

# TRAFFIC CRASH REPORT

CRASH REPORT # <b>160-12- 006093</b>	CRASH SEVERITY <b>2</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 <input checked="" type="checkbox"/> *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>1</b>	UNIT ERROR <b>01</b> 98.ANIMAL 99.UNKNOWN	DATE OF CRASH <b>7/26/2012</b>	

TIME OF CRASH <b>10:57</b>	DAY OF WEEK <b>THU</b>	CITY/VILLAGE/TOWNSHIP <b>TOWNSHIP</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MONTVILLE (TOWNSHIP OF)</b>	COUNTY # <b>52</b>	LATITUDE <b>4106413568</b>	LONGITUDE <b>0815150749</b>
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CRASH OCCURRED ON PREFIX <b>N</b> CRASH LOCATION <b>WOOSTER PIKE</b> TYPE LOC <b>1</b>	TYPE LOCATION POINT USED 1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE	LOCAL INFORMATION <b>WOOSTER PIKE RD / BAR HARBOR</b>
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DIST. REF.	DIR <b>N</b>	PREFIX <b>N</b>	REFERENCE <b>BAR HARBOR</b>	REF POINT <b>02</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>1</b>	NAME (LAST, FIRST, MIDDLE) <b>BEACH JANE</b>	ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>224 TIMBERLINE DR AVON LAKE OH 44012</b>	SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>10/10/1961</b>	AGE <b>50</b>	SEX <b>F</b>	HOME PHONE # <b>(440)315-8950</b>	WORK PHONE #			
DL STATE <b>OH</b>	DL # <b>RT780710</b>	LP STATE <b>OH</b>	LP # <b>JVB3</b>	INJURED TAKEN BY <b>2</b> 1.NONE 2.EMS 3.POLICE 4.OTHER 5.UNKNOWN	TRANSPORTED BY <b>L.S.T.</b>	INJURED TAKEN TO <b>MEDINA HOSPITAL</b>		OWNER NAME (IF SAME, WRITE "SAME") <b>BEACH, JANE</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>224 TIMBERLINE DR AVON LAKE OH 44012</b>		
YEAR <b>2006</b>	MAKE <b>TOYOTA</b>	MODEL <b>UNKNOWN</b>	COLOR <b>BLUE</b>	INSURANCE COMPANY <b>GRANGE</b>	TOWING SERVICE <b>ACTION</b>	OWNER PHONE # <b>(440)933-2325</b>		OFFENSE CHARGED <b>4511.202</b>			OFFENSE DESCRIPTION <b>OPERATION WITHOUT REASONABLE CONTROL</b>	CITATION # <b>Y34094</b>	LOCAL CODE <input type="checkbox"/> *X IF YES

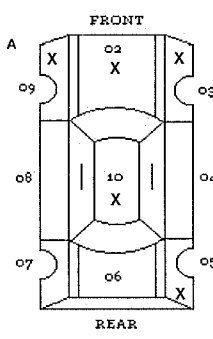
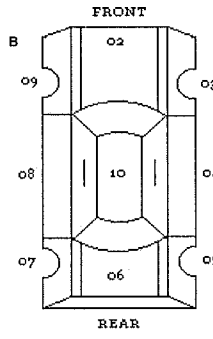
<b>B</b>	UNIT #	# OF OCC	NAME (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP-CODE)	SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #		
DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY <input type="checkbox"/> 1.NONE 2.EMS 3.POLICE 4.OTHER 5.UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO		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 <input type="checkbox"/> *X IF YES

<b>C</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
<b>D</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX

SEATING POSITION <b>A 01</b> 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.ENCLOSED CARGO AREA 13.TRAILING UNIT 14.EXTERIOR 15.OTHER 16.NON-MOTORIST 17.UNKNOWN	SAFETY EQUIPMENT <b>A 04</b> MOTORIST 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 08.NONE USED 09.HELMET USED 10.PROTECTIVE PADS 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN	AIR BAG <b>A 3</b> 1. NOT-DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT/SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN	AIR BAG SWITCH <b>A 4</b> 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION	EJECTION <b>A 1</b> 1. NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN	TRAPPED <b>A 3</b> 1. NOT TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN	INJURIES <b>A 4</b> 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN
BLANK FOR WITNESS						SUPPLEMENT *X IF YES

