

# TRAFFIC CRASH REPORT

CRASH REPORT # <b>160-13- 668</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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # <b>05213</b>	REPORTING AGENCY <b>MONTVILLE TOWNSHIP POLICE</b>	# UNITS <b>1</b>	UNIT ERROR <b>98</b> 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>1/21/2013</b>		

TIME OF CRASH <b>19:07</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>4105303799</b>	LONGITUDE <b>0815116185</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>15 F</b>	DIR <b>W</b>	PREFIX <b>4595 POE</b>	REFERENCE <b>4595 POE</b>	REF POINT <b>09</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

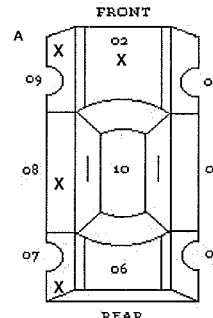
<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>BOWMAN MARY E</b>			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>239 JANICE STREET LODI OH 44254</b>						
SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>12/30/1983</b>	AGE <b>29</b>	SEX <b>F</b>	HOME PHONE # <b>(330)401-1292</b>	WORK PHONE # <b>(330)241-0395</b>
DL STATE <b>OH</b>	DL # <b>RZ403158</b>	LP STATE <b>OH</b>	LP # <b>EYG4402</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>JOSHUA D. BOWMAN</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>239 JANICE STREET LODI OH 44254</b>			
YEAR <b>2005</b>	MAKE <b>CHRYSLER</b>	MODEL <b>OTHER</b>	COLOR <b>SILVER</b>	INSURANCE COMPANY <b>NATIONWIDE/JOE L</b>	TOWING SERVICE	OWNER PHONE # <b>(330)401-1292</b>
OFFENSE CHARGED		OFFENSE DESCRIPTION			CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES

<b>B</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	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

<b>C</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)			HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)						INJURED TAKEN BY	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	TRANSPORTED BY	INJURED TAKEN TO


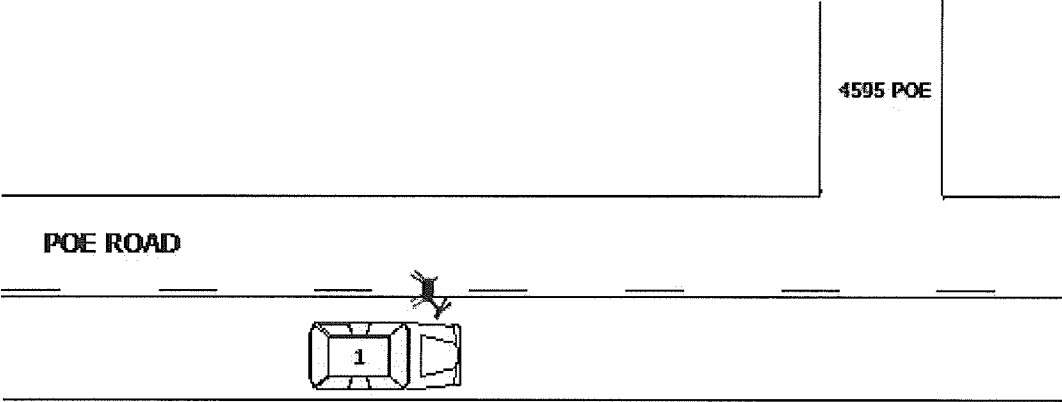
SEATING POSITION <b>01</b> 01. FRONT - LEFT (MC DRIVER) 02. FRONT - MIDDLE 03. FRONT - RIGHT 04. SECOND - LEFT (MC PASS) 05. SECOND - MIDDLE 06. SECOND - RIGHT 07. THIRD - LEFT (MC PASSENGER/SIDE CAR) 08. THIRD - MIDDLE 09. THIRD - RIGHT 10. SLEEPER SECTION OF CAB 11. ENCLOSED CARGO AREA 12. UNENCLOSED CARGO AREA 13. TRAILING UNIT 14. EXTERIOR 15. OTHER 16. NON-MOTORIST 17. UNKNOWN	SAFETY EQUIPMENT <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 USE UNKNOWN 08. NONE USED 09. HELMET USED 10. PROTECTIVE PADS 11. REFLECTIVE CLOTHING 12. LIGHTING 13. OTHER 14. UNKNOWN	AIR BAG <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 <b>4</b> 1. ON-OFF SWITCH NOT PRESENT 2. SWITCH IN ON POSITION 3. SWITCH IN OFF POSITION 4. UNKNOWN POSITION	EJECTION <b>1</b> 1. NOT EJECTED 2. TOTALLY EJECTED 3. PARTIALLY EJECTED 4. NOT APPLICABLE 5. UNKNOWN	TRAPPED <b>1</b> 1. NOT TRAPPED 2. EXTRICATED BY MECHANICAL MEANS 3. FREED BY NON-MECHANICAL MEANS 4. UNKNOWN	INJURIES <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		

