



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>160-12- 006870</b>	CRASH SEVERITY <b>2</b> 1 FATAL ERROR 3 PDD 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>2</b>	UNIT ERROR <b>01</b> 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>8/20/2012</b>	

TIME OF CRASH <b>07:13</b>	DAY OF WEEK <b>MON</b>	CITY/VILLAGE/TOWNSHIP <b>TOWNSHIP</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MONTVILLE (TOWNSHIP OF)</b>	COUNTY # <b>52</b>	LATITUDE <b>4105186828</b>	LONGITUDE <b>0815056673</b>
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>POE</b>	CRASH LOCATION <b>POE</b>	TYPE LOC <b>1</b>
1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE		

AT/REFERENCE	REFERENCE POINT USED
DIST. REF. <b>30 F</b>	DIR <b>E</b>
PREFIX <b>004450 POE</b>	REF POINT <b>04</b>
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	

<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>2</b>	NAME (LAST, FIRST, MIDDLE) <b>CROOKSTON MAXIMILIAN A</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>2984 CROOKSTON LN. CLINTON OH 44216</b>			

SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>02/02/1993</b>	AGE <b>19</b>	SEX <b>M</b>	HOME PHONE # <b>(330)882-8686</b>	WORK PHONE # <b>(330)812-4402</b>
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DL STATE <b>OH</b>	DL # <b>TL298771</b>	LP STATE <b>OH</b>	LP # <b>PFD8522</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME") <b>OLD RELIABLE WHOLESALE</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>250 S. VAN BUREN AVE. BARBERTON OH 44203</b>
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YEAR <b>2005</b>	MAKE <b>INTERNATI</b>	MODEL	COLOR <b>BLUE</b>	INSURANCE COMPANY <b>STATE AUTO</b>	TOWING SERVICE <b>JOHNNY'S RECOVE</b>	OWNER PHONE # <b>(330)812-4402</b>
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OFFENSE CHARGED <b>4511.202</b>	OFFENSE DESCRIPTION <b>OPERATION WITHOUT REASONABLE CONTROL</b>	CITATION # <b>Y33973</b>	LOCAL CODE <input type="checkbox"/> *X IF YES
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<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>SCHULTE JACKIE L.</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>5367 ERHART RD. MEDINA OH 44256</b>			

SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>02/20/1967</b>	AGE <b>45</b>	SEX <b>F</b>	HOME PHONE # <b>(330)686-4120</b>	WORK PHONE # <b>(330)416-1172</b>
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DL STATE <b>OH</b>	DL # <b>RT794112</b>	LP STATE <b>OH</b>	LP # <b>ESE9491</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME") <b>JACKIE SCHULTE</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>5367 ERHART RD. MEDINA OH 44256</b>
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YEAR <b>2012</b>	MAKE <b>NISSAN (D)</b>	MODEL <b>OTHER</b>	COLOR <b>PEWTER</b>	INSURANCE COMPANY <b>STATE FARM</b>	TOWING SERVICE <b>LLOYDS</b>	OWNER PHONE # <b>(330)416-1172</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>LENDVAY JON-DANIEL F.</b>	HOME PHONE # <b>(330)645-5798</b>	DATE OF BIRTH <b>01/10/1984</b>	AGE <b>28</b>	SEX <b>M</b>
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ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>1069 BENTON ST. BARBERTON OH 44203</b>			INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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<b>D</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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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
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SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
<b>01</b> 01.FRONT - LEFT (MC DRIVER) 02.FRONT - MIDDLE 03.FRONT - RIGHT 04.SECOND - LEFT (MC PASS) <b>01</b> 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	<b>04</b> MOTORIST 01.NONE USED 02.SHoulder BELT 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	<b>1</b> 1. NOT-DEPLOYED 2. DEPLOYED - FRONT 3. DEPLOYED - SIDE 4. DEPLOYED BOTH FRONT/SIDE 5. NOT APPLICABLE 6. DEPLOYMENT UNKNOWN	<b>4</b> 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION	<b>1</b> 1. NOT EJECTED 2. TOTALLY EJECTED 3. PARTIALLY EJECTED 4. NOT APPLICABLE 5. UNKNOWN	<b>1</b> 1. NOT TRAPPED 2. EXTRICATED BY MECHANICAL MEANS 3. FREED BY NON-MECHANICAL MEANS 4. UNKNOWN	<b>2</b> 1. NO INJURY 2. POSSIBLE 3. NON-INCAPACITATING 4. INCAPACITATING 5. FATAL INJURY 6. UNKNOWN