MOTORIST / NON-MOTORIST

OCCUPANT

<p><b>UNIT NUMBERS</b></p> <p>A <input type="text" value="01"/> B <input type="text"/></p>	<p><b>DAMAGE AREA</b></p> 	<p><b>PRE-CRASH ACTIONS</b></p> <p>A <input type="text" value="09"/> B <input type="text"/></p> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>MOVEMENTS ESSENTIALLY STRAIGHT AHEAD</li> <li>BACKING</li> <li>CHANGING LANES</li> <li>OVERTAKING/PASSING</li> <li>TURNING RIGHT</li> <li>TURNING LEFT</li> <li>MAKING U-TURN</li> <li>ENTERING TRAFFIC LANE</li> <li>LEAVING TRAFFIC LANE</li> <li>PARKED</li> <li>SLOWING OR STOPPED IN TRAFFIC</li> <li>DRIVERLESS</li> <li>OTHER</li> <li>UNKNOWN</li> </ol> <p><b>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>ENTERING OR CROSSING SPECIFIED LOCATION</li> <li>WALKING, RUNNING, JOGGING, PLAYING, CYCLING</li> <li>WORKING</li> <li>PUSHING VEHICLE</li> <li>APPROACHING OR LEAVING VEHICLE</li> <li>PLAYING OR WORKING ON VEHICLE</li> <li>STANDING</li> <li>OTHER</li> <li>UNKNOWN</li> </ol>	<p><b>SEQUENCE OF EVENTS</b></p> <table border="1"> <tr> <td>A</td> <td><input type="text" value="09"/></td> <td>B</td> <td><input type="text"/></td> </tr> <tr> <td>1</td> <td><input type="text" value="38"/></td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>3</td> <td><input type="text" value="37"/></td> <td>3</td> <td><input type="text"/></td> </tr> <tr> <td>4</td> <td><input type="text"/></td> <td>4</td> <td><input type="text"/></td> </tr> </table>	A	<input type="text" value="09"/>	B	<input type="text"/>	1	<input type="text" value="38"/>	2	<input type="text"/>	3	<input type="text" value="37"/>	3	<input type="text"/>	4	<input type="text"/>	4	<input type="text"/>	<p><b>POSTED SPEED</b></p> <p>A <input type="text" value="45"/> B <input type="text"/></p>	<p><b>DRUG TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>NONE GIVEN</li> <li>TEST REFUSED</li> <li>TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE</li> <li>TEST GIVEN, RESULTS KNOWN</li> <li>GIVEN, RESULTS UNKNOWN</li> <li>UNKNOWN</li> </ol>
A	<input type="text" value="09"/>	B	<input type="text"/>																		
1	<input type="text" value="38"/>	2	<input type="text"/>																		
3	<input type="text" value="37"/>	3	<input type="text"/>																		
4	<input type="text"/>	4	<input type="text"/>																		
<p><b>NON-MOTORIST LOCATION</b></p> <p>A <input type="text"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>MARKED CROSSWALK AT INTERSECTION</li> <li>AT INTERSECTION BUT NO CROSSWALK</li> <li>NON-INTERSECTION CROSSWALK</li> <li>DRIVEWAY ACCESS CROSSWALK</li> <li>IN ROADWAY</li> <li>NOT IN ROADWAY</li> <li>MEDIAN (BUT NOT ON SHOULDER)</li> <li>ISLAND</li> <li>SHOULDER</li> <li>SIDEWALK</li> <li>WITHIN 10 FEET OF ROADWAY (BUT NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)</li> <li>BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)</li> <li>OUTSIDE TRAFFICWAY</li> <li>SHARED USE PATHS OR TRAILS</li> <li>UNKNOWN</li> </ol>		<p><b>CONTRIBUTING CIRCUMSTANCES</b></p> <p>A <input type="text" value="13"/> B <input type="text"/></p> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>NONE</li> <li>FAILURE TO YIELD</li> <li>RAN RED LIGHT OR STOP SIGN</li> <li>EXCEEDED SPEED LIMIT</li> <li>UNSAFE SPEED</li> <li>IMPROPER TURN</li> <li>LEFT OF CENTER</li> <li>FOLLOWED TOO CLOSELY/ACDA</li> <li>IMPROPER LANE CHANGE/DROVE OFF ROAD/IMPROPER PASSING</li> <li>IMPROPER BACKING</li> <li>IMPROPER START FROM PARKED POSITION</li> <li>STOPPED OR PARKED ILLEGALLY</li> <li>OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER</li> <li>SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.)