



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>10MPD 0299</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 FDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO	HIT/SKIP <b>1</b> 1 NOT HIT/SKIP 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>1</b>	UNIT ERROR <b>01</b> 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>02/15/2010</b>	

TIME OF CRASH <b>18:30</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>40333104</b>	LONGITUDE <b>081542002</b>
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>LAKEVIEW DR.</b>	TYPE LOC <b>1</b> 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	

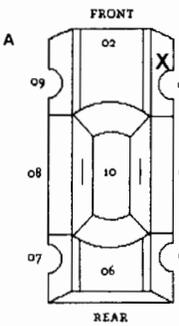
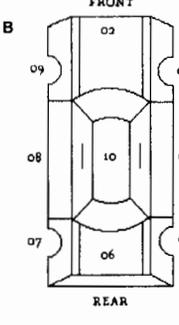
AT REFERENCE	REFERENCE POINT USED					
DIST. REF. <b>10 F</b>	DR <b>S</b>	PREFIX <b>NORTHERN DR.</b>	REF POINT <b>02</b>	01 STATE LINE 02 INTERSECTION OF TWO STREETS 03 COUNTY LINE 04 HOUSE NUMBER	05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME WITHOUT REFERENCE	09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE

MOTORIST / NON-MOTORIST	<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>NEISWANDER LYDIA R.</b>	ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>3040 S.R. 83 MILLERSBURG OH 44654</b>			SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>09/20/1980</b>	AGE <b>29</b>	SEX <b>F</b>	HOME PHONE # <b>(330)674-7945</b>	WORK PHONE # <b>(330)473-0444</b>	
	DL STATE <b>OH</b>	DL # <b>RQ424801</b>	LP STATE <b>OH</b>	LP # <b>CMD8106</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>NEISWANDER, LYDIA R.</b>				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>3040 S.R. 83 MILLERSBURG OH 44654</b>									
	YEAR <b>2001</b>	MAKE <b>CHEVROLET</b>	MODEL <b>PRISM</b>	COLOR <b>SILVER</b>	INSURANCE COMPANY <b>PROGRESSIVE</b>	TOWING SERVICE	OWNER PHONE # <b>(330)674-7945</b>							
	OFFENSE CHARGED		OFFENSE DESCRIPTION					CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO					

MOTORIST / NON-MOTORIST	<b>B</b>	UNIT #	# OF OCC	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	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"/> YES <input type="checkbox"/> NO					

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	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	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 SEPPER 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> 01 NONE USED 02 MOTORIST BELT ONLY USED 03 AP BELT ONLY USED 04 SHIRT LIFTER 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 PAIR 11 REFLECTIVE CLOTHING 12 LIGHTING 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 FULLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	<b>A 1</b> 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 TRIED BY NON-MECHANICAL MEANS 4 UNKNOWN	<b>A 1</b> 1 NO INJURY 2 POSSIBLE 3 MIN-INCAPACITA TING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
<input type="checkbox"/> SUPPLEMENT <input type="checkbox"/> 'X' IF YES						

