



TRAFFIC CRASH REPORT

| | | | | | |
|-----------------------------------|----------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| CRASH REPORT # 12CR 161 | 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. # 05214 | REPORTING AGENCY MEDINA TWP. POLICE | # UNITS 2 | UNIT ERROR 02 98 ANIMAL 99 UNKNOWN | DATE OF CRASH 6/26/2012 | |

MOTORIST / NON-MOTORIST

| | | | | | | |
|-------------------------------|---------------------------|------------------------------------------|--------------------------------------------------------------------|-----------------------|-------------------------------|--------------------------------|
| TIME OF CRASH 19:24 | DAY OF WEEK TUE | CITY/VILLAGE/TOWNSHIP TOWNSHIP | NAME (OF CITY, VILLAGE OR TOWNSHIP) MEDINA (TOWNSHIP OF) | COUNTY # 52 | LATITUDE 4110148450 | LONGITUDE 0815138016 |
|-------------------------------|---------------------------|------------------------------------------|--------------------------------------------------------------------|-----------------------|-------------------------------|--------------------------------|

| | | |
|-----------------------|---------------------------------------------------------------------------------|-------------------|
| CRASH OCCURRED ON | TYPE LOCATION POINT USED | LOCAL INFORMATION |
| PREFIX FENN | TYPE LOC 1 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE | 12MT4915 |

| | | | | | |
|----------------------------|-----------------|--------|---------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DIST. REF. 500 F | DIR E | PREFIX | REFERENCE PEARL | 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 09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE |
|----------------------------|-----------------|--------|---------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|------------------------------|----------------------|---------------------------------------------------|
| A UNIT # 01 | # OF OCC 1 | NAME (LAST, FIRST, MIDDLE) YODER OWEN N |
|------------------------------|----------------------|---------------------------------------------------|

ADDRESS (STREET, CITY, STATE, ZIP-CODE)
7974 BUFFHAM ROAD LODI OH 44254

| | | | | | |
|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|
| SOCIAL SECURITY NUMBER | DATE OF BIRTH 04/10/1943 | AGE 69 | SEX M | HOME PHONE # (330)948-2688 | WORK PHONE # |
|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|

| | | | | | | |
|-----------------------|-------------------------|-----------------------|------------------------|----------------------------------------------------------------------------|----------------|------------------|
| DL STATE OH | DL # RM859125 | LP STATE OH | LP # FFE9509 | 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") YODER, OWEN N | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7974 BUFFHAM ROAD LODI OH 44254 |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------|

| | | | | | | |
|---------------------|-------------------------|-----------------------|-----------------------|--------------------------------------------|---------------------------------|---------------------------------------|
| YEAR 2008 | MAKE CHEVROLE | MODEL OTHER | COLOR WHITE | INSURANCE COMPANY MOTORIST MUTUA | TOWING SERVICE LLOYDS | OWNER PHONE # (330)948-2688 |
|---------------------|-------------------------|-----------------------|-----------------------|--------------------------------------------|---------------------------------|---------------------------------------|

| | | | |
|-----------------|---------------------|------------|--------------------------------------------------|
| OFFENSE CHARGED | OFFENSE DESCRIPTION | CITATION # | LOCAL CODE <input type="checkbox"/> *X IF YES |
|-----------------|---------------------|------------|--------------------------------------------------|

| | | |
|------------------------------|----------------------|---------------------------------------------------|
| B UNIT # 02 | # OF OCC 1 | NAME (LAST, FIRST, MIDDLE) QUINN TARA E |
|------------------------------|----------------------|---------------------------------------------------|

ADDRESS (STREET, CITY, STATE, ZIP-CODE)
24269 HEDGEWOOD AVE WESTLAKE OH 44145

| | | | | | |
|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|
| SOCIAL SECURITY NUMBER | DATE OF BIRTH 03/27/1982 | AGE 30 | SEX F | HOME PHONE # (216)496-6377 | WORK PHONE # |
|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|

| | | | | | | |
|-----------------------|-------------------------|-----------------------|------------------------|----------------------------------------------------------------------------|----------------|------------------|
| DL STATE OH | DL # RU775972 | LP STATE OH | LP # EHW5997 | 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") QUINN, TARA E | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 24269 HEDGEWOOD AVE WESTLAKE OH 44145 |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------|

| | | | | | | |
|---------------------|--------------------|-----------------------|-----------------------|----------------------------------------|----------------|---------------------------------------|
| YEAR 2010 | MAKE KIA | MODEL OTHER | COLOR BLACK | INSURANCE COMPANY NATIONWIDE | TOWING SERVICE | OWNER PHONE # (216)496-6377 |
|---------------------|--------------------|-----------------------|-----------------------|----------------------------------------|----------------|---------------------------------------|

| | | | |
|-----------------------------------|------------------------------------------------------|-----------------------------|--------------------------------------------------|
| OFFENSE CHARGED 4511.42 | OFFENSE DESCRIPTION RIGHT OF WAY-LEFT TURN | CITATION # X21589 | LOCAL CODE <input type="checkbox"/> *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 <input type="checkbox"/> 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 |
|--------------------------------------------------------------------------------------------|----------------|------------------|

