



TRAFFIC CRASH REPORT

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|---|---|--|--|---|----------------------------------|---|-----------------------------------|-----------------------------------|
| CRASH REPORT # 160-12- 003250 | CRASH SEVERITY 3 1 FATAL ERROR 3 PDO 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 <input type="checkbox"/> | OH-3 <input checked="" type="checkbox"/> | OH-1P <input type="checkbox"/> | OTHER <input type="checkbox"/> |
| N.C.I.C. # 05213 | REPORTING AGENCY MONTVILLE TOWNSHIP POLICE | # UNITS 2 | UNIT ERROR 01 98 ANIMAL 99 UNKNOWN | DATE OF CRASH 4/25/2012 | | | | |

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|-------------------------------|---------------------------|--|---|-----------------------|-------------------------------|---------------------------------|
| TIME OF CRASH 08:35 | DAY OF WEEK WED | CITY/VILLAGE/TOWNSHIP TOWNSHIP | NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF) | COUNTY # 52 | LATITUDE 4108103569 | LONGITUDE 08184806330 |
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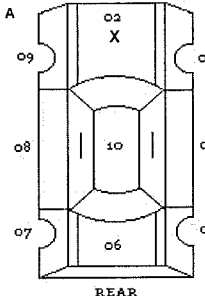
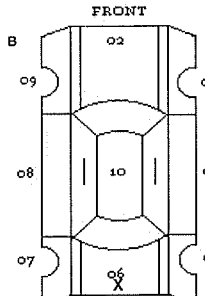
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| CRASH OCCURRED ON PREFIX 0018 | CRASH LOCATION 0018 | TYPE LOC 3 | TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE | LOCAL INFORMATION IN FRONT OF WAFFLE HOUSE | |
| AT REFERENCE DIST. REF. | DIR | PREFIX | REFERENCE TRANSPORTATION | 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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| A | UNIT # 01 | # OF OCC 1 | NAME (LAST, FIRST, MIDDLE) MAIER CHRISTINE M. | | | |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1116 HILLVIEW WAY MEDINA OH 44256 | | | | | | |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH 01/28/1967 | AGE 45 | SEX F | HOME PHONE # (330)241-9224 | WORK PHONE # | |
| DL STATE OH | DL # RH148479 | LP STATE OH | LP # FKD8074 | 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") MAIER, JOSEPH. | | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1116 HILLVIEW WAY MEDINA OH 44256 | | | | |
| YEAR 2007 | MAKE DODGE | MODEL OTHER | COLOR GRAY | INSURANCE COMPANY NATIONWIDE | TOWING SERVICE DAB | OWNER PHONE # |
| OFFENSE CHARGED 4511.21A | OFFENSE DESCRIPTION ASSURED CLEAR DISTANCE AHEAD | | | CITATION # Y 33566 | LOCAL CODE <input type="checkbox"/> *X IF YES | |

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|---|------------------------------------|---|--|---|--|------------------|
| B | UNIT # 02 | # OF OCC 2 | NAME (LAST, FIRST, MIDDLE) VLASENKO SERGIY | | | |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4418 AYLESWORT DRIVE BRUNSWICK OH 44212 | | | | | | |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH 04/13/1982 | AGE 30 | SEX M | HOME PHONE # | WORK PHONE # (440)554-2676 | |
| DL STATE OH | DL # RY044758 | LP STATE OH | LP # FMU5688 | 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") VLASENKO, SERGIY | | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4418 AYLESWORT DRIVE BRUNSWICK OH 44212 | | | | |
| YEAR 2004 | MAKE CHRYSLER | MODEL OTHER | COLOR WHITE | INSURANCE COMPANY STATE FARM | TOWING SERVICE | OWNER PHONE # |
| OFFENSE CHARGED | OFFENSE DESCRIPTION | | | CITATION # | LOCAL CODE <input type="checkbox"/> *X IF YES | |

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|--|---------------------|--|--|---|------------------------------------|------------------|-----------------|
| C | UNIT # 02 | NAME (LAST, FIRST, MIDDLE) VLASENKO AMELIA | | HOME PHONE # | DATE OF BIRTH 04/07/2007 | AGE 5 | SEX F |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) SAME | | | | 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 | |

