



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>10MPD 0144</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 FIK 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	HIT/SKIP <b>3</b> 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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # <b>03801</b>	REPORTING AGENCY <b>MILLERSBURG POLICE DEPARTMENT</b>	# UNITS <b>2</b>	UNIT ERROR <b>01</b> 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>01/21/2010</b>	

TIME OF CRASH <b>19:00</b>	DAY OF WEEK <b>THU</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40323420</b>	LONGITUDE <b>081543270</b>
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>PARKVIEW DR</b>	TYPE LOC <b>1</b>	<b>S&amp;S MAIN ATTRACTION</b>

AT/REFERENCE	REFERENCE POINT USED
DIST. REF. DR PREFIX REFERENCE REF POINT <b>000180 PARKVIEW DR 04</b>	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

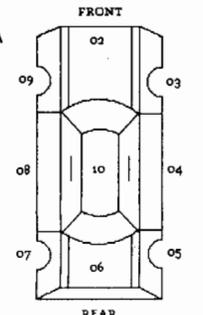
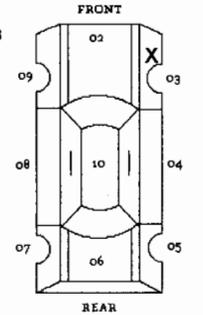
<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>UNKNOWN DRIVER</b>		ADDRESS (STREET, CITY, STATE, ZIP-CODE)	
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>//</b>	AGE	SEX <b>U</b>	HOME PHONE #	WORK PHONE #	
DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY <b>5</b> 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') <b>UNKNOWN</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>UNKNOWN UNKNOWN UNKNOWN</b>			
YEAR <b>0</b>	MAKE <b>UNKNOWN MA</b>	MODEL <b>UNKNOWN</b>	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE#
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES			

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>0</b>	NAME (LAST, FIRST, MIDDLE) <b>UNOCCUPIED PARKED</b>		ADDRESS (STREET, CITY, STATE, ZIP-CODE)	
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>//</b>	AGE	SEX	HOME PHONE #	WORK PHONE #	
DL STATE	DL #	LP STATE	LP #	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') <b>BARBARA CRIDER</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>28 HILLSIDE DR MILLERSBURG OH 44654</b>			
YEAR <b>2007</b>	MAKE <b>LINCOLN</b>	MODEL <b>MKZ</b>	COLOR <b>MAROON</b>	INSURANCE COMPANY <b>WESTFIELD</b>	TOWING SERVICE	OWNER PHONE# <b>(330)674-1296</b>
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES			

OCCUPANT

<b>C</b>	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	
<b>D</b>	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
<b>A 01</b> 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 SEATER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-SUBSIST 17 UNKNOWN	<b>A 07</b> 01 NONE USED 02 SHOLDER 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 MOTORIST NON-MOTORIST 09 NONE USED 10 HELMET USED 11 PROTECTIVE PADS 12 REFLECTIVE CLOTHING 13 LIGHTING 14 OTHER 15 UNKNOWN	<b>A 6</b> 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	<b>A 4</b> 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	<b>A 5</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	<b>A 1</b> 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	<b>A 6</b> 1 NONE BY 2 POSSIBLE 3 MIN-IMPACTATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
SUPPLEMENT 'X' IF YES						

