

# TRAFFIC CRASH REPORT

CRASH REPORT # <b>160-12- 010564</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 checked="" type="checkbox"/> "X" IF YES	OH-2 <input type="checkbox"/> OH-3 <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/>
N.C.I.C. # <b>05213</b>	REPORTING AGENCY <b>MONTVILLE TOWNSHIP POLICE</b>	# UNITS <b>2</b>	UNIT ERROR <b>01</b> 08 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>12/18/2012</b>	

TIME OF CRASH <b>14:59</b>	DAY OF WEEK <b>TUE</b>	CITY/VILLAGE/TOWNSHIP <b>TOWNSHIP</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MONTVILLE (TOWNSHIP OF)</b>	COUNTY # <b>52</b>	LATITUDE <b>4107019977</b>	LONGITUDE <b>0815150792</b>
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>0003</b>	CRASH LOCATION <b>0003</b>	TYPE LOC <b>3</b>
1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE		

WAT/REFERENCE	REFERENCE POINT USED
DIST. REF. <b>15 F</b>	DIR <b>N</b>
PREFIX <b>5783 WOOSTER PIKE</b>	REFERENCE <b>09</b>
1 NONE 2 EMS 3 POLICE	4 OTHER 5 UNKNOWN
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	

<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>PANKUCH SAMANTHA L</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>41 PROSPECT STREET SEVILLE OH 44273</b>			
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>09/27/1993</b>	AGE <b>19</b>	SEX <b>F</b>
HOME PHONE # <b>(330)769-3389</b>	WORK PHONE # <b>(330)304-2880</b>		
DL STATE <b>OH</b>	DL # <b>TR529821</b>	LP STATE <b>OH</b>	LP # <b>AB51DX</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>STEVE L. PANKUCH</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>41 PROSPECT STREET SEVILLE OH 44273</b>	
YEAR <b>2004</b>	MAKE <b>CHEVROLE</b>	MODEL <b>IMPALA</b>	COLOR <b>CREAM</b>
INSURANCE COMPANY <b>STATE FARM</b>	TOWING SERVICE <b>LLOYDS</b>	OWNER PHONE # <b>(330)769-3389</b>	
OFFENSE CHARGED <b>4511.21A</b>	OFFENSE DESCRIPTION <b>ASSURED CLEAR DISTANCE AHEAD</b>	CITATION # <b>Y34870</b>	LOCAL CODE <input type="checkbox"/> "X" IF YES

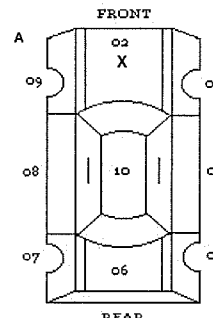
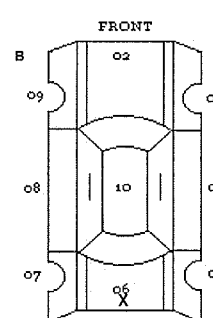
<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>NOVAKOVIC MICHAEL</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>929 TAMWOOD DRIVE CANAL FULTON OH 44614</b>			
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>07/08/1976</b>	AGE <b>36</b>	SEX <b>M</b>
HOME PHONE # <b>(330)608-4865</b>	WORK PHONE #		
DL STATE <b>OH</b>	DL # <b>RS065070</b>	LP STATE <b>OH</b>	LP # <b>EZM6702</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>JENNIFER NOVAKOVIC</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>929 TAMWOOD DRIVE CANAL FULTON OH 44614</b>	
YEAR <b>2007</b>	MAKE <b>NISSAN (D</b>	MODEL <b>OTHER</b>	COLOR <b>WHITE</b>
INSURANCE COMPANY <b>WESTFIELD NATIO</b>	TOWING SERVICE	OWNER PHONE # <b>(330)608-4865</b>	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> "X" IF YES

<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	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
<b>A</b> <b>01</b> 01.FRONT - LEFT (MC DRIVER) 02.FRONT - MIDDLE 03.FRONT - RIGHT 04.SECOND - LEFT (MC PASS)	<b>A</b> <b>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 USE UNKNOWN NON-MOTORIST 08.NONE USED 09.HELMET USED 10.PROTECTIVE PADS 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN	<b>A</b> <b>2</b> 1. NOT-DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT/SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN	<b>A</b> <b>2</b> 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN 5.UNKNOWN POSITION	<b>A</b> <b>1</b> 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN	<b>A</b> <b>1</b> 1.NOT TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN	<b>A</b> <b>1</b> 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN
<b>B</b> <b>01</b> 05.SECOND - MIDDLE 06.SECOND - RIGHT 07.THIRD - LEFT (MC PASSENGER/SIDE CAR)	<b>B</b> <b>04</b> 06.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	<b>B</b> <b>1</b>	<b>B</b> <b>4</b>	<b>B</b> <b>1</b>	<b>B</b> <b>1</b>	<b>B</b> <b>1</b>
<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>
<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT "X" IF YES

