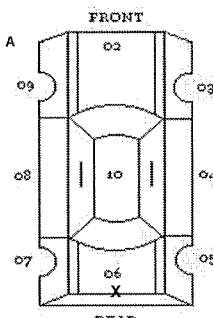
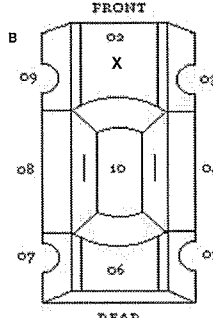
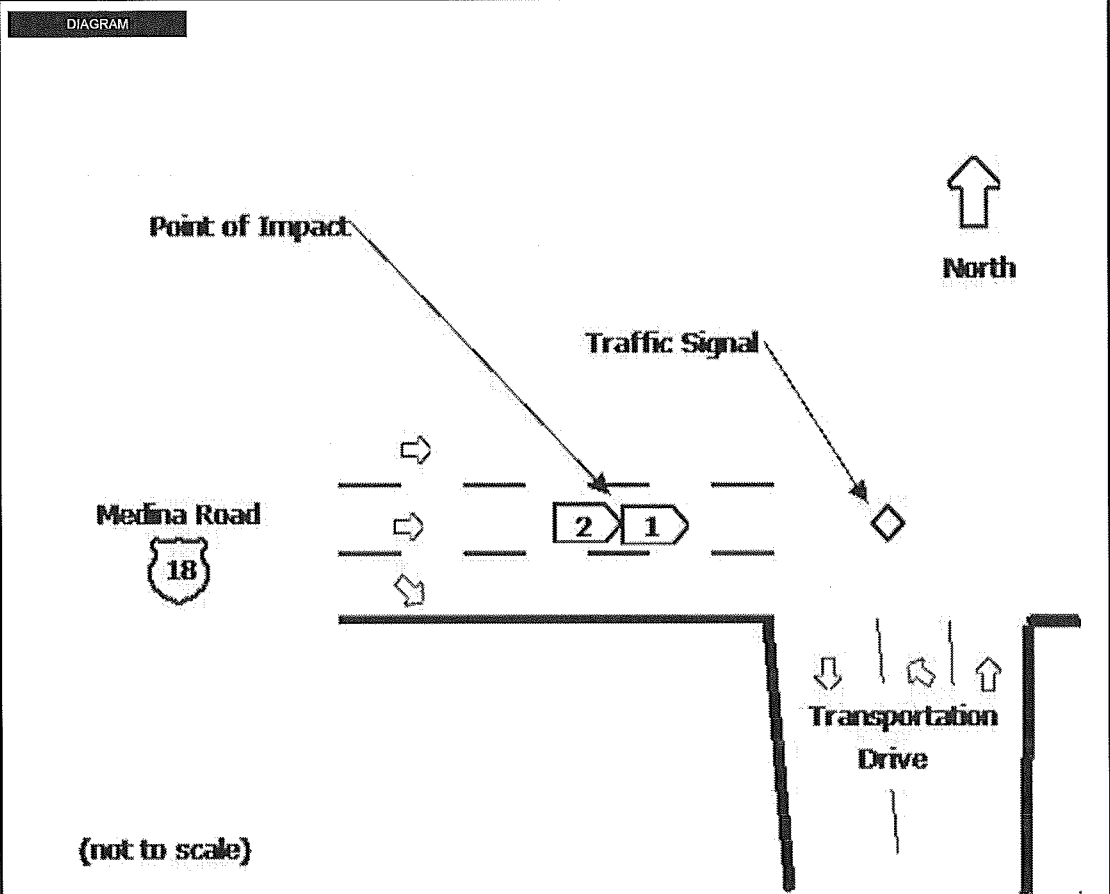
		<b>TRAFFIC CRASH REPORT</b>												
		CRASH REPORT # <b>160-12- 009458</b>			CRASH SEVERITY <input checked="" type="checkbox"/> 3 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN		PRIVATE PROPERTY <input type="checkbox"/> "X" IF YES		HIT / SKIP <input checked="" type="checkbox"/> 1 1 NOT HIT / SKIP 2 SOLVED 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. # <b>05213</b>			REPORTING AGENCY <b>MONTVILLE TOWNSHIP POLICE</b>				# UNITS <b>2</b>		UNIT ERROR <input checked="" type="checkbox"/> 02 98 ANIMAL 99 UNKNOWN		DATE OF CRASH <b>11/15/2012</b>			
TIME OF CRASH <b>09:09</b>		DAY OF WEEK <b>THU</b>		CITY/VILLAGE/TOWNSHIP <b>TOWNSHIP</b>		NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MONTVILLE (TOWNSHIP OF)</b>			COUNTY # <input checked="" type="checkbox"/> 52		LATITUDE <b>4108101206</b>		LONGITUDE <b>0814806948</b>	
CRASH OCCURRED ON PREFIX <b>0018</b> CRASH LOCATION TYPE LOC <input checked="" type="checkbox"/> 3					TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE			LOCAL INFORMATION <b>MEDINA RD AT TRANSPORTATION</b>						
AT/REFERENCE DIST. REF. DIR PREFIX REFERENCE REF POINT <b>TRANSPORTATION DR 02</b>					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									
<b>MOTORIST / NON-MOTORIST</b>	<input checked="" type="checkbox"/> A	UNIT # <input checked="" type="checkbox"/> 01	# OF OCC <input checked="" type="checkbox"/> 1	NAME (LAST, FIRST, MIDDLE) <b>BOWERS SUZANNE R</b>										
	ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>373 CREEK RD FREDONIA PA 16124</b>													
	SOCIAL SECURITY NUMBER			DATE OF BIRTH <b>04/02/1959</b>		AGE <b>53</b>	SEX <b>F</b>	HOME PHONE # <b>(724)962-7025</b>			WORK PHONE #			
	DL STATE <b>PA</b>		DL # <b>31201947</b>		LP STATE <b>OH</b>		LP # <b>FLK4508</b>		INJURED TAKEN BY <input checked="" type="checkbox"/> 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY		INJURED TAKEN TO	
	OWNER NAME (IF SAME, WRITE "SAME") <b>GELCO CORP. / GENERAL ELECTRIC</b>						OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>3333 HESPER RD BILLINGS MT 59102</b>							
	YEAR <b>2012</b>		MAKE <b>DODGE</b>		MODEL <b>CARAVAN</b>		COLOR <b>GREY</b>		INSURANCE COMPANY <b>ELECTIC INSURAN</b>		TOWING SERVICE		OWNER PHONE # <b>(330)554-3926</b>	
	OFFENSE CHARGED			OFFENSE DESCRIPTION <b>4511.21A</b>						CITATION #		LOCAL CODE <input type="checkbox"/> "X" IF YES		
	<input checked="" type="checkbox"/> B	UNIT # <input checked="" type="checkbox"/> 02	# OF OCC <input checked="" type="checkbox"/> 1	NAME (LAST, FIRST, MIDDLE) <b>BACKUS TROND M</b>										
	ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>3973 BARRINGTON DR MEDINA OH 44256-5951</b>													
	SOCIAL SECURITY NUMBER			DATE OF BIRTH <b>05/16/1973</b>		AGE <b>39</b>	SEX <b>M</b>	HOME PHONE # <b>(330)283-2914</b>			WORK PHONE # <b>(330)723-2627</b>			
DL STATE <b>OH</b>		DL # <b>RP065792</b>		LP STATE <b>OH</b>		LP # <b>FBY2390</b>		INJURED TAKEN BY <input checked="" type="checkbox"/> 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY		INJURED TAKEN TO		