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="23"/> B <input type="text" value="10"/>	<b>SEQUENCE OF EVENTS</b> <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>	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"/>	<b>POSTED SPEED</b> A <input type="text" value="0"/> B <input type="text" value="0"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> 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"/>														
<b>NON-MOTORIST LOCATION</b> A <input type="text"/> B <input type="text"/>		<b>MOTORIST</b> 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 <b>NON-MOTORIST</b> 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	<b>NON-COLLISION</b> 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 LINKS 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 FINED 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 MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT 25 COLLISION WITH FIXED OBJECT 26 IMPACT ATTENTATOR/CRASH CUSHION 27 BRIDGE OVERHEAD STRUCTURE 28 BRIDGE PIER OR ABUTMENT 29 BRIDGE RAIL 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 OBSTACLE 40 LANDMARK 41 MAILBOX 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	<b>TRAFFIC CONTROL</b> A <input type="text" value="12"/> B <input type="text"/>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/>										
<b>TYPE OF UNIT</b> A <input type="text" value="42"/> B <input type="text" value="04"/>	<b>MOST DAMAGED AREA</b> A <input type="text" value="15"/> B <input type="text" value="03"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="33"/> B <input type="text" value="22"/>	<b>DIRECTION</b> <table border="1"> <tr><td>FROM TO</td><td>FROM TO</td></tr> <tr><td>A <input type="text" value="9"/> <input type="text" value="9"/></td><td>B <input type="text"/> <input type="text"/></td></tr> </table>	FROM TO	FROM TO	A <input type="text" value="9"/> <input type="text" value="9"/>	B <input type="text"/> <input type="text"/>	<b>CONDITION</b> A <input type="text" value="8"/> B <input type="text"/>	<b>DRUG TEST 1 &amp; 2 RESULT</b> <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"/> <input type="text" value="1"/></td><td>B <input type="text"/> <input type="text"/></td></tr> </table>	1	2	1	2	A <input type="text" value="1"/> <input type="text" value="1"/>	B <input type="text"/> <input type="text"/>
FROM TO	FROM TO														
A <input type="text" value="9"/> <input type="text" value="9"/>	B <input type="text"/> <input type="text"/>														
1	2	1	2												
A <input type="text" value="1"/> <input type="text" value="1"/>	B <input type="text"/> <input type="text"/>														
<b>MOTORIST</b> 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 TRAC (DOUBLE) 13 TRACTOR SEMI-TRAILER 14 TRACTOR TRAILER - SHORT 15 TRACTOR TRAILER - LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR TRIPLES 18 MOTORCYCLE 19 MOTORCYCLE 20 SCOOTER 21 CITY BICYCLE 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 NON-MOVABLE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS <b>NON-MOTORIST</b> 35 ANIMAL - W/ RIDER 36 ANIMAL - W/ RIDER 37 BICYCLE 38 PEDESTRIAN 39 PEDESTRIAN (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER NON-MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN	<b>POINT OF IMPACT</b> A <input type="text" value="15"/> B <input type="text" value="03"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="6"/> B <input type="text"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="01"/>										
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text" value="4"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="1"/>										
<b>DAMAGE SCALE</b> A <input type="text" value="6"/> B <input type="text" value="2"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>SPEED DETECTED</b> A <input type="text" value="2"/> B <input type="text" value="2"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> <b>PRIMARY</b> <input type="text" value="02"/> <b>SECONDARY</b> <input type="text"/>										
<b>DAMAGE SCALE</b> A <input type="text" value="6"/> B <input type="text" value="2"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>SPEED</b> A <input type="text" value="3"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>LOCAL REPORT #</b> <b>10MPD 0144</b>										

**NARRATIVE**

UNIT 2 WAS A BACKED INTO A PARKING STALL. UNIT 1 STRUCK UNIT 2 AND LEFT THE SCENE.

