



TRAFFIC CRASH REPORT

CRASH REPORT # 10MPD 0420	CRASH SEVERITY 3 1 FATAL ERROR 3 PDG 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input checked="" 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 1	UNIT ERROR 01 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 03/08/2010	

TIME OF CRASH 15:55	DAY OF WEEK MON	CITY/VILLAGETOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40320204	LONGITUDE 081550902
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PREFIX PRIVATE PROPERTY	CRASH LOCATION PRIVATE PROPERTY	TYPE LOC 1	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION WAL MART PARKING LOT
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DIST. REF.	DR	PREFIX S	REFERENCE 001640 S. WASHINGTON ST.	REF POINT 04	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
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MOTORIST / NON-MOTORIST

A	UNIT # 01	# OF OCC 3	NAME (LAST, FIRST, MIDDLE) STEWART SHIRLEY M.		ADDRESS (STREET, CITY, STATE, ZIP-CODE) 45432 C.R. 19 COSHOCTON OH 43812		
DL STATE OH	DL # RK022688	LP STATE OH	LP # BGA1306	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') HAGER, JOYCE V.			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 44087 C.R. 19 COSHOCTON OH 43812				
YEAR 2002	MAKE MERCURY	MODEL SABLE	COLOR GREEN	INSURANCE COMPANY STATE FARM	TOWING SERVICE	OWNER PHONE # (330)674-4260	
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> NO IF YES

B	UNIT #	# OF OCC	NAME (LAST, FIRST, MIDDLE)		ADDRESS (STREET, CITY, STATE, ZIP-CODE)		
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"/> NO IF YES

C	UNIT # 01	NAME (LAST, FIRST, MIDDLE) HAGER JOYCE V.		HOME PHONE # (330)674-4260	DATE OF BIRTH 05/01/1934	AGE 75	SEX F
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 44087 C.R. 19 COSHOCTON OH 43812				INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	
D	UNIT # 01	NAME (LAST, FIRST, MIDDLE) WOOD VAYDEN L.		HOME PHONE # (330)674-5708	DATE OF BIRTH 08/23/1995	AGE 14	SEX M
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 2955 S.R. 83 MILLERSBURG OH 44654				INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	

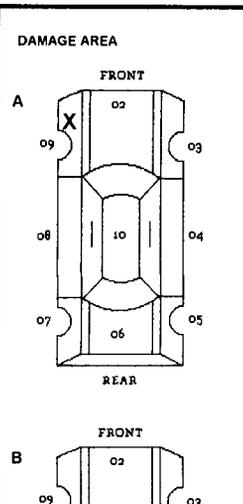
SEATING POSITION A 01 B C 03 D 06 BLANK FOR WITNESS	SAFETY EQUIPMENT A 04 B C 04 D 04	AIR BAG A 1 B C 1 D 5	AIR BAG SWITCH A 1 B C 1 D 1	EJECTION A 1 B C 1 D 1	TRAPPED A 1 B C 1 D 1	INJURIES A 1 B C 1 D 1
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SUPPLEMENT 'X' IF YES

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 ISLAND)
08 SHOULDER, MEDIAN, SIDEWALK, OR ISLAND
09 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
10 THRU TRAFFICWAY
14 SHARED USE PATHS OR TRAILS
15 UNKNOWN



TYPE OF UNIT
A B

MOTORIST
01 SUB-COMPACT
02 COMPACT
03 MID SIZED
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 (SHORT HAUL)
13 TRACTOR SEMI-TRAILER
14 TRACTOR DOB (LONG - SHORT)
15 TRACTOR DOB (LONG - LONG)
16 PULL WHEEL OR CONVERTER DOLLY
17 TRACTOR TRIPPER
18 MOTORCYCLE
19 MOTORIZED BICYCLE
20 SCOOTER, BUS
21 CITY/RT 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 SNOWMOBILE
33 CONSTRUCTION EQUIPMENT
34 ALL OTHERS