MOTORIST / NON-MOTORIST OCCUPANT

<p><b>UNIT NUMBERS</b></p> <p>A <input type="text" value="01"/> B <input type="text"/></p>	<p><b>DAMAGE AREA</b></p>  <p style="text-align: center;"><b>FRONT</b></p> <p style="text-align: center;"><b>REAR</b></p>	<p><b>PRE-CRASH ACTIONS</b></p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01. MOVEMENTS ESSENTIALLY STRAIGHT AHEAD</li> <li>02. BACKING</li> <li>03. CHANGING LANES</li> <li>04. OVERTAKING/PASSING</li> <li>05. TURNING RIGHT</li> <li>06. TURNING LEFT</li> <li>07. MAKING U-TURN</li> <li>08. ENTERING TRAFFIC LANE</li> <li>09. LEAVING TRAFFIC LANE</li> <li>10. PARKED</li> <li>11. SLOWING OR STOPPED IN TRAFFIC</li> <li>12. DRIVERLESS</li> <li>13. OTHER</li> <li>14. UNKNOWN</li> </ol> <p><b>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>15. ENTERING OR CROSSING SPECIFIED LOCATION</li> <li>16. WALKING, RUNNING, JOGGING, PLAYING, CYCLING</li> <li>17. WORKING</li> <li>18. PUSHING VEHICLE</li> <li>19. APPROACHING OR LEAVING VEHICLE</li> <li>20. PLAYING OR WORKING ON VEHICLE</li> <li>21. STANDING</li> <li>22. OTHER</li> <li>23. UNKNOWN</li> </ol>	<p><b>SEQUENCE OF EVENTS</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <p>A <input type="text" value="18"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p> </td> <td style="width:50%;"> <p>B <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p> </td> </tr> </table> <p><b>NON-COLLISION</b></p> <ol style="list-style-type: none"> <li>01. OVERTURN/ROLLOVER</li> <li>02. FIRE/EXPLOSION</li> <li>03. IMMERSION</li> <li>04. JACKKNIFE</li> <li>05. CARGO/EQUIPMENT LOSS OR SHIFT</li> <li>06. EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.)</li> <li>07. SEPARATION OF UNITS</li> <li>08. RAN OFF ROAD RIGHT</li> <li>09. RAN OFF ROAD LEFT</li> <li>10. CROSS-MEDIAN/INTERLINE</li> <li>11. DOWNHILL RUNAWAY</li> <li>12. OTHER NON-COLLISION</li> <li>13. UNKNOWN NON-COLLISION</li> <li>14. COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED</li> <li>15. PEDESTRIAN</li> <li>16. PEDICYCLE</li> <li>17. RAILWAY VEHICLE (E.G. TRAIN, ENGINE)</li> <li>18. ANIMAL - FARM</li> <li>19. ANIMAL - DEER</li> <li>20. ANIMAL - OTHER</li> <li>21. PARKED MOTOR VEHICLE</li> <li>22. WORK ZONE MAINTENANCE EQUIPMENT</li> <li>23. OTHER MOVABLE OBJECT</li> <li>24. UNKNOWN MOVABLE OBJECT</li> <li>25. COLLISION WITH FIXED OBJECT</li> <li>26. IMPACT ATTENUATOR/CRASH CUSHION</li> <li>27. BRIDGE OVERHEAD STRUCTURE</li> <li>28. BRIDGE PIER OR ABUTMENT</li> <li>29. BRIDGE PARAPET</li> <li>30. GUARDRAIL FACE</li> <li>31. GUARDRAIL END</li> <li>32. MEDIAN BARRIER</li> <li>33. HIGHWAY TRAFFIC SIGN POST</li> <li>34. OVERHEAD SIGN POST</li> <li>35. LIGHT/LUMINARIES SUPPORT</li> <li>36. UTILITY POLE</li> <li>37. OTHER POST, POLE OR SUPPORT</li> <li>38. CURB</li> <li>39. DITCH</li> <li>40. DITCH</li> <li>41. EMBARKMENT</li> <li>42. FENCE</li> <li>43. MAILBOX</li> <li>44. TREE</li> <li>45. OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL ETC.)</li> <li>46. WORK ZONE MAINTENANCE EQUIPMENT</li> <li>47. UNKNOWN FIXED OBJECT</li> <li>48. OTHER</li> <li>49. UNKNOWN</li> </ol>	<p>A <input type="text" value="18"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p>	<p>B <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p>
<p>A <input type="text" value="18"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p>	<p>B <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p>				
