

OHIO

TRAFFIC CRASH REPORT

Traffic Crash Report

CRASH REPORT # 10MPD 0431	CRASH SEVERITY 3 1 FATAL ERROR 2 FIBR 3 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 ANIMAL 99 UNKNOWN	DATE OF CRASH 03/10/2010	

TIME OF CRASH 12:10	DAY OF WEEK WED	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40331205	LONGITUDE 081550605
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX CRASH LOCATION PRIVATE PROPERTY	TYPE LOC 1	VILLAGE PARKING LOT

DIST. REF.	DR	PREFIX S	REFERENCE 000051 WASHINGTON	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

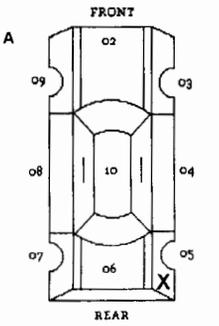
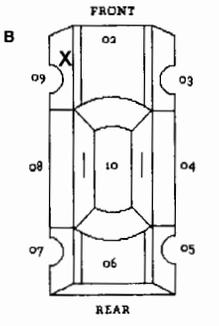
A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) KELLOGG ANDREA M	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 425 S CLAY ST MILLERSBURG OH 44654		
SOCIAL SECURITY NUMBER	DATE OF BIRTH 03/23/1965	AGE 44	SEX F	HOME PHONE # (330)275-0876	WORK PHONE #	
DL STATE OH	DL # RU601846	LP STATE OH	LP # RN533833	INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') JEFFREY L KELLOGG			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 425 S CLAY ST MILLERSBURG OH 44654			
YEAR 2007	MAKE MERCURY	MODEL OTHER	COLOR GREEN	INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE	OWNER PHONE # (330)275-0876
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES			

B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) DAVIS KELLY A	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 525 S MONROE ST MILLERSBURG OH 44654		
SOCIAL SECURITY NUMBER	DATE OF BIRTH 04/30/1980	AGE 29	SEX F	HOME PHONE # (330)231-3474	WORK PHONE #	
DL STATE OH	DL # RN533833	LP STATE OH	LP # DCT8454	INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') DAVIS, KELLY A			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 525 S MONROE ST MILLERSBURG OH 44654			
YEAR 2006	MAKE LINCOLN	MODEL OTHER	COLOR SILVER	INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE	OWNER PHONE #
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES			

C	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
D	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX

SEATING POSITION A 01 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 SEATER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	SAFETY EQUIPMENT A 04 04 MOTORIST 05 NONE / SKID 06 SHOULDER BELT ONLY USED 07 LAP BELT ONLY 08 SHOULDER AND LAP BELT USED 09 CHILD SAFETY SEAT USED 10 HELMET USED 11 RESTRAINT USE UNKNOWN 12 NONE / TORX 13 NONE / LMB 14 CHAIRING 15 CHITING 16 OTHER 17 UNKNOWN	AIR BAG A 1 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	AIR BAG SWITCH A 1 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	EJECTION A 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED A 1 1 NOT TRAPPED 2 ENTRAPPED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES A 1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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SUPPLEMENT 'X' IF YES

