



TRAFFIC CRASH REPORT

CRASH REPORT # 10MPD 0350	CRASH SEVERITY 3 1 FATAL ERROR 1 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> NO IF YES	HIT/SKIP 1 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> NO IF YES	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	# UNITS 2	UNIT ERROR 01 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 02/24/2010	

TIME OF CRASH 16:50	DAY OF WEEK WED	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40324380	LONGITUDE 081552000
-------------------------------	---------------------------	---	---	-----------------------	-----------------------------	-------------------------------

PREFIX S	CRASH LOCATION WASHINGTON ST	TYPE LOC 1	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION		
DIST. REF.	DR	PREFIX	REFERENCE LOGSDON AVE	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

UNIT # 01	# OF OCC 2	NAME (LAST, FIRST, MIDDLE) MITCHELL RICHARD A	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 14700 TR 32 GLENMONT OH 44628	SOCIAL SECURITY NUMBER	DATE OF BIRTH 12/04/1985	AGE 24	SEX M	HOME PHONE # (330)377-4245	WORK PHONE #	
DL STATE OH	DL # SK974341	LP STATE OH	LP # EVL2954	INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE 1	TRANSPORTED BY	INJURED TAKEN TO				
OWNER NAME (IF SAME, WRITE 'SAME') MITCHELL, RICHARD A		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 14700 TR 32 GLENMONT OH 44628								
YEAR 1992	MAKE FORD	MODEL AEROSTAR	COLOR MAROON	INSURANCE COMPANY GRANGE	TOWING SERVICE	OWNER PHONE #				
OFFENSE CHARGED 331.22		OFFENSE DESCRIPTION RIGHT OF WAY ON PUBLIC HIGHWAYS				CITATION # 9733		LOCAL CODE <input checked="" type="checkbox"/> NO IF YES		

UNIT # 02	# OF OCC 3	NAME (LAST, FIRST, MIDDLE) SMITH NANCY L	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 90 BRIAR LN MILLERSBURG OH 44654	SOCIAL SECURITY NUMBER	DATE OF BIRTH 03/21/1933	AGE 76	SEX F	HOME PHONE # (330)674-4526	WORK PHONE #	
DL STATE OH	DL # RL610911	LP STATE OH	LP # CL70EY	INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE 1	TRANSPORTED BY	INJURED TAKEN TO				
OWNER NAME (IF SAME, WRITE 'SAME') SMITH FAMILY TRUST		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 90 BRIAR LN MILLERSBURG OH 44654								
YEAR 2001	MAKE BUICK	MODEL LESABRE	COLOR GOLD	INSURANCE COMPANY STATE FARM	TOWING SERVICE	OWNER PHONE #				
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #		LOCAL CODE <input type="checkbox"/> NO IF YES		

UNIT # 01	NAME (LAST, FIRST, MIDDLE) PRESSMAN TABITHA	HOME PHONE # (330)377-4245	DATE OF BIRTH 09/04/1981	AGE 28	SEX F	
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 14700 TR 32 GLENMONT OH 44628		INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE 1	TRANSPORTED BY	INJURED TAKEN TO		
UNIT # 02	NAME (LAST, FIRST, MIDDLE) REYNOLDS COLLIN	HOME PHONE # (330)674-4712	DATE OF BIRTH 04/14/2000	AGE 9	SEX M	
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 5031 TR 305 MILLERSBURG OH 44654		INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE 1	TRANSPORTED BY	INJURED TAKEN TO		

SEATING POSITION A 01 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT B 01 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT C 03 07 THIRD - LEFT (MC PASSENGER SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SEPPER SECTION OF CAB D 04 11 ENCLOSED CARGO AREA 12 ENCLOSED CARGO AREA BLANK FOR WITNESS 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	SAFETY EQUIPMENT A 04 01 NONE USED 02 SEATBELT AND BELT ONLY USED B 04 03 SEATBELT AND LAP BELT USED 04 CHILD SAFETY SEAT USED C 04 05 HELMET USED 06 RESTRAINT USE UNKNOWN NON-MOTORIST D 04 07 NONE USED 08 HELMET USED 09 PROTECTIVE PADS 10 REFLECTIVE CLOTHING 11 LIGHTING 12 OTHER 13 UNKNOWN	AIR BAG A 5 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT SIDE B 1 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN C 5 D 5	AIR BAG SWITCH A 1 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION B 1 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION C 1 D 1	EJECTION A 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN B 1 C 1 D 1	TRAPPED A 1 1 NOT TRAPPED 2 ENTRAPPED BY MECHANICAL MEANS 3 TRAPPED BY NON-MECHANICAL MEANS 4 UNKNOWN B 1 C 1 D 1	INJURIES A 1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN B 1 C 1 D 1
--	---	--	--	--	---	--

