



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>12-MV 00892</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 FDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> *X IF YES	HIT / SKIP <b>3</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 checked="" 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 <b>02</b> 88 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>1/28/2012</b>	

TIME OF CRASH <b>07:38</b>	DAY OF WEEK <b>SAT</b>	CITY/VILLAGE/TOWNSHIP <b>TOWNSHIP</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MONTVILLE (TOWNSHIP OF)</b>	COUNTY # <b>52</b>	LATITUDE <b>4104172465</b>	LONGITUDE <b>0814823150</b>
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CRASH OCCURRENCE PREFIX <b>WADSWORTH</b>	CRASH LOCATION <b>WADSWORTH</b>	TYPE LOC <b>1</b>	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION
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AT/REFERENCE DIST. REF. <b>100 F</b>	DIR <b>N</b>	PREFIX	REFERENCE <b>RIVER STYX</b>	REF POINT <b>02</b>	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
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MOTORIST / NON-MOTORIST OCCUPANT

<b>A</b> UNIT # <b>01</b>	# OF OCC <b>2</b>	NAME (LAST, FIRST, MIDDLE) <b>CARGILL DONTE D.</b>
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**961 MALLET HILL CT. MEDINA OH 44256**

SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>10/18/1982</b>	AGE <b>29</b>	SEX <b>M</b>	HOME PHONE # <b>(330)819-0596</b>	WORK PHONE #
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DL STATE <b>OH</b>	DL # <b>RY181560</b>	LP STATE <b>OH</b>	LP # <b>FJE4243</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME")  
**CARGILL, DONTE D.**

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**961 MALLET HILL CT. MEDINA OH 44256**

YEAR <b>2002</b>	MAKE <b>NISSAN (D)</b>	MODEL <b>OTHER</b>	COLOR <b>BLACK</b>	INSURANCE COMPANY <b>U.S.A.A.</b>	TOWING SERVICE	OWNER PHONE # <b>(330)819-0596</b>
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES
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<b>B</b> UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>UNKNOWN DRIVER</b>
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**UNKNOWN**

SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>//</b>	AGE	SEX <b>U</b>	HOME PHONE #	WORK PHONE #
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DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY <b>5</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME")  
**UNKNOWN**

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**UNKNOWN UNKNOWN UNKNOWN**

YEAR <b>0</b>	MAKE <b>UNKNOWN</b>	MODEL <b>UNKNOWN</b>	COLOR	INSURANCE COMPANY <b>NOT SHOWN</b>	TOWING SERVICE	OWNER PHONE #
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES
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<b>C</b> UNIT # <b>01</b>	NAME (LAST, FIRST, MIDDLE) <b>CARGILL LOLA</b>	HOME PHONE # <b>(330)819-0657</b>	DATE OF BIRTH <b>02/10/1985</b>	AGE <b>26</b>	SEX <b>F</b>
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**961 MALLET HILL CT. MEDINA OH 44256**

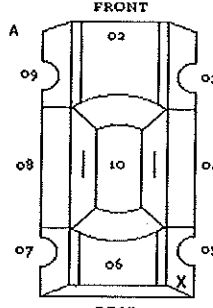
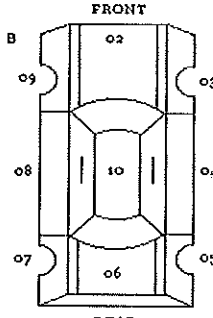
<b>D</b> UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)

INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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<b>SEATING POSITION</b> <b>A</b> <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 BLANK FOR WITNESS	<b>SAFETY EQUIPMENT</b> <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 08 NON-MOTORIST 09 NONE USED 10 HELMET USED 11 PROTECTIVE PADS 12 REFLECTIVE CLOTHING 13 LIGHTING 14 UNKNOWN	<b>AIR BAG</b> <b>A</b> <b>1</b> 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN <b>B</b> <b>6</b> <b>C</b> <b>1</b> <b>D</b>	<b>AIR BAG SWITCH</b> <b>A</b> <b>4</b> 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION <b>B</b> <b>4</b> <b>C</b> <b>4</b> <b>D</b>	<b>EJECTION</b> <b>A</b> <b>1</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN <b>B</b> <b>5</b> <b>C</b> <b>1</b> <b>D</b>	<b>TRAPPED</b> <b>A</b> <b>1</b> 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN <b>B</b> <b>1</b> <b>C</b> <b>1</b> <b>D</b>	<b>INJURIES</b> <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>6</b> <b>C</b> <b>1</b> <b>D</b>
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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"/>	<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"/></td></tr> <tr><td>1</td><td><input type="text"/></td><td>1</td><td><input type="text"/></td></tr> <tr><td>2</td><td><input type="text"/></td><td>2</td><td><input type="text"/></td></tr> <tr><td>3</td><td><input type="text"/></td><td>3</td><td><input type="text"/></td></tr> <tr><td>4</td><td><input type="text"/></td><td>4</td><td><input type="text"/></td></tr> </table>	A	<input type="text" value="20"/>	B	<input type="text"/>	1	<input type="text"/>	1	<input type="text"/>	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="55"/> B <input type="text" value="0"/>	<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"/>																						
1	<input type="text"/>	1	<input type="text"/>																						
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 <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, PLANKING, 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="01"/> B <input type="text"/>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<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><input type="text" value="1"/></td><td>B</td><td><input type="text" value="1"/></td></tr> </table>	1	<input type="text" value="1"/>	2	<input type="text" value="1"/>	A	<input type="text" value="1"/>	B	<input type="text" value="1"/>												
1	<input type="text" value="1"/>	2	<input type="text" value="1"/>																						
A	<input type="text" value="1"/>	B	<input type="text" value="1"/>																						
<b>TYPE OF UNIT</b> A <input type="text" value="03"/> B <input type="text"/>	<b>MOST DAMAGED AREA</b> A <input type="text" value="05"/> B <input type="text"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="01"/> B <input type="text"/>	<b>NON-COLLISION</b> 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 OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION/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/ALUMINUM SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB/VERT 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="01"/> B <input type="text"/>	<b>TYPE OF INTERSECTION</b> A <input type="text" value="01"/> B <input type="text"/>																				
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<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 <input type="text"/>	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text" value="6"/>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text" value="6"/>																				
<b>DAMAGE SCALE</b> A <input type="text" value="3"/> B <input type="text"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ALCOHOL TEST STATUS</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>NON-MOTORIST LOCATION</b> A <input type="text"/> B <input type="text"/>	<b>POINT OF IMPACT</b> A <input type="text" value="05"/> B <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>SPEED DETECTED</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ALCOHOL TEST TYPE</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>DAMAGE SCALE</b> A <input type="text" value="3"/> B <input type="text"/>	<b>POINT OF IMPACT</b> A <input type="text" value="05"/> B <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>SPEED</b> A <input type="text" value="15"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>																				

