

OHIO

TRAFFIC CRASH REPORT

OH-1 (Rev. 1/99)

Traffic Crash Report

CRASH REPORT # 160-12- 003722	CRASH SEVERITY 3 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> *X IF YES	HIT / SKIP 3 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. # 05213	REPORTING AGENCY MONTVILLE TOWNSHIP POLICE	# UNITS 2	UNIT ERROR 02 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 5/11/2012	

TIME OF CRASH 15:56	DAY OF WEEK FRI	CITY/VILLAGE/TOWNSHIP TOWNSHIP	NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF)	COUNTY # 52	LATITUDE 4108124764	LONGITUDE 0814815843
-------------------------------	---------------------------	--	---	-----------------------	-------------------------------	--------------------------------

CRASH OCCURRED ON PREFIX 0018	CRASH LOCATION 0018	TYPE LOC 3	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION MEDINA RD & RUSTIC HILLS DR
--	-------------------------------	----------------------	---	---

AT REFERENCE DIST. REF.	DIR	PREFIX	REFERENCE RUSTIC HILLS	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) EDWARDS KATHLEEN M
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4316 TUXEDO AVE PARMA OH 44134-1154			

SOCIAL SECURITY NUMBER	DATE OF BIRTH 10/30/1969	AGE 42	SEX F	HOME PHONE # (216)398-6063	WORK PHONE # (330)725-6677
------------------------	------------------------------------	------------------	-----------------	--------------------------------------	--------------------------------------

DL STATE OH	DL # RL037022	LP STATE OH	LP # AB23EN	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") EDWARDS, KATHLEEN M	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4316 TUXEDO AVE PARMA OH 44134-1154
--	---

YEAR 2004	MAKE CHEVROLE	MODEL MALIBU	COLOR GOLD	INSURANCE COMPANY J WALTERS INSUR	TOWING SERVICE OTHER	OWNER PHONE #
---------------------	-------------------------	------------------------	----------------------	---	--------------------------------	---------------

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES
-----------------	---------------------	------------	--

B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) UNKNOWN UNKNOWN
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			

SOCIAL SECURITY NUMBER	DATE OF BIRTH //	AGE	SEX U	HOME PHONE #	WORK PHONE #
------------------------	----------------------------	-----	-----------------	--------------	--------------

DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY 5 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
----------	------	----------	------	---	----------------	------------------

OWNER NAME (IF SAME, WRITE "SAME") UNKNOWN	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) UNKNOWN UNKNOWN UNKNOWN
--	---

YEAR 0	MAKE UNKNOWN	MODEL UNKNOWN	COLOR	INSURANCE COMPANY NOT SHOWN	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 <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	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 <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO

SEATING POSITION
A 01 01.FRONT - LEFT (MC DRIVER) 02.FRONT - MIDDLE 03.FRONT - RIGHT 04.SECOND - LEFT (MC PASS)
B 01 05.SECOND - MIDDLE 06.SECOND - RIGHT 07.THIRD - LEFT (MC PASSENGER/SIDE CAR) 08.THIRD - MIDDLE 09.THIRD - RIGHT 10.SLEEPER SECTION OF CAB
C <input type="checkbox"/>
D <input type="checkbox"/>
11.ENCLOSED CARGO AREA 12.UNENCLOSED CARGO AREA 13.TRAILING UNIT 14.EXTERIOR 15.OTHER 16.NON-MOTORIST 17.UNKNOWN
BLANK FOR WITNESS

SAFETY EQUIPMENT
A 04 01.MOTORIST 02.SHOULDER BELT ONLY USED 03.LAP BELT ONLY USED 04.SHOULDER AND LAP BELT USED 05.CHILD SAFETY SEAT USED
B 07 06.SECURON MOTORIST 08.NONE USED 09.HELMET USED 10.PROTECTIVE PADS 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN
C <input type="checkbox"/>
D <input type="checkbox"/>

