



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>160-12- 005844</b>	CRASH SEVERITY <b>3</b> 1.FATAL ERROR 3.PDO 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> *X* IF YES	HIT / SKIP <b>1</b> 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED	PHOTOS TAKEN <b>X</b> *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. # <b>05213</b>	REPORTING AGENCY <b>MONTVILLE TOWNSHIP POLICE</b>	# UNITS <b>2</b>	UNIT ERROR <b>01</b> 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>7/18/2012</b>	

TIME OF CRASH <b>14:18</b>	DAY OF WEEK <b>WED</b>	CITY/VILLAGE/TOWNSHIP <b>TOWNSHIP</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MONTVILLE (TOWNSHIP OF)</b>	COUNTY # <b>52</b>	LATITUDE <b>4107399611</b>	LONGITUDE <b>0814830866</b>
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>RIVER STYX</b>	TYPE LOC <b>1</b>	5399 RIVER STYX ROAD

DIST. REF.	DIR	PREFIX	REFERENCE <b>005399</b>	REF POINT <b>04</b>	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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<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>2</b>	NAME (LAST, FIRST, MIDDLE) <b>GELZER BENJAMIN C.</b>
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**4009 PENSACOLA AVE. CLEVELAND OH 44109**

SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>02/18/1980</b>	AGE <b>32</b>	SEX <b>M</b>	HOME PHONE # <b>(216)396-5626</b>	WORK PHONE #
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DL STATE <b>OH</b>	DL # <b>SC365481</b>	LP STATE <b>OH</b>	LP # <b>PFX9588</b>	INJURED TAKEN BY <b>1</b> 1.NONE 2.EMS 3.POLICE 4.OTHER 5.UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME") <b>CLERAC INC.</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>8249 MOHAWK DRIVE STRONGSVILLE OH 44136</b>
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YEAR <b>2007</b>	MAKE <b>INTERNATI</b>	MODEL	COLOR <b>WHITE</b>	INSURANCE COMPANY <b>ZURICH AMERICAN</b>	TOWING SERVICE	OWNER PHONE #
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OFFENSE CHARGED <b>4511.38</b>	OFFENSE DESCRIPTION <b>IMPROPER STARTING AND BACKING</b>	CITATION # <b>Y33831</b>	LOCAL CODE <input type="checkbox"/> *X* IF YES
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<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>2</b>	NAME (LAST, FIRST, MIDDLE) <b>HASTINGS EDITH L.</b>
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**5664 WINDFALL ROAD MEDINA OH 44256**

SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>02/17/1929</b>	AGE <b>83</b>	SEX <b>F</b>	HOME PHONE # <b>(330)725-8963</b>	WORK PHONE #
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DL STATE <b>OH</b>	DL # <b>RH124072</b>	LP STATE <b>OH</b>	LP # <b>EBP2897</b>	INJURED TAKEN BY <b>1</b> 1.NONE 2.EMS 3.POLICE 4.OTHER 5.UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME") <b>HASTINGS, EDITH L.</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>5664 WINDFALL ROAD MEDINA OH 44256</b>
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YEAR <b>2007</b>	MAKE <b>CHEVROLE</b>	MODEL <b>OTHER</b>	COLOR <b>YELLOW</b>	INSURANCE COMPANY <b>STATE AUTO</b>	TOWING SERVICE <b>OTHER</b>	OWNER PHONE # <b>(330)725-8963</b>
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X* IF YES
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<b>C</b>	UNIT # <b>01</b>	NAME (LAST, FIRST, MIDDLE) <b>GUMP JOSHUA M.</b>	HOME PHONE # <b>(216)905-6707</b>	DATE OF BIRTH <b>10/15/1991</b>	AGE <b>20</b>	SEX <b>M</b>
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**3118 W. 12TH STREET CLEVELAND OH 44109**

INJURED TAKEN BY <b>1</b> 1.NONE 2.EMS 3.POLICE 4.OTHER 5.UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO
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<b>D</b>	UNIT # <b>02</b>	NAME (LAST, FIRST, MIDDLE) <b>HASTINGS FRANK R.</b>	HOME PHONE # <b>(330)725-8913</b>	DATE OF BIRTH <b>01/30/1926</b>	AGE <b>86</b>	SEX <b>M</b>
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**5664 WINDFALL ROAD MEDINA OH 44256**

INJURED TAKEN BY <b>1</b> 1.NONE 2.EMS 3.POLICE 4.OTHER 5.UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO
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MOTORIST / NON-MOTORIST OCCUPANT

