



# TRAFFIC CRASH REPORT

CRASH REPORT #  
**160-13- 1166**

CRASH SEVERITY  
**3** 1.FATAL ERROR 3.PDO  
2.INJURY 4.UNKNOWN

PRIVATE PROPERTY  
**X** \*X IF YES

HIT / SKIP  
**1** 1 NOT HIT / SKIP  
2 SOLVED 3 NOT SOLVED

PHOTOS TAKEN  
 \*X IF YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C. #  
**05213**

REPORTING AGENCY  
**MONTVILLE TOWNSHIP POLICE**

# UNITS  
**1**

UNIT ERROR  
**01** 98 ANIMAL  
99 UNKNOWN

DATE OF CRASH  
**2/5/2013**

TIME OF CRASH  
**22:30**

DAY OF WEEK  
**TUE**

CITY/VILLAGE/TOWNSHIP  
**TOWNSHIP**

NAME (OF CITY, VILLAGE OR TOWNSHIP)  
**MONTVILLE (TOWNSHIP OF)**

COUNTY #  
**52**

LATITUDE  
**41075728**

LONGITUDE  
**0814727530**

**CRASH OCCURRED ON**

PREFIX

CRASH LOCATION  
**OHARA**

TYPE LOC  
**1**

**TYPE LOCATION POINT USED**

1 NAMED STREET  
2 NUMBERED STREET  
3 NUMBERED ROUTE

**LOCAL INFORMATION**

**OHARA / MONTVILLE DR**

**AT/REFERENCE**

DIST. REF.  
**W**

DIR  
**W**

PREFIX

REFERENCE  
**MONTVILLE**

REF POINT  
**02**

**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

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**A**

UNIT #  
**01**

# OF OCC  
**1**

NAME (LAST, FIRST, MIDDLE)  
**LUTH VINCENT R**

ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**5710 MONTVILLE LAKES DR MEDINA OH 44256**

SOCIAL SECURITY NUMBER

DATE OF BIRTH  
**05/01/1996**

AGE  
**16**

SEX  
**M**

HOME PHONE #  
**(330)321-3092**

WORK PHONE #

DL STATE  
**OH**

DL #  
**TZ181976**

LP STATE  
**OH**

LP #  
**EOJ9254**

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")  
**FRANK LUTH**

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**5710 MONTVILLE DR MEDINA OH 44256**

YEAR  
**2005**

MAKE  
**BMW BAV**

MODEL  
**OTHER**

COLOR  
**BLACK**

INSURANCE COMPANY  
**PROGRESSIVE**

TOWING SERVICE  
**OTHER**

OWNER PHONE #  
**(330)321-3092**

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE  
 \*X IF YES

**B**

UNIT #

# OF OCC

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP-CODE)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

AGE

SEX

HOME PHONE #

WORK PHONE #

DL STATE

DL #

LP STATE

LP #

INJURED TAKEN BY  
 1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)

YEAR

MAKE

MODEL

COLOR

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE  
 \*X IF YES

O  
C  
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P  
A  
N  
T

**C**

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

**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**

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  
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  
5.UNKNOWN

