

OHIO												TRAFFIC CRASH REPORT											
CRASH REPORT # 10MPD 0395				CRASH SEVERITY 3 1 FATAL ERROR 3 FPD 2 INJURY 4 UNKNOWN				PRIVATE PROPERTY <input checked="" type="checkbox"/> YES		HIT/SKIP 1 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. # 03801				REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT				# UNITS 2		UNIT ERROR 01 98 ASIMMIL 99 UNKNOWN		DATE OF CRASH 03/05/2010											
TIME OF CRASH 12:40		DAY OF WEEK FRI		CITY/VILLAGE/TOWNSHIP VILLAGE		NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG				COUNTY # 38		LATITUDE 40323701		LONGITUDE 081544506									
CRASH OCCURRED ON						TYPE LOCATION POINT USED			LOCAL INFORMATION														
PREFIX		CRASH LOCATION PRIVATE PROPERTY				TYPE LOC 1		1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE			RODHES IGA SUPERCENTER												
AT/REFERENCE						REFERENCE POINT USED																	
DIST. REF.		DR		PREFIX		REFERENCE 002105 GLEN DR.		REF POINT 04		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																							
M O T O R I S T / N O N - M O T O R I S T	A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) CUTTING LINDA M.				ADDRESS (STREET, CITY, STATE, ZIP-CODE) 13815 C.R. 100 LAKEVILLE OH 44638															
	SOCIAL SECURITY NUMBER		DATE OF BIRTH 03/08/1952		AGE 57	SEX F	HOME PHONE # (419)827-2249		WORK PHONE #														
	DL STATE OH	DL # RT869162		LP STATE OH	LP # DZJ2620		INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE		TRANSPORTED BY		INJURED TAKEN TO												
	OWNER NAME (IF SAME, WRITE 'SAME') CUTTING, LINDA M.				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 13815 C.R. 100 LAKEVILLE OH 44638																		
	YEAR 2004	MAKE CHEVROLET	MODEL CAVALIER	COLOR TAN	INSURANCE COMPANY PEKIN INSURANCE		TOWING SERVICE		OWNER PHONE # (419)827-2249														
	OFFENSE CHARGED		OFFENSE DESCRIPTION						CITATION #		LOCAL CODE <input type="checkbox"/> YES												
	B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) MILLER BETTY J.				ADDRESS (STREET, CITY, STATE, ZIP-CODE) 149 E. JONES ST. APT. 37 MILLERSBURG OH 44654															
	SOCIAL SECURITY NUMBER		DATE OF BIRTH 09/07/1929		AGE 80	SEX F	HOME PHONE # (330)674-7555		WORK PHONE # (330)763-3746														
	DL STATE OH	DL # RK416100		LP STATE OH	LP # B346J		INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE		TRANSPORTED BY		INJURED TAKEN TO												
	OWNER NAME (IF SAME, WRITE 'SAME') MILLER, BETTY J.				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 149 E. JONES ST. APT. 37 MILLERSBURG OH 44654																		
YEAR 1992	MAKE LINCOLN	MODEL CONTINENTAL	COLOR TAN	INSURANCE COMPANY HOME-OWNERS INS		TOWING SERVICE		OWNER PHONE # (330)674-7555															
OFFENSE CHARGED		OFFENSE DESCRIPTION						CITATION #		LOCAL CODE <input type="checkbox"/> YES													
O C C U P A N T	C	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												
	D	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					
A	01	01 FRONT - LEFT (MC DRIVER)	A	04	MOTORIST	A	1	1 NOT DEPLOYED	A	1	1 ON-OFF SWITCH NOT PRESENT	A	1	1 NOT TRAPPED	A	1	1 NO INJURY						
B	01	02 FRONT - MIDDLE	B	04	02 SHIRT/POW BELT ONLY USED	B	1	2 DEPLOYED - FRONT	B	1	2 SWITCH IN ON POSITION	B	1	2 MECHANICALLY EJECTED	B	1	2 POSSIBLE						
C		03 FRONT - RIGHT	C		03 SHIRT/POW BELT ONLY USED	C		3 DEPLOYED - SIDE	C		3 SWITCH IN OFF POSITION	C		3 PARTIALLY EJECTED	C		3 NON-INCAPACITATING						
D		04 SECOND - LEFT (MC PASS)	D		04 LAP BELT ONLY USED	D		4 DEPLOYED BOTH FRONT SIDE	D		4 SWITCH IN ON POSITION	D		4 NOT APPLICABLE	D		4 INCAPACITATING						
		05 SECOND - MIDDLE			05 CHILD SAFETY SEAT USED			5 NOT APPLICABLE			4 UNKNOWN POSITION			5 UNKNOWN			5 FATAL INJURY						
		06 SECOND - RIGHT			06 SHOULDER AND LAP BELT USED			6 DEPLOYMENT UNKNOWN									6 UNKNOWN						
		07 THIRD - LEFT (MC PASSENGER SIDE CAR)			07 RESTRAINT USE UNKNOWN																		
		08 THIRD - MIDDLE			08 NONE USED																		
		09 THIRD - RIGHT			09 HELMET USED																		
		10 SEATER SECTION OF CAB			10 PROTECTIVE PADS																		
		11 ENCLOSED CARGO AREA			11 REFLECTIVE CLOTHING																		
		12 UNENCLOSED CARGO AREA			12 LIGHTING																		
		13 TRAILER UNIT			13 OTHER																		
		14 EXTERIOR			14 OTHER																		
		15 OTHER			15 OTHER																		
		16 NON-MOTORIST			16 UNKNOWN																		
		17 UNKNOWN																					
BLANK FOR WITNESS												<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 (NOT ON SHOULDER)
 08 ISLAND
 09 SHOULDER
 10 SIDEWALK
 11 WITHIN 10 FEET OF ROADWAY BUT NO SIDEWALK, MEDIAN, SIDEWALK, OR ISLAND
 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
 13 OFF-SIDE TRAFFICWAY
 14 SHARED USE PATHS OR TRAILS
 15 UNKNOWN