</li> <li>FAILURE TO CONTROL</li> <li>VISION OBSTRUCTION</li> <li>DRIVER INATTENTION</li> <li>FATIGUE/SLEEP</li> <li>OPERATING DEFECTIVE EQUIPMENT</li> <li>LOAD SHIFTING/FALLING/SPILLING</li> <li>OTHER IMPROPER ACTION</li> <li>UNKNOWN</li> <li>NON-MOTORIST</li> <li>NONE</li> <li>IMPROPER CROSSING</li> <li>DARTING</li> <li>BEYOND AND/OR ILLEGALLY IN ROADWAY</li> <li>FAILURE TO YIELD RIGHT OF WAY</li> <li>NOT VISIBLE (DARK CLOTHING)</li> <li>INATTENTIVE</li> <li>FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER</li> <li>WRONG SIDE OF THE ROAD</li> <li>OTHER</li> <li>UNKNOWN</li> </ol>	<p><b>NON-COLLISION</b></p> <ol style="list-style-type: none"> <li>OVERTURN/ROLLOVER</li> <li>FIRE/EXPLOSION</li> <li>IMMERSION</li> <li>JACKKNIFE</li> <li>CARGO/EQUIPMENT LOSS OR SHIFT</li> <li>EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)</li> <li>SEPARATION OF UNITS</li> <li>RAIL OR ROAD LEFT</li> <li>CROSS MEDIAN/CENTERLINE</li> <li>DOWNHILL RUNAWAY</li> <li>OTHER NON-COLLISION</li> <li>UNKNOWN NON-COLLISION</li> <li>COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED</li> <li>PEDESTRIAN</li> <li>PEDICYCLE</li> <li>RAILWAY VEHICLE (E.G. TRAIN, ENGINE)</li> <li>ANIMAL - FARM</li> <li>ANIMAL - DEER</li> <li>ANIMAL - OTHER</li> <li>MOTOR VEHICLE IN TRANSPORT</li> <li>PARKED MOTOR VEHICLE</li> <li>WORK ZONE MAINTENANCE EQUIPMENT</li> <li>OTHER MOVABLE OBJECT</li> <li>UNKNOWN MOVABLE OBJECT</li> <li>COLLISION WITH FIXED OBJECT</li> <li>IMPACT ATTENUATOR/CRASH CUSHION</li> <li>BRIDGE OVERHEAD STRUCTURE</li> <li>BRIDGE PIER OR ABUTMENT</li> <li>BRIDGE PARAPET</li> <li>BRIDGE RAIL</li> <li>GUARDRAIL FACE</li> <li>GUARDRAIL END</li> <li>MEDIAN BARRIER</li> <li>HIGHWAY TRAFFIC SIGN POST</li> <li>OVERHEAD SIGN POST</li> <li>LIGHT/LUMINARIES SUPPORT</li> <li>UTILITY POLE</li> <li>OTHER POST, POLE OR SUPPORT</li> <li>CULVERT</li> <li>CURB</li> <li>DITCH</li> <li>EMBARKMENT</li> <li>FENCE</li> <li>MAILBOX</li> <li>TREE</li> <li>OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC)</li> <li>WORK ZONE MAINTENANCE EQUIPMENT</li> <li>UNKNOWN FIXED OBJECT</li> <li>OTHER</li> <li>UNKNOWN</li> </ol>	<p><b>TRAFFIC CONTROL</b></p> <p>A <input type="text" value="12"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>NO CONTROLS</li> <li>STOP SIGN</li> <li>YIELD SIGN</li> <li>TRAFFIC SIGNAL</li> <li>TRAFFIC FLASHERS</li> <li>SCHOOL ZONE</li> <li>RAILROAD CROSSBUCKS</li> <li>RAILROAD FLASHERS</li> <li>RAILROAD GATES</li> <li>RAILROAD GATES</li> <li>CONSTRUCTION BARRICADE</li> <li>TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED</li> <li>OTHER</li> <li>NOT REPORTED</li> <li>UNKNOWN</li> </ol>	<p><b>DRUG TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>NONE</li> <li>BLOOD</li> <li>URINE</li> <li>OTHER</li> </ol>																
<p><b>TYPE OF UNIT</b></p> <p>A <input type="text" value="06"/> B <input type="text"/></p> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>SUB-COMPACT</li> <li>COMPACT</li> <li>MID SIZED</li> <li>FULL SIZE</li> <li>MINIVAN</li> <li>SPORT UTILITY VEHICLE</li> <li>PICKUP</li> <li>PANELVAN</li> <li>SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES</li> <li>SINGLE UNIT TRUCK; 3 OR MORE AXLES</li> <li>TRUCK/TRAILER</li> <li>TRUCK TRACTOR (BOBTAIL)</li> <li>TRACTOR/SEM-TRAILER</li> <li>TRACTOR/DOUBLE - SHORT</li> <li>TRACTOR DOUBLE - LONG</li> <li>FIFTH WHEEL OR CONVERTER DOLLY</li> <li>TRACTOR/TRIPLES</li> <li>MOTORCYCLE</li> <li>MOTORIZED BICYCLE</li> <li>SCHOOL BUS</li> <li>CHURCH BUS</li> <li>PUBLIC BUS</li> <li>OTHER BUS</li> <li>POLICE VEHICLE</li> <li>FIRE