

OHIO

TRAFFIC CRASH REPORT

CRASH REPORT #
10MPD 0213

CRASH SEVERITY
2 1.FATAL ERROR 3.PDO 2.INJURY 4.UNKNOWN

PRIVATE PROPERTY
 YES
 NO

HITS/SKIP
1 1.NO HIT/SKIP 2.SOLVED 3.UNSOLVED

PHOTOS TAKEN
 YES
 NO

OH-2 OH-3 OH-1P OTHER

N.C.I.C. #
03801

REPORTING AGENCY
MILLERSBURG POLICE DEPARTMENT

UNITS
2

UNIT ERROR
99 98 ANIMAL 99 UNKNOWN

DATE OF CRASH
02/04/2010

TIME OF CRASH
08:45

DAY OF WEEK
THU

CITY/VILLAGE/TOWNSHIP
VILLAGE

NAME (OF CITY, VILLAGE OR TOWNSHIP)
MILLERSBURG

COUNTY #
38

LATITUDE
40331530

LONGITUDE
081545830

CRASH OCCURRED ON

PREFIX
E

CRASH LOCATION
JACKSON ST

TYPE LOC
1

TYPE LOCATION POINT USED
1 NAMED STREET
2 NUMBERED STREET
3 NUMBERED ROUTE

LOCAL INFORMATION

AT/REFERENCE

DIST. REF.

DR

PREFIX

REFERENCE
MOROE ST

REF POINT
02

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

A

UNIT #
01

OF OCC
1

NAME (LAST, FIRST, MIDDLE)
HOELLE PATRICIA A

ADDRESS (STREET, CITY, STATE, ZIP-CODE)
5707 SR 241 MILLERSBURG OH 44654

SOCIAL SECURITY NUMBER

DATE OF BIRTH
10/26/1936

AGE
73

SEX
F

HOME PHONE #
(330)674-0419

WORK PHONE #

DL STATE
OH

DL #
RG513996

LP STATE
OH

LP #
367XWK

INJURED TAKEN BY
1 1.NONE 4.OTHER 2.FMS 3.UNKNOWN 3.POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE 'SAME')
HOELLE, PATRICIA A

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)
5707 SR 241 MILLERSBURG OH 44654

YEAR
2000

MAKE
MERCURY

MODEL
SABLE

COLOR
GOLD

INSURANCE COMPANY
U.S.A.A. INSURANCE

TOWING SERVICE

OWNER PHONE#

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE
 YES

B

UNIT #
02

OF OCC
0

NAME (LAST, FIRST, MIDDLE)
ADKINS CHYANN N

ADDRESS (STREET, CITY, STATE, ZIP-CODE)
257 S MAD ANTHONY ST MILLERSBURG OH 44654

SOCIAL SECURITY NUMBER

DATE OF BIRTH
06/18/2000

AGE
9

SEX
F

HOME PHONE #
(330)473-0892

WORK PHONE #

DL STATE

DL #

LP STATE

LP #

INJURED TAKEN BY
4 1.NONE 4.OTHER 2.FMS 3.UNKNOWN 3.POLICE

TRANSPORTED BY
PRIVATE VEHICLE

INJURED TAKEN TO
JOEL POMERENE HOSPI

OWNER NAME (IF SAME, WRITE 'SAME')

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)

YEAR
0

MAKE

MODEL

COLOR

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE#

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE
 YES

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.FMS 3.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.FMS 3.UNKNOWN 3.POLICE

TRANSPORTED BY

INJURED TAKEN TO

MOTORIST / NON-MOTORIST

OCCUPANT

SEATING POSITION
A **04** 01.FRONT - LEFT (MC DRIVER)
02.FRONT - MIDDLE
03.FRONT - RIGHT
B **16** 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.NENCLOSED CARGO AREA
BLANK FOR WITNESS
13.TRAILING UNIT
14.EXTERIOR
15.OTHER
16.NON-MOTORIST
17.UNKNOWN

SAFETY EQUIPMENT
A **04** MOTORIST
01.NONE USED
02.SHOLDER BELT ONLY USED
03.LAP BELT ONLY USED
B **08** 04.SHOLDER AND LAP BELT USED
05.CHILD SAFETY SEAT USED
C 06.HELMET USED
07.RESTRAINT USE UNKNOWN
NON-MOTORIST
D 08.NONE USED
09.HELMET USED
10.PROTECTIVE PADS
11.REPACTIVE 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
B **5**
C
D

AIR BAG SWITCH
A **1** 1.ON-OFF SWITCH NOT PRESENT
2.SWITCH IN ON POSITION
3.SWITCH IN OFF POSITION
4.UNKNOWN POSITION
B **1**
C
D