BLANK FOR WITNESS	SUPPLEMENT *X IF YES
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MOTORIST / NON-MOTORIST

OCCUPANT

<p><b>UNIT NUMBERS</b></p> <p>A <input type="text" value="01"/> B <input type="text" value="02"/></p>	<p><b>DAMAGE AREA</b></p>	<p><b>PRE-CRASH ACTIONS</b></p> <p>A <input type="text" value="01"/> B <input type="text" value="01"/></p> <p>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</p>	<p><b>SEQUENCE OF EVENTS</b></p> <table style="width:100%;"> <tr> <td style="width:50%;">A <input type="text" value="08"/></td> <td style="width:50%;">B <input type="text" value="20"/></td> </tr> <tr> <td>A <input type="text" value="10"/></td> <td>B <input type="text"/></td> </tr> <tr> <td>A <input type="text" value="01"/></td> <td>B <input type="text"/></td> </tr> <tr> <td>A <input type="text" value="20"/></td> <td>B <input type="text"/></td> </tr> </table> <p>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 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.PEDA/CYCLE  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.EMBARKMENT  42.FENCE  43.MALBOX  44.TREE  45.OTHER FIXED OBJECT(WALL, BUILDING, TUNNEL, ETC)  46.WORK ZONE MAINTENANCE EQUIPMENT  47.UNKNOWN FIXED OBJECT  48.OTHER  49.UNKNOWN</p>	A <input type="text" value="08"/>	B <input type="text" value="20"/>	A <input type="text" value="10"/>	B <input type="text"/>	A <input type="text" value="01"/>	B <input type="text"/>	A <input type="text" value="20"/>	B <input type="text"/>	<p><b>POSTED SPEED</b></p> <p>A <input type="text" value="45"/> B <input type="text" value="45"/></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>
A <input type="text" value="08"/>	B <input type="text" value="20"/>												
A <input type="text" value="10"/>	B <input type="text"/>												
A <input type="text" value="01"/>	B <input type="text"/>												
A <input type="text" value="20"/>	B <input type="text"/>												
<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>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/DONT WALK  15.TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBDSCURED  16.OTHER  17.NOT REPORTED  18.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> <table style="width:100%;"> <tr> <td style="width:50%;">A <input type="text" value="1"/> <input type="text" value="1"/></td> <td style="width:50%;">B <input type="text" value="1"/> <input type="text" value="1"/></td> </tr> </table> <p>1.NONE  2.MARIJUANA  3.COCAINE  4.OPIATES  5.AMPHETAMINES  6.FCP  7.OTHER  8.UNKNOWN AT TIME OF REPORTING</p>	A <input type="text" value="1"/> <input type="text" value="1"/>	B <input type="text" value="1"/> <input type="text" value="1"/>								
A <input type="text" value="1"/> <input type="text" value="1"/>	B <input type="text" value="1"/> <input type="text" value="1"/>												
