

TRAFFIC CRASH REPORT

CRASH REPORT # 12-MV 01886	CRASH SEVERITY 3 1 FATAL ERROR 3 POO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> *X IF YES	HIT / SKIP 1 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 type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # 05213	REPORTING AGENCY MONTVILLE TOWNSHIP POLICE	# UNITS 2	UNIT ERROR 01 98 AN-MAL 99 UNKNOWN	DATE OF CRASH 3/10/2012	

TIME OF CRASH 11:13	DAY OF WEEK SAT	CITY/VILLAGE/TOWNSHIP TOWNSHIP	NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF)	COUNTY # 52	LATITUDE 4107329411	LONGITUDE 0814843387
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CRASH OCCURRED ON PREFIX RIVER STYX ROAD	CRASH LOCATION RIVER STYX ROAD	TYPE LOC 1	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION RIVER STYX RD/COUNTRY CLUB DR
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AT/REFERENCE DIST. REF. COUNTRY CLUB DRIVE	DIR 02	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
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MOTORIST / NON-MOTORIST

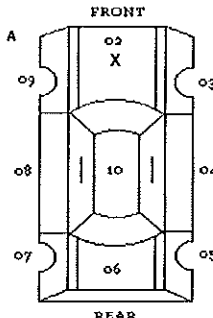
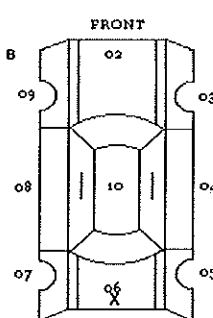
A UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) ULMER JACOB R.	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1028 BROOKPOINT DRIVE MEDINA OH 44256			
SOCIAL SECURITY NUMBER	DATE OF BIRTH 05/25/1994	AGE 17	SEX M	HOME PHONE # (330)722-7793	WORK PHONE # (330)722-7793	
DL STATE OH	DL # TS967844	LP STATE OH	LP # EOF8044	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") DANIEL W. ULMER		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1028 BROOKPOINT DRIVE MEDINA OH 44256				
YEAR 2006	MAKE NISSAN (D)	MODEL OTHER	COLOR BLACK	INSURANCE COMPANY NATIONWIDE INSU	TOWING SERVICE SHUE'S TOWING	OWNER PHONE # (330)722-7793
OFFENSE CHARGED 4511.21A	OFFENSE DESCRIPTION ASSURED CLEAR DISTANCE AHEAD	CITATION # Y33787	LOCAL CODE <input type="checkbox"/> *X IF YES			

B UNIT # 02	# OF OCC 2	NAME (LAST, FIRST, MIDDLE) LAVAN CHARLES	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3411 COUNTRY CLUB DRIVE MEDINA OH 44256			
SOCIAL SECURITY NUMBER	DATE OF BIRTH 11/05/1941	AGE 70	SEX M	HOME PHONE # (330)723-0650	WORK PHONE #	
DL STATE OH	DL # RP595287	LP STATE OH	LP # 509YAA	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") LAVAN, CHARLES		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3411 COUNTRY CLUB DRIVE MEDINA OH 44256				
YEAR 2004	MAKE HONDA	MODEL ACCORD	COLOR RED	INSURANCE COMPANY MOTORISTS INSUR	TOWING SERVICE	OWNER PHONE #
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES			

OCCUPANT

C UNIT # 02	NAME (LAST, FIRST, MIDDLE) LAVAN MARLENE	HOME PHONE # (330)723-0650	DATE OF BIRTH 01/20/1943	AGE 69	SEX F
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3411 COUNTRY CLUB DRIVE MEDINA OH 44256	INJURED TAKEN BY 1 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) 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	SAFETY EQUIPMENT A 04 MOTORIST 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 NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG A 2 1. NOT-DEPLOYED 2. DEPLOYED - FRONT 3. DEPLOYED - SIDE 4. DEPLOYED BOTH FRONT/SIDE 5. NOT APPLICABLE 6. DEPLOYMENT UNKNOWN B 1 C 1 D	AIR BAG SWITCH A 4 1. ON-OFF SWITCH NOT PRESENT 2. SWITCH R/OH POSITION 3. SWITCH IN/OFF POSITION 4. UNKNOWN 5. POSITION B 4 C 4 D	EJECTION A 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN B 1 C 1 D	TRAPPED A 1 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN B 1 C 1 D	INJURIES A 1 1 NO INJURY 2 POSSIBLE 3 HIGH-CAPACITY THQ 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN B 1 C 1 D
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT *X IF YES