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>9</b></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 SIDESWIPE SAME DIRECTION                  8 SIDESWIPE OPPOSITE DIRECTION                  9 UNKNOWN</p>	<p><b>SCHOOL BUS RELATED</b></p> <p><b>1</b></p> <p>1 NO                  2 YES, DIRECTLY INVOLVED                  3 YES, INDIRECTLY INVOLVED                  4 UNKNOWN</p>	<p style="text-align: center;"><b>DIAGRAM</b></p>					
<p><b>WEATHER</b></p> <p><b>04</b></p> <p>01 CLEAR                  02 CLOUDY                  03 FOG/SMOG/SMOKE                  04 RAIN                  05 SLEET/HAUL (FREEZING RAIN OR DRIZZLE)                  06 SNOW                  07 SEVERE CROSSWINDS                  08 ICE FRICTION                  09 SAND/SILT/DIRT/SNOW                  09 OTHER                  10 UNKNOWN</p>	<p><b>WORK ZONE RELATED</b></p> <p><b>1</b></p> <p>1 NO                  2 YES                  3 UNKNOWN</p>						
<p><b>LIGHT CONDITIONS</b></p> <p><b>5</b></p> <p>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</p>	<p><b>TYPE OF WORK ZONE</b></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><b>TRUCK/BUS UNIT #</b></p> <p><input type="text"/></p>	<p><b>LOC ATION OF CRASH IN WORK ZONE</b></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><b>WORKERS PRESENT</b></p> <p><input type="checkbox"/></p> <p>1 NO                  2 YES                  3 UNKNOWN</p>		<p><b>THE CRASH RESULTED IN ONE OF THE FOLLOWING</b></p> <p><b>A</b> 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>					
<p><b>COMPANY (FROM SHIPPING PAPERS)</b></p> <p><input type="text"/></p>							
<p><b>ADDRESS (STREET, CITY, ST, ZIP CODE)</b></p> <p><input type="text"/></p>							
<p><b>US DOT</b></p> <p><input type="text"/></p>	<p><b>ICC MC</b></p> <p><input type="text"/></p>	<p><b>PUCO</b></p> <p><input type="text"/></p>	<p><b>TRAILER LP ST.</b></p> <p><input type="text"/></p>	<p><b>TRAILER LP YEAR</b></p> <p><input type="text"/></p>	<p><b>TRAILER LP #</b></p> <p><input type="text"/></p>	<p><b>PLACARD #</b></p> <p><input type="text"/></p>	<p><b># DIA</b></p> <p><input type="text"/></p>
<p><b>CARGO BODY TYPE</b></p> <p><input type="checkbox"/></p> <p>01 NOT APPLICABLE                  02 10-15% (INCL. DRIVERS)                  03 VAN ENCLOSED BOX                  04 GRAIN CHIPS GRAVEL                  05 POLE                  06 CARGO TANK                  07 FLATBED                  08 DUMP                  09 CONCRETE MIXER                  10 AUTO TRANSPORTER                  11 GARBAGE/REFUSE                  12 OTHER                  13 UNKNOWN</p>	<p><b>WEIGHT (GVWR)</b></p> <p><input type="checkbox"/></p> <p>1 LESS EQ'AL 10,000                  2 10,001 - 26,000                  3 MORE THAN 26,000</p>	<p><b>CDL CLASS</b></p> <p><input type="checkbox"/></p> <p>1 CLASS A                  2 CLASS B                  3 CLASS C                  4 CLASS D                  5 CLASS E</p>	<p><b>HAZARDOUS MATERIALS</b></p> <p><input type="checkbox"/></p> <p>1 NO                  2 YES                  3 UNKNOWN</p>	<p><b>HAZARDOUS MATERIALS RFI FASFD</b></p> <p><input type="checkbox"/></p> <p>1 NO 4 UNKNOWN                  2 YES                  3 NOT APPLICABLE</p>			
<p><b>POLICE ACTION</b></p>							
<p><b>DATE CRASH REPORTED</b></p> <p>01/22/2010</p>	<p><b>TIME REC CALL</b></p> <p>13:49</p>	<p><b>DISPATCH</b></p> <p>13:49</p>	<p><b>ARRIVED</b></p> <p>13:49</p>	<p><b>CLEARED</b></p> <p>14:11</p>	<p><b>OTHER</b></p> <p>10</p>	<p><b>TOTAL MINUTES</b></p> <p>32</p>	
<p><b>OFFICER'S NAME</b></p> <p>PTL. BRADLEY J. MCCLUGGAGE II</p>		<p><b>BADGE #</b></p> <p>117</p>	<p><b>CHECKED BY</b></p> <p><input type="text"/></p>			<p><b>DATE REPORT FILED</b></p> <p>01/22/2010</p>	
<p><b>REPORT TAKEN BY</b></p> <p><b>1</b></p> <p>1 POLICE AGENCY                  2 MOTORIST</p>	<p><b>REPORT TAKEN AT</b></p> <p><b>2</b></p> <p>1 SCENE                  2 STATION                  3 OTHER</p>	<p><input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b></p>			<p><b>LOCAL REPORT #</b></p> <p>10MPD 0144</p>		