<p><b>TYPE OF UNIT</b></p> <p>A <input type="text" value="09"/> B <input type="text" value="06"/></p> <p>MOTORIST  01.SUB-COMPACT  02.COMPACT  03.MID SIZED  04.FULL SIZE  05.MINIVAN  06.SPORT UTILITY VEHICLE  07.PICKUP  08.PANEL VAN  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  NON-MOTORIST  35.ANIMAL WRIDDER  36.ANIMAL W/BUGGY  37.BICYCLE  38.PEDESTRIAN  39.PEDA/CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)  40.SKATER  41.OTHER-NON MOTORIST (WHEELCHAIR, ETC)  42.UNKNOWN</p>	<p><b>CONTRIBUTING CIRCUMSTANCES</b></p> <p>A <input type="text" value="15"/> B <input type="text" value="01"/></p> <p>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</p>	<p><b>DIRECTION</b></p> <table style="width:100%;"> <tr> <td style="width:50%;">FROM TO</td> <td style="width:50%;">FROM TO</td> </tr> <tr> <td>A <input type="text" value="3"/> <input type="text" value="4"/></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.NORTHEAST  6.NORTHWEST  7.SOUTHEAST  8.SOUTHWEST  9.UNKNOWN</p>	FROM TO	FROM TO	A <input type="text" value="3"/> <input type="text" value="4"/>	B <input type="text" value="4"/> <input type="text" value="3"/>	<p><b>TYPE OF INTERSECTION</b></p> <p><input type="text" value="01"/></p> <p>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</p>						
FROM TO	FROM TO												
A <input type="text" value="3"/> <input type="text" value="4"/>	B <input type="text" value="4"/> <input type="text" value="3"/>												
<p><b>MOST DAMAGED AREA</b></p> <p>A <input type="text" value="03"/> 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>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>CONDITION</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1.APPEARENTLY NORMAL  2.PHYSICAL IMPAIRMENT  3.ENVIRONMENTAL (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>OCCURRENCE</b></p> <p><input type="text" value="1"/></p> <p>1.ON ROADWAY  2.ON SHOULDER  3.IN MEDIAN  4.ON ROADSIDE  5.ON GOPE  6.OUTSIDE TRAFFICWAY  7.UNKNOWN</p>										
<p><b>POINT OF IMPACT</b></p> <p>A <input type="text" value="04"/> 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="5"/></p> <p>1.NON-CONTACT  2.NON-COLLISION  3.STRICKING  4.STRUCK  5.BOTH STRICKING AND STRUCK  6.UNKNOWN</p>	<p><b>ALCOHOL/DRUG SUSPECTED</b></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><b>ROAD CONTOUR</b></p> <p><input type="text" value="1"/></p> <p>1.STRAIGHT LEVEL  2.STRAIGHT GRADE  3.CURVE LEVEL  4.CURVE GRADE  5.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>STRICKING VEHICLE OVERRIDE/UNDERRIDE</b></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><b>ALCOHOL 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.TEST GIVEN, RESULTS UNKNOWN  6.UNKNOWN</p>	<p><b>ROAD CONDITIONS</b></p> <table style="width:100%;"> <tr> <td style="width:50%;">PRIMARY <input type="text" value="01"/></td> <td style="width:50%;">SECONDARY <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.DBRIS  09.RUT, HOLES, BUMPS, UNEVEN PAVEMENT  10.OTHER  11.UNKNOWN</p>	PRIMARY <input type="text" value="01"/>	SECONDARY <input type="text"/>								
PRIMARY <input type="text" value="01"/>	SECONDARY <input type="text"/>												
<p><b>DAMAGE SCALE</b></p> <p>A <input type="text" value="5"/> B <input type="text" value="2"/></p> <p>1.NONE  2.NON-FUNCTIONAL  3.FUNCTIONAL DAMAGE  4.DISABLING DAMAGE  5.SEVERE  6.UNKNOWN</p>	<p><b>SPEED DETECTED</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1.STATED  2.ESTIMATED</p>	<p><b>ALCOHOL 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.BREATH  5.OTHER</p>	<p><b>ALCOHOL TEST RESULT</b></p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>										
		<p><input type="text"/> SUPPLEMENT 'X' IF YES</p>		<p>LOCAL REPORT #  <b>160-12- 006870</b></p>									

