

OHIO

# TRAFFIC CRASH REPORT

CRASH REPORT #  
**12-MV 01465**

CRASH SEVERITY  
**3** 1 FATAL ERROR 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
 \*X IF YES

HIT / SKIP  
**1** 1 NOT HIT / SKIP  
2 SOLVED  
3 NOT SOLVED

PHOTOS TAKEN  
 \*X IF YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C. #  
**05213**

REPORTING AGENCY  
**MONTVILLE TOWNSHIP POLICE**

# UNITS  
**2**

UNIT ERROR  
**02** 88 ANIMAL  
99 UNKNOWN

DATE OF CRASH  
**2/23/2012**

TIME OF CRASH  
**08:38**

DAY OF WEEK  
**THU**

CITY/VILLAGE/TOWNSHIP  
**TOWNSHIP**

NAME (OF CITY, VILLAGE OR TOWNSHIP)  
**MONTVILLE (TOWNSHIP OF)**

COUNTY #  
**52**

LATITUDE  
**4107374945**

LONGITUDE  
**0814842617**

**CRASH OCCURRED ON**

PREFIX  
**CRASH LOCATION RIVER STYX**

TYPE LOC  
**1** 1 NAMED STREET  
2 NUMBERED STREET  
3 NUMBERED ROUTE

**TYPE LOCATION POINT USED**

**LOCAL INFORMATION**

**AT REFERENCE**

DIST. REF. DIR PREFIX REFERENCE REF POINT  
**005399 RIVER STYX 04**

**REFERENCE POINT USED**

01 STATE LINE 05 TOWNSHIP BOUNDARY 09 DRIVEWAY  
02 INTERSECTION OF TWO STREETS 06 M/LE POST 10 STREET OR ROUTE  
03 COUNTY LINE 07 CORPORATION LIMIT WITHOUT REFERENCE  
04 HOUSE NUMBER 08 PLACE NAME WITHOUT REFEREN

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**A** UNIT # **01** # OF OCC **3** NAME (LAST, FIRST, MIDDLE)  
**HOFMEISTER DONNA M**

ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**3796 TURNBERRY DRIVE MEDINA OH 44256**

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
**12/06/1965 46 F (330)722-0287 (330)636-3285**

DL STATE DL # LP STATE LP # INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO  
**OH RH104790 OH 043XHN 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE**

OWNER NAME (IF SAME, WRITE "SAME") OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**HOFMEISTER, ERIC R 3796 TURNBERRY DRIVE MEDINA OH 44256**

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
**2007 SATURN OTHER RED PROGRESSIVE**

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE  
**4511.21A ASSURED CLEAR DISTANCE AHEAD Y34030**

**B** UNIT # **02** # OF OCC **1** NAME (LAST, FIRST, MIDDLE)  
**IVEY JEFFERSON L**

ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**1320 GOLDCREST DRIVE MEDINA OH 44256**

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
**01/07/1973 39 F (330)234-3436**

DL STATE DL # LP STATE LP # INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO  
**OH SH159477 OH FMG8165 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE**

OWNER NAME (IF SAME, WRITE "SAME") OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**IVEY, JEFFERSON L 1320 GOLDCREST DRIVE MEDINA OH 44256**

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
**2003 HONDA CIVIC BLUE STATE FARM LLOYDS**

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE  
**4511.21A ASSURED CLEAR DISTANCE AHEAD Y34030**

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**C** UNIT # **01** NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX  
**HOFMEISTER KAYLA M (330)722-0287 10/26/2000 11 F**

ADDRESS (STREET, CITY, STATE, ZIP-CODE) INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO  
**3796 TRUNBERRY DRIVE MEDINA OH 44256 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE**

**D** UNIT # **01** NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX  
**HOFMEISTER ALEX R (330)722-0287 11/16/2003 8 M**

ADDRESS (STREET, CITY, STATE, ZIP-CODE) INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO  
**3796 TURNBERRY DRIVE MEDINA OH 44256 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE**