SEATING POSITION A <b>01</b> 01.FRONT - LEFT (MC DRIVER) 02.FRONT - MIDDLE 03.FRONT - RIGHT B <b>01</b> 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	SAFETY EQUIPMENT A <b>04</b> 01.NONE USED 02.SHOULDER BELT ONLY USED 03.LP BELT ONLY USED B <b>04</b> 04.SHOULDER AND LAP BELT USED 05.CHILD SAFETY SEAT USED 06.HELMET USED 07.RESTRAINT USE UNKNOWN C <b>04</b> 08.NONE USED 09.HELMET USED 10.PROTECTIVE PADS D <b>04</b> 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN	AIR BAG A <b>1</b> 1. NOT-DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT/SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN B <b>1</b> C <b>1</b> D <b>1</b>	AIR BAG SWITCH A <b>4</b> 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION B <b>4</b> C <b>4</b> D <b>4</b>	EJECTION A <b>1</b> 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN B <b>1</b> C <b>1</b> D <b>1</b>	TRAPPED A <b>1</b> 1.NOT TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN B <b>1</b> C <b>1</b> D <b>1</b>	INJURIES A <b>1</b> 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN B <b>1</b> C <b>1</b> D <b>1</b>
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BLANK FOR WITNESS

SUPPLEMENT \*X\* IF YES

<p><b>UNIT NUMBERS</b></p> <p>A <input type="text" value="01"/> B <input type="text" value="02"/></p> <p><b>NON-MOTORIST LOCATION</b></p> <p>A <input type="text"/> B <input type="text"/></p> <p>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</p> <p><b>TYPE OF UNIT</b></p> <p>A <input type="text" value="09"/> B <input type="text" value="01"/></p> <p><b>MOTORIST</b></p> <p>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</p> <p><b>NON-MOTORIST</b></p> <p>35. ANIMAL WRIDDER 36. ANIMAL W/BUGGY 37. BICYCLE 38. PEDESTRIAN 39. PEDALCYCLIST (BICYCLE, TRI-CYCLE, UNICYCLE, PEDAL CAR) 40. SKATER 41. OTHER-NON MOTORIST (WHEELCHAIR, ETC.) 42. UNKNOWN</p> <p><b>IN EMERGENCY RESPONSE</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1. NO 2. YES 3. UNKNOWN</p> <p><b>DAMAGE SCALE</b></p> <p>A <input type="text" value="3"/> B <input type="text" value="4"/></p> <p>1. NONE 2. NON-FUNCTIONAL 3. FUNCTIONAL DAMAGE 4. DISABLING DAMAGE 5. SEVERE 6. UNKNOWN</p>	<p><b>DAMAGE AREA</b></p> <p><b>FRONT</b></p> <p><b>REAR</b></p> <p><b>FRONT</b></p> <p><b>REAR</b></p> <p><b>MOST DAMAGED AREA</b></p> <p>A <input type="text" value="06"/> B <input type="text" value="02"/></p> <p>01. NONE 02. CENTER FRONT 03. RIGHT FRONT 04. RIGHT SIDE 05. RIGHT REAR 06. REAR CENTER 07. LEFT REAR 08. LEFT SIDE 09. LEFT FRONT 10. TOP AND WINDOWS 11. UNDERCARRIAGE 12. LOAD /TRAILER 13. TOTAL (ALL AREAS) 14. OTHER 15. UNKNOWN</p> <p><b>POINT OF IMPACT</b></p> <p>A <input type="text" value="06"/> B <input type="text" value="02"/></p> <p>01. NONE 02. CENTER FRONT 03. RIGHT FRONT 04. RIGHT SIDE 05. RIGHT REAR 06. REAR CENTER 07. LEFT REAR 08. LEFT SIDE 09. LEFT FRONT 10. TOP AND WINDOWS 11. UNDERCARRIAGE 12. LOAD /TRAILER 13. TOTAL (ALL AREAS) 14. OTHER 15. UNKNOWN</p> <p><b>ACTION</b></p> <p>A <input type="text" value="3"/> B <input type="text" value="4"/></p> <p>1. NON-CONTACT 2. NON-COLLISION 3. STRICKING 4. STRUCK 5. BOTH STRICKING AND STRUCK 6. UNKNOWN</p> <p><b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b></p> <p>A <input type="text" value="6"/> B <input type="text" value="3"/></p> <p>1. NO UNDERRIDE OR OVERRIDE 2. UNDERRIDE, COMPARTMENT INTRUSION 3. UNDERRIDE, NO COMPARTMENT INTRUSION 4. UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN 5. OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6. OVERRIDE, OTHER VEHICLE 7. UNKNOWN IF UNDERRIDE OR OVERRIDE</p>	<p><b>PRE-CRASH ACTIONS</b></p> <p>A <input type="text" value="02"/> B <input type="text" value="11"/></p> <p><b>MOTORIST</b></p> <p>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> <p><b>NON-MOTORIST</b></p> <p>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</p> <p><b>CONTRIBUTING