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| SEATING POSITION A <input type="checkbox"/> 01 01.FRONT - LEFT (MC DRIVER) 02.FRONT - MIDDLE 03.FRONT - RIGHT B <input type="checkbox"/> 01 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 BLANK FOR WITNESS | SAFETY EQUIPMENT A <input type="checkbox"/> 04 MOTORIST 01.NONE USED 02.SHOLDER BELT ONLY USED 03.LAP BELT ONLY USED B <input type="checkbox"/> 04 04.SHOLDER 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 D <input type="checkbox"/> | AIR BAG A <input type="checkbox"/> 3 1. NOT-DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT/SIDE B <input type="checkbox"/> 1 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN C <input type="checkbox"/> D <input type="checkbox"/> | AIR BAG SWITCH A <input type="checkbox"/> 1 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION B <input type="checkbox"/> 1 C <input type="checkbox"/> D <input type="checkbox"/> | EJECTION A <input type="checkbox"/> 1 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN B <input type="checkbox"/> 1 C <input type="checkbox"/> D <input type="checkbox"/> | TRAPPED A <input type="checkbox"/> 1 1.NOT TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN B <input type="checkbox"/> 1 C <input type="checkbox"/> D <input type="checkbox"/> | INJURIES A <input type="checkbox"/> 1 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN B <input type="checkbox"/> 1 C <input type="checkbox"/> D <input type="checkbox"/> <input type="checkbox"/> SUPPLEMENT *X IF YES |
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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 SIZED
 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. PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)
 40. SKATER
 41. OTHER-NON MOTORIST (WHEELCHAIR, ETC)
 42. UNKNOWN

IN EMERGENCY RESPONSE

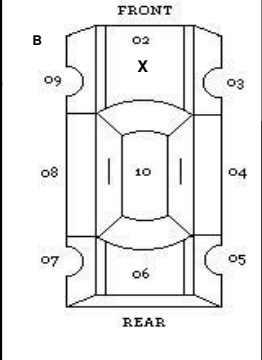
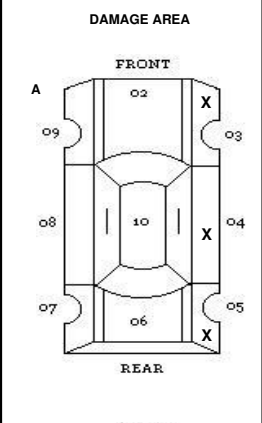
A B

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



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. STRUCK
 4. STRUCK
 5. BOTH STRIKING AND STRUCK
 6. UNKNOWN

STRIKING VEHICLE OVERRIDE/UNDERIDE

A B

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

PRE-CRASH ACTIONS

A B

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
 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

CONTRIBUTING CIRCUMSTANCES

A B

MOTORIST

01. NONE
 02. FAILURE TO YIELD
 03. RUN 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/ASLEEP
 19. OPERATING DEFECTIVE EQUIPMENT
 20. LOAD SHIFTING/FALLING/SPILLING
 21. OTHER MIROPER ACTION
 22. UNKNOWN
 23. NON-MOTORIST
 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 SLICK 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
 14. COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED
 15. PEDESTRIAN
 16. PEDALCYCLE
 17. RAILWAY VEHICLE (E.G. TRAIN, ENGINE)
 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 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. 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

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

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)

ALCOHOL/DRUG SUSPECTED

A B

1. NONE
 2. YES ALCOHOL SUSPECTED
 3. YES-HBO 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

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. PAVEMENT MARKINGS
 13. CROSSWALK LINES
 14. WALK/DONT WALK
 15. TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
 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

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)

ALCOHOL/DRUG SUSPECTED

A B

1. NONE
 2. YES ALCOHOL SUSPECTED
 3. YES-HBO 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/ROUNDBOUT
 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

