

OHIO

TRAFFIC CRASH REPORT

Traffic Crash Report

CRASH REPORT # 10MPD 0082	CRASH SEVERITY 3 1.FATAL ERROR 3.FDO 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	HITS/SKIP 1 1.NOT HITS/SKIP 2.SOLVED 3.UNSOLVED	PHOTOS TAKEN <input type="checkbox"/> NO <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 98.ANIMAL 99.UNKNOWN	DATE OF CRASH 0V12/2010	

TIME OF CRASH 16:30	DAY OF WEEK TUE	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40332201	LONGITUDE 081550406
-------------------------------	---------------------------	---	---	-----------------------	-----------------------------	-------------------------------

CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX N	CRASH LOCATION PRIVATE PROPERTY	TYPE LOC 1
KILLBUCK SAVINGS BANK		1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE

DIST. REF.	DR	PREFIX N	REFERENCE 000181 N. 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
------------	----	--------------------	--	------------------------	--

UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) BAIRD ROBERT J.
---------------------	----------------------	--

ADDRESS (STREET, CITY, STATE, ZIP-CODE)
6829 C.R. 203 MILLERSBURG OH 44654

SOCIAL SECURITY NUMBER	DATE OF BIRTH 06/01/1930	AGE 79	SEX M	HOME PHONE # (330)674-1225	WORK PHONE # (330)231-6029
------------------------	------------------------------------	------------------	-----------------	--------------------------------------	--------------------------------------

DL STATE OH	DL # RR381867	LP STATE OH	LP # DJU4384	INJURED TAKEN BY <input checked="" type="checkbox"/> 1.NONE 4.OTHER 2.EMS 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
-----------------------	-------------------------	-----------------------	------------------------	---	----------------	------------------

OWNER NAME (IF SAME, WRITE 'SAME') BAIRD, ROBERT J.	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 6829 C.R. 203 MILLERSBURG OH 44654
---	--

YEAR 2005	MAKE CHEVROLET	MODEL OTHER TRUC	COLOR TAN	INSURANCE COMPANY STATE FARM	TOWING SERVICE	OWNER PHONE # (330)674-1225
---------------------	--------------------------	----------------------------	---------------------	--	----------------	---------------------------------------

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> NO <input type="checkbox"/> YES
-----------------	---------------------	------------	--

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 # AD22TN	INJURED TAKEN BY <input type="checkbox"/> 1.NONE 4.OTHER 2.EMS 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
----------	------	-----------------------	-----------------------	--	----------------	------------------

OWNER NAME (IF SAME, WRITE 'SAME') MILLER, MARCHELLE M.	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 2176 T.R. 2 KILLBUCK OH 44676
---	---

YEAR 2001	MAKE JEEP	MODEL CHEROKEE	COLOR RED	INSURANCE COMPANY MOTORIST MUTUAL	TOWING SERVICE	OWNER PHONE # (330)763-4378
---------------------	---------------------	--------------------------	---------------------	---	----------------	---------------------------------------

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> NO <input type="checkbox"/> YES
-----------------	---------------------	------------	--

UNIT # C	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 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
---	--	----------------	------------------

UNIT # D	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 3.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.ENCLUSED CARGO AREA 12.NONENCLUSED CARGO AREA 13.TRAILING UNIT 14.EXTERIOR 15.OTHER 16.NON-SUBJECT 17.UNKNOWN BLANK FOR WITNESS	SAFETY EQUIPMENT 01.MOTORIST DEBONE USED 02.SHoulder BELT ONLY USED 03.LAP BELT ONLY USED 04.SHOULDER AND LAP BELT USED 05.CHILD SAFETY SEAT USED 06.HELMET USED 07.RESTRAINT USE UNKNOWN 08.NONE USED 09.HELMET USED 10.PROTECTIVE PADS 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN	AIR BAG 1.NOT DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT/SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN	AIR BAG SWITCH 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION	EJECTION 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN	TRAPPED 1.NOT TRAPPED 2.ENTRAPPED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN	INJURIES 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.ENCAPACITATING 5.FATAL INJURY 6.UNKNOWN
--	--	---	---	---	--	---

