



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>160-12- 004683</b>	CRASH SEVERITY <b>2</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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # <b>05213</b>	REPORTING AGENCY <b>MONTVILLE TOWNSHIP POLICE</b>	# UNITS <b>2</b>	UNIT ERROR <b>01</b> 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>6/14/2012</b>	

TIME OF CRASH <b>21:24</b>	DAY OF WEEK <b>THU</b>	CITY/VILLAGE/TOWNSHIP <b>TOWNSHIP</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MONTVILLE (TOWNSHIP OF)</b>	COUNTY # <b>52</b>	LATITUDE <b>410623034</b>	LONGITUDE <b>0815011915</b>
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CRASH OCCURRED ON	CRASH LOCATION PREFIX <b>00162</b> TYPE LOC <b>3</b>	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION <b>SHARON COPLEY / WADSWORTH</b>
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WAT/REFERENCE	DIST. REF.	DIR <b>W</b>	PREFIX	REFERENCE <b>0057</b>	REF POINT <b>02</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
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<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>MAZZOLA DEANN M</b>
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**4640 LEXINGTON RIDGE DRIVE MEDINA OH 44256**

SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>02/01/1987</b>	AGE <b>25</b>	SEX <b>F</b>	HOME PHONE # <b>(330)723-9096</b>	WORK PHONE #
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DL STATE <b>OH</b>	DL # <b>SP825727</b>	LP STATE <b>OH</b>	LP # <b>FLR1380</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME") <b>JOHN V MAZZOLA</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>4640 LEXINGTON RIDGE DRIVE MEDINA OH 44256</b>
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YEAR <b>2012</b>	MAKE <b>KIA</b>	MODEL <b>OTHER</b>	COLOR <b>GREY</b>	INSURANCE COMPANY <b>PROGRESSIVE</b>	TOWING SERVICE <b>SHUE'S</b>	OWNER PHONE #
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OFFENSE CHARGED <b>4511.21A</b>	OFFENSE DESCRIPTION <b>ASSURED CLEAR DISTANCE AHEAD</b>	CITATION # <b>Y33808</b>	LOCAL CODE <input checked="" type="checkbox"/> *X IF YES
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<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>ODONNELL DEBORAH R</b>
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**1141 MALLET HILL MEDINA OH 44256**

SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>09/18/1963</b>	AGE <b>48</b>	SEX <b>F</b>	HOME PHONE # <b>(330)760-3127</b>	WORK PHONE #
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DL STATE <b>OH</b>	DL # <b>RS924809</b>	LP STATE <b>OH</b>	LP # <b>FEN6435</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME") <b>ODONNELL, DEBORAH R</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>1141 MALLET HILL MEDINA OH 44256</b>
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YEAR <b>2004</b>	MAKE <b>HONDA</b>	MODEL <b>OTHER</b>	COLOR <b>BLUE</b>	INSURANCE COMPANY <b>PROGRESSIVE</b>	TOWING SERVICE	OWNER PHONE # <b>(330)760-3127</b>
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES
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<b>C</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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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
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<b>D</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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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
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<b>SEATING POSITION</b> <b>A</b> <input type="checkbox"/> 01 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) <b>B</b> <input type="checkbox"/> 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  BLANK FOR WITNESS	<b>SAFETY EQUIPMENT</b> <b>A</b> <input type="checkbox"/> 07 MOTORIST 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED <b>B</b> <input type="checkbox"/> 04 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED <b>C</b> <input type="checkbox"/> 06 HELMET USED 07 RESTRAINT USE UNKNOWN NON-MOTORIST <b>D</b> <input type="checkbox"/> 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	<b>AIR BAG</b> <b>A</b> <input type="checkbox"/> 2 1. NOT-DEPLOYED 2. DEPLOYED - FRONT 3. DEPLOYED - SIDE 4. DEPLOYED BOTH FRONT/SIDE <b>B</b> <input type="checkbox"/> 1 5. NOT APPLICABLE 6. DEPLOYMENT UNKNOWN <b>C</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/>	<b>AIR BAG SWITCH</b> <b>A</b> <input type="checkbox"/> 4 1. ON-OFF SWITCH NOT PRESENT 2. SWITCH IN ON POSITION 3. SWITCH IN OFF POSITION 4. UNKNOWN POSITION <b>B</b> <input type="checkbox"/> 4 <b>C</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/>	<b>EJECTION</b> <b>A</b> <input type="checkbox"/> 1 1. NOT EJECTED 2. TOTALLY EJECTED 3. PARTIALLY EJECTED 4. NOT APPLICABLE 5. UNKNOWN <b>B</b> <input type="checkbox"/> 1 <b>C</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/>	<b>TRAPPED</b> <b>A</b> <input type="checkbox"/> 1 1. NOT TRAPPED 2. EXTRICATED BY MECHANICAL MEANS 3. FREED BY NON-MECHANICAL MEANS 4. UNKNOWN <b>B</b> <input type="checkbox"/> 1 <b>C</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/>	<b>INJURIES</b> <b>A</b> <input type="checkbox"/> 2 1. NO INJURY 2. POSSIBLE 3. NON-INCAPACITATING 4. INCAPACITATING 5. FATAL INJURY 6. UNKNOWN <b>B</b> <input type="checkbox"/> 1 <b>C</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/>
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SUPPLEMENT \*X IF YES