SUPPLEMENT 'X' IF YES

LOCAL REPORT #  
12-MV 00892

**NARRATIVE**

ON 01/28/2012 AT APPX. 07:30, A THREE VEHICLE CRASH OCCURRED ON WADSWORTH RD. JUST NORTH OF RIVER STYX RD. AFTER THE FIRST THREE VEHICLES COLLIDED, TWO ADDITIONAL VEHICLES COLLIDED AND CAME TO REST IN THE ROADWAY. MEANWHILE, UNIT #1 OBSERVED THE CRASH AND SLOWED, WHICH CAUSED UNIT #2 TO STRIKE UNIT #1 IN THE RIGHT REAR, CAUSING DAMAGE TO THE BUMPER, FENDER AND TAIL LIGHT ASSEMBLY. UNIT #2, DESCRIBED BY WITNESSES AS AN OLDER CHEVY SILVERADO TRUCK, BLUE IN COLOR AND RATHER "BEAT UP", SIDESWIPE THE STEEL GUARD RAIL, CONTINUED ON THROUGH THE YARD OF A RESIDENT ON RIVER STYX RD., AND EXITED THEIR PROPERTY VIA THE DRIVEWAY. UNIT #2 WAS LAST SEEN FLEEING THE SCENE IN A NORTHBOUND DIRECTION ON RIVER STYX RD.

UNIT #1 SUSTAINED MODERATE DAMAGE TO THE BUMPER, FENDER AND TAIL LIGHT ASSEMBLY. UNIT #1 WAS ABLE TO BE DRIVEN FROM THE SCENE. THE OCCUPANTS OF UNIT #1 CLAIMED NO INJURY AT THE SCENE, HOWEVER THEY BOTH STATED "INJURED" IN WRITING ON THE ACCIDENT INFORMATION SHEET.

UNIT #2 SHOULD HAVE HEAVY SCRAPE MARKS ALONG THE LOWER PASSENGER SIDE OF THE VEHICLE FROM SIDESWIPING THE GUARD RAIL AND POSSIBLE DAMAGE TO THE LEFT FRONT FROM THE INITIAL POINT OF CONTACT WITH UNIT #1.

THE INCLEMENT WEATHER AND THE ROADWAY CONDITIONS WERE THE SOLE CONTRIBUTING CIRCUMSTANCES WHICH LE

<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><b>DIAGRAM</b></p> <p style="text-align: right;">North ↑</p> <p style="text-align: right;">Driveway of 7465</p> <p style="text-align: right;">Driveway of 7479</p> <p style="text-align: center;">State Route 57</p> <p style="text-align: right;">Drawing Not To Scale</p>
<p><b>WEATHER</b></p> <p><b>06</b></p> <p>01 CLEAR 02 CLOUDY 03 FOG-SMOG-SMOKE 04 RAIN 05 SLEETHAIL (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND/SOIL/RT/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>PRIMARY <b>2</b> 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 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"/>	<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>
<b>A</b>	<input type="checkbox"/>	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

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 02 BUS (S-15 INCLUDING DRIVER) 03 VAN ENCLOSED BOX 04 GRAIN CHIPS-GRAVEL/LWN</p>	<p>05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER</p>	<p>10 AUTO TRANSPORTER 11 GARAGE/REFUSE 12 OTHER 13 UNKNOWN</p>	<p><b>WEIGHT (GVWR)</b></p> <p><input type="checkbox"/> 1 LESS-EQUAL 10,000 2 10,001 - 26,000 3 MORE THAN 26,000</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 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
1/31/2012	07:38	07:38	07:43	09:45	0	127
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED		
P.O. DANIEL HAZEK		1607	1606	1/31/2012		
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"/>		12-MV 00892		