**EJECTION**

A **1** 1. NOT EJECTED  
2. TOTALLY EJECTED  
3. PARTIALLY EJECTED  
4. NOT APPLICABLE  
5. UNKNOWN

**TRAPPED**

A **1** 1. NOT TRAPPED  
2. EXTRICATED BY MECHANICAL MEANS  
3. FREED BY NON-MECHANICAL MEANS  
4. UNKNOWN

**INJURIES**

A **1** 1. NO INJURY  
2. POSSIBLE  
3. NON-INCAPACITATING  
4. INCAPACITATING  
5. FATAL INJURY  
6. UNKNOWN

BLANK FOR WITNESS

SUPPLEMENT \*X IF YES

<p><b>UNIT NUMBERS</b></p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <p><b>NON-MOTORIST LOCATION</b></p> <p>A <input type="text" value="05"/> B <input type="text"/></p> <p>01. MARKED CROSSWALK AT INTERSECTION 02. AT INTERSECTION BUT NO CROSSWALK 03. NON-INTERSECTION CROSSWALK 04. DRIVEWAY ACCESS CROSSWALK 05. IN ROADWAY 06. NOT IN ROADWAY 07. MEDIAN (BUT NOT ON SHOULDER) 08. ISLAND 09. SHOULDER 10. SIDEWALK 11. WITHIN 10 FEET OF ROADWAY (BUT NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND) 12. BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13. OUTSIDE TRAFFICWAY 14. SHARED USE PATHS OR TRAILS 15. UNKNOWN</p> <p><b>TYPE OF UNIT</b></p> <p>A <input type="text" value="06"/> B <input type="text"/></p> <p>MOTORIST 01. SUB-COMPACT 02. COMPACT 03. MID-SIZED 04. FULL-SIZE 05. MINIVAN 06. SPORT UTILITY VEHICLE 07. PICKUP 08. PANELVAN 09. SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES 10. SINGLE UNIT TRUCK, 3 OR MORE AXLES 11. TRUCK/TRAILER 12. TRUCK/TRACTOR (BOSTAL) 13. TRACTOR/SEMI-TRAILER 14. TRACTOR/DOUBLE - SHORT 15. TRACTOR DOUBLE - LONG 16. FIFTH WHEEL OR CONVERTER DOLLY 17. TRACTOR/TRIPLES 18. MOTORCYCLE 19. MOTORIZED BICYCLE 20. SCHOOL BUS 21. CHURCH BUS 22. PUBLIC BUS 23. OTHER BUS 24. POLICE VEHICLE 25. FIRE TRUCK 26. AMBULANCE/RESCUE 27. TAXI 28. MOTOR HOME 29. TRAIN 30. FARM VEHICLE 31. FARM EQUIPMENT 32. SNOWMOBILE 33. CONSTRUCTION EQUIPMENT 34. ALL OTHERS NON-MOTORIST 35. ANIMAL WRIDDER 36. ANIMAL W/BUGGY 37. BICYCLE 38. PEDESTRIAN 39. PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40. SKATER 41. OTHER-NON MOTORIST (WHEELCHAIR, ETC) 42. UNKNOWN</p>	<p><b>DAMAGE AREA</b></p> <p style="text-align: center;">FRONT</p> <p style="text-align: center;">REAR</p> <p style="text-align: center;">FRONT</p> <p style="text-align: center;">REAR</p> <p><b>MOST DAMAGED AREA</b></p> <p>A <input type="text" value="08"/> B <input type="text"/></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>POINT OF IMPACT</b></p> <p>A <input type="text" value="08"/> B <input type="text"/></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>ACTION</b></p> <p>A <input type="text" value="4"/> B <input type="text"/></p> <p>1. NON-CONTACT 2. NON-COLLISION 3. STRICKING 4. STRUCK 5. BOTH STRICKING AND STRUCK 6. UNKNOWN</p> <p><b>STRIKING VEHICLE OVERRIDE/UNDERIDE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1. NO UNDERIDE OR OVERRIDE 2. UNDERIDE, COMPARTMENT INTRUSION 3. UNDERIDE, NO COMPARTMENT INTRUSION 4. UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 5. OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6. OVERRIDE, OTHER VEHICLE 7. UNKNOWN IF UNDERIDE OR OVERRIDE</p>	<p><b>PRE-CRASH ACTIONS</b></p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <p>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. APPLYING OR WORKING ON VEHICLE 21. STANDING 22. OTHER 23. UNKNOWN</p> <p><b>CONTRIBUTING CIRCUMSTANCES</b></p> <p>A <input type="text" value="15"/> B <input type="text"/></p> <p>MOTORIST 01. NONE 02. FAILURE TO YIELD 03. RAN RED LIGHT OR STOP SIGN 04. EXCEEDED SPEED LIMIT 05. UNSAFE SPEED 06. IMPROPER TURN 07. LEFT OF CENTER 08. FOLLOWED TOO CLOSELY/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/ASLEEP 19. OPERATING DEFECTIVE EQUIPMENT 20. LOAD SHIFTING/FALLING/SPILLING 21. OTHER IMPROPER ACTION 22. UNKNOWN NON-MOTORIST 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</p> <p><b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b></p> <p>A <input type="text"/> B <input type="text"/></p> <p>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</p>	<p><b>SEQUENCE OF EVENTS</b></p> <table style="width:100%;"> <tr> <td style="width:50%;">A <input type="text" value="10"/></td> <td style="width:50%;">B <input type="text"/></td> </tr> <tr> <td>A <input type="text" value="39"/></td> <td>B <input type="text"/></td> </tr> <tr> <td>A <input type="text"/></td> <td>B <input type="text"/></td> </tr> <tr> <td>A <input type="text"/></td> <td>B <input type="text"/></td> </tr> </table> <p>NON-COLLISION 01. OVERTURN/ROLLOVER 02. FIRE/EXPLOSION 03. IMMERSION 04. JACKKNIFE 05. CARGO/EQUIPMENT LOSS OR SHIFT 06. EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07. SEPARATION OF UNITS 08. RAN OFF ROAD RIGHT 09. RAN OFF ROAD LEFT 10. CROSS MEDIAN/CENTERLINE 11. DOWNHILL RUNAWAY 12. OTHER NON-COLLISION 13. UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 14. PEDESTRIAN 15. PEDACYCLE 