EJECTION
A **1** 1.NOT EJECTED
2.TOTALLY EJECTED
3.PARTIALLY EJECTED
4.NOT APPLICABLE
5.UNKNOWN
B **4**
C
D

TRAPPED
A **1** 1.NOT TRAPPED
2.ENTRAPPED BY MECHANICAL MEANS
3.FREED BY NON-MECHANICAL MEANS
4.UNKNOWN
B **1**
C
D

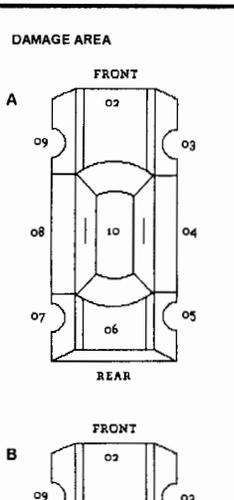
INJURIES
A **1** 1.NO INJURY
2.POSSIBLE
3.NON-INCAPACITATING
4.INCAPACITATING
5.FATAL INJURY
6.UNKNOWN
B **2**
C
D

SUPPLEMENT 'X' IF YES

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 SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)
12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
13 ON TRAFFICWAY
14 SHARED USE PATHS OR TRAILS
15 UNKNOWN



PRE-CRASH ACTIONS
A B

MOTORIST
01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD
02 BACKING
03 CHANGING LINES
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 LAYING OR WORKING ON VEHICLE
21 STANDING
22 OTHER
23 UNKNOWN

SEQUENCE OF EVENTS

A	1	<input type="text" value="14"/>	B	1	<input type="text" value="20"/>
	2	<input type="text" value=""/>		2	<input type="text" value=""/>
	3	<input type="text" value=""/>		3	<input type="text" value=""/>
	4	<input type="text" value=""/>		4	<input type="text" value=""/>

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 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 FINED
14 PEDESTRIAN
15 PEDICYCLIST
16 RAILWAY VEHICLE (E.G. TRAIN, ENGINE)
17 ANIMAL - FARM
18 ANIMAL - DIVER
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 FINED 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 FIXTURES IN SUPPORT
36 utility POLE
37 OTHER POST, POLE, OR SUPPORT
38 utility WIRE
39 CURB
40 DITCH
41 ROAD MARKING
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

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 (INOPERATIVE, MISSING, OBSCURED)
16 OTHER
17 NOT REPORTED

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

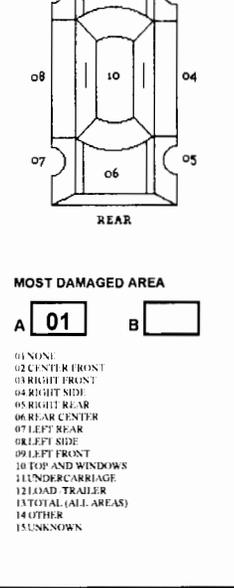
1 NONE
2 HEROIN
3 COCAINE
4 OPIATES
5 AMPHETAMINES
6 PCP
7 OTHER
8 UNKNOWN AT TIME OF REPORTING

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

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

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 PASSENGER VAN
09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES
10 SINGLE UNIT TRUCK, 3 OR MORE AXLES
11 TRACTOR TRAILER
12 TRUCK TRACTOR (HOISTAIL)
13 TRACTOR SEMI-TRAILER
14 TRACTOR DOBLE - SHORT
15 TRACTOR DOBLE - LONG
16 TRACTOR WHEEL OR CONVERTER DOBLE
17 TRACTOR TRIPLES
18 MOTORCYCLE
19 MOTORCYCLE (BICYCLE)
20 OTHER BUS
21 CITY RICHIE'S
22 BICYCLE
23 OTHER BUS
24 POWERED VEHICLE
25 FIRE TRUCK
26 AMBULANCE/RESCUE
27 TAXI
28 MOTOR HOME
29 TRAILER
30 FARM VEHICLE
31 FARM EQUIPMENT
32 SNOWMOBILE
33 CONSTRUCTION EQUIPMENT
34 ALL OTHERS
NON-MOTORIST
35 ANIMAL - WALKER
36 ANIMAL - W/BOGIE
37 BICYCLE
38 PEDESTRIAN
39 PEDAL CYCLIST (BICYCLE, TRICYCLE, MICYCLE, PEDAL CAR)
40 SKATEBOARDER
41 OTHER NON-MOTORIST (WHEELCHAIR, ETC.)
42 UNKNOWN



CONTRIBUTING CIRCUMSTANCES
A 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 (ACID)
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 ILLEGALLY (CHECKLESS CARBURETOR, NEGATIVE 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 IN ATTENTION
18 FATIGUE/ASLEEP
19 OPERATING DEFECTIVE EQUIPMENT
20 LOAD SHIFTING/FALLING-SPILLING
21 OTHER IMPROPER 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
FROM TO FROM TO
A B

1 NORTH
2 SOUTH
3 EAST
4 WEST
5 NORTH/EAST
6 NORTH/WEST
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 - HID NOT IMPAIRMENT
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

TYPE OF INTERSECTION

01 NOT AN INTERSECTION
02 FOUR-WAY INTERSECTION
03 INTERSECTION
04 Y-INTERSECTION
05 TRAFFIC CIRCLE/ROUNDABOUT
06 FIVE-POINT OR MORE
07 ONE-WAY
08 CROSSOVER (DRIVEWAY)
09 RAILWAY GRADE CROSSING
10 SHARED USE PATHS OR TRAILS
11 UNKNOWN

