



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>12-MV 01925</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 PDO 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 <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/>
N.C.I.C. # <b>05213</b>	REPORTING AGENCY <b>MONTVILLE TOWNSHIP POLICE</b>	# UNITS <b>2</b>	UNIT ERROR <b>98</b> 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>3/11/2012</b>	

TIME OF CRASH <b>15:58</b>	DAY OF WEEK <b>SUN</b>	CITY/VILLAGE/TOWNSHIP <b>TOWNSHIP</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MONTVILLE (TOWNSHIP OF)</b>	COUNTY # <b>52</b>	LATITUDE <b>4104472548</b>	LONGITUDE <b>0815147336</b>
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>0003</b>	CRASH LOCATION <b>0003</b>	TYPE LOC <b>3</b>
1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE		

AT/REFERENCE	REFERENCE POINT USED
DIST. REF. <b>5 F</b>	DIR <b>N</b>
PREFIX <b>7105 WOOSTER PIKE</b>	REF POINT <b>09</b>
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	

MOTORIST / NON-MOTORIST OCCUPANT

<b>A</b> UNIT # <b>01</b>	# OF OCC <b>2</b>	NAME (LAST, FIRST, MIDDLE) <b>KNUDSEN LLOYD F</b>
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**1081 SHARON COPLEY ROAD SHARON CENTER OH 44274**

SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>07/02/1946</b>	AGE <b>65</b>	SEX <b>M</b>	HOME PHONE # <b>(330)239-2656</b>	WORK PHONE #
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DL STATE <b>OH</b>	DL # <b>RH566732</b>	LP STATE <b>OH</b>	LP # <b>FEM4163</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")  
**KNUDSEN, LLOYD F**

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**1081 SHARON COPLEY ROAD SHARON CENTER OH 44274**

YEAR <b>2010</b>	MAKE <b>HONDA</b>	MODEL <b>OTHER</b>	COLOR <b>RED</b>	INSURANCE COMPANY <b>WESTFIELD INS.</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>B</b> UNIT # <b>02</b>	# OF OCC <b>2</b>	NAME (LAST, FIRST, MIDDLE) <b>JACKSON LOLA K</b>
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**137 WEST STREET WADSWORTH OH 44281**

SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>07/23/1947</b>	AGE <b>64</b>	SEX <b>F</b>	HOME PHONE # <b>(330)331-7133</b>	WORK PHONE #
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DL STATE <b>OH</b>	DL # <b>RS069124</b>	LP STATE <b>OH</b>	LP # <b>FAX4525</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")  
**JACKSON, LOLA K**

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**137 WEST STREET WADSWORTH OH 44281**

YEAR <b>2005</b>	MAKE <b>PONTIAC</b>	MODEL <b>GRAND PRI</b>	COLOR <b>GRAY</b>	INSURANCE COMPANY <b>AAA</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>KNUDSEN JOANNE</b>	HOME PHONE # <b>(330)239-2656</b>	DATE OF BIRTH <b>07/31/1942</b>	AGE <b>69</b>	SEX <b>F</b>
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**1081 SHARON COPLEY ROAD SHARON CENTER OH 44274**

INJURED TAKEN BY  
**1** 1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

<b>D</b> UNIT # <b>02</b>	NAME (LAST, FIRST, MIDDLE) <b>BALLIET SUSAN</b>	HOME PHONE # <b>(330)416-2033</b>	DATE OF BIRTH <b>02/08/1955</b>	AGE <b>57</b>	SEX <b>F</b>
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**4832 PARADISE ROAD MEDINA OH 44256**

INJURED TAKEN BY  
**1** 1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

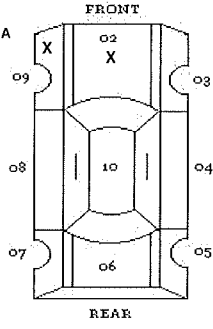
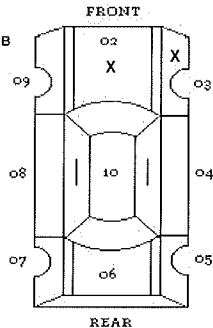
TRANSPORTED BY

