



TRAFFIC CRASH REPORT

CRASH REPORT # 160-13- 628	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 1	UNIT ERROR 01 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 1/20/2013	

TIME OF CRASH 04:48	DAY OF WEEK SUN	CITY/VILLAGE/TOWNSHIP TOWNSHIP	NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF)	COUNTY # 52	LATITUDE 41052176	LONGITUDE 081514987
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CRASH OCCURRED ON PREFIX WOOSTER PIKE	CRASH LOCATION WOOSTER PIKE	TYPE LOC 1	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION 6700 BLKWOOSTER PIKE ROAD
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DIST. REF.	DIR	PREFIX	REFERENCE 006700 WOOSTER PIKE	REF POINT 04	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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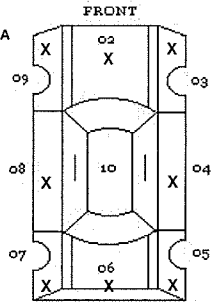
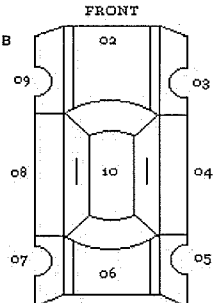
A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) RIGGS MICHAEL A	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 427 W. SUNSET DR RITTMAN OH 44270		
SOCIAL SECURITY NUMBER	DATE OF BIRTH 11/03/1986	AGE 26	SEX F	HOME PHONE # (330)348-8906	WORK PHONE #	
DL STATE OH	DL # SW946589	LP STATE OH	LP # ESD1146	INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME") RIGGS, MICHAEL A			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 427 W. SUNSET DR RITTMAN OH 44270			
YEAR 2008	MAKE TOYOTA	MODEL OTHER	COLOR BLUE	INSURANCE COMPANY ESURANCE	TOWING SERVICE TRANS COUNTY	OWNER PHONE # (330)347-8906
OFFENSE CHARGED 4511.202	OFFENSE DESCRIPTION OPERATION WITHOUT REASONABLE CONTROL				CITATION # Y35378	LOCAL CODE <input type="checkbox"/> *X IF YES

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 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	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

C	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	
D	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 01 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. TRAILER UNIT 14. EXTERIOR 15. OTHER 16. NON-MOTORIST 17. UNKNOWN	SAFETY EQUIPMENT A 04 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 08. NONE USED 09. HELMET PADS 10. PROTECTIVE PADS 11. REFLECTIVE CLOTHING 12. LIGHTING 13. OTHER 14. UNKNOWN	AIR BAG A 2 1. NOT-DEPLOYED 2. DEPLOYED - FRONT 3. DEPLOYED - SIDE 4. DEPLOYED BOTH FRONT/SIDE 5. NOT APPLICABLE 6. DEPLOYMENT UNKNOWN	AIR BAG SWITCH A 4 1. ON-OFF SWITCH NOT PRESENT 2. SWITCH IN ON POSITION 3. SWITCH IN OFF POSITION 4. UNKNOWN POSITION	EJECTION A 1 1. NOT EJECTED 2. TOTALLY EJECTED 3. PARTIALLY EJECTED 4. NOT APPLICABLE 5. UNKNOWN	TRAPPED A 1 1. NOT TRAPPED 2. EXTRICATED BY MECHANICAL MEANS 3. FREED BY NON-MECHANICAL MEANS 4. UNKNOWN	INJURIES 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