CIRCUMSTANCES</b></p> <p>A <input type="text" value="10"/> B <input type="text" value="01"/></p> <p><b>MOTORIST</b></p> <p>01. NONE 02. FAILURE TO YIELD 03. BRAKE LIGHT OR STOP SIGN EXCEEDED SPEED LIMIT 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/SLEEP 19. OPERATING DEFECTIVE EQUIPMENT 20. LOAD SHIFTING/FALLING/SPILLING 21. OTHER IMPROPER ACTION 22. UNKNOWN</p> <p><b>NON-MOTORIST</b></p> <p>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</p> <p><b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b></p> <p>A <input type="text"/> B <input type="text"/></p> <p>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</p>	<p><b>SEQUENCE OF EVENTS</b></p> <p>A <input type="text" value="20"/> B <input type="text" value="20"/></p> <p>1 <input type="text"/> 1 <input type="text"/></p> <p>2 <input type="text"/> 2 <input type="text"/></p> <p>3 <input type="text"/> 3 <input type="text"/></p> <p>4 <input type="text"/> 4 <input type="text"/></p> <p><b>NON-COLLISION</b></p> <p>01. OVERTURN/OVERFLOW 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</p> <p><b>COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED</b></p> <p>14. PEDESTRIAN 15. PEDALCYCLE 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</p> <p><b>COLLISION WITH FIXED OBJECT</b></p> <p>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. CULTVERT 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</p>	<p><b>POSTED SPEED</b></p> <p>A <input type="text" value="35"/> B <input type="text" value="35"/></p> <p><b>TRAFFIC CONTROL</b></p> <p>A <input type="text" value="12"/> B <input type="text" value="12"/></p> <p>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/DO NOT WALK 15. TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16. OTHER 17. NOT REPORTED 18. UNKNOWN</p> <p><b>DIRECTION</b></p> <p><b>FROM TO</b> FROM TO</p> <p>A <input type="text" value="2"/> <input type="text" value="1"/> B <input type="text" value="1"/> <input type="text" value="2"/></p> <p>1. NORTH 2. SOUTH 3. EAST 4. WEST 5. NORTHWEST 6. NORTHEAST 7. SOUTHWEST 8. SOUTHEAST 9. UNKNOWN</p> <p><b>CONDITION</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>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</p>	<p><b>DRUG TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1. NONE GIVEN 2. TEST REFUSED 3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4. TEST GIVEN, RESULTS KNOWN 5. GIVEN, RESULTS UNKNOWN 6. UNKNOWN</p> <p><b>DRUG TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1. NONE 2. BLOOD 3. URINE 4. OTHER</p> <p><b>DRUG TEST 1 &amp; 2 RESULT</b></p> <p>A <input type="text" value="1"/> <input type="text" value="1"/> B <input type="text" value="1"/> <input type="text" value="1"/></p> <p>1. NONE 2. MARIJUANA 3. COCAINE 4. OPiates 5. AMPHETAMINES 6. PCP 7. OTHER 8. UNKNOWN AT TIME OF REPORTING</p> <p><b>TYPE OF INTERSECTION</b></p> <p>A <input type="text" value="01"/></p> <p>01. NOT AN INTERSECTION 02. FOUR-WAY INTERSECTION 03. T-INTERSECTION 04. Y-INTERSECTION 05. TRAFFIC CIRCLE/ROUNDBOUNT 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</p> <p><b>OCCURRENCE</b></p> <p>A <input type="text" value="1"/></p> <p>1. ON ROADWAY 2. ON SHOULDER 3. IN MEDIAN 4. ON ROADSIDE 5. ON GORE 6. OUTSIDE TRAFFICWAY 7. UNKNOWN</p> <p><b>ROAD CONTOUR</b></p> <p>A <input type="text" value="1"/></p> <p>1. STRAIGHT LEVEL 2. STRAIGHT GRADE 3. CURVE LEVEL 4. CURVE GRADE 5. UNKNOWN</p> <p><b>ROAD CONDITIONS</b></p> <p><b>PRIMARY</b> <input type="text" value="01"/> <b>SECONDARY</b> <input type="text"/></p> <p>01. DRY 02. WET 03. SNOW 04. ICE 05. SAND/MUD/DIRT/OIL/GRAVEL 06. WATER (STANDING, MOVING) 07. SLUSH 08. DERRIS 09. RUT, HOLES, BUMPS, UNEVEN PAVEMENT 10. OTHER 11. UNKNOWN</p>
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SUPPLEMENT 'X' IF YES

