

TRAFFIC CRASH REPORT

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|---|---|--|--|---|---|
| CRASH REPORT # 160-12- 004278 | CRASH SEVERITY 3 1.FATAL ERROR 3.PDO 2.INJURY 4.UNKNOWN | PRIVATE PROPERTY <input type="checkbox"/> *X IF YES | HIT / SKIP 4 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 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 99 ANIMAL 99 UNKNOWN | DATE OF CRASH 5/31/2012 | |

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|-------------------------------|---------------------------|--|---|-----------------------|-------------------------------|--------------------------------|
| TIME OF CRASH 15:37 | DAY OF WEEK THU | CITY/VILLAGE/TOWNSHIP TOWNSHIP | NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF) | COUNTY # 52 | LATITUDE 4106320828 | LONGITUDE 0814912179 |
|-------------------------------|---------------------------|--|---|-----------------------|-------------------------------|--------------------------------|

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|-------------------------|----------------|----------|--------------------------|-------------------|------------------|---------------------------------|--|--|
| CRASH OCCURRED ON | | | TYPE LOCATION POINT USED | | | LOCAL INFORMATION | | |
| PREFIX | CRASH LOCATION | TYPE LOC | 1 NAMED STREET | 2 NUMBERED STREET | 3 NUMBERED ROUTE | 6057 CHAMPAGNE SHORES DR | | |
| CHAMPAGNE SHORES | | | 1 | | | | | |

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|----------------------|-----|--------|-----------|-----------|----------------------|--------------------------------|----------------|-----------------|----------------------|--------------|----------------------|-------------------------------|-------------|--------------------------------------|
| AT/REFERENCE | | | | | REFERENCE POINT USED | | | | | | | | | |
| DIST. REF. | DIR | PREFIX | REFERENCE | REF POINT | 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 |
| KNOTS LANDING | | | | | 02 | | | | | | | | | |

MOTORIST / NON-MOTORIST

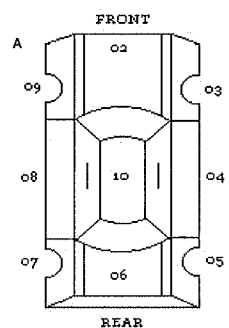
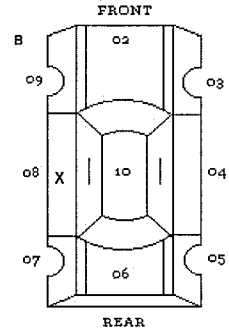
| | | | | | | |
|--|---------------------|----------------------------|--|---|----------------|--|
| A | UNIT # 01 | # OF OCC 1 | NAME (LAST, FIRST, MIDDLE) UNKNOWN DRIVER | | | |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) OH | | | | | | |
| SOCIAL SECURITY NUMBER | | DATE OF BIRTH // | AGE | SEX U | HOME PHONE # | WORK PHONE # |
| DL STATE | DL # | LP STATE | LP # | INJURED TAKEN BY 5 1.NONE 2.EMS 3.POLICE 4.OTHER 5.UNKNOWN | TRANSPORTED BY | INJURED TAKEN TO |
| OWNER NAME (IF SAME, WRITE "SAME") R AND B STORAGE | | | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 6798 RYAN RD MEDINA OH 44256 | | | |
| YEAR 2006 | MAKE GMC | MODEL OTHER | COLOR YELLOW | INSURANCE COMPANY NOT SHOWN | TOWING SERVICE | OWNER PHONE # |
| OFFENSE CHARGED | OFFENSE DESCRIPTION | | | | CITATION # | LOCAL CODE <input type="checkbox"/> *X IF YES |

