

# TRAFFIC CRASH REPORT

CRASH REPORT # <b>160-12- 007571</b>	CRASH SEVERITY 3 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> *X IF YES	HIT / SKIP 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. # <b>05213</b>	REPORTING AGENCY <b>MONTVILLE TOWNSHIP POLICE</b>	# UNITS <b>2</b>	UNIT ERROR 02 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>9/12/2012</b>	

TIME OF CRASH <b>16:55</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>4107331931</b>	LONGITUDE <b>0814845698</b>
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CRASH OCCURRED ON PREFIX <b>R</b>	CRASH LOCATION <b>RIVER STYX</b>	TYPE LOC <b>1</b>	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION <b>RIVER STYX RD/ COUNTRY CLUB D</b>
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DIST. REF.	DIR	PREFIX	REFERENCE <b>005454 RIVER STYX</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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MOTORIST / NON-MOTORIST

<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>KLIMO JULIA A</b>	ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>3675 POE RD MEDINA OH 44256</b>	SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>04/29/1951</b>	AGE <b>61</b>	SEX <b>F</b>	HOME PHONE # <b>(330)722-5034</b>	WORK PHONE # <b>(440)603-4940</b>			
DL STATE <b>OH</b>	DL # <b>RQ228644</b>	LP STATE <b>OH</b>	LP # <b>FKD8816</b>	INJURED TAKEN BY <b>1</b> 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO		OWNER NAME (IF SAME, WRITE "SAME") <b>KLIMO, JULIA A</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>3675 POE RD MEDINA OH 44256</b>		
YEAR <b>2012</b>	MAKE <b>SUBARU</b>	MODEL <b>OTHER</b>	COLOR <b>BLACK CH</b>	INSURANCE COMPANY <b>NATIONWIDE INSU</b>	TOWING SERVICE	OWNER PHONE # <b>(330)722-5034</b>		OFFENSE CHARGED			OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>HARTLEY HERBERT L</b>	ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>8095 SPENCER LAKE ROAD MEDINA OH 44256</b>	SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>05/10/1962</b>	AGE <b>50</b>	SEX <b>M</b>	HOME PHONE #	WORK PHONE # <b>(216)296-6242</b>			
DL STATE <b>OH</b>	DL # <b>RL081817</b>	LP STATE <b>OH</b>	LP # <b>FNL4996</b>	INJURED TAKEN BY <b>1</b> 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO		OWNER NAME (IF SAME, WRITE "SAME") <b>TIFFANY L HARTLEY</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>8095 SPENCER LAKE RD MEDINA OH 44256</b>		
YEAR <b>2006</b>	MAKE <b>OTHER MA</b>	MODEL <b>OTHER</b>	COLOR <b>YELLOW</b>	INSURANCE COMPANY <b>PROGRESSIVE</b>	TOWING SERVICE	OWNER PHONE #		OFFENSE CHARGED <b>4511.21A</b>			OFFENSE DESCRIPTION <b>ASSURED CLEAR DISTANCE AHEAD</b>	CITATION # <b>Y34113</b>	LOCAL CODE <input type="checkbox"/> *X IF YES

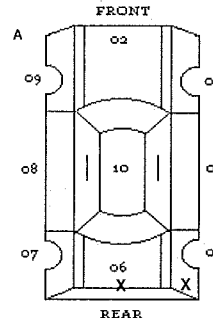
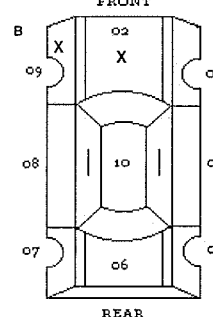
OCCUPANT

<b>C</b>	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 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO	
<b>D</b>	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 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO	

SEATING POSITION A <b>01</b> 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) B <b>01</b> 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) C <b>01</b> 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA D <b>01</b> 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	SAFETY EQUIPMENT A <b>04</b> MOTORIST 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED B <b>04</b> 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED C <b>01</b> 06 HELMET USED 07 RESTRAINT USE UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS D <b>01</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 B <b>1</b> 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN C <b>01</b> D <b>01</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>01</b> D <b>01</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>01</b> D <b>01</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>01</b> D <b>01</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>01</b> D <b>01</b>
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BLANK FOR WITNESS

