



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>160-12- 010634</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>2</b>	UNIT ERROR <b>02</b> 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>12/21/2012</b>	

TIME OF CRASH <b>15:30</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>4105294021</b>	LONGITUDE <b>0814816600</b>
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>POE</b>	CRASH LOCATION <b>POE</b>	TYPE LOC <b>1</b>
1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE		<b>POE RD &amp; RIVER STYX</b>

DIST. REF.	DIR	PREFIX	REFERENCE	REF POINT	REFERENCE POINT USED
			<b>RIVER STYX</b>	<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

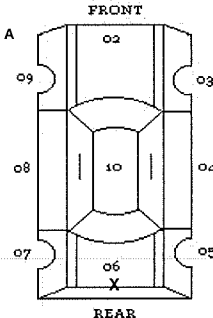
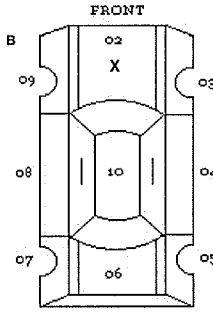
<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>3</b>	NAME (LAST, FIRST, MIDDLE) <b>WESTFALL JERRY C</b>			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>2275 ABBEYVILLE RD VALLEY CITY OH 44280</b>						
SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #	
	<b>05/12/1953</b>	<b>59</b>	<b>M</b>	<b>(330)483-9013</b>	<b>(330)925-3015</b>	
DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO
<b>OH</b>	<b>RL125358</b>	<b>OH</b>	<b>FIQ9405</b>	<b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		
OWNER NAME (IF SAME, WRITE "SAME") <b>CYNTHIA L. WESTFALL</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>2275 ABBEYVILLE ROAD VALLEY CITY OH 44280</b>			
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
<b>2011</b>	<b>TOYOTA</b>	<b>OTHER</b>	<b>TAN</b>	<b>NATIONWIDE INSU</b>	<b>N/A</b>	<b>(330)483-9013</b>
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	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>WINEBRENNER JENNIFER H</b>			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>7191 WADSWORTH ROAD MEDINA OH 44256</b>						
SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #	
	<b>08/05/1964</b>	<b>48</b>	<b>F</b>	<b>(330)461-1034</b>	<b>(330)438-3039</b>	
DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO
<b>OH</b>	<b>RS956047</b>	<b>OH</b>	<b>FOB1893</b>	<b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		
OWNER NAME (IF SAME, WRITE "SAME") <b>SAME</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>2275 ABBEYVILLE ROAD VALLEY CITY OH 44280</b>			
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
<b>2009</b>	<b>CADILLAC</b>	<b>OTHER</b>	<b>GRAY</b>	<b>WESTFIELD INSUR</b>	<b>N/A</b>	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE			
			<input type="checkbox"/> *X* IF YES			

