

		TRAFFIC CRASH REPORT													
CRASH REPORT # 160-12- 010641				CRASH SEVERITY 3 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN		PRIVATE PROPERTY X IF YES		HIT / SKIP 1 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED		PHOTOS TAKEN X X IF YES		OH-2 OH-3 OH-1P OTHER X			
N.C.I.C. # 05213		REPORTING AGENCY MONTVILLE TOWNSHIP POLICE				# UNITS 2		UNIT ERROR 02 98 ANIMAL 99 UNKNOWN		DATE OF CRASH 12/21/2012					
TIME OF CRASH 16:43		DAY OF WEEK FRI		CITY/VILLAGE/TOWNSHIP TOWNSHIP		NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF)			COUNTY # 52		LATITUDE 4105298532		LONGITUDE 0814932256		
CRASH OCCURRED ON						TYPE LOCATION POINT USED		LOCAL INFORMATION							
PREFIX		CRASH LOCATION POE				TYPE LOC 1		1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE		POE RD AND WADSWORTH RD					
AT/REFERENCE						REFERENCE POINT USED									
DIST. REF.		DIR		PREFIX		REFERENCE WADSWORTH		REF POINT 02		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	
A UNIT # 01 # OF OCC 1 NAME (LAST, FIRST, MIDDLE) SCOTT AMIE L															
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 6850 WADSWORTH RD MEDINA OH 44256															
SOCIAL SECURITY NUMBER		DATE OF BIRTH 11/16/1972		AGE 40		SEX F		HOME PHONE # (330)722-3895		WORK PHONE #					
DL STATE OH		DL # RT360379		LP STATE OH		LP # FLH1972		INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN		TRANSPORTED BY		INJURED TAKEN TO			
OWNER NAME (IF SAME, WRITE "SAME") SCOTT, AMIE L						OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 6850 WADSWORTH RD MEDINA OH 44256									
YEAR 2008		MAKE CHEVROLE		MODEL SUBURBA		COLOR GOLD		INSURANCE COMPANY STATE FARM		TOWING SERVICE		OWNER PHONE #			
OFFENSE CHARGED		OFFENSE DESCRIPTION								CITATION #		LOCAL CODE X IF YES			
B UNIT # 02 # OF OCC 1 NAME (LAST, FIRST, MIDDLE) FREDERICK MELISSA A															
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 647 DUET DR WADSWORTH OH 44281															
SOCIAL SECURITY NUMBER		DATE OF BIRTH 03/14/1968		AGE 44		SEX F		HOME PHONE # (330)331-7214		WORK PHONE #					
DL STATE OH		DL # RM974908		LP STATE OH		LP # EIA6310		INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN		TRANSPORTED BY		INJURED TAKEN TO			
OWNER NAME (IF SAME, WRITE "SAME") JASON M FREDERICK						OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 647 DUET DR WADSWORTH OH 44281									
YEAR 2003		MAKE TOYOTA		MODEL OTHER		COLOR WHITE		INSURANCE COMPANY STATE FARM		TOWING SERVICE		OWNER PHONE # (330)331-7214			
OFFENSE CHARGED 4511.202		OFFENSE DESCRIPTION OPERATION WITHOUT REASONABLE CONTROL								CITATION # Y35303		LOCAL CODE X IF YES			
C UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX															
ADDRESS (STREET, CITY, STATE, ZIP-CODE)						INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN		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 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN		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) 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 04.SHOULDER AND LAP BELT USED 05.CHILD SAFETY SEAT USED 06.HELMET USED 07.RESTRAINT USE UNKNOWN 08.NON-MOTORIST 09.HELMET USED 10.PROTECTIVE PADS 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		B 04		B 1		B 4		B 1		B 1		B 1			
C		C		C		C		C		C		C			
D		D		D		D		D		D		D			
BLANK FOR WITNESS															
SUPPLEMENT X IF YES															