TRUCK</li> <li>AMBULANCE/RESCUE</li> <li>TAXI</li> <li>MOTOR HOME</li> <li>TRAIN</li> <li>FARM VEHICLE</li> <li>FARM EQUIPMENT</li> <li>SNOWMOBILE</li> <li>CONSTRUCTION EQUIPMENT</li> <li>ALL OTHERS</li> <li>NON-MOTORIST</li> <li>ANIMAL W/DRIVER</li> <li>ANIMAL W/BUGGY</li> <li>BICYCLE</li> <li>PEDESTRIAN</li> <li>PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)</li> <li>SKATER</li> <li>OTHER-NON MOTORIST (WHEELCHAIR, ETC)</li> <li>UNKNOWN</li> </ol>	<p><b>MOST DAMAGED AREA</b></p> <p>A <input type="text" value="09"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>NONE</li> <li>CENTER FRONT</li> <li>RIGHT FRONT</li> <li>RIGHT SIDE</li> <li>RIGHT REAR</li> <li>REAR CENTER</li> <li>LEFT REAR</li> <li>LEFT SIDE</li> <li>LEFT FRONT</li> <li>TOP AND WINDOWS</li> <li>UNDERCARRIAGE</li> <li>LOAD /TRAILER</li> <li>TOTAL (ALL AREAS)</li> <li>OTHER</li> <li>UNKNOWN</li> </ol>	<p><b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b></p> <p>A <input type="text"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>TURN SIGNALS</li> <li>HEAD LAMPS</li> <li>TAIL LAMPS</li> <li>BRAKES</li> <li>STEERING</li> <li>TIRE BLOWOUT</li> <li>WORN OR SLICK TIRES</li> <li>TRAILER EQUIPMENT DEFECTIVE</li> <li>MOTOR TROUBLE</li> <li>DISABLED FROM PRIOR ACCIDENT</li> <li>OTHER DEFECTS</li> <li>NO DEFECTS</li> </ol>	<p><b>FIRST HARMFUL EVENT</b></p> <p>A <input type="text" value="2"/> B <input type="text"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	<p><b>DIRECTION</b></p> <table border="1"> <tr> <td>FROM</td> <td>TO</td> <td>FROM</td> <td>TO</td> </tr> <tr> <td>A <input type="text" value="1"/></td> <td>B <input type="text" value="2"/></td> <td>A <input type="text"/></td> <td>B <input type="text"/></td> </tr> </table> <ol style="list-style-type: none"> <li>NORTH</li> <li>SOUTH</li> <li>EAST</li> <li>WEST</li> <li>NORTHEAST</li> <li>NORTHWEST</li> <li>SOUTHEAST</li> <li>SOUTHWEST</li> <li>UNKNOWN</li> </ol>	FROM	TO	FROM	TO	A <input type="text" value="1"/>	B <input type="text" value="2"/>	A <input type="text"/>	B <input type="text"/>	<p><b>DRUG TEST 1 &amp; 2 RESULT</b></p> <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" value="1"/></td> <td>A <input type="text"/></td> <td>B <input type="text"/></td> </tr> </table> <ol style="list-style-type: none"> <li>NONE</li> <li>MARIJUANA</li> <li>COCAINE</li> <li>OPiates</li> <li>AMPHETAMINES</li> <li>PCP</li> <li>OTHER</li> <li>UNKNOWN AT TIME OF REPORTING</li> </ol>	1	2	1	2	A <input type="text" value="1"/>	B <input type="text" value="1"/>	A <input type="text"/>	B <input type="text"/>
FROM	TO	FROM	TO																		
A <input type="text" value="1"/>	B <input type="text" value="2"/>	A <input type="text"/>	B <input type="text"/>																		
1	2	1	2																		
A <input type="text" value="1"/>	B <input type="text" value="1"/>	A <input type="text"/>	B <input type="text"/>																		
<p><b>IN EMERGENCY RESPONSE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>NO</li> <li>YES</li> <li>UNKNOWN</li> </ol>	<p><b>POINT OF IMPACT</b></p> <p>A <input type="text" value="09"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>NONE</li> <li>CENTER FRONT</li> <li>RIGHT FRONT</li> <li>RIGHT SIDE</li> <li>RIGHT REAR</li> <li>REAR CENTER</li> <li>LEFT REAR</li> <li>LEFT SIDE</li> <li>LEFT FRONT</li> <li>TOP AND WINDOWS</li> <li>UNDERCARRIAGE</li> <li>LOAD /TRAILER</li> <li>TOTAL (ALL AREAS)</li> <li>OTHER</li> <li>UNKNOWN</li> </ol>	<p><b>ACTION</b></p> <p>A <input type="text" value="3"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>NON-CONTACT</li> <li>NON-COLLISION</li> <li>STRICKING</li> <li>STRUCK</li> <li>BOTH