

OHIO

TRAFFIC CRASH REPORT



CRASH REPORT # 10MPD 0390	CRASH SEVERITY 3 1.FATAL ERROR 3.PDO 2.INSURY 4.UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> NO IF YES	HITS/SKIP 1 1.NOT HIT/SKIP 2.SOLVED 3.UNSOLVED	PHOTOS TAKEN <input type="checkbox"/> NO 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. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	# UNITS 2	UNIT ERROR 99 98.ANIMAL 99.UNKNOWN	DATE OF CRASH 03/04/2010	

TIME OF CRASH 17:40	DAY OF WEEK THU	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40330805	LONGITUDE 081505007
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CRASH OCCURRED ON		TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX S	CRASH LOCATION WASHINGTON	TYPE LOC 1	

AT/REFERENCE	REFERENCE POINT USED	95 TOWNSHIP BOUNDARY	99 DRIVEWAY
DIST. REF. 100 F	DR S	PREFIX ADAMS	REFERENCE POINT 02

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) MASTICE VINCENT
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)
7778 MILLERSBURG RD WOOSTER OH 44691

SOCIAL SECURITY NUMBER	DATE OF BIRTH 07/21/1961	AGE 48	SEX M	HOME PHONE # (330)465-9849	WORK PHONE #
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DL STATE OH	DL # RT052929	LP STATE OH	LP # EVY8234	INJURED TAKEN BY 1 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE 'SAME') MASTICE, VINCENT	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7778 MILLERSBURG RD WOOSTER OH 44691
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YEAR 2009	MAKE FORD	MODEL F-SERIES PIC	COLOR GREY	INSURANCE COMPANY GEICO	TOWING SERVICE	OWNER PHONE #
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> NO IF YES
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B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) MILLER LEROY L
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)
10949 TR 506 SHREVE OH 44676

SOCIAL SECURITY NUMBER	DATE OF BIRTH 02/20/1969	AGE 41	SEX M	HOME PHONE # (330)567-9346	WORK PHONE # (330)674-0081
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DL STATE OH	DL # RJ120253	LP STATE OH	LP # PGW6786	INJURED TAKEN BY 1 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE 'SAME') PAINT VALLEY EQUIPMENT	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 10550 TR 262 MILLERSBURG OH 44654
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YEAR 2007	MAKE CHEVROLET	MODEL C,K-SERIES F	COLOR WHITE	INSURANCE COMPANY HUMMEL	TOWING SERVICE	OWNER PHONE # (330)674-0081
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> NO IF YES
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C	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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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
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D	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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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
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MOTORIST / NON-MOTORIST

OCCUPANT

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
A 01	A 04	A 1	A 1	A 1	A 1	A 1
B 01	B 04	B 1	B 1	B 1	B 1	B 1
C	C	C	C	C	C	C
D	D	D	D	D	D	D

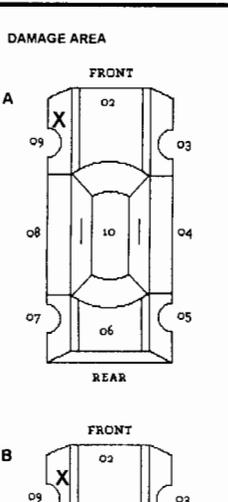
BLANK FOR WITNESS

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 (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 OFFSIDE TRAFFICWAY
 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, 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 ROLL-OVER
 02 FIRE EXPLOSION
 03 IMBERSION
 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
COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT LISTED
 14 PEDESTRIAN
 15 BICYCLE
 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 CONTACT ATTENUATOR CRASH CUSHION
 26 BRIDGE OVERHEAD STRUCTURE
 27 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 TOWER/SUPPORT
 36 TRAILY POLE
 37 OTHER POST, POLE OR SUPPORT
 38 CURB/VEST
 39 CURB
 40 DITCH
 41 EMBANKMENT
 42 ETC.
 43 MAILBOX
 44 TREE
 45 OTHER FIXED OBJECT (WALL, BUILDING, TOWER, 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 CROSSBUCKS
 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 INOPERATIVE, 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

