



TRAFFIC CRASH REPORT

CRASH REPORT # 12-MV 01805	CRASH SEVERITY 3 1 FATAL ERROR 3 FOO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> *X IF YES	HIT / SKIP 1 1 HOT 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 99 55 ANIMAL 99 UNKNOWN	DATE OF CRASH 3/6/2012	

MOTORIST / NON-MOTORIST

TIME OF CRASH 15:25	DAY OF WEEK TUE	CITY/VILLAGE/TOWNSHIP TOWNSHIP	NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF)	COUNTY # 52	LATITUDE 4104522084	LONGITUDE 0814815530
CRASH OCCURRED ON			TYPE LOCATION POINT USED		LOCAL INFORMATION	
PREFIX	CRASH LOCATION RIVER STYX ROAD	TYPE LOC 1	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE		7085 RIVER STYX ROAD	
AT/REFERENCE			REFERENCE POINT USED			
DIST. REF.	DIR	PREFIX	REFERENCE 007085	REF POINT 04	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 ORNWAY 10 STREET OR ROUTE WITHOUT REFERENCE	

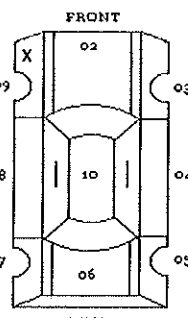
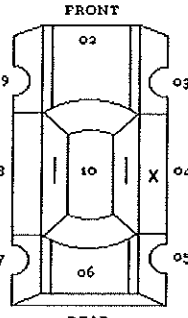
A	UNIT # 01	# OF OCC 3	NAME (LAST, FIRST, MIDDLE) OSBORNE ROSE S		ADDRESS (STREET, CITY, STATE, ZIP-CODE) 181 N. NIMISILA ROAD AKRON OH 44319		
DL STATE OH	DL # RN525128	LP STATE OH	LP # EFD2460	INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE "SAME") RONALD OSBORNE			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 181 W. NIMISILA ROAD AKRON OH 44319				
YEAR 2002	MAKE CHEVROLE	MODEL OTHER TR	COLOR WHITE	INSURANCE COMPANY STATE FARM	TOWING SERVICE	OWNER PHONE # (330)882-5956	
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES

B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) SMITH BRIAN E		ADDRESS (STREET, CITY, STATE, ZIP-CODE) 336 RUFUEUR RITTMAN OH 44270		
DL STATE OH	DL # RQ060199	LP STATE OH	LP # FJY3707	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") SMITH, BRIAN E			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 336 RUFUEUR RITTMAN OH 44270				
YEAR 2010	MAKE FORD	MODEL OTHER TR	COLOR BLACK	INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE	OWNER PHONE # (330)925-1237	
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES

OCCUPANT

C	UNIT # 01	NAME (LAST, FIRST, MIDDLE) OSBORNE RONALD M		HOME PHONE # (330)882-5956	DATE OF BIRTH 03/14/1946	AGE 65	SEX M
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 181 W. NIMISILA ROAD AKRON OH 44319			INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO		
D	UNIT # 01	NAME (LAST, FIRST, MIDDLE) OSBORNE RICK M		HOME PHONE # (330)819-5607	DATE OF BIRTH 01/05/1969	AGE 43	SEX M
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 160 HOLLYBRIER DRIVE WADSWORTH OH 44281			INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO		

