



TRAFFIC CRASH REPORT

CRASH REPORT # 160-13- 4812	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 type="checkbox"/> *X IF YES	OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <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 5/18/2013	

TIME OF CRASH 10:11	DAY OF WEEK SAT	CITY/VILLAGE/TOWNSHIP TOWNSHIP	NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF)	COUNTY # 52	LATITUDE 41062359	LONGITUDE 081515079
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CRASH OCCURRED ON			TYPE LOCATION POINT USED		LOCAL INFORMATION	
PREFIX	CRASH LOCATION SHARON COPLEY	TYPE LOC 1	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE		SHARON COPLEY / WOOSTER PIKE	

ATTN REFERENCE				REFERENCE POINT USED				
DIST. REF.	DIR	PREFIX	REFERENCE	REF POINT	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
		W	WOOSTER PIKE	02				

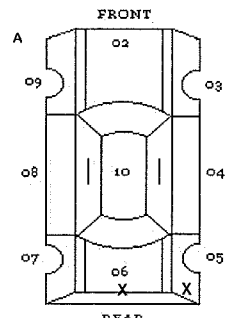
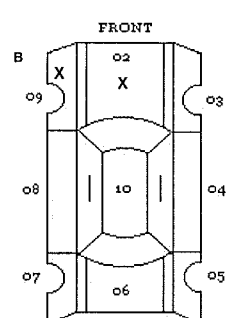
MOTORIST / NON-MOTORIST OCCUPANT

A	UNIT # 01	# OF OCC 2	NAME (LAST, FIRST, MIDDLE) SMUDS DIANA		ADDRESS (STREET, CITY, STATE, ZIP-CODE) 2010 SHARON COPLEY RD MEDINA OH 44256			
SOCIAL SECURITY NUMBER		DATE OF BIRTH 04/22/1963	AGE 50	SEX F	HOME PHONE # (440)832-0332	WORK PHONE #		
DL STATE OH	DL # RS021163	LP STATE OH	LP # FXH2597	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") SMUDS, DIANA				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 2010 SHARON COPLEY RD MEDINA OH 44256				
YEAR 2003	MAKE FORD	MODEL EXP	COLOR BLUE	INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE		OWNER PHONE #	
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #		LOCAL CODE <input type="checkbox"/> *X IF YES

B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) KELLER KIRSTEN		ADDRESS (STREET, CITY, STATE, ZIP-CODE) 943 S COURT ST MEDINA OH 44256			
SOCIAL SECURITY NUMBER		DATE OF BIRTH 01/12/1944	AGE 69	SEX F	HOME PHONE # (330)723-3884	WORK PHONE #		
DL STATE OH	DL # RQ047213	LP STATE OH	LP # DEX1105	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") KELLER FAMILY LIVING TRUST				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 943 S COURT ST MEDINA OH 44256				
YEAR 2011	MAKE HONDA	MODEL OTHER	COLOR BLACK	INSURANCE COMPANY ALL STATE	TOWING SERVICE		OWNER PHONE # (330)723-3884	
OFFENSE CHARGED 4511.21A		OFFENSE DESCRIPTION ASSURED CLEAR DISTANCE AHEAD				CITATION # Y35702		LOCAL CODE <input type="checkbox"/> *X IF YES

C	UNIT # 01	NAME (LAST, FIRST, MIDDLE) AMODIO DAWN		HOME PHONE # (330)815-0298	DATE OF BIRTH 08/21/1961	AGE 51	SEX F
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 2010 SHARON COPLEY RD MEDINA OH 44256				INJURED TAKEN BY 1 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 <input type="checkbox"/> 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 PAS) B 01 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	A 04 01.NONE USED 02.SHoulder BELT ONLY USED 03.LAP BELT ONLY USED B 04 04.SHoulder AND LAP BELT USED 05.CHILD SAFETY SEAT USED C 04 06.HELMET USED 07.RESTRAINT USE UNKNOWN 08.NON-MOTORIST 09.NONE USED 10.HELMET USED 11.PROTECTIVE PADS 12.REFLECTIVE CLOTHING 13.LIGHTING 14.OTHER 15.UNKNOWN	A 1 1. NOT-DEPLOYED 2. DEPLOYED - FRONT 3. DEPLOYED - SIDE 4. DEPLOYED BOTH FRONT/SIDE 5. NOT APPLICABLE 6. DEPLOYMENT UNKNOWN B 1 C 1 D	A 4 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION B 4 C 4 D	A 1 1. NOT EJECTED 2. TOTALLY EJECTED 3. PARTIALLY EJECTED 4. NOT APPLICABLE 5. UNKNOWN B 1 C 1 D	A 1 1. NOT TRAPPED 2. EXTRICATED BY MECHANICAL MEANS 3. FREED BY NON-MECHANICAL MEANS 4. UNKNOWN B 1 C 1 D	A 1 1. NO INJURY 2. POSSIBLE 3. NON-INCAPACITATING 4. INCAPACITATING 5. FATAL INJURY 6. UNKNOWN B 1 C 1 D
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT *X IF YES

