



TRAFFIC CRASH REPORT

CRASH REPORT #
160-12- 003015

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
01
98 ANIMAL
99 UNKNOWN

DATE OF CRASH
4/16/2012

TIME OF CRASH
18:00

DAY OF WEEK
MON

CITY/VILLAGE/TOWNSHIP
TOWNSHIP

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

COUNTY #
52

LATITUDE
4105298532

LONGITUDE
0814932256

CRASH OCCURRED ON

PREFIX
POE

CRASH LOCATION
POE

TYPE LOC
1

LOCAL INFORMATION
POE ROAD AND WADSWORTH ROA

AT/REFERENCE

DIST. REF. DIR PREFIX REFERENCE
00057

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

MOTORIST / NON-MOTORIST

A UNIT # **01** # OF OCC **1** NAME (LAST, FIRST, MIDDLE)
NOWAK BRIAN G

ADDRESS (STREET, CITY, STATE, ZIP-CODE)
3165 YORK ROAD ORRVILLE OH 44667

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
12/04/1973 38 M (330)608-3102 (330)483-4900

DL STATE DL # LP STATE LP # INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO
OH RF645339 OH EMA9503 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE

OWNER NAME (IF SAME, WRITE "SAME") OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)
NOWAK, BRIAN G 3165 YORK ROAD ORRVILLE OH 44667

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2003 ACURA TL WHITE GRANGE AUTO

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE
 X IF YES

B UNIT # **02** # OF OCC **1** NAME (LAST, FIRST, MIDDLE)
RUMMER PAUL A

ADDRESS (STREET, CITY, STATE, ZIP-CODE)
352 HILLSDALE AVENUE NORTON OH 44203

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
12/26/1965 46 M (330)706-9902

DL STATE DL # LP STATE LP # INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO
OH RL315395 OH EK20DC 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE

OWNER NAME (IF SAME, WRITE "SAME") OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)
RUMMER, PAUL A 352 HILLSDALE AVENUE NORTON OH 44203

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
1998 JEEP OTHER WHITE GRANGE MUTUAL

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE
 X IF YES

OCCUPANT

C UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

ADDRESS (STREET, CITY, STATE, ZIP-CODE) INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO
 1. NONE 4. OTHER 2. EMS 5. UNKNOWN 3. POLICE

D UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

ADDRESS (STREET, CITY, STATE, ZIP-CODE) INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO
 1. NONE 4. OTHER 2. EMS 5. UNKNOWN 3. POLICE

SEATING POSITION
A **01** 01. FRONT - LEFT (MC DRIVER)
02. FRONT - MIDDLE
03. FRONT - RIGHT
04. SECOND - LEFT (MC PAS)
B **01** 05. SECOND - MIDDLE
06. SECOND - RIGHT
07. THIRD - LEFT (MC PASSENGER/SIDE CAR)
08. THIRD - MIDDLE
C 09. THIRD - RIGHT
10. SLEEPER SECTION OF CAB
D 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
05. CHILD SAFETY SEAT USED
C 06. HELMET USED
07. RESTRAINT USE UNKNOWN
D 08. NON-MOTORIST
09. NONE USED
10. HELMET USED
11. PROTECTIVE PADS
12. REFLECTIVE CLOTHING
13. LIGHTING
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
D

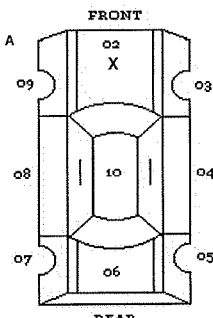
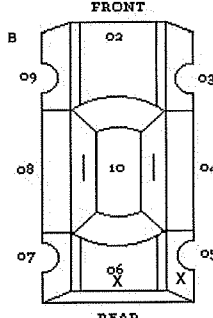
AIR BAG SWITCH
A **2** 1. ON-OFF SWITCH NOT PRESENT
2. SWITCH IN ON POSITION
3. SWITCH IN OFF POSITION
4. UNKNOWN POSITION
D
B **4**
C