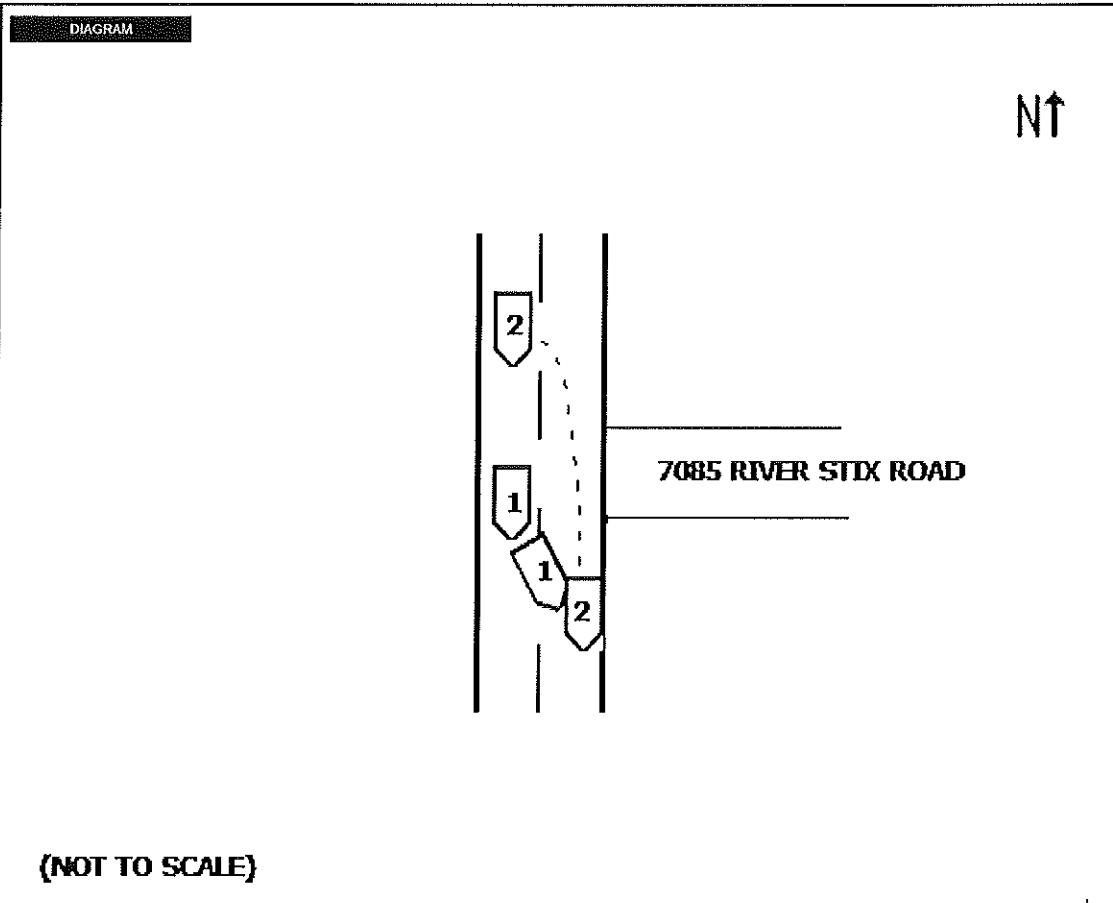
SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
A 01 01 FRONT - LEFT (VC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	A 04 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	A 1 1. NOT-DEPLOYED 2. DEPLOYED - FRONT 3. DEPLOYED - SIDE 4. DEPLOYED BOTH FRONT/SIDE 5. NOT APPLICABLE 6. DEPLOYMENT UNKNOWN	A 4 1. ON-OFF SWITCH NOT PRESENT 2. SWITCH IN ON POSITION 3. SWITCH IN OFF POSITION 4. UNKNOWN POSITION	A 1 1. NOT EJECTED 2. TOTALLY EJECTED 3. PARTIALLY EJECTED 4. NOT APPLICABLE 5. UNKNOWN	A 1 1. NOT TRAPPED 2. EXTRICATED BY MECHANICAL MEANS 3. FREED BY NON-MECHANICAL MEANS 4. UNKNOWN	A 1 1. NO INJURY 2. POSSIBLE 3. NON-INCAPACITATING 4. INCAPACITATING 5. FATAL INJURY 6. UNKNOWN
B 01 06 SECOND - MIDDLE 07 THIRD - RIGHT 08 THIRD - LEFT (MC PASSENGER/SIDE CAR) 09 THIRD - MIDDLE 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	B 04 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	B 1 1. NOT-DEPLOYED 2. DEPLOYED - FRONT 3. DEPLOYED - SIDE 4. DEPLOYED BOTH FRONT/SIDE 5. NOT APPLICABLE 6. DEPLOYMENT UNKNOWN	B 4 1. ON-OFF SWITCH NOT PRESENT 2. SWITCH IN ON POSITION 3. SWITCH IN OFF POSITION 4. UNKNOWN POSITION	B 1 1. NOT EJECTED 2. TOTALLY EJECTED 3. PARTIALLY EJECTED 4. NOT APPLICABLE 5. UNKNOWN	B 1 1. NOT TRAPPED 2. EXTRICATED BY MECHANICAL MEANS 3. FREED BY NON-MECHANICAL MEANS 4. UNKNOWN	B 1 1. NO INJURY 2. POSSIBLE 3. NON-INCAPACITATING 4. INCAPACITATING 5. FATAL INJURY 6. UNKNOWN
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BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT *X IF YES