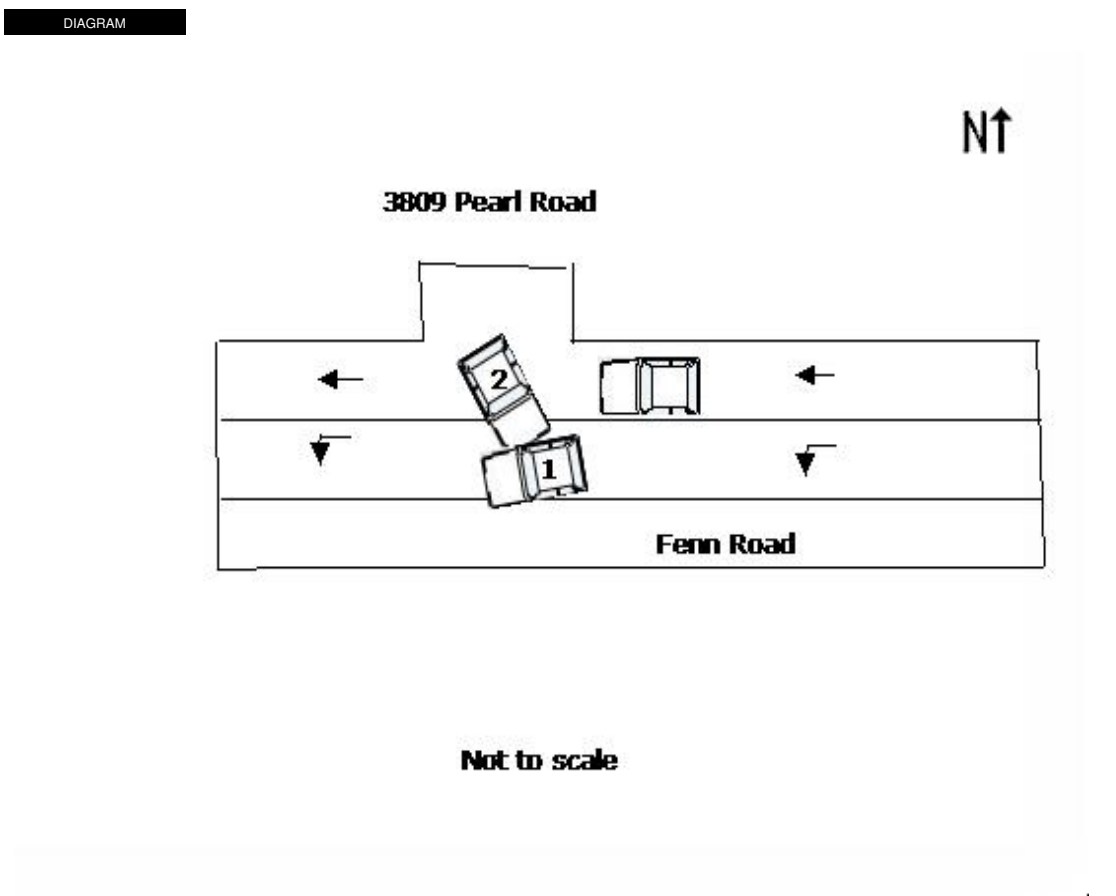
SUPPLEMENT 'X' IF YES

LOCAL REPORT # **12CR 161**

NARRATIVE

UNIT TWO WAS PULLING OUT OF 3809 PEARL TURNING LEFT (EAST) ONTO FENN ROAD. THE DRIVER OF UNIT TWO STATED A DRIVER IN ANOTHER UNIT WAIVED HER OUT TO TURN LEFT. UNIT ONE WAS TRAVELING WEST ON FENN IN THE LEFT TURN LANE WHEN IT WAS STRUCK BY UNIT TWO. THE DRIVER OF UNIT TWO FOUND AT FAULT FOR FTY LEFT TURN AND ISSUED A CITATION.

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| MANNER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 6 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 | SCHOOL BUS RELATED <input checked="" type="checkbox"/> 1 1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN |
| WEATHER <input checked="" type="checkbox"/> 01 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 | WORK ZONE RELATED <input checked="" type="checkbox"/> 1 1. NO 2. YES 3. UNKNOWN |
| LIGHT CONDITIONS PRIMARY <input checked="" type="checkbox"/> 1 SECONDARY <input type="checkbox"/> 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 | TYPE OF WORK ZONE <input type="checkbox"/> 1. LANE CLOSURE 2. LANE SHIFT/CROSSOVER 3. WORK ON SHOULDER OR MEDIAN 4. INTERMITTENT OR MOVING WORK 5. OTHER |
| TRUCK/BUS UNIT # <input type="text"/> | LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1. BEFORE THE FIRST WORK ZONE WARNING SIGN 2. ADVANCE WARNING AREA 3. TRANSITION AREA 4. ACTIVITY AREA |
| WORKERS PRESENT <input type="checkbox"/> 1. NO 2. YES 3. UNKNOWN | 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 |



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| THE CRASH RESULTED IN ONE OF THE FOLLOWING: A. A FATALITY; OR N. AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT; OR D. 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 |
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|---------------------------------------|----------------------|
| COMPANY (FROM SHIPPING PAPERS) | COMPANY PHONE |
|---------------------------------------|----------------------|

ADDRESS (STREET, CITY, ST, ZIP CODE)

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| US DOT | ICC MC | PUCO | TRAILER LP ST. | TRAILER LP YEAR | TRAILER LP # | PLACARD # | # DIA |
| 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/LWN <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 6/26/2012 | TIME REC CALL 19:24 | DISPATCH 19:24 | ARRIVED 19:34 | CLEARED 20:09 | OTHER 0 | TOTAL MINUTES 45 | |
| OFFICER'S NAME OFFICER MATT VENTURA | | BADGE # 1516 | CHECKED BY 1508 | | DATE REPORT FILED 6/26/2012 | | |
| REPORT TAKEN BY <input checked="" type="checkbox"/> 1 | REPORT TAKEN AT <input checked="" type="checkbox"/> 1 | | <input type="checkbox"/> SUPPLEMENT 'X' IF YES | | LOCAL REPORT # 12CR 161 | | |