



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>12-MV 01988</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>1</b> 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> *X IF YES	OH-2 OH-3 OH-1P OTHER <input checked="" 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>01</b> 88 ANIMAL 89 UNKNOWN	DATE OF CRASH <b>3/13/2012</b>	

TIME OF CRASH <b>16:13</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>4107170255</b>	LONGITUDE <b>0814845968</b>
-------------------------------	---------------------------	--	---	-----------------------	-------------------------------	--------------------------------

CRASH OCCURRED ON			TYPE LOCATION POINT USED		LOCAL INFORMATION	
PREFIX	CRASH LOCATION <b>RIVER STYX</b>	TYPE LOC <b>1</b>	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE			

DIST. REF.			DIR	PREFIX	REFERENCE <b>RIDEWOOD</b>	REF POINT <b>02</b>	REFERENCE POINT USED		
							01 STATE LINE	05 TOWNSHIP BOUNDARY	09 DRIVEWAY
							02 INTERSECTION OF TWO STREETS	06 MILE POST	10 STREET OR ROUTE WITHOUT REFERENCE
							03 COUNTY LINE	07 CORPORATION LIMIT	
							04 HOUSE NUMBER	08 PLACE NAME WITHOUT REFERENCE	

<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>TURNER RITA E</b>		
----------	---------------------	----------------------	--	--	--

ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**283 DEEPWOOD DRIVE WADSWORTH OH 44281**

SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>06/22/1955</b>	AGE <b>56</b>	SEX <b>F</b>	HOME PHONE # <b>(330)414-7327</b>	WORK PHONE # <b>(330)636-4110</b>
------------------------	------------------------------------	------------------	-----------------	--------------------------------------	--------------------------------------

DL STATE <b>OH</b>	DL # <b>RH256264</b>	LP STATE <b>OH</b>	LP # <b>BFJ9856</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")  
**TURNER, RITA E**

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**283 DEEPWOOD DRIVE WADSWORTH OH 44281**

YEAR <b>2002</b>	MAKE <b>SATURN</b>	MODEL <b>SL2</b>	COLOR <b>MAROON</b>	INSURANCE COMPANY <b>GRANGE INS.</b>	TOWING SERVICE <b>WORLD</b>	OWNER PHONE # <b>(330)414-7327</b>
---------------------	-----------------------	---------------------	------------------------	---	--------------------------------	---------------------------------------

OFFENSE CHARGED <b>4511.21A</b>	OFFENSE DESCRIPTION <b>ASSURED CLEAR DISTANCE AHEAD</b>	CITATION # <b>Y33611</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>MERCURIO-FLORIAN PAMELLA T</b>		
----------	---------------------	----------------------	---	--	--

ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**7064 RIDGE ROAD WADSWORTH OH 44281**

SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>10/03/1957</b>	AGE <b>54</b>	SEX <b>F</b>	HOME PHONE # <b>(234)248-4153</b>	WORK PHONE # <b>(330)636-1821</b>
------------------------	------------------------------------	------------------	-----------------	--------------------------------------	--------------------------------------

DL STATE <b>OH</b>	DL # <b>PG594704</b>	LP STATE <b>TN</b>	LP # <b>942KSM</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")  
**MERCURIO-FLORIAN, PAMELLA T**

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**7064 RIDGE ROAD WADSWORTH OH 44281**

YEAR <b>2003</b>	MAKE <b>TOYOTA</b>	MODEL <b>CAMRY</b>	COLOR <b>BLACK</b>	INSURANCE COMPANY <b>PEERLESS INDEMN</b>	TOWING SERVICE	OWNER PHONE # <b>(234)248-4153</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)

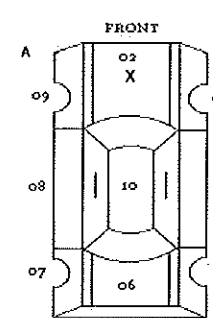
INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
--	----------------	------------------

