



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>10MPD 0239</b>	CRASH SEVERITY <b>3</b> 1.FATAL 2.INJURY 3.FIG 4.UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO	HIT/SKIP <b>1</b> 1.NOT HIT 2.SOLVED 3.UNSOLVED	PHOTOS TAKEN <input 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>02/09/2010</b>	

TIME OF CRASH <b>10:48</b>	DAY OF WEEK <b>TUE</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40335306</b>	LONGITUDE <b>081550105</b>
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CRASH OCCURRED ON			TYPE LOCATION POINT USED			LOCAL INFORMATION		
PREFIX	CRASH LOCATION <b>WOOSTER</b>	TYPE LOC <b>1</b>	1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE					

AT/REFERENCE				REFERENCE POINT USED				
DIST. REF. <b>50 F</b>	DR	PREFIX	REFERENCE <b>SILL</b>	REF POINT <b>02</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.REPLACE NAME WITHOUT REFERENCE 09.DRIVEWAY 10.STREET OR ROUTE WITHOUT REFERENCE

MOTORIST / NON-MOTORIST

<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>2</b>	NAME (LAST, FIRST, MIDDLE) <b>VANCE EDITH E</b>			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>23512 TR 399 COSHOCTON OH 43812</b>						
SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>09/25/1938</b>	AGE <b>71</b>	SEX <b>F</b>	HOME PHONE # <b>(740)824-4299</b>	WORK PHONE # <b>(440)225-7772</b>
DL STATE <b>OH</b>	DL # <b>RS930388</b>	LP STATE <b>OH</b>	LP # <b>DOQ4309</b>	INJURED TAKEN BY <b>1</b> 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') <b>VANCE, WILLIAM G</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>23512 TR 399 COSHOCTON OH 43812</b>			
YEAR <b>2005</b>	MAKE <b>FORD</b>	MODEL <b>OTHER</b>	COLOR <b>GREY</b>	INSURANCE COMPANY <b>STATE FARM</b>	TOWING SERVICE <b>K &amp; N TOWING</b>	OWNER PHONE# <b>(740)824-4299</b>
OFFENSE CHARGED		OFFENSE DESCRIPTION			CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>PHILLIPS SARAH R</b>			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>39360 CR 33 WARSAW OH 43844</b>						
SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>07/29/1988</b>	AGE <b>21</b>	SEX <b>F</b>	HOME PHONE # <b>(740)824-3715</b>	WORK PHONE #
DL STATE <b>OH</b>	DL # <b>SU163183</b>	LP STATE <b>OH</b>	LP # <b>DRX4047</b>	INJURED TAKEN BY <b>1</b> 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') <b>KOZAK, SHARON A.</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>10061 TR 301 MILLERSBURG OH 44654</b>			
YEAR <b>1997</b>	MAKE <b>FORD</b>	MODEL <b>F-SERIES PIC</b>	COLOR <b>GREY</b>	INSURANCE COMPANY <b>NATIONWIDE</b>	TOWING SERVICE	OWNER PHONE#
OFFENSE CHARGED		OFFENSE DESCRIPTION			CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>C</b>	UNIT # <b>01</b>	NAME (LAST, FIRST, MIDDLE) <b>VANCE WILLIAM G</b>		HOME PHONE# <b>(740)824-4299</b>	DATE OF BIRTH <b>01/24/1936</b>	AGE <b>74</b>	SEX <b>M</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>23512 TR 399 COSHOCTON OH 43812</b>				INJURED TAKEN BY <b>1</b> 1.NONE 4.OTHER 2.EMS 5.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 <input type="checkbox"/> 2.EMS 5.UNKNOWN <input type="checkbox"/> 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.SI/FPER SECTION OF CAB 11.ENCLOSED CARGO AREA 12.UNENCLOSED CARGO AREA 13.TRAILING UNIT 14.EXTERIOR 15.OTHER 16.NON-MOTORIST 17.UNKNOWN	<b>A 04</b> MOTORIST 01.NONE USED 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.RESTRAINT USE UNKNOWN NON-MOTORIST 08.NONE USED 09.HELMET USED 10.PROTECTIVE PADS 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN	<b>A 2</b> 1.NOT-DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT/SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN	<b>A 1</b> 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION	<b>A 1</b> 1.NOT EJECTED 2.TOTALY 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 1</b> 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITA TING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN
<b>B 01</b>	<b>B 04</b>	<b>B 1</b>	<b>B 1</b>	<b>B 1</b>	<b>B 1</b>	<b>B 1</b>
<b>C 03</b>	<b>C 04</b>	<b>C 2</b>	<b>C 1</b>	<b>C 1</b>	<b>C 1</b>	<b>C 1</b>
<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>
BLANK FOR WITNESS						
						<input type="checkbox"/> SUPPLEMENT 'X' IF YES