SUPPLEMENT \*X IF YES

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="01"/> B <input type="text" value="01"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td>1 <input type="text" value="20"/></td> <td>1 <input type="text" value="43"/></td> </tr> <tr> <td>2 <input type="text" value="20"/></td> <td>2 <input type="text" value="20"/></td> </tr> <tr> <td>3 <input type="text" value=""/></td> <td>3 <input type="text" value=""/></td> </tr> <tr> <td>4 <input type="text" value=""/></td> <td>4 <input type="text" value=""/></td> </tr> </table>	A	B	1 <input type="text" value="20"/>	1 <input type="text" value="43"/>	2 <input type="text" value="20"/>	2 <input type="text" value="20"/>	3 <input type="text" value=""/>	3 <input type="text" value=""/>	4 <input type="text" value=""/>	4 <input type="text" value=""/>	<b>POSTED SPEED</b> A <input type="text" value="30"/> B <input type="text" value="35"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>										
A	B																								
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3 <input type="text" value=""/>	3 <input type="text" value=""/>																								
4 <input type="text" value=""/>	4 <input type="text" value=""/>																								
<b>NON-MOTORIST LOCATION</b> A <input type="text" value=""/> B <input type="text" value=""/>		<b>MOTORIST</b> 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 <b>NON-MOTORIST</b> 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	<b>NON-COLLISION</b> 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 WITH 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	<b>TRAFFIC CONTROL</b> A <input type="text" value="12"/> B <input type="text" value="12"/>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>																				
<b>TYPE OF UNIT</b> A <input type="text" value="03"/> B <input type="text" value="06"/>	<b>MOST DAMAGED AREA</b> A <input type="text" value="05"/> B <input type="text" value="09"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="01"/> B <input type="text" value="08"/>	<b>DIRECTION</b> <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>A <input type="text" value="2"/></td> <td>B <input type="text" value="1"/></td> <td>B <input type="text" value="2"/></td> </tr> </table>	FROM	TO	FROM	TO	A <input type="text" value="1"/>	A <input type="text" value="2"/>	B <input type="text" value="1"/>	B <input type="text" value="2"/>	<b>CONDITION</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>DRUG TEST 1 &amp; 2 RESULT</b> <table border="1"> <tr> <td>A</td> <td>1</td> <td>2</td> <td>B</td> <td>1</td> <td>2</td> </tr> <tr> <td>A</td> <td><input type="text" value="1"/></td> <td><input type="text" value="1"/></td> <td>B</td> <td><input type="text" value="1"/></td> <td><input type="text" value="1"/></td> </tr> </table>	A	1	2	B	1	2	A	<input type="text" value="1"/>	<input type="text" value="1"/>	B	<input type="text" value="1"/>	<input type="text" value="1"/>
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<b>MOTORIST</b> 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 <b>NON-MOTORIST</b> 35. ANIMAL WRIDDER 36. ANIMAL W/BUGGY 37. BICYCLE 38. PEDESTRIAN 39. PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40. SKATER 41. OTHER-NON MOTORIST (WHEELCHAIR, ETC.) 42. UNKNOWN	<b>POINT OF IMPACT</b> A <input type="text" value="05"/> B <input type="text" value="09"/>	<b>MOTORIST</b> 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/VADCA 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 <b>NON-MOTORIST</b> 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	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="03"/>																				
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ACTION</b> A <input type="text" value="4"/> B <input type="text" value="3"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text" value=""/> B <input type="text" value=""/>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="2"/>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>OCURRENCE</b> <input type="text" value="1"/>																				
<b>DAMAGE SCALE</b> A <input type="text" value="3"/> B <input type="text" value="3"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>TURN SIGNALS</b> 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	<b>SPEED DETECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ROAD CONTOUR</b> <input type="text" value="1"/>																				
<b>DAMAGE SCALE</b> A <input type="text" value="3"/> B <input type="text" value="3"/>	<b>DAMAGE SCALE</b> A <input type="text" value="3"/> B <input type="text" value="3"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text" value=""/> B <input type="text" value=""/>	<b>SPEED</b> A <input type="text" value="35"/> B <input type="text" value="35"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text" value=""/> B <input type="text" value=""/>	<b>ROAD CONDITIONS</b> <table border="1"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> </tr> <tr> <td><input type="text" value="01"/></td> <td><input type="text" value=""/></td> </tr> </table>	PRIMARY	SECONDARY	<input type="text" value="01"/>	<input type="text" value=""/>																
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<b>SUPPLEMENT 'X' IF YES</b>				<b>LOCAL REPORT #</b> 160-12- 007571																					

**NARRATIVE**

UNIT 1 WAS TRAVELING SOUTHBOUND WHEN UNIT 2 REAR ENDED UNIT 1 WHILE BOTH UNITS WERE STILL IN MOTION. BEFORE UNIT 2 COLLIDED WITH UNIT 1, THE DRIVER OF UNIT 2 STATED, HE SWERVED IN AN ATTEMPT TO MISS UNIT 1 AND STRUCK THE MAILBOX AT 5454 RIVER STYX RD BEFORE STRIKING UNIT 1.

NEITHER DRIVER SUSTAINED INJURIES AND DECLINED LST SERVICES. BOTH VEHICLES WERE DRIVEN FROM THE SCENE.

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>2</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 align="center"><b>DIAGRAM</b></p>
<p><b>WEATHER</b></p> <p><b>01</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>PRIMARY <b>1</b> 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><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>	

<b>TRUCK/BUS UNIT #</b>	<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                  A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR                  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                  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</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><b>CARGO BODY TYPE</b></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><b>WEIGHT (GVWR)</b></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><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>
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<b>POLICE ACTION</b>						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
9/12/2012	16:56	16:56	17:02	17:27	0	31
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED		
P.O. CARL KANENBERG		1609	SGT NEIL	9/12/2012		
REPORT TAKEN BY	REPORT TAKEN AT		SUPPLEMENT 'X' IF YES		LOCAL REPORT #	
<input type="checkbox"/> 1	<input type="checkbox"/> 1		<input type="checkbox"/>		160-12- 007571	