



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>160-12- 007922</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 <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 <b>02</b> 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>9/25/2012</b>	

TIME OF CRASH <b>06:59</b>	DAY OF WEEK <b>TUE</b>	CITY/VILLAGE/TOWNSHIP <b>TOWNSHIP</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MONTVILLE (TOWNSHIP OF)</b>	COUNTY # <b>52</b>	LATITUDE <b>4108103920</b>	LONGITUDE <b>0814813942</b>
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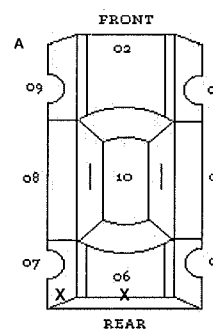
CRASH OCCURRED ON PREFIX <b>RUSTIC HILLS</b>			TYPE LOC <b>1</b>	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION <b>RUSTIC HILLS DRIVE &amp; MEDINA RD</b>
MOTORIST / NON-MOTORIST DIST. REF. DIR PREFIX REFERENCE REF POINT <b>0018</b>				REFERENCE POINT USED 01 STATE LINE 05 TOWNSHIP BOUNDARY 09 DRIVEWAY 02 INTERSECTION OF TWO STREETS 06 MILE POST 10 STREET OR ROUTE 03 COUNTY LINE 07 CORPORATION LIMIT WITHOUT REFERENCE 04 HOUSE NUMBER 08 PLACE NAME WITHOUT REFEREN	

<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>RUGGIERI KEITH J</b>		ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>5516 BROOK RUN DRIVE MEDINA OH 44256</b>	
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>02/07/1958</b>	AGE <b>54</b>	SEX <b>M</b>	HOME PHONE # <b>(440)409-5674</b>	WORK PHONE #	
DL STATE <b>OH</b>	DL # <b>UA656279</b>	LP STATE <b>OH</b>	LP # <b>FOB1503</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME") <b>LINDA L. RUGGIERI</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>5516 BROOK RUN DRIVE MEDINA OH 44256</b>			
YEAR <b>2008</b>	MAKE <b>NISSAN (D)</b>	MODEL <b>OTHER</b>	COLOR <b>WHITE</b>	INSURANCE COMPANY <b>CINCINNATI INSUR</b>	TOWING SERVICE <b>N/A</b>	OWNER PHONE #
OFFENSE CHARGED	OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>2</b>	NAME (LAST, FIRST, MIDDLE) <b>BENNINGER RICHARD M</b>		ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>5168 GLENMOORE WAY MEDINA OH 44256</b>	
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>03/13/1996</b>	AGE <b>16</b>	SEX <b>M</b>	HOME PHONE # <b>(330)441-1893</b>	WORK PHONE #	
DL STATE <b>OH</b>	DL # <b>TZ178315</b>	LP STATE <b>OH</b>	LP # <b>EBF5568</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME") <b>MARGARET A. BENNINGER</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>5168 GLENMOORE WAY MEDINA OH 44256</b>			
YEAR <b>2007</b>	MAKE <b>FORD</b>	MODEL <b>OTHER</b>	COLOR <b>GREY</b>	INSURANCE COMPANY <b>STATE FARM</b>	TOWING SERVICE <b>N/A</b>	OWNER PHONE # <b>(330)441-1893</b>
OFFENSE CHARGED <b>4511.21A</b>	OFFENSE DESCRIPTION <b>ASSURED CLEAR DISTANCE AHEAD</b>				CITATION # <b>Y34874</b>	LOCAL CODE <input type="checkbox"/> *X IF YES