OWNER NAME (IF SAME, WRITE "SAME") <b>BACKUS, TROND M</b>						OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>3973 BARRINGTON DR MEDINA OH 44256-5951</b>								
YEAR <b>2011</b>		MAKE <b>BUICK</b>		MODEL <b>OTHER</b>		COLOR <b>BLACK</b>		INSURANCE COMPANY <b>ERIE / MAUREEN C</b>		TOWING SERVICE		OWNER PHONE # <b>(330)283-2914</b>		
OFFENSE CHARGED <b>4511.21A</b>			OFFENSE DESCRIPTION <b>ASSURED CLEAR DISTANCE AHEAD</b>						CITATION # <b>Y34075</b>		LOCAL CODE <input type="checkbox"/> "X" IF YES			
<b>OCCUPANT</b>	<input checked="" type="checkbox"/> 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 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY		INJURED TAKEN TO						
	<input checked="" type="checkbox"/> 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 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY		INJURED TAKEN TO						
<b>SEATING POSITION</b> <input checked="" type="checkbox"/> A 01 01 FRONT - LEFT (MC DRIVER) <input checked="" type="checkbox"/> B 01 02 FRONT - MIDDLE <input type="checkbox"/> C 03 FRONT - RIGHT <input type="checkbox"/> D 04 SECOND - LEFT (MC PASS) <input type="checkbox"/> E 05 SECOND - MIDDLE <input type="checkbox"/> F 06 SECOND - RIGHT <input type="checkbox"/> G 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) <input type="checkbox"/> H 08 THIRD - MIDDLE <input type="checkbox"/> I 09 THIRD - RIGHT <input type="checkbox"/> J 10 SLEEPER SECTION OF CAB <input type="checkbox"/> K 11 ENCLOSED CARGO AREA <input type="checkbox"/> L 12 UNENCLOSED CARGO AREA <input type="checkbox"/> M 13 TRAILING UNIT <input type="checkbox"/> N 14 EXTERIOR <input type="checkbox"/> O 15 OTHER <input type="checkbox"/> P 16 NON-MOTORIST <input type="checkbox"/> Q 17 UNKNOWN		<b>SAFETY EQUIPMENT</b> <input checked="" type="checkbox"/> A 04 04 MOTORIST <input checked="" type="checkbox"/> B 04 02 SHOULDER BELT ONLY USED <input type="checkbox"/> C 03 LAP BELT ONLY USED <input type="checkbox"/> D 04 SHOULDER AND LAP BELT USED <input type="checkbox"/> E 05 CHILD SAFETY SEAT USED <input type="checkbox"/> F 06 HELMET USED <input type="checkbox"/> G 07 RESTRAINT USE UNKNOWN <input type="checkbox"/> H 08 MOTORIST <input type="checkbox"/> I 09 HELMET USED <input type="checkbox"/> J 10 PROTECTIVE PADS <input type="checkbox"/> K 11 REFLECTIVE CLOTHING <input type="checkbox"/> L 12 LIGHTING <input type="checkbox"/> M 13 OTHER <input type="checkbox"/> N 14 UNKNOWN		<b>AIR BAG</b> <input checked="" type="checkbox"/> A 1 1 NOT-DEPLOYED <input checked="" type="checkbox"/> B 1 2 DEPLOYED - FRONT <input type="checkbox"/> C 3 DEPLOYED - SIDE <input type="checkbox"/> D 4 DEPLOYED BOTH FRONT/SIDE <input type="checkbox"/> E 5 NOT APPLICABLE <input type="checkbox"/> F 6 DEPLOYMENT UNKNOWN		<b>AIR BAG SWITCH</b> <input checked="" type="checkbox"/> A 4 1 ON-OFF SWITCH NOT PRESENT <input checked="" type="checkbox"/> B 4 2 SWITCH IN ON POSITION <input type="checkbox"/> C 3 SWITCH IN OFF POSITION <input type="checkbox"/> D 4 UNKNOWN POSITION		<b>EJECTION</b> <input checked="" type="checkbox"/> A 1 1 NOT EJECTED <input checked="" type="checkbox"/> B 1 2 TOTALLY EJECTED <input type="checkbox"/> C 3 PARTIALLY EJECTED <input type="checkbox"/> D 4 NOT APPLICABLE <input type="checkbox"/> E 5 UNKNOWN		<b>TRAPPED</b> <input