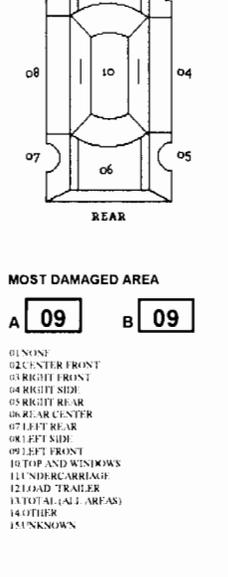
1 NONE
 2 BLOOD
 3 URINE
 4 OTHER

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 (BOBTAIL)
 13 TRACTOR SEMI-TRAILER
 14 TRACTOR DOBBLE - SHORT
 15 TRACTOR DOBBLE - LONG
 16 FIFTY WHEEL OR CONVENTIONAL DOLLY
 17 TRACTOR TRIPLE
 18 MOTORCYCLE
 19 MOTORIZED BICYCLE
 20 SCOOTER/S
 21 CHURCH BUS
 22 PUBLIC BUS
 23 OTHER BUS
 24 POLICE VEHICLE
 25 FIRE TRUCK
 26 AMBULANCE/RESCUE
 27 TAXI
 28 MOTOR HOME
 29 TRAILER
 30 FARM VEHICLE
 31 FARM EQUIPMENT
 32 NON-WORKING
 33 CONSTRUCTION EQUIPMENT
 34 ALL OTHERS
NON-MOTORIST
 35 ANIMAL W/ RIDER
 36 ANIMAL W/ DRUGGY
 37 BICYCLE
 38 PEDESTRIAN
 39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, 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 - ACTA
 09 IMPROPER LANE CHANGE, DROVE OFF ROAD
 10 IMPROPER PASSING
 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 (DUTY WIND, SLIPPERY SURFACE, VEHICLE OBJECT)
 15 NON-MOTORIST IN ROADWAY (ETC.)
 16 FAILURE TO CONTROL
 17 VISION OBSTRUCTION
 18 DRIVER INATTENTION
 19 FATIGUE/ASLEEP
 20 OPERATING DEFECTIVE EQUIPMENT
 21 LOAD SHIFTING-FALLING/SPILLING
 22 OTHER IMPROPER ACTION
 23 UNKNOWN
NON-MOTORIST
 24 NONE
 25 IMPROPER CROSSING
 26 DARTING
 26.1 YOG AND/OR ILLEGALLY IN ROADWAY
 27 FAILURE TO YIELD RIGHT OF WAY
 28 NOT VISIBLE (DARK CLOTHING)
 29 INATTENTION
 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, DISTRESSED)
 4 ILLNESS
 5 FELL, ASLEEP, 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 SUSPECTED
 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/UNUSABLE
 4 TEST GIVEN, RESULTS KNOWN
 5 TEST GIVEN, RESULTS UNKNOWN
 6 UNKNOWN

ALCOHOL TEST TYPE
 A B

1 NONE
 4 BREATH
 2 BLOOD
 3 OTHER
 5 URINE

ALCOHOL TEST RESULT
 A B

TYPE OF INTERSECTION
 A

01 NOT AN INTERSECTION
 02 FLOW-RWAY INTERSECTION
 03 T-INTERSECTION
 04 Y-INTERSECTION
 05 TRAFFIC CIRCLE/ROUNDABOUT
 06 TEE-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
 A

1 ON ROADWAY
 2 ON SHOULDER
 3 IN MEDIAN
 4 ON ROADSIDE
 5 ON GOLF COURSE
 6 OFFSIDE TRAFFICWAY
 7 UNKNOWN

ROAD CONTOUR
 A

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 TOWAL (ALL AREAS)
 14 OTHER
 15 UNKNOWN