**SEATING POSITION**  
A **04** 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)  
C **03** 08 THIRD - MIDDLE  
09 THIRD - RIGHT  
10 SLEEPER SECTION OF CAB  
D **06** 11 ENCLOSED CARGO AREA  
12 UNENCLOSED CARGO AREA  
13 TRAILING UNIT  
14 EXTERIOR  
15 OTHER  
16 NON-MOTORIST  
17 UNKNOWN

**SAFETY EQUIPMENT**  
A **04** MOTORIST  
01 NONE USED  
02 SHOULDER BELT ONLY USED  
03 LAP BELT ONLY USED  
B **04** 04 SHOULDER AND LAP BELT USED  
C **04** 06 CHILD SAFETY SEAT USED  
09 HELMET USED  
07 RESTRAINT USE UNKNOWN  
NON-MOTORIST  
08 NONE USED  
D **04** 09 HELMET USED  
10 PROTECTIVE PADS  
11 REFLECTIVE CLOTHING  
12 LIGHTING  
13 OTHER  
14 UNKNOWN

**AIR BAG**  
A **1** 1 NOT DEPLOYED  
2 DEPLOYED - FRONT  
3 DEPLOYED - SIDE  
4 DEPLOYED BOTH FRONTSIDE  
B **1** 5 NOT APPLICABLE  
8 DEPLOYMENT UNKNOWN  
C **1**  
D **1**

**AIR BAG SWITCH**  
A **1** 1 ON-OFF SWITCH NOT PRESENT  
2 SWITCH IN ON POSITION  
3 SWITCH IN OFF POSITION  
B **1** 4 UNKNOWN POSITION  
C **4**  
D **1**

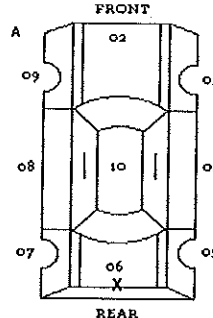
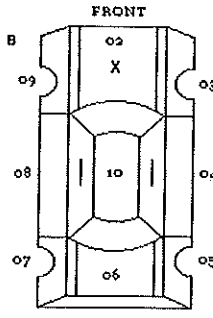
**EJECTION**  
A **1** 1 NOT EJECTED  
2 TOTALLY EJECTED  
3 PARTIALLY EJECTED  
4 NOT APPLICABLE  
5 UNKNOWN  
B **1**  
C **1**  
D **1**

**TRAPPED**  
A **1** 1 NOT TRAPPED BY MECHANICAL MEANS  
3 FREED BY NON-MECHANICAL MEANS  
4 UNKNOWN  
B **1**  
C **1**  
D **1**

**INJURIES**  
A **1** 1 NO INJURY  
2 POSSIBLE  
3 NON-INCAPACITATING  
4 INCAPACITATING  
5 FATAL INJURY  
6 UNKNOWN  
B **1**  
C **1**  
D **1**

