



TRAFFIC CRASH REPORT

CRASH REPORT # 160-13- 715	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 2	UNIT ERROR 02 99 ANIMAL 99 UNKNOWN	DATE OF CRASH 1/23/2013	

TIME OF CRASH 07:13	DAY OF WEEK WED	CITY/VILLAGE/TOWNSHIP TOWNSHIP	NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF)	COUNTY # 52	LATITUDE 41075251	LONGITUDE 081484509
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CRASH OCCURRED ON PREFIX E CRASH LOCATION SMITH ROAD TYPE LOC 1	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION EAST SMITH AT RIVER STYX
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AT/REFERENCE DIST. REF. DIR PREFIX REFERENCE REF POINT	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
RIVER STYX ROAD 02	

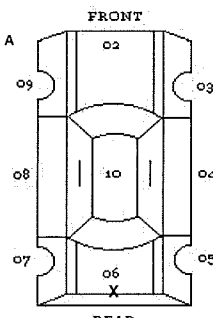
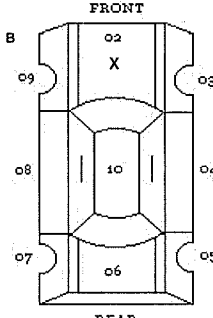
A UNIT # 01 # OF OCC 1 NAME (LAST, FIRST, MIDDLE) TULISIAK LEANN N	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3737 CLAY MOUNTAIN DRIVE MEDINA OH 44256-8739	
SOCIAL SECURITY NUMBER	DATE OF BIRTH 10/19/1995	AGE 17 SEX F HOME PHONE # (330)725-3525 WORK PHONE #
DL STATE OH DL # TY304467 LP STATE OH LP # DWP9552	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") JUDITH L. TULISIAK	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3737 CLAY MOUNTAIN DRIVE MEDINA OH 44256-8739	
YEAR 2012 MAKE HYUNDAI MODEL SONATA COLOR SILVER INSURANCE COMPANY HOMESTEAD INS. TOWING SERVICE OWNER PHONE # (330)725-3525		
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION # LOCAL CODE

B UNIT # 02 # OF OCC 1 NAME (LAST, FIRST, MIDDLE) SIMMERLY SCOTT P	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4109 PRESERVE DRIVE MEDINA OH 44256-6431	
SOCIAL SECURITY NUMBER	DATE OF BIRTH 10/23/1966	AGE 46 SEX M HOME PHONE # (330)725-6361 WORK PHONE #
DL STATE OH DL # RK956227 LP STATE OH LP # EWW7078	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") SCOTT P. SIMMERLY	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4109 PRESERVE DRIVE MEDINA OH 44256-6431	
YEAR 2008 MAKE FORD MODEL OTHER COLOR BLACK INSURANCE COMPANY STATE FARM TOWING SERVICE OWNER PHONE # (330)725-6361		
OFFENSE CHARGED 4511.21A	OFFENSE DESCRIPTION ASSURED CLEAR DISTANCE AHEAD	CITATION # Y35280 LOCAL CODE

C UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX	INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO
ADDRESS (STREET, CITY, STATE, ZIP-CODE)	1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE		
D UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX	INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO
ADDRESS (STREET, CITY, STATE, ZIP-CODE)	1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE		

