



TRAFFIC CRASH REPORT

CRASH REPORT # 10MPD 0085	CRASH SEVERITY 3 1.FATAL ERROR 3.FDO 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HIT/SKIP 1 1.NOT HIT/SKIP 2.SOLVED 3.UNSOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OH-2 OH-3 OH-1P OTHER <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
N.C.I.C. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	# UNITS 3	UNIT ERROR 01 98.ANIMAL 99.UNKNOWN	DATE OF CRASH 1/12/2010	

TIME OF CRASH 20:32	DAY OF WEEK TUE	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40330907	LONGITUDE 081550701
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX S	CRASH LOCATION WASHINGTON ST.	TYPE LOC 1

AT/REFERENCE	REFERENCE POINT USED						
DIST. REF. 48 F	DR S	PREFIX W	REFERENCE ADAMS ST.	REF POINT 02	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

MOTORIST / NON-MOTORIST

UNIT # 01	# OF OCC 2	NAME (LAST, FIRST, MIDDLE) MARKS KATHY J.				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 319 WALKUP ST. MILLERSBURG OH 44654						
SOCIAL SECURITY NUMBER	DATE OF BIRTH 01/27/1992	AGE 17	SEX F	HOME PHONE # (330)674-2837	WORK PHONE #	
DL STATE OH	DL # TK270573	LP STATE OH	LP # ED48LD	INJURED TAKEN BY 1 1.NONE 4.OTHER 2.EMS 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') MARKS, KENNETH S.			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 319 WALKUP ST. MILLERSBURG OH 44654			
YEAR 2000	MAKE FORD	MODEL OTHER	COLOR TAN	INSURANCE COMPANY MOTORISTS MUTUA	TOWING SERVICE K & N TOWING	OWNER PHONE # (330)674-2837
OFFENSE CHARGED 4511.202	OFFENSE DESCRIPTION OPERATION WITHOUT REASONABLE CONTROL				CITATION # 9711	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO

UNIT # 02	# OF OCC 0	NAME (LAST, FIRST, MIDDLE) UNOCCUPIED PARKED				
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 # DJA2142	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') STANLEY, LISA J.			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4647 HARRISON RD. BOX 165 FREDERICKSBURG OH 44627			
YEAR 2005	MAKE CHRYSLER	MODEL OTHER	COLOR SILVER	INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE K & N TOWING	OWNER PHONE # (330)695-3814
OFFENSE CHARGED	OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO

UNIT # 01	NAME (LAST, FIRST, MIDDLE) MARKS CORY S.	HOME PHONE # (330)674-2837	DATE OF BIRTH 11/27/1996	AGE 13	SEX M
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 319 WALKUP ST. MILLERSBURG OH 44654			INJURED TAKEN BY 1 1.NONE 4.OTHER 2.EMS 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
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 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
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 CAR 11.ENCLOSED CARGO AREA 12.UNENCLOSED CARGO AREA 13.TRAILING UNIT 14.EXTERIOR 15.OTHER 16.NON-MOTORIST 17.UNKNOWN	A 04 01.NONE USED 02.SHOLDER BELT ONLY USED 03.LAP HELT ONLY USED 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	A 1 1.NOT DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - MDR 4.DEPLOYED BOTH FRONT SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN	A 1 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION	A 1 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN	A 1 1.NOT TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN	A 1 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT 'X' IF YES

OHIO

TRAFFIC CRASH REPORT

Traffic Crash Report

CRASH REPORT # 10MPD 0085	CRASH SEVERITY 3 1.FATAL ERROR 3.FDO 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> *IF YES	HIT/SKIP 1 1.NOT HIT/SKIP 2.SOLVED 3.UNSOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> *IF YES	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
N.C.I.C. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	# UNITS 3	UNIT ERROR 01 *ANIMAL *UNKNOWN	DATE OF CRASH 1/12/2010	

TIME OF CRASH 20:32	DAY OF WEEK TUE	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40330907	LONGITUDE 081550701
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX S CRASH LOCATION WASHINGTON ST. TYPE LOC 1	1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE	