MOTORIST / NON-MOTORIST

OCCUPANT

**UNIT NUMBERS**

A  B

**NON-MOTORIST LOCATION**

A  B

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

**TYPE OF UNIT**

A  B

**MOTORIST**

01. SUB-COMPACT  
02. COMPACT  
03. MID SIZE  
04. FULL SIZE  
05. MINIVAN  
06. SPORT UTILITY VEHICLE  
07. PICKUP  
08. PANEL VAN  
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  
**NON-MOTORIST**  
35. ANIMAL W/RIDER  
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

**IN EMERGENCY RESPONSE**

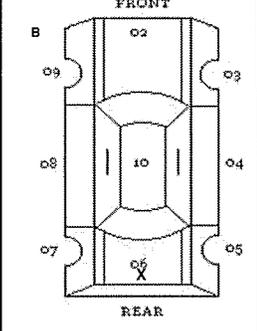
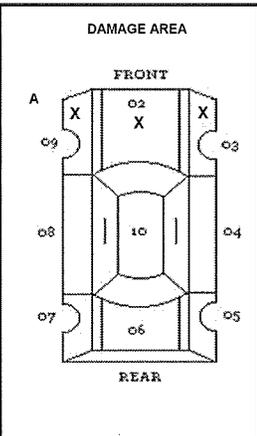
A  B

1. NO  
2. YES  
3. UNKNOWN

**DAMAGE SCALE**

A  B

1. NONE  
2. NON-FUNCTIONAL  
3. FUNCTIONAL DAMAGE  
4. DISABLING DAMAGE  
5. SEVERE  
6. UNKNOWN



**MOST DAMAGED AREA**

A  B

**POINT OF IMPACT**

A  B

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

**ACTION**

A  B

1. NON-CONTACT  
2. NON-COLLISION  
3. STRICKING  
4. STRUCK  
5. BOTH STRICKING AND STRUCK  
6. UNKNOWN

**STRIKING VEHICLE OVERRIDE/UNDERRIDE**

A  B

1. NO UNDERRIDE OR OVERRIDE  
2. UNDERRIDE, COMPARTMENT INTRUSION  
3. UNDERRIDE, NO COMPARTMENT INTRUSION  
4. UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN  
5. OVERRIDE, MOTOR VEHICLE IN TRANSPORT  
6. OVERRIDE, OTHER VEHICLE  
7. UNKNOWN IF UNDERRIDE OR OVERRIDE

**PRE-CRASH ACTIONS**

A  B

MOTORIST  
01. MOVEMENTS ESSENTIALLY STRAIGHT AHEAD  
02. CHANGING LANES  
03. OVERTAKING/PASSING  
04. TURNING RIGHT  
05. TURNING LEFT  
06. MAKING U-TURN  
07. ENTERING TRAFFIC LANE  
08. LEAVING TRAFFIC LANE  
09. PARKED  
10. SLOWING OR STOPPED IN TRAFFIC  
11. DRIVERLESS  
12. OTHER  
13. UNKNOWN  
NON-MOTORIST  
14. ENTERING OR CROSSING SPECIFIED LOCATION  
15. WALKING, RUNNING, JOGGING, PLAYING, CYCLING  
16. WORKING  
17. PUSHING VEHICLE  
18. APPROACHING OR LEAVING VEHICLE  
19. PLAYING OR WORKING ON VEHICLE  
20. STANDING  
21. OTHER  
22. UNKNOWN

**CONTRIBUTING CIRCUMSTANCES**

A  B

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/ADDA  
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

**VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE**

A  B

01. TURN SIGNALS  
02. HEAD LAMPS  
03. TAIL LAMPS  
04. BRAKES  
05. STEERING  
06. TIRE BLOWOUT  
07. WORN OR SLOTTED TIRES  
08. TRAILER EQUIPMENT DEFECTIVE  
09. MOTOR TROUBLE  
10. DISABLED FROM PRIOR ACCIDENT  
11. OTHER DEFECTS  
12. NO DEFECTS

**SPEED DETECTED**

A  B

1. STATED  
2. ESTIMATED

**SPEED**

A  B

**SEQUENCE OF EVENTS**

A B

1  1

2  2

3  3

4  4

**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/IMPACT 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  
25. IMPACT WITH FIXED OBJECT  
26. IMPACT ATTENUATOR/CRASH CUSHION  
28. BRIDGE OVERHEAD STRUCTURE  
27. BRIDGE PIER OR ABUTMENT  
29. 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/TUMBLARIES SUPPORT  
36. UTILITY POLE  
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

**FIRST HARMFUL EVENT**

A  B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

**MOST HARMFUL EVENT**

A  B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

**SPEED DETECTED**

A  B

1. NONE GIVEN  
2. TEST REFUSED  
3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  
4. TEST GIVEN, RESULTS KNOWN  
5. GIVEN, RESULTS UNKNOWN  
6. UNKNOWN

