p> <p><b>ALCOHOL TEST RESULT</b></p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	FROM TO	FROM TO	A <input type="text" value="2"/> <input type="text" value="1"/>	B <input type="text"/> <input type="text"/>	<p><b>DRUG TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></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><b>DRUG TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1.NONE 2.BLOOD 3.URINE 4.OTHER</p> <p><b>DRUG TEST 1 &amp; 2 RESULT</b></p> <table style="width:100%;"> <tr> <td>A</td> <td><input type="text" value="1"/></td> <td><input type="text" value="1"/></td> <td>B</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>1.NONE 2.MARIJUANA 3.COCAINE 4.OPIATES 5.AMPHETAMINES 6.POP 7.OTHER 8.UNKNOWN AT TIME OF REPORTING</p> <p><b>TYPE OF INTERSECTION</b></p> <p>A <input type="text" value="04"/> B <input type="text"/></p> <p>01.NOT AN INTERSECTION 02.FOUR-WAY INTERSECTION 03.Y-INTERSECTION 04.Y-INTERSECTION 05.TRAFFIC CIRCLE/ROUNDABOUT 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><b>OCCURRENCE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1.ON ROADWAY 2.ON SHOULDER 3.IN MEDIAN 4.ON ROADSIDE 5.ON GORE 6.OUTSIDE TRAFFICWAY 7.UNKNOWN</p> <p><b>ROAD CONTOUR</b></p> <p>A <input type="text" value="4"/> B <input type="text"/></p> <p>1.STRAIGHT LEVEL 2.STRAIGHT GRADE 3.CURVE LEVEL 4.CURVE GRADE 5.UNKNOWN</p> <p><b>ROAD CONDITIONS</b></p> <table style="width:100%;"> <tr> <td>PRIMARY</td> <td><input type="text" value="01"/></td> <td>SECONDARY</td> <td><input type="text" value="10"/></td> </tr> </table> <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>	A	<input type="text" value="1"/>	<input type="text" value="1"/>	B	<input type="text"/>	<input type="text"/>	PRIMARY	<input type="text" value="01"/>	SECONDARY	<input type="text" value="10"/>
A	<input type="text" value="18"/>	B	<input type="text"/>																																				
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PRIMARY	<input type="text" value="01"/>	SECONDARY	<input type="text" value="10"/>																																				
<p><b>IN EMERGENCY RESPONSE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1.NO 2.YES 3.UNKNOWN</p>		<p><b>DAMAGE SCALE</b></p> <p>A <input type="text" value="3"/> B <input type="text"/></p> <p>1.NONE 2.NON-FUNCTIONAL 3.FUNCTIONAL DAMAGE 4.DISABLING DAMAGE 5.SEVERE 6.UNKNOWN</p>		<p><b>SUPPLEMENT 'X' IF YES</b></p> <p><input type="checkbox"/></p>		<p><b>LOCAL REPORT #</b></p> <p><b>160-12- 008926</b></p>																																	

**NARRATIVE**

**UNIT 1 WAS TRAVELING NORTH BOUND ON WADSWORTH RD. UPON PASSING THE INTERSECTION OF RIVER STYX RD. UNIT 1 STRUCK A DEER WHICH WAS ATTEMPTING TO CROSS THE ROADWAY FROM EAST TO WEST.**

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><input 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 type="checkbox"/> 1</p> <p>1. NO          2. YES, DIRECTLY INVOLVED          3. YES, INDIRECTLY INVOLVED          4. UNKNOWN</p>	<p style="text-align: center;"><b>DIAGRAM</b></p>
<p><b>WEATHER</b></p> <p><input 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 type="checkbox"/> 1</p> <p>1. NO          2. YES          3. UNKNOWN</p>	
<p><b>LIGHT CONDITIONS</b></p> <p>PRIMARY <input type="checkbox"/> 5    SECONDARY <input type="checkbox"/> 8</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>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>WORKERS PRESENT</b></p> <p><input type="checkbox"/></p> <p>1. NO          2. YES          3. UNKNOWN</p>

<b>TRUCK/BUS UNIT #</b>	<input type="checkbox"/>	<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 9 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>

COMPANY (FROM SHIPPING PAPERS)	COMPANY PHONE
--------------------------------	---------------

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
<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><b>WEIGHT (GVWR)</b></p> <p><input type="checkbox"/> 1. LESS/EQUAL 10,000  <input type="checkbox"/> 2. 10,001 - 25,000  <input type="checkbox"/> 3. MORE THAN 25,000</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>				

<b>POLICE ACTION</b>						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
10/26/2012	05:35	05:35	05:45	06:39	15	79
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED		
P.O. TRAVIS MCCOURT		1608	1605	10/26/2012		
REPORT TAKEN BY	REPORT TAKEN AT			<input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT #	
<input type="checkbox"/> 1 1. POLICE AGENCY 2. MOTORIST 3. UNKNOWN	<input type="checkbox"/> 2 1. SCENE 2. STATION 3. OTHER				160-12- 008926	