<p>UNIT NUMBERS</p> <p>A <input type="text" value="01"/> B <input type="text" value="02"/></p> <p>NON-MOTORIST LOCATION</p> <p>A <input type="text"/> B <input type="text"/></p> <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 NOT 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>	<p>DAMAGE AREA</p> <p>FRONT</p>  <p>REAR</p>  <p>MOST DAMAGED AREA</p> <p>A <input type="text" value="09"/> B <input type="text" value="05"/></p> <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>	<p>PRE-CRASH ACTIONS</p> <p>A <input type="text" value="06"/> B <input type="text" value="04"/></p> <p>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</p> <p>NONMOTORIST 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</p>	<p>SEQUENCE OF EVENTS</p> <p>A <input type="text" value="20"/> B <input type="text" value="20"/></p> <p>1 <input type="text" value="20"/> 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"/></p> <p>NON-COLLISION 01 OVERTURN/ROLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/GOOD 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</p> <p>COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 BICYCLE 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</p> <p>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 FIXTURES/SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 39 DITCH 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</p>	<p>POSTED SPEED</p> <p>A <input type="text" value="50"/> B <input type="text" value="50"/></p> <p>TRAFFIC CONTROL</p> <p>A <input type="text" value="12"/> B <input type="text" value="12"/></p> <p>01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSTICKS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALKWAY/TWALK 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16 OTHER 17 NOT REPORTED 18 UNKNOWN</p>	<p>DRUG TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <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> <p>DRUG TEST TYPE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE 2 BLOOD 3 URINE 4 OTHER</p> <p>DRUG TEST 1 & 2 RESULT</p> <p>A <input type="text" value="1"/> 1 <input type="text" value="1"/> B <input type="text" value="1"/> 1 <input type="text" value="1"/></p> <p>1 NONE 2 MARIJUANA 3 COCAINE 4 OPiates 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING</p>
<p>TYPE OF UNIT</p> <p>A <input type="text" value="06"/> B <input type="text" value="07"/></p> <p>MOTORIST 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 CONVERTER DOLLY 17 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTORCYCLE 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 TRAM 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS</p> <p>NONMOTORIST 35 ANIMAL W/RIDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER NONMOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN</p>	<p>CONTRIBUTING CIRCUMSTANCES</p> <p>A <input type="text" value="22"/> B <input type="text" value="22"/></p> <p>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, NONMOTORIST IN ROADWAY, ETC.) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTION 18 FATIGUE/SLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN</p> <p>NONMOTORIST 23 NONE 24 IMPROPER CROSSING 25 DARING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN</p>	<p>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</p> <p>A <input type="text"/> B <input type="text"/></p> <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>	<p>FIRST HARMFUL EVENT</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p> <p>MOST HARMFUL EVENT</p> <p>A <input type="text" value="1"/> B <input type="text" value="5"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p> <p>SPEED DETECTED</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 STATED 2 ESTIMATED</p> <p>SPEED</p> <p>A <input type="text" value="10"/> B <input type="text" value="45"/></p>	<p>DIRECTION</p> <p>FROM TO FROM TO</p> <p>A <input type="text" value="1"/> 3 <input type="text" value="1"/> 2 B <input type="text" value="1"/> 2</p> <p>1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN</p> <p>CONDITION</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4 LILLES 5 FEEL ASLEEP, FAINTED, FATIGUED, ETC. 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN</p> <p>ALCOHOL/DRUG SUSPECTED</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE 2 YES ALCOHOL SUSPECTED 3 YES-HBO NOT APPAIED 4 YES-DRUGS SUSPECTED 5 YES-ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN</p> <p>ALCOHOL TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <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> <p>ALCOHOL TEST TYPE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER</p> <p>ALCOHOL TEST RESULT</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	<p>TYPE OF INTERSECTION</p> <p>A <input type="text" value="01"/></p> <p>01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDBOULT 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> <p>OCCURRENCE</p> <p>A <input type="text" value="1"/></p> <p>1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GOLF 6 OUTSIDE TRAFFICWAY 7 UNKNOWN</p> <p>ROAD CONTOUR</p> <p>A <input type="text" value="1"/></p> <p>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN</p> <p>ROAD CONDITIONS</p> <p>PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/></p> <p>01 DRY 02 WET 03 SHOW 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>
<p>IN EMERGENCY RESPONSE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	<p>ACTION</p> <p>A <input type="text" value="3"/> B <input type="text" value="4"/></p> <p>1 NON-CONTACT 2 NON-COLLISION 3 STRUCK 4 STRUCK 5 BOTH STRUCK AND STRUCK 6 UNKNOWN</p> <p>STRIKING VEHICLE OVERRIDE/UNDERIDE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NO UNDERIDE OR OVERRIDE 2 UNDERIDE, COMPARTMENT INTRUSION 3 UNDERIDE, NO COMPARTMENT INTRUSION 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN IF UNDERIDE OR OVERRIDE</p>				
<p>DAMAGE SCALE</p> <p>A <input type="text" value="2"/> B <input type="text" value="2"/></p> <p>1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 D-SABLING DAMAGE 5 SEVERE 6 UNKNOWN</p>					<p>SUPPLEMENT 'X' IF YES</p> <p>LOCAL REPORT #</p> <p>12-MV 01805</p>

