

TRAFFIC CRASH REPORT

CRASH REPORT #
160-12- 004764

CRASH SEVERITY
3 1 FATAL ERROR 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
 *X IF YES

HIT / SKIP
1 NOT HIT / SKIP
2 SOLVED
3 NOT SOLVED

PHOTOS TAKEN
 *X IF YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C. #
05213

REPORTING AGENCY
MONTVILLE TOWNSHIP POLICE

UNITS
1

UNIT ERROR
98 98 ANIMAL
99 UNKNOWN

DATE OF CRASH
6/17/2012

TIME OF CRASH
11:18

DAY OF WEEK
SUN

CITY/VILLAGE/TOWNSHIP
TOWNSHIP

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

COUNTY #
52

LATITUDE
4106206752

LONGITUDE
0814904555

CRASH OCCURRED ON

PREFIX CRASH LOCATION
SHARON COPLEY

TYPE LOC
1

TYPE LOCATION POINT USED

1 NAMED STREET
2 NUMBERED STREET
3 NUMBERED ROUTE

LOCAL INFORMATION

SHARON COPLEY RD/I-71 OVERPAS

AT/REFERENCE

DIST. REF. DIR PREFIX REFERENCE REF POINT
INTERSTATE 71 OVERPASS 02

REFERENCE POINT USED

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

M
O
T
O
R
I
S
T
/
N
O
N
-
M
O
T
O
R
I
S
T

A UNIT # # OF OCC NAME (LAST, FIRST, MIDDLE)
01 1 CUNNINGHAM DOUGLAS J

ADDRESS (STREET, CITY, STATE, ZIP-CODE)
4542 LAKEVIEW GLENN DR MEDINA OH 44256

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
02/05/1947 65 M (330)722-5710

DL STATE DL # LP STATE LP # INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO
OH RT792319 OH EUD7493 1 1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

OWNER NAME (IF SAME, WRITE "SAME") OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)
CUNNINGHAM, DOUGLAS J 4542 LAKEVIEW GLENN DR MEDINA OH 44256

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2012 VOLKSWA OTHER SILVER NOT SHOWN

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE
 *X IF YES

B UNIT # # OF OCC NAME (LAST, FIRST, MIDDLE)

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 TRANSPORTED BY INJURED TAKEN TO
 1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

OWNER NAME (IF SAME, WRITE "SAME") OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE
 *X IF YES

O
C
C
U
P
A
N
T

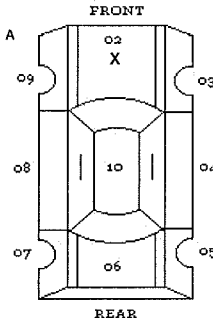
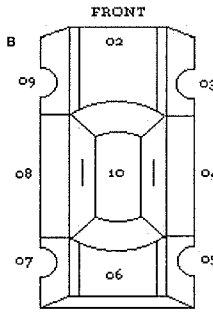
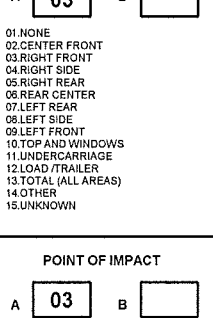
C UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

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

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

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

<p>SEATING POSITION</p> <p>A <input type="checkbox"/> 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</p> <p>BLANK FOR WITNESS</p>	<p>SAFETY EQUIPMENT</p> <p>A <input type="checkbox"/> 04 MOTORIST 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 08.NONE USED 09.HELMET USED 10.PROTECTIVE PADS 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN</p>	<p>AIR BAG</p> <p>A <input type="checkbox"/> 1 1. NOT-DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT/SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN</p>	<p>AIR BAG SWITCH</p> <p>A <input type="checkbox"/> 4 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION</p>	<p>EJECTION</p> <p>A <input type="checkbox"/> 1 1. NOT EJECTED 2.TOTALY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN</p>	<p>TRAPPED</p> <p>A <input type="checkbox"/> 1 1. NOT TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN</p>	<p>INJURIES</p> <p>A <input type="checkbox"/> 1 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN</p> <p><input type="checkbox"/> SUPPLEMENT *X IF YES</p>
--	---	--	---	--	--	--