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="01"/> B <input type="text"/> 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	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td><input type="text" value="10"/></td><td>B</td><td><input type="text"/></td></tr> <tr><td>1</td><td><input type="text"/></td><td>1</td><td><input type="text"/></td></tr> <tr><td>2</td><td><input type="text" value="36"/></td><td>2</td><td><input type="text"/></td></tr> <tr><td>3</td><td><input type="text" value="40"/></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="10"/>	B	<input type="text"/>	1	<input type="text"/>	1	<input type="text"/>	2	<input type="text" value="36"/>	2	<input type="text"/>	3	<input type="text" value="40"/>	3	<input type="text"/>	4	<input type="text"/>	4	<input type="text"/>	POSTED SPEED A <input type="text" value="55"/> B <input type="text"/> TRAFFIC CONTROL A <input type="text" value="12"/> B <input type="text"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text"/> 1. NONE GIVEN 2. TEST REFUSED 3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4. TEST GIVEN, RESULTS KNOWN 5. GIVEN, RESULTS UNKNOWN 6. UNKNOWN
A	<input type="text" value="10"/>	B	<input type="text"/>																						
1	<input type="text"/>	1	<input type="text"/>																						
2	<input type="text" value="36"/>	2	<input type="text"/>																						
3	<input type="text" value="40"/>	3	<input type="text"/>																						
4	<input type="text"/>	4	<input type="text"/>																						
NON-MOTORIST LOCATION A <input type="text"/> B <input type="text"/> 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		CONTRIBUTING CIRCUMSTANCES A <input type="text" value="18"/> B <input type="text"/> 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/ADJACENT LANE CHANGE/DROVE OFF ROAD/IMPROPER PASSING 09. IMPROPER BACKING 10. IMPROPER START FROM PARKED POSITION 11. STOPPED OR PARKED ILLEGALLY 12. OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 13. SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.) 14. FAILURE TO CONTROL 15. VISION OBSTRUCTION 16. DRIVER INATTENTION 17. FATIGUE/ASLEEP 18. OPERATING DEFECTIVE EQUIPMENT 19. LOAD SHIFTING/FALLING/SPILLING 20. OTHER IMPROPER ACTION 21. UNKNOWN NON-MOTORIST 22. NONE 23. IMPROPER CROSSING 24. DARTING 25. LYING AND/OR ILLEGALLY IN ROADWAY 26. FAILURE TO YIELD RIGHT OF WAY 27. NOT VISIBLE (DARK CLOTHING) 28. INATTENTIVE 29. FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER 30. WRONG SIDE OF THE ROAD 31. OTHER DEFECTS 32. OTHER 33. UNKNOWN	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 OFF ROAD RIGHT 09. RAN OFF ROAD LEFT 10. CROSS MEDIAN/CENTERLINE 11. DOWNHILL RUNAWAY 12. OTHER NON-COLLISION 13. UNKNOWN NON-COLLISION 14. COLLISION WITH PERSON, VEHICLE, OR OBJECT NOT FIRED 15. PEDESTRIAN 16. PEDALCYCLE 17. RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 18. ANIMAL - FARM 19. ANIMAL - DEER 20. ANIMAL - OTHER 21. PARKED MOTOR VEHICLE 22. WORK ZONE MAINTENANCE EQUIPMENT 23. OTHER MOVABLE OBJECT 24. UNKNOWN MOVABLE OBJECT 25. COLLISION WITH FIXED OBJECT 26. IMPACT ATTENUATOR/CRASH CUSHION 27. BRIDGE OVERHEAD STRUCTURE 28. BRIDGE PIER OR ABUTMENT 29. BRIDGE PARAPET 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	CONDITION A <input type="text" value="5"/> B <input type="text"/> 1. APPARENTLY NORMAL 2. PHYSICAL IMPAIRMENT 3. EMOTIONAL (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	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text"/> 1. NONE 2. BLOOD 3. URINE 4. OTHER DRUG TEST 1 & 2 RESULT <table border="1"> <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"/></td><td><input type="text"/></td></tr> </table>	A	<input type="text" value="1"/>	<input type="text" value="1"/>	B	<input type="text"/>	<input type="text"/>														
A	<input type="text" value="1"/>	<input type="text" value="1"/>	B	<input type="text"/>	<input type="text"/>																				
TYPE OF UNIT A <input type="text" value="01"/> B <input type="text"/> MOTORIST 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 NON-MOTORIST 35. ANIMAL WRIDER 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	MOST DAMAGED AREA A <input type="text" value="07"/> B <input type="text"/> 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	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> 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	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) MOST HARMFUL EVENT A <input type="text" value="3"/> B <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text"/> 1. NONE 2. YES ALCOHOL SUSPECTED 3. YES-HBO NOT IMPAIRED 4. YES-DRUGS SUSPECTED 5. YES-ALCOHOL AND DRUGS SUSPECTED 6. UNKNOWN	OCCURRENCE A <input type="text" value="1"/> B <input type="text"/> 1. ON ROADWAY 2. ON SHOULDER 3. IN MEDIAN 4. ON ROADSIDE 5. ON GORE 6. OUTSIDE TRAFFICWAY 7. UNKNOWN																				
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text"/> 1. NO 2. YES 3. UNKNOWN	POINT OF IMPACT A <input type="text" value="09"/> B <input type="text"/> 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			ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text"/> 1. NONE GIVEN 2. TEST REFUSED 3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4. TEST GIVEN, RESULTS KNOWN 5. TEST GIVEN, RESULTS UNKNOWN 6. UNKNOWN	ROAD CONTOUR A <input type="text" value="1"/> B <input type="text"/> 1. STRAIGHT LEVEL 2. STRAIGHT GRADE 3. CURVE LEVEL 4. CURVE GRADE 5. UNKNOWN																				
DAMAGE SCALE A <input type="text" value="5"/> B <input type="text"/> 1. NONE 2. NON-FUNCTIONAL 3. FUNCTIONAL DAMAGE 4. DISABLING DAMAGE 5. SEVERE 6. UNKNOWN	ACTION A <input type="text" value="3"/> B <input type="text"/> 1. NON-CONTACT 2. NON-COLLISION 3. STRIKING 4. STRUCK 5. BOTH STRIKING AND STRUCK 6. UNKNOWN		SPEED DETECTED A <input type="text" value="1"/> B <input type="text"/> 1. STATED 2. ESTIMATED	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text"/> 1. NONE 2. BLOOD 3. URINE 4. BREATH 5. OTHER	ROAD CONDITIONS <table border="1"> <tr><td>PRIMARY</td><td><input type="text" value="01"/></td><td>SECONDARY</td><td><input type="text"/></td></tr> </table> 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	PRIMARY	<input type="text" value="01"/>	SECONDARY	<input type="text"/>																
PRIMARY	<input type="text" value="01"/>	SECONDARY	<input type="text"/>																						
	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text"/> 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		SPEED A <input type="text" value="55"/> B <input type="text"/>	ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/>	LOCAL REPORT # 160-13- 628																				
<input type="text"/> SUPPLEMENT 'X' IF YES																									

