



TRAFFIC CRASH REPORT

CRASH REPORT # 160-13- 907	CRASH SEVERITY 4 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> *X* IF YES	HIT / SKIP 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED	PHOTOS TAKEN <input 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 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 1/29/2013	

TIME OF CRASH 07:05	DAY OF WEEK TUE	CITY/VILLAGE/TOWNSHIP TOWNSHIP	NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF)	COUNTY # 52	LATITUDE 41062391	LONGITUDE 081501184
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX WADSWORTH	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	
CRASH LOCATION WADSWORTH	TYPE LOC 1	

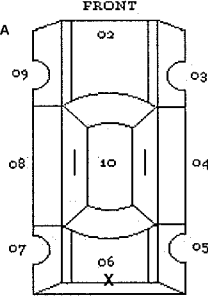
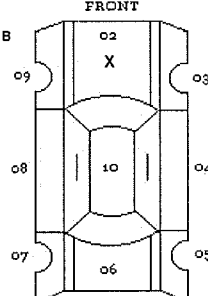
AT/REFERENCE	REFERENCE POINT USED
DIST. REF. 40 F	01 STATE LINE 02 INTERSECTION OF TWO STREETS 03 COUNTY LINE 04 HOUSE NUMBER
DIR S	05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME WITHOUT REFEREN
PREFIX	09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE
REFERENCE SHARON COPLEY	REF POINT 02

A	UNIT # 01	# OF OCC 2	NAME (LAST, FIRST, MIDDLE) LENOS MONA-LISA B.	
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4113 GOOD RD. SEVILLE OH 44273				
SOCIAL SECURITY NUMBER	DATE OF BIRTH 08/22/1967	AGE 45	SEX F	HOME PHONE # (216)536-2034
DL STATE OH	DL # RK804471	LP STATE IL	LP # P323896	INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
OWNER NAME (IF SAME, WRITE "SAME") LENOS, STEVEN, G.		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4113 GOOD RD. SEVILLE OH 44273		
YEAR 2007	MAKE MITSUBISH	MODEL OTHER	COLOR BLACK	INSURANCE COMPANY STATE FARM
OFFENSE CHARGED		OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X* IF YES

B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) MINOTTI ELIZABETH L.	
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3973 FOX MEADOW DR. MEDINA OH 44256				
SOCIAL SECURITY NUMBER	DATE OF BIRTH 06/27/1994	AGE 18	SEX F	HOME PHONE # (330)952-0328
DL STATE OH	DL # TT040230	LP STATE OH	LP # FIU8051	INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
OWNER NAME (IF SAME, WRITE "SAME") MINOTTI, MARK, G.		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3973 FOX MEADOW DR. MEDINA OH 44256		
YEAR 2000	MAKE HONDA	MODEL CIVIC	COLOR BLACK	INSURANCE COMPANY USAA INS. CO.
OFFENSE CHARGED		OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X* IF YES

