



TRAFFIC CRASH REPORT

CRASH REPORT # 160-12- 005299	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 checked="" type="checkbox"/> "X" IF YES	OH-2 <input type="checkbox"/> OH-3 <input checked="" 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 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 7/3/2012	

TIME OF CRASH 09:55	DAY OF WEEK TUE	CITY/VILLAGE/TOWNSHIP TOWNSHIP	NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF)	COUNTY # 52	LATITUDE 4107046165	LONGITUDE 0815150715
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CRASH OCCURRED ON PREFIX WOOSTER PIKE	CRASH LOCATION WOOSTER PIKE	TYPE LOC 1	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION
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AT/REFERENCE DIST. REF. 100 F	DIR S	PREFIX HARTFORD	REFERENCE HARTFORD	REF POINT 02	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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A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) TOTTEN NATHAN J.
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)
5075 KENNARD RD. SEVILLE RD. OH 44273

SOCIAL SECURITY NUMBER	DATE OF BIRTH 06/23/1981	AGE 31	SEX M	HOME PHONE # (330)304-2106	WORK PHONE #
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DL STATE OH	DL # RS067921	LP STATE OH	LP # PHM1912	INJURED TAKEN BY 1 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") TOTTEN, NATHAN J.	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 5075 KENNARD RD. SEVILLE RD. OH 44273
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YEAR 2011	MAKE GMC	MODEL C.K-SERIE	COLOR RED	INSURANCE COMPANY HOFFMAN GROUP	TOWING SERVICE	OWNER PHONE # (330)304-2106
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> "X" IF YES
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B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) KAUFMAN GARY L.
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)
3317 ACUMINATA DR. WEST SALEM OH 44287

SOCIAL SECURITY NUMBER	DATE OF BIRTH 01/05/1950	AGE 62	SEX M	HOME PHONE # (419)606-6777	WORK PHONE #
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DL STATE OH	DL # RQ137409	LP STATE OH	LP # PGW1692	INJURED TAKEN BY 1 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") ENVISION WASTE SERVICES LLC	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4451 RENAISSANCE PKWY CLEVELAND OH 44128
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YEAR 1999	MAKE CHEVROLE	MODEL S-10	COLOR WHITE	INSURANCE COMPANY FIDELIAN / DEBBIE	TOWING SERVICE	OWNER PHONE # (330)769-1273
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OFFENSE CHARGED 4511.21A	OFFENSE DESCRIPTION ASSURED CLEAR DISTANCE AHEAD	CITATION # Y33967	LOCAL CODE <input type="checkbox"/> "X" IF YES
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C	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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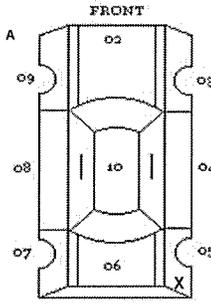
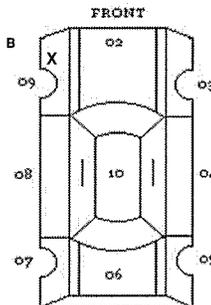
D	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)