SUPPLEMENT 'X' IF YES

MOTORIST / NON-MOTORIST / OCCUPANT

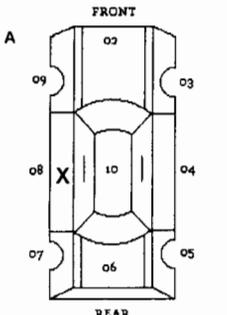
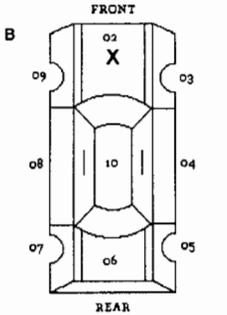
TRAFFIC CRASH REPORT - OCCUPANT ADDENDUM

LOCAL REPORT # 10MPD 0350	N.C.I.C. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	DATE OF CRASH 02/24/2010
-------------------------------------	----------------------------	--	------------------------------------

E	UNIT # <input type="text" value="02"/>	NAME (LAST, FIRST, MIDDLE) REYNOLDS CLAIRE	HOME PHONE# 3306744712	DATE OF BIRTH 09/03/2003	AGE 6	SEX F
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 5031 TR 305 MILLERSBURG OH 44654		INJURED TAKEN BY <input checked="" type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY		INJURED TAKEN TO
F	UNIT # <input type="text"/>	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
G	UNIT # <input type="text"/>	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
H	UNIT # <input type="text"/>	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
I	UNIT # <input type="text"/>	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
J	UNIT # <input type="text"/>	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
K	UNIT # <input type="text"/>	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 E <input checked="" type="checkbox"/> 06 01 FRONT - LEFT (MC DRIVER) <input type="checkbox"/> 02 FRONT - MIDDLE <input type="checkbox"/> 03 FRONT - RIGHT <input type="checkbox"/> 04 SECOND - LEFT (MC PASS) <input type="checkbox"/> 05 SECOND - MIDDLE <input type="checkbox"/> 06 SECOND - RIGHT <input type="checkbox"/> 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) <input type="checkbox"/> 08 THIRD - MIDDLE <input type="checkbox"/> 09 THIRD - RIGHT <input type="checkbox"/> 10 SLEEPER SECTION OF CAB <input type="checkbox"/> 11 ENCLOSED CARGO AREA <input type="checkbox"/> 12 UNENCLOSED CARGO AREA <input type="checkbox"/> 13 TRAILING UNIT <input type="checkbox"/> 14 EXTERIOR <input type="checkbox"/> 15 OTHER <input type="checkbox"/> 16 N/A MOTORIST <input type="checkbox"/> 17 UNKNOWN BLANK FOR WITNESS	SAFETY EQUIPMENT E <input checked="" type="checkbox"/> 05 MOTORIST <input type="checkbox"/> 01 NONE USED <input type="checkbox"/> 02 SHOULDER BELT ONLY USED <input type="checkbox"/> 03 LAP BELT ONLY USED <input type="checkbox"/> 04 SHOULDER AND LAP BELT USED <input type="checkbox"/> 05 CHILD SAFETY SEAT USED <input type="checkbox"/> 06 HELMET USED <input type="checkbox"/> 07 RESTRAINT USE UNKNOWN <input type="checkbox"/> 08 NONE USED <input type="checkbox"/> 09 HELMET USED <input type="checkbox"/> 10 PROTECTIVE PADS <input type="checkbox"/> 11 REFLECTIVE CLOTHING <input type="checkbox"/> 12 LIGHTING <input type="checkbox"/> 13 OTHER <input type="checkbox"/> 14 UNKNOWN	AIR BAG E <input checked="" type="checkbox"/> 1 1 NOT DEPLOYED <input type="checkbox"/> 2 DEPLOYED - FRONT <input type="checkbox"/> 3 DEPLOYED - SIDE <input type="checkbox"/> 4 DEPLOYED BOTH FRONT/SIDE <input type="checkbox"/> 5 NOT APPLICABLE <input type="checkbox"/> 6 DEPLOYMENT UNKNOWN	AIR BAG SWITCH E <input checked="" type="checkbox"/> 1 1 ON-OFF SWITCH NOT PRESENT <input type="checkbox"/> 2 SWITCH IN ON POSITION <input type="checkbox"/> 3 SWITCH IN OFF POSITION <input type="checkbox"/> 4 UNKNOWN POSITION	EJECTION E <input checked="" type="checkbox"/> 1 1 NOT EJECTED <input type="checkbox"/> 2 TOTALLY EJECTED <input type="checkbox"/> 3 PARTIALLY EJECTED <input type="checkbox"/> 4 NOT APPLICABLE <input type="checkbox"/> 5 UNKNOWN	TRAPPED E <input checked="" type="checkbox"/> 1 1 NOT TRAPPED <input type="checkbox"/> 2 EXTRICATED BY MECHANICAL MEANS <input type="checkbox"/> 3 FREED BY NON-MECHANICAL MEANS <input type="checkbox"/> 4 UNKNOWN	INJURIES E <input checked="" type="checkbox"/> 1 1 NO INJURY <input type="checkbox"/> 2 POSSIBLE <input type="checkbox"/> 3 NON-INCAPACITATING <input type="checkbox"/> 4 INCAPACITATING <input type="checkbox"/> 5 FATAL INJURY <input type="checkbox"/> 6 UNKNOWN
--	---	---	---	--	---	---

