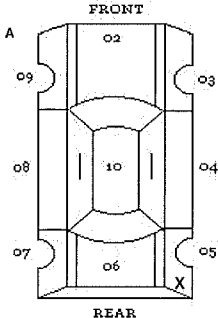
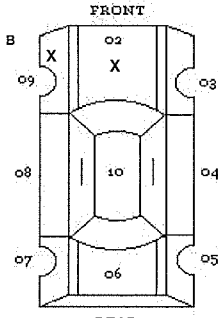
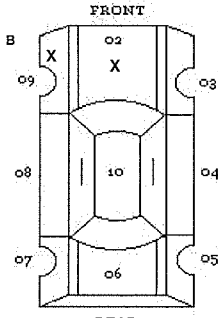
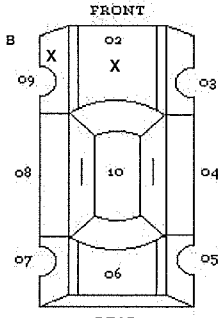


| OHIO  | TRAFFIC CRASH REPORT   |   |   |  |  |   |   |  |  |  |   |   |  |
|---|--|---|---|--|--|---|---|--|--|--|---|---|--|
| CRASH REPORT #<br>160-12- 004478  |  |   | CRASH SEVERITY<br>3 1 FATAL ERROR 3 PDO<br>2 INJURY 4 UNKNOWN |  | PRIVATE PROPERTY<br><input type="checkbox"/> *X IF YES                                 |   | HIT / SKIP<br>1 1 NOT HIT / SKIP<br>2 2 SOLVED<br>3 3 NOT SOLVED  |  | PHOTOS TAKEN<br><input type="checkbox"/> *X IF YES                                   |  | OH-2 OH-3 OH-1P OTHER<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |   |  |
| N.C.I.C. #<br>05213   |  | REPORTING AGENCY<br>MONTVILLE TOWNSHIP POLICE       |   |  |  | # UNITS<br>2  |   | UNIT ERROR<br>02 98 ANIMAL<br>99 UNKNOWN |  | DATE OF CRASH<br>6/7/2012                        |   |   |  |
| TIME OF CRASH<br>11:43  |  | DAY OF WEEK<br>THU                                  | CITY/VILLAGE/TOWNSHIP<br>TOWNSHIP                             |  | NAME (OF CITY, VILLAGE OR TOWNSHIP)<br>MONTVILLE (TOWNSHIP OF)                         |   |   | COUNTY #<br>52                           |  | LATITUDE<br>4107526580                           |   | LONGITUDE<br>0814844782                       |  |
| CRASH OCCURRED ON   |  |   |   |  |  | TYPE LOCATION POINT USED  |   |  | LOCAL INFORMATION  |  |   |   |  |
| PREFIX  |  | CRASH LOCATION<br>RIVER STYX                        |   | TYPE LOC<br>1  |  | 1 NAMED STREET<br>2 NUMBERED STREET<br>3 NUMBERED ROUTE           |   |  |  |  |   |   |  |
| AT/REFERENCE  |  |   |   |  |  | REFERENCE POINT USED  |   |  |  |  |   |   |  |
| DIST. REF.  |  | DIR   | PREFIX  |  | REFERENCE<br>SMITH   |   | REF POINT<br>02   |  | 01 STATE LINE<br>02 INTERSECTION OF TWO STREETS<br>03 COUNTY LINE<br>04 HOUSE NUMBER |  | 05 TOWNSHIP BOUNDARY<br>06 MILE POST<br>07 CORPORATION LIMIT<br>08 PLACE NAME WITHOUT REFEREN   |   | 09 DRIVEWAY<br>10 STREET OR ROUTE<br>WITHOUT REFERENCE |
| M<br>O<br>T<br>O<br>R<br>I<br>S<br>T<br><br>/<br><br>N<br>O<br>N<br><br>-<br><br>M<br>O<br>T<br>O<br>R<br>I<br>S<br>T | A  | UNIT #<br>01  | # OF OCC<br>1   | NAME (LAST, FIRST, MIDDLE)<br>TRENKA LOU A                                     |  |   |   |  |  |  |   |   |  |
|   | ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br>3228 COUNTRY CLUB DR. MEDINA OH 44256 |   |   |  |  |   |   |  |  |  |   |   |  |
|   | SOCIAL SECURITY NUMBER   |   | DATE OF BIRTH<br>08/25/1945                                   |  | AGE<br>66  | SEX<br>F  | HOME PHONE #<br>(330)723-7466                                     |  |  | WORK PHONE #                                     |   |   |  |
|   | DL STATE<br>OH   | DL #<br>RK811289                                    |   | LP STATE<br>OH   | LP #<br>DYU7702  |   | INJURED TAKEN BY<br>1 NONE 4 OTHER<br>2 EMS 5 UNKNOWN<br>3 POLICE |  | TRANSPORTED BY   |  | INJURED TAKEN TO  |   |  |
|   | OWNER NAME (IF SAME, WRITE "SAME")<br>TRENKA, LOU A                              |   |   |  | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br>3228 COUNTRY CLUB DR. MEDINA OH 44256 |   |   |  |  |  |   |   |  |
|   | YEAR<br>2007   | MAKE<br>CHRYSLER                                    | MODEL<br>OTHER  |  | COLOR<br>BLACK   |   | INSURANCE COMPANY<br>ALLSTATE                                     |  | TOWING SERVICE<br>LLOYDS   |  | OWNER PHONE #   |   |  |
|   | OFFENSE CHARGED  |   | OFFENSE DESCRIPTION   |  |  |   |   |  | CITATION #   |  | LOCAL CODE<br><input type="checkbox"/> *X IF YES  |   |  |
|   | B  | UNIT #<br>02  | # OF OCC<br>3   | NAME (LAST, FIRST, MIDDLE)<br>SCHWARTZ LISA                                    |  |   |   |  |  |  |   |   |  |