TYPE OF UNIT
 A B

MOTORIST
 01 SUB-COMPACT
 02 COMPACT
 03 MID-SIZE
 04 FULL-SIZE
 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 (BOXTAIL)
 13 TRACTOR SEMI-TRAILER
 14 TRACTOR DOBBLE - SHORT
 15 TRACTOR DOBBLE - LONG
 16 WITH WHEEL OR CONVERTER DOLLY
 17 TRACTOR TRIPLES
 18 MOTORCYCLE
 19 MOTORIZED BICYCLE
 20 SCHOOL BUS
 21 CHURCH BUS
 22 PUBLIC BUS
 23 OTHER BUS
 24 POLICE VEHICLE
 25 FIRE TRUCK
 26 AMBULANCE/RESCUE
 27 TAXI
 28 MOTOR HOME
 29 TRAIN
 30 ARM VEHICLE
 31 ARM EQUIPMENT
 32 SNOWMOBILE
 33 CONSTRUCTION EQUIPMENT
 34 ALL OTHERS
NON-MOTORIST
 35 ANIMAL W/ RIDER
 36 ANIMAL W/ HUGGY
 37 BICYCLE
 38 PEDESTRIAN
 39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)
 40 SKATER
 41 OTHER NON-MOTORIST (WHEELCHAIR, ETC.)
 42 UNKNOWN

DAMAGE AREA

A **B**

POINT OF IMPACT
 A B

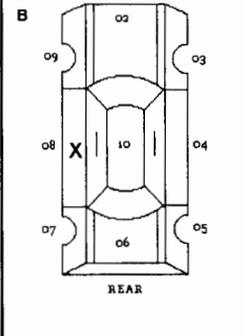
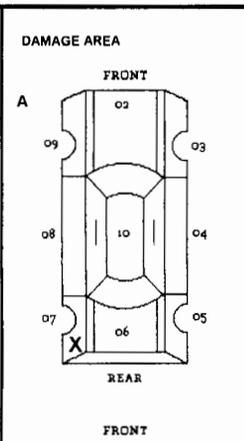
01 NONE
 02 CENTER FRONT
 03 RIGHT FRONT
 04 RIGHT SIDE
 05 RIGHT REAR
 06 REAR CENTER
 07 LEFT REAR
 08 LEFT SIDE
 09 LEFT FRONT
 10 TOP AND WINDOWS
 11 UNDERCARRIAGE
 12 LOAD TRAILER
 13 TOTAL (ALL AREAS)
 14 OTHER
 15 UNKNOWN