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="06"/> B <input type="text"/> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD</li> <li>02 BACKING</li> <li>03 CHANGING LANES</li> <li>04 OVERTAKING PASSING</li> <li>05 TURNING RIGHT</li> <li>06 TURNING LEFT</li> <li>07 MAKING U-TURN</li> <li>08 ENTERING TRAFFIC LANE</li> <li>09 LEAVING TRAFFIC LANE</li> <li>10 PARKED</li> <li>11 SLOWING OR STOPPED IN TRAFFIC</li> <li>12 DIVERGENT</li> <li>13 STOPPING</li> <li>14 UNKNOWN</li> <li>15 OTHER</li> <li>16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING</li> <li>17 WORKING</li> <li>18 PUSHING VEHICLE</li> <li>19 APPROACHING OR LEAVING VEHICLE</li> <li>20 PLYING WORKING ON VEHICLE</li> <li>21 STANDING</li> <li>22 OTHER</li> <li>23 UNKNOWN</li> </ol>	<b>SEQUENCE OF EVENTS</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;">           A            1 <input type="text" value="08"/>            2 <input type="text" value="41"/>            3 <input type="text"/>            4 <input type="text"/> </td> <td style="width:50%;">           B            1 <input type="text"/>            2 <input type="text"/>            3 <input type="text"/>            4 <input type="text"/> </td> </tr> </table> <p><b>NON-COLLISION</b></p> <ol style="list-style-type: none"> <li>01 VEHICLE ROLL/OVER</li> <li>02 FIRE EXPLOSION</li> <li>03 IMMERSION</li> <li>04 JACKKNIFE</li> <li>05 CARGO EQUIPMENT LOSS OR SHIFT</li> <li>06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)</li> <li>07 SEPARATION OF UNITS</li> <li>08 RAN OF ROAD RIGHT</li> <li>09 RAN OFF ROAD LEFT</li> <li>10 CROSS-MEDIAN CENTERLINE</li> <li>11 DOWN-SHIELD RUNAWAY</li> <li>12 OTHER NON-COLLISION</li> <li>13 UNKNOWN NON-COLLISION</li> <li>14 COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT LISTED</li> <li>15 PEDESTRIAN</li> <li>16 RAILWAY VEHICLE (E.G. TRAIN, ENGINE)</li> <li>17 ANIMAL - FARM</li> <li>18 ANIMAL - DIER</li> <li>19 ANIMAL - OTHER</li> <li>20 MOTOR VEHICLE IN TRANSPORT</li> <li>21 PARKED MOTOR VEHICLE</li> <li>22 WORK ZONE MAINTENANCE EQUIPMENT</li> <li>23 OTHER MOVABLE OBJECT</li> <li>24 UNKNOWN MOVABLE OBJECT</li> <li>25 IMPACT ATTENUATOR/CRASH CUSHION</li> <li>26 BRIDGE OVERHEAD STRUCTURE</li> <li>27 BRIDGE PIER OR ABUTMENT</li> <li>28 BRIDGE PARAPET</li> <li>29 BRIDGE RAIL</li> <li>30 GUARDRAIL FACE</li> <li>31 GUARDRAIL END</li> <li>32 MEDIUM BARRIER</li> <li>33 HIGHWAY TRAFFIC SIGN POST</li> <li>34 OVERHEAD SIGN POST</li> <li>35 LIGHT COLUMN/RIE SUPPORT</li> <li>36 UTILITY POLE</li> <li>37 OTHER POST POLE OR SUPPORT</li> <li>38 UTILITY</li> <li>39 CURB</li> <li>40 DITCH</li> <li>41 EMBANKMENT</li> <li>42 FENCE</li> <li>43 MAIL BOX</li> <li>44 TREE</li> <li>45 OTHER FIXED OBJECT (WALL, BUILDING, TOWER, ETC)</li> <li>46 WORK ZONE MAINTENANCE EQUIPMENT</li> <li>47 UNKNOWN FIXED OBJECT</li> <li>48 OTHER</li> <li>49 UNKNOWN</li> </ol>	A 1 <input type="text" value="08"/> 2 <input type="text" value="41"/> 3 <input type="text"/> 4 <input type="text"/>	B 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	<b>POSTED SPEED</b> A <input type="text" value="25"/> B <input type="text"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/> <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>
A 1 <input type="text" value="08"/> 2 <input type="text" value="41"/> 3 <input type="text"/> 4 <input type="text"/>	B 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>						
<b>NON-MOTORIST LOCATION</b> A <input type="text"/> B <input type="text"/> <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 TRAFFIC WAY)          13 OFF TRAIL TRAFFIC WAY          14 MARKED USE PATH OR TRAILS          15 UNKNOWN</p>		<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="15"/> B <input type="text"/> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01 NONE</li> <li>02 FAILURE TO YIELD</li> <li>03 RAN RED LIGHT OR STOP SIGN</li> <li>04 EXCEEDED SPEED LIMIT</li> <li>05 unsafe speed</li> <li>06 IMPROPER TURN</li> <li>07 LEFT OF CENTER</li> <li>08 FOLLOWED TOO CLOSELY (ACDA)</li> <li>09 IMPROPER LANE CHANGE DROVE OFF ROAD IMPROPER PASSING</li> <li>10 IMPROPER BACKING</li> <li>11 IMPROPER START FROM PARKED POSITION</li> <li>12 STOPPED OR PARKED ILLEGALLY</li> <li>13 OPERATING VEHICLE IN ERRATIC MANNER (E.G. CARELESS, NEGLIGENT OR AGGRESSIVE MANNER)</li> <li>14 SWERVING TO AVOID (DIE) ROAD WIND SLIPPERY SURFACE, VEHICLE OBJECT, NON-MOTORIZED (E.G. ROADWAY, ETC.)</li> <li>15 FAILURE TO CONTROL</li> <li>16 VISION OBSTRUCTION</li> <li>17 DRIVER INATTENTION</li> <li>18 FATIGUE ASLEEP</li> <li>19 OPERATING DEFECTIVE EQUIPMENT</li> <li>20 LOAD SHIFTING FALLING/SPILLING</li> <li>21 OTHER IMPROPER ACTION</li> <li>22 UNKNOWN</li> <li>23 NON-MOTORIST</li> <li>24 NONE</li> <li>25 IMPROPER CROSSING</li> <li>26 DARTING</li> <li>27 VIOLATING AND/OR ILLEGALLY IN ROADWAY</li> <li>28 FAILURE TO YIELD RIGHT OF WAY</li> <li>29 NOT VISIBLE (DARK CLOTHING)</li> <li>30 FAILURE TO OBEY TRAFFIC SIGNALS, SIGNALS OR OFFICER</li> <li>31 WRONG SIDE OF THE ROAD</li> <li>32 OTHER</li> <li>33 UNKNOWN</li> </ol>	<b>TRAFFIC CONTROL</b> A <input type="text" value="01"/> B <input type="text"/> <p>01 NO CONTROL          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 OPERATIVE, MISSING, OBSTRUCTED          17 NOT REPORTED</p>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/> <p>1 NONE          2 BLOOD          3 URINE          4 OTHER</p>			