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 COLLISION WITH FIXED OBJECT 25. IMPACT AT TENUATOR/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</p> <p><b>FIRST HARMFUL EVENT</b></p> <p>A <input type="text" value="2"/> B <input type="text"/></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="2"/> B <input type="text"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p> <p><b>SPEED DETECTED</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1. STATED 2. ESTIMATED</p> <p><b>SPEED</b></p> <p>A <input type="text" value="15"/> B <input type="text"/></p>	A <input type="text" value="10"/>	B <input type="text"/>	A <input type="text" value="39"/>	B <input type="text"/>	A <input type="text"/>	B <input type="text"/>	A <input type="text"/>	B <input type="text"/>	<p><b>POSTED SPEED</b></p> <p>A <input type="text" value="25"/> B <input type="text"/></p> <p><b>TRAFFIC CONTROL</b></p> <p>A <input type="text" value="12"/> B <input type="text"/></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>DIRECTION</b></p> <table style="width:100%;"> <tr> <td style="width:50%;">FROM TO</td> <td style="width:50%;">FROM TO</td> </tr> <tr> <td>A <input type="text" value="3"/> <input type="text" value="4"/></td> <td>B <input type="text"/> <input type="text"/></td> </tr> </table> <p>1. NORTH 2. SOUTH 3. EAST 4. WEST 5. NORTHEAST 6. NORTHWEST 7. SOUTHEAST 8. SOUTHWEST 9. UNKNOWN</p> <p><b>CONDITION</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>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</p> <p><b>ALCOHOL/DRUG SUSPECTED</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1. NONE 2. YES ALCOHOL SUSPECTED 3. YES-HBD NOT IMPAIRED 4. YES-DRUGS SUSPECTED 5. YES-ALCOHOL AND DRUGS SUSPECTED 6. UNKNOWN</p> <p><b>ALCOHOL TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1. NONE GIVEN 2. TEST REFUSED 3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4. TEST GIVEN, RESULTS KNOWN 5. TEST GIVEN, RESULTS UNKNOWN 6. UNKNOWN</p> <p><b>ALCOHOL TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1. NONE 2. BLOOD 3. URINE 4. BREATH 5. OTHER</p> <p><b>ALCOHOL TEST RESULT</b></p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	FROM TO	FROM TO	A <input type="text" value="3"/> <input type="text" value="4"/>	B <input type="text"/> <input type="text"/>	<p><b>DRUG TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1. NONE GIVEN 2. TEST REFUSED 3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4. TEST GIVEN, RESULTS KNOWN 5. GIVEN, RESULTS UNKNOWN 6. UNKNOWN</p> <p><b>DRUG TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1. NONE 2. BLOOD 3. URINE 4. OTHER</p> <p><b>DRUG TEST 1 &amp; 2 RESULT</b></p> <table style="width:100%;"> <tr> <td style="width:50%;">A <input type="text" value="1"/> <input type="text" value="1"/></td> <td style="width:50%;">B <input type="text"/> <input type="text"/></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> <p><b>TYPE OF INTERSECTION</b></p> <p>A <input type="text" value="03"/> B <input type="text"/></p> <p>01. NOT AN INTERSECTION 02. FOUR-WAY INTERSECTION 03. T-INTERSECTION 04. Y-INTERSECTION 05. TRAFFIC CIRCLE/ROUNDABOUT 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>A <input type="text" value="1"/> B <input type="text"/></p> <p>1. ON ROADWAY 2. ON SHOULDER 3. IN MEDIAN 4. ON ROADSIDE 5. ON GORE 6. OUTSIDE TRAFFICWAY 7. UNKNOWN</p> <p><b>ROAD CONTOUR</b></p> <p>A <input type="text" value="4"/> B <input type="text"/></p> <p>1. STRAIGHT LEVEL 2. STRAIGHT GRADE 3. CURVE LEVEL 4. CURVE GRADE 5. UNKNOWN</p> <p><b>ROAD CONDITIONS</b></p> <table style="width:100%;"> <tr> <td style="width:50%;">PRIMARY</td> <td style="width:50%;">SECONDARY</td> </tr> <tr> <td>A <input type="text" value="03"/></td> <td>B <input type="text" value="01"/></td> </tr> </table> <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>	A <input type="text" value="1"/> <input type="text" value="1"/>	B <input type="text"/> <input type="text"/>	PRIMARY	SECONDARY	A <input type="text" value="03"/>	B <input type="text" value="01"/>
A <input type="text" value="10"/>	B <input type="text"/>																						
A <input type="text" value="39"/>	B <input type="text"/>																						
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A <input type="text" value="1"/> <input type="text" value="1"/>	B <input type="text"/> <input type="text"/>																						
PRIMARY	SECONDARY																						
A <input type="text" value="03"/>	B <input type="text" value="01"/>																						
<p><b>DAMAGE SCALE</b></p> <p>A <input type="text" value="4"/> B <input type="text"/></p> <p>1. NONE 2. NON-FUNCTIONAL 3. FUNCTIONAL DAMAGE 4. DISABLING DAMAGE 5. SEVERE 6. UNKNOWN</p>		<p><b>SUPPLEMENT 'X' IF YES</b></p> <p><input type="checkbox"/></p>		<p><b>LOCAL REPORT #</b></p> <p>160-13- 1166</p>																			