|   | ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br>3099 RATHBURN MEDINA OH 44256         |   |   |  |  |   |   |  |  |  |   |   |  |
|   | SOCIAL SECURITY NUMBER   |   | DATE OF BIRTH<br>08/08/1969                                   |  | AGE<br>42  | SEX<br>F  | HOME PHONE #<br>(330)725-1808                                     |  |  | WORK PHONE #                                     |   |   |  |
| DL STATE<br>OH  | DL #<br>ST632517   |   | LP STATE<br>OH  | LP #<br>FCJ5236  |  | INJURED TAKEN BY<br>1 NONE 4 OTHER<br>2 EMS 5 UNKNOWN<br>3 POLICE |   | TRANSPORTED BY                           |  | INJURED TAKEN TO                                 |   |   |  |
| OWNER NAME (IF SAME, WRITE "SAME")<br>SCHWARTZ, LISA  |  |   |   | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br>3099 RATHBURN MEDINA OH 44256 |  |   |   |  |  |  |   |   |  |
| YEAR<br>2010  | MAKE<br>LEXUS  | MODEL<br>OTHER                                      |   | COLOR<br>BLACK   |  | INSURANCE COMPANY<br>LIBERTY MUTUAL                               |   | TOWING SERVICE<br>OTHER                  |  | OWNER PHONE #                                    |   |   |  |
| OFFENSE CHARGED<br>4511.21A   |  | OFFENSE DESCRIPTION<br>ASSURED CLEAR DISTANCE AHEAD |   |  |  |   |   | CITATION #<br>Y-33976                    |  | LOCAL CODE<br><input type="checkbox"/> *X IF YES |   |   |  |
| O<br>C<br>C<br>U<br>P<br>A<br>N<br>T  | C  | UNIT #<br>02  | NAME (LAST, FIRST, MIDDLE)<br>SCHWARTZ LAUREN                 |  |  |   | HOME PHONE #<br>(330)725-1808                                     |  | DATE OF BIRTH<br>09/03/1998  |  | AGE<br>13   | SEX<br>F                                      |  |
|   | ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br>3099 RATHBURN MEDINA OH 44256         |   |   |  | INJURED TAKEN BY<br>1 1 NONE 4 OTHER<br>2 EMS 5 UNKNOWN<br>3 POLICE                    |   | TRANSPORTED BY  |  | INJURED TAKEN TO   |  |   |   |  |
|   | D  | UNIT #<br>02  | NAME (LAST, FIRST, MIDDLE)<br>SCHWARTZ RACHEL                 |  |  |   | HOME PHONE #<br>(330)725-1808                                     |  | DATE OF BIRTH<br>07/10/2001  |  | AGE<br>10   | SEX<br>F                                      |  |
|   | ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br>3099 RATHBURN MEDINA OH 44256         |   |   |  | INJURED TAKEN BY<br>1 1 NONE 4 OTHER<br>2 EMS 5 UNKNOWN<br>3 POLICE                    |   | TRANSPORTED BY  |  | INJURED TAKEN TO   |  |   |   |  |
| SEATING POSITION  |  | SAFETY EQUIPMENT                                    |   | AIR BAG  |  | AIR BAG SWITCH  |   | EJECTION                                 |  | TRAPPED  |   | INJURIES                                      |  |
| A   | 01   | 01 FRONT - LEFT (MC DRIVER)                         | A   | 04   | 01 NONE USED   | A   | 1   | 1. NOT-DEPLOYED                          | A  | 1  | 1. NO INJURY  | A   | 1  |
| B   | 01   | 02 FRONT - MIDDLE                                   | B   | 04   | 02 SHOULDER BELT ONLY USED   | B   | 1   | 2. DEPLOYED - FRONT                      | B  | 1  | 2. TOTALLY EJECTED  | B   | 1  |
| C   | 04   | 03 FRONT - RIGHT                                    | C   | 04   | 03 LAP BELT ONLY USED  | C   | 1   | 3. DEPLOYED - SIDE                       | C  | 1  | 3. PARTIALLY EJECTED  | C   | 1  |
| D   | 06   | 04 SECOND - LEFT (MC PASS)                          | D   | 04   | 04 SHOULDER AND LAP BELT USED  | D   | 1   | 4. DEPLOYED BOTH FRONT/SIDE              | D  | 1  | 4. NOT APPLICABLE   | D   | 1  |
|   |  | 05 SECOND - MIDDLE                                  |   |  | 05 CHILD SAFETY SEAT USED  |   |   | 5. NOT APPLICABLE                        |  |  | 5. UNKNOWN  |   |  |