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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SEATING POSITION 01 01.FRONT - LEFT (MC DRIVER) 01 02.FRONT - MIDDLE 01 03.FRONT - RIGHT 01 04.SECOND - LEFT (MC PASS) 01 05.SECOND - MIDDLE 01 06.SECOND - RIGHT 01 07.THIRD - LEFT (MC PASSENGER/SIDE CAR) 01 08.THIRD - MIDDLE 01 09.THIRD - RIGHT 01 10.SLEEPER SECTION OF CAB 01 11.ENCLOSED CARGO AREA 01 12.UNENCLOSED CARGO AREA 01 13.TRAILING UNIT 01 14.EXTERIOR 01 15.OTHER 01 16.NON-MOTORIST 01 17.UNKNOWN BLANK FOR WITNESS	SAFETY EQUIPMENT 04 MOTORIST 04 01.NONE USED 04 02.SHoulder BELT ONLY USED 04 03.LAP BELT ONLY USED 04 04.SHOULDER AND LAP BELT USED 04 05.CHILD SAFETY SEAT USED 04 06.HELMET USED 04 07.RESTRAINT USE UNKNOWN 04 08.NON-MOTORIST 04 09.NONE USED 04 10.HELMET USED 04 11.REFLECTIVE CLOTHING 04 12.LIGHTING 04 13.OTHER 04 14.UNKNOWN	AIR BAG 1 1. NOT-DEPLOYED 1 2.DEPLOYED - FRONT 1 3.DEPLOYED - SIDE 1 4.DEPLOYED BOTH FRONT/SIDE 1 5.NOT APPLICABLE 1 6.DEPLOYMENT UNKNOWN	AIR BAG SWITCH 4 1.ON-OFF SWITCH NOT PRESENT 4 2.SWITCH IN ON POSITION 4 3.SWITCH IN OFF POSITION 4 4.UNKNOWN POSITION	EJECTION 1 1.NOT EJECTED 1 2.TOTALLY EJECTED 1 3.PARTIALLY EJECTED 1 4.NOT APPLICABLE 1 5.UNKNOWN	TRAPPED 1 1.NOT TRAPPED 1 2.EXTRICATED BY MECHANICAL MEANS 1 3.FREED BY NON-MECHANICAL MEANS 1 4.UNKNOWN	INJURIES 1 1.NO INJURY 1 2.POSSIBLE 1 3.NON-INCAPACITATING 1 4.INCAPACITATING 1 5.FATAL INJURY 1 6.UNKNOWN <input type="checkbox"/> SUPPLEMENT 'X' IF YES
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MOTORIST / NON-MOTORIST OCCUPANT