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.TRAILING UNIT 14.EXTERIOR 15.OTHER 16.NON-MOTORIST 17.UNKNOWN	SAFETY EQUIPMENT A 04 MOTORIST 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 NON-MOTORIST 08.NONE USED 09.HELMET USED 10.PROTECTIVE PADS 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN	AIR BAG A 1 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 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" value="02"/>	DAMAGE AREA  FRONT  REAR MOST DAMAGED AREA A <input type="text" value="06"/> B <input type="text" value="02"/>	PRE-CRASH ACTIONS A <input type="text" value="11"/> B <input type="text" value="01"/> <p>MOTORIST</p> <ol style="list-style-type: none"> 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 <p>NON-MOTORIST</p> <ol style="list-style-type: none"> 15.ENTERING OR CROSSING SPECIFIED LOCATION 16.WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17.WORKING 18.PUSHING VEHICLE 19.APROOCHING OR LEAVING VEHICLE 20.PLAYING OR WORKING ON VEHICLE 21.STANDING 22.OTHER 23.UNKNOWN 	SEQUENCE OF EVENTS <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> A <input type="text" value="20"/> B <input type="text" value="20"/> </td> <td style="width:50%;"> A <input type="text" value="20"/> B <input type="text" value="20"/> </td> </tr> <tr> <td style="border-right: 1px solid black;"> A <input type="text" value="2"/> B <input type="text" value="2"/> </td> <td> A <input type="text" value="2"/> B <input type="text" value="2"/> </td> </tr> <tr> <td style="border-right: 1px solid black;"> A <input type="text" value="3"/> B <input type="text" value="3"/> </td> <td> A <input type="text" value="3"/> B <input type="text" value="3"/> </td> </tr> <tr> <td style="border-right: 1px solid black;"> A <input type="text" value="4"/> B <input type="text" value="4"/> </td> <td> A <input type="text" value="4"/> B <input type="text" value="4"/> </td> </tr> </table> <p>NON-COLLISION</p> <ol style="list-style-type: none"> 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 <p>COLLISION W/PERSON, VEHICLE, OR OBJECT</p> <p>NOT FIXED</p> <ol style="list-style-type: none"> 14.PEDESTRIAN 15.PEDICYCLE 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 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.EMBARKMENT 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 	A <input type="text" value="20"/> B <input type="text" value="20"/>	A <input type="text" value="20"/> B <input type="text" value="20"/>	A <input type="text" value="2"/> B <input type="text" value="2"/>	A <input type="text" value="2"/> B <input type="text" value="2"/>	A <input type="text" value="3"/> B <input type="text" value="3"/>	A <input type="text" value="3"/> B <input type="text" value="3"/>	A <input type="text" value="4"/> B <input type="text" value="4"/>	A <input type="text" value="4"/> B <input type="text" value="4"/>	POSTED SPEED A <input type="text" value="40"/> B <input type="text" value="40"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> 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="20"/> B <input type="text" value="20"/>	A <input type="text" value="20"/> B <input type="text" value="20"/>												
A <input type="text" value="2"/> B <input type="text" value="2"/>	A <input type="text" value="2"/> B <input type="text" value="2"/>												
A <input type="text" value="3"/> B <input type="text" value="3"/>	A <input type="text" value="3"/> B <input type="text" value="3"/>												
A <input type="text" value="4"/> B <input type="text" value="4"/>	A <input type="text" value="4"/> B <input type="text" value="4"/>												
NON-MOTORIST LOCATION A <input type="text" value=""/> B <input type="text" value=""/> <ol style="list-style-type: none"> 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 (NO SIDE TRAFFICWAY) 13.OUTSIDE TRAFFICWAY 14.SHARED USE PATHS OR TRAILS 15.UNKNOWN 	TYPE OF UNIT A <input type="text" value="03"/> B <input type="text" value="02"/> <p>MOTORIST</p> <ol style="list-style-type: none"> 01.SUB-COMPACT 02.COMPACT 03.MID SIZE 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 <p>NON-MOTORIST</p> <ol style="list-style-type: none"> 35.ANIMAL WRIDER 36.ANIMAL W/BUGGY 37.BICYCLE 38.PEDESTRAIN 39.PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40.SKATER 41.OTHER-NON MOTORIST (WHEELCHAIR, ETC) 42.UNKNOWN 	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="01"/> B <input type="text" value="08"/> <p>MOTORIST</p> <ol style="list-style-type: none"> 01.NON-IMPACT 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/ACDA 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/SLEEP 19.OPERATING DEFECTIVE EQUIPMENT 20.LOAD SHIFTING/FALLING/SPILLING 21.OTHER MPROPER ACTION 22.UNKNOWN <p>NON-MOTORIST</p> <ol style="list-style-type: none"> 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 	TRAFFIC CONTROL A <input type="text" value="04"/> B <input type="text" value="04"/> <ol style="list-style-type: none"> 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/DO NOT WALK 15.TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16.OTHER 17.NOT REPORTED 18.UNKNOWN 	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> 1.NONE 2.BLOOD 3.URINE 4.OTHER 									
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> 1.NO 2.YES 3.UNKNOWN 	ACTION A <input type="text" value="4"/> B <input type="text" value="3"/> <ol style="list-style-type: none"> 1.NON-CONTACT 2.NON-COLLISION 3.STRICKING 4.STRUCK 5.BOTH STRICKING AND STRUCK 6.UNKNOWN 	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text" value=""/> B <input type="text" value=""/> <ol style="list-style-type: none"> 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" value="1"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> 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 	OCURRENCE <input type="text" value="1"/> <ol style="list-style-type: none"> 1.ON ROADWAY 2.ON SHOULDER 3.IN MEDIAN 4.ON ROADSIDE 5.ON GORE 6.OUTSIDE TRAFFICWAY 7.UNKNOWN 								
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/> <ol style="list-style-type: none"> 1.NONE 2.NON-FUNCTIONAL 3.FUNCTIONAL DAMAGE 4.DISABLING DAMAGE 5.SEVERE 6.UNKNOWN 	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> 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 	MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> 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 <input type="text" value="1"/> <ol style="list-style-type: none"> 1.STRAIGHT LEVEL 2.STRAIGHT GRADE 3.CURVE LEVEL 4.CURVE GRADE 5.UNKNOWN 	ROAD CONDITIONS PRIMARY <input type="text" value="01"/> SECONDARY <input type="text" value=""/> <ol style="list-style-type: none"> 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 								
			SPEED DETECTED A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> 1.STATED 2.ESTIMATED 	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> 1.NONE 4.BREATH 2.BLOOD 5.OTHER 3.URINE 	ALCOHOL TEST RESULT A <input type="text" value=""/> B <input type="text" value=""/>	SUPPLEMENT 'X' IF YES <input type="text" value=""/>	LOCAL REPORT # 160-13- 715						

