

TRAFFIC CRASH REPORT



CRASH REPORT # <b>10MPD 0294</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> NO IF YES	HITS/SKIP <b>1</b> 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <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. # <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>02/15/2010</b>	

TIME OF CRASH <b>14:35</b>	DAY OF WEEK <b>MON</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40324506</b>	LONGITUDE <b>081550201</b>
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CRASH OCCURRED ON			TYPE LOCATION POINT USED		LOCAL INFORMATION	
PREFIX <b>S</b>	CRASH LOCATION <b>WASHINGTON</b>	TYPE LOC <b>1</b>	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE			
AT/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.	DR	PREFIX <b>S</b>	REFERENCE <b>000741 WASHINGTON</b>	REF POINT <b>04</b>		

<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>BUKOSKY JOSEPH M</b>			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>4523 TR 255 KILLBUCK OH 44637</b>						
SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>03/18/1991</b>	AGE <b>18</b>	SEX <b>M</b>	HOME PHONE # <b>(330)473-7832</b>	WORK PHONE #
DL STATE <b>OH</b>	DL # <b>TE787402</b>	LP STATE <b>OH</b>	LP # <b>EAZ4842</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') <b>JERRY BUKOSKY</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>4523 TR 255 KILLBUCK OH 44637</b>			
YEAR <b>1999</b>	MAKE <b>TOYOTA</b>	MODEL <b>COROLLA</b>	COLOR <b>BLUE</b>	INSURANCE COMPANY <b>MOTORIST MUTUAL</b>	TOWING SERVICE	OWNER PHONE# <b>(330)231-0467</b>
OFFENSE CHARGED		OFFENSE DESCRIPTION			CITATION #	LOCAL CODE <input type="checkbox"/> NO IF YES

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>HOSTETLER MARILYN E</b>			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>2034 BACK MOUNTAIN RD BELLEVILLE PA 17004</b>						
SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>04/14/1985</b>	AGE <b>24</b>	SEX <b>F</b>	HOME PHONE # <b>(731)363-2815</b>	WORK PHONE #
DL STATE <b>PA</b>	DL # <b>29838852</b>	LP STATE <b>PA</b>	LP # <b>HGP6354</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') <b>HOSTETLER, MARILYN E</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>2034 BACK MOUNTAIN RD BELLEVILLE PA 17004</b>			
YEAR <b>2004</b>	MAKE <b>FORD</b>	MODEL <b>TAURUS</b>	COLOR <b>BLACK</b>	INSURANCE COMPANY <b>MERCURY INSURAN</b>	TOWING SERVICE	OWNER PHONE#
OFFENSE CHARGED		OFFENSE DESCRIPTION			CITATION #	LOCAL CODE <input type="checkbox"/> NO IF YES

<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-MOTORIST 17 UNKNOWN BLANK FOR WITNESS	<b>A 04</b> 01 NONE 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 HELMETS USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 RIGGING 13 OTHER 14 UNKNOWN	<b>A 1</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 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	<b>A 1</b> 1 NOT TRAPPED 2 ENTRAPPED BY MECHANICAL MEANS 3 TRIPPED BY NON-MECHANICAL MEANS 4 UNKNOWN	<b>A 1</b> 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 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</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>
<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>
						<input type="checkbox"/> SUPPLEMENT 'X' IF YES

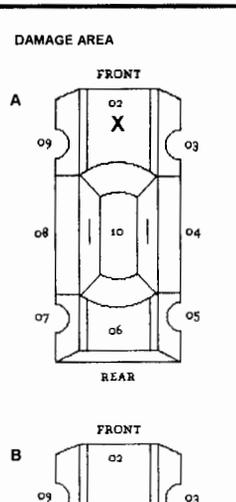
MOTORIST / NON-MOTORIST

OCCUPANT

**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 IN LAND  
 09 SHOULDER  
 10 SIDEWALK  
 11 WITHIN 10 FEET OF ROADWAY (BUT NOT SHOULDER, MEDIAN, SIDEWALK, OR IN LAND)  
 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFIC WAY)  
 13 OFF SIDE OF TRAFFIC WAY  
 14 SHARED USE PATHS OR TRAILS  
 15 UNKNOWN



**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, PEDESTAL 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 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 OF ROAD LEFT  
 10 CROSS-MEDIAN CENTERLINE  
 11 DOWNHILL RENEWAL  
 12 OTHER NON-COLLISION  
 13 UNKNOWN NON-COLLISION  
 14 COLLISION WITH 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 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 GULCH END  
 32 MEDIAN BARRIER  
 33 HIGHWAY TRAFFIC SIGN POST  
 34 OVERHEAD SIGN POST  
 35 LIGHT FIXTURES SUPPORT  
 36 UTILITY POLE  
 37 OTHER POLE OR SUPPORT  
 38 CLAYBANK  
 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

