



TRAFFIC CRASH REPORT

CRASH REPORT # 160-12- 010353	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 X *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 01 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 12/13/2012	

TIME OF CRASH 01:25	DAY OF WEEK THU	CITY/VILLAGE/TOWNSHIP TOWNSHIP	NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF)	COUNTY # 52	LATITUDE 4106076367	LONGITUDE 0814717644
-------------------------------	---------------------------	------------------------------------------	-----------------------------------------------------------------------	-----------------------	-------------------------------	--------------------------------

CRASH OCCURRED ON	PREFIX 00162	CRASH LOCATION 00162	TYPE LOC 3	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION SHARON COPLEY / BEAR SWAMP
-------------------	------------------------	--------------------------------	----------------------	-------------------------------------------------------------------------------------	--------------------------------------------------------

DIST. REF.	DIR	PREFIX	REFERENCE 002825	REF POINT 04	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
------------	-----	--------	----------------------------	------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

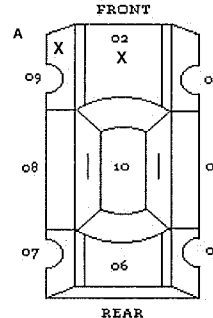
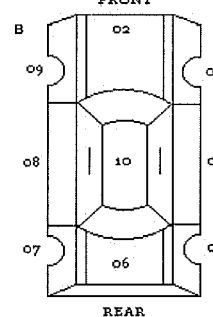
A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) HESTON TERRANCE G			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1102 WADSWORTH RD. MEDINA OH 44256						
SOCIAL SECURITY NUMBER		DATE OF BIRTH 10/27/1960	AGE 52	SEX M	HOME PHONE # (330)722-0671	WORK PHONE #
DL STATE OH	DL # RT535677	LP STATE OH	LP # EDZ6626	INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME") HESTON, TERRANCE G			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1102 WADSWORTH RD. MEDINA OH 44256			
YEAR 2004	MAKE HYUNDAI	MODEL TIBURON	COLOR BLUE	INSURANCE COMPANY STATE FARM	TOWING SERVICE WORLD TRUCK	OWNER PHONE # (330)722-0671
OFFENSE CHARGED 4511.202	OFFENSE DESCRIPTION OPERATION WITHOUT REASONABLE CONTROL				CITATION # Y35214	LOCAL CODE <input type="checkbox"/> *X* IF YES

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	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

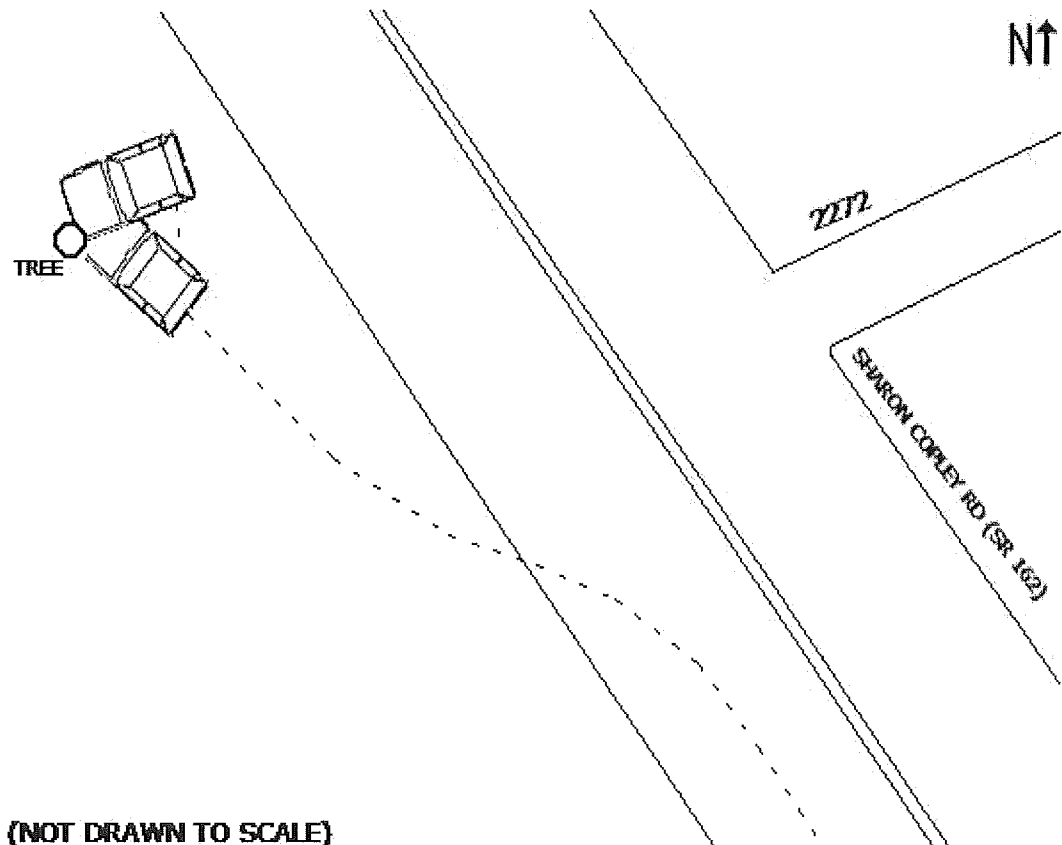
C	UNIT #	NAME (LAST, FIRST, MIDDLE)			HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)					INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO	
D	UNIT #	NAME (LAST, FIRST, MIDDLE)			HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)					INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO	