SUPPLEMENT 'X' IF YES

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="02"/> B <input type="text" value="10"/> <p>MOTORIST</p> 01 MOTORIST 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>NON-MOTORIST</p> 15 ENTERING OR CROSSING SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROXIMATING OR LEAVING VEHICLE 20 PULLING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	SEQUENCE OF EVENTS <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> A 1 <input type="text" value="21"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/> </td> <td style="width:50%;"> B 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/> </td> </tr> </table> <p>NON-COLLISION</p> 01 OVERTURN ROLL/OVER 02 FIRE EXPLOSION 03 IMPRESSION 04 LACK/KNIFE 05 CAR/GAR EQUIPMENT LOSS OR SHIFT 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) 07 SEPARATION OF UNITS 08 RAN OF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION WITH PERSON, VEHICLE, OR OBJECT NOT LISTED 15 PEDESTRIAN 16 BICYCLE 17 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 18 ANIMAL - FARM 19 ANIMAL - DEER 20 MOTOR 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 RAIL 30 GARAGE/DRIVEWAY FACE 31 GARAGE/DRIVEWAY 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 40 OTHER 41 EMBARKMENT 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 1 <input type="text" value="21"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	B 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	POSTED SPEED A <input type="text" value="0"/> B <input type="text" value="0"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value=""/> <p>1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p>
A 1 <input type="text" value="21"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	B 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>						
NON-MOTORIST LOCATION A <input type="text" value=""/> B <input type="text" value=""/> <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 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</p>	TYPE OF UNIT A <input type="text" value="07"/> B <input type="text" value="06"/> <p>MOTORIST</p> 01 SUBCOMPACT 02 COMPACT 03 MID-SIZED 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-SHIRT 15 TRACTOR DOUBLE-LODS 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR TRIPLES 18 MOPED/BICYCLE 19 MOTORCYCLE/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>NON-MOTORIST</p> 35 ANIMAL W/DRIVER 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	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="10"/> B <input type="text" value="01"/> <p>MOTORIST</p> 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNLAWFUL SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY (ACDA) 09 IMPROPER LANE CHANGE DROVE OFF ROAD/IMPROPER PASSING 10 IMPROPER HOOKING 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 (DROVE 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 <p>NON-MOTORIST</p> 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 style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> FROM TO A <input type="text" value="4"/> <input type="text" value="7"/> </td> <td style="width:50%;"> FROM TO B <input type="text" value="3"/> <input type="text" value="4"/> </td> </tr> </table> <p>1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN</p>	FROM TO A <input type="text" value="4"/> <input type="text" value="7"/>	FROM TO B <input type="text" value="3"/> <input type="text" value="4"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value=""/> <p>1 NONE 2 BLOOD 3 URINE 4 OTHER</p>	
FROM TO A <input type="text" value="4"/> <input type="text" value="7"/>	FROM TO B <input type="text" value="3"/> <input type="text" value="4"/>						
POINT OF IMPACT A <input type="text" value="06"/> B <input type="text" value="02"/> <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 '9' SELECTED ABOVE A <input type="text" value=""/> B <input type="text" value=""/> <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>	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>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value=""/> <p>1 NONE 2 YES ALCOHOL SUSPECTED 3 YES - BLOOD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN</p>	TYPE OF INTERSECTION <input type="text" value="01"/> <p>01 NOT AN INTERSECTION 02 HIGHWAY INTERSECTION 03 INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDABOUT 06 FIVE-POINT OR MORE 07 ROUNDABOUT 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY 11 RAILWAY GRADE CROSSING 12 SHARED-USE PATHS OR TRAILS 13 UNKNOWN</p>			
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NO 2 YES 3 UNKNOWN</p>	ACTION A <input type="text" value="3"/> B <input type="text" value="4"/> <p>1 NON-CONTACT 2 NON-COLLISION 3 STRICKEN 4 STRUCK 5 BOTH STRICKEN AND STRUCK 6 UNKNOWN</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 TEST STATUS A <input type="text" value="1"/> B <input type="text" value=""/> <p>1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p>	ROAD COURSE <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="2"/> B <input type="text" value="2"/> <p>1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISAPPEARING 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 DETECTED A <input type="text" value="2"/> B <input type="text" value="1"/> <p>1 STATED 2 ESTIMATED</p>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value=""/> <p>1 NONE 4 BREATH 2 BLOOD 5 OTHER 3 URINE</p>	ROAD CONDITIONS <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> PRIMARY <input type="text" value="02"/> </td> <td style="width:50%;"> SECONDARY <input type="text" value=""/> </td> </tr> </table> <p>01 DRY 02 WET 03 SNOW 04 ICE 05 SAND/MIXED (DIRT, OIL, GRAVEL) 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS 09 RUT HOLES, 10 MPH, UNPAVED PAVEMENT 10 OTHER 11 UNKNOWN</p>	PRIMARY <input type="text" value="02"/>	SECONDARY <input type="text" value=""/>	
PRIMARY <input type="text" value="02"/>	SECONDARY <input type="text" value=""/>						
<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT # 10MPD 0082					