<p><b>NON-MOTORIST LOCATION</b></p> <p>A <input type="text"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>01. MARKED CROSSWALK AT INTERSECTION</li> <li>02. AT INTERSECTION BUT NO CROSSWALK</li> <li>03. NON-INTERSECTION CROSSWALK</li> <li>04. DRIVEWAY ACCESS</li> <li>05. IN ROADWAY</li> <li>06. NOT IN ROADWAY</li> <li>07. MEDIAN (BUT NOT ON SHOULDER)</li> <li>08. ISLAND</li> <li>09. SHOULDER</li> <li>10. SIDEWALK</li> <li>11. WITHIN 10 FEET OF ROADWAY (BUT NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)</li> <li>12. BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)</li> <li>13. OUTSIDE TRAFFICWAY</li> <li>14. MARKED USE PATHS OR TRAILS</li> <li>15. UNKNOWN</li> </ol>	<p><b>POSTED SPEED</b></p> <p>A <input type="text" value="45"/> B <input type="text"/></p> <p><b>TRAFFIC CONTROL</b></p> <p>A <input type="text" value="12"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>01. NO CONTROLS</li> <li>02. STOP SIGN</li> <li>03. YIELD SIGN</li> <li>04. TRAFFIC SIGNAL</li> <li>05. TRAFFIC FLASHERS</li> <li>06. SCHOOL ZONE</li> <li>07. RAILROAD CROSSBUCKS</li> <li>08. RAILROAD FLASHERS</li> <li>09. RAILROAD GATES</li> <li>10. CONSTRUCTION BARRICADE</li> <li>11. POLICE OFFICER</li> <li>12. PAVEMENT MARKINGS</li> <li>13. CROSSWALK LINES</li> <li>14. WALK/DON'T WALK</li> <li>15. TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED</li> <li>16. OTHER</li> <li>17. NOT REPORTED</li> <li>18. UNKNOWN</li> </ol>	<p><b>DRUG TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. NONE GIVEN</li> <li>2. TEST REFUSED</li> <li>3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE</li> <li>4. TEST GIVEN, RESULTS KNOWN</li> <li>5. GIVEN, RESULTS UNKNOWN</li> <li>6. UNKNOWN</li> </ol>			
<p><b>TYPE OF UNIT</b></p> <p>A <input type="text" value="06"/> B <input type="text"/></p> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01. SUB-COMPACT</li> <li>02. COMPACT</li> <li>03. MID SIZED</li> <li>04. FULL SIZE</li> <li>05. MINIVAN</li> <li>06. SPORT UTILITY VEHICLE</li> <li>07. PICKUP</li> <li>08. PANELVAN</li> <li>09. SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES</li> <li>10. SINGLE UNIT TRUCK, 3 OR MORE AXLES</li> <li>11. TRUCK/TRAILER</li> <li>12. TRUCK TRACTOR (BOBTAIL)</li> <li>13. TRACTOR/SEMI-TRAILER</li> <li>14. TRACTOR/DOUBLE - SHORT</li> <li>15. TRACTOR DOUBLE - LONG</li> <li>16. FIFTH WHEEL OR CONVERTER DOLLY</li> <li>17. TRACTOR/TRIPLES</li> <li>18. MOTORCYCLE</li> <li>19. MOTORIZED BICYCLE</li> <li>20. SCHOOL BUS</li> <li>21. CHURCH BUS</li> <li>22. PUBLIC BUS</li> <li>23. OTHER BUS</li> <li>24. POLICE VEHICLE</li> <li>25. FIRE TRUCK</li> <li>26. AMBULANCE/RESCUE</li> <li>27. TAXI</li> <li>28. MOTOR HOME</li> <li>29. TRAIN</li> <li>30. FARM VEHICLE</li> <li>31. FARM EQUIPMENT</li> <li>32. SNOWMOBILE</li> <li>33. CONSTRUCTION EQUIPMENT</li> <li>34. ALL OTHERS</li> </ol> <p><b>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>35. ANIMAL WRIDER</li> <li>36. ANIMAL W/BUGGY</li> <li>37. BICYCLE</li> <li>38. PEDESTRIAN</li> <li>39. PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)</li> <li>40. SKATER</li> <li>41. OTHER-NON MOTORIST (WHEELCHAIR, ETC.)</li> <li>42. UNKNOWN</li> </ol>	<p><b>CONTRIBUTING CIRCUMSTANCES</b></p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01. NONE</li> <li>02. FAILURE TO YIELD</li> <li>03. RAN RED LIGHT OR STOP SIGN</li> <li>04. EXCEEDED SPEED LIMIT</li> <li>05. UNSAFE SPEED</li> <li>06. IMPROPER TURN</li> <li>07. LEFT OF CENTER</li> <li>08. FOLLOWED TOO CLOSELY/ACDRA</li> <li>09. IMPROPER LANE CHANGE/DROVE OFF ROAD/IMPROPER PASSING</li> <li>10. IMPROPER BACKING</li> <li>11. IMPROPER START FROM PARKED POSITION</li> <li>12. STOPPED OR PARKED ILLEGALLY IN ROADWAY</li> <li>13. OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER</li> <li>14. SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.)