



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>160-13- 658</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 <b>X</b> *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>1/21/2013</b>	

TIME OF CRASH <b>12:05</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>41055739</b>	LONGITUDE <b>081515172</b>
-------------------------------	---------------------------	--	---	-----------------------	-----------------------------	-------------------------------

CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>WEDGWOOD</b>	TYPE LOC <b>1</b> 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	

DIST. REF. <b>15 F</b>	DIR <b>W</b>	PREFIX	REFERENCE <b>WOOSTER PIKE</b>	REF POINT <b>02</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
---------------------------	-----------------	--------	----------------------------------	------------------------	--

MOTORIST / NON-MOTORIST

<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>MURTON ROBERT D.</b>
----------	---------------------	----------------------	---

ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**3913 TURNBRIDGE CT. UNIT 238 BRUNSWICK OH 44212**

SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>04/14/1986</b>	AGE <b>26</b>	SEX <b>M</b>	HOME PHONE # <b>(216)258-5955</b>	WORK PHONE #
------------------------	------------------------------------	------------------	-----------------	--------------------------------------	--------------

DL STATE <b>OH</b>	DL # <b>SL692937</b>	LP STATE <b>OH</b>	LP # <b>PGQ3757</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>CARL J. HEDDLESON</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>6656 CARSTEN RD. MEDINA OH 44256</b>
--	--

YEAR <b>1999</b>	MAKE <b>FORD</b>	MODEL <b>F-SERIES P</b>	COLOR <b>WHITE</b>	INSURANCE COMPANY <b>ALLSTSTE / CARLA</b>	TOWING SERVICE	OWNER PHONE # <b>(330)416-5347</b>
---------------------	---------------------	----------------------------	-----------------------	--	----------------	---------------------------------------

OFFENSE CHARGED <b>4511.202</b>	OFFENSE DESCRIPTION <b>OPERATION WITHOUT REASONABLE CONTROL</b>	CITATION # <b>Y34675</b>	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>ALFORD JEFFREY A.</b>
----------	---------------------	----------------------	--

ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**408 LIBERTY ST. FALMOUTH KY 41040**

SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>01/03/1971</b>	AGE <b>42</b>	SEX <b>M</b>	HOME PHONE # <b>(859)588-5289</b>	WORK PHONE #
------------------------	------------------------------------	------------------	-----------------	--------------------------------------	--------------

DL STATE <b>KY</b>	DL # <b>A92510823</b>	LP STATE <b>IA</b>	LP # <b>1863</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>TMC</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>6115 SW LELAND AVE. DES MOINES IA 50321</b>
--	---

YEAR <b>2007</b>	MAKE <b>PETERBILT</b>	MODEL	COLOR <b>BLACK</b>	INSURANCE COMPANY <b>HUDSON INS. CO.</b>	TOWING SERVICE <b>RICH'S TOWING</b>	OWNER PHONE # <b>(800)473-5586</b>
---------------------	--------------------------	-------	-----------------------	---	--	---------------------------------------

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	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 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
---	----------------	------------------