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/> NON-MOTORIST LOCATION A <input type="text"/> B <input type="text"/> <small>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 SIDEWALK (BUT NOT ON SHOULDER, ISLAND, AND) 08 SIDEWALK 09 SIDEWALK 10 WITHIN 10 FEET OF ROADWAY (BUT NOT SHOULDER, MEDIAN, SIDEWALK, OR ISLAND) 11 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 12 OFFSIDE TRAFFICWAY 13 SHARED USE PATHS OR TRAILS 14 UNKNOWN</small>	DAMAGE AREA FRONT  REAR  MOST DAMAGED AREA A <input type="text" value="05"/> B <input type="text" value="08"/> <small>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</small>	PRE-CRASH ACTIONS A <input type="text" value="02"/> B <input type="text" value="11"/> <small>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 DRIVE AWAY 13 OTHER 14 UNKNOWN 15 UNKNOWN 16 UNKNOWN 17 UNKNOWN 18 UNKNOWN 19 UNKNOWN 20 UNKNOWN 21 UNKNOWN 22 UNKNOWN 23 UNKNOWN 24 UNKNOWN</small>	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td>1</td><td><input type="text" value="20"/></td><td>B</td><td>1</td><td><input type="text" value="20"/></td></tr> <tr><td></td><td>2</td><td><input type="text"/></td><td></td><td>2</td><td><input type="text"/></td></tr> <tr><td></td><td>3</td><td><input type="text"/></td><td></td><td>3</td><td><input type="text"/></td></tr> <tr><td></td><td>4</td><td><input type="text"/></td><td></td><td>4</td><td><input type="text"/></td></tr> </table> <small>NON-COLLISION 01 OVERTURN ROLLOVER 02 FIRE EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENT LOSS OR SHEET EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) 06 SEPARATION OF WHEELS 07 RAN OFF ROAD RIGHT 08 RAN OFF ROAD LEFT 09 CROSS-MEDIAN CENTERLINE 10 THROUGH HILL, RISE OR DRAINAGE 11 OTHER NON-COLLISION 12 UNKNOWN NON-COLLISION 13 UNKNOWN NON-COLLISION 14 OTHER NOT LISTED 15 OTHER NOT LISTED 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 FIXED OBJECT 26 IMPACT AT MOTORIST CRASH CURSION 27 BRIDGE OVERHEAD STRUCTURE 28 BRIDGE PIER OR ABUTMENT 29 BRIDGE PAVEMENT 30 GROUNDWATER FACE 31 GROUNDWATER END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT UMBRELLAS SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 39 DITCH 40 EMBANKMENT 41 FENCE 42 MAILBOX 43 TREE 44 OTHER FIXED OBJECT WALL, BUILDING, TUNNEL, ETC. 45 WORK ZONE MAINTENANCE EQUIPMENT 46 UNKNOWN FIXED OBJECT 47 OTHER 48 UNKNOWN 49 UNKNOWN</small>	A	1	<input type="text" value="20"/>	B	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="0"/> B <input type="text" value="0"/> TRAFFIC CONTROL A <input type="text" value="01"/> B <input type="text" value="01"/> <small>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 16 OPERATIVE, MISSING, OBSOLETE 17 NOT REPORTED</small>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> <small>1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 GIVEN, RESULTS UNKNOWN 6 UNKNOWN</small> DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> <small>1 NONE 2 HIRTD 3 URINE 4 OTHER</small> DRUG TEST 1 & 2 RESULT <table border="1"> <tr><td>1</td><td>2</td><td>1</td><td>2</td></tr> <tr><td>A</td><td><input type="text" value="1"/></td><td>B</td><td><input type="text" value="1"/></td></tr> </table> <small>1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING</small>	1	2	1	2	A	<input type="text" value="1"/>	B	<input type="text" value="1"/>
A	1	<input type="text" value="20"/>	B	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"/>																																
1	2	1	2																																		
A	<input type="text" value="1"/>	B	<input type="text" value="1"/>																																		
TYPE OF UNIT A <input type="text" value="03"/> B <input type="text" value="03"/> <small>MOTORIST 01 SUBCOMPACT 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 (BOHTRAIL) 13 TRACTOR SEMI-TRAILER 14 TRACTOR DOB (B/E - 110SG) 15 TRACTOR DOB (B/E - 110SG) 16 TRACTOR W/ HILL 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 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS 35 UNKNOWN NON-MOTORIST 36 ANIMAL W RIDER 37 ANIMAL W RIDER 38 BICYCLE 39 PEDICEL 40 SCOOTER 41 OTHER NON-MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN</small>	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="10"/> B <input type="text" value="01"/> <small>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 INERRATIC, 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 FAILURE TO 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 SIGNS, SIGNALS OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN</small>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> <small>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 TRAILER 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS 12 NO DEFECTS</small>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> <small>ONE OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</small> MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> <small>ONE OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</small>	DIRECTION <table border="1"> <tr><td>FROM</td><td>TO</td><td>FROM</td><td>TO</td></tr> <tr><td>A</td><td><input type="text" value="4"/> <input type="text" value="3"/></td><td>B</td><td><input type="text" value="3"/> <input type="text" value="4"/></td></tr> </table> <small>1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN</small> CONDITION A <input type="text" value="1"/> B <input type="text" value="1"/> <small>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</small>	FROM	TO	FROM	TO	A	<input type="text" value="4"/> <input type="text" value="3"/>	B	<input type="text" value="3"/> <input type="text" value="4"/>	TYPE OF INTERSECTION A <input type="text" value="10"/> <small>01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDABOUT 06 JUNCTION, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY 11 RAILWAY GRADE CROSSING 12 SHARED USE PATHS OR TRAILS 13 UNKNOWN</small> OCCURRENCE A <input type="text" value="1"/> <small>1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON RAMPSIDE 5 ON GORE 6 OFFSIDE TRAFFICWAY 7 UNKNOWN</small>																								
FROM	TO	FROM	TO																																		
A	<input type="text" value="4"/> <input type="text" value="3"/>	B	<input type="text" value="3"/> <input type="text" value="4"/>																																		
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/> <small>1 NO 2 YES 3 UNKNOWN</small>	POINT OF IMPACT A <input type="text" value="05"/> B <input type="text" value="08"/> <small>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</small>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> <small>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 TRAILER 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS 12 NO DEFECTS</small>	SPEED DETECTED A <input type="text"/> B <input type="text"/> <small>1 STATED 2 ESTIMATED</small>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/> <small>1 NONE 2 YES ALCOHOL SUSPECTED 3 YES - HIRTD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN</small>	ROAD CONTOUR A <input type="text" value="2"/> <small>1 STRAIGHT LEFT 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN</small>																																
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="3"/> <small>1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN</small>	ACTION A <input type="text" value="3"/> B <input type="text" value="4"/> <small>1 NON-CONTACT 2 NON-COLLISION 3 STRICKING 4 STRUCK 5 OTHER STRICKING AND STRUCK 6 UNKNOWN</small>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> <small>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 TRAILER 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS 12 NO DEFECTS</small>	SPEED A <input type="text" value="0"/> B <input type="text" value="0"/>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> <small>1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</small>	ROAD CONDITIONS <table border="1"> <tr><td>PRIMARY</td><td>SECONDARY</td></tr> <tr><td><input type="text" value="01"/></td><td><input type="text"/></td></tr> </table> <small>01 DRY 02 WET 03 SNOW 04 ICE 05 SAND/MUD/DIRT/DIRT/SLURRY 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN</small>	PRIMARY	SECONDARY	<input type="text" value="01"/>	<input type="text"/>																												
PRIMARY	SECONDARY																																				
<input type="text" value="01"/>	<input type="text"/>																																				
<input type="checkbox"/> SUPPLEMENT 'X' IF YES				LOCAL REPORT # 10MPD 0431																																	