|   |  | 06 SECOND - RIGHT                                   |   |  | 06 HELMET USED   |   |   | 6. DEPLOYMENT UNKNOWN                    |  |  |   |   |  |
|   |  | 07 THIRD - LEFT (MC PASSENGER/SIDE CAR)             |   |  | 07 RESTRAINT USE UNKNOWN   |   |   |  |  |  |   |   |  |
|   |  | 08 THIRD - MIDDLE                                   |   |  | 08 NONE USED   |   |   |  |  |  |   |   |  |
|   |  | 09 THIRD - RIGHT                                    |   |  | 09 HELMET USED   |   |   |  |  |  |   |   |  |
|   |  | 10 SLEEPER SECTION OF CAB                           |   |  | 10 PROTECTIVE PADS   |   |   |  |  |  |   |   |  |
|   |  | 11 ENCLOSED CARGO AREA                              |   |  | 11 REFLECTIVE CLOTHING   |   |   |  |  |  |   |   |  |
|   |  | 12 UNENCLOSED CARGO AREA                            |   |  | 12 LIGHTING  |   |   |  |  |  |   |   |  |
|   |  | 13 TRAILING UNIT                                    |   |  | 13 OTHER   |   |   |  |  |  |   |   |  |
|   |  | 14 EXTERIOR   |   |  | 14 UNKNOWN   |   |   |  |  |  |   |   |  |
|   |  | 15 OTHER  |   |  |  |   |   |  |  |  |   |   |  |
|   |  | 16 NON-MOTORIST                                     |   |  |  |   |   |  |  |  |   |   |  |
|   |  | 17 UNKNOWN  |   |  |  |   |   |  |  |  |   |   |  |
| BLANK FOR WITNESS   |  |   |   |  |  |   |   |  |  |  |   | <input type="checkbox"/> SUPPLEMENT *X IF YES |  |

|  |  |   |   |   |   |                                   |   |   |  |                        |                        |                        |                        |  |  |                                  |                                |
|--|--|---|---|---|---|-----------------------------------|---|---|--|------------------------|------------------------|------------------------|------------------------|--|--|----------------------------------|--------------------------------|
| <b>UNIT NUMBERS</b><br>A <input type="text" value="01"/> B <input type="text" value="02"/>   | <b>DAMAGE AREA</b><br>  | <b>PRE-CRASH ACTIONS</b><br>A <input type="text" value="11"/> B <input type="text" value="01"/>   | <b>SEQUENCE OF EVENTS</b><br><table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td>1 <input type="text" value="20"/></td> <td>1 <input type="text" value="20"/></td> </tr> <tr> <td>2 <input type="text"/></td> <td>2 <input type="text"/></td> </tr> <tr> <td>3 <input type="text"/></td> <td>3 <input type="text"/></td> </tr> <tr> <td>4 <input type="text"/></td> <td>4 <input type="text"/></td> </tr> </table>   | A   | B   | 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"/> | <b>POSTED SPEED</b><br>A <input type="text" value="35"/> B <input type="text" value="35"/> | <b>DRUG TEST STATUS</b><br>A <input type="text" value="1"/> B <input type="text" value="1"/> |                                  |                                |
| A  | B  |   |   |   |   |                                   |   |   |  |                        |                        |                        |                        |  |  |                                  |                                |
| 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"/>   |   |   |   |   |                                   |   |   |  |                        |                        |                        |                        |  |  |                                  |                                |