<b>SEATING POSITION</b> <b>A</b> <input type="checkbox"/> <b>01</b> <b>B</b> <input type="checkbox"/> <b>01</b> <b>C</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/> BLANK FOR WITNESS	<b>SAFETY EQUIPMENT</b> <b>A</b> <input type="checkbox"/> <b>04</b> <b>B</b> <input type="checkbox"/> <b>04</b> <b>C</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/>	<b>AIR BAG</b> <b>A</b> <input type="checkbox"/> <b>1</b> <b>B</b> <input type="checkbox"/> <b>1</b> <b>C</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/>	<b>AIR BAG SWITCH</b> <b>A</b> <input type="checkbox"/> <b>4</b> <b>B</b> <input type="checkbox"/> <b>4</b> <b>C</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/>	<b>EJECTION</b> <b>A</b> <input type="checkbox"/> <b>1</b> <b>B</b> <input type="checkbox"/> <b>1</b> <b>C</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/>	<b>TRAPPED</b> <b>A</b> <input type="checkbox"/> <b>1</b> <b>B</b> <input type="checkbox"/> <b>1</b> <b>C</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/>	<b>INJURIES</b> <b>A</b> <input type="checkbox"/> <b>1</b> <b>B</b> <input type="checkbox"/> <b>1</b> <b>C</b> <input type="checkbox"/> <b>D</b> <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="06"/></p>	<p><b>SEQUENCE OF EVENTS</b></p> <table border="1"> <tr> <td>A</td> <td><input type="text" value="08"/></td> <td>B</td> <td><input type="text" value="20"/></td> </tr> <tr> <td>1</td> <td><input type="text" value="33"/></td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>2</td> <td><input type="text" value="20"/></td> <td>3</td> <td><input type="text"/></td> </tr> <tr> <td>3</td> <td><input type="text" value="20"/></td> <td>4</td> <td><input type="text"/></td> </tr> </table>	A	<input type="text" value="08"/>	B	<input type="text" value="20"/>	1	<input type="text" value="33"/>	2	<input type="text"/>	2	<input type="text" value="20"/>	3	<input type="text"/>	3	<input type="text" value="20"/>	4	<input type="text"/>	<p><b>POSTED SPEED</b></p> <p>A <input type="text" value="50"/> B <input type="text" value="50"/></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 4. SAMPLE UNUSABLE 5. GIVEN, RESULTS UNKNOWN 6. UNKNOWN</p>							
A	<input type="text" value="08"/>	B	<input type="text" value="20"/>																									
1	<input type="text" value="33"/>	2	<input type="text"/>																									
2	<input type="text" value="20"/>	3	<input type="text"/>																									
3	<input type="text" value="20"/>	4	<input type="text"/>																									
<p><b>NON-MOTORIST LOCATION</b></p> <p>A <input type="text"/></p>	<p><b>FRONT</b></p> <p><b>REAR</b></p>	<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>ENTERING 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>RAN OFF ROAD RIGHT</li> <li>RAN OFF ROAD LEFT</li> <li>CROSS MEDIA CENTERLINE</li> <li>DOWNHILL RUNAWAY</li> <li>UNKNOWN NON-COLLISION</li> <li>UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE OR OBJECT NOT FIXED</li> <li>PEDESTRIAN</li> <li>PEDALCYCLE</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>BRIDGE PIER 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 POST</li> <li>LIGHT/LUMINARIES SUPPORT</li> <li>UTILITY POLE</li> <li>OTHER POST, POLE OR SUPPORT</li> <li>CULVERT</li> <li>CURB</li> <li>DITCH</li> <li>EMBANKMENT</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>OTHER</li> <li>UNKNOWN</li> </ol>	<p><b>TRAFFIC CONTROL</b></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. WALK/DONT WALK 15. TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 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 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" value="1"/></td> <td><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>	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="07"/> B <input type="text" value="13"/></p> <p><b>MOTORIST</b></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>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>ANIMAL WRIDER</li> <li>ANIMAL W/BUGGY</li> <li>BICYCLE</li> <li>FEDESTRAIN</li> <li>PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)</li> <li>SKATER</li> <li>OTHER NON-MOTORIST (WHEELCHAIR, ETC.)</li> <li>UNKNOWN</li> </ol>	<p><b>FRONT</b></p> <p><b>REAR</b></p> <p><b>MOST DAMAGED AREA</b></p> <p>A <input type="text" value="09"/> B <input type="text" value="12"/></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>CONTRIBUTING CIRCUMSTANCES</b></p> <p>A <input type="text" value="15"/> B <input type="text" value="01"/></p> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>NONE</li> <li>FAILURE TO YIELD</li> <li>RAN RED LIGHT OR STOP SIGN</li> <li>EXCEEDED SPEED LIMIT</li> <li>UNSAFE SPEED</li> <li>IMPROPER TURN</li> <li>LEFT OF CENTER</li> <li>FOLLOWED TOO CLOSELY</li> <li>IMPROPER LANE CHANGE/DROVE OFF ROAD/IMPROPER PASSING</li> <li>IMPROPER BACKING</li> <li>IMPROPER START FROM PARKED POSITION</li> <li>STOPPED OR PARKED ILLEGALLY</li> <li>OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER</li> <li>SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.)