

TRAFFIC CRASH REPORT

CRASH REPORT # 160-12- 006621	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 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 8/11/2012	

TIME OF CRASH 11:31	DAY OF WEEK SAT	CITY/VILLAGE/TOWNSHIP TOWNSHIP	NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF)	COUNTY # 52	LATITUDE 4108181957	LONGITUDE 0815149490
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX MEDINA	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	MEDINA RD/ NETTLETON RD
CRASH LOCATION MEDINA	TYPE LOC 1	

AT/REFERENCE	REFERENCE POINT USED
DIST. REF. NETTLETON	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
DIR	REF POINT 02

A	UNIT # 01	# OF OCC 2	NAME (LAST, FIRST, MIDDLE) TROWBRIDGE ROY L			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 36 SOUTH SECOND STREET RITTMAN OH 44270						
SOCIAL SECURITY NUMBER	DATE OF BIRTH 07/11/1966	AGE 46	SEX M	HOME PHONE # (330)466-4617	WORK PHONE # (330)722-6297	
DL STATE OH	DL # RF144267	LP STATE OH	LP # EJV8388	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") TROWBRIDGE, ROY L			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 36 SOUTH SECOND STREET RITTMAN OH 44270			
YEAR 2009	MAKE FORD	MODEL OTHER	COLOR BLACK	INSURANCE COMPANY WEST AMERICAN I	TOWING SERVICE LLOYDS	OWNER PHONE # (330)466-4617
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> "X" IF YES			

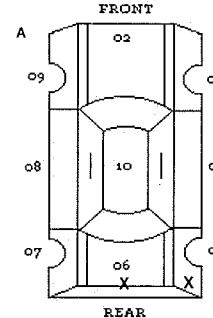
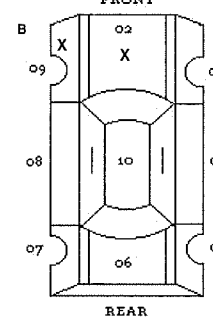
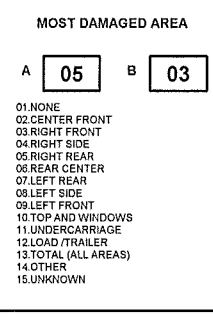
B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) HAASE KALEN J			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4060 LAUREL RD BRUNSWICK OH 44212						
SOCIAL SECURITY NUMBER	DATE OF BIRTH 07/01/1985	AGE 27	SEX M	HOME PHONE # (216)280-1479	WORK PHONE # (330)723-4100	
DL STATE OH	DL # SJ548454	LP STATE OH	LP # FXD7931	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") HAASE, KALEN J			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4060 LAUREL RD BRUNSWICK OH 44212			
YEAR 2004	MAKE PONTIAC	MODEL GRAND AM	COLOR GREY	INSURANCE COMPANY NATIONWIDE INSU	TOWING SERVICE	OWNER PHONE #
OFFENSE CHARGED 4511.21A	OFFENSE DESCRIPTION ASSURED CLEAR DISTANCE AHEAD	CITATION # Y34085	LOCAL CODE <input type="checkbox"/> "X" IF YES			

C	UNIT # 01	NAME (LAST, FIRST, MIDDLE) TROWBRIDGE JANINE		HOME PHONE # (216)346-2889	DATE OF BIRTH 05/02/1962	AGE 50	SEX F
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 36 SOUTH SECOND STREET RITTMAN OH 44270				INJURED TAKEN BY 1 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	TRANSPORTED BY	INJURED TAKEN TO	

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
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	A 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 NON-MOTORIST 08.NONE USED 09.HELMET USED 10.PROTECTIVE PADS 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN	A 1 1. NOT-DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT/SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN	A 4 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN 5.UNKNOWN POSITION	A 1 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN	A 1 1.NOT TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN	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