| <b>NON-MOTORIST LOCATION</b><br>A <input type="text"/> B <input type="text"/><br>01. MARKED CROSSWALK AT INTERSECTION<br>02. AT INTERSECTION BUT NO CROSSWALK<br>03. NON-INTERSECTION CROSSWALK<br>04. DRIVEWAY ACCESS CROSSWALK<br>05. IN ROADWAY<br>06. NOT IN ROADWAY<br>07. MEDIAN (BUT NOT ON SHOULDER)<br>08. ISLAND<br>09. SHOULDER<br>10. SIDEWALK<br>11. WITHIN 10 FEET OF ROADWAY (BUT NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)<br>12. BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)<br>13. OUTSIDE TRAFFICWAY<br>14. SHARED USE PATHS OR TRAILS<br>15. UNKNOWN   |   | 01. MOVEMENTS ESSENTIALLY STRAIGHT AHEAD<br>02. BACKING<br>03. CHANGING LANES<br>04. OVERTAKING/PASSING<br>05. TURNING RIGHT<br>06. TURNING LEFT<br>07. MAKING U-TURN<br>08. ENTERING TRAFFIC LANE<br>09. LEAVING TRAFFIC LANE<br>10. PARKED<br>11. SLOWING OR STOPPED IN TRAFFIC<br>12. DRIVERLESS<br>13. OTHER<br>14. UNKNOWN<br><b>NON-MOTORIST</b><br>15. ENTERING OR CROSSING SPECIFIED LOCATION<br>16. WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17. WORKING<br>18. PUSHING VEHICLE<br>19. APPROACHING OR LEAVING VEHICLE<br>20. PLAYING OR WORKING ON VEHICLE<br>21. STANDING<br>22. OTHER<br>23. UNKNOWN   | <b>NON-COLLISION</b><br>01. OVERTURN/ROLLOVER<br>02. FIRE/EXPLOSION<br>03. IMMERSION<br>04. JACKKNIFE<br>05. CARGO/EQUIPMENT LOSS OR SHIFT<br>06. EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.)<br>07. SEPARATION OF UNITS<br>08. RAN OFF ROAD RIGHT<br>09. RAN OFF ROAD LEFT<br>10. CROSS MEDIAN/CENTERLINE<br>11. DOWNHILL RUNAWAY<br>12. OTHER NON-COLLISION<br>13. UNKNOWN NON-COLLISION<br><b>COLLISION W/PERSON, VEHICLE, OR OBJECT</b><br>14. WALK/DONT WALK<br>15. NOT FIXED<br>16. PEDESTRIAN<br>17. PEDICYCLE<br>18. RAILWAY VEHICLE (E.G. TRAIN, ENGINE)<br>19. ANIMAL - FARM<br>20. ANIMAL - DEER<br>21. ANIMAL - OTHER<br>22. MOTOR VEHICLE IN TRANSPORT<br>23. PARKED MOTOR VEHICLE<br>24. WORK ZONE MAINTENANCE EQUIPMENT<br>25. OTHER MOVABLE OBJECT<br>26. COLLISION WITH FIXED OBJECT<br>27. IMPACT ATTENUATOR/CRASH CUSHION<br>28. BRIDGE OVERHEAD STRUCTURE<br>29. BRIDGE PIER OR ABUTMENT<br>30. GUARDRAIL FACE<br>31. GUARDRAIL END<br>32. MEDIAN BARRIER<br>33. HIGHWAY TRAFFIC SIGN POST<br>34. OVERHEAD SIGN POST<br>35. LIGHT/ILLUMINARIES SUPPORT<br>36. UTILITY POLE<br>37. OTHER POST, POLE OR SUPPORT<br>38. CURB<br>39. DITCH<br>40. DITCH<br>41. EMBARKMENT<br>42. FENCE<br>43. MAILBOX<br>44. TREE<br>45. OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.)<br>46. WORK ZONE MAINTENANCE EQUIPMENT<br>47. UNKNOWN FIXED OBJECT<br>48. OTHER<br>49. UNKNOWN | <b>TRAFFIC CONTROL</b><br>A <input type="text" value="04"/> B <input type="text" value="04"/><br>01. NO CONTROLS<br>02. STOP SIGN<br>03. YIELD SIGN<br>04. TRAFFIC SIGNAL<br>05. TRAFFIC FLASHERS<br>06. SCHOOL ZONE<br>07. RAILROAD CROSSBUCKS<br>08. RAILROAD FLASHERS<br>09. RAILROAD GATES<br>10. CONSTRUCTION BARRICADE<br>11. POLICE OFFICER<br>12. PAVEMENT MARKINGS<br>13. CROSSWALK LINES<br>14. WALK/DONT WALK<br>15. TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED<br>16. OTHER<br>17. NOT REPORTED<br>18. UNKNOWN | <b>DRUG TEST TYPE</b><br>A <input type="text" value="1"/> B <input type="text" value="1"/><br>1. NONE<br>2. BLOOD<br>3. URINE<br>4. OTHER   |                                   |   |   |  |                        |                        |                        |                        |  |  |                                  |                                |