C	UNIT # 01	NAME (LAST, FIRST, MIDDLE) LENOS JAKOB H.		HOME PHONE # (216)536-2034	DATE OF BIRTH 12/23/1997	AGE 15	SEX M
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4113 GOOD RD. SEVILLE OH 44273				INJURED TAKEN BY 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 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
A 01 01.FRONT - LEFT (MC DRIVER) 02.FRONT - MIDDLE 03.FRONT - RIGHT 04.SECOND - LEFT (MC PASS)	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.NON-MOTORIST 09.NONE USED 10.REFLECTIVE CLOTHING 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN	A 1 1. NOT-DEPLOYED 2. DEPLOYED - FRONT 3. DEPLOYED - SIDE 4. DEPLOYED BOTH FRONT/SIDE 5. NOT APPLICABLE 6. DEPLOYMENT UNKNOWN	A 4 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION	A 1 1. NOT EJECTED 2. TOTALLY EJECTED 3. PARTIALLY EJECTED 4. NOT APPLICABLE 5. UNKNOWN	A 1 1. NOT TRAPPED 2. EXTRICATED BY MECHANICAL MEANS 3. FREED BY NON-MECHANICAL MEANS 4. UNKNOWN	A 1 1. NO INJURY 2. POSSIBLE 3. NON-INCAPACITATING 4. INCAPACITATING 5. FATAL INJURY 6. UNKNOWN
B 01 05.SECOND - MIDDLE 06.SECOND - RIGHT 07.THIRD - LEFT (MC PASSENGER/SIDE CAR)	B 04 04.SHOULDER AND LAP BELT USED 05.CHILD SAFETY SEAT USED 06.HELMET USED 07.RESTRAINT USE UNKNOWN 08.NON-MOTORIST 09.NONE USED 10.REFLECTIVE CLOTHING 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN	B 1 1. NOT-DEPLOYED 2. DEPLOYED - FRONT 3. DEPLOYED - SIDE 4. DEPLOYED BOTH FRONT/SIDE 5. NOT APPLICABLE 6. DEPLOYMENT UNKNOWN	B 4 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION	B 1 1. NOT EJECTED 2. TOTALLY EJECTED 3. PARTIALLY EJECTED 4. NOT APPLICABLE 5. UNKNOWN	B 1 1. NOT TRAPPED 2. EXTRICATED BY MECHANICAL MEANS 3. FREED BY NON-MECHANICAL MEANS 4. UNKNOWN	B 1 1. NO INJURY 2. POSSIBLE 3. NON-INCAPACITATING 4. INCAPACITATING 5. FATAL INJURY 6. UNKNOWN
C 03 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	C 04 04.SHOULDER AND LAP BELT USED 05.CHILD SAFETY SEAT USED 06.HELMET USED 07.RESTRAINT USE UNKNOWN 08.NON-MOTORIST 09.NONE USED 10.REFLECTIVE CLOTHING 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN	C 1 1. NOT-DEPLOYED 2. DEPLOYED - FRONT 3. DEPLOYED - SIDE 4. DEPLOYED BOTH FRONT/SIDE 5. NOT APPLICABLE 6. DEPLOYMENT UNKNOWN	C 4 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION	C 1 1. NOT EJECTED 2. TOTALLY EJECTED 3. PARTIALLY EJECTED 4. NOT APPLICABLE 5. UNKNOWN	C 1 1. NOT TRAPPED 2. EXTRICATED BY MECHANICAL MEANS 3. FREED BY NON-MECHANICAL MEANS 4. UNKNOWN	C 1 1. NO INJURY 2. POSSIBLE 3. NON-INCAPACITATING 4. INCAPACITATING 5. FATAL INJURY 6. UNKNOWN
D	D	D	D	D	D	D
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT 'X' IF YES