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="11"/> B <input type="text" value="11"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td><input type="text" value="20"/></td><td>B</td><td><input type="text" value="20"/></td></tr> <tr><td>1</td><td></td><td>1</td><td></td></tr> <tr><td>2</td><td></td><td>2</td><td></td></tr> <tr><td>3</td><td></td><td>3</td><td></td></tr> <tr><td>4</td><td></td><td>4</td><td></td></tr> </table>	A	<input type="text" value="20"/>	B	<input type="text" value="20"/>	1		1		2		2		3		3		4		4		POSTED SPEED A <input type="text" value="45"/> B <input type="text" value="45"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/>																																				
A	<input type="text" value="20"/>	B	<input type="text" value="20"/>																																																										
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3		3																																																											
4		4																																																											
NON-MOTORIST LOCATION A <input type="text"/> B <input type="text"/> <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>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</p> <p>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 LEAVING ON VEHICLE 21. STANDING 22. OTHER 23. UNKNOWN</p>	<table border="1"> <tr><td>A</td><td><input type="text" value="20"/></td><td>B</td><td><input type="text" value="20"/></td></tr> <tr><td>1</td><td></td><td>1</td><td></td></tr> <tr><td>2</td><td></td><td>2</td><td></td></tr> <tr><td>3</td><td></td><td>3</td><td></td></tr> <tr><td>4</td><td></td><td>4</td><td></td></tr> </table> <p>NON-COLLISION 01. OVERTURN/ROLLOVER 02. FIRE/EXPLOSION 03. IMMERSION 04. JACKKNIFE 05. GARGOIE 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. PEDALCYCLE 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. GUARDRAIL END 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. MAIL BOX 44. TREE 45. OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL ETC) 46. WORK ZONE MAINTENANCE EQUIPMENT 47. UNKNOWN FIXED OBJECT 48. OTHER 49. UNKNOWN</p>	A	<input type="text" value="20"/>	B	<input type="text" value="20"/>	1		1		2		2		3		3		4		4		TRAFFIC CONTROL A <input type="text" value="12"/> B <input type="text" value="12"/> <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>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. NONE 2. BLOOD 3. URINE 4. OTHER</p>																																				
A	<input type="text" value="20"/>	B	<input type="text" value="20"/>																																																										
1		1																																																											
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3		3																																																											
4		4																																																											
TYPE OF UNIT A <input type="text" value="07"/> B <input type="text" value="07"/> <p>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, 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> <p>NON-MOTORIST 35. ANIMAL W/DRIVER 36. ANIMAL W/BOGGY 37. BICYCLE 38. PEDESTRIAN 39. PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40. SKATER 41. OTHER-NON MOTORIST (WHEELCHAIR, ETC) 42. UNKNOWN</p>	MOST DAMAGED AREA A <input type="text" value="05"/> B <input type="text" value="09"/> <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>	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="01"/> B <input type="text" value="08"/> <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/SLEEP 19. OPERATING DEFECTIVE EQUIPMENT 20. LOAD SHIFTING/FALLING/SPILLING 21. OTHER IMPROPER ACTION 22. UNKNOWN</p> <p>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>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	DIRECTION <table border="1"> <tr><td>A</td><td><input type="text" value="2"/></td><td>B</td><td><input type="text" value="1"/></td></tr> <tr><td>FROM TO</td><td></td><td>FROM TO</td><td></td></tr> <tr><td>1. NORTH</td><td></td><td>1. NORTH</td><td></td></tr> <tr><td>2. SOUTH</td><td></td><td>2. SOUTH</td><td></td></tr> <tr><td>3. EAST</td><td></td><td>3. EAST</td><td></td></tr> <tr><td>4. WEST</td><td></td><td>4. WEST</td><td></td></tr> <tr><td>5. NORTHEAST</td><td></td><td>5. NORTHEAST</td><td></td></tr> <tr><td>6. NORTHWEST</td><td></td><td>6. NORTHWEST</td><td></td></tr> <tr><td>7. SOUTHEAST</td><td></td><td>7. SOUTHEAST</td><td></td></tr> <tr><td>8. SOUTHWEST</td><td></td><td>8. SOUTHWEST</td><td></td></tr> <tr><td>9. UNKNOWN</td><td></td><td>9. UNKNOWN</td><td></td></tr> </table>	A	<input type="text" value="2"/>	B	<input type="text" value="1"/>	FROM TO		FROM TO		1. NORTH		1. NORTH		2. SOUTH		2. SOUTH		3. EAST		3. EAST		4. WEST		4. WEST		5. NORTHEAST		5. NORTHEAST		6. NORTHWEST		6. NORTHWEST		7. SOUTHEAST		7. SOUTHEAST		8. SOUTHWEST		8. SOUTHWEST		9. UNKNOWN		9. UNKNOWN		DRUG TEST 1 & 2 RESULT <table border="1"> <tr><td>A</td><td><input type="text" value="1"/></td><td><input type="text" value="1"/></td><td>B</td><td><input type="text" value="1"/></td><td><input type="text" value="1"/></td></tr> <tr><td>1</td><td></td><td>2</td><td>1</td><td></td><td>2</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>	A	<input type="text" value="1"/>	<input type="text" value="1"/>	B	<input type="text" value="1"/>	<input type="text" value="1"/>	1		2	1		2
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1		2	1		2																																																								
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. NO 2. YES 3. UNKNOWN</p>	POINT OF IMPACT A <input type="text" value="05"/> B <input type="text" value="09"/> <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>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> <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>	MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/> <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>	OCCURRENCE <input type="text" value="1"/> <p>1. ON ROADWAY 2. ON SHOULDER 3. IN MEDIAN 4. ON RAMP 5. ON GORE 6. OUTSIDE TRAFFICWAY 7. UNKNOWN</p>																																																								
DAMAGE SCALE A <input type="text" value="3"/> B <input type="text" value="2"/> <p>1. NONE 2. NON-FUNCTIONAL 3. FUNCTIONAL DAMAGE 4. DISABLING DAMAGE 5. SEVERE 6. UNKNOWN</p>	ACTION A <input type="text" value="4"/> B <input type="text" value="3"/> <p>1. NON-CONTACT 2. NON-COLLISION 3. STRICKING 4. STRUCK 5. BOTH STRICKING AND STRUCK 6. UNKNOWN</p>		SPEED DETECTED A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. STATED 2. ESTIMATED</p>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. NONE GIVEN 2. TEST REFUSED 3. TEST GIVEN, CONTAMINATED 4. TEST GIVEN, RESULTS KNOWN 5. TEST GIVEN, RESULTS UNKNOWN 6. UNKNOWN</p>	ROAD CONTOUR <input type="text" value="1"/> <p>1. STRAIGHT LEVEL 2. STRAIGHT GRADE 3. CURVE LEVEL 4. CURVE GRADE 5. UNKNOWN</p>																																																								
DAMAGE SCALE A <input type="text" value="3"/> B <input type="text" value="2"/> <p>1. NONE 2. NON-FUNCTIONAL 3. FUNCTIONAL DAMAGE 4. DISABLING DAMAGE 5. SEVERE 6. UNKNOWN</p>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>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</p>		SPEED A <input type="text" value="25"/> B <input type="text" value="35"/>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. NONE 2. BLOOD 3. URINE</p>	ROAD CONDITIONS <table border="1"> <tr><td>PRIMARY</td><td><input type="text" value="01"/></td><td>SECONDARY</td><td><input type="text"/></td></tr> </table> <p>01. DRY 02. WET 03. SNOW 04. ICE 05. SAND/AUD/DIRT/TOIL/GRAVEL 06. WATER (STANDING, MOVING) 07. SLUSH 08. DEBRIS 09. RUT, HOLES, BUMPS, UNEVEN PAVEMENT 10. OTHER 11. UNKNOWN</p>	PRIMARY	<input type="text" value="01"/>	SECONDARY	<input type="text"/>																																																				
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NARRATIVE

