



TRAFFIC CRASH REPORT

CRASH REPORT # 160-12- 004865	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 OH-3 OH-1P OTHER <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # 05213	REPORTING AGENCY MONTVILLE TOWNSHIP POLICE	# UNITS 2	UNIT ERROR 02 99 ANIMAL 99 UNKNOWN	DATE OF CRASH 6/20/2012	

TIME OF CRASH 15:55	DAY OF WEEK WED	CITY/VILLAGE/TOWNSHIP TOWNSHIP	NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF)	COUNTY # 52	LATITUDE 4104431731	LONGITUDE 0815151345
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CRASH OCCURRED ON PREFIX W	CRASH LOCATION WOOSTER PIKE	TYPE LOC 1	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION BOYERT'S NURSERY
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DIST. REF.	DIR	PREFIX	REFERENCE 007171 WOOSTER PIKE	REF POINT 04	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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MOTORIST / NON-MOTORIST

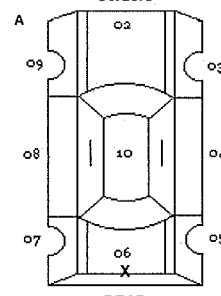
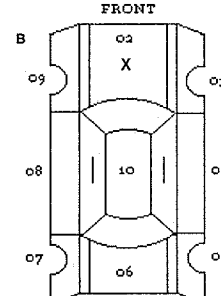
A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) ELZERMAN PATRICIA	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 941 COUNTRYSIDE DR MEDINA OH 44256	SOCIAL SECURITY NUMBER	DATE OF BIRTH 11/05/1951	AGE 60	SEX F	HOME PHONE # (330)721-6724	WORK PHONE #						
DL STATE OH	DL # SS869213	LP STATE OH	LP # EJ83NL	INJURED TAKEN BY 1 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO		OWNER NAME (IF SAME, WRITE "SAME") DOUGLAS F ELZERMAN	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 941 COUNTRYSIDE DR MEDINA OH 44256	YEAR 2003	MAKE MAZDA	MODEL MPV	COLOR SILVER	INSURANCE COMPANY WESTFIELD NATIO	TOWING SERVICE	OWNER PHONE # (330)721-6724
OFFENSE CHARGED 4511.21A		OFFENSE DESCRIPTION ASSURED CLEAR DISTANCE AHEAD				CITATION # Y3983		LOCAL CODE <input type="checkbox"/> "X" IF YES								