SEATING POSITION 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	SAFETY EQUIPMENT 14 01.NONE USED 02.SHOLDER BELT ONLY USED 03.LAP BELT ONLY USED 04.SHOLDER AND LAP BELT USED 05.CHILD SAFETY SEAT USED 06.HELMET USED 07.RESTRAINT USE UNKNOWN 08.MOTORIST 09.NONE USED 10.PROTECTIVE PADS 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN	AIR BAG 2 1. NOT-DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT/SIDE 5. NOT APPLICABLE 6.DEPLOYMENT UNKNOWN	AIR BAG SWITCH 4 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION	EJECTION 1 1. NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN	TRAPPED 1 1. NOT TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN	INJURIES 6 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

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>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><input type="text" value="09"/></td> <td>1</td> <td><input type="text"/></td> </tr> <tr> <td>B</td> <td><input type="text" value="44"/></td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>A</td> <td><input type="text"/></td> <td>3</td> <td><input type="text"/></td> </tr> <tr> <td>B</td> <td><input type="text"/></td> <td>4</td> <td><input type="text"/></td> </tr> </table>	A	<input type="text" value="09"/>	1	<input type="text"/>	B	<input type="text" value="44"/>	2	<input type="text"/>	A	<input type="text"/>	3	<input type="text"/>	B	<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> <ol style="list-style-type: none"> NONE GIVEN TEST REFUSED TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE TEST GIVEN, RESULTS KNOWN GIVEN, RESULTS UNKNOWN UNKNOWN
A	<input type="text" value="09"/>	1	<input type="text"/>																		
B	<input type="text" value="44"/>	2	<input type="text"/>																		
A	<input type="text"/>	3	<input type="text"/>																		
B	<input type="text"/>	4	<input type="text"/>																		
<p>NON-MOTORIST LOCATION</p> <p>A <input type="text"/></p>	<p>DAMAGE AREA</p>  <p>MOST DAMAGED AREA</p> <p>A <input type="text" value="09"/> B <input type="text"/></p>	<p>CONTRIBUTING CIRCUMSTANCES</p> <p>A <input type="text" value="15"/> B <input type="text"/></p> <p>MOTORIST</p> <ol style="list-style-type: none"> NONE FAILURE TO YIELD RAN RED LIGHT OR STOP SIGN EXCEEDED SPEED LIMIT UNSAFE SPEED IMPROPER TURN LEFT OF CENTER FOLLOWED TOO CLOSELY/ACDA IMPROPER LANE CHANGE/DROVE 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 OPERATING DEFECTIVE EQUIPMENT LOAD SHIFTING/FALLING/SPILLING OTHER IMPROPER ACTION UNKNOWN NON-MOTORIST NONE IMPROPER CROSSING DARTING TURNING AND/OR ILLEGALLY IN ROADWAY FAILURE TO YIELD RIGHT OF WAY NOT VISIBLE (DARK CLOTHING) INATTENTIVE FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER WRONG SIDE OF THE ROAD OTHER UNKNOWN 	<p>NON-COLLISION</p> <ol style="list-style-type: none"> OVERTURN/ROLLOVER 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 PEDICYCLE 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 GUARD RAIL FACE GUARD RAIL END UNKNOWN MOVABLE OBJECT LIT/UTILITY POLE UTILITY POLE OTHER POST, POLE OR SUPPORT CULVERT CURB DITCH EMBANKMENT FENCE MAILBOX TREE OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) WORK ZONE MAINTENANCE EQUIPMENT UNKNOWN FIXED OBJECT OTHER UNKNOWN 	<p>TRAFFIC CONTROL</p> <p>A <input type="text" value="12"/> B <input type="text"/></p> <ol style="list-style-type: none"> NO CONTROLS STOP SIGN YIELD SIGN TRAFFIC SIGNAL TRAFFIC FLASHERS SCHOOL ZONE RAILROAD CROSSBUCKS RAILROAD FLASHERS RAILROAD GATES CONSTRUCTION BARRICADE TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED NOT REPORTED UNKNOWN 	<p>DRUG TEST TYPE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> NONE BLOOD URINE OTHER <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> <ol style="list-style-type: none"> NONE MARIJUANA COCAINE OPiates AMPHETAMINES PCP OTHER UNKNOWN AT TIME OF REPORTING 	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="02"/> B <input type="text"/></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 NON-MOTORIST ANIMAL WRIDER 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="09"/> B <input type="text"/></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="2"/> B <input type="text"/></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="2"/> B <input type="text"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST 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="3"/></td> <td><input type="text" value="4"/></td> <td>B</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <ol style="list-style-type: none"> NORTH SOUTH EAST WEST NORTHEAST NORTHWEST SOUTHWEST SOUTHWEST UNKNOWN 	FROM	TO	FROM	TO	A	<input type="text" value="3"/>	<input type="text" value="4"/>	B	<input type="text"/>	<input type="text"/>	<p>TYPE OF INTERSECTION</p> <p>A <input type="text" value="01"/> B <input type="text"/></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="3"/>	<input type="text" value="4"/>	B	<input type="text"/>	<input type="text"/>																
<p>IN EMERGENCY RESPONSE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> NO YES UNKNOWN 	<p>ACTION</p> <p>A <input type="text" value="3"/> B <input type="text"/></p> <ol style="list-style-type: none"> NON-CONTACT NON-COLLISION STRUCK STRUCK BOTH STRUCK AND STRUCK UNKNOWN 	<p>ALCOHOL/DRUG SUSPECTED</p> <p>A <input type="text" value="6"/> B <input type="text"/></p> <ol style="list-style-type: none"> NONE YES ALCOHOL SUSPECTED YES-HBD NOT IMPAIRED YES-DRUGS SUSPECTED YES-ALCOHOL AND DRUGS SUSPECTED UNKNOWN 	<p>SPEED DETECTED</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> STATED ESTIMATED 	<p>CONDITION</p> <p>A <input type="text" value="8"/> B <input type="text"/></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="4"/> B <input type="text"/></p> <ol style="list-style-type: none"> ON ROADWAY ON SHOULDER IN MEDIAN ON ROADSIDE ON GATE OUTSIDE TRAFFICWAY UNKNOWN 																
<p>DAMAGE SCALE</p> <p>A <input type="text" value="4"/> B <input type="text"/></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="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> NO UNDERRIDE OR OVERRIDE UNDERRIDE, COMPARTMENT INTRUSION UNDERRIDE, NO COMPARTMENT INTRUSION UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN OVERIDE, MOTOR VEHICLE IN TRANSPORT OVERIDE, OTHER VEHICLE UNKNOWN IF UNDERRIDE OR OVERRIDE 	<p>ALCOHOL TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text"/></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>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> <ol style="list-style-type: none"> NONE BLOOD URINE BREATH OTHER 	<p>ROAD CONTOUR</p> <p>A <input type="text" value="1"/> B <input type="text"/></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"/></p> <ol style="list-style-type: none"> NONE NON-FUNCTIONAL FUNCTIONAL DAMAGE DISABLING DAMAGE SEVERE UNKNOWN 	<p>ALCOHOL TEST RESULT</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	<p>ALCOHOL TEST TYPE</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	<p>ALCOHOL TEST RESULT</p> <p>A <input type="text"/></p> <p>B <input type="text"/></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> <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	<input type="text" value="01"/>	SECONDARY	<input type="text"/>	<p>ALCOHOL TEST TYPE</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	<p>LOCAL REPORT #</p> <p>160-12- 010353</p>											
PRIMARY	<input type="text" value="01"/>	SECONDARY	<input type="text"/>																		
<p><input type="checkbox"/> SUPPLEMENT 'X' IF YES</p>				<p>LOCAL REPORT #</p> <p>160-12- 010353</p>																	