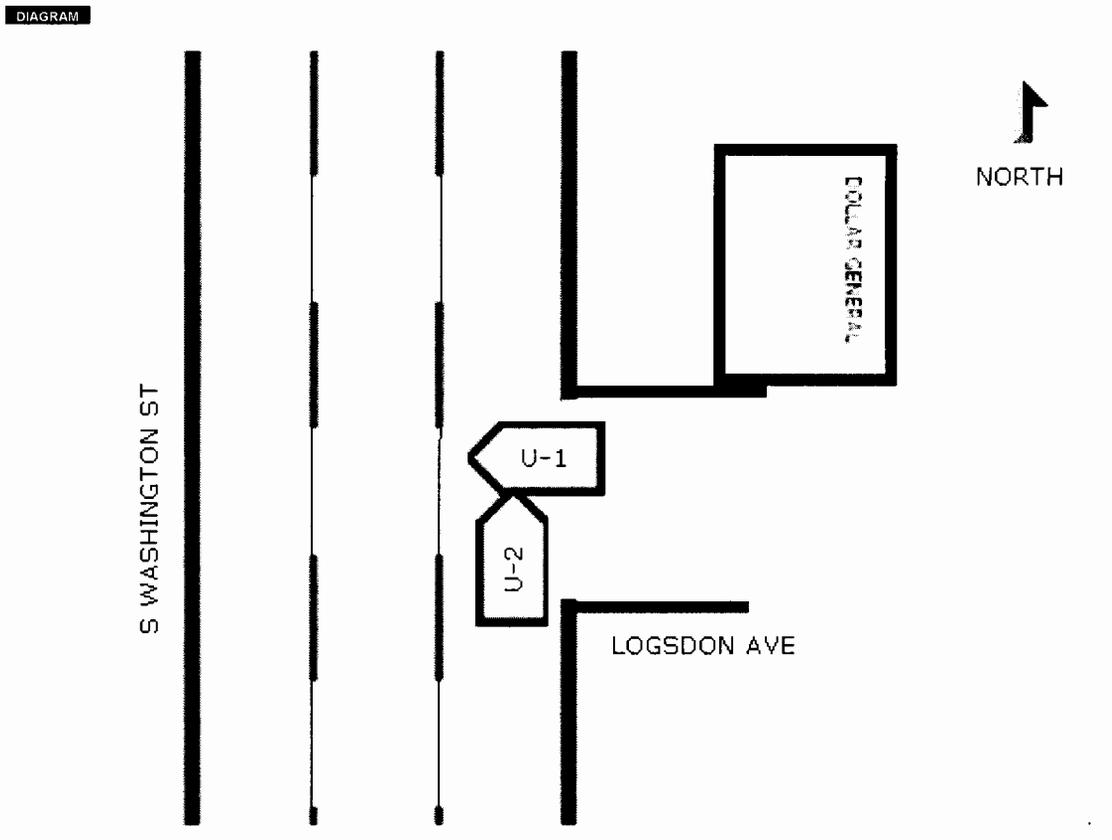
SUPPLEMENT 'X' IF YFS

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA  	PRE-CRASH ACTIONS A <input type="text" value="08"/> B <input type="text" value="01"/> <p>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, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING OR LEAVING VEHICLE 20 PLAYING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN</p>	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>1 <input type="text" value="20"/></td><td>1 <input type="text" value="20"/></td></tr> <tr><td>2 <input type="text"/></td><td>2 <input type="text"/></td></tr> <tr><td>3 <input type="text"/></td><td>3 <input type="text"/></td></tr> <tr><td>4 <input type="text"/></td><td>4 <input type="text"/></td></tr> </table> <p>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 UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN CENTERLINE 11 DOWN HILL RINERWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/ PERSON, VEHICLE OR OBJECT NOT LISTED 14 PEDESTRIAN 15 PEDICYCLE 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 COLLISION WITH FIXED OBJECT 01 TRAFFIC ATTENUATOR/CRASH CUSHION 02 BRIDGE OVERHEAD STRUCTURE 03 BRIDGE PIER OR ABUTMENT 04 BRIDGE PARAPET 05 BRIDGE RAIL 06 GUARDRAIL FACE 07 GUARDRAIL END 08 MEDIAN BARRIER 09 HIGHWAY TRAFFIC SIGN POST 10 OVERHEAD SIGN POST 11 LIGHTLY MINOR STRUCTURE 12 UTILITY POLE 13 OTHER POST, POLE OR SUPPORT 14 CULVERT 15 CURB 16 DITCH 17 EMBANKMENT 18 FENCE 19 MAILBOX 20 OTHER 21 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) 22 WORK ZONE MAINTENANCE EQUIPMENT 23 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN</p>	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"/>	POSTED SPEED A <input type="text" value="35"/> B <input type="text" value="35"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> <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	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-MOTORIST LOCATION A <input type="text"/>		CONTRIBUTING CIRCUMSTANCES A <input type="text" value="02"/> B <input type="text" value="01"/>	TRAFFIC CONTROL A <input type="text" value="01"/> B <input type="text" value="12"/>	DIRECTION FROM TO A <input type="text" value="3"/> <input type="text" value="1"/> B <input type="text" value="2"/> <input type="text" value="1"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE 2 BREATH 3 URINE 4 OTHER</p>										
TYPE OF UNIT A <input type="text" value="05"/> B <input type="text" value="04"/>	MOST DAMAGED AREA A <input type="text" value="08"/> B <input type="text" value="02"/>	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 (C/D) A/D 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 HERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DEER, ROWND, 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 DARTING 26 YIELDING OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNALS, SIGNALS OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	CONDITION A <input type="text" value="1"/> B <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="03"/> <p>01 NOT AN INTERSECTION 02 FORKWAY 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</p>											
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/>	POINT OF IMPACT A <input type="text" value="08"/> B <input type="text" value="02"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/>	OCCURRENCE <input type="text" value="1"/> <p>1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN</p>										