A/T REFERENCE	REFERENCE POINT USED	05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME WITHOUT REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE
DIST. REF. 48 F DR S PREFIX W REFERENCE ADAMS ST. REF POINT 02	01 STATE LINE 02 INTERSECTION OF TWO STREETS 03 COUNTY LINE 04 HOUSE NUMBER	

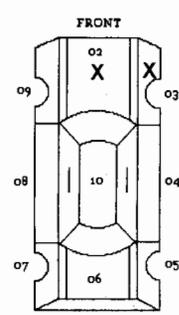
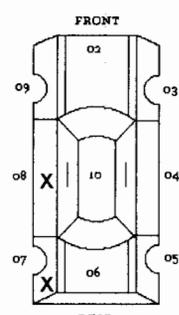
A UNIT # 03 # OF OCC 0 NAME (LAST, FIRST, MIDDLE) UNOCCUPIED PARKED	ADDRESS (STREET, CITY, STATE, ZIP-CODE)					
SOCIAL SECURITY NUMBER	DATE OF BIRTH //	AGE	SEX	HOME PHONE #	WORK PHONE #	
DL STATE	DL #	LP STATE OH	LP # ED51KT	INJURED TAKEN BY <input type="checkbox"/> 1.NONE 4.OTHER 2.FMS 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') MULLET, MICHELE R.			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 101 LAKEVIEW DR. APT. C64 MILLERSBURG OH 44654			
YEAR 1999	MAKE CHEVROLET	MODEL CAVALIER	COLOR TEAL	INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE	OWNER PHONE# (330)473-7960
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *IF YES			

B UNIT # <input type="checkbox"/> # OF OCC <input type="checkbox"/> 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	LP #	INJURED TAKEN BY <input type="checkbox"/> 1.NONE 4.OTHER 2.FMS 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME')			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)			
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE#
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *IF YES			

C UNIT # <input type="checkbox"/> 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.FMS 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
D UNIT # <input type="checkbox"/> 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.FMS 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO

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

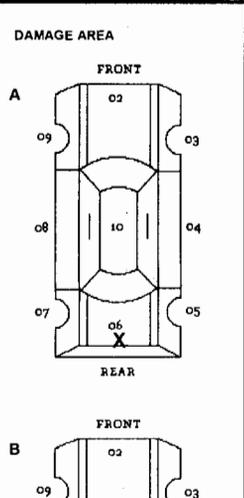
MOTORIST / NON-MOTORIST / OCCUPANT

<p>UNIT NUMBERS</p> <p>A <input type="text" value="01"/> B <input type="text" value="02"/></p> <p>NON-MOTORIST LOCATION</p> <p>A <input type="text"/> B <input type="text"/></p> <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>DAMAGE AREA</p> <p>FRONT</p>  <p>REAR</p>  <p>MOST DAMAGED AREA</p> <p>A <input type="text" value="03"/> B <input type="text" value="07"/></p> <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>	<p>PRE-CRASH ACTIONS</p> <p>A <input type="text" value="01"/> B <input type="text" value="10"/></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 LAYING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN</p>	<p>SEQUENCE OF EVENTS</p> <p>A <input type="text" value="21"/> B <input type="text" value="20"/></p> <p>1 <input type="text" value="21"/> 2 <input type="text" value="39"/></p> <p>3 <input type="text"/> 4 <input type="text"/></p> <p>NON-COLLISION 01 OVERTURN/ROLL-OVER 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 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 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 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOBILE VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT COLLISION WITH FINED OBJECT 25 IMPACT AT/TIME OF 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/ILLUMINARIES 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 FINED OBJECT/WALL/BUILDING/TUNNEL, ETC.) 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FINED OBJECT 48 OTHER 49 UNKNOWN</p>	<p>POSTED SPEED</p> <p>A <input type="text" value="25"/> B <input type="text" value="25"/></p> <p>TRAFFIC CONTROL</p> <p>A <input type="text" value="01"/> B <input type="text" value="12"/></p> <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 DON'T WALK 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16 OTHER 17 NOT REPORTED</p>	<p>DRUG TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <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> <p>DRUG TEST TYPE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1 NONE 2 BLOOD 3 URINE 4 OTHER</p> <p>DRUG TEST 1 & 2 RESULT</p> <p>A <input type="text" value="1"/> <input type="text" value="1"/> B <input type="text"/> <input type="text"/></p> <p>1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATIS 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING</p>
<p>TYPE OF UNIT</p> <p>A <input type="text" value="05"/> B <input type="text" value="05"/></p> <p>MOTORIST 01 LS1 B-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 MOTORBIKE/BICYCLE 20 SCHOOL BUS 21 CITY/URCH 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/NO DRIVER 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER-NON MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN</p>	<p>CONTRIBUTING CIRCUMSTANCES</p> <p>A <input type="text" value="15"/> B <input type="text" value="01"/></p> <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, ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION</p> <p>NON-MOTORIST 22 NONE 23 IMPROPER CROSSING 24 PARTING 25 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>	<p>VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE</p> <p>A <input type="text"/> B <input type="text"/></p> <p>01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 TIRE TREAD 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>	<p>FIRST HARMFUL EVENT</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p> <p>MOST HARMFUL EVENT</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<p>DIRECTION</p> <p>A <input type="text" value="1"/> <input type="text" value="2"/> B <input type="text"/> <input type="text"/></p> <p>1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTH/EAST 6 NORTH/WEST 7 SOUTH/EAST 8 SOUTH/WEST 9 UNKNOWN</p> <p>CONDITION</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>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</p>	<p>TYPE OF INTERSECTION</p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <p>01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDOABOUT 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</p> <p>OCCURRENCE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN</p>
<p>IN EMERGENCY RESPONSE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	<p>ACTION</p> <p>A <input type="text" value="3"/> B <input type="text" value="4"/></p> <p>1 NON-CONTACT 2 NON-COLLISION 3 STRICKING 4 STRUCK 5 BOTH STRICKING AND STRUCK 6 UNKNOWN</p>	<p>POINT OF IMPACT</p> <p>A <input type="text" value="03"/> B <input type="text" value="07"/></p> <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>	<p>SPEED DETECTED</p> <p>A <input type="text" value="1"/> B <input type="text" value="2"/></p> <p>1 STATED 2 ESTIMATED</p>	<p>ALCOHOL/DRUG SUSPECTED</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <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>	<p>ROAD CONTOUR</p> <p>A <input type="text" value="2"/> B <input type="text"/></p> <p>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN</p>
<p>DAMAGE SCALE</p> <p>A <input type="text" value="4"/> B <input type="text" value="4"/></p> <p>1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISAILING DAMAGE 5 SEVERE 6 UNKNOWN</p>	<p>STRIKING VEHICLE OVERRIDE/UNDERRIDE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <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>	<p>ALCOHOL TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <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>	<p>SPEED</p> <p>A <input type="text" value="25"/> B <input type="text" value="0"/></p>	<p>ALCOHOL TEST TYPE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1 NONE 2 BLOOD 3 URINE</p>	<p>ROAD CONDITIONS</p> <p>PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/></p> <p>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</p>
<p><input type="checkbox"/> SUPPLEMENT 'X' IF YES</p>					<p>LOCAL REPORT # 10MPD 0085</p>

UNIT NUMBERS
 A B

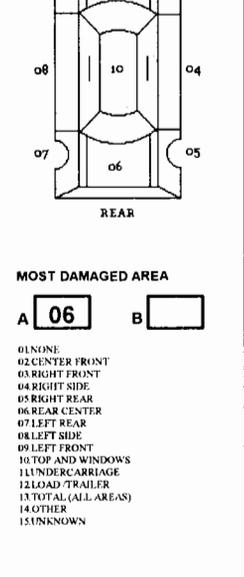
NON-MOTORIST LOCATION
 A B

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 NOT SIDEWALK MEDIAN SIDEWALK OR ISLAND)
 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
 13 OTHER TRAFFICWAY
 14 SHARED USE PATHS OR TRAILS
 15 UNKNOWN



