



TRAFFIC CRASH REPORT

CRASH REPORT # 10MPD 0042	CRASH SEVERITY 3 1.FATAL ERROR 3.PDO 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> YES	HIT/SKIP 1 1.NOTHIT/SKIP 2.SOLVED 3.UNSOLVED	PHOTOS TAKEN <input type="checkbox"/> YES	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	# UNITS 2	UNIT ERROR 01 09.ANIMAL 99.UNKNOWN	DATE OF CRASH 01/06/2010	

TIME OF CRASH 16:48	DAY OF WEEK WED	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40323407	LONGITUDE 081545809
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CRASH OCCURRED ON S	CRASH LOCATION PRIVATE PROPERTY	TYPE LOC 1	TYPE LOCATION POINT USED 01.NAMED STREET 02.NUMBERED STREET 03.NUMBERED ROUTE	LOCAL INFORMATION SUBWAY RESTAURANT
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DIST. REF.	DR	PREFIX S	REFERENCE 000995 S. WASHINGTON ST.	REF POINT 04	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 REFERENCE 09.DRIVEWAY 10.STREET OR ROUTE WITHOUT REFERENCE
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MOTORIST / NON-MOTORIST

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) ARMBRUST DAVID C.		ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7590 C.R. 558 HOLMESVILLE OH 44633		
SOCIAL SECURITY NUMBER		DATE OF BIRTH 06/01/1956	AGE 53	SEX M	HOME PHONE # (330)464-8452	WORK PHONE #	
DL STATE OH	DL # RH700698	LP STATE OH	LP # DNQ2388	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') ARMBRUST, DAVID C.				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7590 C.R. 558 HOLMESVILLE OH 44633			
YEAR 1998	MAKE FORD	MODEL F-SERIES PIC	COLOR GREEN	INSURANCE COMPANY WAYNE MUTUAL INS	TOWING SERVICE	OWNER PHONE# (330)464-8452	
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> YES

B	UNIT # 02	# OF OCC 0	NAME (LAST, FIRST, MIDDLE)		ADDRESS (STREET, CITY, STATE, ZIP-CODE)		
SOCIAL SECURITY NUMBER		DATE OF BIRTH //	AGE	SEX	HOME PHONE #	WORK PHONE #	
DL STATE	DL #	LP STATE OH	LP # EBV8421	INJURED TAKEN BY <input type="checkbox"/> 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE 'SAME') BRINKLEY, RICHARD F.				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7130 T.R. 664 DUNDEE OH 44624			
YEAR 2002	MAKE CHEVROLET	MODEL NOT STATED	COLOR TAN	INSURANCE COMPANY STATE FARM INSUR	TOWING SERVICE	OWNER PHONE# (330)359-5842	
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> 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	

SEATING POSITION 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	SAFETY EQUIPMENT A 01 01.MOTORIST SEAT BELT 02.SHOLDER BELT ONLY USED 03.LAP BELT ONLY USED 04.SHOLDER AND LAP BELT USED 05.CHILD SAFETY SEAT USED 06.HELMET USED 07.RESTRANT USE UNKNOWN 08.MOTORIST SEAT BELT USED 09.HELMET USED 10.PROTECTIVE PADS 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN	AIR BAG A 1 1.NOT DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN	AIR BAG SWITCH A 1 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION	EJECTION A 1 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN	TRAPPED A 1 1.NOT TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.EJECTED BY NON-MECHANICAL MEANS 4.UNKNOWN	INJURIES A 1 1.NO INJURY 2.POSSIBLE 3.NON-CAPACITATING 4.CAPACITATING 5.FATAL INJURY 6.UNKNOWN
<input type="checkbox"/> SUPPLEMENT 'X' IF YES						