<b>TYPE OF UNIT</b> A <input type="text" value="02"/> B <input type="text"/> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01 SUBCOMPACT</li> <li>02 COMPACT</li> <li>03 MID SIZED</li> <li>04 FULL SIZE</li> <li>05 MINIVAN</li> <li>06 SPORT UTILITY VEHICLE</li> <li>07 PICKUP</li> <li>08 PASSENGER VAN</li> <li>09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES</li> <li>10 SINGLE UNIT TRUCK, 3 OR MORE AXLES</li> <li>11 TRUCK TRAILER</li> <li>12 TRUCK TRACTOR (BOBTAIL)</li> <li>13 TRACTOR SEMI-TRAILER</li> <li>14 TRACTOR DOUBLE - SHORT</li> <li>15 TRACTOR DOUBLE - LONG</li> <li>16 WITH WHEEL OR CONVERTER DOLLY</li> <li>17 TRACTOR TRIPLES</li> <li>18 MOTORCYCLE</li> <li>19 MOTORIZED BICYCLE</li> <li>20 SCOOTER, B.S.</li> <li>21 ICE CREAM TRUCK</li> <li>22 BICYCLE</li> <li>23 OTHER B.S.</li> <li>24 PUBLIC VEHICLE</li> <li>25 FIRE TRUCK</li> <li>26 AMBULANCE RESCUE</li> <li>27 TAXI</li> <li>28 MOTOR HOME</li> <li>29 TRAILER</li> <li>30 FARM VEHICLE</li> <li>31 FARM EQUIPMENT</li> <li>32 SNOWMOBILE</li> <li>33 CONSTRUCTION EQUIPMENT</li> <li>34 ALL OTHERS</li> <li>35 ANIMAL WRIDER</li> <li>36 ANIMAL W/BUGGY</li> <li>37 BICYCLE</li> <li>38 PEDESTRIAN</li> <li>39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)</li> <li>40 SKATER</li> <li>41 OTHER NON-MOTORIST (WHEEL CHAIR, ETC.)</li> <li>42 UNKNOWN</li> </ol>	<b>MOST DAMAGED AREA</b> A <input type="text" value="03"/> B <input type="text"/> <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>	<b>VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/> <p>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</p>	<b>DIRECTION</b> FROM TO FROM TO A <input type="text" value="3"/> <input type="text" value="8"/> B <input type="text"/> <input type="text"/> <p>1 NORTH          2 SOUTH          3 EAST          4 WEST          5 NORTHEAST          6 NORTHWEST          7 SOUTHEAST          8 SOUTHWEST          9 UNKNOWN</p>	<b>DRUG TEST 1 &amp; 2 RESULT</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">           1 <input type="text" value="1"/> 2 <input type="text" value="1"/> </td> <td style="width:50%;">           1 <input type="text"/> 2 <input type="text"/> </td> </tr> </table> <p>1 NONE          2 MARIJUANA          3 COCAINE          4 OPIATES          5 AMPHETAMINES          6 PCP          7 OTHER          8 UNKNOWN AT TIME OF REPORTING</p>	1 <input type="text" value="1"/> 2 <input type="text" value="1"/>	1 <input type="text"/> 2 <input type="text"/>	
1 <input type="text" value="1"/> 2 <input type="text" value="1"/>	1 <input type="text"/> 2 <input type="text"/>						
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text"/> <p>1 NO          2 YES          3 UNKNOWN</p>	<b>POINT OF IMPACT</b> A <input type="text" value="03"/> B <input type="text"/> <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>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text"/> <p>1 NONE          2 YES ALCOHOL SUSPECTED          3 YES - IHD NOT IMPAIRED          4 YES - DRUGS SUSPECTED          5 YES - ALCOHOL AND DRUGS SUSPECTED          6 UNKNOWN</p>	<b>TYPE OF INTERSECTION</b> A <input type="text" value="01"/> B <input type="text"/> <p>01 NOT AN INTERSECTION          02 FUR-ROW INTERSECTION          03 T-INTERSECTION          04 Y-INTERSECTION          05 TRAFFIC CIRCLE/ROUNDABOUT          06 FIVE-POINT OR MORE          07 ISLAND RAMP          08 RAMP          09 CROSSOVER          10 DRIVEWAY          11 RAILWAY GRADE CROSSING          12 SHARED USE PATH OR TRAILS          13 UNKNOWN</p>				
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text"/> <p>1 NONE          2 NON-FUNCTIONAL          3 MINOR DAMAGE          4 MODERATE DAMAGE          5 SEVERE          6 UNKNOWN</p>	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text"/> <p>1 NON-CONTACT          2 NON-COLLISION          3 STRICKING          4 STRUCK          5 BOTH STRICKING AND STRUCK          6 UNKNOWN</p>	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/> <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>				
<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text"/> <p>1 NO OVERRIDE OR UNDERRIDE          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>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/> <p>1 NONE          2 BLOOD          3 URINE</p>	<b>SECOND HARMFUL EVENT</b> A <input type="text" value="2"/> B <input type="text"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>				
<b>SPEED DETECTED</b> A <input type="text" value="1"/> B <input type="text"/> <p>1 STATED          2 ESTIMATED</p>	<b>SPEED</b> A <input type="text" value="15"/> B <input type="text"/>	<b>SUPPLEMENT 'X' IF YES</b> <input type="checkbox"/>	<b>LOCAL REPORT #</b> <b>10MPD 0299</b>				

