



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>10MPD 0344</b>	CRASH SEVERITY <b>3</b> 1.FATAL ERROR 1.PED 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> 'N' IF YES	HIT/SKIP <b>1</b> 1.NOT HIT SKIP 2.SOLVED 3.UNSOLVED	PHOTOS TAKEN <input type="checkbox"/> 'N' IF 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>02/23/2010</b>	

TIME OF CRASH <b>18:35</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>40332102</b>	LONGITUDE <b>081551101</b>
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>WOOSTER RD</b>	CRASH LOCATION <b>WOOSTER RD</b>	TYPE LOC <b>1</b>
REFERENCE POINT USED		
DIST. REF. <b>.01M</b>	DR <b>N</b>	REFERENCE <b>JONES ST</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.PLAZE NAME WITHOUT REFERENCE		09.DRIVEWAY 10.STREET OR ROUTE WITHOUT REFERENCE

MOTORIST / NON-MOTORIST

AT/REFERENCE	REFERENCE POINT USED
DIST. REF. <b>.01M</b>	DR <b>N</b>
PREFIX <b>JONES ST</b>	REFERENCE <b>JONES ST</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.PLAZE NAME WITHOUT REFERENCE	
09.DRIVEWAY 10.STREET OR ROUTE WITHOUT REFERENCE	

<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>DELARBER BENEDICT K</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>8175 WAYNESBURG RD SHELBY OH 44875</b>			
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>07/14/1947</b>	AGE <b>62</b>	SEX <b>M</b>
HOME PHONE # <b>(419)687-8216</b>	WORK PHONE #		
DL STATE <b>OH</b>	DL # <b>RK365514</b>	LP STATE <b>OH</b>	LP # <b>EJD9662</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>CAB EAST LLC</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>8175 WAYNESBURG RD SHELBY OH 44875</b>	
YEAR <b>2008</b>	MAKE <b>FORD</b>	MODEL <b>OTHER</b>	COLOR <b>GREY</b>
INSURANCE COMPANY <b>NATIONWIDE</b>	TOWING SERVICE	OWNER PHONE # <b>(419)687-8216</b>	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> 'N' IF YES

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>HAAS JUSTIN R</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>12985 TR 511 BIG PRAIRIE OH 446110921</b>			
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>09/21/1991</b>	AGE <b>18</b>	SEX <b>M</b>
HOME PHONE # <b>(330)231-3118</b>	WORK PHONE # <b>(330)567-2142</b>		
DL STATE <b>OH</b>	DL # <b>TH366909</b>	LP STATE <b>OH</b>	LP # <b>CHN2894</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>RHONDA D JONES</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>5540 CR 50 GLENMONT OH 44628</b>	
YEAR <b>2002</b>	MAKE <b>PONTIAC</b>	MODEL <b>GRAND AM</b>	COLOR <b>GREEN</b>
INSURANCE COMPANY <b>STATE FARM</b>	TOWING SERVICE	OWNER PHONE # <b>(330)464-4786</b>	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> 'N' IF YES

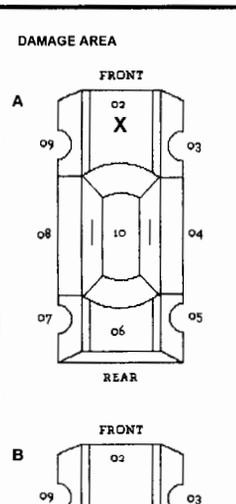
<b>C</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			INJURED TAKEN BY <input type="checkbox"/> 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO	
<b>D</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			INJURED TAKEN BY <input type="checkbox"/> 1.NONE 4.OTHER 2.EMS 5.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.SLEEPER SECTION OF CAR 11.ENCLOSED CARGO AREA 12.NON-ENCLOSED CARGO AREA 13.LEADING UNIT 14.EXTERIOR 15.OTHER 16.NON-MOTORIST 17.UNKNOWN	<b>A 04</b> 01.MOTORIST 02.PASSENGER 03.CHILDREN 04.OTHER 05.OTHER 06.OTHER 07.OTHER 08.OTHER 09.OTHER 10.OTHER 11.OTHER 12.OTHER 13.OTHER 14.OTHER 15.OTHER 16.OTHER 17.OTHER 18.OTHER 19.OTHER 20.OTHER 21.OTHER 22.OTHER 23.OTHER 24.OTHER 25.OTHER 26.OTHER 27.OTHER 28.OTHER 29.OTHER 30.OTHER 31.OTHER 32.OTHER 33.OTHER 34.OTHER 35.OTHER 36.OTHER 37.OTHER 38.OTHER 39.OTHER 40.OTHER 41.OTHER 42.OTHER 43.OTHER 44.OTHER 45.OTHER 46.OTHER 47.OTHER 48.OTHER 49.OTHER 50.OTHER 51.OTHER 52.OTHER 53.OTHER 54.OTHER 55.OTHER 56.OTHER 57.OTHER 58.OTHER 59.OTHER 60.OTHER 61.OTHER 62.OTHER 63.OTHER 64.OTHER 65.OTHER 66.OTHER 67.OTHER 68.OTHER 69.OTHER 70.OTHER 71.OTHER 72.OTHER 73.OTHER 74.OTHER 75.OTHER 76.OTHER 77.OTHER 78.OTHER 79.OTHER 80.OTHER 81.OTHER 82.OTHER 83.OTHER 84.OTHER 85.OTHER 86.OTHER 87.OTHER 88.OTHER 89.OTHER 90.OTHER 91.OTHER 92.OTHER 93.OTHER 94.OTHER 95.OTHER 96.OTHER 97.OTHER 98.OTHER 99.OTHER 100.OTHER	<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 4</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.EJECTED BY MECHANICAL MEANS 3.FREED 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
<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 NON-INTERSECTION CROSSWALK  
 04 DRIVEWAY ACCESS CROSSWALK  
 05 IN ROADWAY  
 06 NOT IN ROADWAY  
 07 MEDIAN (HUT NOT IN 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 OUTSIDE TRAFFICWAY  
 14 SILLARDED USE PATHS OR TRAILS  
 15 UNKNOWN