checked="" type="checkbox"/> A 1 1 NOT TRAPPED <input checked="" type="checkbox"/> B 1 2 EXTRICATED BY MECHANICAL MEANS <input type="checkbox"/> C 3 FREED BY NON-MECHANICAL MEANS <input type="checkbox"/> D 4 UNKNOWN		<b>INJURIES</b> <input checked="" type="checkbox"/> A 1 1 NO INJURY <input checked="" type="checkbox"/> B 1 2 POSSIBLE <input type="checkbox"/> C 3 NON-INCAPACITATING <input type="checkbox"/> D 4 INCAPACITATING <input type="checkbox"/> E 5 FATAL INJURY <input type="checkbox"/> F 6 UNKNOWN		
BLANK FOR WITNESS														
<input type="checkbox"/> SUPPLEMENT "X" IF YES														

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="11"/> B <input type="text" value="01"/>	<b>SEQUENCE OF EVENTS</b> <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>	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"/>	<b>POSTED SPEED</b> A <input type="text" value="40"/> B <input type="text" value="40"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>
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"/>														
<b>NON-MOTORIST LOCATION</b> A <input type="text"/>		<b>MOTORIST</b> 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 <b>NON-MOTORIST</b> 15. ENTERING OR CROSSING SPECIFIED LOCATION 16. WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17. WORKING 18. PUSHING VEHICLE 19. APPROCHING OR LEAVING VEHICLE 20. PLAYING OR WORKING ON VEHICLE 21. STANDING 22. OTHER 23. UNKNOWN	<b>NON-COLLISION</b> 01. OVERTURN/COLLOVER 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 MEDIUM/CENTERLINE 11. DOWNHILL RUNAWAY 12. OTHER NON-COLLISION 13. UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 14. PEDESTRIAN 15. PEDAL CYCLE 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/ILLUMINARIES SUPPORT 36. UTILITY POLE 37. OTHER POST, POLE OR SUPPORT 38. CULVERT 39. CURB 40. DITCH 41. EMBANKMENT 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	<b>TRAFFIC CONTROL</b> A <input type="text" value="04"/> B <input type="text" value="04"/>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>										
<b>TYPE OF UNIT</b> A <input type="text" value="05"/> B <input type="text" value="03"/>	<b>MOST DAMAGED AREA</b> A <input type="text" value="06"/> B <input type="text" value="02"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="01"/> B <input type="text" value="08"/>	<b>DIRECTION</b> <table border="1"> <tr> <td>FROM TO</td> <td>FROM TO</td> </tr> <tr> <td>A <input type="text" value="4"/> <input type="text" value="3"/></td> <td>B <input type="text" value="4"/> <input type="text" value="3"/></td> </tr> </table>	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"/>	<b>CONDITION</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="02"/>						
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"/>														
<b>POINT OF IMPACT</b> A <input type="text" value="06"/> B <input type="text" value="02"/>	<b>ACTION</b> A <input type="text" value="4"/> B <input type="text" value="3"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>OCCURRENCE</b> <input type="text" value="1"/>										
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ROAD CONTOUR</b> <input type="text" value="1"/>										