<b>C</b>	UNIT # <b>01</b>	NAME (LAST, FIRST, MIDDLE) <b>STANKO MARGE L</b>	HOME PHONE # <b>(304)766-6781</b>	DATE OF BIRTH <b>02/01/1947</b>	AGE <b>65</b>	SEX <b>F</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>1000 MYERS AVE DUNBAR WV 25064</b>			INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	
<b>D</b>	UNIT # <b>01</b>	NAME (LAST, FIRST, MIDDLE) <b>WESTFALL CYNTHIA L</b>	HOME PHONE # <b>(330)483-9013</b>	DATE OF BIRTH <b>08/12/1953</b>	AGE <b>59</b>	SEX <b>F</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>2275 ABBEYVILLE ROAD VALLEY CITY OH 44280</b>			INJURED TAKEN BY <b>1</b> 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
A <b>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	A <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 08.NONE USED 09.HELMET USED 10.PROTECTIVE PADS 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN	A <b>1</b> 1. NOT-DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT/SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN	A <b>4</b> 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION 5.UNKNOWN POSITION	A <b>1</b> 1. NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN	A <b>1</b> 1. NOT TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN	A <b>1</b> 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN
B <b>01</b>	B <b>04</b>	B <b>1</b>	B <b>4</b>	B <b>1</b>	B <b>1</b>	B <b>1</b>
C <b>03</b>	C <b>04</b>	C <b>1</b>	C <b>4</b>	C <b>1</b>	C <b>1</b>	C <b>1</b>
D <b>04</b>	D <b>04</b>	D <b>1</b>	D <b>4</b>	D <b>1</b>	D <b>1</b>	D <b>1</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>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><input type="text" value="20"/></td><td>B</td><td><input type="text" value="20"/></td></tr> <tr><td>1</td><td></td><td>1</td><td></td></tr> <tr><td>2</td><td></td><td>2</td><td></td></tr> <tr><td>3</td><td></td><td>3</td><td></td></tr> <tr><td>4</td><td></td><td>4</td><td></td></tr> </table>	A	<input type="text" value="20"/>	B	<input type="text" value="20"/>	1		1		2		2		3		3		4		4		<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"/>
A	<input type="text" value="20"/>	B	<input type="text" value="20"/>																						
1		1																							
2		2																							
3		3																							
4		4																							
<b>NON-MOTORIST LOCATION</b> A <input type="text"/> B <input type="text"/> 01. MARKED CROSSWALK AT INTERSECTION 02. 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		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 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	<b>TRAFFIC CONTROL</b> A <input type="text" value="02"/> B <input type="text" value="02"/> 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. WALKWAY WALK 15. TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSERVED 16. OTHER 17. NOT REPORTED 18. UNKNOWN	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> 1. NONE 2. BLOOD 3. URINE 4. OTHER	<b>DRUG TEST 1 &amp; 2 RESULT</b> <table border="1"> <tr><td>1</td><td><input type="text" value="1"/></td><td>2</td><td><input type="text" value="1"/></td></tr> <tr><td>A</td><td></td><td>B</td><td></td></tr> </table>	1	<input type="text" value="1"/>	2	<input type="text" value="1"/>	A		B													
1	<input type="text" value="1"/>	2	<input type="text" value="1"/>																						
A		B																							
<b>TYPE OF UNIT</b> A <input type="text" value="06"/> B <input type="text" value="03"/> 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 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	<b>MOST DAMAGED AREA</b> A <input type="text" value="07"/> B <input type="text" value="03"/> 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	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="01"/> B <input type="text" value="08"/> 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 23. NON-MOTORIST 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	<b>DIRECTION</b> <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="4"/></td><td>B</td><td><input type="text" value="3"/></td></tr> </table>	FROM	TO	FROM	TO	A	<input type="text" value="4"/>	B	<input type="text" value="3"/>	<b>CONDITION</b> A <input type="text" value="1"/> B <input type="text" value="1"/> 1. APPARENTLY NORMAL 2. PHYSICAL IMPAIRMENT 3. EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4. ILLNESS 5. FELL ASLEEP, FAINTED, FATIGUED, ETC 6. UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7. OTHER 8. UNKNOWN	<b>TYPE OF INTERSECTION</b> <input type="text" value="03"/> 01. NOT AN INTERSECTION 02. FOUR-WAY INTERSECTION 03. Y-INTERSECTION 04. V-INTERSECTION 05. TRAFFIC CIRCLE/ROUNDBOUT 06. FIVE-POINT, OR MORE 07. ON RAMP 08. OFF RAMP 09. CROSSOVER 10. DRIVEWAY 11. RAILROAD GRADE CROSSING 12. SHARED-USE PATHS OR TRAILS 13. UNKNOWN												
FROM	TO	FROM	TO																						
A	<input type="text" value="4"/>	B	<input type="text" value="3"/>																						
<b>POINT OF IMPACT</b> A <input type="text" value="07"/> B <input type="text" value="03"/> 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	<b>ACTION</b> A <input type="text" value="4"/> B <input type="text" value="3"/> 1. NON-CONTACT 2. NON-COLLISION 3. STRICKING 4. STRUCK 5. BOTH STRICKING AND STRUCK 6. UNKNOWN	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/> 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	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/> 1. NONE 2. YES ALCOHOL SUSPECTED 3. YES-HBD NOT IMPAIRED 4. YES-DRUGS SUSPECTED 5. YES ALCOHOL AND DRUGS SUSPECTED 6. UNKNOWN	<b>OCCURRENCE</b> <input type="text" value="1"/> 1. ON ROADWAY 2. ON SHOULDER 3. IN MEDIAN 4. ON ROADSIDE 5. ON GORE 6. OUTSIDE TRAFFICWAY 7. UNKNOWN																				
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> 1. NO 2. YES 3. UNKNOWN	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> 1. NO UNDERIDE OR OVERRIDE 2. UNDERIDE, 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	<b>SPEED DETECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/> 1. STATED 2. ESTIMATED	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/> 1. NONE GIVEN 2. TEST REFUSED 3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4. TEST GIVEN, RESULTS KNOWN 5. TEST GIVEN, RESULTS UNKNOWN 6. UNKNOWN	<b>ROAD CONTOUR</b> <input type="text" value="1"/> 1. STRAIGHT LEVEL 2. STRAIGHT GRADE 3. CURVE LEVEL 4. CURVE GRADE 5. UNKNOWN																				
<b>DAMAGE SCALE</b> A <input type="text" value="3"/> B <input type="text" value="3"/> 1. NONE 2. NON-FUNCTIONAL 3. FUNCTIONAL DAMAGE 4. DISABLING DAMAGE 5. SEVERE 6. UNKNOWN	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> 1. NONE 2. BLOOD 3. URINE 4. BREATH 5. OTHER	<b>SPEED</b> A <input type="text" value="0"/> B <input type="text" value="5"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> <table border="1"> <tr><td>PRIMARY</td><td><input type="text" value="03"/></td><td>SECONDARY</td><td><input type="text" value="04"/></td></tr> </table>	PRIMARY	<input type="text" value="03"/>	SECONDARY	<input type="text" value="04"/>																
PRIMARY	<input type="text" value="03"/>	SECONDARY	<input type="text" value="04"/>																						
<input type="text"/> SUPPLEMENT 'X' IF YES				LOCAL REPORT # <b>160-12- 010634</b>																					