<b>C</b>	UNIT # <b>02</b>	NAME (LAST, FIRST, MIDDLE) <b>TAGLIAFERRO TYLER</b>		HOME PHONE # <b>(216)218-0432</b>	DATE OF BIRTH <b>09/21/1994</b>	AGE <b>18</b>	SEX <b>M</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>835 DEEPWOOD DRIVE MEDINA OH 44256</b>				INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	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 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	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) 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 LAP BELT ONLY USED 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED 06 HELMET USED 07 RESTRAINT USED UNKNOWN 08 NON-MOTORIST 09 NONE USED 10 HELMET USED 11 PROTECTIVE PADS 12 REFLECTIVE CLOTHING 13 LIGHTING 14 OTHER 15 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	AIR BAG SWITCH A <b>4</b> 1. ON-OFF SWITCH NOT PRESENT 2. SWITCH IN OFF POSITION 3. SWITCH IN ON POSITION 4. UNKNOWN POSITION	EJECTION A <b>1</b> 1. NOT EJECTED 2. TOTALLY EJECTED 3. PARTIALLY EJECTED 4. NOT APPLICABLE 5. UNKNOWN	TRAPPED A <b>1</b> 1. NOT TRAPPED 2. EXTRICATED BY MECHANICAL MEANS 3. FREED BY NON-MECHANICAL MEANS 4. UNKNOWN	INJURIES A <b>1</b> 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

<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="11"/> B <input type="text" value="01"/></p>	<p><b>SEQUENCE OF EVENTS</b></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> <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"/>	<input type="text"/>	<input type="text"/>	<p><b>POSTED SPEED</b></p> <p>A <input type="text" value="25"/> B <input type="text" value="25"/></p>	<p><b>DRUG TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></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	B																
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<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>TYPE OF UNIT</b></p> <p>A <input type="text" value="03"/> B <input type="text" value="06"/></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/SEMI-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> </ol>	<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>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>RAH OF ROAD RIGHT</li> <li>RAH OFF ROAD LEFT</li> <li>CROSS MEDIAN/CENTERLINE</li> <li>DOWNHILL RUNAWAY</li> <li>OTHER NON-COLLISION</li> <li>UNKNOWN NON-COLLISION</li> </ol> <p><b>COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED</b></p> <ol style="list-style-type: none"> <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>UNKNOWN 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 SUPPORT</li> <li>UTILITY 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>UTILITY POLE</li> <li>UNKNOWN</li> </ol>	<p><b>TRAFFIC CONTROL</b></p> <p>A <input type="text" value="02"/> B <input type="text" value="02"/></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>CONSTRUCTION BARRICADE</li> <li>POLICE OFFICER</li> <li>PAVEMENT MARKINGS</li> <li>CROSSWALK LINES</li> <li>WALK/DO NOT WALK</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" value="1"/></p> <ol style="list-style-type: none"> <li>NONE</li> <li>BLOOD</li> <li>URINE</li> <li>OTHER</li> </ol> <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><input type="text" value="1"/></td> <td>B <input type="text" value="1"/></td> <td><input type="text" value="1"/></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"/>	<input type="text" value="1"/>	B <input type="text" value="1"/>	<input type="text" value="1"/>				
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FROM	TO	FROM	TO														
A <input type="text" value="2"/>	<input type="text" value="1"/>	B <input type="text" value="2"/>	<input type="text" value="1"/>														
<p><b>IN EMERGENCY RESPONSE</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> <li>NO</li> <li>YES</li> <li>UNKNOWN</li> </ol>	<p><b>ACTION</b></p> <p>A <input type="text" value="4"/> B <input type="text" value="3"/></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>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>SPEED DETECTED</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> <li>STATED</li> <li>ESTIMATED</li> </ol>	<p><b>ALCOHOL/DRUG SUSPECTED</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> <li>NONE</li> <li>YES ALCOHOL SUSPECTED</li> <li>YES-HDD NOT IMPAIRED</li> <li>YES-DRUGS SUSPECTED</li> <li>YES-ALCOHOL AND DRUGS SUSPECTED</li> <li>UNKNOWN</li> </ol>	<p><b>ROAD CONTOUR</b></p> <p><input type="text" value="1"/></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" value="3"/></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/UNDERRIDE</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> <li>NO UNDERRIDE OR OVERRIDE</li> <li>UNDERRIDE, COMPARTMENT INTRUSION</li> <li>UNDERRIDE, NO COMPARTMENT INTRUSION</li> <li>UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN</li> <li>OVERRIDE, MOTOR VEHICLE IN TRANSPORT</li> <li>OVERRIDE, OTHER VEHICLE</li> <li>UNKNOWN IF UNDERRIDE OR OVERRIDE</li> </ol>		<p><b>SPEED</b></p> <p>A <input type="text" value="0"/> B <input type="text" value="5"/></p>	<p><b>ALCOHOL TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></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>ROAD CONDITIONS</b></p> <table border="1"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> </tr> <tr> <td><input type="text" value="01"/></td> <td><input type="text"/></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	<input type="text" value="01"/>	<input type="text"/>								
PRIMARY	SECONDARY																
<input type="text" value="01"/>	<input type="text"/>																
				<p><b>ALCOHOL TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></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>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- 007922</b></p>													