AIR BAG
A 1 1. NOT-DEPLOYED 2. DEPLOYED - FRONT 3. DEPLOYED - SIDE 4. DEPLOYED BOTH FRONT/SIDE 5. NOT APPLICABLE 6. DEPLOYMENT UNKNOWN
B 6
C <input type="checkbox"/>
D <input type="checkbox"/>

AIR BAG SWITCH
A 4 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION
B 4
C <input type="checkbox"/>
D <input type="checkbox"/>

EJECTION
A 1 1. NOT EJECTED 2. TOTALLY EJECTED 3. PARTIALLY EJECTED 4. NOT APPLICABLE 5. UNKNOWN
B 5
C <input type="checkbox"/>
D <input type="checkbox"/>

TRAPPED
A 1 1. NOT TRAPPED 2. EXTRICATED BY MECHANICAL MEANS 3. FREED BY NON-MECHANICAL MEANS 4. UNKNOWN
B 1
C <input type="checkbox"/>
D <input type="checkbox"/>

INJURIES
A 1 1. NO INJURY 2. POSSIBLE 3. NON-INCAPACITATING 4. INCAPACITATING 5. FATAL INJURY 6. UNKNOWN
B 6
C <input type="checkbox"/>
D <input type="checkbox"/>
<input type="checkbox"/> SUPPLEMENT *X IF YES

MOTORIST / NON-MOTORIST OCCUPANT

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="01"/> B <input type="text" value="06"/>	SEQUENCE OF EVENTS <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="20"/></td> <td><input type="text" value="20"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	A	B	<input type="text" value="20"/>	<input type="text" value="20"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	POSTED SPEED A <input type="text" value="45"/> B <input type="text" value="45"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/>
A	B																
<input type="text" value="20"/>	<input type="text" value="20"/>																
<input type="text"/>	<input type="text"/>																
<input type="text"/>	<input type="text"/>																
<input type="text"/>	<input type="text"/>																
<input type="text"/>	<input type="text"/>																
NON-MOTORIST LOCATION A <input type="text"/>		MOTORIST 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 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	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. PEDALCYCLE 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 AT TENATOR/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/TUMMARIIES SUPPORT 36. UTILITY POLE 37. OTHER POST, POLE OR SUPPORT 38. CURB 39. CLVERT 40. DITCH 41. EMBARKMENT 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	TRAFFIC CONTROL A <input type="text" value="12"/> B <input type="text" value="12"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>												
TYPE OF UNIT A <input type="text" value="03"/> B <input type="text" value="06"/>		CONTRIBUTING CIRCUMSTANCES A <input type="text" value="01"/> B <input type="text" value="02"/>	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	DIRECTION <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="3"/> <input type="text" value="2"/></td> </tr> </table>	FROM TO	FROM TO	A <input type="text" value="4"/> <input type="text" value="3"/>	B <input type="text" value="3"/> <input type="text" value="2"/>	DRUG TEST 1 & 2 RESULT <table border="1"> <tr> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>A <input type="text" value="1"/></td> <td>B <input type="text" value="1"/></td> <td>A <input type="text" value="1"/></td> <td>B <input type="text" value="1"/></td> </tr> </table>	1	2	1	2	A <input type="text" value="1"/>	B <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text" value="1"/>
FROM TO	FROM TO																
A <input type="text" value="4"/> <input type="text" value="3"/>	B <input type="text" value="3"/> <input type="text" value="2"/>																
1	2	1	2														
A <input type="text" value="1"/>	B <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text" value="1"/>														
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 (BOBSTAIL) 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	POINT OF IMPACT A <input type="text" value="07"/> B <input type="text" value="15"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	CONDITION A <input type="text" value="1"/> B <input type="text" value="8"/>	TYPE OF INTERSECTION <input type="text" value="03"/>												
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/>	ACTION A <input type="text" value="4"/> B <input type="text" value="3"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="6"/>	OCCURRENCE <input type="text" value="1"/>												
DAMAGE SCALE A <input type="text" value="4"/> B <input type="text" value="6"/>	STRIKING VEHICLE OVERRIDE/UNDERIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	SPEED DETECTED A <input type="text" value="1"/> B <input type="text"/>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="1"/>												
DAMAGE SCALE A <input type="text" value="4"/> B <input type="text" value="6"/>	STRIKING VEHICLE OVERRIDE/UNDERIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	SPEED A <input type="text" value="40"/> B <input type="text" value="0"/>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONDITIONS PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/>												
SUPPLEMENT 'X' IF YES <input type="text"/>				LOCAL REPORT # 160-12- 003722													