<p>UNIT NUMBERS</p> <p>A <input type="text" value="01"/> B <input type="text" value="02"/></p>	<p>DAMAGE AREA</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 style="text-align: center;">MOST DAMAGED AREA</p> <p>A <input type="text" value="05"/> B <input type="text" value="09"/></p>	<p>PRE-CRASH ACTIONS</p> <p>A <input type="text" value="11"/> B <input type="text" value="01"/></p> <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 APPROACHING OR LEAVING VEHICLE 20 PLAYING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN 	<p>SEQUENCE OF EVENTS</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <p style="text-align: center;">A</p> <p>1 <input type="text" value="20"/></p> <p>2 <input type="text" value=""/></p> <p>3 <input type="text" value=""/></p> <p>4 <input type="text" value=""/></p> </td> <td style="width:50%; border-right: 1px solid black;"> <p style="text-align: center;">B</p> <p>1 <input type="text" value="20"/></p> <p>2 <input type="text" value=""/></p> <p>3 <input type="text" value=""/></p> <p>4 <input type="text" value=""/></p> </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 14 COLLISION W/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 PARAPET 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIUM BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 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 style="text-align: center;">A</p> <p>1 <input type="text" value="20"/></p> <p>2 <input type="text" value=""/></p> <p>3 <input type="text" value=""/></p> <p>4 <input type="text" value=""/></p>	<p style="text-align: center;">B</p> <p>1 <input type="text" value="20"/></p> <p>2 <input type="text" value=""/></p> <p>3 <input type="text" value=""/></p> <p>4 <input type="text" value=""/></p>	<p>POSTED SPEED</p> <p>A <input type="text" value="45"/> B <input type="text" value="45"/></p> <p>TRAFFIC CONTROL</p> <p>A <input type="text" value="02"/> B <input type="text" value="02"/></p> <p>01. NO CONTROLS</p> <ol style="list-style-type: none"> 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>DRUG TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <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 <p>DRUG TEST TYPE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> 1. NONE 2. BLOOD 3. URINE 4. OTHER <p>DRUG TEST 1 & 2 RESULT</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <p style="text-align: center;">A</p> <p>1 <input type="text" value="1"/> 2 <input type="text" value="1"/></p> </td> <td style="width:50%; border-right: 1px solid black;"> <p style="text-align: center;">B</p> <p>1 <input type="text" value="1"/> 2 <input type="text" value="1"/></p> </td> </tr> </table>	<p style="text-align: center;">A</p> <p>1 <input type="text" value="1"/> 2 <input type="text" value="1"/></p>	<p style="text-align: center;">B</p> <p>1 <input type="text" value="1"/> 2 <input type="text" value="1"/></p>
<p style="text-align: center;">A</p> <p>1 <input type="text" value="20"/></p> <p>2 <input type="text" value=""/></p> <p>3 <input type="text" value=""/></p> <p>4 <input type="text" value=""/></p>	<p style="text-align: center;">B</p> <p>1 <input type="text" value="20"/></p> <p>2 <input type="text" value=""/></p> <p>3 <input type="text" value=""/></p> <p>4 <input type="text" value=""/></p>								
<p style="text-align: center;">A</p> <p>1 <input type="text" value="1"/> 2 <input type="text" value="1"/></p>	<p style="text-align: center;">B</p> <p>1 <input type="text" value="1"/> 2 <input type="text" value="1"/></p>								
<p>NON-MOTORIST LOCATION</p> <p>A <input type="text" value="02"/> B <input type="text" value="02"/></p> <p>01. MARKED CROSSWALK AT INTERSECTION</p> <p>02. AT INTERSECTION BUT NO CROSSWALK</p> <p>03. NON-INTERSECTION CROSSWALK</p> <p>04. DRIVEWAY ACCESS CROSSWALK</p> <p>05. IN ROADWAY</p> <p>06. NOT IN ROADWAY</p> <p>07. MEDIAN (BUT NOT ON SHOULDER)</p> <p>08. ISLAND</p> <p>09. SHOULDER</p> <p>10. SIDEWALK</p> <p>11. WITHIN 10 FEET OF ROADWAY (BUT NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)</p> <p>12. BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)</p> <p>13. OUTSIDE TRAFFICWAY</p> <p>14. SHARED USE PATHS OR TRAILS</p> <p>15. UNKNOWN</p>	<p>CONTRIBUTING CIRCUMSTANCES</p> <p>A <input type="text" value="01"/> B <input type="text" value="08"/></p> <p>MOTORIST</p> <ol style="list-style-type: none"> 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/AGDA 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 <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 	<p>VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE</p> <p>A <input type="text" value=""/> B <input type="text" value=""/></p> <p>01. TURN SIGNALS</p> <p>02. HEAD LAMPS</p> <p>03. TAIL LAMPS</p> <p>04. BRAKES</p> <p>05. STEERING</p> <p>06. TIRE BLOWOUT</p> <p>07. WORN OR SLICK TIRES</p> <p>08. TRAILER EQUIPMENT DEFECTIVE</p> <p>09. MOTOR TROUBLE</p> <p>10. DISABLED FROM PRIOR ACCIDENT</p> <p>11. OTHER DEFECTS</p> <p>12. NO DEFECTS</p>	<p>FIRST HARMFUL EVENT</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>MOST HARMFUL EVENT</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 MOST HARMFUL EVENT (1-4)</p>	<p>DIRECTION</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <p style="text-align: center;">FROM TO</p> <p>A <input type="text" value="3"/> <input type="text" value="4"/></p> </td> <td style="width:50%; border-right: 1px solid black;"> <p style="text-align: center;">FROM TO</p> <p>B <input type="text" value="3"/> <input type="text" value="4"/></p> </td> </tr> </table> <ol style="list-style-type: none"> 1. NORTH 2. SOUTH 3. EAST 4. WEST 5. NORTHEAST 6. NORTHWEST 7. SOUTHEAST 8. SOUTHWEST 9. UNKNOWN <p>CONDITION</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <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 	<p style="text-align: center;">FROM TO</p> <p>A <input type="text" value="3"/> <input type="text" value="4"/></p>	<p style="text-align: center;">FROM TO</p> <p>B <input type="text" value="3"/> <input type="text" value="4"/></p>	<p>ALCOHOL/DRUG SUSPECTED</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> 1. NONE 2. YES ALCOHOL SUSPECTED 3. YES-HBD NOT IMPAIRED 4. YES-DRUGS SUSPECTED 5. YES-ALCOHOL AND DRUGS SUSPECTED 6. UNKNOWN <p>ALCOHOL TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <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 <p>ALCOHOL TEST TYPE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> 1. NONE 2. BLOOD 3. URINE 4. BREATH 5. OTHER <p>ALCOHOL TEST RESULT</p> <p>A <input type="text" value=""/></p> <p>B <input type="text" value=""/></p>	<p>TYPE OF INTERSECTION</p> <p><input type="text" value="03"/></p> <ol style="list-style-type: none"> 01. NOT AN INTERSECTION 02. FOUR-WAY INTERSECTION 03. T-INTERSECTION 04. Y-INTERSECTION 05. TRAFFIC CIRCLE/ROUNDABOUT 06. FIVE-POINT, OR MORE 07. OFF RAMP 08. OFF RAMP 09. CROSSOVER 10. DRIVEWAY 11. RAILWAY GRADE CROSSING 12. SHARED-USE PATHS OR TRAILS 13. UNKNOWN <p>OCCURRENCE</p> <p><input type="text" value="1"/></p> <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 <p>ROAD CONTOUR</p> <p><input type="text" value="1"/></p> <ol style="list-style-type: none"> 1. STRAIGHT LEVEL 2. STRAIGHT GRADE 3. CURVE LEVEL 4. CURVE GRADE 5. UNKNOWN 	
<p style="text-align: center;">FROM TO</p> <p>A <input type="text" value="3"/> <input type="text" value="4"/></p>	<p style="text-align: center;">FROM TO</p> <p>B <input type="text" value="3"/> <input type="text" value="4"/></p>								
<p>TYPE OF UNIT</p> <p>A <input type="text" value="06"/> B <input type="text" value="02"/></p> <p>MOTORIST</p> <ol style="list-style-type: none"> 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 (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 W/DRIVER 36. ANIMAL W/BUGGY 37. BICYCLE 38. PEDESTRIAN 39. PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40. SKATER 41. OTHER-NON MOTORIST (WHEELCHAIR, ETC) 42. UNKNOWN 	<p>POINT OF IMPACT</p> <p>A <input type="text" value="05"/> B <input type="text" value="09"/></p> <ol style="list-style-type: none"> 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>ACTION</p> <p>A <input type="text" value="4"/> B <input type="text" value="3"/></p> <ol style="list-style-type: none"> 1. NON-CONTACT 2. NON-COLLISION 3. STRICKING 4. STRUCK 5. BOTH STRICKING AND STRUCK 6. UNKNOWN <p>STRIKING VEHICLE OVERRIDE/UNDERRIDE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> 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>IN EMERGENCY RESPONSE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> 1. NO 2. YES 3. UNKNOWN 	<p>DAMAGE SCALE</p> <p>A <input type="text" value="3"/> B <input type="text" value="3"/></p> <ol style="list-style-type: none"> 1. NONE 2. NON-FUNCTIONAL 3. FUNCTIONAL DAMAGE 4. DISABLING DAMAGE 5. SEVERE 6. UNKNOWN 	<p>SPEED DETECTED</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> 1. STATED 2. ESTIMATED <p>SPEED</p> <p>A <input type="text" value="0"/></p> <p>B <input type="text" value="5"/></p>	<p>PRIMARY <input type="text" value="01"/></p> <p>SECONDARY <input type="text" value="10"/></p> <p>ROAD CONDITIONS</p> <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 				
		<p><input type="text" value=""/> SUPPLEMENT 'X' IF YES</p>		<p>LOCAL REPORT #</p> <p>160-13- 4812</p>					