**NARRATIVE**

**UNIT #1 STOPPED AT THE STOP SIGN AT RUSTIC HILLS DRIVE AND MEDINA ROAD (S.R. 18), MOVED FORWARD AND THEN STOPPED AGAIN (DUE TO TRAFFIC), WHEN IT WAS STRUCK IN THE REAR BY UNIT #2. NO ONE WAS INJURED IN THE ACCIDENT. UNIT #1 SUSTAINED FUNCTIONAL DAMAGE TO THE REAR DRIVER'S SIDE AND UNIT #2 SUSTAINED FUNCTIONAL DAMAGE TO THE FRONT PASSENGER SIDE. BOTH UNITS 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><b>DIAGRAM</b></p> <p style="text-align: center;"><b>S.R. 18 (MEDINA ROAD)</b></p> <p style="text-align: center;"><b>RUSTIC HILLS DR</b></p> <p style="text-align: right;"><b>NORTH</b></p> <p style="text-align: right;"><b>*DRAWING NOT TO SCALE</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 SANDS/SOLID 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>2</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>	
<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 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 9 PERSONS, INCLUDING DRIVER</p>
<b>COMPANY (FROM SHIPPING PAPERS)</b>	<input type="text"/>	<p>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>

<b>COMPANY (FROM SHIPPING PAPERS)</b>	<b>COMPANY PHONE</b>
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**ADDRESS (STREET, CITY, ST, ZIP CODE)**

<b>US DOT</b>	<b>ICC MC</b>	<b>PUCO</b>	<b>TRAILER LP ST.</b>	<b>TRAILER LP YEAR</b>	<b>TRAILER LP #</b>	<b>PLACARD #</b>	<b># DIA</b>
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<b>CARGO BODY TYPE</b>	<p>05. POLE          06. CARGO TANK          07. FLATBED          08. DUMP          09. CONCRETE MIXER</p>	<p>10. AUTO TRANSPORTER          11. GARBAGE/REFUSE          12. OTHER          13. UNKNOWN</p>	<b>WEIGHT (GVWR)</b>	<b>CDL CLASS</b>	<b>HAZARDOUS MATERIALS PLACARD</b>	<b>HAZARDOUS MATERIALS RELEASED</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>POLICE ACTION</b>						
<b>DATE CRASH REPORTED</b>	<b>TIME REC CALL</b>	<b>DISPATCH</b>	<b>ARRIVED</b>	<b>CLEARED</b>	<b>OTHER</b>	<b>TOTAL MINUTES</b>
9/25/2012	07:15	07:15	07:28	08:07	0	52
<b>OFFICER'S NAME</b>			<b>BADGE #</b>		<b>DATE REPORT FILED</b>	
SGT. CHRISTOPHER LAFOND			1605		9/25/2012	
<b>REPORT TAKEN BY</b>		<b>REPORT TAKEN AT</b>		<b>SUPPLEMENT 'X' IF YES</b>		<b>LOCAL REPORT #</b>
1		1		<input type="checkbox"/>		160-12- 007922