STRICKING AND STRUCK</li> <li>UNKNOWN</li> </ol>	<p><b>MOST HARMFUL EVENT</b></p> <p>A <input type="text" value="5"/> B <input type="text"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<p><b>ALCOHOL/DRUG SUSPECTED</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>NONE</li> <li>YES ALCOHOL SUSPECTED</li> <li>YES-HBO NOT IMPAIRED</li> <li>YES-DRUGS SUSPECTED</li> <li>YES-ALCOHOL AND DRUGS SUSPECTED</li> <li>UNKNOWN</li> </ol>	<p><b>TYPE OF INTERSECTION</b></p> <p>A <input type="text" value="03"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>NOT AN INTERSECTION</li> <li>FOUR-WAY INTERSECTION</li> <li>T-INTERSECTION</li> <li>Y-INTERSECTION</li> <li>TRAFFIC CIRCLE/ROUNDOABOUT</li> <li>SIX-POINT, OR MORE</li> <li>ON RAMP</li> <li>OFF RAMP</li> <li>CROSSOVER</li> <li>DRIVEWAY</li> <li>RAILWAY GRADE CROSSING</li> <li>SHARED-USE PATHS OR TRAILS</li> <li>UNKNOWN</li> </ol>																
<p><b>DAMAGE SCALE</b></p> <p>A <input type="text" value="3"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>NONE</li> <li>NON-FUNCTIONAL</li> <li>FUNCTIONAL DAMAGE</li> <li>DISABLING DAMAGE</li> <li>SEVERE</li> <li>UNKNOWN</li> </ol>	<p><b>STRIKING VEHICLE OVERRIDE/UNDERIDE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>NO UNDERIDE OR OVERRIDE</li> <li>UNDERIDE, COMPARTMENT INTRUSION</li> <li>UNDERIDE, NO COMPARTMENT INTRUSION</li> <li>UNDERIDE, COMPARTMENT INTRUSION UNKNOWN</li> <li>OVERIDE, MOTOR VEHICLE IN TRANSPORT</li> <li>OVERIDE, OTHER VEHICLE</li> <li>UNKNOWN IF UNDERIDE OR OVERRIDE</li> </ol>	<p><b>ALCOHOL TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>NONE GIVEN</li> <li>TEST REFUSED</li> <li>TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE</li> <li>TEST GIVEN, RESULTS KNOWN</li> <li>TEST GIVEN, RESULTS UNKNOWN</li> <li>UNKNOWN</li> </ol>	<p><b>SPEED DETECTED</b></p> <p>A <input type="text"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>STATED</li> <li>ESTIMATED</li> </ol>	<p><b>ALCOHOL TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>NONE</li> <li>BLOOD</li> <li>URINE</li> <li>BREATH</li> <li>OTHER</li> </ol>	<p><b>ROAD CONTOUR</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>STRAIGHT LEVEL</li> <li>STRAIGHT GRADE</li> <li>CURVE LEVEL</li> <li>CURVE GRADE</li> <li>UNKNOWN</li> </ol>																
<p><b>DAMAGE SCALE</b></p> <p>A <input type="text" value="3"/> B <input type="text"/></p>	<p><b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b></p> <p>A <input type="text"/> B <input type="text"/></p>	<p><b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b></p> <p>A <input type="text"/> B <input type="text"/></p>	<p><b>SPEED</b></p> <p>A <input type="text" value="0"/> B <input type="text"/></p>	<p><b>ALCOHOL TEST RESULT</b></p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	<p><b>ROAD CONDITIONS</b></p> <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" value="10"/></td> </tr> </table> <ol style="list-style-type: none"> <li>DRY</li> <li>WET</li> <li>SNOW</li> <li>ICE</li> <li>SAND/MUD/DIRT/OIL/GRAVEL</li> <li>WATER (STANDING, MOVING)</li> <li>SLUSH</li> <li>DEBRIS</li> <li>RUT, HOLES, BUMPS, UNEVEN PAVEMENT</li> <li>OTHER</li> <li>UNKNOWN</li> </ol>	PRIMARY	SECONDARY	A <input type="text" value="01"/>	B <input type="text" value="10"/>												
PRIMARY	SECONDARY																				
A <input type="text" value="01"/>	B <input type="text" value="10"/>																				
<p><b>SUPPLEMENT 'X' IF YES</b></p> <p><input type="text"/></p>					<p><b>LOCAL REPORT #</b></p> <p><b>160-12- 006093</b></p>																