OCCURRENCE

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

ROAD CONTOUR

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

POINT OF IMPACT
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

ACTION
A B

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

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

ALCOHOL TEST TYPE
A B

1 NONE
4 BREATH
2 BLOOD
3 URINE
5 OTHER

ALCOHOL TEST RESULT
A B

ROAD CONDITIONS
PRIMARY SECONDARY

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

IN EMERGENCY RESPONSE
A B

1 NO
2 YES
3 UNKNOWN

STRIKING VEHICLE OVERRIDE/UNDERRIDE
A B

1 NO UNDERRIE OR OVERRIDE
2 UNDERRIE, COMPARTMENT INTRUSION
3 UNDERRIE, NO COMPARTMENT INTRUSION
4 UNDERRIE, COMPARTMENT INTRUSION UNKNOWN
5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT
6 OVERRIDE, OTHER VEHICLE
7 UNKNOWN IF UNDERRIE OR OVERRIDE

DAMAGE SCALE
A B

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

SPEED
A B

ALCOHOL TEST RESULT
A B

SUPPLEMENT 'X' IF YES

LOCAL REPORT # **10MPD 0213**

NARRATIVE

UNIT 1 WAS STOPPED AT THE N. MOROE ST. & E. JACKSON ST. INTERSECTION. UNIT 1 STATED THAT SHE RECEIVED THE GREEN LIGHT AND STARTED FOWARD TO MAKE A LEFT TURN ONTO E JACKSON ST. UNIT 1 ALSO STATED THAT UNIT 2 ATTEMPTED TO CROSS N. MONROE ST. FROM WEST TO EAST. UNIT 1 STATED THAT UNIT 2 CAME IN FRONT OF HER AND SHE WAS UNSURE IF CONTACT WAS MADE. UNIT 1 THEN BACKED UP AND CLEARED THE CROSSWALK ALLOWING UNIT 2 TO CROSS.

UNIT 2 STATED THAT SHE ATTEMPTED TO CROSS E. JACKSON ST FROM SOUTH TO NORTH ON A WALK SIGNAL, UNIT 2 STATED THAT UPON REACHING THE MIDDLE OF THE STREET UNIT 1 MADE A LEFT TURN STRIKING HER.

NO KNOWN WITNESSES, UNKNOWN FAULT.

<p>MANNER OF COLLISION OR IMPACT</p> <p>1</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>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>WEATHER</p> <p>02</p> <p>01 CLEAR 02 CLOUDY 03 FOG/SMOG/SMOKE 04 RAIN 05 SLIGHT HAIL (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 HOWLING SAND/WHIRL DIRT/SNOW 09 OTHER 10 UNKNOWN</p>	<p>WORK ZONE RELATED</p> <p>1</p> <p>1 NO 2 YES 3 UNKNOWN</p>	
<p>LIGHT CONDITIONS</p> <p>PRIMARY SECONDARY</p> <p>1 <input type="checkbox"/></p> <p>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</p>	<p>TYPE OF WORK ZONE</p> <p><input type="checkbox"/></p> <p>1 LANE CLOSURE 2 LANE SHFT CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT OR MOVING WORK 5 OTHER</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 ACTIVTY AREA</p>	<p>WORKERS PRESENT</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	

TRUCK/BUS UNIT #	<p>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING</p> <p>A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS, OR</p> <p>A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD, OR</p> <p>A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER</p>	<p>THE CRASH RESULTED IN ONE OF THE FOLLOWING</p> <p>A A FATALITY, OR</p> <p>N AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT, OR</p> <p>D 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
CARGO BODY TYPE		WEIGHT (GVWR)		CDL CLASS		HAZARDOUS MATERIALS	
<p>01 NOT APPLICABLE 02 BUS (9-15 INCLDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAIN/CHIPS GRAVEL</p>		<p>05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MINER</p>		<p>10 AUTO TRANSPORTER 11 GARBAGE REFUSE 12 OTHER 13 UNKNOWN</p>		<p>1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E</p>	
<p>01 NOT APPLICABLE 02 BUS (9-15 INCLDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAIN/CHIPS GRAVEL</p>		<p>1 LESS-EQUAL 10,000 2 10,001 - 26,000 3 MORE THAN 26,000</p>		<p>1 NO 2 YES 3 UNKNOWN</p>		<p>1 NO 2 YES 3 NOT APPLICABLE</p>	

POLICE ACTION	
DATE CRASH REPORTED 02/04/2010	TIME REC CALL 09:17
DISPATCH 09:17	ARRIVED 09:17
CLEARED 09:58	OTHER 25
TOTAL MINUTES 66	

OFFICER'S NAME PTL. BRADLEY J. MCCLUGGAGE II	BADGE # 117	CHECKED BY	DATE REPORT FILED 02/04/2010
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REPORT TAKEN BY 1	1 POLICE AGENCY 2 MOTORIST	REPORT TAKEN AT 3	1 SCENE 2 STATION 3 OTHER	<input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT # 10MPD 0213
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