TYPE OF UNIT
 A B

MOTORIST
 01 SUBCOMPACT
 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 MOTORCYCLE TRICYCLE
 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 WRIDER
 36 ANIMAL W/BAGGY
 37 BICYCLE
 38 PEDESTRIAN
 39 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)
 40 SKATER
 41 OTHER NON MOTORIST (WHEEL CHAIR, ETC.)
 42 UNKNOWN



POINT OF IMPACT
 A B

ACTION
 A B

IN EMERGENCY RESPONSE
 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

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

1. NO
 2. YES
 3. UNKNOWN

VEHICLE DEFECT CODE ONLY IF '9' 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

DAMAGE SCALE
 A B

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

STRIKING VEHICLE OVERRIDE/UNDERRIDE
 A 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 IF UNDERRIDE 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
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

A	B
1 <input type="text" value="20"/>	1 <input type="text"/>
2 <input type="text"/>	2 <input type="text"/>
3 <input type="text"/>	3 <input type="text"/>
4 <input type="text"/>	4 <input type="text"/>

NON-COLLISION
 01 OVERTURN-ROLL/OVER
 02 FIRE/EXPLOSION
 03 IMMERSED
 04 JACKKNIFE
 05 CARGO EQUIPMENT LOSS OR SHIFT
 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.)
 07 SEPARATION OF PARTS
 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 LISTED
 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 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 SIGNS POST
 34 OVERHEAD SIGNS POST
 35 LIGHT FIXTURES SIGNPOST
 36 UTILITY POLE
 37 OTHER PEST, POLE OR SIGNPOST
 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

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)

SPEED DETECTED
 A B

1. STATED
 2. ESTIMATED

SPEED
 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 CROSSINGS
 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
 16 OTHER
 17 NOT REPORTED

DIRECTION

FROM TO	FROM TO
A <input type="text"/>	B <input type="text"/>

1. NORTH
 2. SOUTH
 3. EAST
 4. WEST
 5. NORTHWEST
 6. NORTH/EAST
 7. SOUTH/EAST
 8. SOUTH/WEST
 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

ALCOHOL/DRUG SUSPECTED
 A B

1. NONE
 2. YES ALCOHOL SUSPECTED
 3. YES - BDD 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. BREATH
 4. OTHER
 5. OTHER
 6. UNKNOWN

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. URINE
 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
 A B

01 NOT AN INTERSECTION
 02 FOUR WAY INTERSECTION
 03 T-INTERSECTION
 04 Y-INTERSECTION
 05 TRAFFIC CIRCLE ROUNDABOUT
 06 FIVE POINT OR MORE
 07 RAMP
 08 OFF RAMP
 09 CROSSOVER
 10 DRIVEWAY
 11 RAILWAY GRADE CROSSING
 12 SHARED USE PATHS OR TRAILS
 13 UNKNOWN

OCCURRENCE
 A B

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

ROAD CONTOUR
 A B

1. STRAIGHT LEVEL
 2. STRAIGHT GRADE
 3. CURVE LEVEL
 4. CURVE GRADE
 5. UNKNOWN

ROAD CONDITIONS

PRIMARY	SECONDARY
A <input type="text" value="02"/>	B <input type="text"/>

01 DRY
 02 WET
 03 SNOW
 04 ICE
 05 SAND/DIRT/DUST OR GRAVEL
 06 WATER (STANDING, MOVING)
 07 SLUSH
 08 DEBRIS
 09 POTHoles, HOLES, BUMPS, UNEVEN PAVEMENT
 10 OTHER
 11 UNKNOWN