**PRE-CRASH ACTIONS**  
 A  B

**MOTORIST**  
 01 ROADWAYS 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 OVERTURN ROLLOVER  
 02 FIRE/EXPLOSION  
 03 IMMERSION  
 04 JACKKNIFE  
 05 CARGO/EQUIPMENT LOSS OR SHIFT  
 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.)  
 07 SEPARATION OF PARTS  
 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 LISTED  
 15 PEDESTRIAN  
 16 RAILWAY VEHICLE (E.G. TRAIN ENGINE)  
 17 ANIMAL - FARM  
 18 ANIMAL - OTHER  
 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 ATTEMPT AT OR CRASH CIRCUMSTANCES  
 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 LUMINAIRE SUPPORT  
 36 UTILITY POLE  
 37 OTHER POST, POLE OR SUPPORT  
 38 CURVE  
 39 CURB  
 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 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 (OPERATIVE, MISSING, OBLISCURED)  
 16 OTHER  
 17 NOT REPORTED

**DRUG TEST STATUS**  
 A  B

1 NONE GIVEN  
 2 TEST REFUSED  
 3 TEST GIVEN, CONTAMINATED SAMPLE/UNSAFEBLE  
 4 TEST GIVEN, RESULTS KNOWN  
 5 GIVEN, RESULTS UNKNOWN  
 6 UNKNOWN

**DRUG TEST TYPE**  
 A  B

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

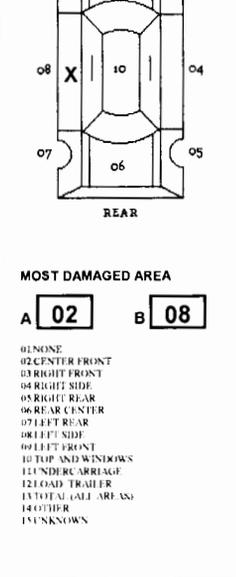
**DRUG TEST 1 & 2 RESULT**

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

**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 PANELVAN  
 09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES (SINGLE UNIT TRUCK, 3 OR MORE AXLES)  
 10 TRUCK TRAILER  
 11 TRUCK TRACTOR (BOHEMIA)  
 12 TRACTOR (BOHEMIA)  
 13 TRACTOR SEMI-TRAILER  
 14 TRACTOR DOUBLE-SHORT  
 15 TRACTOR DOUBLE-LONG  
 16 18" WHEEL OR CONVERTER DOLLY  
 17 TRACTOR TRIPLES  
 18 MOTORCYCLE  
 19 MOTORIZED BICYCLE  
 20 SCOOTER, MVS  
 21 CHURCH BUS  
 22 PUBLIC BUS  
 23 OTHER BUS  
 24 PUBLIC VEHICLE  
 25 FIRE TRUCK  
 26 AMBULANCE RESCUE  
 27 TAXI  
 28 MOTOR HOME  
 29 TRAILER  
 30 FARM VEHICLE  
 31 ARM EQUIPMENT  
 32 NON-MOTORIST  
 33 CONSTRUCTION EQUIPMENT  
 34 ALL OTHERS