**NARRATIVE**

UNIT 1 WAS WESTBOUND ON NORTHERN DR. IN A SNOW STORM ON A SNOW AND ICE COVERED STREET AND LOST CONTROL OF HER CAR WHILE TURNING ONTO LAKEVIEW DR. AND HIT A SNOW BANK.

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><input checked="" type="checkbox"/> 1</p> <p>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 JACKING 6 ANGLE 7 SIDE SWIPE SAME DIRECTION 8 SIDE SWIPE OPPOSITE DIRECTION 9 UNKNOWN</p>	<p><b>SCHOOL BUS RELATED</b></p> <p><input checked="" type="checkbox"/> 1</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><input checked="" type="checkbox"/> 06</p> <p>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</p>	<p><b>WORK ZONE RELATED</b></p> <p><input checked="" type="checkbox"/> 1</p> <p>1 NO 2 YES 3 UNKNOWN</p>						
<p><b>LIGHT CONDITIONS</b></p> <p><b>PRIMARY</b> <input checked="" type="checkbox"/> 4 <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>LOCATION 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 10,000 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)**

<p>US DOT</p> <p><input type="text"/></p>	<p>ICC MC</p> <p><input type="text"/></p>	<p>PUCO</p> <p><input type="text"/></p>	<p>TRAILER LP ST.</p> <p><input type="text"/></p>	<p>TRAILER LP YEAR</p> <p><input type="text"/></p>	<p>TRAILER LP #</p> <p><input type="text"/></p>	<p>PLACARD #</p> <p><input type="text"/></p>	<p># DIA</p> <p><input type="text"/></p>
<p><b>CARGO BODY TYPE</b></p> <p><input type="checkbox"/> 01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED TRUCK 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"/> 1 LESS THAN 10,000 2 10,001 - 20,000 3 MORE THAN 20,000</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 REPAIRED</b></p> <p><input type="checkbox"/></p> <p>1 NO UNKNOWN 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>18:46</p>	<p><b>DISPATCH</b></p> <p>18:46</p>	<p><b>ARRIVED</b></p> <p>18:46</p>	<p><b>CLEARED</b></p> <p>18:55</p>	<p><b>OTHER</b></p> <p>20</p>	<p><b>TOTAL MINUTES</b></p> <p>29</p>
<p><b>OFFICER'S NAME</b></p> <p>PTL. W. TODD BOOTH</p>			<p><b>BADGE #</b></p> <p>104</p>	<p><b>CHECKED BY</b></p> <p><input type="text"/></p>		<p><b>DATE REPORT FILED</b></p> <p>02/15/2010</p>	
<p><b>REPORT TAKEN BY</b></p> <p><input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST</p>	<p><b>REPORT TAKEN AT</b></p> <p><input checked="" type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER</p>	<p><input type="checkbox"/> SUPPLEMENT 'X' IF YES</p>		<p><b>LOCAL REPORT #</b></p> <p>10MPD 0299</p>			