| <b>TYPE OF UNIT</b><br>A <input type="text" value="06"/> B <input type="text" value="06"/><br><b>MOTORIST</b><br>01. SUB-COMPACT<br>02. COMPACT<br>03. MID SIZE<br>04. FULL SIZE<br>05. MINIVAN<br>06. SPORT UTILITY VEHICLE<br>07. PICKUP<br>08. PANELVAN<br>09. SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES<br>10. SINGLE UNIT TRUCK; 3 OR MORE AXLES<br>11. TRUCK/TRAILER<br>12. TRUCK TRACTOR (BOBTAIL)<br>13. TRACTOR/SEMI-TRAILER<br>14. TRACTOR/DOUBLE - LONG<br>15. TRACTOR DOUBLE - SHORT<br>16. FIFTH WHEEL OR CONVERTER DOLLY<br>17. TRACTOR/TRIPLES<br>18. MOTORCYCLE<br>19. MOTORIZED BICYCLE<br>20. SCHOOL BUS<br>21. CHURCH BUS<br>22. PUBLIC BUS<br>23. OTHER BUS<br>24. POLICE VEHICLE<br>25. FIRE TRUCK<br>26. AMBULANCE/RESCUE<br>27. TAXI<br>28. MOTOR HOME<br>29. TRAIN<br>30. FARM VEHICLE<br>31. FARM EQUIPMENT<br>32. SNOWMOBILE<br>33. CONSTRUCTION EQUIPMENT<br>34. ALL OTHERS<br><b>NON-MOTORIST</b><br>35. ANIMAL WRIDER<br>36. ANIMAL W/BUGGY<br>37. BICYCLE<br>38. PEDESTRIAN<br>39. PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)<br>40. SKATER<br>41. OTHER-NON MOTORIST (WHEELCHAIR, ETC.)<br>42. UNKNOWN |   | <b>CONTRIBUTING CIRCUMSTANCES</b><br>A <input type="text" value="01"/> B <input type="text" value="08"/><br><b>MOTORIST</b><br>01. NONE<br>02. FAILURE TO YIELD<br>03. RAN RED LIGHT OR STOP SIGN<br>04. EXCEEDED SPEED LIMIT<br>05. UNSAFE SPEED<br>06. IMPROPER TURN<br>07. LEFT OF CENTER<br>08. FOLLOWED TOO CLOSELY/ACDA<br>09. IMPROPER LANE CHANGE/DROVE OFF ROAD/IMPROPER PASSING<br>10. IMPROPER BACKING<br>11. IMPROPER START FROM PARKED POSITION<br>12. STOPPED OR PARKED ILLEGALLY<br>13. OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER<br>14. SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.)<br>15. FAILURE TO CONTROL<br>16. VISION OBSTRUCTION<br>17. DRIVER INATTENTION<br>18. FATIGUE/SLEEP<br>19. OPERATING DEFECTIVE EQUIPMENT<br>20. LOAD SHIFTING/FALLING/SPILLING<br>21. OTHER MIROPER ACTION<br>22. UNKNOWN<br><b>NON-MOTORIST</b><br>23. NONE<br>24. IMPROPER CROSSING<br>25. DARTING<br>26. LYING AND/OR ILLEGALLY IN ROADWAY<br>27. FAILURE TO YIELD RIGHT OF WAY<br>28. NOT VISIBLE (DARK CLOTHING)<br>29. INATTENTIVE<br>30. FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER<br>31. WRONG SIDE OF THE ROAD<br>32. OTHER<br>33. UNKNOWN | <b>FIRST HARMFUL EVENT</b><br>A <input type="text" value="1"/> B <input type="text" value="1"/><br>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)   | <b>DIRECTION</b><br><table border="1"> <tr> <td>FROM TO</td> <td>FROM TO</td> </tr> <tr> <td>A <input type="text" value="2"/> <input type="text" value="1"/></td> <td>B <input type="text" value="2"/> <input type="text" value="1"/></td> </tr> </table> 1. NORTH<br>2. SOUTH<br>3. EAST<br>4. WEST<br>5. NORTHEAST<br>6. NORTHWEST<br>7. SOUTHEAST<br>8. SOUTHWEST<br>9. UNKNOWN  | FROM TO   | FROM TO                           | A <input type="text" value="2"/> <input type="text" value="1"/> | B <input type="text" value="2"/> <input type="text" value="1"/> | <b>DRUG TEST 1 &amp; 2 RESULT</b><br><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<br>2. MARIJUANA<br>3. COCAINE<br>4. OPiates<br>5. AMPHETAMINES<br>6. PCP<br>7. OTHER<br>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="2"/> <input type="text" value="1"/>  | B <input type="text" value="2"/> <input type="text" value="1"/>  |   |   |   |   |                                   |   |   |  |                        |                        |                        |                        |  |  |                                  |                                |
| 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"/>  |   |   |                                   |   |   |  |                        |                        |                        |                        |  |  |                                  |                                |