<div>UNIT NUMBERS</div> <div>A01B02</div> <div>NON-MOTORIST LOCATION</div> <div>A B</div> <div>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</div> <div>TYPE OF UNIT</div> <div>A06B06</div> <div>MOTORIST 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, 8 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 NON-MOTORIST 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</div>	<div>DAMAGE AREA</div> <div>FRONT</div> <div>REAR</div> <div>FRONT</div> <div>REAR</div> <div>MOST DAMAGED AREA</div> <div>A09B07</div> <div>POINT OF IMPACT</div> <div>A09B07</div> <div>ACTION</div> <div>A3B4</div> <div>STRIKING VEHICLE OVERRIDE/UNDERIDE</div> <div>A1B1</div> <div>DAMAGE SCALE</div> <div>A3B3</div> <div>1.NONE 2.NON-FUNCTIONAL 3.FUNCTIONAL DAMAGE 4.DISABLING DAMAGE 5.SEVERE 6.UNKNOWN</div>	<div>PRE-CRASH ACTIONS</div> <div>A01B01</div> <div>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</div> <div>CONTRIBUTING CIRCUMSTANCES</div> <div>A01B01</div> <div>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/YACDA 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 MROPER 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</div> <div>VEHICLE DEFECT CODE ONLY IF "19" SELECTED ABOVE</div> <div>A B</div> <div>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</div>	<div>SEQUENCE OF EVENTS</div> <div>A B</div> <div>120120</div> <div>2</div> <div>3</div> <div>4</div> <div>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 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 ETO) 46.WORK ZONE MAINTENANCE EQUIPMENT 47.UNKNOWN FIXED OBJECT 48.OTHER 49.UNKNOWN</div> <div>FIRST HARMFUL EVENT</div> <div>A1B1</div> <div>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</div> <div>MOST HARMFUL EVENT</div> <div>A1B1</div> <div>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</div> <div>SPEED DETECTED</div> <div>A1B1</div> <div>1.STATED 2.ESTIMATED</div> <div>SPEED</div> <div>A40B25</div>	<div>POSTED SPEED</div> <div>A45B45</div> <div>TRAFFIC CONTROL</div> <div>A12B02</div> <div>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</div> <div>DIRECTION</div> <div>FROM TO FROM TO</div> <div>A12B43</div> <div>1.NORTH 2.SOUTH 3.EAST 4.WEST 5.NORTHEAST 6.NORTHWEST 7.SOUTHWEST 8.SOUTHWEST 9.UNKNOWN</div> <div>CONDITION</div> <div>A1B1</div> <div>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</div> <div>ALCOHOL/DRUG SUSPECTED</div> <div>A1B1</div> <div>1. NONE 2.YES ALCOHOL SUSPECTED 3.YES-HBD NOT IMPAIRED 4.YES-DRUGS SUSPECTED 5.YES-ALCOHOL AND DRUGS SUSPECTED 6.UNKNOWN</div> <div>ALCOHOL TEST STATUS</div> <div>A1B1</div> <div>1.NONE GIVEN 2.TEST REFUSED 3.TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4.TEST GIVEN, RESULTS KNOWN 5.TEST GIVEN, RESULTS UNKNOWN 6.UNKNOWN</div> <div>ALCOHOL TEST TYPE</div> <div>A1B1</div> <div>1.NONE 2.BLOOD 3.URINE 4.BREATH 5.OTHER</div> <div>ALCOHOL TEST RESULT</div> <div>A B</div>	<div>DRUG TEST STATUS</div> <div>A1B1</div> <div>1.NONE GIVEN 2.TEST REFUSED 3.TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4.TEST GIVEN, RESULTS KNOWN 5.GIVEN, RESULTS UNKNOWN 6.UNKNOWN</div> <div>DRUG TEST TYPE</div> <div>A1B1</div> <div>1. NONE 2.BLOOD 3.URINE 4.OTHER</div> <div>DRUG TEST 1 &amp; 2 RESULT</div> <div>1 2 1 2</div> <div>A11B11</div> <div>1. NONE 2.MARIJUANA 3.COCAINE 4.OPIATES 5.AMPHETAMINES 6.PCP 7.OTHER 8.UNKNOWN AT TIME OF REPORTING</div> <div>TYPE OF INTERSECTION</div> <div>02</div> <div>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</div> <div>OCCURRENCE</div> <div>1</div> <div>1.ON ROADWAY 2.ON SHOULDER 3.IN MEDIAN 4.ON ROADSIDE 5.ON GORE 6.OUTSIDE TRAFFICWAY 7.UNKNOWN</div> <div>ROAD CONTOUR</div> <div>1</div> <div>1.STRAIGHT LEVEL 2.STRAIGHT GRADE 3.CURVE LEVEL 4.CURVE GRADE 5.UNKNOWN</div> <div>ROAD CONDITIONS</div> <div>PRIMARY SECONDARY</div> <div>0307</div> <div>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</div>	
				<div>SUPPLEMENT 'X' IF YES</div>		<div>LOCAL REPORT #</div> <div>160-12- 010641</div>

**NARRATIVE**

UNIT 1 WAS SOUTHBOUND ON WADSWORTH RD AND UNIT 2 WAS EASTBOUND ON POE RD APPROACHING THE INTERSECTI  
UNIT 1 WAS UNABLE TO STOP,DUE TO ROAD CONDITIONS, AND WAS STRUCK BY UNIT 1. THERE WERE NO INJURIES  
AND BOTH VEHICLES WERE ABLE TO BE DRIVEN FROM THE SCENE.

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>6</b></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><b>1</b></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><b>06</b></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>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</b>	<p><b>UNIT #</b></p> <p><input type="text"/></p>	<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> <b>N</b> <b>D</b></p> <p>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 02. BUS (9-15 INCLUDING DRIVER) 03. VAN/ENCLOSED BOX 04. GRAIN/CHIPS/GRAVEL/WN</p>	<p>05. POLE 06. CARGO TANK 07. FLATBED 08. DUMP 09. CONCRETE MIXER</p>	<p>10. AUTO TRANSPORTER 11. GARBAGE/REFUSE 12. OTHER 13. UNKNOWN</p>	<p><b>WEIGHT (GVWR)</b></p> <p><input type="checkbox"/> 1. LESS/EQUAL 10,000 2. 10,001 - 26,000 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 4. UNKNOWN 2. YES 3. NOT APPLICABLE</p>
---	--	--	---	---	--	---

<b>POLICE ACTION</b>							
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES	
12/21/2012	16:43	16:43	16:43	17:09	0	26	
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED			
P.O. CARL KANENBERG		1609	SGT. NEIL	12/21/2012			
REPORT TAKEN BY	REPORT TAKEN AT			SUPPLEMENT 'X' IF YES		LOCAL REPORT #	
<input type="checkbox"/> 1. POLICE AGENCY 2. MOTORIST 3. UNKNOWN	<input type="checkbox"/> 1. SCENE 2. STATION 3. OTHER			<input type="checkbox"/>		160-12- 010641	