<b>SEATING POSITION</b> <b>A</b> <input type="checkbox"/> 01 FRONT - LEFT (MC DRIVER) <input type="checkbox"/> 02 FRONT - MIDDLE <input type="checkbox"/> 03 FRONT - RIGHT <b>B</b> <input type="checkbox"/> 04 SECOND - LEFT (MC PASS) <input type="checkbox"/> 05 SECOND - MIDDLE <input type="checkbox"/> 06 SECOND - RIGHT <input type="checkbox"/> 07 THIRD - LEFT (MC PASSENGER SIDE CAR) <input type="checkbox"/> 08 THIRD - MIDDLE <input type="checkbox"/> 09 THIRD - RIGHT <input type="checkbox"/> 10 SLEEPER SECTION OF CAB <input type="checkbox"/> 11 ENCLOSED CARGO AREA <input type="checkbox"/> 12 UNENCLOSED CARGO AREA <input type="checkbox"/> 13 TRAILING UNIT <input type="checkbox"/> 14 EXTERIOR <input type="checkbox"/> 15 OTHER <input type="checkbox"/> 16 NON-MOTORIST <input type="checkbox"/> 17 UNKNOWN  BLANK FOR WITNESS	<b>SAFETY EQUIPMENT</b> <b>A</b> <input type="checkbox"/> 04 MOTORIST <input type="checkbox"/> 01 NONE USED <input type="checkbox"/> 02 SHOULDER BELT ONLY USED <input type="checkbox"/> 03 LAP BELT ONLY USED <b>B</b> <input type="checkbox"/> 04 SHOULDER AND LAP BELT USED <input type="checkbox"/> 05 CHILD SAFETY SEAT USED <input type="checkbox"/> 06 HELMET USED <input type="checkbox"/> 07 RESTRAINT USE UNKNOWN <input type="checkbox"/> 08 NON-MOTORIST <input type="checkbox"/> 09 NONE USED <input type="checkbox"/> 09 HELMET USED <input type="checkbox"/> 10 PROTECTIVE PADS <input type="checkbox"/> 11 REFLECTIVE CLOTHING <input type="checkbox"/> 12 LIGHTING <input type="checkbox"/> 13 OTHER <input type="checkbox"/> 14 UNKNOWN	<b>AIR BAG</b> <b>A</b> <input type="checkbox"/> 1 1 NOT DEPLOYED <input type="checkbox"/> 2 DEPLOYED - FRONT <input type="checkbox"/> 3 DEPLOYED - SIDE <input type="checkbox"/> 4 DEPLOYED BOTH FRONT/SIDE <input type="checkbox"/> 5 NOT APPLICABLE <input type="checkbox"/> 6 DEPLOYMENT UNKNOWN  <b>B</b> <input type="checkbox"/> 1  <b>C</b> <input type="checkbox"/>  <b>D</b> <input type="checkbox"/>	<b>AIR BAG SWITCH</b> <b>A</b> <input type="checkbox"/> 4 1 ON-OFF SWITCH NOT PRESENT <input type="checkbox"/> 2 SWITCH IN ON POSITION <input type="checkbox"/> 3 SWITCH IN OFF POSITION <input type="checkbox"/> 4 UNKNOWN POSITION  <b>B</b> <input type="checkbox"/> 4  <b>C</b> <input type="checkbox"/>  <b>D</b> <input type="checkbox"/>	<b>EJECTION</b> <b>A</b> <input type="checkbox"/> 1 1 NOT EJECTED <input type="checkbox"/> 2 TOTALLY EJECTED <input type="checkbox"/> 3 PARTIALLY EJECTED <input type="checkbox"/> 4 NOT APPLICABLE <input type="checkbox"/> 5 UNKNOWN  <b>B</b> <input type="checkbox"/> 1  <b>C</b> <input type="checkbox"/>  <b>D</b> <input type="checkbox"/>	<b>TRAPPED</b> <b>A</b> <input type="checkbox"/> 1 1 NOT TRAPPED <input type="checkbox"/> 2 EXTRICATED BY MECHANICAL MEANS <input type="checkbox"/> 3 FREED BY NON-MECHANICAL MEANS <input type="checkbox"/> 4 UNKNOWN  <b>B</b> <input type="checkbox"/> 1  <b>C</b> <input type="checkbox"/>  <b>D</b> <input type="checkbox"/>	<b>INJURIES</b> <b>A</b> <input type="checkbox"/> 1 1 NO INJURY <input type="checkbox"/> 2 POSSIBLE <input type="checkbox"/> 3 NON-CAPACITATING <input type="checkbox"/> 4 INCAPACITATING <input type="checkbox"/> 5 FATAL INJURY <input type="checkbox"/> 6 UNKNOWN  <b>B</b> <input type="checkbox"/> 1  <b>C</b> <input type="checkbox"/>  <b>D</b> <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>FRONT</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"/>	<b>SEQUENCE OF EVENTS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <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><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" value="20"/>	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="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	