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/> NON-MOTORIST LOCATION A <input type="text"/> B <input type="text"/> 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 NOT SHOULDER, MEDIAN, SIDEWALK, OR ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OFFSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="02"/> B <input type="text" value="10"/> 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	SEQUENCE OF EVENTS <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td>1 <input type="text" value="21"/></td> <td>1 <input type="text" value="20"/></td> </tr> <tr> <td>2 <input type="text"/></td> <td>2 <input type="text"/></td> </tr> <tr> <td>3 <input type="text"/></td> <td>3 <input type="text"/></td> </tr> <tr> <td>4 <input type="text"/></td> <td>4 <input type="text"/></td> </tr> </table> 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 LISTED 15 PEDESTRIAN 16 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 AIR/TOY VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE/MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT 25 COLLISION WITH FIXED OBJECT 26 IMPACT ATTENUATOR/CRASH CUSHION 27 BRIDGE OVERHEAD STRUCTURE 28 BRIDGE PIER OR ABUTMENT 29 BRIDGE PARAPET 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT FIXTURE/SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 39 CULVERT 40 TRENCH 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	A	B	1 <input type="text" value="21"/>	1 <input type="text" value="20"/>	2 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	POSTED SPEED A <input type="text" value="0"/> B <input type="text" value="0"/> TRAFFIC CONTROL A <input type="text" value="01"/> B <input type="text" value="01"/> 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/DON'T WALK 15 TRAFFIC CONTROL DEVICE (OPERATIVE, MISSING, OBLSCURED) 16 OTHER 17 NOT REPORTED	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text"/> 1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS UNKNOWN 5 GIVEN, RESULTS UNKNOWN 6 UNKNOWN DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text"/> 1 NONE 2 BLOOD 3 URINE 4 OTHER DRUG TEST 1 & 2 RESULT <table border="1"> <tr> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>A <input type="text" value="1"/></td> <td>A <input type="text" value="1"/></td> <td>B <input type="text"/></td> <td>B <input type="text"/></td> </tr> </table> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING	1	2	1	2	A <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text"/>	B <input type="text"/>
A	B																						
1 <input type="text" value="21"/>	1 <input type="text" value="20"/>																						
2 <input type="text"/>	2 <input type="text"/>																						
3 <input type="text"/>	3 <input type="text"/>																						
4 <input type="text"/>	4 <input type="text"/>																						
1	2	1	2																				
A <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text"/>	B <input type="text"/>																				
TYPE OF UNIT A <input type="text" value="07"/> B <input type="text" value="06"/> MOTORIST 01 SUBCOMPACT 02 COMPACT 03 MID-SIZED 04 FULL-SIZED 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/DRAWER - SHORT 15 TRACTOR/DRAWER - LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTORCYCLE TRICYCLE 20 MOPED, BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 VAN 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 NONMOVABLE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL W/ RIDER 36 ANIMAL W/ CARGO 37 BICYCLE 38 PEDESTRIAN 39 PEDESTRIAN (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER-NON MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="10"/> B <input type="text" value="01"/> 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 FRUSTRATED, 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 BIOPER 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	DIRECTION <table border="1"> <tr> <td>FROM</td> <td>TO</td> <td>FROM</td> <td>TO</td> </tr> <tr> <td>A <input type="text" value="3"/></td> <td>A <input type="text" value="8"/></td> <td>B <input type="text" value="4"/></td> <td>B <input type="text" value="3"/></td> </tr> </table> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 NORTHWEST 9 UNKNOWN	FROM	TO	FROM	TO	A <input type="text" value="3"/>	A <input type="text" value="8"/>	B <input type="text" value="4"/>	B <input type="text" value="3"/>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	CONDITION A <input type="text" value="1"/> B <input type="text"/> 1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4 BLENDED 5 FELL ASLEEP, FAINTED, STURBED, ETC. 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN	TYPE OF INTERSECTION <input type="text" value="01"/> 01 NOT AN INTERSECTION 02 FEED-IN INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDBOBT 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										
FROM	TO	FROM	TO																				
A <input type="text" value="3"/>	A <input type="text" value="8"/>	B <input type="text" value="4"/>	B <input type="text" value="3"/>																				
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NO 2 YES 3 UNKNOWN	POINT OF IMPACT A <input type="text" value="06"/> B <input type="text" value="02"/> 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	VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE A <input type="text"/> B <input type="text"/> 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	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text"/> 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - DRUG SUSPECTED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text"/> 1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	ROAD CONTOUR <input type="text" value="1"/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN																		
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/> 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DRAINING DAMAGE 5 SEVERE 6 UNKNOWN	ACTION A <input type="text" value="3"/> B <input type="text" value="4"/> 1 NON-CONTACT 2 NON-COLLISION 3 STRICKEN 4 STRUCK 5 BOTH STRICKEN AND STRUCK 6 UNKNOWN	VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE A <input type="text"/> B <input type="text"/> 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 <input type="text" value="2"/> B <input type="text" value="1"/> 1 STATED 2 ESTIMATED	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text"/> 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	ROAD CONDITIONS <table border="1"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> </tr> <tr> <td>A <input type="text" value="02"/></td> <td>B <input type="text"/></td> </tr> </table> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND/MUD/DIRT/OIL/GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS 09 RITS, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN	PRIMARY	SECONDARY	A <input type="text" value="02"/>	B <input type="text"/>														
PRIMARY	SECONDARY																						
A <input type="text" value="02"/>	B <input type="text"/>																						
STRIKING VEHICLE OVERRIDE/UNDERDRIVE A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NO UNDERDRIVE OR OVERRIDE 2 UNDERDRIVE, COMPARTMENT INTRUSION 3 UNDERDRIVE, NO COMPARTMENT INTRUSION 4 UNDERDRIVE, COMPARTMENT INTRUSION 5 UNDERDRIVE, UNKNOWN 6 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 7 OVERRIDE, OTHER VEHICLE 8 UNKNOWN IF UNDERDRIVE OR OVERRIDE	ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/> <input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT # 10MPD 0042																					