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



MOST DAMAGED AREA
 A B

ACTION
 A B

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

STRICKING VEHICLE OVERRIDE/UNDERRIDE
 A B

1 NO UNDERRIDE OR OVERRIDE
 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

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 STOPPING OR STOPPED IN TRAFFIC
 12 IDLE/IDLE
 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 LAYING OR WORKING ON VEHICLE
 21 STANDING
 22 OTHER
 23 UNKNOWN

CONTRIBUTING CIRCUMSTANCES
 A B

MOTORIST
 01 NONE
 02 FAILURE TO YIELD
 03 RUNNING 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 OFFERING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLECT 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 FATIGUE, ASLEEP
 19 OPERATING DEFECTIVE EQUIPMENT
 20 LOAD SHIFTING/FALLING/SPELLING
 21 OTHER IMPROPER ACTION
 22 UNKNOWN
NON-MOTORIST
 23 NONE
 24 IMPROPER CROSSING
 25 DARTING
 26 WINDING 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

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

SEQUENCE OF EVENTS

A **B**

1 2 3 4

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 WHEELS
 08 RAMP OF ROAD RIGHT
 09 RAMP OF ROAD LEFT
 10 CROSS MEDIAN CENTERLINE
 11 DOWNHILL RUNAWAY
 12 OTHER NON-COLLISION
 13 UNKNOWN NON-COLLISION
COLLISION W/ PERSON, VEHICLE, OR OBJECT, NOT FINED
 14 PEDESTRIAN
 15 PEDAL CYCLE
 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 FLEET OBJECT
 26 CONTACT ATTESTATOR/CRAASH CUSHION
 27 BRIDGE OVERHEAD STRUCTURE
 28 BRIDGE PIER OR ABUTMENT
 29 BRIDGE PARAPET
 30 GUARDRAIL FACE
 31 GUARDRAIL END
 32 MEDIAN BARRIER
 33 HIGHWAY TRAFFIC SIGN POST
 34 OVERHEAD SIGN POST
 35 LIGHT TUMBLER/SUPPORT
 36 UTILITY POLE
 37 OTHER POST, POLE OR SUPPORT
 38 CURB
 39 CURB
 40 DITCH
 41 EMBANKMENT
 42 FENCE
 43 MAIL BOX
 44 TREE
 45 OTHER FIXED OBJECT/WALL, BUILDING, TUNNEL, ETC.)
 46 WORK ZONE MAINTENANCE EQUIPMENT
 47 UNKNOWN FIXED OBJECT
 48 OTHER
 49 UNKNOWN

FIRST HARMFUL EVENT
 A B

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

MOST HARMFUL EVENT
 A B

01 THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

SPEED DETECTED
 A B

1 STATED
 2 ESTIMATED

SPEED
 A B

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 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 INOPERATIVE, MISSING, OBLSCURED
 16 OTHER
 17 NOT REPORTED

DIRECTION
 FROM TO FROM TO
 A B

1 NORTH
 2 SOUTH
 3 EAST
 4 WEST
 5 NORTHWEST
 6 NORTHWEST
 7 SOUTH
 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 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/UNUSABLE
 4 TEST GIVEN, RESULTS UNKNOWN
 5 TEST GIVEN, RESULTS UNKNOWN
 6 UNKNOWN

ALCOHOL TEST TYPE
 A B

1 NONE
 2 BLOOD
 3 URINE

ALCOHOL TEST RESULT
 A B

DRUG TEST STATUS
 A B

1 NONE GIVEN
 2 TEST REFUSED
 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
 4 TEST GIVEN, RESULTS UNKNOWN
 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 INTERSECTION
 A

01 NOT AN INTERSECTION
 02 FOUR-WAY INTERSECTION
 03 T-INTERSECTION
 04 Y-INTERSECTION
 05 TRAFFIC CIRCLE/ROUNDABOUT
 06 PIVOT 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

