



TRAFFIC CRASH REPORT

CRASH REPORT # 160-12- 004476	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 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 02 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 6/7/2012	

TIME OF CRASH 08:50	DAY OF WEEK THU	CITY/VILLAGE/TOWNSHIP TOWNSHIP	NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF)	COUNTY # 52	LATITUDE 4108108211	LONGITUDE 0814722961
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CRASH OCCURRED ON			TYPE LOCATION POINT USED		LOCAL INFORMATION	
PREFIX MEDINA	CRASH LOCATION MEDINA	TYPE LOC 1	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE		MEDINA RD	

AT/REFERENCE					REFERENCE POINT USED				
DIST. REF.	DIR	PREFIX	REFERENCE GATEWAY	REF POINT 02	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			

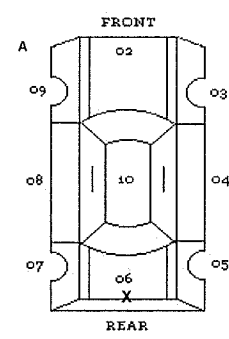
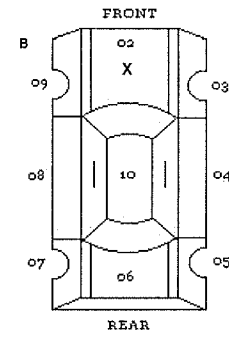
A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) SWARTZ BRITTANY				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3111 LINCOLN AVE PARMA OH 44134							
SOCIAL SECURITY NUMBER		DATE OF BIRTH 01/25/1994	AGE 18	SEX F	HOME PHONE # (216)741-6547	WORK PHONE #	
DL STATE OH	DL # TS247856	LP STATE OH	LP # ETU3629	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") JAMES E SWARTZ			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3111 LINCOLN AVE PARMA OH 44134				
YEAR 2001	MAKE FORD	MODEL TAURUS	COLOR TAN	INSURANCE COMPANY LIBERTY MUTUAL	TOWING SERVICE	OWNER PHONE # (216)741-6547	
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES

B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) SLAVIK MARK				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 28565 WESTLAKE OH 44145							
SOCIAL SECURITY NUMBER		DATE OF BIRTH 11/07/1961	AGE 50	SEX M	HOME PHONE # (440)808-0769	WORK PHONE # (440)523-1116	
DL STATE OH	DL # RT387388	LP STATE OH	LP # PHQ3920	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") AGRIUM ADVANCED TECH US			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 666 GARLAND PLACE DES PLAINES IL 60016				
YEAR 2012	MAKE DODGE	MODEL OTHER TR	COLOR BLACK	INSURANCE COMPANY MARSH USA	TOWING SERVICE	OWNER PHONE #	
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES

C	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
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	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 01.FRONT - LEFT (MC DRIVER) 01 02.FRONT - MIDDLE 01 03.FRONT - RIGHT 01 04.SECOND - LEFT (MC PASS) 01 05.SECOND - MIDDLE 01 06.SECOND - RIGHT 01 07.THIRD - LEFT (MC PASSENGER/SIDE CAR) 01 08.THIRD - MIDDLE 01 09.THIRD - RIGHT 01 10.SLEEPER SECTION OF CAB 01 11.ENCLOSED CARGO AREA 01 12.UNENCLOSED CARGO AREA 01 13.TRAILING UNIT 01 14.EXTERIOR 01 15.OTHER 01 16.NON-MOTORIST 01 17.UNKNOWN BLANK FOR WITNESS	04 MOTORIST 04 01.NONE USED 04 02.SHoulder BELT ONLY USED 04 03.LAP BELT ONLY USED 04 04.SHoulder AND LAP BELT USED 04 05.CHILD SAFETY SEAT USED 04 06.HELMET USED 04 07.RESTRAINT USE UNKNOWN 04 08.NON-MOTORIST 04 09.HELMET USED 04 10.PROTECTIVE PADS 04 11.REFLECTIVE CLOTHING 04 12.LIGHTING 04 13.OTHER 04 14.UNKNOWN	1 1. NOT-DEPLOYED 1 2.DEPLOYED - FRONT 1 3.DEPLOYED - SIDE 1 4.DEPLOYED BOTH FRONT/SIDE 1 5.NOT APPLICABLE 1 6.DEPLOYMENT UNKNOWN	4 1.ON-OFF SWITCH NOT PRESENT 4 2.SWITCH IN ON POSITION 4 3.SWITCH IN OFF POSITION 4 4.UNKNOWN POSITION 4 5.UNKNOWN POSITION	1 1.NOT EJECTED 1 2.TOTALLY EJECTED 1 3.PARTIALLY EJECTED 1 4.NOT APPLICABLE 1 5.UNKNOWN	1 1.NOT TRAPPED 1 2.EXTRICATED BY MECHANICAL MEANS 1 3.FREED BY NON-MECHANICAL MEANS 1 4.UNKNOWN	1 1.NO INJURY 1 2.POSSIBLE 1 3.NON-INCAPACITATING 1 4.INCAPACITATING 1 5.FATAL INJURY 1 6.UNKNOWN <input type="checkbox"/> SUPPLEMENT *X IF YES

