

# TRAFFIC CRASH REPORT

CRASH REPORT # <b>160-12-005015</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>99</b> 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>6/25/2012</b>	

TIME OF CRASH <b>10:37</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>4105066257</b>	LONGITUDE <b>0814817589</b>
-------------------------------	---------------------------	--	---	-----------------------	-------------------------------	--------------------------------

CRASH OCCURRED ON PREFIX <b>R</b>	CRASH LOCATION <b>RIVER STYX</b>	TYPE LOC <b>1</b>	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION
---	-------------------------------------	----------------------	---	-------------------

AT/REFERENCE DIST. REF. <b>006925 RIVER STYX</b>	DIR	PREFIX	REFERENCE	REF POINT <b>04</b>	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
--	-----	--------	-----------	------------------------	--

MOTORIST / NON-MOTORIST

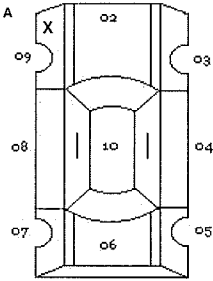
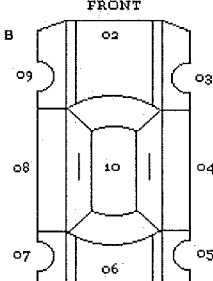
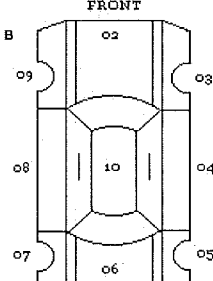
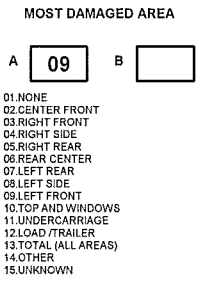
<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>LEBUS-TROWBRIDGE ANNETTE E</b>		
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>3060 FIXLER RD MEDINA OH 44256</b>					
SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>11/09/1966</b>		AGE <b>45</b>	SEX <b>F</b>
HOME PHONE # <b>(330)334-4065</b>		WORK PHONE # <b>(440)816-8888</b>			
DL STATE <b>OH</b>	DL # <b>RF588763</b>	LP STATE <b>OH</b>	LP # <b>413WCH</b>	INJURED TAKEN BY <b>1</b> 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN	TRANSPORTED BY
OWNER NAME (IF SAME, WRITE "SAME") <b>LEBUS-TROWBRIDGE, ANNETTE E</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>3060 FIXLER RD MEDINA OH 44256</b>		
YEAR <b>1999</b>	MAKE <b>PONTIAC</b>	MODEL <b>GRAND PRI</b>	COLOR <b>BLACK</b>	INSURANCE COMPANY <b>CINCINNATI INSUR</b>	TOWING SERVICE <b>VALLEY VIEW TOWI</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
OWNER NAME (IF SAME, WRITE "SAME")			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)		
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE
OFFENSE CHARGED		OFFENSE DESCRIPTION			CITATION #
					LOCAL CODE <input type="checkbox"/> *X IF YES

OCCUPANT

<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>A 01</b> 01.FRONT - LEFT (MC DRIVER) 02.FRONT - MIDDLE 03.FRONT - RIGHT 04.SECOND - LEFT (MC PASS) <b>B</b> 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.INENCLOSED CARGO AREA <b>D</b> 13.TRAILING UNIT 14.EXTERIOR 15.OTHER 16.NON-MOTORIST 17.UNKNOWN	SAFETY EQUIPMENT <b>A 04</b> MOTORIST 01.NONE USED 02.SHOLDER 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 <b>A 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>A 1</b> 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN 5.CHILD SAFETY POSITION	EJECTION <b>A 1</b> 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN	TRAPPED <b>A 1</b> 1.NOT TRAPPED 2.EXTRICATED BY MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN	INJURIES <b>A 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		