LOCAL REPORT #  
**160-12- 005844**

**NARRATIVE**  
**UNIT 1 BEGAN BACKING UP FROM 5600 RIVER STYX IN AN ATTEMPT TO BACK INTO THE DRIVEWAY ONE HOUSE TO THE NORTH. UNIT 2 WAS DIRECTLY BEHIND UNIT 1 AND THEY NOTICED UNIT 1 WAS BACKING UP. THEY ATTEMPTED TO BACK UP TO AVOID THE COLLISION BUT COULD NOT. UNIT 1 REAR STRUCK THE FRONT BUMPER OF UNIT 2 CAUSING DISABLING DAMAGE. NO INVOLVED PARTIES ADVISED OF INJURIES. UNIT 2 WAS TOWED FROM THE SCENE BY HEIDI'S TOWING. THE DRIVER OF UNIT 1 WAS CITED FOR STARTING AND BACKING.**

<b>MANNER OF COLLISION OR IMPACT</b> <input checked="" type="checkbox"/> <b>5</b> 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	<b>SCHOOL BUS RELATED</b> <input checked="" type="checkbox"/> <b>1</b> 1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN	<b>DIAGRAM</b> 
<b>WEATHER</b> <input checked="" type="checkbox"/> <b>01</b> 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	<b>WORK ZONE RELATED</b> <input checked="" type="checkbox"/> <b>1</b> 1. NO 2. YES 3. UNKNOWN	
<b>LIGHT CONDITIONS</b> PRIMARY <input checked="" type="checkbox"/> <b>1</b> SECONDARY <input type="checkbox"/> 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	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1. LANE CLOSURE 2. LANE SHIFT/CROSSOVER 3. WORK ON SHOULDER OR MEDIAN 4. INTERMITTENT OR MOVING WORK 5. OTHER	

<b>TRUCK/BUS</b> UNIT # <input checked="" type="checkbox"/> <b>01</b>	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	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
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<b>COMPANY (FROM SHIPPING PAPERS)</b> <b>CLERAC INC.</b>	<b>COMPANY PHONE</b> <b>(440)345-3999</b>
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**ADDRESS (STREET, CITY, ST, ZIP CODE)**  
**8249 MOHAWK DR. STRONGSVILLE OH 44136**

<b>US DOT</b> <b>2288034</b>	<b>ICC MC</b> <b>781407</b>	<b>PUCO</b> <b>000000</b>	<b>TRAILER LP ST.</b> <b>0</b>	<b>TRAILER LP YEAR</b> <b>0</b>	<b>TRAILER LP #</b> 	<b>PLACARD #</b> 	<b># DIA</b> 
<b>CARGO BODY TYPE</b> <input checked="" type="checkbox"/> <b>03</b> 01. NOT APPLICABLE 02. BUS (9-15 INCLUDING DRIVER) 03. VAN/ENCLOSED BOX 04. GRAIN/CHIPS/GRAVEL/LWN	05. POLE 06. CARGO TANK 07. FLATBED 08. DUMP 09. CONCRETE MIXER	10. AUTO TRANSPORTER 11. GARBAGE/REFUSE 12. OTHER 13. UNKNOWN	<b>WEIGHT (GVWR)</b> <input checked="" type="checkbox"/> <b>2</b> 1. LESS/EQUAL 10,000 2. 10,001 - 26,000 3. MORE THAN 26,000	<b>CDL CLASS</b> <input checked="" type="checkbox"/> <b>5</b> 1. CLASS A 2. CLASS B 3. CLASS C 4. CLASS D 5. CLASS E	<b>HAZARDOUS MATERIALS PLACARD</b> <input checked="" type="checkbox"/> <b>1</b> 1. NO 2. YES 3. UNKNOWN	<b>HAZARDOUS MATERIALS RELEASED</b> <input checked="" type="checkbox"/> <b>3</b> 1. NO 2. YES 3. NOT APPLICABLE	

<b>POLICE ACTION</b>						
<b>DATE CRASH REPORTED</b> <b>7/18/2012</b>	<b>TIME REC CALL</b> <b>14:18</b>	<b>DISPATCH</b> <b>14:18</b>	<b>ARRIVED</b> <b>14:28</b>	<b>CLEARED</b> <b>15:58</b>	<b>OTHER</b> <b>45</b>	<b>TOTAL MINUTES</b> <b>145</b>
<b>OFFICER'S NAME</b> <b>P.O. DAVID PINKAS</b>		<b>BADGE #</b> <b>1615</b>	<b>CHECKED BY</b> <b>1605</b> <i>[Signature]</i>	<b>DATE REPORT FILED</b> <b>7/18/2012</b>		
<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> <b>1</b> 1. POLICE AGENCY 2. MOTORIST 3. UNKNOWN	<b>REPORT TAKEN AT</b> <input checked="" type="checkbox"/> <b>1</b> 1. SCENE 2. STATION 3. OTHER	<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>	<b>LOCAL REPORT #</b> <b>160-12- 005844</b>			