| <b>POINT OF IMPACT</b><br>A <input type="text" value="05"/> B <input type="text" value="02"/><br>01. NONE<br>02. CENTER FRONT<br>03. RIGHT FRONT<br>04. RIGHT SIDE<br>05. RIGHT REAR<br>06. REAR CENTER<br>07. LEFT REAR<br>08. LEFT SIDE<br>09. LEFT FRONT<br>10. TOP AND WINDOWS<br>11. UNDERCARRIAGE<br>12. LOAD /TRAILER<br>13. TOTAL (ALL AREAS)<br>14. OTHER<br>15. UNKNOWN  |   | <b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b><br>A <input type="text"/> B <input type="text"/><br>01. TURN SIGNALS<br>02. HEAD LAMPS<br>03. TAIL LAMPS<br>04. BRAKES<br>05. STEERING<br>06. TIRE BLOWOUT<br>07. WORN OR SLICK TIRES<br>08. TRAILER EQUIPMENT DEFECTIVE<br>09. MOTOR TROUBLE<br>10. DISABLED FROM PRIOR ACCIDENT<br>11. OTHER DEFECTS<br>12. NO DEFECTS   | <b>MOST HARMFUL EVENT</b><br>A <input type="text" value="1"/> B <input type="text" value="1"/><br>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)   | <b>ALCOHOL/DRUG SUSPECTED</b><br>A <input type="text" value="1"/> B <input type="text" value="1"/><br>1. APPARENTLY NORMAL<br>2. PHYSICAL IMPAIRMENT<br>3. EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)<br>4. ILLNESS<br>5. FELL ASLEEP, FAINTED, FATIGUED, ETC<br>6. UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL<br>7. OTHER<br>8. UNKNOWN  | <b>OCCURRENCE</b><br><input type="text" value="1"/><br>1. ON ROADWAY<br>2. ON SHOULDER<br>3. IN MEDIAN<br>4. ON ROADSIDE<br>5. ON GORE<br>6. OUTSIDE TRAFFICWAY<br>7. UNKNOWN   |                                   |   |   |  |                        |                        |                        |                        |  |  |                                  |                                |
| <b>IN EMERGENCY RESPONSE</b><br>A <input type="text" value="1"/> B <input type="text" value="1"/><br>1. NO<br>2. YES<br>3. UNKNOWN   | <b>ACTION</b><br>A <input type="text" value="4"/> B <input type="text" value="3"/><br>1. NON-CONTACT<br>2. NON-COLLISION<br>3. STRIKING<br>4. STRUCK<br>5. BOTH STRIKING AND STRUCK<br>6. UNKNOWN  |   | <b>SPEED DETECTED</b><br>A <input type="text" value="1"/> B <input type="text"/><br>1. STATED<br>2. ESTIMATED   | <b>ALCOHOL TEST STATUS</b><br>A <input type="text" value="1"/> B <input type="text" value="1"/><br>1. NONE GIVEN<br>2. TEST REFUSED<br>3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4. TEST GIVEN, RESULTS KNOWN<br>5. TEST GIVEN, RESULTS UNKNOWN<br>6. UNKNOWN  | <b>ROAD CONTOUR</b><br><input type="text" value="1"/><br>1. STRAIGHT LEVEL<br>2. STRAIGHT GRADE<br>3. CURVE LEVEL<br>4. CURVE GRADE<br>5. UNKNOWN   |                                   |   |   |  |                        |                        |                        |                        |  |  |                                  |                                |
| <b>DAMAGE SCALE</b><br>A <input type="text" value="3"/> B <input type="text" value="4"/><br>1. NONE<br>2. NON-FUNCTIONAL<br>3. FUNCTIONAL DAMAGE<br>4. DISABLING DAMAGE<br>5. SEVERE<br>6. UNKNOWN   | <b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b><br>A <input type="text" value="1"/> B <input type="text" value="1"/><br>1. NO UNDERRIDE OR OVERRIDE<br>2. UNDERRIDE, COMPARTMENT INTRUSION<br>3. UNDERRIDE, NO COMPARTMENT INTRUSION<br>4. UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN<br>5. OVERRIDE, MOTOR VEHICLE IN TRANSPORT<br>6. OVERRIDE, OTHER VEHICLE<br>7. UNKNOWN IF UNDERRIDE OR OVERRIDE |   | <b>SPEED</b><br>A <input type="text" value="0"/> B <input type="text" value="0"/>   | <b>ALCOHOL TEST TYPE</b><br>A <input type="text" value="1"/> B <input type="text" value="1"/><br>1. NONE<br>4. BREATH<br>2. BLOOD<br>5. OTHER<br>3. URINE   | <b>ROAD CONDITIONS</b><br><table border="1"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> </tr> <tr> <td><input type="text" value="01"/></td> <td><input type="text"/></td> </tr> </table> 01. DRY<br>02. WET<br>03. SNOW<br>04. ICE<br>05. SAND/MUD/DIRT/OIL/GRAVEL<br>06. WATER (STANDING, MOVING)<br>07. SLUSH<br>08. DEBRIS<br>09. RUT, HOLES, BUMPS, UNEVEN PAVEMENT<br>10. OTHER<br>11. UNKNOWN | PRIMARY                           | SECONDARY   | <input type="text" value="01"/>                                 | <input type="text"/>   |                        |                        |                        |                        |  |  |                                  |                                |