NARRATIVE
UNIT #1 WAS TRAVELING WEST ON SHARON COPLEY ROAD. UNIT #1 WENT OFF THE ROAD TO THE LEFT AND STRUCK A TREE. THE VEHICLE REQUIRED TOWING FROM THE SCENE. THE DRIVER LEFT THE SCENE OF THE ACCIDENT AND WAS NOT LOCATED. HE CAME ON STATION AND RECEIVED HIS CITATION ON 12/15/2012.

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: center;">(NOT DRAWN 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"/> 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. 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 N. A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR D. A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER	THE CRASH RESULTED IN ONE OF THE FOLLOWING: A. 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
-------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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
--------	--------	------	----------------	-----------------	--------------	-----------	-------

CARGO BODY TYPE <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 <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 <input type="checkbox"/> 4. UNKNOWN
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

POLICE ACTION DATE CRASH REPORTED 12/13/2012		TIME REC CALL 01:30	DISPATCH 01:33	ARRIVED 01:36	CLEARED 02:55	OTHER 0	TOTAL MINUTES 82
------------------------------------------------------------------	--	-------------------------------	--------------------------	-------------------------	-------------------------	-------------------	----------------------------

OFFICER'S NAME P.O. SETH GAEDE	BADGE # 1616	CHECKED BY SGT LAFOND	DATE REPORT FILED 12/13/2012
------------------------------------------	------------------------	---------------------------------	----------------------------------------

REPORT TAKEN BY <input checked="" type="checkbox"/> 1. POLICE AGENCY <input type="checkbox"/> 2. MOTORIST <input type="checkbox"/> 3. UNKNOWN	REPORT TAKEN AT <input checked="" type="checkbox"/> 1. SCENE <input type="checkbox"/> 2. STATION <input type="checkbox"/> 3. OTHER	SUPPLEMENT 'X' IF YES <input type="checkbox"/>	LOCAL REPORT # 160-12- 010353
--------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------	-----------------------------------------