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/>	ACTION A <input type="text" value="4"/> B <input type="text" value="3"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="1"/> <p>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN</p>										
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/>	STRIKING VEHICLE OVERRIDE/UNDERIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	SPEED DETECTED A <input type="text" value="2"/> B <input type="text" value="1"/>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONDITIONS PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/>										
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/>	STRIKING VEHICLE OVERRIDE/UNDERIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	SPEED A <input type="text" value="5"/> B <input type="text" value="30"/>	ALCOHOL TEST RESULT A <input type="text"/>	ROAD CONDITIONS PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/>										
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/>	STRIKING VEHICLE OVERRIDE/UNDERIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	SPEED A <input type="text" value="5"/> B <input type="text" value="30"/>	ALCOHOL TEST RESULT A <input type="text"/>	ROAD CONDITIONS PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/>										
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/>	STRIKING VEHICLE OVERRIDE/UNDERIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	SPEED A <input type="text" value="5"/> B <input type="text" value="30"/>	ALCOHOL TEST RESULT A <input type="text"/>	ROAD CONDITIONS PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/>										
<input type="checkbox"/> SUPPLEMENT 'X' IF YES				LOCAL REPORT # 10MPD 0350											

NARRATIVE

UNIT 2 WAS NORTHBOUND ON S WASHINGTON ST. UNIT 1 WAS ATTEMPTING TO PULL OUT FROM LOGSDON AVE ONTO S WASHINGTON ST. UNIT 1 THOUGHT UNIT 2 WAS TURNING INTO LOGSDON AVE AND PULLED INTO THE ROADWAY. UNIT 2 STRUCK UNIT 1 IN THE SIDE.

MANNER OF COLLISION OR IMPACT 6 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	SCHOOL BUS RELATED 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER 02 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	WORK ZONE RELATED 1 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS PRIMARY SECONDARY 1 <input type="checkbox"/> 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	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT OR MOVING WORK 5 OTHER
TRUCK/BUS UNIT # <input type="text"/>	LOC ATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE THE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA
WORKERS PRESENT <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN	DIAGRAM



TRUCK/BUS UNIT # <input type="text"/>	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.
---	--	--

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 <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING 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 GARbage REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	CDL CLASS <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	HAZARDOUS MATERIALS <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	HAZARDOUS MATERIALS REFERENCE <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE		

POLICE ACTION

DATE CRASH REPORTED 02/24/2010	TIME REC CALL 16:52	DISPATCH 16:52	ARRIVED 17:01	CLEARED 17:23	OTHER 15	TOTAL MINUTES 46
OFFICER'S NAME PTL. BRADLEY J. MCCLUGGAGE II		BADGE # 117	CHECKED BY		DATE REPORT FILED 02/24/2010	
REPORT TAKEN BY 1 POLICE AGENCY 2 MOTORIST 1	REPORT TAKEN AT 1 SCENESITE 2 STATION 3 OTHER 1	<input type="checkbox"/> SUPPLEMENT 'X' IF YES			LOCAL REPORT # 10MPD 0350	