| PRIMARY  | SECONDARY  |   |   |   |   |                                   |   |   |  |                        |                        |                        |                        |  |  |                                  |                                |
| <input type="text" value="01"/>  | <input type="text"/>   |   |   |   |   |                                   |   |   |  |                        |                        |                        |                        |  |  |                                  |                                |
|  | <b>SUPPLEMENT 'X' IF YES</b><br><input type="text"/>   | <b>LOCAL REPORT #</b><br>160-12- 004478   |   |   |   |                                   |   |   |  |                        |                        |                        |                        |  |  |                                  |                                |

**NARRATIVE**

UNIT 1 WAS STATIONARY ON RIVER STYX ROAD FACING NORTH WAITING FOR THE LIGHT TO TURN GREEN. UNIT 2 WAS NORTHBOUND ON RIVER STYX AND FAILED TO NOTICE UNIT 1 WAS STOPPED. UNIT 2 STRUCK UNIT 1 CAUSING BOTH VEHICLES TO BE TOWED FROM THE SCENE.

|  |  |                       |
|--|--|-----------------------|
| <p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><input checked="" type="checkbox"/> 2</p> <p>1. NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT<br/>                 2. REAR-END<br/>                 3. HEAD-ON<br/>                 4. REAR-TO-REAR<br/>                 5. BACKING<br/>                 6. ANGLE<br/>                 7. SIDESWIPE SAME DIRECTION<br/>                 8. SIDESWIPE OPPOSITE DIRECTION<br/>                 9. UNKNOWN</p> | <p><b>SCHOOL BUS RELATED</b></p> <p><input checked="" type="checkbox"/> 1</p> <p>1. NO<br/>                 2. YES, DIRECTLY INVOLVED<br/>                 3. YES, INDIRECTLY INVOLVED<br/>                 4. UNKNOWN</p>   | <p><b>DIAGRAM</b></p> |
| <p><b>WEATHER</b></p> <p><input checked="" type="checkbox"/> 01</p> <p>01. CLEAR<br/>                 02. CLOUDY<br/>                 03. FOG/SMOG/SMOKE<br/>                 04. RAIN<br/>                 05. SLEETHAIL (FREEZING RAIN OR DRIZZLE)<br/>                 06. SNOW<br/>                 07. SEVERE CROSSWINDS<br/>                 08. BLOWING SAND/SOIL/DIRT/SNOW<br/>                 09. OTHER<br/>                 10. UNKNOWN</p>       | <p><b>WORK ZONE RELATED</b></p> <p><input checked="" type="checkbox"/> 1</p> <p>1. NO<br/>                 2. YES<br/>                 3. UNKNOWN</p>  |                       |
| <p><b>LIGHT CONDITIONS</b></p> <p>PRIMARY <input checked="" type="checkbox"/> 1    SECONDARY <input type="checkbox"/></p> <p>1. DAYLIGHT<br/>                 2. DAWN<br/>                 3. DUSK<br/>                 4. DARK - LIGHTED ROADWAY<br/>                 5. DARK - ROADWAY NOT LIGHTED<br/>                 6. DARK - UNKNOWN ROADWAY LIGHTING<br/>                 7. GLARE<br/>                 8. OTHER<br/>                 9. UNKNOWN</p> | <p><b>TYPE OF WORK ZONE</b></p> <p><input type="checkbox"/></p> <p>1. LANE CLOSURE<br/>                 2. LANE SHIFT/CROSSOVER<br/>                 3. WORK ON SHOULDER OR MEDIAN<br/>                 4. INTERMITTENT OR MOVING WORK<br/>                 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<br/>                 2. ADVANCE WARNING AREA<br/>                 3. TRANSITION AREA<br/>                 4. ACTIVITY AREA</p>  | <p><b>WORKERS PRESENT</b></p> <p><input type="checkbox"/></p> <p>1. NO<br/>                 2. YES<br/>                 3. UNKNOWN</p>   |                       |