**NARRATIVE**

UNIT #1 WAS TRAVELING SOUTH ON WOOSTER PIKE RD. UNIT #1 CROSSED THE CENTER LINE AND DROVE OFF THE LEFT SIDE OF THE ROADWAY BEFORE STRIKING A CULVERT. THE DRIVER OF UNIT #1 THEN DROVE THE DRIVER SIDE OF THE VEHICLE UP AN ELECTRIC POLE TIE DOWN CABLE WHICH FLIPPED THE VEHICLE ON ITS TOP BEFORE COMING TO FINAL REST. THE DRIVER OF UNIT #1 WAS TRANSPORTED TO MEDINA HOSPITAL AND THE VEHICLE WAS TOWED FROM THE SCENE BY ACTION TOWING.

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>1</b></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><b>SCHOOL BUS RELATED</b></p> <p><b>1</b></p> <p>1. NO          2. YES, DIRECTLY INVOLVED          3. YES, INDIRECTLY INVOLVED          4. UNKNOWN</p>	<p style="text-align: center;"><b>DIAGRAM</b></p>
<p><b>WEATHER</b></p> <p><b>02</b></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><b>WORK ZONE RELATED</b></p> <p><b>1</b></p> <p>1. NO          2. YES          3. UNKNOWN</p>	
<p><b>LIGHT CONDITIONS</b></p> <p><b>PRIMARY</b> <b>SECONDARY</b></p> <p><b>1</b> <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><b>TYPE OF WORK ZONE</b></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><b>LOCATION OF CRASH IN WORK ZONE</b></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><b>WORKERS PRESENT</b></p> <p><input type="checkbox"/></p> <p>1. NO          2. YES          3. UNKNOWN</p>

<b>TRUCK/BUS</b>	<p>UNIT # <input type="checkbox"/></p>	<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><b>A</b> THE CRASH RESULTED IN ONE OF THE FOLLOWING:          A. FATALITY; OR          B. AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT; OR          C. 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	
<p><b>CARGO BODY TYPE</b></p> <p><input type="checkbox"/></p> <p>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</p>			<p><b>WEIGHT (GVWR)</b></p> <p><input type="checkbox"/></p> <p>1. LESS/EQUAL 10,000          2. 10,001 - 26,000          3. MORE THAN 26,000</p>		<p><b>CDL CLASS</b></p> <p><input type="checkbox"/></p> <p>1. CLASS A          2. CLASS B          3. CLASS C          4. CLASS D          5. CLASS E</p>		<p><b>HAZARDOUS MATERIALS PLACARD</b></p> <p><input type="checkbox"/></p> <p>1. NO          2. YES          3. UNKNOWN</p>	
<p><b>HAZARDOUS MATERIALS RELEASED</b></p> <p><input type="checkbox"/></p> <p>1. NO 4. UNKNOWN          2. YES 3. NOT APPLICABLE</p>								

<b>POLICE ACTION</b>						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
7/26/2012	10:57	10:57	10:59	11:52	20	75
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED		
P.O. TRAVIS MCCOURT		1608	SGT LAFOND	7/26/2012		
REPORT TAKEN BY	REPORT TAKEN AT			SUPPLEMENT 'X' IF YES	LOCAL REPORT #	
<b>1</b>	<b>1</b>			<input type="checkbox"/>	160-12- 006093	