MOTORIST / NON-MOTORIST OCCUPANT

<p>UNIT NUMBERS</p> <p>A <input type="text" value="01"/> B <input type="text" value="02"/></p>	<p>DAMAGE AREA</p> 	<p>PRE-CRASH ACTIONS</p> <p>A <input type="text" value="11"/> B <input type="text" value="01"/></p>	<p>SEQUENCE OF EVENTS</p> <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="20"/></td> <td><input type="text" value="20"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	A	B	<input type="text" value="20"/>	<input type="text" value="20"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p>POSTED SPEED</p> <p>A <input type="text" value="45"/> B <input type="text" value="45"/></p>	<p>DRUG TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p>		
A	B																
<input type="text" value="20"/>	<input type="text" value="20"/>																
<input type="text"/>	<input type="text"/>																
<input type="text"/>	<input type="text"/>																
<input type="text"/>	<input type="text"/>																
<p>NON-MOTORIST LOCATION</p> <p>A <input type="text"/></p>	<p>DAMAGE AREA</p> 	<p>MOTORIST</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 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</p>	<p>NON-COLLISION</p> <p>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 OF 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 SUPPORT 35.LIGHT LUMINARIES SUPPORT 36.UTILITY POLE 37.OTHER POST, POLE OR SUPPORT 38.CULVERT 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>TRAFFIC CONTROL</p> <p>A <input type="text" value="04"/> B <input type="text" value="04"/></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.WALKDON'T WALK 15.TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16.OTHER 17.NOT REPORTED 18.UNKNOWN</p>	<p>DRUG TEST TYPE</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>TYPE OF UNIT</p> <p>A <input type="text" value="06"/> B <input type="text" value="03"/></p> <p>MOTORIST</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.TRACTORSEMI-TRAILER 14TRACTORDOUBLE - 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.PEDESTRAIN 39.PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40.SKATER 41.OTHER-NON MOTORIST (WHEELCHAIR, ETC) 42.UNKNOWN</p>	<p>DAMAGE AREA</p>  <p>MOST DAMAGED AREA</p> <p>A <input type="text" value="05"/> B <input type="text" value="03"/></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>CONTRIBUTING CIRCUMSTANCES</p> <p>A <input type="text" value="01"/> B <input type="text" value="08"/></p> <p>MOTORIST</p> <p>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/VACDA 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 NON-MOTORIST 23.NONE 24.IMPROPER CROSSING 25.DARTING 26.WYING 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>FIRST HARMFUL EVENT</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	<p>DIRECTION</p> <table border="1"> <tr> <td>FROM TO</td> <td>FROM TO</td> </tr> <tr> <td>A <input type="text" value="4"/> <input type="text" value="3"/></td> <td>B <input type="text" value="4"/> <input type="text" value="3"/></td> </tr> </table> <p>1.NORTH 2.SOUTH 3.EAST 4.WEST 5.NORTHWEST 6.NORTHEAST 7.SOUTHWEST 8.SOUTHWEST 9.UNKNOWN</p>	FROM TO	FROM TO	A <input type="text" value="4"/> <input type="text" value="3"/>	B <input type="text" value="4"/> <input type="text" value="3"/>	<p>DRUG TEST 1 & 2 RESULT</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" value="1"/></td> <td>B <input type="text" value="1"/></td> </tr> </table> <p>1.NONE 2.MARIJUANA 3.COCAINE 4.OPiates 5.AMPHETAMINES 6.PCP 7.OTHER 8.UNKNOWN AT TIME OF REPORTING</p>	1	2	1	2	A <input type="text" value="1"/>	B <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text" value="1"/>
FROM TO	FROM TO																
A <input type="text" value="4"/> <input type="text" value="3"/>	B <input type="text" value="4"/> <input type="text" value="3"/>																
1	2	1	2														
A <input type="text" value="1"/>	B <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text" value="1"/>														
<p>POINT OF IMPACT</p> <p>A <input type="text" value="05"/> B <input type="text" value="09"/></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>ACTION</p> <p>A <input type="text" value="4"/> B <input type="text" value="3"/></p> <p>1.NON-CONTACT 2.NON-COLLISION 3.STRICKING 4.STRUCK 5.BOTH STRICKING AND STRUCK 6.UNKNOWN</p>	<p>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</p> <p>A <input type="text"/></p>	<p>MOST HARMFUL EVENT</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<p>ALCOHOL/DRUG SUSPECTED</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1. NONE 2.YES ALCOHOL SUSPECTED 3.YES-HBD NOT IMPAIRED 4.YES-DRUGS SUSPECTED 5.YES-ALCOHOL AND DRUGS SUSPECTED 6.UNKNOWN</p>	<p>OCCURRENCE</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>IN EMERGENCY RESPONSE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1.NO 2.YES 3.UNKNOWN</p>	<p>STRICKING VEHICLE OVERRIDE/UNDERRIDE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></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>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</p> <p>A <input type="text"/></p>	<p>SPEED DETECTED</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1.STATED 2.ESTIMATED</p>	<p>ALCOHOL TEST STATUS</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.TEST GIVEN, RESULTS UNKNOWN 6.UNKNOWN</p>	<p>ROAD CONTOUR</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>DAMAGE SCALE</p> <p>A <input type="text" value="3"/> B <input type="text" value="3"/></p> <p>1.NONE 2.NON-FUNCTIONAL 3.FUNCTIONAL DAMAGE 4.DISABLING DAMAGE 5.SEVERE 6.UNKNOWN</p>	<p>ALCOHOL TEST TYPE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1.NONE 2.BLOOD 3.URINE 4.BREATH 5.OTHER</p>	<p>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</p> <p>A <input type="text"/></p>	<p>SPEED</p> <p>A <input type="text" value="1"/> B <input type="text" value="30"/></p>	<p>ALCOHOL TEST RESULT</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	<p>ROAD CONDITIONS</p> <table border="1"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> </tr> <tr> <td><input type="text" value="02"/></td> <td><input type="text"/></td> </tr> </table> <p>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</p>	PRIMARY	SECONDARY	<input type="text" value="02"/>	<input type="text"/>								
PRIMARY	SECONDARY																
<input type="text" value="02"/>	<input type="text"/>																
<p><input type="text"/> SUPPLEMENT 'X' IF YES</p>				<p>LOCAL REPORT # 160-12- 006621</p>													