MOTORIST / NON-MOTORIST OCCUPANT

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="11"/> B <input type="text" value="01"/>	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="40"/> 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"/>		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/PERSON, VEHICLE, OR OBJECT NOT FIXED 15. PEDESTRIAN 16. PEDACYCLE 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. 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. CURB 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	TRAFFIC CONTROL A <input type="text" value="04"/> B <input type="text" value="04"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>										
TYPE OF UNIT A <input type="text" value="04"/> B <input type="text" value="07"/>	MOST DAMAGED AREA A <input type="text" value="06"/> B <input type="text" value="02"/>	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="01"/> B <input type="text" value="08"/>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	DIRECTION 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><input type="text" value="1"/></td> <td><input type="text" value="1"/></td> <td><input type="text" value="1"/></td> <td><input type="text" value="1"/></td> </tr> </table>	1	2	1	2	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>		
1	2	1	2												
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>												
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. 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 NON-MOTORIST 35. ANIMAL WRIDER 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="06"/> B <input type="text" value="02"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	CONDITION A <input type="text" value="1"/> B <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="02"/>										
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/>	ACTION A <input type="text" value="4"/> B <input type="text" value="3"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	SPEED DETECTED 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"/>	OCCURRENCE <input type="text" value="1"/>										
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/>	STRIKING VEHICLE OVERRIDE/OVERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	SPEED A <input type="text" value="0"/> 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 1. NONE 2. NON-FUNCTIONAL 3. FUNCTIONAL DAMAGE 4. DISABLING DAMAGE 5. SEVERE 6. UNKNOWN	1. NO UNDERDRIVE OR OVERRIDE 2. UNDERDRIVE, COMPARTMENT INTRUSION 3. UNDERDRIVE, NO COMPARTMENT INTRUSION 4. UNDERDRIVE, COMPARTMENT INTRUSION UNKNOWN 5. OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6. OVERRIDE, OTHER VEHICLE 7. UNKNOWN IF UNDERDRIVE OR OVERRIDE	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	1. STATED 2. ESTIMATED	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONDITIONS PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/>										
1. NONE 2. BLOOD 3. URINE 4. OTHER	1. NONE 2. MARLUJIA 3. COCAINE 4. OPIATES 5. AMPHETAMINES 6. PCP 7. OTHER 8. UNKNOWN AT TIME OF REPORTING	1. NONE 2. FOUR-WAY INTERSECTION 3. T-INTERSECTION 4. Y-INTERSECTION 5. TRAFFIC CIRCLE/ROUNDABOUT 6. FIVE-POINT, OR MORE 7. ON RAMP 8. OFF RAMP 9. CROSSOVER 10. DRIVEWAY 11. RAILWAY GRADE CROSSING 12. SHARED-USE PATHS OR TRAILS 13. UNKNOWN	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	1. NONE 2. YES ALCOHOL SUSPECTED 3. YES-HBD NOT IMPAIRED 4. YES-DRUGS SUSPECTED 5. YES-ALCOHOL AND DRUGS SUSPECTED 6. UNKNOWN	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										
<input type="text"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT # 160-12- 004476		<input type="text"/>												

NARRATIVE

UNIT 1 WAS STOPPED AT THE TRAFFIC LIGHT, HEADING EAST, LOCATED AT MEDINA RD AND GATEWAY DR. UNIT 1 WAS STRUCK IN THE REAR BY UNIT 2. UNIT 1 FILED THE CRASH REPORT LATER AT THE MONTVILLE TWP POLICE STATION. THE DRIVER OF UNIT 1 DID NOT DRIVE UNIT 1 TO THE POLICE STATION. UNIT 1 STATED THERE WAS ONLY MINOR DAMAGE THAT OCCURRED IN THIS CRASH. THE DRIVER OF UNIT 1 STATED THAT IT WOULD BE DIFFICULT TO SEE THE DAMAGE SINCE THE AREA HAD BEEN DAMAGED IN PAST CRASHES.

THE DRIVER OF UNIT 2 FILLED OUT A STATEMENT AT THE POLICE STATION ON THE FOLLOWING DAY. THE DRIVER STATED THAT HE WAS STOPPED AND THEN STARTED TO PULL FORWARD AND THAT HE "TAPPED" UNIT 1. THE DRIVER OF UNIT 2 STATED THAT THE REAR PART OF UNIT 1 WAS HELD TOGETHER WITH BUNGY STRAPS AND THERE WAS ALREADY DAMAGE PRIOR TO THE CRASH. THERE WAS NO VISIBLE DAMAGE TO UNIT 2. THERE WERE PHOTOGRAPHS TAKEN OF UNIT 2.

THE DRIVER OF UNIT 1 AND THE DRIVER OF UNIT 2 STATED THERE WERE NO INJURIES. UNIT 1 AND UNIT 2 WERE DRIVEN FROM THE SCENE.

<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 style="font-size: 2em;">↑</p> <p>*DRAWING NOT TO SCALE*</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"/> 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>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>	
<p>LOCATION OF CRASH IN WORK ZONE</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>WORKERS PRESENT</p> <p><input type="checkbox"/></p> <p>1. NO 2. YES 3. UNKNOWN</p>	

TRUCK/BUS	<p>UNIT # <input type="text"/></p>	<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
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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>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/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>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 4. UNKNOWN 2. YES 3. NOT APPLICABLE</p>
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POLICE ACTION							
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES	
6/7/2012	10:02	10:02	10:02	10:32	0	30	
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED			
P.O. CARL KANENBERG <i>Carl Kanenberg</i>		1609	MAN <i>(Signature)</i>	6/7/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT 'X' IF YES		LOCAL REPORT #			
<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 2	<input type="checkbox"/>		160-12- 004476			