01 NO CONTROL  
 02 STOP SIGN  
 03 YIELD SIGN  
 04 TRAFFIC SIGNAL  
 05 TRAFFIC FLASHERS  
 06 SCHOOL ZONE  
 07 RAILROAD CROSSING SIGNS  
 08 RAILROAD FLASHERS  
 09 RAILROAD GATES  
 10 CONSTRUCTION BARRICADE  
 11 POLICE OFFICER  
 12 PAVEMENT MARKINGS  
 13 CROSSWALK LINES  
 14 WALK DON'T WALK  
 15 RAFFIC CONTROL DEVICE (NON-TRAFIC, 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 BLOOD  
 3 URINE  
 4 OTHER

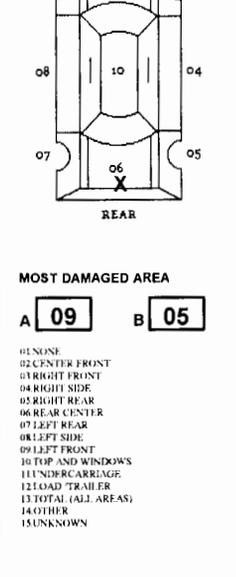
**DRUG TEST 1 & 2 RESULT**  
 A   B

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

**TYPE OF UNIT**  
 A  B

**MOTORIST**  
 01 SUBCOMPACT  
 02 COMPACT  
 03 MID-SIZED  
 04 FULL-SIZED  
 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 (BOILER)  
 13 TRACTOR SEMI-TRAILER  
 14 TRACTOR TRAILER - SHORT  
 15 TRACTOR TRAILER - LONG  
 16 FIFTH WHEEL OR CONVERTER DOLLY  
 17 TRACTOR TRIPLES  
 18 MOTORCYCLE  
 19 MOTORIZED BICYCLE  
 20 SCOOTER/S  
 21 CHARIOT/S  
 22 BICYCLE/S  
 23 OTHER BICYCLE  
 24 POLICE 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 W/DRIVER  
 36 ANIMAL W/BICYCLE  
 37 BICYCLE  
 38 PEDESTRIAN  
 39 PEDALCYCLIST (BICYCLE, TRICYCLE, INTRICYCLE, PEDAL CAR)  
 40 SKATER  
 41 OTHER NON-MOTORIST (WHEELCHAIR, ETC.)  
 42 UNKNOWN



**CONTRIBUTING CIRCUMSTANCES**  
 A  B

**MOTORIST**  
 01 FAILURE TO YIELD  
 02 RED LIGHT, OR STOP SIGN  
 03 EXCEEDED SPEED LIMIT  
 04 UNSAFE SPEED  
 05 IMPROPER TURN  
 06 LEFT OF CENTER  
 07 FOLLOWED TOO CLOSELY (ACDA)  
 08 IMPROPER LANE CHANGE/DROVE OFF ROAD/IMPROPER PASSING  
 09 IMPROPER BACKING  
 10 IMPROPER START FROM PARKED POSITION  
 11 STOPPED OR PARKED ILLEGALLY  
 12 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER  
 13 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.)  
 14 FAILURE TO CONTROL  
 15 VISION OBSTRUCTION  
 16 DRIVER IN ATTENTION  
 17 FATIGUE/ASLEEP  
 18 OPERATING DEFECTIVE EQUIPMENT  
 19 LOAD SHIFTING/FALLING/SPLILING  
 20 OTHER IMPROPER ACTION  
 21 UNKNOWN

**NON-MOTORIST**  
 22 NONE  
 23 IMPROPER CROSSING  
 24 DARTING  
 25 LYING AND/OR ILLEGALLY IN ROADWAY  
 26 FAILURE TO YIELD RIGHT OF WAY  
 27 NOT VISIBLE (DARK CLOTHING)  
 28 INATTENTIVE  
 29 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER  
 30 WRONG SIDE OF THE ROAD  
 31 OTHER  
 32 UNKNOWN

**DIRECTION**  
 FROM TO FROM TO  
 A   B

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

**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 - HIGHLY SUSPECTED  
 4 YES - DRUG SUSPECTED  
 5 YES - ALCOHOL AND DRUGS SUSPECTED  
 6 UNKNOWN