</li> <li>15. FAILURE TO CONTROL</li> <li>16. VISION OBSTRUCTION</li> <li>17. DRIVER INATTENTION</li> <li>18. FATIGUE/ASLEEP</li> <li>19. OPERATING DEFECTIVE EQUIPMENT</li> <li>20. LOAD SHIFTING/FALLING/SPILLING</li> <li>21. OTHER IMPROPER ACTION</li> <li>22. UNKNOWN</li> </ol> <p><b>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>23. NONE</li> <li>24. IMPROPER CROSSING</li> <li>25. DARTING</li> <li>26. LYING AND/OR ILLEGALLY IN ROADWAY</li> <li>27. FAILURE TO YIELD RIGHT OF WAY</li> <li>28. NOT VISIBLE (DARK CLOTHING)</li> <li>29. INATTENTIVE</li> <li>30. FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER</li> <li>31. WRONG SIDE OF THE ROAD</li> <li>32. OTHER</li> <li>33. UNKNOWN</li> </ol>	<p><b>DRUG TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. NONE</li> <li>2. BLOOD</li> <li>3. URINE</li> <li>4. OTHER</li> </ol>	<p><b>DRUG TEST 1 &amp; 2 RESULT</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <p>A <input type="text" value="1"/> <input type="text" value="1"/></p> </td> <td style="width:50%;"> <p>B <input type="text"/> <input type="text"/></p> </td> </tr> </table> <ol style="list-style-type: none"> <li>1. NONE</li> <li>2. MARIJUANA</li> <li>3. COCAINE</li> <li>4. OPATIES</li> <li>5. AMPHETAMINES</li> <li>6. PCP</li> <li>7. OTHER</li> <li>8. UNKNOWN AT TIME OF REPORTING</li> </ol>	<p>A <input type="text" value="1"/> <input type="text" value="1"/></p>	<p>B <input type="text"/> <input type="text"/></p>
<p>A <input type="text" value="1"/> <input type="text" value="1"/></p>	<p>B <input type="text"/> <input type="text"/></p>				
<p><b>POINT OF IMPACT</b></p> <p>A <input type="text" value="08"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>01. NONE</li> <li>02. CENTER FRONT</li> <li>03. RIGHT FRONT</li> <li>04. RIGHT SIDE</li> <li>05. RIGHT REAR</li> <li>06. REAR CENTER</li> <li>07. LEFT REAR</li> <li>08. LEFT SIDE</li> <li>09. LEFT FRONT</li> <li>10. TOP AND WINDOWS</li> <li>11. UNDERCARRIAGE</li> <li>12. LOAD /TRAILER</li> <li>13. TOTAL (ALL AREAS)</li> <li>14. OTHER</li> <li>15. 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>01. TURN SIGNALS</li> <li>02. HEAD LAMPS</li> <li>03. TAIL LAMPS</li> <li>04. BRAKES</li> <li>05. STEERING</li> <li>06. TIRE BLOWOUT</li> <li>07. WORN OR SLICK TIRES</li> <li>08. TRAILER EQUIPMENT DEFECTIVE</li> <li>09. MOTOR TROUBLE</li> <li>10. DISABLED FROM PRIOR ACCIDENT</li> <li>11. OTHER DEFECTS</li> <li>12. NO DEFECTS</li> </ol>	<p><b>DIRECTION</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <p>FROM TO</p> <p>A <input type="text" value="4"/> <input type="text" value="3"/></p> </td> <td style="width:50%;"> <p>FROM TO</p> <p>B <input type="text"/> <input type="text"/></p> </td> </tr> </table> <ol style="list-style-type: none"> <li>1. NORTH</li> <li>2. SOUTH</li> <li>3. EAST</li> <li>4. WEST</li> <li>5. NORTHEAST</li> <li>6. NORTHWEST</li> <li>7. SOUTHEAST</li> <li>8. SOUTHWEST</li> <li>9. UNKNOWN</li> </ol>	<p>FROM TO</p> <p>A <input type="text" value="4"/> <input type="text" value="3"/></p>	<p>FROM TO</p> <p>B <input type="text"/> <input type="text"/></p>	<p><b>TYPE OF INTERSECTION</b></p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>01. NOT AN INTERSECTION</li> <li>02. FOUR-WAY INTERSECTION</li> <li>03. T-INTERSECTION</li> <li>04. Y-INTERSECTION</li> <li>05. TRAFFIC CIRCLE/ROUNDABOUT</li> <li>06. FIVE-POINT, OR MORE</li> <li>07. ON RAMP</li> <li>08. OFF RAMP</li> <li>09. CROSSOVER</li> <li>10. DRIVEWAY</li> <li>11. RAILWAY GRADE CROSSING</li> <li>12. SHARED-USE PATHS OR TRAILS</li> <li>13. UNKNOWN</li> </ol>
<p>FROM TO</p> <p>A <input type="text" value="4"/> <input type="text" value="3"/></p>	<p>FROM TO</p> <p>B <input type="text"/> <input type="text"/></p>				