NARRATIVE

UNIT #1 WAS TRAVELING EASTBOUND ON MEDINA ROAD WHEN IT WAS STRUCK BY UNIT #2, WHO WAS ATTEMPTING TO TURN LEFT FROM MEDINA ROAD ONTO RUSTIC HILLS DRIVE. AFTER BRIEFLY STOPPING TO EVALUATE THE DAMAGE ON UNIT #2, THE DRIVER OF UNIT #2 LEFT THE SCENE WITHOUT MAKING CONTACT WITH THE DRIVER OF UNIT #1. THE DRIVER OF UNIT #1 WAS NOT INJURED IN THE INCIDENT AND UNIT #1 SUSTAINED DISABLING DAMAGE TO THE REAR DRIVER'S SIDE. UNIT #1 WAS TOWED FROM THE SCENE BY B&D TOWING. UNIT #2 WAS UNABLE TO BE LOCATED OR IDENTIFIED.

<p>MANNER OF COLLISION OR IMPACT</p> <p>6</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>SCHOOL BUS RELATED</p> <p>1</p> <p>1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN</p>	<p>DIAGRAM</p> <p style="text-align: center;">S.R. 18 (MEDINA ROAD)</p> <p style="text-align: right;">↑</p> <p style="text-align: center;">RUSTIC HILLS DR.</p> <p style="text-align: center;">NOT DRAWN TO SCALE</p>
<p>WEATHER</p> <p>01</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>WORK ZONE RELATED</p> <p>1</p> <p>1. NO 2. YES 3. UNKNOWN</p>	
<p>LIGHT CONDITIONS</p> <p>PRIMARY 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>TYPE OF WORK ZONE</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>LOCATION OF CRASH IN WORK ZONE</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>WORKERS PRESENT</p> <p><input type="checkbox"/></p> <p>1. NO 2. YES 3. UNKNOWN</p>	

TRUCK/BUS	<p>UNIT # <input style="width: 50px;" type="text"/></p> <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>A 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
--------------------------------	---------------

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
--------	--------	------	----------------	-----------------	--------------	-----------	-------

<p>CARGO BODY TYPE</p> <p><input type="checkbox"/> 01. NOT APPLICABLE 02. BUS (9-15 INCLUDING DRIVER) 03. VAN/ENCLOSED BOX 04. GRAIN/CHIPS/GRAVEL/WN</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>WEIGHT (GVWR)</p> <p><input type="checkbox"/> 1. LESS/EQUAL 10,000 2. 10,001 - 29,000 3. MORE THAN 29,000</p>	<p>CDL CLASS</p> <p><input type="checkbox"/> 1. CLASS A 2. CLASS B 3. CLASS C 4. CLASS D 5. CLASS E</p>	<p>HAZARDOUS MATERIALS PLACARD</p> <p><input type="checkbox"/> 1. NO 2. YES 3. UNKNOWN</p>	<p>HAZARDOUS MATERIALS RELEASED</p> <p><input type="checkbox"/> 1. NO 4. UNKNOWN 2. YES 3. NOT APPLICABLE</p>
--	--	---	---	--	---	--

POLICE ACTION							
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES	
5/11/2012	15:56	15:56	16:12	16:52	0	56	
OFFICER'S NAME		BADGE #	CHECKED BY		DATE REPORT FILED		
SGT. CHRISTOPHER LAFOND		1605	SGT LAFOND		5/11/2012		
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT 'X' IF YES			LOCAL REPORT #		
<input checked="" type="checkbox"/> 1. POLICE AGENCY 2. MOTORIST 3. UNKNOWN	<input checked="" type="checkbox"/> 1. SCENE 2. STATION 3. OTHER	<input type="checkbox"/>			160-12- 003722		