



TRAFFIC CRASH REPORT

CRASH REPORT # 160-12- 9464	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 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 1	UNIT ERROR 98 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 11/15/2012	

TIME OF CRASH 17:41	DAY OF WEEK THU	CITY/VILLAGE/TOWNSHIP TOWNSHIP	NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF)	COUNTY # 52	LATITUDE 4104400740	LONGITUDE 0815150174
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOGAL INFORMATION
PREFIX 0003	CRASH LOCATION 0003	TYPE LOC 1
WOOSTER PIKE / PARADISE		

DIST. REF.	DIR	PREFIX	REFERENCE PARADISE	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

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) CONWAY MARK G
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 6002 RAVINE WOODS MEDINA OH 44256			

SOCIAL SECURITY NUMBER	DATE OF BIRTH 04/06/1953	AGE 59	SEX M	HOME PHONE # (330)952-0956	WORK PHONE # (330)465-1166
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DL STATE OH	DL # RJ113681	LP STATE OH	LP # EZM7087	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") CEDAR VALLEY ENERGY	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) PO BOX 726 WOOSTER OH 44691
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YEAR 2010	MAKE ACURA	MODEL OTHER	COLOR BLUE	INSURANCE COMPANY LEONARD INSURA	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 #	# OF OCC	NAME (LAST, FIRST, MIDDLE)
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			

SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #
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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
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OWNER NAME (IF SAME, WRITE "SAME")	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)
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YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	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 #	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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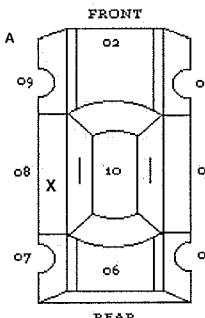
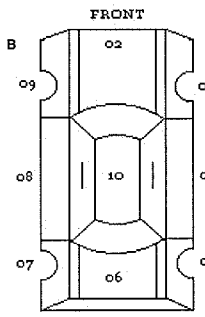
D	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)	INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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SEATING POSITION A 01 01.FRONT - LEFT (MC DRIVER) 02.FRONT - MIDDLE 03.FRONT - RIGHT 04.SECOND - LEFT (MC PASS) B 05.SECOND - MIDDLE 06.SECOND - RIGHT 07.THIRD - LEFT (MC PASSENGER/SIDE CAR) C 08.THIRD - MIDDLE 09.THIRD - RIGHT 10.SLEEPER SECTION OF CAB D 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.SHoulder AND LAP BELT USED 05.CHILD SAFETY SEAT USED C 06.HELMET USED 07.RESTRAINT USE UNKNOWN NON-MOTORIST 08.NONE USED 09.HELMET USED 10.PROTECTIVE PADS D 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	AIR BAG SWITCH A 1 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION B 4.UNKNOWN POSITION C D	EJECTION A 1 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED B 4.NOT APPLICABLE 5.UNKNOWN C D	TRAPPED A 1 1.NOT TRAPPED 2.EXTRICATED BY MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN B C D	INJURIES A 1 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN B C D
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BLANK FOR WITNESS	<input type="checkbox"/> SUPPLEMENT "X" IF YES
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MOTORIST / NON-MOTORIST OCCUPANT