<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><b>FRONT</b></p>  <p><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> <p>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 15. NON-MOTORIST 16. ENTERING OR CROSSING SPECIFIED LOCATION 17. WALKING, RUNNING, JOGGING, PLAYING, CYCLING 18. PUSHING VEHICLE 19. APPROACHING OR LEAVING VEHICLE 20. PLAYING OR WORKING ON VEHICLE 21. STANDING 22. OTHER 23. UNKNOWN</p>	<p><b>SEQUENCE OF EVENTS</b></p> <p>A B</p> <p>1 <input type="text" value="08"/> 1 <input type="text"/></p> <p>2 <input type="text" value="10"/> 2 <input type="text"/></p> <p>3 <input type="text" value="08"/> 3 <input type="text"/></p> <p>4 <input type="text" value="33"/> 4 <input type="text"/></p>	<p><b>POSTED SPEED</b></p> <p>A <input type="text" value="45"/> B <input type="text"/></p>	<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>NON-MOTORIST LOCATION</b></p> <p>A <input type="text"/> 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>FRONT</b></p>  <p><b>REAR</b></p> 	<p><b>CONTRIBUTING CIRCUMSTANCES</b></p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <p><b>MOTORIST</b></p> <p>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/VADDA 09. IMPROPER LANE CHANGED/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 23. NON-MOTORIST 24. NONE 25. IMPROPER CROSSING 26. DARTING 27. LYING AND/OR ILLEGALLY IN ROADWAY 28. FAILURE TO YIELD RIGHT OF WAY 29. NOT VISIBLE (DARK CLOTHING) 30. INATTENTIVE 31. FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER 32. OTHER 33. UNKNOWN</p>	<p><b>NON-COLLISION</b></p> <p>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 FIXED 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. CURB 39. DITCH 40. EMBARKMENT 41. FENCE 42. MAILBOX 43. TREE 44. OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL ETC.) 45. WORK ZONE MAINTENANCE EQUIPMENT 46. UNKNOWN FIXED OBJECT 48. OTHER 49. UNKNOWN</p>	<p><b>TRAFFIC CONTROL</b></p> <p>A <input type="text" value="01"/> 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/DO NOT WALK 15. TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16. OTHER 17. NOT REPORTED 18. 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> <p>A <input type="text" value="1"/> <input type="text" value="1"/> B <input type="text"/> <input type="text"/></p> <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 UNIT</b></p> <p>A <input type="text" value="03"/> B <input type="text"/></p> <p><b>MOTORIST</b></p> <p>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 (BOSTAIL) 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 35. ANIMAL WRIDER 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>	<p><b>MOST DAMAGED AREA</b></p> <p>A <input type="text" value="09"/> 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>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>FIRST HARMFUL EVENT</b></p> <p>A <input type="text" value="1"/> 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="4"/> B <input type="text"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<p><b>DIRECTION</b></p> <p>FROM TO FROM TO</p> <p>A <input type="text" value="2"/> <input type="text" value="1"/> B <input type="text"/> <input type="text"/></p> <p>1. NORTH 2. SOUTH 3. EAST 4. WEST 5. NORTHEAST 6. NORTHWEST 7. SOUTHEAST 8. SOUTHWEST 9. UNKNOWN</p>	<p><b>TYPE OF INTERSECTION</b></p> <p><input type="text" value="01"/></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>IN EMERGENCY RESPONSE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1. NO 2. YES 3. UNKNOWN</p>	<p><b>POINT OF IMPACT</b></p> <p>A <input type="text" value="09"/> 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="3"/> 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>SPEED DETECTED</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1. STATED 2. ESTIMATED</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>ROAD CONTOUR</b></p> <p><input type="text" value="2"/></p> <p>1. STRAIGHT LEVEL 2. STRAIGHT GRADE 3. CURVE LEVEL 4. CURVE GRADE 5. UNKNOWN</p>
<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>STRICKING 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>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>SPEED</b></p> <p>A <input type="text" value="45"/> B <input type="text"/></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>ROAD CONDITIONS</b></p> <p>PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/></p> <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>
<p><input type="text"/> SUPPLEMENT 'X' IF YES</p>				<p>LOCAL REPORT # <b>160-12-005015</b></p>	

**NARRATIVE**

UNIT #1 WAS NORTH ON RIVER STYX ROAD IN THE 6900 BLOCK WHEN SHE ADVISED A SOUTHBOUND WHITE FORD CARGO VAN CAME IN TO HER LANE. IN AN ATTEMPT TO AVOID A COLLISION, UNIT #1 DROVE OFF THE RIGHT SIDE OF THE ROAD, OVERCORRECTED TO THE LEFT RE-ENTERING THE ROADWAY, THEN SPUN SIDWAYS EXITING THE RIGHT SIDE OF THE ROADWAY AGAIN WHERE SHE STRUCK A STREET SIGN. UNIT # HAD TO BE TOWED FROM THE SCENE.

<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 style="text-align: center;"><b>River Styx Rd</b></p> <p style="text-align: right;"><b>Driveway of 6925 River Styx Rd</b></p> <p style="text-align: right;"><b>**Drawing not to Scale**</b></p>
<p><b>WEATHER</b></p> <p><input checked="" type="checkbox"/> 01</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/SILT/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"/> 1 <b>SECONDARY</b> <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 MEDIUM          4. INTERMITTENT OR MOVING WORK          5. OTHER</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          A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR          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          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
--------------------------------	---------------

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/LWN</p>			<p><b>WEIGHT (GVWR)</b></p> <p><input type="checkbox"/> 1. LESS/EQUAL 10,000  <input type="checkbox"/> 2. 10,001 - 26,000  <input type="checkbox"/> 3. MORE THAN 26,000</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>								

**POLICE ACTION**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
6/25/2012	10:37	10:39	10:43	11:06	20	47
OFFICER'S NAME			BADGE #		DATE REPORT FILED	
SGT. MATTHEW NEIL			1606		6/25/2012	
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"/>		160-12-005015