<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"/>	<b>REAR</b> B <input type="text" value="02"/> B <input type="text" value="06"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="08"/> B <input type="text" value="01"/>	<b>NON-COLLISION</b> 01 OVERTURN/ROLLOVER 02 FIRE EXPLOSION 03 IMPERSONATION 04 JACKKNIFE 05 CARGO EQUIPMENT LOSS OR SHIFT 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) 07 SEPARATION OF UNITS 08 RAN OF ROAD R/HT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 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 25 COLLISION WITH FIXED OBJECT 26 IMPACT ATTENUATOR, CRASH CUSHION 27 BRIDGE OVERHEAD STRUCTURE 28 BRIDGE PIER OR ABUTMENT 29 BRIDGE PARAPET 30 BRIDGE RAIL 31 GUARDRAIL FACE 32 GUARDRAIL END 33 MEDIAN BARRIER 34 HIGHWAY TRAFFIC SIGN POST 35 OVERHEAD SIGN POST 36 LIGHT/ILLUMINARIES SUPPORT 37 UTILITY POLE 38 OTHER POST, POLE OR SUPPORT 39 CURB 40 CURB 41 EMBANKMENT 42 FENCE 43 MALEOX 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="12"/> B <input type="text" value="12"/>	<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="02"/> B <input type="text" value="02"/>	<b>MOST DAMAGED AREA</b> A <input type="text" value="02"/> B <input type="text" value="06"/>	<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" value="1"/>	<b>DIRECTION</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>FROM TO</td><td>FROM TO</td></tr> <tr><td>A <input type="text" value="1"/> <input type="text" value="2"/></td><td>B <input type="text" value="1"/> <input type="text" value="2"/></td></tr> </table>	FROM TO	FROM TO	A <input type="text" value="1"/> <input type="text" value="2"/>	B <input type="text" value="1"/> <input type="text" value="2"/>	<b>DRUG TEST 1 &amp; 2 RESULT</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>1</td><td>2</td></tr> <tr><td>A <input type="text" value="1"/></td><td><input type="text" value="1"/></td><td>B <input type="text" value="1"/></td><td><input type="text" value="1"/></td></tr> </table>	1	2	1	2	A <input type="text" value="1"/>	<input type="text" value="1"/>	B <input type="text" value="1"/>	<input type="text" value="1"/>								
FROM TO	FROM TO																								
A <input type="text" value="1"/> <input type="text" value="2"/>	B <input type="text" value="1"/> <input type="text" value="2"/>																								
1	2	1	2																						
A <input type="text" value="1"/>	<input type="text" value="1"/>	B <input type="text" value="1"/>	<input type="text" value="1"/>																						
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>POINT OF IMPACT</b> A <input type="text" value="02"/> B <input type="text" value="06"/>	<b>SPEED DETECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>CONDITION</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>OCCURRENCE</b> <input type="text" value="1"/>																				
<b>DAMAGE SCALE</b> A <input type="text" value="4"/> B <input type="text" value="3"/>	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text" value="4"/>	<b>ALCOHOL/DRUG SUSPECTED</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>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ROAD CONTOUR</b> <input type="text" value="1"/>																				
<b>STRIKING VEHICLE OVERRIDE/UNDERDRIVE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERDRIVE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<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>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/>																				
			<b>SPEED</b> A <input type="text" value="25"/> B <input type="text" value="0"/>	<b>LOCAL REPORT #</b> <b>12-MV 01988</b>																					
			<b>SUPPLEMENT 'X' IF YES</b> <input type="checkbox"/>																						