**ALCOHOL TEST STATUS**

A  B

1. NONE  
2. YES  
3. UNKNOWN

**ALCOHOL TEST TYPE**

A  B

1. NONE  
2. BLOOD  
3. URINE  
4. BREATH  
5. OTHER

**POSTED SPEED**

A  B

**TRAFFIC CONTROL**

A  B

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. INOPERATIVE, MISSING, OBSCURED  
13. CROSSWALK LINES  
14. WALK/DONT WALK  
15. TRAFFIC CONTROL DEVICE  
16. OTHER  
17. NOT REPORTED  
18. UNKNOWN

**DIRECTION**

FROM TO FROM TO

A   B

1. NORTH  
2. SOUTH  
3. EAST  
4. WEST  
5. NORTHEAST  
6. NORTHWEST  
7. SOUTHEAST  
8. SOUTHWEST  
9. UNKNOWN

**CONDITION**

A  B

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

**ALCOHOL/DRUG SUSPECTED**

A  B

1. NONE  
2. YES ALCOHOL SUSPECTED  
3. YES/BD NOT IMPAIRED  
4. YES-DRUGS SUSPECTED  
5. YES-ALCOHOL AND DRUGS SUSPECTED  
6. UNKNOWN

**ALCOHOL TEST STATUS**

A  B

1. NONE GIVEN  
2. TEST REFUSED  
3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  
4. TEST GIVEN, RESULTS KNOWN  
5. TEST GIVEN, RESULTS UNKNOWN  
6. UNKNOWN

**ALCOHOL TEST TYPE**

A  B

1. NONE  
2. BLOOD  
3. URINE  
4. BREATH  
5. OTHER

**ALCOHOL TEST RESULT**

A

B

**DRUG TEST STATUS**

A  B

1. NONE GIVEN  
2. TEST REFUSED  
3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  
4. TEST GIVEN, RESULTS KNOWN  
5. GIVEN, RESULTS UNKNOWN  
6. UNKNOWN

**DRUG TEST TYPE**

A  B

1. NONE  
2. BLOOD  
3. URINE  
4. OTHER

**DRUG TEST 1 & 2 RESULT**

A   B

1. NONE  
2. MARIJUANA  
3. COCAINE  
4. OPIATES  
5. AMPHETAMINES  
6. PCP  
7. OTHER  
8. UNKNOWN AT TIME OF REPORTING

**TYPE OF INTERSECTION**

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

**OCCURRENCE**

1. ON ROADWAY  
2. ON SHOULDER  
3. IN MEDIAN  
4. ON ROADSIDE  
5. ON GORE  
6. OUTSIDE TRAFFICWAY  
7. UNKNOWN

**ROAD CONTOUR**

1. STRAIGHT LEVEL  
2. STRAIGHT GRADE  
3. CURVE LEVEL  
4. CURVE GRADE  
5. UNKNOWN

**ROAD CONDITIONS**

PRIMARY  SECONDARY

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

**NARRATIVE**

**UNIT #1 WAS TRAVELING WESTBOUND ON SHARON COPLEY ROAD BEHIND UNIT #2. UNIT #2 CAME TO A STOP AT THE RED LIGHT AT THE INTERSECTION OF SHARON COPLEY ROAD AND WADSWORTH ROAD. UNIT #1 FAILED TO STOP AND REAR ENDED UNIT #2.**

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><input checked="" type="checkbox"/> <b>2</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><input checked="" type="checkbox"/> <b>1</b></p> <p>1. NO                  2. YES, DIRECTLY INVOLVED                  3. YES, INDIRECTLY INVOLVED                  4. UNKNOWN</p>	<p style="text-align: center;"><b>DIAGRAM</b></p>
<p><b>WEATHER</b></p> <p><input checked="" type="checkbox"/> <b>01</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>WORK ZONE RELATED</b></p> <p><input checked="" type="checkbox"/> <b>1</b></p> <p>1. NO                  2. YES                  3. UNKNOWN</p>	
<p><b>LIGHT CONDITIONS</b></p> <p><b>PRIMARY</b> <input checked="" type="checkbox"/> <b>4</b>    <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 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><b>A</b> 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>N</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> <p><b>D</b></p>
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<b>COMPANY (FROM SHIPPING PAPERS)</b>	<b>COMPANY PHONE</b>
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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                  02. BUS (9-15 INCLUDING DRIVER)                  03. VAN/ENCLOSED BOX                  04. GRAIN/CHIPS/GRAVEL/LWN</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"/> 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"/> 1. NO                  2. YES                  3. UNKNOWN</p>	
<p><b>HAZARDOUS MATERIALS RELEASED</b></p> <p><input type="checkbox"/> 1. NO                  2. YES                  3. NOT APPLICABLE</p>								

**POLICE ACTION**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
6/15/2012	21:22	21:22	21:24	22:20	0	58
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED		
P.O. SETH GAEDE		1616	SGT LAFOND <i>[Signature]</i>	6/15/2012		
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- 004683	