**NON-MOTORIST**  
 35 ANIMAL W/ RIDER  
 36 ANIMAL W/ DRUGS  
 37 BICYCLE  
 38 PEDESTRIAN  
 39 PEDESTRIAN LIST (BICYCLE, TRICYCLE, SKATEBOARD, PEDAL CAR)  
 40 SKATER  
 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 (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 DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.)  
 15 FAILURE TO CONTROL  
 16 VISION OBSTRUCTION  
 17 DRIVER INATTENTION  
 18 VEHICLE ABUSE  
 19 OPERATING DEFECTIVE EQUIPMENT  
 20 ROAD SHIFTING/FALLING SPELLING  
 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 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 UNFITNESS  
 5 EFFICIENCY 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 - BLOOD 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/UNSAFEBLE  
 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

**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 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 OUTSIDE TRAFFICWAY  
 7 UNKNOWN

**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, MOVING)  
 07 SLUSH  
 08 DEBRIS  
 09 RUT, 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 (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 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

**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)

**SPEED DETECTED**  
 A  B

1 STATED  
 2 ESTIMATED

**IN EMERGENCY RESPONSE**  
 A  B

1 NO  
 2 YES  
 3 UNKNOWN

**DAMAGE SCALE**  
 A  B

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

**STRIKING VEHICLE OVERRIDE/UNDERRIDE**  
 A  B

1 UNDERRIDE OR OVERRIDE  
 2 UNDERRIDE - COMPARTMENT ENTRY UNKNOWN  
 3 UNDERRIDE - NO COMPARTMENT ENTRY  
 4 UNDERRIDE - COMPARTMENT ENTRY UNKNOWN  
 5 OVERRIDE - MOTOR VEHICLE IN TRANSPORT  
 6 OVERRIDE - OTHER VEHICLE  
 7 UNKNOWN  
 8 UNDERRIDE OR OVERRIDE

**SPEED**  
 A  B

**ALCOHOL TEST RESULT**  
 A

**SUPPLEMENT 'X' IF YES**

**LOCAL REPORT #**  
 10MPD 0344

**NARRATIVE**

UNIT NUMBER TWO WAS SOUTHBOUND ON WOOSTER ROAD AND WAS MAKING A RIGHT TURN INTO THE VILLAGE MOTORS PARKING LOT. UNIT NUMBER ONE WAS LEAVING THE VILLAGE MOTORS PARKING LOT TURNING NORTHBOUND ONTO WOOSTER ROAD WHEN HE DIDN'T YIELD TO UNIT TWO AND STRUCK UNIT NUMBER TWO IN THE DRIVERS SIDE OF THE VEHICLE.

<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-END                  3 HEAD-ON                  4 REAR-TO-REAR                  5 BACKING                  6 ANGLE                  7 SIDE SWIPE SAME DIRECTION                  8 SIDE SWIPE 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>01</b></p> <p>01 CLEAR                  02 CLOUDY                  03 FOG/SMOG/SMOKE                  04 RAIN                  05 SHEET ICE (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>SECONDARY</b></p> <p><b>4</b> <input type="checkbox"/></p> <p>1 DAYLIGHT                  2 DARK                  3 DUSK                  4 DARK - LIGHTED ROADWAY                  5 DARK - ROADWAY NOT LIGHTED                  6 DARK - UNKNOWN ROADWAY LIGHTING                  7 CLEAR                  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>	

<b>TRUCK/BUS UNIT #</b>	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 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
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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>		05 POLE	10 AUTO TRANSPORTER	<b>WEIGHT (GVWR)</b>	<b>CDL CLASS</b>	<b>HAZARDOUS MATERIALS</b>	<b>HAZARDOUS MATERIALS REF FARE#</b>
01 NOT APPLICABLE 02 10-30 (15 INCL) TINDR (DRIVER) 03 VAN ENCLOSED BOX 04 GRAIN CHIPS GRAVEL		06 CARGO TANK	11 GARAGE/REFUSE	1 LESS EQUAL 10,000 2 10,001 - 26,000 3 MORE THAN 26,000	1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	1 NO 2 YES 3 UNKNOWN	1 NO 2 YES 3 NOT APPLICABLE

<b>DATE CRASH REPORTED</b>		<b>TIME REC CALL</b>	<b>DISPATCH</b>	<b>ARRIVED</b>	<b>CLEARED</b>	<b>OTHER</b>	<b>TOTAL MINUTES</b>
02/23/2010		18:39	18:51	18:51	19:07	60	76
<b>OFFICER'S NAME</b>			<b>BADGE #</b>	<b>CHECKED BY</b>		<b>DATE REPORT FILED</b>	
PTL. KIM HERMAN			101			02/23/2010	
<b>REPORT TAKEN BY</b>		<b>REPORT TAKEN AT</b>		<input type="checkbox"/> SUPPLEMENT 'X' IF YES		<b>LOCAL REPORT #</b>	
1 POLICE AGENCY 2 MOTORIST		1 AGENCY 2 STATION 3 OTHER				10MPD 0344	