ACTION
 A B

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

VEHICLE DEFECT CODE ONLY IF '1' SELECTED ABOVE
 A B

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

FIRST HARMFUL EVENT
 A B

OR THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

MOST HARMFUL EVENT
 A B

OR 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 MINOR DAMAGE
 4 DISABLING DAMAGE
 5 SEVERE
 6 UNKNOWN

STRIKING VEHICLE OVERRIDE/UNDERRIDE
 A B

1 NOT OVERRIDDEN OR OVERRIDEN
 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

SPEED
 A B

ALCOHOL TEST RESULT
 A B

LOCAL REPORT #
 10MPD 0390

SUPPLEMENT 'X' IF YES

NARRATIVE

UNIT 1 WAS SOUTHBOUND ON S. WASHINGTON ST. SOUTH OF ADAMS. UNIT 2 WAS NORTHBOUND AT THE SAME LOCATION. UNITS 1 AND 2 STRUCK MIRRORS AS THEY PASSED. THE DRIVER OF UNIT 1 INDICATED THAT BOTH PARTIES HAD GOTTEN OVER AS FAR AS THEY COULD, BUT THE MIRRORS STRUCK DUE TO UNIT 2 HAVING EXTENDED TOWING MIRRORS. THE DRIVER OF UNIT 2 ADVISED THAT HE HAD SLOWED NEARLY TO A STOP BEFORE STRIKING MIRRORS AND STATED THAT UNIT 1 APPEARED TO BE TRAVELING AT A HIGHER RATE OF SPEED THAN NORMAL TRAFFIC. BOTH PARTIES EXCHANGED INFORMATION ON SCENE AND UNIT 1 CAME TO THE STATION FOR A REPORT. THIS OFFICER WAS UNABLE TO OBSERVE THE SCENE AND NO WITNESSES TO THE INCIDENT WERE PRESENT.

<p>MANNER OF COLLISION OR IMPACT</p> <p>8</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>SCHOOL BUS RELATED</p> <p>1</p> <p>1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN</p>	<p>DIAGRAM</p> <p style="text-align: center;">S. Washington St.</p> <p style="text-align: center;">North</p> <p style="text-align: center;">NC = Non contact</p>
<p>WEATHER</p> <p>01</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 HOWLING SAND/SOIL DIRT/SNOW 09 OTHER 10 UNKNOWN</p>	<p>WORK ZONE RELATED</p> <p>1</p> <p>1 NO 2 YES 3 UNKNOWN</p>	
<p>LIGHT CONDITIONS</p> <p>PRIMARY SECONDARY</p> <p>1 <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>TYPE OF WORK ZONE</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>LOC ATION OF CRASH IN WORK ZONE</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>WORKERS PRESENT</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	

TRUCK/BUS UNIT #	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 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
CARGO BODY TYPE		WEIGHT (GVWR)		CDL CLASS		HAZARDOUS MATERIALS	
01 NOT APPLICABLE 02 BUS (9-13 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAB/CHIPS/GRAVEL		05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER		10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN		1 LESS/EQUAL 10,000 2 10,001 - 26,000 3 MORE THAN 26,000	
1 CLASS A 2 CLASS D 3 CLASS C 4 CLASS E 5 CLASS E		1 NO 2 YES 3 UNKNOWN		1 NO 2 YES 3 NOT APPLICABLE			

POLICE ACTION

DATE CRASH REPORTED 03/04/2010	TIME REC CALL 17:51	DISPATCH 17:54	ARRIVED 17:57	CLEARED 18:32	OTHER 45	TOTAL MINUTES 83
OFFICER'S NAME PTL. JUSTIN ESTILL			BADGE # 113	CHECKED BY		DATE REPORT FILED 03/05/2010
REPORT TAKEN BY 1 POLICE AGENCY 2 MOTORIST	REPORT TAKEN AT 1 AGENT 2 STATION 3 OTHER		<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT # 10MPD 0390	