

# TRAFFIC CRASH REPORT



LOCAL REPORT # \* **2012050626** CRASH SEVERITY **2** 1 FATAL 3 PDO 2 INJURY 4 UNKNOWN

HIT/SKIP **1** 1 NOT HIT/SKIP 2 SOLVED 3 INVOLVED

PHOTOS TAKEN  OH-2  OH-3  OH-1P  OTHER

N.C.I.C. # \* **05713** REPORTING AGENCY \* **VANDALIA DIVISION OF POLICE** # UNITS **02** UNIT ERROR **01** 98 = ANNUAL 99 = UNKNOWN

DATE OF CRASH \* **12042012**

TIME OF CRASH **1937** DAY OF WEEK **TUE** CITY \* **X** VILLAGE \*  TWP \*  NAME (OF CITY, VILLAGE OR TOWNSHIP) \* **VANDALIA** COUNTY # \* **57** LATITUDE **39:54:00.41** LONGITUDE **084:11:55.39**

CRASH OCCURRED ON PREFIX (CRASH LOCATION) **N DIXIE DR** TYPE LOC **1** TYPE LOCATION POINT USED **1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET** LOCAL JURISDICTION

AT / REFERENCE DIST REFERENCE DR PREFIX REFERENCE **50 F S NORTHWOODS BLVD** REF POINT **02** REFERENCE POINT USED **01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE** LOCAL JURISDICTION **04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME W/O REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE W/O REFERENCE**

**A** UNIT # **01** # OF OCC. **01** NAME (LAST, FIRST, MIDDLE) **BELLVILLE, AMBER, C**

Address (STREET, CITY, STATE, ZIP CODE) **920 GLENEAGLE DR, DAYTON, OH 45431**

DATE OF BIRTH **06091987** AGE **25** SEX **F** HOME PHONE # **(937) 256-2526** WORK PHONE # **(937) 256-2526**

DL STATE **OH** DL # **SY419697** LP STATE **OH** LP # **EWR3393** 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") **BELLVILLE, KIM, P** Address (STREET, CITY, STATE, ZIP CODE) **920 GLENEAGLE DR, DAYTON, OH 45431**

YEAR **2008** MAKE **Chrysler** MODEL **PT Cruiser** COLOR **BLACK** INSURANCE COMPANY **STATE FARM** TOWING SERVICE **SANDYS** OWNER PHONE # **(937) 256-2526**

OFFENSE CHARGED **4511.19A1A** OFFENSE DESCRIPTION **DRIVING WHILE UNDER THE INFLUENCE OF A** CITATION # **97023** LOCAL CODE?  YES  NO

**B** UNIT # **02** # OF OCC. **01** NAME (LAST, FIRST, MIDDLE) **ROHR, FRANK, W**

Address (STREET, CITY, STATE, ZIP CODE) **1221 HELKE RD, VANDALIA, OH 45377**

DATE OF BIRTH **02021955** AGE **57** SEX **M** HOME PHONE # **(937) 387-6798** WORK PHONE # **(937) 387-6798**

DL STATE **OH** DL # **RU371711** LP STATE **OH** LP # **EOB5304** INJURED TAKEN BY **2** 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY **VFD MEDIC 1** INJURED TAKEN TO **Miami Valley Hospit**

OWNER NAME (IF SAME, WRITE "SAME") **SAME,** Address (STREET, CITY, STATE, ZIP CODE)

YEAR **2003** MAKE **Chevrolet** MODEL **Tracker** COLOR **SILVER/ALU** INSURANCE COMPANY **STATE FARM** TOWING SERVICE **SANDYS** OWNER PHONE # **(937) 387-6798**

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?  YES  NO

**C** UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

Address (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 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 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

SEATING POSITION 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	SAFETY EQUIPMENT 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER/LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 USE UNKNOWN 08 NON-MOTORIST 09 NONE USED 10 HELMET USED 11 PROTECTIVE PADS 12 REFLECTIVE CLOTHING 13 LIGHTING 14 OTHER 15 UNKNOWN	AIR BAG 1 NOT-DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	AIR BAG SWITCH 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
<b>01</b>	<b>04</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>3</b>
<b>01</b>	<b>04</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>6</b>
<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>
<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>

BLANK FOR WITNESS

HSY7001

Motorist/Non-Motorist

Occupant

UNIT NUMBERS  
01 A 02 B

NON-MOTORIST LOCATION  
A B

- 01 MARKED CROSSWALK AT INTERSECTION
02 INTERSECTION/NO CROSSWALK
03 NON-INTERSECTION CROSSWALK
04 DRIVEWAY ACCESS CROSSWALK
05 IN ROADWAY
06 NOT IN ROADWAY
07 MEDIAN (BUT NOT SHOULDER)
08 ISLAND
09 SHOULDER
10 SIDEWALK
11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)
12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
13 OUTSIDE TRAFFICWAY
14 SHARED USE PATHS OR TRAILS
15 UNKNOWN