NON-MOTORIST
35 ANIMAL - W/DRIVER
36 ANIMAL - W/NO DRIVER
37 BICYCLE
38 PEDESTRIAN
39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)
40 SKATER
41 OTHER-NON MOTORIST (WHEELCHAIR, ETC.)
42 UNKNOWN

MOST DAMAGED AREA
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

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

IN EMERGENCY RESPONSE
A B

1 NO
2 YES
3 UNKNOWN

STRIKING VEHICLE OVERRIDE/UNDERRIDE
A B

1 NOT 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

DAMAGE SCALE
A B

1 NONE
2 NON-FUNCTIONAL
3 FUNCTIONAL DAMAGE
4 DISABLING DAMAGE
5 SEVERE
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 RUBBING
07 WORN OR SLICK TIRES
08 TRAILER EQUIPMENT DEFECTIVE
09 MOTOR TROUBLE
10 DISABLING FROM PRIOR ACCIDENT
11 OTHER DEFECTS
12 NO DEFECTS

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

CONTRIBUTING CIRCUMSTANCES
A B

MOTORIST
01 NONE
02 FAILURE TO YIELD
03 RED LIGHT OR STOP SIGN
04 EXCEEDED SPEED LIMIT
05 SAFE SPEED
06 IMPROPER TURN
07 LEFT OF CENTER
08 TOO CLOSE TO OTHER VEHICLE
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 FRAGRANT, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER
14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE OBJECT, FAILURE TO CONTROL)
15 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 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 SIGNALS, SIGNS OR OFFICER
31 WRONG SIDE OF THE ROAD
32 OTHER
33 UNKNOWN

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

SPEED
A B

SEQUENCE OF EVENTS

A	B
1 <input type="text" value="37"/>	1 <input type="text"/>
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 CAR/GOV EQUIPMENT LACKS OR SHIFT
06 EQUIPMENT FAILURE (OWN 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 FIXED
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 IMPACT 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 LUMINARIES SUPPORT
36 TILITY POLE
37 OTHER POST, POLE OR SUPPORT
38 CULVERT
39 CURB
40 DITCH
41 EMBANKMENT
42 FENCE
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

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 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 - HBD 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 KNOWN
5 TEST GIVEN, RESULTS UNKNOWN
6 UNKNOWN

ALCOHOL TEST TYPE
A B

1 NONE
2 BREATH
3 URINE
4 OTHER

ALCOHOL TEST RESULT
A B

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 PAYMENT MARKINGS
13 CROSSWALK LINES
14 WALK DON'T WALK
15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
16 OTHER
17 NOT REPORTED