**NARRATIVE**

WHILE WESTBOUND ON POE RD., UNIT #1 WENT SLIGHTLY OFF THE RIGHT SIDE OF THE ROADWAY, STRUCK A FUTURE BLACKTOP APRON, AND OVER CORRECTED BACK ONTO THE ROADWAY. THIS CAUSED THE REAR OF THE TRUCK TO LEAVE THE ROADWAY AND SLIDE INTO THE DITCH. A PORTION OF THE BOTTOM OF THE TRUCK THEN GOUGED INTO THE SURFACE OF THE ROADWAY, CAUSING THE TRUCK TO OVERTURN AND SKID DOWN THE ROADWAY, TAKING UP BOTH LANES OF TRAVEL AS IT DID SO. MEANWHILE, UNIT #2 WAS EASTBOUND ON POE RD. AND WITNESSED THE TRUCK AS IT LOST CONTROL. UNIT #2 CAUTIOUSLY SLOWED, EVENTUALLY COMING TO A STOP. WHEN THE DRIVER OF UNIT #2 REALIZED THAT THE TRUCK COULD POTENTIALLY HIT HER, SHE PUT THE VEHICLE INTO REVERSE AND ATTEMPTED TO BACK UP, HOWEVER THE STEEL CONVEYOR BOOM OF UNIT #1 STRUCK THE PASSENGER FRONT OF UNIT #2, CAUSING COSMETIC DAMAGE TO THE FRONT BUMPER AREA. THE DRIVER OF UNIT #2 CLAIMED NO INJURY AT THE SCENE. THE DRIVER AND PASSENGER OF UNIT #1 WERE TREATED FOR SUPERFICIAL CUTS AND WERE NOT TRANSPORTED FOR ANY FURTHER TREATMENT. ALL PARTIES SIGNED REFUSAL FORMS WITH MEDINA LST AT THE SCENE. UNIT #2 WAS TOWED BY LLOYDS AT THE OWNER'S REQUEST, DUE TO AN UNKNOWN FLUID WHICH WAS LEAKING ONTO THE PAVEMENT. UNIT #21 WAS RECOVERED BY JOHNNY'S RECOVERY AND TOWING, ALSO AT THE OWNER'S REQUEST. THE DRIVER OF UNIT #1 WAS CITED FOR FAILURE TO CONTROL.

<b>MANNER OF COLLISION OR IMPACT</b> <input checked="" type="checkbox"/> 6 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"/> 1 1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN	<b>DIAGRAM</b> 			
<b>WEATHER</b> <input checked="" type="checkbox"/> 01 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"/> 1 1. NO 2. YES 3. UNKNOWN			<b>4450 POE</b> <b>POE RD.</b> NOT TO SCALE	
<b>LIGHT CONDITIONS</b> PRIMARY <input checked="" type="checkbox"/> 1 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"/> 01	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 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) <b>OLD RELIABLE WHOLESALE</b>	COMPANY PHONE <b>(33-)812-4402</b>
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ADDRESS (STREET, CITY, ST, ZIP CODE)  
**250 S. VAN BUREN AVE. BARBERTON OH 44203**

US DOT <b>389134</b>	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR <b>0</b>	TRAILER LP #	PLACARD #	# DIA
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<b>CARGO BODY TYPE</b> <input checked="" type="checkbox"/> 07 01. NOT APPLICABLE 02. BUS (9-15 INCLUDING DRIVER) 03. VAN/ENCLOSED BOX 04. GRAIN/CHIPS/GRAVEL/WVN	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"/> 2 1. LESS/EQUAL 10,000 2. 210,001 - 26,000 3. MORE THAN 26,000	<b>CDL CLASS</b> <input checked="" type="checkbox"/> 2 1. CLASS A 2. CLASS B 3. CLASS C 4. CLASS D 5. CLASS E	<b>HAZARDOUS MATERIALS PLACARD</b> <input checked="" type="checkbox"/> 1 1. NO 2. YES 3. UNKNOWN	<b>HAZARDOUS MATERIALS RELEASED</b> <input checked="" type="checkbox"/> 3 1. NO 2. YES 3. NOT APPLICABLE
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<b>POLICE ACTION</b>							
DATE CRASH REPORTED <b>8/20/2012</b>	TIME REC CALL <b>07:13</b>	DISPATCH <b>07:13</b>	ARRIVED <b>07:17</b>	CLEARED <b>10:51</b>	OTHER <b>0</b>	TOTAL MINUTES <b>218</b>	
OFFICER'S NAME <b>P.O. DANIEL HAZEK</b>		BADGE # <b>1607</b>	CHECKED BY <b>SGT LAFOND</b>		DATE REPORT FILED <b>8/20/2012</b>		
<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> 1 1. POLICE AGENCY 2. MOTORIST 3. UNKNOWN	<b>REPORT TAKEN AT</b> <input checked="" type="checkbox"/> 1 1. SCENE 2. STATION 3. OTHER	<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT # <b>160-12- 006870</b>			