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|--|--|--|--|---|---|--|
| SEATING POSITION A 01 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT B 01 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 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 C 05 NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS D <input type="checkbox"/> 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN | AIR BAG A 6 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 <input type="checkbox"/> | AIR BAG SWITCH A 4 1. ON-OFF SWITCH NOT PRESENT 2. SWITCH IN ON POSITION 3. SWITCH IN OFF POSITION 4. UNKNOWN POSITION B 4 C 4 D <input type="checkbox"/> | EJECTION A 1 1. NOT EJECTED 2. TOTALLY EJECTED 3. PARTIALLY EJECTED 4. NOT APPLICABLE 5. UNKNOWN B 1 C 1 D <input type="checkbox"/> | TRAPPED A 1 1. NOT TRAPPED 2. EXTRICATED BY MECHANICAL MEANS 3. EXTRICATED BY NON-MECHANICAL MEANS 4. UNKNOWN B 1 C 1 D <input type="checkbox"/> | INJURIES A 1 1. NO INJURY 2. POSSIBLE 3. NON-INCAPACITATING 4. INCAPACITATING 5. FATAL INJURY 6. UNKNOWN B 1 C 1 D <input type="checkbox"/> |
| BLANK FOR WITNESS | | | | | | <input type="checkbox"/> SUPPLEMENT *X IF YES |