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="11"/> B <input type="text" value="01"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td>1</td><td><input type="text" value="20"/></td><td>B</td><td>1</td><td><input type="text" value="20"/></td></tr> <tr><td></td><td>2</td><td><input type="text"/></td><td></td><td>2</td><td><input type="text"/></td></tr> <tr><td></td><td>3</td><td><input type="text"/></td><td></td><td>3</td><td><input type="text"/></td></tr> <tr><td></td><td>4</td><td><input type="text"/></td><td></td><td>4</td><td><input type="text"/></td></tr> </table>	A	1	<input type="text" value="20"/>	B	1	<input type="text" value="20"/>		2	<input type="text"/>		2	<input type="text"/>		3	<input type="text"/>		3	<input type="text"/>		4	<input type="text"/>		4	<input type="text"/>	POSTED SPEED A <input type="text" value="55"/> B <input type="text" value="55"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> NONE GIVEN TEST REFUSED TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE TEST GIVEN, RESULTS KNOWN GIVEN, RESULTS UNKNOWN UNKNOWN
A	1	<input type="text" value="20"/>	B	1	<input type="text" value="20"/>																								
	2	<input type="text"/>		2	<input type="text"/>																								
	3	<input type="text"/>		3	<input type="text"/>																								
	4	<input type="text"/>		4	<input type="text"/>																								
NON-MOTORIST LOCATION A <input type="text"/> B <input type="text"/> <ol style="list-style-type: none"> MARKED CROSSWALK AT INTERSECTION AT INTERSECTION BUT NO CROSSWALK NON-INTERSECTION CROSSWALK DRIVEWAY ACCESS CROSSWALK IN ROADWAY NOT IN ROADWAY MEDIAN (BUT NOT ON SHOULDER) ISLAND SHOULDER SIDEWALK WITHIN 10 FEET OF ROADWAY (BUT NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND) BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) OUTSIDE TRAFFICWAY SHARED USE PATHS OR TRAILS UNKNOWN 		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	NON-COLLISION 01. OVERTURN/ROLLOVER 02. FIRE/EXPLOSION 03. IMMERSION 04. JACKKNIFE 05. CAR/GOE/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. 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. COLLISION WITH FIXED OBJECT 26. IMPACT ATTENUATOR/CRASH CUSHION 27. BRIDGE OVERHEAD STRUCTURE 28. BRIDGE PIER OR ABUTMENT 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	TRAFFIC CONTROL A <input type="text" value="04"/> B <input type="text" value="04"/> <ol style="list-style-type: none"> NO CONTROLS STOP SIGN YIELD SIGN TRAFFIC SIGNAL TRAFFIC FLASHERS SCHOOL ZONE RAILROAD CROSSBUCKS RAILROAD FLASHERS RAILROAD GATES CONSTRUCTION BARRICADE POLICE OFFICER PAVEMENT MARKINGS CROSSWALK LINES WALK/DONT WALK TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED OTHER NOT REPORTED UNKNOWN 	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> NONE BLOOD URINE OTHER 																								
TYPE OF UNIT A <input type="text" value="06"/> B <input type="text" value="02"/> <ol style="list-style-type: none"> SUB-COMPACT COMPACT MID SIZED FULL SIZE MINIVAN SPORT UTILITY VEHICLE PICKUP PANELVAN SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES SINGLE UNIT TRUCK, 3 OR MORE AXLES TRUCK/TRAILER TRUCK TRACTOR (BOBTAIL) TRACTOR/SEMI-TRAILER TRACTOR/DOUBLE - SHORT TRACTOR DOUBLE - LONG FIFTH WHEEL OR CONVERTER DOLLY TRACTOR/TRIPLES MOTORCYCLE MOTORIZED BICYCLE SCHOOL BUS CHURCH BUS PUBLIC BUS OTHER BUS POLICE VEHICLE FIRE TRUCK AMBULANCE/RESCUE TAXI MOTOR HOME TRAIN FARM VEHICLE FARM EQUIPMENT SHOWMOBILE CONSTRUCTION EQUIPMENT ALL OTHERS NON-MOTORIST ANIMAL WRIDER ANIMAL W/BUGGY BICYCLE PEDESTRIAN PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) SKATER OTHER-NON MOTORIST (WHEELCHAIR, ETC) UNKNOWN 	MOST DAMAGED AREA A <input type="text" value="01"/> B <input type="text" value="01"/> <ol style="list-style-type: none"> NONE CENTER FRONT RIGHT FRONT RIGHT SIDE RIGHT REAR REAR CENTER LEFT REAR LEFT SIDE LEFT FRONT TOP AND WINDOWS UNDERCARRIAGE LOAD /TRAILER TOTAL (ALL AREAS) OTHER UNKNOWN 	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="01"/> B <input type="text" value="08"/> <ol style="list-style-type: none"> NONE FAILURE TO YIELD RAN RED LIGHT OR STOP SIGN EXCEEDED SPEED LIMIT UNSAFE SPEED IMPROPER TURN LEFT OF CENTER FOLLOWED TOO CLOSELY/ACDA IMPROPER LANE CHANGE/DROVE OFF ROAD/IMPROPER PASSING IMPROPER BACKING IMPROPER START FROM PARKED POSITION STOPPED OR PARKED ILLEGALLY OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.) FAILURE TO CONTROL VISION OBSTRUCTION DRIVER INATTENTION FATIGUE/ASLEEP OPERATING DEFECTIVE EQUIPMENT LOAD SHIFTING/FALLING/SPILLING OTHER IMPROPER ACTION UNKNOWN NON-MOTORIST NONE IMPROPER CROSSING DARTING LEAVING AND/OR ILLEGALLY IN ROADWAY FAILURE TO YIELD RIGHT OF WAY NOT VISIBLE (DARK CLOTHING) INATTENTIVE FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER WRONG SIDE OF THE ROAD OTHER UNKNOWN 	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>	DIRECTION <table border="1"> <tr><td>FROM</td><td>TO</td><td>FROM</td><td>TO</td></tr> <tr><td>A</td><td><input type="text" value="2"/></td><td>B</td><td><input type="text" value="1"/></td></tr> </table> <ol style="list-style-type: none"> NORTH SOUTH EAST WEST NORTHEAST NORTHWEST SOUTHEAST SOUTHWEST UNKNOWN 	FROM	TO	FROM	TO	A	<input type="text" value="2"/>	B	<input type="text" value="1"/>	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" value="1"/></td><td><input type="text" value="1"/></td></tr> </table> <ol style="list-style-type: none"> NONE MARIJUANA COCAINE OPATAMES AMPHETAMINES PCP OTHER UNKNOWN AT TIME OF REPORTING 	A	<input type="text" value="1"/>	<input type="text" value="1"/>	B	<input type="text" value="1"/>	<input type="text" value="1"/>										
FROM	TO	FROM	TO																										
A	<input type="text" value="2"/>	B	<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"/>																								
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> NO YES UNKNOWN 	POINT OF IMPACT A <input type="text" value="06"/> B <input type="text" value="02"/> <ol style="list-style-type: none"> NONE CENTER FRONT RIGHT FRONT RIGHT SIDE RIGHT REAR REAR CENTER LEFT REAR LEFT SIDE LEFT FRONT TOP AND WINDOWS UNDERCARRIAGE LOAD /TRAILER TOTAL (ALL AREAS) OTHER UNKNOWN 	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> <ol style="list-style-type: none"> TURN SIGNALS HEAD LAMPS TAIL LAMPS STRUCK BOTH STRICKING AND STRUCK UNKNOWN WORN OR SLICK TIRES TRAILER EQUIPMENT DEFECTIVE MOTOR TROUBLE DISABLED FROM PRIOR ACCIDENT OTHER DEFECTS NO DEFECTS 	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/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> NONE YES ALCOHOL SUSPECTED YES-HBD NOT IMPAIRED YES-DRUGS SUSPECTED YES-ALCOHOL AND DRUGS SUSPECTED UNKNOWN 	OCCURRENCE <input type="text" value="1"/> <ol style="list-style-type: none"> ON ROADWAY ON SHOULDER IN MEDIAN ON ROADSIDE ON GORE OFFSIDE TRAFFICWAY UNKNOWN 																								
DAMAGE SCALE A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> NONE NON-FUNCTIONAL FUNCTIONAL DAMAGE DISABLING DAMAGE SEVERE UNKNOWN 	ACTION A <input type="text" value="4"/> B <input type="text" value="3"/> <ol style="list-style-type: none"> NON-CONTACT NON-COLLISION STRICKING STRUCK BOTH STRICKING AND STRUCK UNKNOWN 	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> <ol style="list-style-type: none"> TURN SIGNALS HEAD LAMPS TAIL LAMPS STRUCK BOTH STRICKING AND STRUCK UNKNOWN WORN OR SLICK TIRES TRAILER EQUIPMENT DEFECTIVE MOTOR TROUBLE DISABLED FROM PRIOR ACCIDENT OTHER DEFECTS NO DEFECTS 	SPEED DETECTED A <input type="text" value="1"/> B <input type="text" value="2"/> <ol style="list-style-type: none"> STATED ESTIMATED 	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> NONE GIVEN TEST REFUSED TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE TEST GIVEN, RESULTS KNOWN TEST GIVEN, RESULTS UNKNOWN UNKNOWN 	ROAD CONTOUR <input type="text" value="2"/> <ol style="list-style-type: none"> STRAIGHT LEVEL STRAIGHT GRADE CURVE LEVEL CURVE GRADE UNKNOWN 																								
DAMAGE SCALE A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> NONE NON-FUNCTIONAL FUNCTIONAL DAMAGE DISABLING DAMAGE SEVERE UNKNOWN 	STRICKING VEHICLE OVERRIDE/UNDERIDE A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> NO UNDERIDE OR OVERRIDE UNDERIDE, COMPARTMENT INTRUSION UNDERIDE, NO COMPARTMENT INTRUSION UNDERIDE, COMPARTMENT INTRUSION UNKNOWN OVERRIDE, MOTOR VEHICLE IN TRANSPORT OVERRIDE, OTHER VEHICLE UNKNOWN IF UNDERIDE OR OVERRIDE 	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> <ol style="list-style-type: none"> TURN SIGNALS HEAD LAMPS TAIL LAMPS STRUCK BOTH STRICKING AND STRUCK UNKNOWN WORN OR SLICK TIRES TRAILER EQUIPMENT DEFECTIVE MOTOR TROUBLE DISABLED FROM PRIOR ACCIDENT OTHER DEFECTS NO DEFECTS 	SPEED A <input type="text" value="0"/> B <input type="text" value="3"/>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> NONE BREATH BLOOD URINE 	ROAD CONDITIONS <table border="1"> <tr><td>PRIMARY</td><td><input type="text" value="02"/></td><td>SECONDARY</td><td><input type="text"/></td></tr> </table> <ol style="list-style-type: none"> DRY WET SNOW ICE SAND/MUD/DIRT/OIL/GRAVEL WATER (STANDING, MOVING) SLUSH DEBRIS RUT, HOLES, BUMPS, UNEVEN PAVEMENT OTHER UNKNOWN 	PRIMARY	<input type="text" value="02"/>	SECONDARY	<input type="text"/>																				
PRIMARY	<input type="text" value="02"/>	SECONDARY	<input type="text"/>																										
<input type="text"/> SUPPLEMENT 'X' IF YES					LOCAL REPORT # 160-13- 907																								