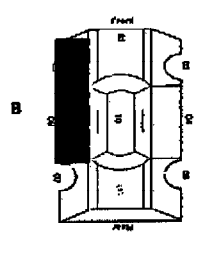
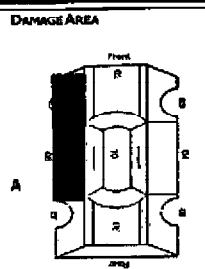
TYPE OF UNIT  
03 A 03 B

- MOTORIST
01 SUB-COMPACT
02 COMPACT
03 MID SIZE
04 FULL SIZE
05 MINVAN
06 SPORT UTILITY VEHICLE
07 PICKUP
08 PANEL VAN
09 SINGLE UNIT TRUCK
2 AXLES, 6 TIRES
10 SINGLE UNIT TRUCK 4+ AXLES
11 TRACTOR/TRAILER
12 TRUCK TRACTOR (BOBTALE)
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 WILDLIFE
36 ANIMAL W/BUSSY
37 BICYCLE
38 PEDESTRIAN
39 PEDALCYCLIST
40 SKATER
41 OTHER-NON MOTORIST
42 UNKNOWN

IN EMERGENCY RESPONSE  
1 A 1 B

DAMAGE SCALE  
4 A 4 B

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



MOST DAMAGED AREA  
09 A 08 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

POINT OF IMPACT  
09 A 08 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  
3 A 4 B

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

STRUCK VEHICLE: OVERRIDE/ UNDERRIDE  
1 A 1 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

PRE-CRASH ACTIONS  
09 A 01 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/STOPPED IN TRAFFIC
12 DRIVERLESS
13 OTHER
14 UNKNOWN
NON-MOTORIST
15 ENTERING/CROSSING IN SPECIFIED LOCATION
16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING
17 WORKING
18 PUSHING VEHICLE
19 APPROACHING/LEAVING VEHICLE
20 PLAYING/WORKING ON VEHICLE
21 STANDING
22 OTHER
23 UNKNOWN

CONTRIBUTING CIRCUMSTANCES  
07 A 01 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/ACDA
09 IMPROPER LANE CHANGE
10 DROVE OFF ROAD/ IMPROPER PASSING
11 IMPROPER BACKING
12 IMPROPER STARTING FROM PARKED POSITION
13 STOPPED OR PARKED ILLEGALLY
14 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER
15 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)
16 FAILURE TO CONTROL
17 VISION OBSTRUCTION
18 DRIVER INATTENTION
19 FATIGUE/ASLEEP
20 OPERATING DEFECTIVE EQUIPMENT
21 LOAD SHIFTS/FALLING/SPLILLS
22 OTHER IMPROPER ACTION
23 UNKNOWN
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 '15' 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 CRASH
11 OTHER DEFECTS

SEQUENCE OF EVENTS  
A B  
1 0 2 0  
2 0 3  
4

- NON-COLLISION
01 OVERTURN/ROLLOVER
02 FIRE/EXPLOSION
03 IMBROSION
04 JACKKNIFE
05 CARGO/EQUIPMENT LOSS/SHEET LOCATION
06 EQUIPMENT FAILURE
07 SEPARATION OF UNIT(S)
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
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/LUMINAIRE SUPPORT
36 UTILITY POLE
37 OTHER POST, POLE OR SUPPORT
38 CURB/TOP
39 CURB
40 DITCH
41 EMBANKMENT
42 FENCE
43 MAILBOX
44 TREE
45 OTHER FIXED OBJECT
46 WORK ZONE MAINTENANCE EQUIPMENT
47 UNKNOWN FIXED OBJECT
48 OTHER
49 UNKNOWN

FIRST HARMFUL EVENT  
2 A 1 B

MOST HARMFUL EVENT  
2 A 1 B

SPEED DETECTED  
1 A 1 B

SPEED  
0 3 5 A  
0 3 5 B

POSTED SPEED  
35 A 35 B

TRAFFIC CONTROL  
1 2 A 1 2 B

- 01 NO CONTROL
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/DON'T WALK SIGNAL
15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
16 OTHER

DIRECTION FROM TO FROM TO  
1 2 A 2 1 B

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

CONDITION  
6 A 1 B

- 1 APPARENTLY NORMAL
2 PHYSICAL IMPAIRMENT
3 EMOTIONAL
4 LINESS
5 FELL ASLEEP, FAINTED, FATIGUED, ETC
6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
7 OTHER
8 UNKNOWN