NARRATIVE
UNIT 1 WAS SOUTHBOUND ON WOOSTER PIKE RD AND CROSSED THE CENTER LINE. THE DRIVER OF UNIT 1 TRIED TO CORRECT ACTION AND SIDE SWIPED THE UTILITY POLE, THEN SWERVED AND RAN INTO DITCH. THE DRIVER OF UNIT 1 WAS NOT INJURED AND THE VEHICLE WAS TOWED FROM THE SCENE.

<p>MANNER OF COLLISION OR IMPACT <input type="checkbox"/> 1 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 <input type="checkbox"/> 1 1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN</p>	<p>DIAGRAM</p> <p>6700 BLK WOOSTER PIKE RD</p> <p style="text-align: right;">NT *NOT TO SCALE*</p>
<p>WEATHER <input type="checkbox"/> 02 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>WORK ZONE RELATED <input type="checkbox"/> 1 1. NO 2. YES 3. UNKNOWN</p>	
<p>LIGHT CONDITIONS PRIMARY <input type="checkbox"/> 5 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</p>	<p>TYPE OF WORK ZONE <input type="checkbox"/> 1. LANE CLOSURE 2. LANE SHIFT/CROSSOVER 3. WORK ON SHOULDER OR MEDIAN 4. INTERMITTENT OR MOVING WORK 5. OTHER</p>	

TRUCK/BUS UNIT # <input type="text"/>	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A. TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR N. A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR D. A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER	THE CRASH RESULTED IN ONE OF THE FOLLOWING: A. A FATALITY; OR N. AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT; OR D. 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"/> LIGHTED 01. NOT APPLICABLE 02. BUS (8-15 INCLUDING DRIVER) 03. VAN/ENCLOSED BOX 04. GRAIN/CHIPS/GRAVEL/LHW	<input type="checkbox"/> 05. POLE 06. CARGO TANK 07. FLATBED 08. DUMP 09. CONCRETE MIXER	<input type="checkbox"/> 10. AUTO TRANSPORTER 11. GARBAGE/REFUSE 12. OTHER 13. UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 1. LESS/EQUAL 10,000 2. 10,001 - 26,000 3. MORE THAN 26,000	CDL CLASS <input type="checkbox"/> 1. CLASS A 2. CLASS B 3. CLASS C 4. CLASS D 5. CLASS E	HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1. NO 2. YES 3. UNKNOWN	HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> 1. NO 2. YES 3. NOT APPLICABLE
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POLICE ACTION						
DATE CRASH REPORTED 1/20/2013	TIME REC CALL 04:49	DISPATCH 04:49	ARRIVED 04:54	CLEARED 05:18	OTHER 0	TOTAL MINUTES 29
OFFICER'S NAME P.O. CARL KANENBERG		BADGE # 1609	CHECKED BY SGT. NEIL	DATE REPORT FILED 1/20/2013		
REPORT TAKEN BY <input type="checkbox"/> 1 1. POLICE AGENCY 2. MOTORIST 3. UNKNOWN	REPORT TAKEN AT <input type="checkbox"/> 1 1. SCENE 2. STATION 3. OTHER	SUPPLEMENT 'X' IF YES <input type="checkbox"/>		LOCAL REPORT # 160-13- 628		