INJURED TAKEN TO

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
<b>A</b> <b>01</b> 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS)	<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	<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>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>A</b> <b>1</b> 1. NOT EJECTED 2. TOTALLY EJECTED 3. PARTIALLY EJECTED 4. NOT APPLICABLE 5. UNKNOWN	<b>A</b> <b>1</b> 1. NOT TRAPPED 2. EXTRICATED BY MECHANICAL MEANS 3. FREED BY NON-MECHANICAL MEANS 4. UNKNOWN	<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>01</b> 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SIDE CAR)	<b>B</b> <b>04</b> 06 HELMET USED 07 RESTRAINT USE UNKNOWN 08 MOTORIST 09 NONE USED 10 HELMET USED 11 PROTECTIVE PADS	<b>B</b> <b>1</b>	<b>B</b> <b>4</b>	<b>B</b> <b>1</b>	<b>B</b> <b>1</b>	<b>B</b> <b>1</b>
<b>C</b> <b>03</b> 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA	<b>C</b> <b>04</b> 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	<b>C</b> <b>1</b>	<b>C</b> <b>4</b>	<b>C</b> <b>1</b>	<b>C</b> <b>1</b>	<b>C</b> <b>1</b>
<b>D</b> <b>03</b> 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	<b>D</b> <b>04</b>	<b>D</b> <b>1</b>	<b>D</b> <b>4</b>	<b>D</b> <b>1</b>	<b>D</b> <b>1</b>	<b>D</b> <b>1</b>