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="11"/>	SEQUENCE OF EVENTS <table border="1"> <tr> <td>A</td> <td>1</td> <td><input type="text" value="20"/></td> <td>B</td> <td>1</td> <td><input type="text" value="20"/></td> </tr> <tr> <td></td> <td>2</td> <td><input type="text"/></td> <td></td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td></td> <td>3</td> <td><input type="text"/></td> <td></td> <td>3</td> <td><input type="text"/></td> </tr> <tr> <td></td> <td>4</td> <td><input type="text"/></td> <td></td> <td>4</td> <td><input type="text"/></td> </tr> </table>	A	1	<input type="text" value="20"/>	B	1	<input type="text" value="20"/>		2	<input type="text"/>		2	<input type="text"/>		3	<input type="text"/>		3	<input type="text"/>		4	<input type="text"/>		4	<input type="text"/>	POSTED SPEED A <input type="text" value="35"/> B <input type="text" value="35"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/>
A	1	<input type="text" value="20"/>	B	1	<input type="text" value="20"/>																								
	2	<input type="text"/>		2	<input type="text"/>																								
	3	<input type="text"/>		3	<input type="text"/>																								
	4	<input type="text"/>		4	<input type="text"/>																								
NON-MOTORIST LOCATION A <input type="text" value="05"/> B <input type="text" value="05"/>		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 OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/PEDESTRIAN, VEHICLE, OR OBJECT NOT FIXED 15 PEDESTRIAN 16 BICYCLE 17 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 18 ANIMAL - FARM 19 ANIMAL - DEER 20 ANIMAL - OTHER 21 MOTOR VEHICLE IN TRANSPORT 22 PARKED MOTOR VEHICLE 23 WORK ZONE MAINTENANCE EQUIPMENT 24 OTHER MOVABLE OBJECT 25 UNKNOWN MOVABLE OBJECT 26 COLLISION WITH FIXED OBJECT 27 IMPACT ATTENUATOR/CRASH CUSHION 28 BRIDGE OVERHEAD STRUCTURE 29 BRIDGE PIER OR ABUTMENT 30 BRIDGE PARAPET 31 BRIDGE RAIL 32 GUARDRAIL FACE 33 GUARDRAIL END 34 MEDIAN BARRIER 35 HIGHWAY TRAFFIC SIGN POST 36 OVERHEAD SIGN POST 37 LIGHT TOWER/TOWER SUPPORT 38 UTILITY POLE 39 OTHER POST, POLE OR SUPPORT 40 CULVERT 41 CURB 42 DITCH 43 EMBANKMENT 44 FENCE 45 MAILBOX 46 TREE 47 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC) 48 WORK ZONE MAINTENANCE EQUIPMENT 49 UNKNOWN FIXED OBJECT 50 OTHER 51 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="02"/> B <input type="text" value="03"/>	MOST DAMAGED AREA A <input type="text" value="02"/> B <input type="text" value="06"/>	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="08"/> B <input type="text" value="08"/>	DIRECTION <table border="1"> <tr> <td>A</td> <td>FROM</td> <td>TO</td> <td>B</td> <td>FROM</td> <td>TO</td> </tr> <tr> <td></td> <td><input type="text" value="1"/></td> <td><input type="text" value="2"/></td> <td></td> <td><input type="text" value="1"/></td> <td><input type="text" value="2"/></td> </tr> </table>	A	FROM	TO	B	FROM	TO		<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>	CONDITION A <input type="text" value="1"/> B <input type="text" value="1"/>	DRUG TEST 1 & 2 RESULT <table border="1"> <tr> <td>A</td> <td>1</td> <td>2</td> <td>B</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td><input type="text" value="1"/></td> <td><input type="text" value="1"/></td> <td></td> <td><input type="text" value="1"/></td> <td><input type="text" value="1"/></td> </tr> </table>	A	1	2	B	1	2		<input type="text" value="1"/>	<input type="text" value="1"/>		<input type="text" value="1"/>	<input type="text" value="1"/>
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MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID-SIZED 04 FULL SIZE 05 MAXI-VAN 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 (BOBTAH) 13 TRACTOR SEMI-TRAILER 14 TRACTOR DOUBLE - SHORT 15 TRACTOR DOUBLE - LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRAILER 18 MOTORCYCLE 19 MOTORCYCLED 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 W/RIDER 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="02"/> B <input type="text" value="06"/>	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 W/ROAD SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	FIRST 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="1"/>	TYPE OF INTERSECTION <input type="text" value="01"/>																								
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/>	ACTION A <input type="text" value="3"/> B <input type="text" value="4"/>	VEHICLE DEFECT CODE ONLY IF '1' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	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="3"/>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '1' SELECTED ABOVE 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	SPEED DETECTED A <input type="text" value="2"/> B <input type="text" value="1"/>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONDITIONS <table border="1"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> </tr> <tr> <td><input type="text" value="01"/></td> <td><input type="text"/></td> </tr> </table>	PRIMARY	SECONDARY	<input type="text" value="01"/>	<input type="text"/>																				
PRIMARY	SECONDARY																												
<input type="text" value="01"/>	<input type="text"/>																												
NON-MOTORIST LOCATION 01 MARKED CROSSWALK AT INTERSECTION 02 AT 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 SIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN	DAMAGE SCALE 1 NONE UNDER/RIE OR OVERR/IDE 2 UNDER/RIE, COMPARTMENT INTRUSION 3 UNDER/RIE, NO COMPARTMENT INTRUSION 4 UNDER/RIE, COMPARTMENT INTRUSION UNKNOWN 5 OVERR/IDE, MOTOR VEHICLE IN TRANSPORT 6 OVERR/IDE, OTHER VEHICLE 7 UNKNOWN IF UNDER/RIE OR OVERR/IDE	VEHICLE DEFECT CODE ONLY IF '1' SELECTED ABOVE 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	SPEED A <input type="text" value="30"/> B <input type="text" value="0"/>	ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/>	LOCAL REPORT # 12-MV 01886																								