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| <p>UNIT NUMBERS</p> <p>A <input type="text" value="01"/> B <input type="text" value="02"/></p> | <p>DAMAGE AREA</p> <p>FRONT</p>  <p>REAR</p> | <p>PRE-CRASH ACTIONS</p> <p>A <input type="text" value="11"/> B <input type="text" value="11"/></p> <p>MOTORIST</p> <ol style="list-style-type: none"> 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 15 NON-MOTORIST 16 ENTERING OR CROSSING SPECIFIED LOCATION 17 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 18 WORKING 19 PUSHING VEHICLE 20 APPROACHING OR LEAVING VEHICLE 21 PLAYING OR WORKING ON VEHICLE 22 STANDING 23 OTHER 24 UNKNOWN | <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"/></p> <p>2 <input type="text" value=""/> 2 <input type="text" value=""/></p> <p>3 <input type="text" value=""/> 3 <input type="text" value=""/></p> <p>4 <input type="text" value=""/> 4 <input type="text" value=""/></p> | <p>POSTED SPEED</p> <p>A <input type="text" value="40"/> B <input type="text" value="40"/></p> | <p>DRUG TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> 1. NONE GIVEN 2. TEST REFUSED 3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4. TEST GIVEN, RESULTS KNOWN 5. GIVEN, RESULTS UNKNOWN 6. UNKNOWN |
| <p>NON-MOTORIST LOCATION</p> <p>A <input type="text" value=""/> B <input type="text" value=""/></p> <p>01 MARKED CROSSWALK AT INTERSECTION</p> <p>02 AT INTERSECTION BUT NO CROSSWALK</p> <p>03 NON-INTERSECTION CROSSWALK</p> <p>04 DRIVEWAY ACCESS CROSSWALK</p> <p>05 IN ROADWAY</p> <p>06 NOT IN ROADWAY</p> <p>07 MEDIAN (BUT NOT ON SHOULDER)</p> <p>08 ISLAND</p> <p>09 SHOULDER</p> <p>10 SIDEWALK</p> <p>11 WITHIN 10 FEET OF ROADWAY (BUT NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)</p> <p>12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)</p> <p>13 OUTSIDE TRAFFICWAY</p> <p>14 SHARED USE PATHS OR TRAILS</p> <p>15 UNKNOWN</p> | <p>FRONT</p>  <p>REAR</p> | <p>CONTRIBUTING CIRCUMSTANCES</p> <p>A <input type="text" value="08"/> B <input type="text" value="01"/></p> <p>MOTORIST</p> <ol style="list-style-type: none"> 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 23 NON-MOTORIST 24 NONE 25 IMPROPER CROSSING 26 DARTING 27 LYING AND/OR ILLEGALLY IN ROADWAY 28 FAILURE TO YIELD RIGHT OF WAY 29 NOT VISIBLE (DARK CLOTHING) 30 INATTENTIVE 31 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER 32 WRONG SIDE OF THE ROAD 33 OTHER 34 UNKNOWN | <p>NON-COLLISION</p> <ol style="list-style-type: none"> 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/PERSON, VEHICLE OR OBJECT 15 NOT FIXED 16 PEDESTRIAN 17 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 18 ANIMAL - FARM 19 ANIMAL - DEER 20 ANIMAL - OTHER 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 FACE 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 EMBARKMENT 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>TRAFFIC CONTROL</p> <p>A <input type="text" value="04"/> B <input type="text" value="04"/></p> <p>01 NO CONTROLS</p> <p>02 STOP SIGN</p> <p>03 YIELD SIGN</p> <p>04 TRAFFIC SIGNAL</p> <p>05 TRAFFIC FLASHERS</p> <p>06 SCHOOL ZONE</p> <p>07 RAILROAD CROSSBUCKS</p> <p>08 RAILROAD FLASHERS</p> <p>09 RAILROAD GATES</p> <p>10 CONSTRUCTION BARRICADE</p> <p>11 POLICE OFFICER</p> <p>12 PAVEMENT MARKINGS</p> <p>13 CROSSWALK LINES</p> <p>14 WALK/DONT WALK</p> <p>15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED</p> <p>16 OTHER</p> <p>17 NOT REPORTED</p> <p>18 UNKNOWN</p> | <p>DRUG TEST TYPE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> 1. NONE 2. BLOOD 3. URINE 4. OTHER <p>DRUG TEST 1 & 2 RESULT</p> <p>A <input type="text" value="1"/> <input type="text" value="1"/> B <input type="text" value="1"/> <input type="text" value="1"/></p> <ol style="list-style-type: none"> 1. NONE 2. MARIJUANA 3. COCAINE 4. OPIATES 5. AMPHETAMINES 6. PCP 7. OTHER 8. UNKNOWN AT TIME OF REPORTING |
| <p>TYPE OF UNIT</p> <p>A <input type="text" value="04"/> B <input type="text" value="06"/></p> <p>MOTORIST</p> <ol style="list-style-type: none"> 01 SUB-COMPACT 02 COMPACT 03 MID SIZED 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 09 SINGLE AXLE TRUCK; 2 AXLES, 6 TIRES 10 SINGLE AXLE 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 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 35 NON-MOTORIST 36 ANIMAL W/RIDER 37 ANIMAL W/BUGGY 38 BICYCLE 39 PEDESTRIAN 40 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 41 SKATER 42 OTHER-NON MOTORIST (WHEELCHAIR, ETC.) 43 UNKNOWN | <p>MOST DAMAGED AREA</p> <p>A <input type="text" value="02"/> B <input type="text" value="06"/></p> <p>01 NONE</p> <p>02 CENTER FRONT</p> <p>03 RIGHT FRONT</p> <p>04 RIGHT SIDE</p> <p>05 RIGHT REAR</p> <p>06 REAR CENTER</p> <p>07 LEFT REAR</p> <p>08 LEFT SIDE</p> <p>09 LEFT FRONT</p> <p>10 TOP AND WINDOWS</p> <p>11 UNDERCARRIAGE</p> <p>12 LOAD /TRAILER</p> <p>13 TOTAL (ALL AREAS)</p> <p>14 OTHER</p> <p>15 UNKNOWN</p> | <p>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</p> <p>A <input type="text" value=""/> B <input type="text" value=""/></p> <ol style="list-style-type: none"> 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>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="1"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p> | <p>DIRECTION</p> <p>FROM TO</p> <p>A <input type="text" value="4"/> <input type="text" value="3"/> B <input type="text" value="4"/> <input type="text" value="3"/></p> <ol style="list-style-type: none"> 1. NORTH 2. SOUTH 3. EAST 4. WEST 5. NORTHEAST 6. NORTHWEST 7. SOUTHEAST 8. SOUTHWEST 9. UNKNOWN <p>CONDITION</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> 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>TYPE OF INTERSECTION</p> <p><input type="text" value="02"/></p> <ol style="list-style-type: none"> 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>OCCURRENCE</p> <p><input type="text" value="1"/></p> <ol style="list-style-type: none"> 1. ON ROADWAY 2. ON SHOULDER 3. IN MEDIAN 4. ON ROADSIDE 5. ON GORE 6. OUTSIDE TRAFFICWAY 7. UNKNOWN |
| <p>IN EMERGENCY RESPONSE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> 1. NO 2. YES 3. UNKNOWN | <p>ACTION</p> <p>A <input type="text" value="3"/> B <input type="text" value="4"/></p> <ol style="list-style-type: none"> 1. NON-CONTACT 2. NON-COLLISION 3. STRIKING 4. STRUCK 5. BOTH STRIKING AND STRUCK 6. UNKNOWN | <p>STRIKING VEHICLE OVERRIDE/UNDERIDE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> 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>SPEED DETECTED</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> 1. STATED 2. ESTIMATED | <p>ALCOHOL/DRUG SUSPECTED</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> 1. NONE 2. YES ALCOHOL SUSPECTED 3. YES-HBD NOT IMPAIRED 4. YES-DRUGS SUSPECTED 5. YES-ALCOHOL AND DRUGS SUSPECTED 6. UNKNOWN | <p>ROAD CONTOUR</p> <p><input type="text" value="1"/></p> <ol style="list-style-type: none"> 1. STRAIGHT LEVEL 2. STRAIGHT GRADE 3. CURVE LEVEL 4. CURVE GRADE 5. UNKNOWN |
| <p>DAMAGE SCALE</p> <p>A <input type="text" value="4"/> B <input type="text" value="2"/></p> <ol style="list-style-type: none"> 1. NONE 2. NON-FUNCTIONAL 3. FUNCTIONAL DAMAGE 4. DISABLING DAMAGE 5. SEVERE 6. UNKNOWN | <p>ALCOHOL TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> 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>ALCOHOL TEST TYPE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> 1. NONE 2. BLOOD 3. URINE 4. BREATH 5. OTHER | <p>SPEED</p> <p>A <input type="text" value="0"/></p> <p>B <input type="text" value="15"/></p> | <p>ALCOHOL TEST RESULT</p> <p>A <input type="text" value=""/></p> <p>B <input type="text" value=""/></p> | <p>ROAD CONDITIONS</p> <p>PRIMARY <input type="text" value="01"/> SECONDARY <input type="text" value=""/></p> <ol style="list-style-type: none"> 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>SUPPLEMENT 'X' IF YES</p> <p>LOCAL REPORT #</p> <p>160-12- 003250</p> |