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

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

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

BLANK FOR WITNESS 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>B</td> </tr> <tr> <td><input type="text" value="20"/></td> <td><input type="text" value="20"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> | A | B | <input type="text" value="20"/> | <input type="text" value="20"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | POSTED SPEED A <input type="text" value="45"/> B <input type="text" value="45"/> | DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> | | |
| A | B | | | | | | | | | | | | | | | | |
| <input type="text" value="20"/> | <input type="text" value="20"/> | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | |
| NON-MOTORIST LOCATION A <input type="text"/> B <input type="text"/> 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 |  | 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/ROLL-OVER 02. FIRE/EXPLOSION 03. IMERSION 04. JACKKNIFE 05. CARGO/EQUIPMENT LOSS OR SHIFT 06. EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07. SEPARATION OF UNITS 08. RAIN OF ROAD RIG 09. RAN OFF ROAD LEFT 10. CROSS-MEDIA/CENTERLINE 11. DOWNHILL RUNAWAY 12. OTHER NON-COLLISION 13. UNKNOWN NON-COLLISION 14. COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 15. PEDAL CYCLE 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. GUARDRAIL 31. GUARDRAIL END 32. MEDIAN BARRIER 33. HIGHWAY TRAFFIC SIGN POST 34. OVERHEAD SIGN POST 35. LIGHT/LUMINARIES 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 | TRAFFIC CONTROL A <input type="text" value="02"/> B <input type="text" value="02"/> 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/DON'T WALK 15. TRAFFIC CONTROL DEVICE 16. INOPERATIVE, MISSING, OBSCURED 17. NOT REPORTED 18. UNKNOWN | DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> 1. NONE 2. BLOOD 3. URINE 4. OTHER | | | | | | | | | | | | |
| TYPE OF UNIT A <input type="text" value="03"/> B <input type="text" value="06"/> 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. 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. PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40. SKATER 41. OTHER-NON MOTORIST (WHEELCHAIR, ETC) 42. UNKNOWN | MOST DAMAGED AREA A <input type="text" value="02"/> B <input type="text" value="05"/> 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 | CONTRIBUTING CIRCUMSTANCES A <input type="text" value="08"/> B <input type="text" value="01"/> 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/ACDRA 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 W/PROPER 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. WRONG SIDE OF THE ROAD 32. OTHER 33. UNKNOWN | FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) | DIRECTION <table border="1"> <tr> <td>FROM TO</td> <td>FROM TO</td> </tr> <tr> <td>A <input type="text" value="4"/> <input type="text" value="3"/></td> <td>B <input type="text" value="4"/> <input type="text" value="3"/></td> </tr> </table> 1. NORTH 2. SOUTH 3. EAST 4. WEST 5. NORTHEAST 6. NORTHWEST 7. SOUTHEAST 8. SOUTHWEST 9. UNKNOWN | FROM TO | FROM TO | A <input type="text" value="4"/> <input type="text" value="3"/> | B <input type="text" value="4"/> <input type="text" value="3"/> | DRUG TEST 1 & 2 RESULT <table border="1"> <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. NONE 2. MARIJUANA 3. COCAINE 4. OPIATES 5. AMPHETAMINES 6. PCP 7. OTHER 8. UNKNOWN AT TIME OF REPORTING | 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="4"/> <input type="text" value="3"/> | B <input type="text" value="4"/> <input type="text" value="3"/> | | | | | | | | | | | | | | | | |
| 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"/> | | | | | | | | | | | | | | |
| IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/> 1. NO 2. YES 3. UNKNOWN | POINT OF IMPACT A <input type="text" value="02"/> B <input type="text" value="05"/> 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 | VEHICLE DEFECT CODE ONLY IF '19' 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"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) | CONDITION A <input type="text" value="8"/> B <input type="text" value="8"/> 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 | TYPE OF INTERSECTION <input type="text" value="02"/> 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 | | | | | | | | | | | | |
| DAMAGE SCALE A <input type="text" value="3"/> B <input type="text" value="3"/> 1. NONE 2. NON-FUNCTIONAL 3. FUNCTIONAL DAMAGE 4. DISABLING DAMAGE 5. SEVERE 6. UNKNOWN | ACTION A <input type="text" value="3"/> B <input type="text" value="4"/> 1. NON-CONTACT 2. NON-COLLISION 3. STRUCK 4. STRUCK 5. BOTH STRUCK AND STRUCK 6. UNKNOWN | ALCOHOL/DRUG SUSPECTED A <input type="text" value="6"/> B <input type="text" value="6"/> 1. NONE 2. YES ALCOHOL SUSPECTED 3. YES-HBD NOT IMPAIRED 4. YES-DRUGS SUSPECTED 5. YES-ALCOHOL AND DRUGS SUSPECTED 6. UNKNOWN | SPEED DETECTED A <input type="text" value="1"/> B <input type="text" value="1"/> 1. STATED 2. ESTIMATED | ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> 1. NONE GIVEN 2. TEST REFUSED 3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4. TEST GIVEN, RESULTS KNOWN 5. TEST GIVEN, RESULTS UNKNOWN 6. UNKNOWN | ROAD CONTOUR <input type="text" value="1"/> 1. STRAIGHT LEVEL 2. STRAIGHT GRADE 3. CURVE LEVEL 4. CURVE GRADE 5. UNKNOWN | | | | | | | | | | | | |
| DAMAGE SCALE A <input type="text" value="3"/> B <input type="text" value="3"/> 1. NONE 2. NON-FUNCTIONAL 3. FUNCTIONAL DAMAGE 4. DISABLING DAMAGE 5. SEVERE 6. UNKNOWN | STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/> 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 | ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> 1. NONE 2. BLOOD 3. URINE | SPEED A <input type="text" value="5"/> B <input type="text" value="0"/> | ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/> | ROAD CONDITIONS PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/> 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 | | | | | | | | | | | | |
| SUPPLEMENT 'X' IF YES <input type="checkbox"/> | | | | | LOCAL REPORT # 160-12- 003015 | | | | | | | | | | | | |