</li> <li>FAILURE TO CONTROL</li> <li>VISION OBSTRUCTION</li> <li>DRIVER INATTENTION</li> <li>FATIGUE/ASLEEP</li> <li>OPERATING DEFECTIVE EQUIPMENT</li> <li>LOAD SHIFTING/FALLING/SPILLING</li> <li>OTHER IMPROPER ACTION</li> <li>UNKNOWN</li> <li>NONE</li> <li>IMPROPER CROSSING</li> <li>DARTING</li> <li>LYING AND/OR ILLEGALLY IN ROADWAY</li> <li>FAILURE TO YIELD RIGHT OF WAY</li> <li>NOT VISIBLE (DARK CLOTHING)</li> <li>INATTENTIVE</li> <li>FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER</li> <li>WRONG SIDE OF THE ROAD</li> <li>OTHER</li> <li>UNKNOWN</li> </ol>	<p><b>SEQUENCE OF EVENTS</b></p> <table border="1"> <tr> <td>A</td> <td><input type="text" value="08"/></td> <td>B</td> <td><input type="text" value="20"/></td> </tr> <tr> <td>1</td> <td><input type="text" value="33"/></td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>2</td> <td><input type="text" value="20"/></td> <td>3</td> <td><input type="text"/></td> </tr> <tr> <td>3</td> <td><input type="text" value="20"/></td> <td>4</td> <td><input type="text"/></td> </tr> </table>	A	<input type="text" value="08"/>	B	<input type="text" value="20"/>	1	<input type="text" value="33"/>	2	<input type="text"/>	2	<input type="text" value="20"/>	3	<input type="text"/>	3	<input type="text" value="20"/>	4	<input type="text"/>	<p><b>DIRECTION</b></p> <table border="1"> <tr> <td>FROM TO</td> <td>A</td> <td><input type="text" value="4"/></td> <td><input type="text" value="3"/></td> <td>B</td> <td><input type="text" value="2"/></td> <td><input type="text" value="4"/></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	A	<input type="text" value="4"/>	<input type="text" value="3"/>	B	<input type="text" value="2"/>	<input type="text" value="4"/>	<p><b>TYPE OF INTERSECTION</b></p> <p><input type="text" value="03"/></p> <p>01. NOT AN INTERSECTION 02. FOUR-WAY INTERSECTION 03. T-INTERSECTION 04. Y-INTERSECTION 05. TRAFFIC CIRCLE/ROUNDOABOUT 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> <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 GORE 6. OUTSIDE TRAFFICWAY 7. UNKNOWN</p>
A	<input type="text" value="08"/>	B	<input type="text" value="20"/>																									
1	<input type="text" value="33"/>	2	<input type="text"/>																									
2	<input type="text" value="20"/>	3	<input type="text"/>																									
3	<input type="text" value="20"/>	4	<input type="text"/>																									
FROM TO	A	<input type="text" value="4"/>	<input type="text" value="3"/>	B	<input type="text" value="2"/>	<input type="text" value="4"/>																						
<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>ACTION</b></p> <p>A <input type="text" value="3"/> B <input type="text" value="4"/></p> <p>1. NON-CONTACT 2. NON-COLLISION 3. STRICKING 4. STRUCK 5. BOTH STRICKING AND STRUCK 6. UNKNOWN</p>	<p><b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b></p> <p>A <input type="text"/></p>	<p><b>FIRST HARMFUL EVENT</b></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><b>MOST HARMFUL EVENT</b></p> <p>A <input type="text" value="3"/> B <input type="text" value="1"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<p><b>CONDITION</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1. APPARENTLY NORMAL 2. BODILY 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</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 NOT IMPAIRED 4. YES-DRUGS SUSPECTED 5. YES-ALCOHOL AND DRUGS SUSPECTED 6. UNKNOWN</p>																							
<p><b>DAMAGE SCALE</b></p> <p>A <input type="text" value="2"/> B <input type="text" value="4"/></p> <p>1. NONE 2. NON-FUNCTIONAL 3. FUNCTIONAL DAMAGE 4. DISABLING DAMAGE 5. SEVERE 6. UNKNOWN</p>	<p><b>STRIKING 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>01. TURN SIGNALS 02. HEAD LAMPS 03. TAIL LAMPS 04. BRAKES 05. STEERING 06. TIRE BLOWOUT 07. WORN OR SLT TIRES 08. TRAILER EQUIPMENT DEFECTIVE 09. MOTOR TROUBLE 10. DISABLED FROM PRIOR ACCIDENT 11. OTHER DEFECTS 12. NO DEFECTS</p>	<p><b>SPEED DETECTED</b></p> <p>A <input type="text" value="2"/> B <input type="text" value="2"/></p> <p>1. STATED 2. ESTIMATED</p> <p><b>SPEED</b></p> <p>A <input type="text" value="10"/></p> <p>B <input type="text" value="2"/></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 4. TEST GIVEN, RESULTS KNOWN 5. TEST GIVEN, RESULTS UNKNOWN 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>ROAD CONDITIONS</b></p> <p>PRIMARY <input type="text" value="03"/> SECONDARY <input type="text" value="04"/></p> <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>																							
<p><b>SUPPLEMENT 'X' IF YES</b></p> <p><input type="text"/></p>					<p><b>LOCAL REPORT #</b></p> <p><b>160-13- 658</b></p>																							