NARRATIVE

UNIT #1 WAS STOPPED AT THE RED LIGHT AT WADSWORTH RD. AND SHARON COPLEY RD. UNIT #2 WAS UNABLE TO STOP IN TIME DUE TO UNKNOWN CIRCUMSTANCES AND LIGHTLY BUMPED INTO THE REAR OF UNIT #1 CAUSING NO APPARENT DAMAGE. NO CITATION WAS ISSUED. NO INJURIES WERE CLAIMED AT THE SCENE AND NEITHER VEHICLE REQUIRED A TOW.

<p>MANNER OF COLLISION OR IMPACT</p> <p>2</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>SCHOOL BUS RELATED</p> <p>1</p> <p>1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN</p>	<p>DIAGRAM</p>
<p>WEATHER</p> <p>03</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>WORK ZONE RELATED</p> <p>1</p> <p>1. NO 2. YES 3. UNKNOWN</p>	
<p>LIGHT CONDITIONS</p> <p>PRIMARY 4 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>TYPE OF WORK ZONE</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>LOCATION OF CRASH IN WORK ZONE</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>WORKERS PRESENT</p> <p><input type="checkbox"/></p> <p>1. NO 2. YES 3. UNKNOWN</p>	

TRUCK/BUS UNIT #	<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 8 PERSONS, INCLUDING DRIVER</p>
		<p>A 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>

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						
<p>CARGO BODY TYPE</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/LWN</p>		<p>05. POLE <input type="checkbox"/> 06. CARGO TANK <input type="checkbox"/> 07. FLATBED <input type="checkbox"/> 08. DUMP <input type="checkbox"/> 09. CONCRETE MIXER</p>		<p>10. AUTO TRANSPORTER <input type="checkbox"/> 11. GARBAGE/REFUSE <input type="checkbox"/> 12. OTHER <input type="checkbox"/> 13. UNKNOWN</p>		<p>WEIGHT (GVWR)</p> <p><input type="checkbox"/> 1. LESS/EQUAL 10,000 <input type="checkbox"/> 2. 10,001 - 25,000 <input type="checkbox"/> 3. MORE THAN 25,000</p>		<p>CDL CLASS</p> <p><input type="checkbox"/> 1. CLASS A <input type="checkbox"/> 2. CLASS B <input type="checkbox"/> 3. CLASS C <input type="checkbox"/> 4. CLASS D <input type="checkbox"/> 5. CLASS E</p>		<p>HAZARDOUS MATERIALS PLACARD</p> <p><input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. UNKNOWN</p>		<p>HAZARDOUS MATERIALS RELEASED</p> <p><input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. NOT APPLICABLE <input type="checkbox"/> 4. UNKNOWN</p>	

POLICE ACTION						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
1/29/2013	07:07	07:10	07:10	07:31	0	21
OFFICER'S NAME		BADGE #		CHECKED BY		DATE REPORT FILED
P.O. DANIEL HAZEK		1607		1606		1/29/2013
REPORT TAKEN BY	REPORT TAKEN AT		SUPPLEMENT 'X' IF YES		LOCAL REPORT #	
<input type="checkbox"/> 1. POLICE AGENCY <input type="checkbox"/> 2. MOTORIST <input type="checkbox"/> 3. UNKNOWN	<input type="checkbox"/> 1. SCENE <input type="checkbox"/> 2. STATION <input type="checkbox"/> 3. OTHER		<input type="checkbox"/>		160-13- 907	