NARRATIVE

UNIT 1 WAS TRAVELING EAST BOUND ON MEDINA ROAD, STATE ROUTE 18 WHEN IT FAILED TO STOP WITH ASSURED CLEAR DISTANCE AHEAD AND STRUCK UNIT 2. THERE WERE NO INJURIES AND UNIT 1 RECEIVED A CITATION FOR FAILING TO STOP WITH ASSURED CLEAR DISTANCE AHEAD. UNIT 1 WAS TOWED BY DAB TOWING.

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

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| TRUCK/BUS UNIT # | <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 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> |

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| COMPANY (FROM SHIPPING PAPERS) | COMPANY PHONE |
|--------------------------------|---------------|

ADDRESS (STREET, CITY, ST, ZIP CODE)

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|--------|--------|------|----------------|-----------------|--------------|-----------|-------|
| US DOT | ICC MC | PUCO | TRAILER LP ST. | TRAILER LP YEAR | TRAILER LP # | PLACARD # | # DIA |
|--------|--------|------|----------------|-----------------|--------------|-----------|-------|

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|---|--|---|---|---|--|--|
| <p>CARGO BODY TYPE</p> <p><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</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>WEIGHT (GVWR)</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>CDL CLASS</p> <p><input type="checkbox"/></p> <p>1. CLASS A 2. CLASS B 3. CLASS C 4. CLASS D 5. CLASS E</p> | <p>HAZARDOUS MATERIALS PLACARD</p> <p><input type="checkbox"/></p> <p>1. NO 2. YES 3. UNKNOWN</p> | <p>HAZARDOUS MATERIALS RELEASED</p> <p><input type="checkbox"/></p> <p>1. NO 2. YES 3. NOT APPLICABLE</p> |
|---|--|---|---|---|--|--|

| | | | | | | | |
|---------------------------------------|---------------|---------------------------------------|---------|--------------------------|--------------------|----------------|-------------------|
| POLICE ACTION | | | | | | | |
| DATE CRASH REPORTED | TIME REC CALL | DISPATCH | ARRIVED | CLEARED | OTHER | TOTAL MINUTES | |
| 4/25/2012 | 08:36 | 08:36 | 08:47 | 09:31 | 60 | 115 | |
| OFFICER'S NAME | | | BADGE # | | CHECKED BY | | DATE REPORT FILED |
| P.O. MICHAEL STONE <i>MS</i> | | | 1613 | | SGT NEIL <i>ND</i> | | 4/25/2012 |
| 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"/> | | 160-12- 003250 | |