**NARRATIVE**  
**UNIT #2 WAS STOPPED ON RIVER STYX ROAD TO MAKE THE LEFT HAND TURN ONTO RIDGEWOOD ROAD, WHEN UNIT #1 STRUCK IT FROM BEHIND. UNIT #1 SUSTAINED DISABLING DAMAGE, THERE WERE NO INJURIES IN THE CRASH.**

<b>MANNER OF COLLISION OR IMPACT</b> <input checked="" type="checkbox"/> <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 S-DESWIPE SAME DIRECTION 8 S-DESWIPE OPPOSITE DIRECTION 9 UNKNOWN	<b>SCHOOL BUS RELATED</b> <input checked="" type="checkbox"/> <b>1</b> 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN	<b>DIAGRAM</b> 			
<b>WEATHER</b> <input checked="" type="checkbox"/> <b>01</b> 01 CLEAR 02 CLOUDY 03 FOG/SMOG/SMOKE 04 RAIN 05 SLEET/RAIL (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND/SOIL/DIRT/SNOW 09 OTHER 10 UNKNOWN	<b>WORK ZONE RELATED</b> <input checked="" type="checkbox"/> <b>1</b> 1 NO 2 YES 3 UNKNOWN			<b>RIDGEWOOD</b> * Not To Scale *	
<b>LIGHT CONDITIONS</b> <b>PRIMARY</b> <input checked="" type="checkbox"/> <b>1</b> <b>SECONDARY</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>TRUCK/BUS UNIT #</b> <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			<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

<b>TRUCK/BUS UNIT #</b> <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	<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
---	--	--------------	---

<b>COMPANY (FROM SHIPPING PAPERS)</b>	<b>COMPANY PHONE</b>
---------------------------------------	----------------------

**ADDRESS (STREET, CITY, ST, ZIP CODE)**

<b>US DOT</b>	<b>ICC MC</b>	<b>PUCO</b>	<b>TRAILER LP ST.</b>	<b>TRAILER LP YEAR</b>	<b>TRAILER LP #</b>	<b>PLACARD #</b>	<b># DIA</b>
---------------	---------------	-------------	-----------------------	------------------------	---------------------	------------------	--------------

<b>CARGO BODY TYPE</b> <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (4-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAIN CHIPS GRAVEL/VN <input type="checkbox"/> 06 POLE <input type="checkbox"/> 07 FLATEED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARAGE 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 - 28,000 <input type="checkbox"/> 3 MORE THAN 28,000	<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
--	---	--	---	---

<b>DATE CRASH REPORTED</b> 3/13/2012		<b>TIME REG CALL</b> 16:13	<b>DISPATCH</b> 16:13	<b>ARRIVED</b> 16:18	<b>CLEARED</b> 16:55	<b>OTHER</b> 0	<b>TOTAL MINUTES</b> 42
<b>OFFICER'S NAME</b> P.O. JUSTIN BENNETT		<b>BADGE #</b> 1612	<b>CHECKED BY</b> SGT. NEIL		<b>DATE REPORT FILED</b> 3/13/2012		
<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST <input type="checkbox"/> 3 UNKNOWN	<b>REPORT TAKEN AT</b> <input checked="" type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER	<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>		<b>LOCAL REPORT #</b> 12-MV 01988			