**NARRATIVE**

UNIT #1 WAS STOPPED ON POE ROAD, HEADED EASTBOUND BEHIND ANOTHER VEHICLE, WAITING TO TURN NORTH ON RIVER STYX ROAD. UNIT #2 WAS ALSO EASTBOUND AND FAILED TO STOP ON THE SNOW/ICE COVERED ROADWAY AND STRUCK UNIT #1 IN THE REAR. NO ONE WAS INJURED IN THE ACCIDENT, BOTH VEHICLES SUSTAINED MINOR FUNCTIONAL DAMAGE, AND BOTH WERE DRIVEN FROM THE SCENE.

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><input checked="" type="checkbox"/> 2</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 checked="" type="checkbox"/> 1</p> <p>1. NO                  2. YES, DIRECTLY INVOLVED                  3. YES, INDIRECTLY INVOLVED                  4. UNKNOWN</p>	<p><b>DIAGRAM</b></p> <p style="text-align: right;">*DRAWING NOT TO SCALE</p>
<p><b>WEATHER</b></p> <p><input checked="" type="checkbox"/> 06</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 checked="" type="checkbox"/> 1</p> <p>1. NO                  2. YES                  3. UNKNOWN</p>	
<p><b>LIGHT CONDITIONS</b></p> <p>PRIMARY <input checked="" type="checkbox"/> 1    SECONDARY <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 MEDIUM                  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="text"/>	<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 8 PERSONS, INCLUDING DRIVER</p>
		<p><b>A N D</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
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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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<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/GRAVELWLN</p>	<p>05. POLE                  06. CARGO TANK                  07. FLATBED                  08. DUMP                  09. CONCRETE MIXER</p>	<p>10. AUTO TRANSPORTER                  11. GARBAGE/REFUSE                  12. OTHER                  13. UNKNOWN</p>	<p><b>WEIGHT (GVWR)</b></p> <p><input type="checkbox"/> 1. LESS/EQUAL 10,000  <input type="checkbox"/> 2. 10,001 - 20,000  <input type="checkbox"/> 3. MORE THAN 20,000</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>
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<b>POLICE ACTION</b>						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
12/21/2012	15:33	15:33	15:33	15:50	0	17
OFFICER'S NAME		BADGE #		CHECKED BY		DATE REPORT FILED
SGT. CHRISTOPHER LAFOND		1605		SGT LAFOND		12/21/2012
REPORT TAKEN BY	REPORT TAKEN AT			SUPPLEMENT 'X' IF YES		LOCAL REPORT #
<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 3			<input type="checkbox"/>		160-12- 010634