**UNIT NUMBERS**  
 A  B

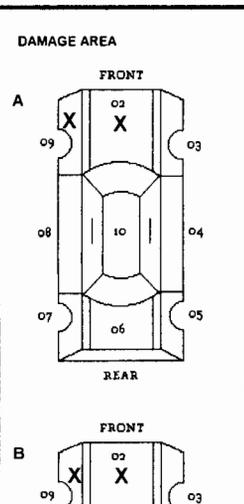
**NON-MOTORIST LOCATION**  
 A  B

01 MARKED CROSSWALK AT INTERSECTION  
 02 AT INTERSECTION BUT NO CROSSWALK  
 03 SIGN 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 OPPOSITE TRAFFICWAY  
 14 SHARED USE PATHS OR TRAILS  
 15 UNKNOWN

**TYPE OF UNIT**  
 A  B

**MOTORIST**  
 01 SUBCOMPACT  
 02 COMPACT  
 03 MID SIZE  
 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 (BOHTRAIL)  
 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 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 ARM EQUIPMENT  
 32 NON-MOBILE  
 33 CONSTRUCTION EQUIPMENT  
 34 ALL OTHERS

**NON-MOTORIST**  
 35 ANIMAL W/ RIDER  
 36 ANIMAL W/ BAGGY  
 37 BICYCLE  
 38 PEDESTRIAN  
 39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEGGY CAR)  
 40 SKATER  
 41 OTHER-NON MOTORIST (WHEELCHAIR, ETC)  
 42 UNKNOWN



**PRE-CRASH ACTIONS**  
 A  B

**MOTORIST**  
 01 MOVEMENT 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" 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"/>

**NON-COLLISION**  
 01 OVERTRUN ROLL-OVER  
 02 FIRE/EXPLOSION  
 03 BATTERING  
 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 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 FENCED OBJECT  
 26 IMPACT ATTENUATOR CRASH CUSHION  
 27 BRIDGE OVERHEAD STRUCTURE (E.G. 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/MANHOLE SUPPORT  
 36 UTILITY POLE  
 37 OTHER POST, POLE OR SUPPORT  
 38 CURB  
 39 CUTBANK  
 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

**POSTED SPEED**  
 A  B

**TRAFFIC CONTROL**  
 A  B

**DIRECTION**

FROM TO	FROM TO
A <input type="text" value="1"/> <input type="text" value="2"/>	B <input type="text" value="2"/> <input type="text" value="1"/>

1 NORTH  
 2 SOUTH  
 3 EAST  
 4 WEST  
 5 NORTHEAST  
 6 NORTHWEST  
 7 SOUTH  
 8 SOUTHWEST  
 9 UNKNOWN

**CONDITION**  
 A  B

1 APPARENTLY NORMAL  
 2 PHYSICAL IMPAIRMENT  
 3 EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)  
 4 ILLNESS  
 5 FEEL ASLEEP, FAINTED, FATIGUED, ETC  
 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL  
 7 OTHER  
 8 UNKNOWN

**DRUG TEST STATUS**  
 A  B

1 NONE GIVEN  
 2 TEST REFUSED  
 3 TEST GIVEN, CONTAMINATED SAMPLE/NO SAMPLE  
 4 TEST GIVEN, RESULTS KNOWN  
 5 GIVEN, RESULTS UNKNOWN  
 6 UNKNOWN

**DRUG TEST TYPE**  
 A  B

1 NONE  
 2 BLOOD  
 3 URINE  
 4 OTHER

**DRUG TEST 1 & 2 RESULT**

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

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

**MOST DAMAGED AREA**  
 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 CALL AREAS  
 14 OTHER  
 15 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/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 OBSTACLE/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

**NON-MOTORIST**  
 23 NONE  
 24 IMPROPER CROSSING  
 25 PARKING  
 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

**VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE**  
 A  B

01 TURNS SIGNALS  
 02 HEAD LAMPS  
 03 TAIL LAMPS  
 04 BRAKES  
 05 STEERING  
 06 TIRE BLOWOUT  
 07 WORKS OR SLICK TIRES  
 08 TRAILER EQUIPMENT DEFECTIVE  
 09 MOTOR TROUBLE  
 10 DISABLED FROM PRIOR ACCIDENT  
 11 OTHER DEFECTS  
 12 NO DEFECTS

**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)

**ALCOHOL/DRUG SUSPECTED**  
 A  B

1 NONE  
 2 YES ALCOHOL SUSPECTED  
 3 YES - DRUG 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/NO SAMPLE  
 4 TEST GIVEN, RESULTS KNOWN  
 5 TEST GIVEN, RESULTS UNKNOWN  
 6 UNKNOWN

**ALCOHOL TEST TYPE**  
 A  B

1 NONE  
 2 BLOOD  
 3 URINE  
 4 BREATH  
 5 OTHER

**ALCOHOL TEST RESULT**  
 A

B

**TYPE OF INTERSECTION**

01 NOT AN INTERSECTION  
 02 FOUR-WAY INTERSECTION  
 03 T-INTERSECTION  
 04 Y-INTERSECTION  
 05 TRAFFIC CIRCLE/ROUNDBOUT  
 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

**OCCURRENCE**

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

**ROAD CONTOUR**

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

**ROAD CONDITIONS**

PRIMARY	SECONDARY
A <input type="text" value="03"/>	B <input type="text" value="04"/>

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

**ACTION**  
 A  B

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

**IN EMERGENCY RESPONSE**  
 A  B

1 NO  
 2 YES  
 3 UNKNOWN

**SPEED DETECTED**  
 A  B

1 STATED  
 2 ESTIMATED

**SPEED**  
 A   
 B

**LOCAL REPORT #**  
 10MPD 0239

**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

**SUPPLEMENT 'X' IF YES**

**LOCAL REPORT #**  
 10MPD 0239

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**NARRATIVE**

UNIT 1 WAS SOUTHBOUND ON WOOSTER RD. UNIT 2 WAS NORTHBOUND ON WOOSTER RD. UNIT 1 LOST CONTROL DUE TO SNOW AND ICE ON THE ROADWAY AND SLID INTO THE NORTHBOUND LANE, STRIKING UNIT 2 IN THE LEFT FRONT. UNIT 1 RECEIVED DISABLING DAMAGE.

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>6</b></p> <p>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT                  2 REAR-TO-REAR                  3 HEAD-ON                  4 REAR-TO-REAR BACKING                  5 BACKING                  6 SWALE                  7 SIDESWIP SAME DIRECTION                  8 SIDESWIP 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><b>DIAGRAM</b></p>
<p><b>WEATHER</b></p> <p><b>06</b></p> <p>01 CLEAR                  02 CLOUDY                  03 FOG/SMOG/SMOKE                  04 RAIN                  05 WET PAVEMENT (FREEZING RAIN OR DRIZZLE)                  06 SNOW                  07 SEVERE CROSSWINDS                  08 BLOWING SAND/SOIL/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>PRIMARY</b> <b>1</b> <b>SECONDARY</b> <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><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>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>	

<b>TRUCK/BUS UNIT #</b>	<input type="checkbox"/>	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 B AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT, OR C 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
<b>CARGO BODY TYPE</b> <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCL) DRIVING 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 GARAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN			<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 1 LESS EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	<b>CDL CLASS</b> <input type="checkbox"/> 1 CLASS A <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS D <input type="checkbox"/> 5 CLASS E	<b>HAZARDOUS MATERIALS</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<b>HAZARDOUS MATERIALS RFI #</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE	

**POLICE ACTION**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
02/09/2010	10:48	10:48	10:54	11:42	25	79

OFFICER'S NAME	BADGE #	CHECKED BY	DATE REPORT FILED
PTL. JUSTIN ESTILL	113		02/09/2010
<b>REPORT TAKEN BY</b> <input type="checkbox"/> 1 POLICE AGENCY <input checked="" type="checkbox"/> 2 MOTORIST	<b>REPORT TAKEN AT</b> <input checked="" type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER	<input type="checkbox"/> SUPPLEMENT 'X' IF YES	<b>LOCAL REPORT #</b> 10MPD 0239