NARRATIVE
VEHICLE #1 WAS STOPPED AT THE TRAFFIC LIGHT, FACING EAST, ON EAST SMITH ROAD. VEHICLE #2 WAS EASTBOUND ON EAST SMITH ROAD AND STRUCK VEHICLE #1 FROM THE REAR.

MANNER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 2 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		SCHOOL BUS RELATED <input checked="" type="checkbox"/> 1 1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN		DIAGRAM
WEATHER <input checked="" 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		WORK ZONE RELATED <input checked="" type="checkbox"/> 1 1. NO 2. YES 3. UNKNOWN		
LIGHT CONDITIONS PRIMARY <input checked="" type="checkbox"/> 2 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		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		
LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1. BEFORE THE FIRST WORK ZONE WARNING SIGN 2. ADVANCE WARNING AREA 3. TRANSITION AREA 4. ACTIVITY AREA		WORKERS PRESENT <input type="checkbox"/> 1. NO 2. YES 3. UNKNOWN		

TRUCK/BUS UNIT # <input type="checkbox"/>	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	A N D 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
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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"/> 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/WN <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 <input type="checkbox"/> 10. AUTO TRANSPORTER <input type="checkbox"/> 11. GARBAGE/REFUSE <input type="checkbox"/> 12. OTHER <input type="checkbox"/> 13. UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 1. LESS/EQUAL 10,000 <input type="checkbox"/> 2. 10,001 - 26,000 <input type="checkbox"/> 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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DATE CRASH REPORTED 1/23/2013	TIME REC CALL 07:13	DISPATCH 07:13	ARRIVED 07:21	CLEARED 07:51	OTHER 32	TOTAL MINUTES 70
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OFFICER'S NAME P.O. RICHARD PERCY	BADGE # 1611	CHECKED BY SGT. NEIL <i>MN</i>	DATE REPORT FILED 1/23/2013
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REPORT TAKEN BY <input checked="" type="checkbox"/> 1. POLICE AGENCY <input type="checkbox"/> 2. MOTORIST <input type="checkbox"/> 3. UNKNOWN	REPORT TAKEN AT <input checked="" type="checkbox"/> 1. SCENE <input type="checkbox"/> 2. STATION <input type="checkbox"/> 3. OTHER	<input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT # 160-13- 715
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