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="01"/> B <input type="text" value="01"/> <p><b>MOTORIST</b></p> 01. MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02. BACKING 03. CHANGING LANES 04. OVERTAKING/PASSING 05. TURNING RIGHT 06. TURNING LEFT 07. WORKING IN TURN 08. ENTERING TRAFFIC LANE 09. LEAVING TRAFFIC LANE 10. PARKED 11. SLOWING OR STOPPED IN TRAFFIC 12. DRIVERLESS 13. OTHER 14. UNKNOWN 15. <b>NON-MOTORIST</b> 16. ENTERING OR CROSSING SPECIFIED LOCATION 17. WALKING, RUNNING, JOGGING, PLAYING, CYCLING 18. PUSHING VEHICLE 19. APPROACHING OR LEAVING VEHICLE 20. PLAYING OR WORKING ON VEHICLE 21. OTHER 22. OTHER 23. UNKNOWN	<b>SEQUENCE OF EVENTS</b> <table style="width:100%;"> <tr> <td style="width:50%;">A <input type="text" value="20"/></td> <td style="width:50%;">B <input type="text" value="20"/></td> </tr> <tr> <td>A <input type="text" value="18"/></td> <td>B <input type="text" value="18"/></td> </tr> <tr> <td>A <input type="text"/></td> <td>B <input type="text"/></td> </tr> <tr> <td>A <input type="text"/></td> <td>B <input type="text"/></td> </tr> </table> <p><b>NON-COLLISION</b></p> 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 WITH PERSON, VEHICLE, OR OBJECT NOT FIXED 15. PEDESTRIAN 16. PEDALCYCLE 17. RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 18. ANIMAL - FARM 19. ANIMAL - DEER 20. ANIMAL - OTHER 21. MOTOR VEHICLE IN TRANSPORT 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/LUMINARIES SUPPORT 37. UTILITY POLE 38. OTHER SIGN POST, POLE OR SUPPORT 39. CURB 40. DITCH 41. EMBANKMENT 42. FENCE 43. MAILBOX 44. TREE 45. OTHER FIXED OBJECT (WALL, BUILDING, TOWER, ETC.) 46. WORK ZONE MAINTENANCE EQUIPMENT 47. UNKNOWN FIXED OBJECT 48. OTHER 49. UNKNOWN	A <input type="text" value="20"/>	B <input type="text" value="20"/>	A <input type="text" value="18"/>	B <input type="text" value="18"/>	A <input type="text"/>	B <input type="text"/>	A <input type="text"/>	B <input type="text"/>	<b>POSTED SPEED</b> A <input type="text" value="55"/> B <input type="text" value="55"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. NONE GIVEN  2. TEST REFUSED  3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  4. TEST GIVEN, RESULTS KNOWN  5. GIVEN, RESULTS UNKNOWN  6. UNKNOWN</p>
A <input type="text" value="20"/>	B <input type="text" value="20"/>												
A <input type="text" value="18"/>	B <input type="text" value="18"/>												
A <input type="text"/>	B <input type="text"/>												
A <input type="text"/>	B <input type="text"/>												
<b>NON-MOTORIST LOCATION</b> A <input type="text"/> B <input type="text"/> <p>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. OUTSIDE TRAFFICWAY  14. SHARED USE PATHS OR TRAILS  15. UNKNOWN</p>		<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="01"/> B <input type="text" value="01"/> <p><b>MOTORIST</b></p> 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. DRIVER INATTENTION 17. VISION OBSTRUCTION 18. FATIGUE/ASLEEP 19. OPERATING DEFECTIVE EQUIPMENT 20. LOAD SHIFTING/FALLING/SPILLING 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>TRAFFIC CONTROL</b> A <input type="text" value="12"/> B <input type="text" value="12"/> <p>01. NO CONTROLS  02. STOP SIGN  03. YIELD SIGN  04. TRAFFIC SIGNAL  05. TRAFFIC FLASHERS  06. SCHOOL ZONE  07. RAILROAD CROSSBUCKS  08. RAILROAD FLASHERS  09. RAILROAD GATES  10. CONSTRUCTION BARRICADE  11. POLICE OFFICER  12. PAVEMENT MARKINGS  13. CROSSWALK LINES  14. WALK/DONT WALK  15. TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED  16. OTHER  17. NOT REPORTED  18. UNKNOWN</p>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. NONE  2. BLOOD  3. URINE  4. OTHER</p>									
<b>TYPE OF UNIT</b> A <input type="text" value="06"/> B <input type="text" value="03"/> <p><b>MOTORIST</b></p> 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 (BOBTAIL) 13. TRACTOR/SEMI-TRAILER 14. TRACTOR/DOUBLE - SHORT 15. TRACTOR DOUBLE - LONG 16. FIFTH WHEEL OR COVERTER 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 <b>NON-MOTORIST</b> 35. ANIMAL W/BUGGY 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	<b>MOST DAMAGED AREA</b> A <input type="text" value="09"/> B <input type="text" value="03"/> <p>01. NONE  02. CENTER FRONT  03. RIGHT FRONT  04. RIGHT SIDE  05. RIGHT REAR  06. REAR CENTER  07. LEFT REAR  08. LEFT SIDE  09. LEFT FRONT  10. TOP AND WINDOWS  11. UNDERCARRIAGE  12. LOAD /TRAILER  13. TOTAL (ALL AREAS)  14. OTHER  15. UNKNOWN</p>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/> <p>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</p>	<b>DIRECTION</b> <table style="width:100%;"> <tr> <td style="width:50%;">FROM TO</td> <td style="width:50%;">FROM TO</td> </tr> <tr> <td>A <input type="text" value="2"/> <input type="text" value="1"/></td> <td>B <input type="text" value="1"/> <input type="text" value="2"/></td> </tr> </table> <p>1. NORTH  2. SOUTH  3. EAST  4. WEST  5. NORTHEAST  6. NORTHWEST  7. SOUTHEAST  8. SOUTHWEST  9. UNKNOWN</p>	FROM TO	FROM TO	A <input type="text" value="2"/> <input type="text" value="1"/>	B <input type="text" value="1"/> <input type="text" value="2"/>	<b>DRUG TEST 1 &amp; 2 RESULT</b> <table style="width:100%;"> <tr> <td style="width:50%;">A <input type="text" value="1"/> <input type="text" value="1"/></td> <td style="width:50%;">B <input type="text" value="1"/> <input type="text" value="1"/></td> </tr> </table> <p>1. NONE  2. MARIJUANA  3. COCAINE  4. OPiates  5. AMPHETAMINES  6. PCP  7. OTHER  8. UNKNOWN AT TIME OF REPORTING</p>	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="2"/> <input type="text" value="1"/>	B <input type="text" value="1"/> <input type="text" value="2"/>												
A <input type="text" value="1"/> <input type="text" value="1"/>	B <input type="text" value="1"/> <input type="text" value="1"/>												
<b>POINT OF IMPACT</b> A <input type="text" value="09"/> B <input type="text" value="03"/> <p>01. NONE  02. CENTER FRONT  03. RIGHT FRONT  04. RIGHT SIDE  05. RIGHT REAR  06. REAR CENTER  07. LEFT REAR  08. LEFT SIDE  09. LEFT FRONT  10. TOP AND WINDOWS  11. UNDERCARRIAGE  12. LOAD /TRAILER  13. TOTAL (ALL AREAS)  14. OTHER  15. UNKNOWN</p>	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text" value="3"/> <p>1. NON-CONTACT  2. NON-COLLISION  3. STRICKING  4. STRUCK  5. BOTH STRICKING AND STRUCK  6. UNKNOWN</p>	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	<b>CONDITION</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. APPARENTLY NORMAL  2. PHYSICAL IMPAIRMENT  3. EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)  4. ILLNESS  5. FELL ASLEEP, FAINTED, FATIGUED, ETC.  6. UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL  7. OTHER  8. UNKNOWN</p>	<b>TYPE OF INTERSECTION</b> <input type="text" value="01"/> <p>01. NOT AN INTERSECTION  02. FOUR-WAY INTERSECTION  03. T-INTERSECTION  04. Y-INTERSECTION  05. TRAFFIC CIRCLE/ROUNDABOUT  06. FIVE-POINT, OR MORE  07. ON RAMP  08. OFF RAMP  09. CROSSOVER  10. DRIVEWAY  11. RAILWAY GRADE CROSSING  12. SHARED-USE PATHS OR TRAILS  13. UNKNOWN</p>									
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. NO  2. YES  3. UNKNOWN</p>	<b>STRIKING VEHICLE OVERRIDE/OVERRIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. NO UNDERRIDE OR OVERRIDE  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</p>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="2"/> B <input type="text" value="2"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. NONE  2. YES ALCOHOL SUSPECTED  3. YES-HRD NOT IMPAIRED  4. YES-DRUGS SUSPECTED  5. YES-ALCOHOL AND DRUGS SUSPECTED  6. UNKNOWN</p>	<b>OCCURRENCE</b> <input type="text" value="1"/> <p>1. ON ROADWAY  2. ON SHOULDER  3. IN MEDIAN  4. ON ROADSIDE  5. ON GORE  6. OUTSIDE TRAFFICWAY  7. UNKNOWN</p>									
<b>DAMAGE SCALE</b> A <input type="text" value="3"/> B <input type="text" value="3"/> <p>1. NONE  2. NON-FUNCTIONAL  3. FUNCTIONAL DAMAGE  4. DISABLING DAMAGE  5. SEVERE  6. UNKNOWN</p>	<b>ROAD CONTOUR</b> <input type="text" value="1"/> <p>1. STRAIGHT LEVEL  2. STRAIGHT GRADE  3. CURVE LEVEL  4. CURVE GRADE  5. UNKNOWN</p>	<b>SPEED DETECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. STATED  2. ESTIMATED</p>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. NONE GIVEN  2. TEST REFUSED  3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  4. TEST GIVEN, RESULTS KNOWN  5. TEST GIVEN, RESULTS UNKNOWN  6. UNKNOWN</p>	<b>ROAD CONDITIONS</b> <table style="width:100%;"> <tr> <td style="width:50%;">PRIMARY <input type="text" value="01"/></td> <td style="width:50%;">SECONDARY <input type="text"/></td> </tr> </table> <p>01. DRY  02. WET  03. SNOW  04. ICE  05. SAND/MUD/DIRT/OIL/GRAVEL  06. WATER (STANDING, MOVING)  07. SLUSH  08. DEBRIS  09. RUT, HOLES, BUMPS, UNEVEN PAVEMENT  10. OTHER  11. UNKNOWN</p>	PRIMARY <input type="text" value="01"/>	SECONDARY <input type="text"/>							
PRIMARY <input type="text" value="01"/>	SECONDARY <input type="text"/>												
			<b>SPEED</b> A <input type="text" value="45"/> B <input type="text" value="40"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. NONE  4. BREATH  2. BLOOD  5. OTHER  3. URINE</p>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>								
			<b>SUPPLEMENT</b> <input type="checkbox"/> IF YES	<b>LOCAL REPORT #</b> 12-MV 01925									