NARRATIVE

UNIT 1 WAS BACKING FROM A PARKING SPACE IN FRONT OF A RESTAURANT AND BACKED INTO THE FRONT OF UNIT 2 WHO WAS PARKED IN A PARKING SPACE DIRECTLY BEHIND HIM IN THE SAME PARKING LOT.

<p>MANNER OF COLLISION OR IMPACT</p> <p>5</p> <p>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-REAR 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;">NT ↑</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, UNKNOWN</p>	
<p>LIGHT CONDITIONS</p> <p>PRIMARY SECONDARY</p> <p>3 <input type="checkbox"/></p> <p>1 DAY LIGHT 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="checkbox"/></p>	<p>LOC ATION OF CRASH IN WORK ZONE</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>WORKERS PRESENT</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	

<p>TRUCK/BUS UNIT #</p> <p><input type="checkbox"/></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>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>
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COMPANY (FROM SHIPPING PAPERS)

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
<p>CARGO BODY TYPE</p> <p><input type="checkbox"/></p> <p>01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ ENCLOSED BOX 04 GRAIN/ CHIPS/ GRAVEL</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>WEIGHT (GVWR)</p> <p><input type="checkbox"/></p> <p>1 LESS/EQUAL 10,000 2 10,001 - 24,000 3 MORE THAN 24,000</p>	<p>CDL CLASS</p> <p><input type="checkbox"/></p> <p>1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E</p>	<p>HAZARDOUS MATERIALS</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	<p>HAZARDOUS MATERIALS REI FASFD</p> <p><input type="checkbox"/></p> <p>1 NO 4 UNKNOWN 2 YES 3 NOT APPLICABLE</p>	

POLICE ACTION

DATE CRASH REPORTED 01/06/2010	TIME REC CALL 16:51	DISPATCH 16:52	ARRIVED 16:54	CLEARED 17:03	OTHER 15	TOTAL MINUTES 26
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OFFICER'S NAME PTL. W. TODD BOOTH	BADGE # 104	CHECKED BY	DATE REPORT FILED 01/06/2010
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<p>REPORT TAKEN BY</p> <p>1</p> <p>1 POLICE AGENCY 2 MOTORIST</p>	<p>REPORT TAKEN AT</p> <p>1</p> <p>1 SCENE 2 STATION 3 OTHER</p>	<p><input type="checkbox"/> SUPPLEMENT 'X' IF YES</p>	<p>LOCAL REPORT # 10MPD 0042</p>
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