**NARRATIVE**

UNIT #1 WAS TRAVELING WEST BOUND ON OHARA. UNIT #1 SLIDE ACROSS THE ON COMING LANE AND STRUCK A CURB ON THE SOUTH SIDE OF THE ROADWAY. THE VEHICLE THEN CONTINUED WEST TO THE INTERSECTION OF OHARA DR. AND MONTVILLE DR. UNIT #1 MADE A LEFT TURN AND HEADED SOUTH BOUND ON MONTVILLE DR. BEFORE COMING TO FINAL REST DUE TO DISABLING DAMAGE.

<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>
<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><b>PRIMARY</b> <input checked="" type="checkbox"/> 5 <b>SECONDARY</b> <input checked="" type="checkbox"/> 8</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. BUS DESIGNED FOR AT LEAST 9 PERSONS, INCLUDING DRIVER</p>
		<p>A. THE CRASH RESULTED IN ONE OF THE FOLLOWING: A. FATALITY; OR B. AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT; OR C. 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><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/WN</p>			<p><b>WEIGHT (GVWR)</b></p> <p><input type="checkbox"/> 1. LESS THAN 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 2. YES 3. NOT APPLICABLE</p>								

<b>POLICE ACTION</b>						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
2/5/2013	22:41	22:41	22:41	22:46	15	20
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED		
P.O. TRAVIS MCCOURT		1608	1606	2/5/2013		
REPORT TAKEN BY	REPORT TAKEN AT		SUPPLEMENT 'X' IF YES		LOCAL REPORT #	
<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2		<input type="checkbox"/>		160-13- 1166	