NARRATIVE

UNIT 1 STARTED TO DRIVE FORWARD WHEN THE VEHICLE IN FRONT OF HIM STOPPED. UNIT 1 WAS ABLE TO COME A STOP. UNIT 2 WAS WAS ALSO TRAVELING EAST, AND WAS NOT ABLE TO STOP IN ENOUGH TIME AND STRUCK THE RIGHT REAR BUMPER AREA OF UNIT 1. THERE WAS DAMAGE TO BOTH UNIT 1 AS WELL AS UNIT 2. THERE WERE NO INJURIES AS A RESULT OF THIS CRASH. UNIT 1 WAS TOWED FROM THE SCENE BY LLOYDS TOWING, AND UNIT 2 WAS DRIVEN FROM THE SCENE.

<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>04</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 SANDS/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>	

*DRAWING NOT TO SCALE

TRUCK/BUS UNIT #	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	A N D	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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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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CARGO BODY TYPE <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/WLN <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	<input type="checkbox"/> 10. AUTO TRANSPORTER <input type="checkbox"/> 11. GARBAGE/REFUSE <input type="checkbox"/> 12. OTHER <input type="checkbox"/> 13. UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 1. LESS/EQUAL 10,000 <input type="checkbox"/> 2. 10,001 - 26,000 <input type="checkbox"/> 3. MORE THAN 26,000	CDL CLASS <input type="checkbox"/> 1. CLASS A <input type="checkbox"/> 2. CLASS B <input type="checkbox"/> 3. CLASS C <input type="checkbox"/> 4. CLASS D <input type="checkbox"/> 5. CLASS E	HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. UNKNOWN	HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. NOT APPLICABLE <input type="checkbox"/> 4. UNKNOWN
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POLICE ACTION						
DATE CRASH REPORTED 8/11/2012	TIME REC CALL 11:32	DISPATCH 11:32	ARRIVED 11:37	CLEARED 12:20	OTHER 0	TOTAL MINUTES 48
OFFICER'S NAME P.O. CARL KANENBERG		BADGE # 1609	CHECKED BY SGT LAFOND		DATE REPORT FILED 8/11/2012	
REPORT TAKEN BY 1	REPORT TAKEN AT 1	SUPPLEMENT 'X' IF YES <input type="checkbox"/>		LOCAL REPORT # 160-12- 006621		