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="01"/> B <input type="text"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>1 <input type="text" value="18"/></td><td>1 <input type="text"/></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="18"/>	1 <input type="text"/>	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="45"/> B <input type="text"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text"/>				
A	B																		
1 <input type="text" value="18"/>	1 <input type="text"/>																		
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" value="05"/> B <input type="text"/>		<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 <p>NON-MOTORIST</p> <ol style="list-style-type: none"> 15. ENTERING OR CROSSING SPECIFIED LOCATION 16. WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17. WORKING 18. PUSHING VEHICLE 19. APPROCHING OR LEAVING VEHICLE 20. PLAYING OR WORKING ON VEHICLE 21. STANDING 22. OTHER 23. 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 MEDIA/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. PARKED MOTOR VEHICLE 22. WORK ZONE MAINTENANCE EQUIPMENT 23. OTHER MOVABLE OBJECT 24. UNKNOWN MOVABLE OBJECT 25. COLLISION WITH FIXED OBJECT 26. IMPACT ATTENUATOR/CUSHION 27. BRIDGE OVERHEAD STRUCTURE 28. BRIDGE PIER OR ABUTMENT 29. BRIDGE PARAPET 30. GUARDRAIL END 31. GUARDRAIL FACE 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="12"/> B <input type="text"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text"/>														
TYPE OF UNIT A <input type="text" value="06"/> B <input type="text"/>		CONTRIBUTING CIRCUMSTANCES A <input type="text" value="01"/> B <input type="text"/>	<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/CODA 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 <p>NON-MOTORIST</p> <ol style="list-style-type: none"> 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 	DIRECTION <table border="1"> <tr><td>FROM TO</td><td>FROM TO</td></tr> <tr><td>A <input type="text" value="4"/></td><td>B <input type="text"/></td></tr> <tr><td>A <input type="text" value="3"/></td><td>B <input type="text"/></td></tr> </table>	FROM TO	FROM TO	A <input type="text" value="4"/>	B <input type="text"/>	A <input type="text" value="3"/>	B <input type="text"/>	DRUG TEST 1 & 2 RESULT <table border="1"> <tr><td>1</td><td>2</td><td>1</td><td>2</td></tr> <tr><td>A <input type="text" value="1"/></td><td>B <input type="text"/></td><td>A <input type="text"/></td><td>B <input type="text"/></td></tr> </table>	1	2	1	2	A <input type="text" value="1"/>	B <input type="text"/>	A <input type="text"/>	B <input type="text"/>
FROM TO	FROM TO																		
A <input type="text" value="4"/>	B <input type="text"/>																		
A <input type="text" value="3"/>	B <input type="text"/>																		
1	2	1	2																
A <input type="text" value="1"/>	B <input type="text"/>	A <input type="text"/>	B <input type="text"/>																
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text"/>	POINT OF IMPACT A <input type="text" value="03"/> B <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text"/>	CONDITION A <input type="text" value="1"/> B <input type="text"/>	TYPE OF INTERSECTION <input type="text" value="01"/>														
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text"/>	ACTION A <input type="text" value="3"/> B <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text"/>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text"/>	OCCURRENCE <input type="text" value="1"/>														
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text"/>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	SPEED DETECTED A <input type="text" value="1"/> B <input type="text"/>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text"/>	ROAD CONTOUR <input type="text" value="1"/>														
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text"/>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	SPEED A <input type="text" value="45"/> B <input type="text"/>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text"/>	ROAD CONDITIONS <table border="1"> <tr><td>PRIMARY</td><td>SECONDARY</td></tr> <tr><td>A <input type="text" value="01"/></td><td>B <input type="text"/></td></tr> </table>	PRIMARY	SECONDARY	A <input type="text" value="01"/>	B <input type="text"/>										
PRIMARY	SECONDARY																		
A <input type="text" value="01"/>	B <input type="text"/>																		
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text"/>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	SPEED A <input type="text" value="45"/> B <input type="text"/>	ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/>	LOCAL REPORT # <input type="text" value="160-12- 004764"/>														
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text"/>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	SUPPLEMENT 'X' IF YES <input type="checkbox"/>	ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/>	LOCAL REPORT # 160-12- 004764														

NARRATIVE

UNIT 1 WAS TRAVELING EAST ON SHARON COPLEY RD AND STRUCK A MALE DEER, WHICH WAS CROSSING SHARON COPLEY RD FROM NORTH TO SOUTH. UNIT 1 STRUCK THE DEER ON THE RIGHT REAR HIND QUARTERS OF THE ANIMAL WITH THE RIGHT FRONT CORNER OF UNIT 1. THE DRIVER OF UNIT 1 STATED THE DEER FLIPPED AND WAS ABLE TO DRAG ITSELF OFF THE ROADWAY. THE DEER WAS LATER DISPATCHED DUE TO INJURIES. THERE WAS FUR ON THE ROADWAY AT THE POINT OF COLLISION BETWEEN UNIT 1 AND THE DEER. THERE WAS MINOR DAMAGE DONE TO UNIT 1. THE DRIVER OF UNIT 1 DECLINED MEDICAL TREATMENT AND STATED HE WAS NOT INJURED. UNIT 1 WAS DRIVEN FROM THE SCENE.

<p>MANNER OF COLLISION OR IMPACT</p> <p><input checked="" type="checkbox"/> 1</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="text-align: right;">SHARON COPLEY RD</p> <p style="text-align: center;">I-71 OVERPASS</p> <p style="text-align: right;">*DRAWING NOT TO SCALE*</p>
<p>WEATHER</p> <p><input checked="" type="checkbox"/> 02</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>	
<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	UNIT #	<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 D 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>CARGO BODY TYPE</p> <p><input type="checkbox"/> 01. NOT APPLICABLE <input type="checkbox"/> 02. BUS (8-15 INCLUDING DRIVER) <input type="checkbox"/> 03. VAN/ENCLOSED BOX <input type="checkbox"/> 04. GRAIN/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 - 25,000 <input type="checkbox"/> 3. MORE THAN 25,000</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>
---	--	--	---	---	--	---

POLICE ACTION							
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES	
6/17/2012	11:19	11:19	11:21	11:36	0	17	
OFFICER'S NAME		BADGE #	CHECKED BY		DATE REPORT FILED		
P.O. CARL KANENBERG		1609	1606		6/17/2012		
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- 004764		