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text" value="2"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>SPEED DETECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/>										
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text" value="2"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>SPEED</b> A <input type="text" value="5"/> B <input type="text" value="5"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>LOCAL REPORT #</b> 160-12- 009458										

**NARRATIVE**

**VEHICLE #1 WAS SLOWING IN TRAFFIC FOR A RED TRAFFIC SIGNAL WHEN IT WAS STRUCK FROM BEHIND BY VEHICLE #2.**

<b>MANNER OF COLLISION OR IMPACT</b> <input checked="" type="checkbox"/> <b>2</b> 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	<b>SCHOOL BUS RELATED</b> <input checked="" type="checkbox"/> <b>1</b> 1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN
<b>WEATHER</b> <input checked="" type="checkbox"/> <b>01</b> 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	<b>WORK ZONE RELATED</b> <input checked="" type="checkbox"/> <b>1</b> 1. NO 2. YES 3. UNKNOWN
<b>LIGHT CONDITIONS</b> PRIMARY <input checked="" type="checkbox"/> <b>1</b> SECONDARY <input checked="" type="checkbox"/> <b>7</b> 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	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1. LANE CLOSURE 2. LANE SHIFT/CROSSOVER 3. WORK ON SHOULDER OR MEDIAN 4. INTERMITTENT OR MOVING WORK 5. OTHER
<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1. BEFORE THE FIRST WORK ZONE WARNING SIGN 2. ADVANCE WARNING AREA 3. TRANSITION AREA 4. ACTIVITY AREA	<b>WORKERS PRESENT</b> <input type="checkbox"/> 1. NO 2. YES 3. UNKNOWN



<b>TRUCK/BUS</b> 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 THE CRASH RESULTED IN ONE OF THE FOLLOWING: A FATALITY; OR N AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT; OR D 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
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<b>CARGO BODY TYPE</b> <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	05. POLE 06. CARGO TANK 07. FLATBED 08. DUMP 09. CONCRETE MIXER	10. AUTO TRANSPORTER 11. GARBAGE/REFUSE 12. OTHER 13. UNKNOWN	<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 1. LESS/EQUAL 10,000 <input type="checkbox"/> 2. 10,001 - 26,000 <input type="checkbox"/> 3. MORE THAN 26,000	<b>CDL CLASS</b> <input type="checkbox"/> 1. CLASS A 2. CLASS B 3. CLASS C 4. CLASS D 5. CLASS E	<b>HAZARDOUS MATERIALS PLACARD</b> <input type="checkbox"/> 1. NO 2. YES 3. UNKNOWN	<b>HAZARDOUS MATERIALS RELEASED</b> <input type="checkbox"/> 1. NO 2. YES 3. NOT APPLICABLE 4. UNKNOWN
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<b>POLICE ACTION</b>						
DATE CRASH REPORTED <b>11/15/2012</b>	TIME REC CALL <b>09:09</b>	DISPATCH <b>09:09</b>	ARRIVED <b>09:16</b>	CLEARED <b>09:48</b>	OTHER <b>21</b>	TOTAL MINUTES <b>60</b>
OFFICER'S NAME <b>P.O. RICHARD PERCY</b>		BADGE # <b>1611</b>	CHECKED BY <b>SGT LAFOND</b>		DATE REPORT FILED <b>11/15/2012</b>	
REPORT TAKEN BY <input checked="" type="checkbox"/> <b>1</b> 1. POLICE AGENCY 2. MOTORIST 3. UNKNOWN	REPORT TAKEN AT <input checked="" type="checkbox"/> <b>1</b> 1. SCENE 2. STATION 3. OTHER	SUPPLEMENT 'X' IF YES <input type="checkbox"/>		LOCAL REPORT # <b>160-12- 009458</b>		