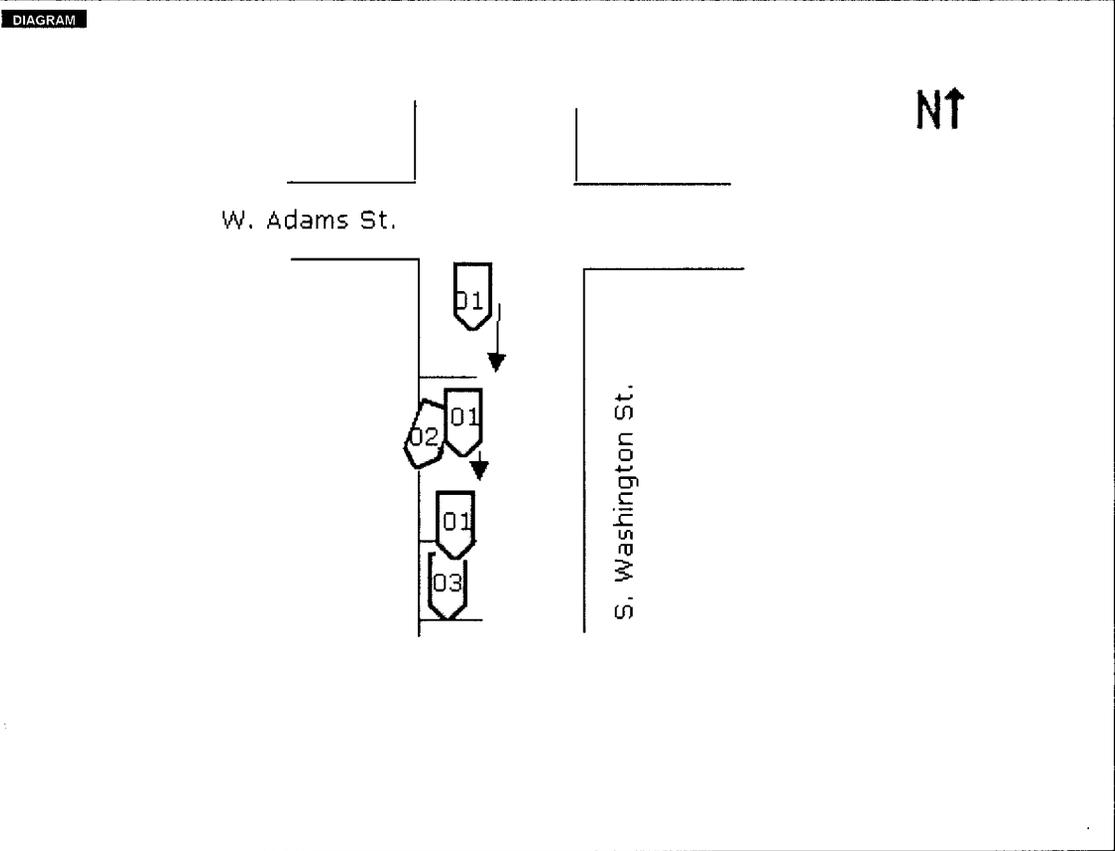
SUPPLEMENT 'X' IF YES

LOCAL REPORT #
 10MPD 0085

NARRATIVE

UNIT 01 WAS TRAVELING SOUTHBOUND ON S. WASHINGTON ST. AND GOT OVER TO THE RIGHT SIDE OF THE ROAD TO FAR. AS A RESULT SHE STRUCK UNIT 02, A PARKED VEHICLE ALONG THE ROADWAY, AND PUSHED UNIT 02 OVER THE CURB. UNIT 01 THEN CAME TO REST BY STRIKING UNIT 03, A PARKED VEHICLE ALONG THE ROADWAY, IN THE REAR.

MANNER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 1 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWIP SAME DIRECTION 8 SIDESWIP 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
LIGHT CONDITIONS PRIMARY <input checked="" type="checkbox"/> SECONDARY <input type="checkbox"/> <input checked="" type="checkbox"/> 4 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
LOC ATION 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



TRUCK/BUS UNIT # <input type="text"/>	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.
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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
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CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 10' X 9' 14" (CL) (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 A/T 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 2 YES 3 UNKNOWN	HAZARDOUS MATERIALS REI FARED <input type="checkbox"/> 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN
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POLICE ACTION

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
1/12/2010	20:37	20:50	20:53	21:33	6	49

OFFICER'S NAME	BADGE #	CHECKED BY	DATE REPORT FILED
PTL. KEVIN BROWN	108		1/12/2010

REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT 'X' IF YES	LOCAL REPORT #
<input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST	<input checked="" type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER	<input type="checkbox"/>	10MPD 0085