ALCOHOL/DRUG SUSPECTED  
2 A 1 B

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

ALCOHOL TEST STATUS  
2 A 1 B

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

ALCOHOL TEST TYPE  
1 A 1 B

- 1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

ALCOHOL TEST RESULT  
A B

DRUG TEST STATUS  
1 A 1 B

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

DRUG TEST TYPE  
1 A 1 B

- 1 NONE
2 BLOOD
3 URINE
4 OTHER

DRUG TEST 1&2 RESULT  
1 1 A 1 1 B

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

TYPE OF INTERSECTION  
0 1

- 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/ACCESS
11 RAILWAY GRADE CROSSING
12 SHARED-USE PATHS OR TRAILS
13 UNKNOWN

OCCURRENCE  
1

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

ROAD CONTOUR  
1

- 1 STRAIGHT LEVEL
2 STRAIGHT GRADE
3 CURVE LEVEL
4 CURVE GRADE

ROAD CONDITIONS PRIMARY SECONDARY  
0 2

- 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
\*\*SECONDARY ROAD CONDITIONS ONLY

LOCAL REPORT # 2012050626

**Narrative**

Unit #2 was northbound on N. Dixie Dr approaching Northwoods Blvd in the curb lane, when Unit #1 was southbound on N. Dixie Dr south of Northwoods Blvd, when Unit #1 went left of center and crossed one lane of northbound traffic, striking Unit #2. The driver of Unit #1 was also cited with failing to stay in continuous lanes of traffic.

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p style="font-size: 24pt; text-align: center;">3</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 SIDESWPE, SAME DIRECTION                  8 SIDESWPE, OPPOSITE DIRECTION                  9 UNKNOWN</p>	<p><b>SCHOOL BUS RELATED</b></p> <p style="font-size: 24pt; text-align: center;">1</p> <p>1 No                  2 YES, DIRECTLY INVOLVED                  3 YES, INDIRECTLY INVOLVED                  4 UNKNOWN</p>	<p style="font-size: 24pt; font-weight: bold;">Diagram</p>	<p>Write an "N" on the compass diagram to indicate the direction of north.</p>	
<p><b>WEATHER</b></p> <p style="font-size: 24pt; text-align: center;">04</p> <p>01 CLEAR                  02 CLOUDY                  03 FOG, SMOG, SMOKE                  04 RAIN                  05 SLEET, HAIL (FREEZING RAIN 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 style="font-size: 24pt; text-align: center;">1</p> <p>1 No                  2 YES                  3 UNKNOWN</p>			
<p><b>LIGHT CONDITIONS</b></p> <p>PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/></p> <p style="font-size: 24pt; text-align: center;">4</p> <p>1 DAYLIGHT                  2 DAWN                  3 DUSK                  4 DARK - LIGHTED ROADWAY                  5 DARK - NOT LIGHTED                  6 DARK - UNKNOWN LIGHTING                  7 GLARE                  8 OTHER                  9 UNKNOWN</p>	<p><b>TYPE OF WORK ZONE</b></p> <p style="font-size: 24pt; text-align: center;">1</p> <p>1 LANE CLOSURE                  2 LANE SHIFT/CROSSOVER                  3 WORK ON SHOULDER OR MEDIAN                  4 INTERMITTENT MOVING WORK                  5 OTHER</p>			

<b>Truck/Bus</b>	<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>A THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:                  A FATALITY; OR                  AN INJURY REQUIRING TRANSPORTATION FOR 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>
UNIT #	COMPANY (FROM SHIPPING PAPERS)	COMPANY PHONE
	ADDRESS (STREET, CITY, ST, ZIP CODE)	