<p>UNIT NUMBERS</p> <p>A <input type="text" value="01"/> B <input type="text"/></p>	<p>DAMAGE AREA</p> 	<p>PRE-CRASH ACTIONS</p> <p>A <input type="text" value="01"/> B <input type="text"/></p>	<p>SEQUENCE OF EVENTS</p> <table border="1"> <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>	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>POSTED SPEED</p> <p>A <input type="text" value="55"/> B <input type="text"/></p>	<p>DRUG TEST STATUS</p> <p>A <input type="text" value="1"/> 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>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>MOTORIST</p> <p>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</p> <p>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>TRAFFIC CONTROL</p> <p>A <input type="text" value="01"/> 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 CROSSINGS 08. RAILROAD FLASHERS 09. RAILROAD GATES 10. CONSTRUCTION BARRICADE 11. POLICE OFFICER 12. PAVEMENT MARKINGS 13. CROSSWALK LINES 14. WALK/DO NOT WALK 15. TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16. OTHER 17. NOT REPORTED 18. UNKNOWN</p>	<p>DRUG TEST TYPE</p> <p>A <input type="text" value="1"/> B <input type="text"/></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><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. PCP 7. OTHER 8. UNKNOWN AT TIME OF REPORTING</p>	A	<input type="text" value="1"/>	<input type="text" value="1"/>	B	<input type="text"/>	<input type="text"/>														
A	<input type="text" value="1"/>	<input type="text" value="1"/>	B	<input type="text"/>	<input type="text"/>																				
<p>TYPE OF UNIT</p> <p>A <input type="text" value="06"/> B <input type="text"/></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 (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</p> <p>35. ANIMAL W/DRIVER 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>MOST DAMAGED AREA</p> <p>A <input type="text" value="08"/> B <input type="text"/></p> <p>01. NONE 02. CENTER FRONT 03. RIGHT FRONT 04. RIGHT SIDE 05. RIGHT REAR 06. REAR CENTER 07. LEFT REAR 08. LEFT SIDE 09. LEFT FRONT 10. TOP AND WINDOWS 11. UNDERCARRIAGE 12. LOAD /TRAILER 13. TOTAL (ALL AREAS) 14. OTHER 15. UNKNOWN</p>	<p>CONTRIBUTING CIRCUMSTANCES</p> <p>A <input type="text" value="01"/> B <input type="text"/></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/VADCA 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</p> <p>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>FIRST HARMFUL EVENT</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>DIRECTION</p> <table border="1"> <tr> <td>FROM</td> <td>TO</td> <td>FROM</td> <td>TO</td> </tr> <tr> <td>A</td> <td><input type="text" value="2"/></td> <td><input type="text" value="1"/></td> <td><input type="text"/></td> </tr> <tr> <td>B</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><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>	FROM	TO	FROM	TO	A	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text"/>	B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p>TYPE OF INTERSECTION</p> <p>A <input type="text" value="03"/> B <input type="text"/></p> <p>01. NOT AN INTERSECTION 02. FOURWAY 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>								
FROM	TO	FROM	TO																						
A	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text"/>																						
B	<input type="text"/>	<input type="text"/>	<input type="text"/>																						
<p>IN EMERGENCY RESPONSE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1. NO 2. YES 3. UNKNOWN</p>	<p>ACTION</p> <p>A <input type="text" value="4"/> B <input type="text"/></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>01. TURN SIGNALS 02. HEAD LAMPS 03. TAIL LAMPS 04. BRAKES 05. STEERING 06. TIRE BLOWOUT 07. WORK OR SLICK TIRES 08. TRAILER EQUIPMENT DEFECTIVE 09. MOTOR TROUBLE 10. DISABLED FROM PRIOR ACCIDENT 11. OTHER DEFECTS 12. NO DEFECTS</p>	<p>MOST HARMFUL EVENT</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>ALCOHOL/DRUG SUSPECTED</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>OCURRENCE</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>DAMAGE SCALE</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>STRIKING VEHICLE OVERRIDE/UNDERRIDE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1. NO UNDERRIDE OR OVERRIDE 2. UNDERRIDE, COMPARTMENT INTRUSION 3. OVERRIDE, 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>SPEED DETECTED</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1. STATED 2. ESTIMATED</p>	<p>ALCOHOL TEST STATUS</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>ROAD CONTOUR</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1. STRAIGHT LEVEL 2. STRAIGHT GRADE 3. CURVE LEVEL 4. CURVE GRADE 5. UNKNOWN</p>																				
			<p>SPEED</p> <p>A <input type="text" value="50"/> B <input type="text"/></p>	<p>ALCOHOL TEST TYPE</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>ROAD CONDITIONS</p> <table border="1"> <tr> <td>PRIMARY</td> <td><input type="text" value="01"/></td> <td>SECONDARY</td> <td><input type="text"/></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>	PRIMARY	<input type="text" value="01"/>	SECONDARY	<input type="text"/>																
PRIMARY	<input type="text" value="01"/>	SECONDARY	<input type="text"/>																						
				<p>ALCOHOL TEST RESULT</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	<p>LOCAL REPORT #</p> <p>160-12- 9464</p>																				
<p><input type="text"/> SUPPLEMENT 'X' IF YES</p>																									

NARRATIVE
UNIT #1 WAS NORTH ON S.R. 3 (WOOSTER PIKE RD) PASSING THROUGH THE AREA OF PARADISE ROAD WHEN A DEER CAME FROM THE WEST AND STRUCK THE DRIVER'S SIDE OF HIS VEHICLE, CAUSING CONSIDERABLE DAMAGE TO THE DRIVER'S SIDE DOOR AREA.

MANNER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 1 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	DIAGRAM <p style="text-align: right;">*DRAWING NOT TO SCALE</p>
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"/> 3 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. GLARE 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	

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 B. TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR C. A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER	AND THE CRASH RESULTED IN ONE OF THE FOLLOWING: A. A FATALITY; OR B. AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT; OR C. 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/WN		<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 <input type="checkbox"/> 2. CLASS B <input type="checkbox"/> 3. CLASS C <input type="checkbox"/> 4. CLASS D <input type="checkbox"/> 5. CLASS E	HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. UNKNOWN	HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. NOT APPLICABLE

POLICE ACTION						
DATE CRASH REPORTED 11/15/2012	TIME REC CALL 17:42	DISPATCH 17:42	ARRIVED 17:46	CLEARED 18:00	OTHER 20	TOTAL MINUTES 38
OFFICER'S NAME SGT. MATTHEW NEIL			BADGE # 1606		CHECKED BY MAN	
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		<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT # 160-12- 9464