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|---|---------------------|----------------------------|--|--|----------------|--|
| B | UNIT # 02 | # OF OCC 0 | NAME (LAST, FIRST, MIDDLE) UNOCCUPIED PARKED | | | |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) | | | | | | |
| SOCIAL SECURITY NUMBER | | DATE OF BIRTH // | AGE | SEX | HOME PHONE # | WORK PHONE # |
| DL STATE | DL # | LP STATE | LP # | INJURED TAKEN BY <input type="checkbox"/> 1.NONE 2.EMS 3.POLICE 4.OTHER 5.UNKNOWN | TRANSPORTED BY | INJURED TAKEN TO |
| OWNER NAME (IF SAME, WRITE "SAME") CRAIG ATTEWELL | | | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 6057 CHAMPAGNE SHORES DR MEDINA OH 44256 | | | |
| YEAR 2010 | MAKE FORD | MODEL OTHER | COLOR BLACK | INSURANCE COMPANY STATE FARM | TOWING SERVICE | OWNER PHONE # (330)606-9741 |
| OFFENSE CHARGED | OFFENSE DESCRIPTION | | | | CITATION # | LOCAL CODE <input type="checkbox"/> *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 <input type="checkbox"/> 1.NONE 2.EMS 3.POLICE 4.OTHER 5.UNKNOWN | 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 2.EMS 3.POLICE 4.OTHER 5.UNKNOWN | TRANSPORTED BY | INJURED TAKEN TO | |

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|---|---|---|--|---|---|--|
| SEATING POSITION | SAFETY EQUIPMENT | AIR BAG | AIR BAG SWITCH | EJECTION | TRAPPED | INJURIES |
| 01 01.FRONT - LEFT (MC DRIVER) 02.FRONT - MIDDLE 03.FRONT - RIGHT 04.SECOND - LEFT (MC PASS) 05.SECOND - MIDDLE 06.SECOND - RIGHT 07.THIRD - LEFT (MC PASSENGER/SIDE CAR) 08.THIRD - MIDDLE 09.THIRD - RIGHT 10.SLEEPER SECTION OF CAB 11.ENCLOSED CARGO AREA 12.UNENCLOSED CARGO AREA 13.TRAILING UNIT 14.EXTERIOR 15.OTHER 16.NON-MOTORIST 17.UNKNOWN | 07 01.NONE USED 02.SHOULDER BELT ONLY USED 03.LAP BELT ONLY USED 04.SHOULDER AND LAP BELT USED 05.CHILD SAFETY SEAT USED 06.HELMET USED 07.RESTRAINT USE UNKNOWN NON-MOTORIST 08.NONE USED 09.HELMET USED 10.PROTECTIVE PADS 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN | 6 1. NOT-DEPLOYED 2. DEPLOYED - FRONT 3. DEPLOYED - SIDE 4. DEPLOYED BOTH FRONT/SIDE 5. NOT APPLICABLE 6. DEPLOYMENT UNKNOWN | 4 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION | 5 1. NOT EJECTED 2. TOTALLY EJECTED 3. PARTIALLY EJECTED 4. NOT APPLICABLE 5. UNKNOWN | 1 1. NOT TRAPPED 2. EXTRICATED BY MECHANICAL MEANS 3. FREED BY NON-MECHANICAL MEANS 4. UNKNOWN | 6 1. NO INJURY 2. POSSIBLE 3. NON-INCAPACITATING 4. INCAPACITATING 5. FATAL INJURY 6. UNKNOWN |
| BLANK FOR WITNESS | | | | | | <input type="checkbox"/> 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="02"/> B <input type="text" value="10"/> | SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>1 <input type="text" value="21"/></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="21"/> | 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"/> | POSTED SPEED A <input type="text" value="25"/> B <input type="text" value="0"/> | DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> |
| A | B | | | | | | | | | | | | | | |
| 1 <input type="text" value="21"/> | 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"/> | | | | | | | | | | | | | | |
| NON-MOTORIST LOCATION A <input type="text"/> B <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. 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 RAIL 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="01"/> B <input type="text"/> | DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> | | | | | | | | | | |
| TYPE OF UNIT A <input type="text" value="09"/> B <input type="text" value="03"/> | MOST DAMAGED AREA A <input type="text" value="14"/> B <input type="text" value="08"/> | CONTRIBUTING CIRCUMSTANCES A <input type="text" value="01"/> B <input type="text" value="01"/> | 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"/> <input type="text"/> | DRUG TEST 1 & 2 RESULT A <input type="text" value="1"/> <input type="text" value="1"/> B <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. PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40. SKATER 41. OTHER-NON MOTORIST (WHEELCHAIR, ETC) 42. UNKNOWN | POINT OF IMPACT A <input type="text" value="14"/> B <input type="text" value="08"/> | MOTORIST 01. NONE 02. FAILURE TO YIELD 03. RAN RED LIGHT OR STOP SIGN 04. EXCEEDED SPEED LIMIT 05. UNSAFE SPEED 06. IMPROPER TURN 07. LEFT OF CENTER 08. FOLLOWED TOO CLOSELY/ACDA 09. IMPROPER LANE CHANGE/DROVE OFF ROAD/IMPROPER PASSING 10. IMPROPER BACKING 11. IMPROPER START FROM PARKED POSITION 12. STOPPED OR PARKED ILLEGALLY 13. OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14. SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, 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 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 | MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> | CONDITION A <input type="text" value="8"/> B <input type="text" value="7"/> | TYPE OF INTERSECTION <input type="text" value="03"/> | | | | | | | | | | |
| IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/> | ACTION A <input type="text" value="3"/> B <input type="text" value="4"/> | VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> | SPEED DETECTED A <input type="text" value="2"/> B <input type="text" value="2"/> | ALCOHOL/DRUG SUSPECTED A <input type="text" value="6"/> B <input type="text" value="1"/> | OCURRENCE <input type="text" value="1"/> | | | | | | | | | | |
| DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/> | STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/> | VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> | SPEED A <input type="text" value="2"/> B <input type="text" value="0"/> | ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> | ROAD CONTOUR <input type="text" value="1"/> | | | | | | | | | | |
| DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/> | STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/> | VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> | SPEED A <input type="text" value="2"/> B <input type="text" value="0"/> | 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"/> | | | | | | | | | | |
| SUPPLEMENT 'X' IF YES <input type="text"/> | | | | | LOCAL REPORT # 160-12- 004278 | | | | | | | | | | |