**TYPE OF INTERSECTION**

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**

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

**IN EMERGENCY RESPONSE**  
 A  B

1 NO  
 2 YES  
 3 UNKNOWN

**DAMAGE SCALE**  
 A  B

1 NONE  
 2 NON-FUNCTIONAL  
 3 FUNCTIONAL DAMAGE  
 4 DISABLING DAMAGE  
 5 SEVERE  
 6 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 UNDERBARRIAGE  
 12 LOAD TRAILER  
 13 TOTAL (ALL 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

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

01 TURN SIGNALS  
 02 HEAD LAMPS  
 03 TAIL LAMPS  
 04 BRAKES  
 05 STRIKING  
 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

**SPEED DETECTED**  
 A  B

1 STATED  
 2 ESTIMATED

**SPEED**  
 A  B

**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 URINE  
 4 BREATH  
 5 OTHER

**ALCOHOL TEST RESULT**  
 A  B

**ROAD CONTOUR**

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

**ROAD CONDITIONS**  
 PRIMARY  SECONDARY

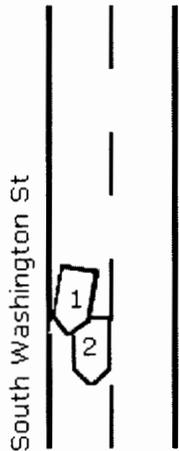
01 DRY  
 02 WET  
 03 SNOW  
 04 ICE  
 05 SAND/MUD/DIRT OIL GRAVEL  
 06 WATER (STANDING, FLOWING)  
 07 SLUSH  
 08 DEBRIS  
 09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT  
 10 OTHER  
 11 UNKNOWN

SUPPLEMENT 'X' IF YES

LOCAL REPORT # **10MPD 0294**

**NARRATIVE**

UNIT # 1 AND UNIT # 2 WERE SOUTHBOUND ON SOUTH WASHINGTON STREET. UNIT # 2 STOPPED TO MAKE A LEFT TURN. UNIT # 1 DID NOT GET STOPPED IN TIME SLIDING ON THE SNOW. UNIT # 1 STRUCK UNIT # 2 IN THE REAR END.

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>4</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 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 style="text-align: right; font-size: 2em;">N↑</p> 
<p><b>WEATHER</b></p> <p><b>06</b></p> <p>01 CLEAR                  02 CLOUDY                  03 FOG, SMOG, SMOKE                  04 RAIN                  05 SLICEY HAIL (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>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>LIGHT CONDITIONS</b></p> <p><b>PRIMARY</b> <b>SECONDARY</b></p> <p><b>1</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>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>TRUCK/BUS UNIT #</b></p> <p><input type="text"/></p>	<p>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:                  A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 16,000 POUNDS, OR                  A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD, OR                  A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER</p>	<p>THE CRASH RESULTED IN ONE OF THE FOLLOWING:                  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>
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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
<p><b>CARGO BODY TYPE</b></p> <p><input type="checkbox"/></p> <p>01 NOT APPLICABLE                  02 BUS (9-15 INCLUDING DRIVER)                  03 VAN, ENCL. DRSD. BUS                  04 GRABN. CHPS. GRABBI</p>	<p>05 POLE                  06 CARGO TANK                  07 FLATBED                  08 DUMP                  09 CONCRETE MIXER</p>	<p>10 AUTO TRANSPORTER                  11 GARAGE, REEFER                  12 OTHER                  13 UNKNOWN</p>	<p><b>WEIGHT (GVWR)</b></p> <p><input type="checkbox"/></p> <p>1 LESS EQUAL 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 REFI FASFD</b></p> <p><input type="checkbox"/></p> <p>1 NO                  2 YES                  3 NOT APPLICABLE</p>	

<p><b>DATE CRASH REPORTED</b></p> <p>02/15/2010</p>		<p><b>TIME REC CALL</b></p> <p>14:36</p>	<p><b>DISPATCH</b></p> <p>14:37</p>	<p><b>ARRIVED</b></p> <p>14:41</p>	<p><b>CLEARED</b></p> <p>14:59</p>	<p><b>OTHER</b></p> <p>0</p>	<p><b>TOTAL MINUTES</b></p> <p>22</p>
<p><b>OFFICER'S NAME</b></p> <p>CAPT. SCOTT AKINS</p>			<p><b>BADGE #</b></p> <p>103</p>	<p><b>CHECKED BY</b></p>		<p><b>DATE REPORT FILED</b></p> <p>02/15/2010</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>1</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 0294</p>			