NARRATIVE

UNIT # 1 PULLED OUT ONTO SOUTH WASHINGTON STREET. UNIT # 1 COULD NOT GO BECAUSE OF TRAFFIC. UNIT # 1 THEN BACKED UP TO CLEAR THE STREET. UNIT # 1 DID NOT SEE UNIT # 2 BEHIND HER. UNIT # 1 BACKED INTO UNIT # 2

<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>WEATHER</p> <p>01</p> <p>01 CLEAR 02 CLOUDY 03 FOG/SMOG/SMOKE 04 RAIN 05 LEFT HAIL (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 HAIL/OWING 09 SAND/SILT/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>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>	

TRUCK/BUS UNIT #	<input type="text"/>	<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>
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COMPANY (FROM SHIPPING PAPERS)	<input type="text"/>
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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"/> 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 BATTERY 08 DUMP 09 CONCRETE MIXER</p>	<p>10 AIR TRANSPORTER 11 GARBAGE REFUSE 12 OTHER 13 UNKNOWN</p>	<p>WEIGHT (GVWR)</p> <p><input type="checkbox"/> 1 LESS THAN 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"/> 1 NO 2 YES 3 UNKNOWN</p>	<p>HAZARDOUS MATERIALS BEH FAREN</p> <p><input type="checkbox"/> 1 NO 4 UNKNOWN 2 YES 3 NOT APPLICABLE</p>

POLICE ACTION						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
03/10/2010	12:21	12:21	12:26	12:37	0	16

OFFICER'S NAME	BADGE #	CHECKED BY	DATE REPORT FILED
CAPT. SCOTT AKINS	103		03/10/2010

REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT 'X' IF YES	LOCAL REPORT #
1 1 POLICE AGENCY 2 MOTORIST	1 1 AGENCY 2 STATION 3 OTHER	<input type="checkbox"/>	10MPD 0431