NARRATIVE
 UNIT #2 WAS SOUTHBOUND ON RIVER STYX RD. AND STOPPED IN TRAFFIC, WAITING TO TURN LEFT ONTO COUNTRY CLUB DRIVE. UNIT #1 WAS ALSO SOUTHBOUND ON RIVER STYX RD. AND, DUE TO UNKNOWN CONTRIBUTING CIRCUMSTANCES, FAILED TO ALLOW ENOUGH STOPPING DISTANCE AND STRUCK UNIT #2 IN THE REAR. UNIT #1 LEFT APPX. 40 FEET OF SKID MARKS ON THE ROADWAY. UNIT #1 SUSTAINED MODERATE TO HEAVY FRONT END DAMAGE AND BOTH FRONT AIRBAGS DEPLOYED. UNIT #2 SUSTAINED MODERATE DAMAGE TO THE REAR OF THE VEHICLE. DUE TO THE AIRBAG DEPLOYMENT, MEDINA LST WAS CALLED TO THE SCENE, HOWEVER NEITHER PARTY CLAIMED ANY INJURY AT THE SCENE, AND BOTH PARTIES REFUSED ANY MEDICAL TREATMENT OR TRANSPORT TO MEDINA HOSPITAL. THE DRIVER OF UNIT #1, 17 YEAR OLD JACOB ULMER, CONTACTED HIS PARENTS AND THEY ARRIVED ONSCENE. JACOB WAS CITED FOR ACDA AND WAS RECOMMENDED FOR DIVERSION. UNIT #2 WAS ABLE TO BE DRIVEN FROM THE SCENE. UNIT #1 WAS TOWED BY SHUES.

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



Not To Scale

TRUCK/BUS	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	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
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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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CARGO BODY TYPE <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 CRAN./CHPS-GRAVEL/VN	<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	WEIGHT (GVWR) <input type="checkbox"/> 1 LESS EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	CDL CLASS <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	HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE
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POLICE ACTION						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
3/10/2012	11:14	11:14	11:16	12:00	35	81
OFFICER'S NAME		BADGE #	CHECKED BY		DATE REPORT FILED	
P.O. DANIEL HAZEK		1607	M. NEIL		3/10/2012	
REPORT TAKEN BY	REPORT TAKEN AT		<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT #	
<input checked="" type="checkbox"/> 1 1 POLICE AGENCY 2 MOTORIST 3 UNKNOWN	<input checked="" type="checkbox"/> 1 1 SCENE 2 STATION 3 OTHER				12-MV 01886	