NARRATIVE

VEHICLE #1 WAS TRAVELING SOUTHBOUND ON RIVER STIX ROAD IN FRONT OF VEHICLE #2. VEHICLE #1 SLOWED IN TRAFFIC AND VEHICLE #2 ATTEMPTED TO PASS VEHICLE #1. VEHICLE #1 BEGAN TO MAKE A LEFT TURN AND STRUCK VEHICLE #2 AS VEHICLE #1 WAS PASSING. VEHICLE #1 CLAIMS SHE HAD HER LEFT TURN SIGNAL ON AS SHE SLOWED DOWN. VEHICLE #2 CLAIMS VEHICLE #1 HAD HER RIGHT TURN SIGNAL ON WHICH GAVE HIM THE RIGHT TO PASS.

MANNER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 7 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKGONG 6 ANGLE 7 S-DESWIPE SAME DIRECTION 8 S-DESWIPE OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED <input checked="" type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER <input checked="" type="checkbox"/> 01 01 CLEAR 02 CLOUDY 03 FOG/SMOG/SMOKE 04 RAIN 05 SLEET/HAUL (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND/SOIL/RT/SNOW 09 OTHER 10 UNKNOWN	WORK ZONE RELATED <input checked="" type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN



TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIUM 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	

TRUCK/BUS UNIT # <input type="checkbox"/>	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
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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 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	WEIGHT (GVWR) <input type="checkbox"/> 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 25,000 <input type="checkbox"/> 3 MORE THAN 25,000	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 3/6/2012	TIME REC CALL 15:25	DISPATCH 15:25	ARRIVED 15:29	CLEARED 16:00	OTHER 35	TOTAL MINUTES 70
OFFICER'S NAME SGT. MATTHEW NEIL	BADOE # 1606	CHECKED BY SGT. NEIL	DATE REPORT FILED 3/6/2012		LOCAL REPORT # 12-MV 01805	
REPORT TAKEN BY <input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST <input type="checkbox"/> 3 UNKNOWN	REPORT TAKEN AT <input checked="" type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER	SUPPLEMENT 'X' IF YES <input type="checkbox"/>				