OCURRENCE
 A

1 ON ROADWAY
 2 ON SHOULDER
 3 ON MEDIAN
 4 ON ROADSIDE
 5 ON GORE
 6 OFF-SIDE TRAFFICWAY
 7 UNKNOWN

ROAD CONTOUR
 A

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

ROAD CONDITIONS
 PRIMARY SECONDARY

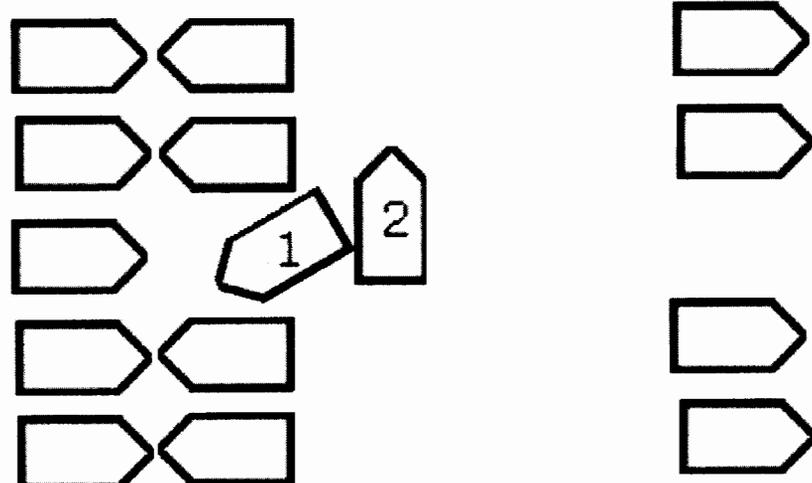
01 DRY
 02 WET
 03 SNOW
 04 ICE
 05 SAND/MUD/DIRT/OIL/GRAVEL
 06 WATER (STANDING, MOVING)
 07 SLUSH
 08 DEBRIS
 09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT
 10 OTHER
 11 UNKNOWN

SUPPLEMENT 'X' IF YES

LOCAL REPORT # **10MPD 0395**

NARRATIVE

UNIT 1 WAS BACKING FROM A PARKING SPACE IN A STORE PARKING LOT AND BACKED INTO THE SIDE OF UNIT 2 WHO WAS DRIVING THROUGH THE LOT BEHIND HER IN THE THROUGHWAY PART OF THE LOT.

<p>MANNER OF COLLISION OR IMPACT</p> <p>5</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 SIDESWIPE SAME DIRECTION 8 SIDESWIPE 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="font-size: 24pt; font-weight: bold;">Rodhes IGA Supercenter Parking</p> <p style="font-size: 36pt; font-weight: bold; text-align: right;">N↑</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 BLOWING SAND SUB-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 7 ROADWAY LIGHTING 8 GLARE 9 OTHER 10 UNKNOWN</p>	<p>TYPE OF WORK ZONE</p> <p><input type="checkbox"/></p> <p>1 1-ANE CLOSED 2 1-ANE SHIFT CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT OR MOVING WORK 5 OTHER</p>								
<p>LOCATION 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>									
<p>TRUCK/BUS UNIT #</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 A FATALITY, OR N AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT, OR D AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.</p>							
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>CARGO BODY TYPE</p> <p><input type="checkbox"/></p> <p>01 NOT APPLICABLE 02 BUS (9-15 INCL. DRIVERS) 03 VAN ENCLOSED BOX 04 GRAIN CHIPS GRAVEL</p>		<p>05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER</p>		<p>10 AUTO TRANSPORTER 11 GARBAGE REFUSE 12 OTHER 13 UNKNOWN</p>		<p>WEIGHT (GVWR)</p> <p><input type="checkbox"/></p> <p>1 LESS EQUAL 10,000 2 10,001 - 26,000 3 MORE THAN 26,000</p>	<p>CDL CLASS</p> <p><input type="checkbox"/></p> <p>1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E</p>	<p>HAZARDOUS MATERIALS</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	<p>HAZARDOUS MATERIALS RFI FASFD</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 NOT APPLICABLE</p>
POLICE ACTION									
DATE CRASH REPORTED 03/05/2010		TIME REC CALL 12:48	DISPATCH 12:49	ARRIVED 12:59	CLEARED 13:12	OTHER 20	TOTAL MINUTES 43		
OFFICER'S NAME PTL. W. TODD BOOTH			BADGE # 104	CHECKED BY		DATE REPORT FILED 03/05/2010			
REPORT TAKEN BY 1		REPORT TAKEN AT 1		SUPPLEMENT 'X' IF YES <input type="checkbox"/>		LOCAL REPORT # 10MPD 0395			