NARRATIVE

UNIT #1 WAS STOPPED AT THE INTERSECTION OF SHARON COPLEY RD. AND WOOSTER PIKE RD. UNIT #2 PULLED UP BEHIND UNIT #1 AND ALSO CAN TO A STOP. UNIT #1 PULLED UP AGAIN AND STOPPED TO MAKE A FINAL CHECK FOR TRAFFIC. UNIT #2 STRUCK UNIT #1 IN THE REAR END BELIEVING UNIT #1 HAD PULLED OUT AND ONTO WOOSTER PIKE.

<p>MANNER OF COLLISION OR IMPACT</p> <p><input type="checkbox"/> 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><input type="checkbox"/> 1</p> <p>1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN</p>	<p>DIAGRAM</p>
<p>WEATHER</p> <p><input type="checkbox"/> 01</p> <p>01. CLEAR 02. CLOUDY 03. FOG/SMOG/SMOKE 04. RAIN 05. SLEET/RAIL (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><input type="checkbox"/> 1</p> <p>1. NO 2. YES 3. UNKNOWN</p>	
<p>LIGHT CONDITIONS</p> <p>PRIMARY <input type="checkbox"/> 1 SECONDARY <input 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>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>TRUCK/BUS</p> <p>UNIT # <input type="checkbox"/></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>	

TRUCK/BUS	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 9 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 <input type="checkbox"/> 2. CLASS B <input type="checkbox"/> 3. CLASS C <input type="checkbox"/> 4. CLASS D <input type="checkbox"/> 5. CLASS E	HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. UNKNOWN	HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. NOT APPLICABLE <input type="checkbox"/> 4. UNKNOWN
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POLICE ACTION						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
5/18/2013	10:11	10:11	10:23	10:54	15	58
OFFICER'S NAME			BADGE #		CHECKED BY	
P.O. TRAVIS MCCOURT			1608		SGT LAFOND <i>[Signature]</i>	
REPORT TAKEN BY		REPORT TAKEN AT		SUPPLEMENT 'X' IF YES		LOCAL REPORT #
<input type="checkbox"/> 1		<input type="checkbox"/> 1		<input type="checkbox"/>		160-13- 4812