NARRATIVE

UNIT 1 WAS BACKING FROM A PARKING SPACE IN A BANK PARKING LOT AND BACKED INTO UNIT 2 WHICH WAS PARKED IN A SPACE BEHIND HIM.

MANNER OF COLLISION OR IMPACT
5
 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
 2 REAR-TO-REAR
 3 HEAD-ON
 4 REAR-TO-REAR
 5 BACKING
 6 ANGLE
 7 SIDESWIPE SAME DIRECTION
 8 SIDESWIPE OPPOSITE DIRECTION
 9 UNKNOWN

SCHOOL BUS RELATED
1
 1 NO
 2 YES, DIRECTLY INVOLVED
 3 YES, INDIRECTLY INVOLVED
 4 UNKNOWN

WORK ZONE RELATED
1
 1 NO
 2 YES
 3 UNKNOWN

WEATHER
02
 01 CLEAR
 02 CLOUDY
 03 FOG/SMOG/SMOKE
 04 RAIN
 05 SLEET/HAUL (FREEZING RAIN OR DRIZZLE)
 06 SNOW
 07 SEVERE CROSSWINDS
 08 BLOWING SAND/SOIL DIRT/SNOW
 09 OTHER
 10 UNKNOWN

TYPE OF WORK ZONE

 1 LANE CLOSURE
 2 LANE SHIFT/CROSSOVER
 3 WORK ON SHOULDER OR MEDIAN
 4 INTERMITTENT OR MOVING WORK
 5 OTHER

LOCATION OF CRASH IN WORK ZONE

 1 BEFORE THE FIRST WORK ZONE WARNING SIGN
 2 ADVANCE WARNING AREA
 3 TRANSITION AREA
 4 ACTIVITY AREA

LIGHT CONDITIONS
PRIMARY **SECONDARY**
1
 1 DAYLIGHT
 2 DAWN
 3 DUSK
 4 DARK - LIGHTED ROADWAY
 5 DARK - ROADWAY NOT LIGHTED
 6 DARK - UNKNOWN ROADWAY LIGHTING
 7 CLARE
 8 OTHER
 9 UNKNOWN

WORKERS PRESENT

 1 NO
 2 YES
 3 UNKNOWN

DIAGRAM



NT ↑

TRUCK/BUS UNIT #

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.

THE CRASH RESULTED IN ONE OF THE FOLLOWING:
 A A FATALITY; OR
 N AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT; OR
 D AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER

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
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 <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 THAN 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 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	HAZARDOUS MATERIALS <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	HAZARDOUS MATERIALS REF FASED <input type="checkbox"/> 1 NO <input type="checkbox"/> 4 UNKNOWN <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE			

POLICE ACTION

DATE CRASH REPORTED 01/12/2010	TIME REC CALL 16:35	DISPATCH 16:36	ARRIVED 16:36	CLEARED 16:46	OTHER 15	TOTAL MINUTES 25
--	-------------------------------	--------------------------	-------------------------	-------------------------	--------------------	----------------------------

OFFICER'S NAME PTL. W. TODD BOOTH	BADGE # 104	CHECKED BY	DATE REPORT FILED 01/12/2010
---	-----------------------	-------------------	--

REPORT TAKEN BY 1 POLICE AGENCY 2 MOTORIST 1	REPORT TAKEN AT 1 SCENE 2 STATION 3 OTHER 1	<input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT # 10MPD 0082
---	---	---	-------------------------------------