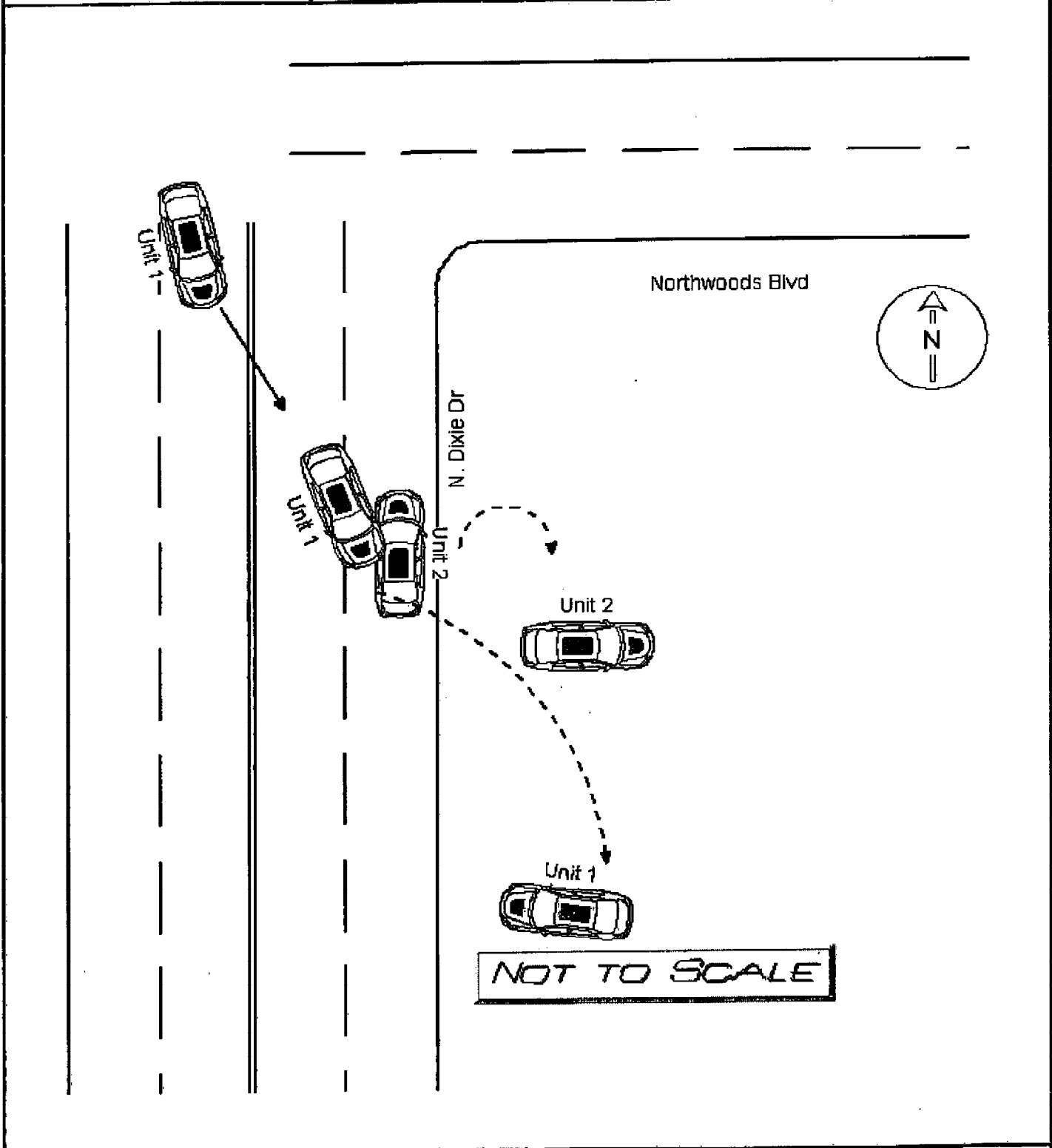
US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA.
<b>CARGO BODY TYPE</b>	01 NOT APPLICABLE	05 POLE	09 CONCRETE MIXER	<b>Weight (GVWR)</b>	<b>CDL Class</b>	<b>Hazardous Materials Placard</b>	<b>Hazardous Material Released</b>
	02 BUS (9-15 INCLUDING DRIVER)	06 CARGO TANK	10 AUTO TRANSPORTER	1 LESS/EQUAL 10,000	1 CLASS A	1 NO	1 NO
	03 VAN/ENCLOSED BOX	07 FLATBED	11 GARBAGE/REFUSE	2 10,001 - 25,000	2 CLASS B	2 YES	2 YES
	04 GRANCHIPS/GRAVEL	08 DUMP	12 OTHER	3 MORE THAN 25,000	3 CLASS C	3 UNKNOWN	3 NOT APPLICABLE
			13 UNKNOWN		4 CLASS M		4 UNKNOWN
					5 CLASS D		

**Police Action**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
12042012	1938	1938	1941	2115	0000	0094
OFFICER'S NAME	BADGE #	CHECKED BY	DATE REPORT FILED			
Garry Lawson	174	Todd Flynn	12042012			
REPORT TAKEN BY	1 POLICE AGENCY 2 MOTORIST	REPORT TAKEN AT	1 SCENE 2 STATION 3 OTHER	SUPPLEMENT # (X) IF YES	LOCAL REPORT #	
1		1			2012050626	



LOCAL REPORT NUMBER 2012050626	REPORTING AGENCY VANDALIA DIVISION OF POLICE	DATE OF CRASH M 12   D 4   Y 2012
IN COUNTY OF MONTGOMERY	CRASH LOCATION DIXIE DR	



OFFICER'S SIGNATURE X Garry Lawson	BADGE NUMBER 174
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