THE DRIVER OF UNIT #1 WAS NORTHBOUND ON WOOSTER PIKE, APPROACHING HARTFORD DR., WHEN TWO VEHICLES IN FRONT OF HIM STOPPED ABRUPTLY. UNIT #1 ALSO SLOWED/STOPPED ABRUPTLY TO AVOID REAR-ENDING THOSE VEHICLES, WHICH IN TURN CAUSED THE DRIVER OF UNIT #2 TO BRAKE HARD ENOUGH THAT IT SKIDDED TOWARD THE RIGHT SIDE OF THE ROADWAY, STRIKING UNIT #1 IN THE RIGHT REAR. UNIT #1 SUSTAINED DAMAGE TO THE REAR BUMPER, WHICH GOT PUSHED IN AGAINST THE REAR FENDER AND CAUSED THE TAILGATE TO BECOME UNOPENABLE. UNIT #2 SUSTAINED A DENT AND SCRAPER TO THE LEFT FRONT FENDER. NO INJURIES WERE CLAIMED AT THE SCENE. NEITHER VEHICLE REQUIRED A TOW. THE DRIVER OF UNIT #2 WAS CITED FOR ACDA.

<p>MANNER OF COLLISION OR IMPACT</p> <p>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>1</p> <p>1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN</p>	<p>DIAGRAM</p> <p style="text-align: right;">DRAWING NOT TO SCALE</p>
<p>WEATHER</p> <p>02</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>WORK ZONE RELATED</p> <p>1</p> <p>1. NO 2. YES 3. UNKNOWN</p>	
<p>LIGHT CONDITIONS</p> <p>PRIMARY <input checked="" type="checkbox"/> SECONDARY <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>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 UNIT #</p> <p><input type="text"/></p>	<p>WORKERS PRESENT</p> <p><input type="checkbox"/></p> <p>1. NO 2. YES 3. UNKNOWN</p>	

TRUCK/BUS UNIT #	<input type="text"/>	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
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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	WEIGHT (GVWR)	CDL CLASS	HAZARDOUS MATERIALS PLACARD	HAZARDOUS MATERIALS RELEASED
<input type="checkbox"/> 01. NOT APPLICABLE <input type="checkbox"/> 02. BUS (8-15 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	<input type="checkbox"/> 1. LESS/EQUAL 10,000 <input type="checkbox"/> 2. 10,001 - 26,000 <input type="checkbox"/> 3. MORE THAN 26,000	<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	<input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. UNKNOWN	<input type="checkbox"/> 1. NO 4. UNKNOWN <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. NOT APPLICABLE

POLICE ACTION						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
7/3/2012	09:56	09:56	09:58	10:30	0	34
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED		
P.O. DANIEL HAZEK		1607	1606	7/3/2012		
REPORT TAKEN BY	REPORT TAKEN AT	<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT #		
1	1			160-12- 005299		