MOTORIST / NON-MOTORIST

OCCUPANT

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b>  <b>REAR</b>  <b>MOST DAMAGED AREA</b> A <input type="text" value="02"/> B <input type="text" value="06"/>	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="01"/> B <input type="text" value="11"/> <p>MOTORIST  01.MOVEMENTS ESSENTIALLY STRAIGHT AHEAD  02.BRAKING  03.CHANGING LANES  04.OVERTAKING/PASSING  05.TURNING RIGHT  06.TURNING LEFT  07.MAKING U-TURN  08.ENTERING OR CROSSING SPECIFIED LOCATION  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>	<b>SEQUENCE OF EVENTS</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> A  1 <input type="text" value="20"/>  2 <input type="text" value=""/>  3 <input type="text" value=""/>  4 <input type="text" value=""/> </td> <td style="width:50%;"> B  1 <input type="text" value="20"/>  2 <input type="text" value=""/>  3 <input type="text" value=""/>  4 <input type="text" value=""/> </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 OF ROAD RIGHT  09.RAN OFF ROAD LEFT  10.CROSS MEDIAN/CENTERLINE  11.DOWNHILL RUNAWAY  12.OTHER NON-COLLISION  13.UNKNOWN NON-COLLISION  COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED:  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.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</p>	A 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	B 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	<b>POSTED SPEED</b> A <input type="text" value="45"/> B <input type="text" value="45"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <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>
A 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	B 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>						
<b>NON-MOTORIST LOCATION</b> A <input type="text" value=""/> B <input type="text" value=""/> <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>	<b>TYPE OF UNIT</b> A <input type="text" value="03"/> B <input type="text" value="06"/> <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  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>	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="08"/> B <input type="text" value="01"/> <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  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>	<b>TRAFFIC CONTROL</b> A <input type="text" value="12"/> B <input type="text" value="12"/> <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>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1.NONE  2.BLOOD  3.URINE  4.OTHER</p>			
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1.NO  2.YES  3.UNKNOWN</p>	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text" value="4"/> <p>1.NON-CONTACT  2.NON-COLLISION  3.STRICKING  4.STRUCK  5.BOTH STRICKING AND STRUCK  6.UNKNOWN</p>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text" value=""/> B <input type="text" value=""/> <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>	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. NONE  2.YES ALCOHOL SUSPECTED  3.YES-HEB NOT IMPAIRED  4.YES-DRUGS SUSPECTED  5.YES-ALCOHOL AND DRUGS SUSPECTED  6.UNKNOWN</p>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <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>		
<b>DAMAGE SCALE</b> A <input type="text" value="4"/> B <input type="text" value="3"/> <p>1. NONE  2. NON-FUNCTIONAL  3. FUNCTIONAL DAMAGE  4. DISABLING DAMAGE  5. SEVERE  6. UNKNOWN</p>	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <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>	<b>SPEED DETECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1.STATED  2.ESTIMATED</p>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. NONE  2. BLOOD  3. URINE  4. BREATH  5. OTHER</p>	<b>ROAD CONTOUR</b> <input type="text" value="1"/> <p>1. STRAIGHT LEVEL  2. STRAIGHT GRADE  3. CURVE LEVEL  4. CURVE GRADE  5. UNKNOWN</p>		
<b>SUPPLEMENT 'X' IF YES</b> <input type="text" value=""/>	<b>LOCAL REPORT #</b> <b>160-12- 010564</b>						

**NARRATIVE**

**UNIT # 2 WAS STOPPED IN TRAFFIC ON WOOSTER PIKE ROAD, WHEN UNIT # 1 APPROACHED FROM THE SOUTH. UNIT # 1 DID NOT COME TO A COMPLETE STOP AND STRUCK UNIT #2. UNIT #1 HAD DISABLING DAMAGE AND NEEDED TO BE TOWED. NO PARTIES WERE INJURED IN THE CRASH.**

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>2</b></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><b>1</b></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><b>02</b></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><b>1</b></p> <p>1 NO                  2 YES                  3 UNKNOWN</p>	
<p><b>LIGHT CONDITIONS</b></p> <p><b>PRIMARY</b> <b>1</b> <b>SECONDARY</b> <input type="checkbox"/></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"/>	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 THE CRASH RESULTED IN ONE OF THE FOLLOWING: A FATALITY; OR 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
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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 (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAB/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	<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 25,000 <input type="checkbox"/> 3 MORE THAN 25,000	<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 <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<b>HAZARDOUS MATERIALS RELEASED</b> <input type="checkbox"/> 1 NO 4 UNKNOWN <input type="checkbox"/> 2 YES 5 <input type="checkbox"/> 3 NOT APPLICABLE
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<b>POLICE ACTION</b>						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
12/18/2012	14:59	15:10	15:12	15:43	0	33
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED		
P.O. JUSTIN BENNETT		1612	SGT. LAFOND	12/18/2012		
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT 'X' IF YES			LOCAL REPORT #	
<input type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST <input type="checkbox"/> 3 UNKNOWN	<input type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER	<input type="checkbox"/>			160-12- 010564	