NARRATIVE

THE DRIVER OF UNIT 1 WAS BACKING INTO A DRIVEWAY. UNIT 2 WAS LEGALLY PARKED SOUTH OF THE DRIVEWAY. UNIT 1 STRUCK UNIT 2 ON THE DRIVER SIDE DOOR, WITH THE BACK STEP BUMPER. THERE WAS A GOUGE OUT OF THE PAINT ON THE DRIVER'S DOOR ON UNIT 2. THERE WERE NO INJURIES AND BOTH VEHICLES WERE ABLE TO BE DRIVEN FROM THE SCENE. AFTER REPEATED ATTEMPTS, I WAS UNABLE TO MAKE CONTACT AND ESTABLISH THE IDENTITY OF DRIVER OF UNIT 1. NUMEROUS ATTEMPTS HAVE BEEN MADE IT CONTACT THE SUSPECTED DRIVER OF UNIT 1. THESE ATTEMPTS INCLUDED CONTACTING A CELL PHONE NUMBER WHICH IS NOW DISCONNECTED AND ATTEMPTING TO LOCATE HIM AT HIS PLACE OF EMPLOYMENT. ALL OF THESE ATTEMPTS HAVE NOT BEEN SUCCESSFUL, AND THE IDENTITY OF THE DRIVER IS STILL UNKNOWN AT THIS TIME.

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| <p>MANNER OF COLLISION OR IMPACT</p> <p>5</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>1</p> <p>1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN</p> | <p>DIAGRAM</p> <p style="text-align: right; font-size: 2em;">N↑</p> <p style="text-align: center;">KNOTS LANDING DR</p> <p style="text-align: center;">CHAMPAGNE SHORES DR</p> <p style="text-align: center;">6057 CHAMPAGNE SHORES DR</p> <p style="text-align: center;">*DRAWING NOT TO SCALE*</p> |
| <p>WEATHER</p> <p>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>1</p> <p>1. NO 2. YES 3. UNKNOWN</p> | |
| <p>LIGHT CONDITIONS</p> <p>PRIMARY 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> | |

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|------------------|--|---|
| TRUCK/BUS | <p>UNIT # <input style="width: 50px;" 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 |
|--------------------------------|---------------|

ADDRESS (STREET, CITY, ST, ZIP CODE)

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

| | | | | | | |
|--|--|---|---|---|--|---|
| <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 | |
| 5/31/2012 | 15:37 | 15:37 | 15:48 | 16:30 | 0 | 53 | |
| OFFICER'S NAME | | BADGE # | CHECKED BY | DATE REPORT FILED | | | |
| P.O. CARL KANENBERG | | 1609 | 1606 | 5/31/2012 | | | |
| 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- 004278 | | |