TYPE OF INTERSECTION
A B

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

OCURRENCE
A B

1 ON ROADWAY
2 ON SHOULDER
3 IN MEDIAN
4 ON ROADSIDE
5 ON GORE
6 ON THRU TRAFFICWAY
7 UNKNOWN

ROAD CONTOUR
A B

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

ROAD CONDITIONS
PRIMARY SECONDARY
A B

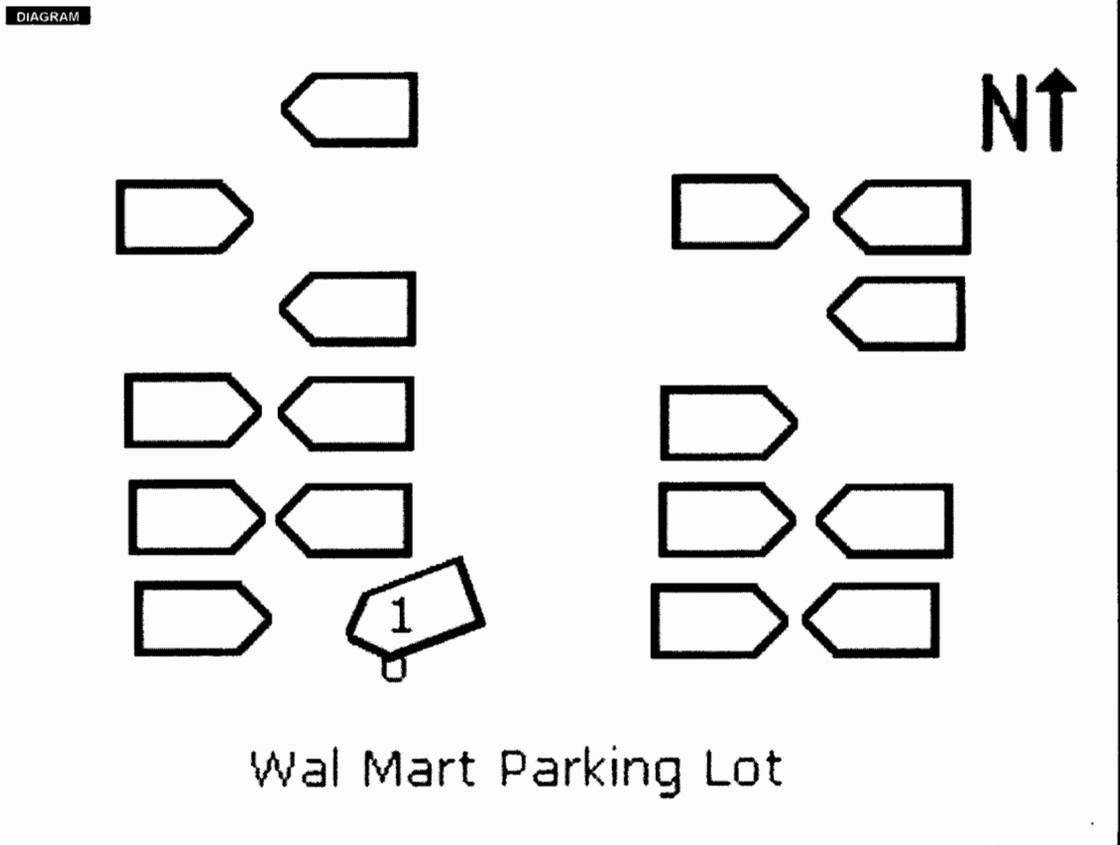
01 DRY
02 WET
03 SNOW
04 ICE
05 SAND/MUD/DIRT/OIL GRAVEL
06 WATER (STANDING, MOVING)
07 SLUSH
08 DEBRIS
09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT
10 OTHER
11 UNKNOWN

SUPPLEMENT 'X' IF YES
LOCAL REPORT # **10MPD 0420**

NARRATIVE

UNIT 1 WAS BACKING FROM A PARKING SPACE IN A STORE PARKING LOT AND STRUCK A POLE TO THE REAR OF HER VEHICLE AS SHE WAS PASSING BY IT.

MANNER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 1 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 <input checked="" type="checkbox"/> 1 1) NO 2) YES, DIRECTLY INVOLVED 3) YES, INDIRECTLY INVOLVED 4) UNKNOWN
WEATHER <input checked="" type="checkbox"/> 01 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 <input checked="" type="checkbox"/> 1 1) NO 2) YES 3) UNKNOWN
LIGHT CONDITIONS PRIMARY <input checked="" type="checkbox"/> SECONDARY <input type="checkbox"/> 1) DAYLIGHT 2) DAWN 3) DUSK 4) DARK - LIGHTED ROADWAY 5) DARK - ROADWAY NOT LIGHTED 6) DARK - UNKNOWN 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
LOCATION 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



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 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
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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 <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-13 INCL) (DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSURE <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 THAN 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 03/08/2010	TIME REC CALL 16:02	DISPATCH 16:08	ARRIVED 16:13	CLEARED 16:26	OTHER 30	TOTAL MINUTES 48
OFFICER'S NAME PTL. W. TODD BOOTH	BADGE # 104	CHECKED BY	DATE REPORT FILED 03/08/2010			
REPORT TAKEN BY <input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST	REPORT TAKEN AT <input checked="" type="checkbox"/> 1 LICENSE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER	<input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT # 10MPD 0420			