**NARRATIVE**

UNIT #1 WAS EASTBOUND ON WEDGEWOOD RD (SR 162) APPROACHING THE STOP LIGHT AT WOOSTER PIKE (SR 3). THE UNTREATED ROADWAY CONDITIONS WERE SLIPPERY FROM BLOWING SNOW AND VERY COLD TEMPERATURES. UNIT #1 TRI TO STOP APPX. 250' PRIOR TO THE INTERSECTION, BUT WAS UNABLE TO DO SO, AND AS A RESULT DROVE SLIGHTLY OFF THE RIGHT SIDE OF THE ROADWAY, HITTING A ROADSIGN. UNIT #1 CONTINUED THROUGH AND INTO THE INTERSECTION, STRIKING THE REAR AXLE OF THE TRAILER OF UNIT #2. THE IMPACT SHEARED THE BOLTS ATTACHING THE DRIVER SIDE AXLE TO THE FRAME OF THE TRAILER, CAUSING THE AXLE ASSEMBLY TO CANT AND RUB THE TRAILER'S FRAME. THE OUTERMOST TIRE OF THAT AXLE WAS ALSO PUNCTURED. THE TRAILER WAS NOT ROAD-WORTHY AND REQUIRED A TOW. UNIT #1 SUSTAINED DAMAGE TO THE FRONT, INCLUDING THE LEFT FRONT MARKER LIGHT AND BUMPER, AND THE RIGHT FRONT HOOD AND PASSENGER SIDE MIRROR. IT WAS ABLE TO BE DRIVEN FROM THE SCENE. NO INJURIES WERE CLAIMED AND THE DRIVER OF UNIT #1 WAS CITED FOR FAILURE TO CONTROL, DUE TO THE ROADWAY CONDITIONS. THE TRACTOR/TRILER OWNER CALLED RICH'S TOWING ON HIS OWN.

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>6</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: right;">*Drawing Not To Scale</p>
<p><b>WEATHER</b></p> <p><b>08</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>	
<p><b>TRUCK/BUS</b></p> <p>UNIT # <b>02</b></p> <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>WORKERS PRESENT</b></p> <p><input type="checkbox"/></p> <p>1. NO                  2. YES                  3. UNKNOWN</p>	

<b>TRUCK/BUS</b>	<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>
------------------	--	--

<p><b>COMPANY (FROM SHIPPING PAPERS)</b></p> <p><b>TMC</b></p>	<p><b>COMPANY PHONE</b></p> <p><b>(800)473-5586</b></p>
--	---

**ADDRESS (STREET, CITY, ST, ZIP CODE)**  
**6115 SW LELAND AVE. DES MOINES IA 50321**

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
P174961			IA	2006	TD6146		
<b>CARGO BODY TYPE</b>		<b>WEIGHT (GVWR)</b>		<b>CDL CLASS</b>		<b>HAZARDOUS MATERIALS PLACARD</b>	
<p><b>07</b></p> <p>01. NOT APPLICABLE                  02. BUS (8-15 INCLUDING DRIVER)                  03. VAN/ENCLOSED BOX                  04. GRAIN/CHIPS/GRAVEL/WN                  05. POLE                  06. CARGO TANK                  07. FLATBED                  08. DUMP                  09. CONCRETE MIXER                  10. AUTO TRANSPORTER                  11. GARBAGE/REFUSE                  12. OTHER                  13. UNKNOWN</p>		<p><b>3</b></p> <p>1. LESS/EQUAL 10,000                  2. 10,001 - 26,000                  3. MORE THAN 26,000</p>		<p><b>1</b></p> <p>1. CLASS A                  2. CLASS B                  3. CLASS C                  4. CLASS D                  5. CLASS E</p>		<p><b>1</b></p> <p>1. NO                  2. YES                  3. UNKNOWN</p>	
						<p><b>HAZARDOUS MATERIALS RELEASED</b></p> <p><b>3</b></p> <p>1. NO                  2. YES                  3. NOT APPLICABLE                  4. UNKNOWN</p>	

<b>POLICE ACTION</b>						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
1/21/2013	12:06	12:06	12:12	13:04	0	58
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED		
P.O. DANIEL HAZEK		1607	1606	1/21/2013		
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT 'X' IF YES		LOCAL REPORT #		
<b>1</b>	<b>1</b>	<input type="checkbox"/>		160-13- 658		