B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) ALEXANDER TAYLOR MARIE	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 444 SOUTH KASER DR WADSWORTH OH 44281	SOCIAL SECURITY NUMBER	DATE OF BIRTH 07/14/1993	AGE 18	SEX F	HOME PHONE # (330)714-8656	WORK PHONE # (330)714-8656						
DL STATE OH	DL # TP902188	LP STATE OH	LP # FNL1514	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") DEBORAH A ALEXANDER	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 444 SOUTH KASER DR WADSWORTH OH 44281	YEAR 1999	MAKE PONTIAC	MODEL GRAND AM	COLOR GREEN	INSURANCE COMPANY STATE FARM INSU	TOWING SERVICE	OWNER PHONE # (330)714-8656
OFFENSE CHARGED 4511.21A		OFFENSE DESCRIPTION ASSURED CLEAR DISTANCE AHEAD				CITATION # Y3983		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 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 A 01 01.FRONT - LEFT (MC DRIVER) 02.FRONT - MIDDLE 03.FRONT - RIGHT 04.SECOND - LEFT (MC PASS) B 01 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.SHOLDER BELT ONLY USED 03.LAP BELT ONLY USED 04.SHOLDER 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	AIR BAG A 1 1. NOT-DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT/SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN	AIR BAG SWITCH A 4 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION	EJECTION A 1 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN	TRAPPED A 1 1.NOT TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN	INJURIES A 1 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 FRONT  REAR 	PRE-CRASH ACTIONS A <input type="text" value="11"/> B <input type="text" value="01"/>	SEQUENCE OF EVENTS A <input type="text" value="20"/> B <input type="text" value="20"/> 1 <input type="text" value="20"/> 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/> 4 <input type="text" value=""/>	POSTED SPEED A <input type="text" value="55"/> B <input type="text" value="55"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/>
NON-MOTORIST LOCATION A <input type="text" value=""/> B <input type="text" value=""/> 01. MARKED CROSSWALK AT INTERSECTION 02. AT INTERSECTION BUT NO CROSSWALK 03. NON-INTERSECTION CROSSWALK 04. DRIVEWAY ACCESS CROSSWALK 05. IN ROADWAY 06. NOT IN ROADWAY 07. MEDIAN (BUT NOT ON SHOULDER) 08. ISLAND 09. SHOULDER 10. SIDEWALK 11. WITHIN 10 FEET OF ROADWAY (BUT NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND) 12. BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13. OUTSIDE TRAFFICWAY 14. SHARED USE PATHS OR TRAILS 15. UNKNOWN	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	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="01"/> B <input type="text" value="08"/>	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 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 14. PEDESTRIAN 15. PEDACYCLE 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 COLLISION WITH FIXED OBJECT 25. IMPACT ATTENUATOR/CRASH CUSHION 26. BRIDGE OVERHEAD STRUCTURE 27. BRIDGE PIER OR ABUTMENT 28. BRIDGE PARAPET 29. BRIDGE RAIL 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. 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" value="12"/> 01. NO CONTROLS 02. STOP SIGN 03. YIELD SIGN 04. TRAFFIC SIGNAL 05. TRAFFIC FLASHERS 06. SCHOOL ZONE 07. RAILROAD CROSSBUCKS 08. RAILROAD FLASHERS 09. RAILROAD GATES 10. CONSTRUCTION BARRICADE 11. POLICE OFFICER 12. PAVEMENT MARKINGS 13. CROSSWALK LINES 14. WALK/DONT WALK 15. TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16. OTHER 17. NOT REPORTED 18. UNKNOWN	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> 1. NONE 2. BLOOD 3. URINE 4. OTHER
TYPE OF UNIT A <input type="text" value="05"/> B <input type="text" value="03"/>	MOST DAMAGED AREA A <input type="text" value="05"/> B <input type="text" value="09"/>	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	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	DIRECTION FROM TO FROM TO A <input type="text" value="1"/> <input type="text" value="2"/> B <input type="text" value="1"/> <input type="text" value="2"/> 1. NORTH 2. SOUTH 3. EAST 4. WEST 5. NORTHEAST 6. SOUTHWEST 7. SOUTHEAST 8. SOUTHWEST 9. UNKNOWN	TYPE OF INTERSECTION <input type="text" value="01"/> 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
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" value=""/> B <input type="text" value=""/>	MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/>	OCURRENCE <input type="text" value="1"/> 1. ON ROADWAY 2. ON SHOULDER 3. IN MEDIAN 4. ON ROADSIDE 5. ON GORE 6. OUTSIDE TRAFFICWAY 7. UNKNOWN
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/>	STRIKING VEHICLE OVERRIDE/UNDERIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE 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	SPEED DETECTED A <input type="text" value="1"/> B <input type="text" value="1"/> 1. STATED 2. ESTIMATED	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="1"/> 1. STRAIGHT LEVEL 2. STRAIGHT GRADE 3. CURVE LEVEL 4. CURVE GRADE 5. UNKNOWN
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/>	STRIKING VEHICLE OVERRIDE/UNDERIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE 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	SPEED A <input type="text" value="0"/> B <input type="text" value="35"/>	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" value=""/> 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" value=""/> SUPPLEMENT *X IF YES				LOCAL REPORT # 160-12- 004865	

NARRATIVE

UNIT 1 WAS STOPPED AND ATTEMPTING TO MAKE A LEFT TURN INTO A PRIVATE BUSINESS DRIVEWAY. THE DRIVER OF UNIT 2 STATED SHE WAS NOT PAYING ATTENTION AND SAW THAT UNIT 1 WAS STOPPED IN FRONT OF HER. THE DRIVER OF UNIT 2 STATED SHE APPLIED THE BRAKES, BUT WAS UNABLE TO COME TO A COMPLETE STOP BEFORE COLLIDING WITH UNIT 1. THERE WAS MINOR DAMAGE TO BOTH UNIT 1 AND UNIT 2. BOTH UNITS WERE DRIVEN FROM THE SCENE OF THE CRASH. THERE WERE NO INJURIES AND BOTH DRIVERS DECLINED MEDICAL TREATMENT.

<p>MANNER OF COLLISION OR IMPACT</p> <p>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>1</p> <p>1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN</p>	<p>DIAGRAM</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 <input checked="" type="checkbox"/> SECONDARY <input type="checkbox"/></p> <p>1</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>	

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 B. TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR C. A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER</p>
		<p>A. THE CRASH RESULTED IN ONE OF THE FOLLOWING: 1. A FATALITY; OR 2. AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT; OR 3. 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
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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><input type="checkbox"/> 05. POLE <input type="checkbox"/> 06. CARGO TANK <input type="checkbox"/> 07. FLATBED <input type="checkbox"/> 08. DUMP <input type="checkbox"/> 09. CONCRETE MIXER</p>	<p><input type="checkbox"/> 10. AUTO TRANSPORTER <input type="checkbox"/> 11. GARBAGE/REFUSE <input type="checkbox"/> 12. OTHER <input type="checkbox"/> 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
6/20/2012	15:55	15:55	16:00	16:21	0	26
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED		
P.O. CARL KANENBERG		1609	1605 <i>[Signature]</i>	6/20/2012		
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- 004865	