BLANK FOR WITNESS

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" value="20"/>	<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="35"/> B <input type="text" value="35"/>	<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"/>		<b>MOTORIST</b> 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 <b>NON-MOTORIST</b> 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>NON-COLLISION</b> 01 OVERTURN/ROLLOVER 02 FIRE EXPLOSION 03 IMMERSION 04 JACKKNEE 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 W/ PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 PEDICYCLE 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 ROAD ATTENUATOR FOR 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/ILLUMINARIES 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	<b>TRAFFIC CONTROL</b> A <input type="text" value="16"/> B <input type="text" value="16"/>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>																										
<b>TYPE OF UNIT</b> A <input type="text" value="05"/> B <input type="text" value="02"/>	<b>MOST DAMAGED AREA</b> A <input type="text" value="06"/> B <input type="text" value="02"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="01"/> B <input type="text" value="08"/>	<b>DIRECTION</b> <table border="1"> <tr> <td>FROM TO</td> <td><input type="text" value="2"/> <input type="text" value="1"/></td> <td>FROM TO</td> <td><input type="text" value="2"/> <input type="text" value="1"/></td> </tr> <tr> <td>A</td> <td></td> <td>B</td> <td></td> </tr> </table>	FROM TO	<input type="text" value="2"/> <input type="text" value="1"/>	FROM TO	<input type="text" value="2"/> <input type="text" value="1"/>	A		B		<b>CONDITION</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>A</td> <td><input type="text" value="1"/></td> <td><input type="text" value="1"/></td> <td>B</td> <td><input type="text" value="1"/></td> <td><input type="text" value="1"/></td> </tr> <tr> <td>1</td> <td></td> <td>2</td> <td></td> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td></td> <td>3</td> <td></td> <td>2</td> <td></td> </tr> </table>	A	<input type="text" value="1"/>	<input type="text" value="1"/>	B	<input type="text" value="1"/>	<input type="text" value="1"/>	1		2		1		2		3		2	
FROM TO	<input type="text" value="2"/> <input type="text" value="1"/>	FROM TO	<input type="text" value="2"/> <input type="text" value="1"/>																												
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1		2		1																											
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<b>MOTORIST</b> 01 SUB-COMPACT 02 COMPACT 03 MID SIZED 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL VAN 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 SHOW/MOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS <b>NON-MOTORIST</b> 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER NON-MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN	<b>POINT OF IMPACT</b> A <input type="text" value="06"/> B <input type="text" value="02"/>	<b>MOTORIST</b> 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/ACD 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/SLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING SPALLING 21 OTHER IMPROPER ACTION 22 UNKNOWN <b>NON-MOTORIST</b> 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	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>OCCURRENCE</b> <input type="text" value="1"/>																										
<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>MOST HARMFUL EVENT</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>ROAD CONTOUR</b> <input type="text" value="2"/>																										
<b>DAMAGE SCALE</b> A <input type="text" value="3"/> B <input type="text" value="4"/>	<b>STRIKING VEHICLE OVERRIDE/OVERRIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>01 TURN SIGNALS</b> 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>SPEED DETECTED</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>ROAD CONDITIONS</b> PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/>																										
<b>1 NONE</b> 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	<b>1 NO UNDERRIDE OR OVERRIDE</b> 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		<b>SPEED</b> A <input type="text" value="0"/> B <input type="text" value="10"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>LOCAL REPORT #</b> 12-MV 01465																										

**NARRATIVE**

**UNIT #1 WAS TRAVELING NORTH ON RIVER STYX ROAD A CONSTRUCTION ZONE IN THE 5300 BLOCK. UNIT #2 WAS TRAVELING DIRECTLY BEHIND UNIT #1. AS UNIT #1 CRESTED THE HILL SHE WAS DIRECTED TO STOP BY A CONSTRUCTION FLAGMAN. UNIT #2 FAILED TO STOP IN TIME AND STRUCK THE REAR OF UNIT #1.**

<b>MANNER OF COLLISION OR IMPACT</b> <b>2</b> 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		<b>SCHOOL BUS RELATED</b> <b>1</b> 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN		<b>DIAGRAM</b> 
<b>WEATHER</b> <b>01</b> 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		<b>WORK ZONE RELATED</b> <b>1</b> 1 NO 2 YES 3 UNKNOWN		
<b>LIGHT CONDITIONS</b> PRIMARY SECONDARY <b>1</b> <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		<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT OR MOVING WORK 5 OTHER		
<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 BEFORE THE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA		<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN		

**\*\* NOT TO SCALE \*\***

<b>TRUCK/BUS</b> 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 A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD, OR A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER	A N D	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
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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
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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 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	<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	<b>CDL CLASS</b> <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	<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 <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE
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<b>POLICE ACTION</b>							
DATE CRASH REPORTED <b>2/23/2012</b>	TIME REC CALL <b>08:38</b>	DISPATCH <b>08:38</b>	ARRIVED <b>08:45</b>	CLEARED <b>09:04</b>	OTHER <b>30</b>	TOTAL MINUTES <b>56</b>	
OFFICER'S NAME <b>SGT. MATTHEW NEIL</b>		BADGE # <b>1606</b>	CHECKED BY <b>MAN</b>	DATE REPORT FILED <b>2/23/2012</b>			
REPORT TAKEN BY <b>1</b>	REPORT TAKEN AT <b>1</b>	SUPPLEMENT 'X' IF YES <input type="checkbox"/>		LOCAL REPORT # <b>12-MV 01465</b>			