**NARRATIVE**

UNIT #1 WAS TRAVELING NORTHBOUND ON WOOSTER PIKE AND UNIT #2 WAS TRAVELING SOUTHBOUND. FIVE DEER ENTERED INTO THE ROADWAY IN FRONT OF BOTH UNITS AND EACH UNIT STRUCK SEPARATE DEER. NO INJURIES OR SIGNIFICANT DAMAGE WAS SUSTAINED.

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><input checked="" type="checkbox"/> 1</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><input checked="" type="checkbox"/> 1</p> <p>1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN</p>	<p><b>DIAGRAM</b></p>
<p><b>WEATHER</b></p> <p><input checked="" type="checkbox"/> 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><b>WORK ZONE RELATED</b></p> <p><input checked="" type="checkbox"/> 1</p> <p>1. NO 2. YES 3. UNKNOWN</p>	
<p><b>LIGHT CONDITIONS</b></p> <p>PRIMARY <input checked="" type="checkbox"/> 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><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="text"/>	<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 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</p>

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 <input type="checkbox"/> 02 BUS (8-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 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 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN</p>	<p><b>WEIGHT (GVWR)</b></p> <p><input type="checkbox"/> 1. LESS/EQUAL 10,000 <input type="checkbox"/> 2. 10,001 - 26,000 <input type="checkbox"/> 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 4. UNKNOWN 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	
3/11/2012	15:58	15:58	16:04	16:29	0	31	
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED			
P.O. JUSTIN BENNETT		1612	SGT. NEIL	3/11/2012			
REPORT TAKEN BY	REPORT TAKEN AT			SUPPLEMENT 'X' IF YES	LOCAL REPORT #		
<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 1			<input type="checkbox"/>	12-MV 01925		