|                         |                      |   |
|-------------------------|----------------------|---|
| <b>TRUCK/BUS UNIT #</b> | <input type="text"/> | <p>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:<br/>                 A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR<br/>                 A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR<br/>                 A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER</p>                             |
|                         |                      | <p>A THE CRASH RESULTED IN ONE OF THE FOLLOWING:<br/>                 A FATALITY; OR<br/>                 AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT; OR<br/>                 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 |
|--------------------------------|---------------|

ADDRESS (STREET, CITY, ST, ZIP CODE)

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

|   |  |   |   |   |   |   |
|---|--|---|---|---|---|---|
| <p><b>CARGO BODY TYPE</b></p> <p><input type="checkbox"/> 01. NOT APPLICABLE<br/>                 02. BUS (9-15 INCLUDING DRIVER)<br/>                 03. VAN/ENCLOSED BOX<br/>                 04. GRAIN/CHIPS/GRAVEL/LWN</p> | <p>05. POLE<br/>                 06. CARGO TANK<br/>                 07. FLATBED<br/>                 08. DUMP<br/>                 09. CONCRETE MIXER</p> | <p>10. AUTO TRANSPORTER<br/>                 11. GARBAGE/REFUSE<br/>                 12. OTHER<br/>                 13. UNKNOWN</p> | <p><b>WEIGHT (GVWR)</b></p> <p><input type="checkbox"/> 1. LESS/EQUAL 10,000<br/>                 2. 10,001 - 26,000<br/>                 3. MORE THAN 26,000</p> | <p><b>CDL CLASS</b></p> <p><input type="checkbox"/></p> <p>1. CLASS A<br/>                 2. CLASS B<br/>                 3. CLASS C<br/>                 4. CLASS D<br/>                 5. CLASS E</p> | <p><b>HAZARDOUS MATERIALS PLACARD</b></p> <p><input type="checkbox"/> 1. NO<br/>                 2. YES<br/>                 3. UNKNOWN</p> | <p><b>HAZARDOUS MATERIALS RELEASED</b></p> <p><input type="checkbox"/> 1. NO 4. UNKNOWN<br/>                 2. YES 2. YES<br/>                 3. NOT APPLICABLE</p> |
|---|--|---|---|---|---|---|

|                                       |                                       |          |                         |                          |                |               |  |
|---------------------------------------|---------------------------------------|----------|-------------------------|--------------------------|----------------|---------------|--|
| <b>POLICE ACTION</b>                  |                                       |          |                         |                          |                |               |  |
| DATE CRASH REPORTED                   | TIME REC CALL                         | DISPATCH | ARRIVED                 | CLEARED                  | OTHER          | TOTAL MINUTES |  |
| 6/7/2012                              | 11:46                                 | 11:48    | 11:54                   | 12:20                    | 10             | 42            |  |
| OFFICER'S NAME                        |                                       | BADGE #  | CHECKED BY              | DATE REPORT FILED        |                |               |  |
| P.O. CARL KANENBERG                   |                                       | 1609     | 1605 <i>[Signature]</i> | 6/7/2012                 |                |               |  |
| 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- 004478 |               |  |