<p><b>ACTION</b></p> <p>A <input type="text" value="5"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. NON-CONTACT</li> <li>2. NON-COLLISION</li> <li>3. STRICKING</li> <li>4. STRUCK</li> <li>5. BOTH STRICKING AND STRUCK</li> <li>6. UNKNOWN</li> </ol>	<p><b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. NO UNDERRIDE OR OVERRIDE</li> <li>2. UNDERRIDE, COMPARTMENT INTRUSION</li> <li>3. UNDERRIDE, NO COMPARTMENT INTRUSION</li> <li>4. UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN</li> <li>5. OVERRIDE, MOTOR VEHICLE IN TRANSPORT</li> <li>6. OVERRIDE, OTHER VEHICLE</li> <li>7. UNKNOWN IF UNDERRIDE OR OVERRIDE</li> </ol>	<p><b>CONDITION</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. APPARENTLY NORMAL</li> <li>2. PHYSICAL IMPAIRMENT</li> <li>3. EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)</li> <li>4. ILLNESS</li> <li>5. FELL ASLEEP, FAINTED, FATIGUED, ETC</li> <li>6. UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL</li> <li>7. OTHER</li> <li>8. UNKNOWN</li> </ol>	<p><b>OCCURRENCE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. ON ROADWAY</li> <li>2. ON SHOULDER</li> <li>3. IN MEDIAN</li> <li>4. ON ROADSIDE</li> <li>5. ON GORE</li> <li>6. CUTS/PIERS TRAFFICWAY</li> <li>7. UNKNOWN</li> </ol>		
<p><b>IN EMERGENCY RESPONSE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. NO</li> <li>2. YES</li> <li>3. UNKNOWN</li> </ol>	<p><b>ALCOHOL/DRUG SUSPECTED</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. NONE</li> <li>2. YES ALCOHOL SUSPECTED</li> <li>3. YES-HIGHLY SUSPECTED</li> <li>4. YES-DRUGS SUSPECTED</li> <li>5. YES-ALCOHOL AND DRUGS SUSPECTED</li> <li>6. UNKNOWN</li> </ol>	<p><b>ALCOHOL TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. NONE GIVEN</li> <li>2. TEST REFUSED</li> <li>3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE</li> <li>4. TEST GIVEN, RESULTS KNOWN</li> <li>5. TEST GIVEN, RESULTS UNKNOWN</li> <li>6. UNKNOWN</li> </ol>	<p><b>ROAD CONTOUR</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. STRAIGHT LEVEL</li> <li>2. STRAIGHT GRADE</li> <li>3. CURVE LEVEL</li> <li>4. CURVE GRADE</li> <li>5. UNKNOWN</li> </ol>		
<p><b>DAMAGE SCALE</b></p> <p>A <input type="text" value="3"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. NONE</li> <li>2. NON-FUNCTIONAL</li> <li>3. FUNCTIONAL DAMAGE</li> <li>4. DISABLING DAMAGE</li> <li>5. SEVERE</li> <li>6. UNKNOWN</li> </ol>	<p><b>ALCOHOL TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. NONE</li> <li>2. BLOOD</li> <li>3. URINE</li> <li>4. BREATH</li> <li>5. OTHER</li> </ol>	<p><b>ALCOHOL TEST RESULT</b></p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	<p><b>ROAD CONDITIONS</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <p><b>PRIMARY</b></p> <p>A <input type="text" value="02"/> B <input type="text"/></p> </td> <td style="width:50%;"> <p><b>SECONDARY</b></p> <p>B <input type="text"/></p> </td> </tr> </table> <ol style="list-style-type: none"> <li>01. DRY</li> <li>02. WET</li> <li>03. SNOW</li> <li>04. ICE</li> <li>05. SAND/MUD/DIRT/OIL/GRAVEL</li> <li>06. WATER (STANDING, MOVING)</li> <li>07. SLUSH</li> <li>08. DEBRIS</li> <li>09. RUT, HOLES, BUMPS, UNEVEN PAVEMENT</li> <li>10. OTHER</li> <li>11. UNKNOWN</li> </ol>	<p><b>PRIMARY</b></p> <p>A <input type="text" value="02"/> B <input type="text"/></p>	<p><b>SECONDARY</b></p> <p>B <input type="text"/></p>
<p><b>PRIMARY</b></p> <p>A <input type="text" value="02"/> B <input type="text"/></p>	<p><b>SECONDARY</b></p> <p>B <input type="text"/></p>				
<p><input type="checkbox"/> SUPPLEMENT 'X' IF YES</p>		<p>LOCAL REPORT #</p> <p><b>160-13- 668</b></p>			