NARRATIVE

ON 4/17/2012, I RECEIVED A REPORT ON STATION OF A MOTOR VEHICLE CRASH. THE DRIVER OF UNIT #2 ADVISED THAT WHILE STOPPED AT THE STOP SIGN, UNIT #1 HAD STRUCK HIM CAUSING MINOR DAMAGE. BOTH PARTIES WERE CONTACTED AND A REPORT WAS FILLED.

| | | |
|--|--|--------------------|
| 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 |
| | WORK ZONE RELATED <input checked="" type="checkbox"/> 1 1. NO 2. YES 3. 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 SANDS/DIRT/SNOW 09. OTHER 10. UNKNOWN | TYPE OF WORK ZONE <input type="checkbox"/> 1. LANE CLOSURE 2. LANE SHIFT/CROSSOVER 3. WORK ON SHOULDER OR MEDIAN 4. INTERMITTENT OR MOVING WORK 5. OTHER | |
| 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 | 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="text"/> | THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A. TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR B. TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR C. A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER | THE CRASH RESULTED IN ONE OF THE FOLLOWING: A. A FATALITY; OR B. AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT; OR C. AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER |
|---|---|--|

| | |
|--------------------------------|---------------|
| 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 |
|--------|--------|------|----------------|-----------------|--------------|-----------|-------|

| | | | | | | |
|--|--|--|---|---|--|---|
| CARGO BODY TYPE <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/CHIP/GR/AV/WW | <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 - 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 <input type="checkbox"/> 4. UNKNOWN |
|--|--|--|---|---|--|---|

| | | | | | | |
|--|---|---|--------------------------------|-------------------------|---|----------------------------|
| POLICE ACTION | | | | | | |
| DATE CRASH REPORTED 4/16/2012 | TIME REC CALL 18:02 | DISPATCH 18:02 | ARRIVED 18:02 | CLEARED 18:30 | OTHER 0 | TOTAL MINUTES 28 |
| OFFICER'S NAME P.O. JUSTIN BENNETT | | BADGE # 1612 | CHECKED BY SGT. NEIL | | DATE REPORT FILED 4/17/2012 | |
| REPORT TAKEN BY <input checked="" type="checkbox"/> 1 1. POLICE AGENCY 2. MOTORIST 3. UNKNOWN | REPORT TAKEN AT <input checked="" type="checkbox"/> 2 1. SCENE 2. STATION 3. OTHER | SUPPLEMENT 'X' IF YES <input type="checkbox"/> | | | LOCAL REPORT # 160-12- 003015 | |