**NARRATIVE**

**UNIT #1 WAS TRAVELING EASTBOUND ON POE ROAD, WHEN A DEER ENTERED INTO THE ROADWAY AND RAN INTO THE SIDE OF THE VEHICLE. THE DEER ENTERED INTO THE ROADWAY FROM THE NORTH, THERE WERE NO INJURIES SUSTAINED IN THE CRASH AND UNIT #1 DID NOT NEED TOWED.**

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><input checked="" type="checkbox"/> 1</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><input checked="" type="checkbox"/> 1</p> <p>1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN</p>	<p><b>DIAGRAM</b></p> <div style="text-align: right; margin-bottom: 20px;">   <b>NORTH</b> </div> <div style="text-align: center;"> <p>POE ROAD</p>  </div> <p style="text-align: right; margin-top: 20px;">* Not To Scale *</p>
<p><b>WEATHER</b></p> <p><input checked="" type="checkbox"/> 06</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><input checked="" type="checkbox"/> 1</p> <p>1. NO 2. YES 3. UNKNOWN</p>	
<p><b>LIGHT CONDITIONS</b></p> <p>PRIMARY <input checked="" type="checkbox"/> 5    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 B. TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR C. 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 B. AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT; OR <b>D</b> AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER</p>
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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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<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/LW</p>	<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>	<p><b>WEIGHT (GVWR)</b></p> <p><input type="checkbox"/> 1. LESSEQUAL 10,000 <input type="checkbox"/> 2. 10,001 - 25,000 <input type="checkbox"/> 3. MORE THAN 25,000</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
1/21/2013	19:07	19:07	19:10	19:29	0	22
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED		
P.O. JUSTIN BENNETT		1612	SGT. NEIL	1/21/2013		
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT 'X' IF YES		LOCAL REPORT #		
<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 1	<input type="checkbox"/>		160-13- 668		