



TRAFFIC CRASH REPORT -

| | | | | | |
|-------------------------------------|--|---|---|---|--|
| CRASH REPORT # 10MPD 1045 | CRASH SEVERITY 3 1 FATAL ERROR 1PDO 2 INJURY 4 UNKNOWN | PRIVATE PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> IF YES | HITSKIP 3 1 NOT HIT SKIP 2 SOLVED 3 UNSOLVED | PHOTOS TAKEN <input type="checkbox"/> YES <input type="checkbox"/> 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 06/01/2010 | |

| | | | | | | |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|
| TIME OF CRASH 15:35 | DAY OF WEEK TUE | CITY/VILLAGE/TOWNSHIP VILLAGE | NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG | COUNTY # 38 | LATITUDE 40330903 | LONGITUDE 081550609 |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|

| | | |
|---|-------------------------------------|----------------------|
| CRASH OCCURRED ON | TYPE LOCATION POINT USED | LOCAL INFORMATION |
| PREFIX S | CRASH LOCATION WASHINGTON | TYPE LOC 1 |
| 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE | | |

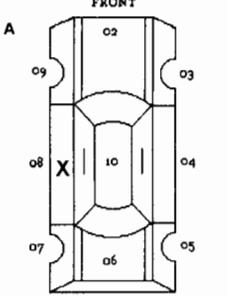
| | |
|--|---------------------------------------|
| AT REFERENCE | REFERENCE POINT USED |
| DIST. REF. S | DR 000138 WASHINGTON |
| PREFIX S | REFERENCE 000138 WASHINGTON |
| REF POINT 04 | |
| 01 STATE LINE 02 INTERSECTION OF TWO STREETS 03 COUNTY LINE 04 HOUSE NUMBER | |
| 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME WITHOUT REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE | |

| | | | |
|---|----------------------------|---|---|
| A | UNIT # 01 | # OF OCC 1 | NAME (LAST, FIRST, MIDDLE) UNKNOWN DRIVER |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) | | | |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH // | AGE | SEX U |
| HOME PHONE # | WORK PHONE # | | |
| DL STATE | DL # | LP STATE | LP # |
| INJURED TAKEN BY 5 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE | | TRANSPORTED BY | INJURED TAKEN TO |
| OWNER NAME (IF SAME, WRITE 'SAME') UNKNOWN | | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) UNKNOWN UNKNOWN UNKNOWN | |
| YEAR 0 | MAKE UNKNOWN MA | MODEL UNKNOWN | COLOR WHITE |
| INSURANCE COMPANY | TOWING SERVICE | OWNER PHONE # | |
| OFFENSE CHARGED | OFFENSE DESCRIPTION | CITATION # | LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> IF YES |

| | | | |
|---|------------------------------------|---|---|
| B | UNIT # 02 | # OF OCC 1 | NAME (LAST, FIRST, MIDDLE) THOMPSON KATHLEEN R |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3609 SR 83 MILLERSBURG OH 44654 | | | |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH 11/07/1954 | AGE 55 | SEX F |
| HOME PHONE # (330)674-1984 | WORK PHONE # | | |
| DL STATE OH | DL # TC858300 | LP STATE OH | LP # ETP6188 |
| 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') FRANK E THOMPSON | | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3609 SR 83 MILLERSBURG OH 44654 | |
| YEAR 2001 | MAKE DODGE | MODEL DAKOTA | COLOR RED |
| INSURANCE COMPANY PROGRESSIVE | TOWING SERVICE | OWNER PHONE # (330)674-1984 | |
| OFFENSE CHARGED | OFFENSE DESCRIPTION | CITATION # | LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> IF YES |

| | | | | | | |
|---|--------|----------------------------|------------------|---------------|-----|-----|
| C | UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) | | | | | | |
| INJURED TAKEN BY | | TRANSPORTED BY | INJURED TAKEN TO | | | |
| <input type="checkbox"/> | | | | | | |
| D | UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) | | | | | | |
| INJURED TAKEN BY | | TRANSPORTED BY | INJURED TAKEN TO | | | |
| <input type="checkbox"/> | | | | | | |

| | | | | | | |
|-------------------|------------------|------------|----------------|------------|------------|--|
| SEATING POSITION | SAFETY EQUIPMENT | AIR BAG | AIR BAG SWITCH | EJECTION | TRAPPED | INJURIES |
| A 01 | A 07 | A 6 | A 4 | A 5 | A 1 | A 6 |
| 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 | | | | | | <input type="checkbox"/> SUPPLEMENT 'X' IF YES |

| | | | | | | | | | | | | | | | |
|---|--|--|---|--|---|-----------------------------------|---|---|---|------------------------|------------------------|------------------------|------------------------|---|--|
| UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/> | DAMAGE AREA FRONT  | PRE-CRASH ACTIONS A <input type="text" value="01"/> B <input type="text" value="01"/> 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 WAITING 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 <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> | 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="25"/> B <input type="text" value="25"/> TRAFFIC CONTROL A <input type="text" value="01"/> B <input type="text" value="01"/> | DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 GIVEN, RESULTS UNKNOWN 6 UNKNOWN |
| 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"/> | TYPE OF UNIT A <input type="text" value="07"/> B <input type="text" value="07"/> 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 (BOBTAIL) 13 TRACTOR SEMI-TRAILER 14 TRACTOR DOUBLE - SHORT 15 TRACTOR DOUBLE - LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR TRIPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 PUBLIC 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 NON-MOTORIST 35 ANIMAL, W/ RIDER 36 ANIMAL, W/ RIDER 37 BICYCLE 38 PEDESTRIAN 39 PEDESTRIAN (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER-NON MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN | CONTRIBUTING CIRCUMSTANCES A <input type="text" value="07"/> B <input type="text" value="07"/> 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 IN ERRATIC, 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 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 SIGNS, SIGNALS OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN | 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 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 COLLISION WITH FIXED OBJECT 25 IMPACT ATTENTION/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 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURVEVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT/WALL, BUILDING, TUNNEL, ETC.) 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN | DIRECTION <table border="1"> <tr> <td>FROM TO</td> <td>FROM TO</td> </tr> <tr> <td>A <input type="text" value="2"/> <input type="text" value="1"/></td> <td>B <input type="text" value="1"/> <input type="text" value="2"/></td> </tr> </table> | FROM TO | FROM TO | A <input type="text" value="2"/> <input type="text" value="1"/> | B <input type="text" value="1"/> <input type="text" value="2"/> | DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NONE 2 BLOOD 3 URINE 4 OTHER | | | | | | |
| FROM TO | FROM TO | | | | | | | | | | | | | | |
| A <input type="text" value="2"/> <input type="text" value="1"/> | B <input type="text" value="1"/> <input type="text" value="2"/> | | | | | | | | | | | | | | |
| POINT OF IMPACT A <input type="text" value="08"/> B <input type="text" value="08"/> 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 | MOST DAMAGED AREA A <input type="text" value="08"/> B <input type="text" value="08"/> 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 | VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE A <input type="text"/> | FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) | ALCOHOL/DRUG SUSPECTED A <input type="text" value="6"/> B <input type="text" value="1"/> 1 NONE 2 YES ALCOHOL SUSPECTED 3 YES - IBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN | TYPE OF INTERSECTION <input type="text" value="01"/> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDBOUT 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 | | | | | | | | | | |
| IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NO 2 YES 3 UNKNOWN | ACTION A <input type="text" value="3"/> B <input type="text" value="4"/> 1 NON-CONTACT 2 NON-COLLISION 3 STRICKING 4 STRUCK 5 BOTH STRICKING AND STRUCK 6 UNKNOWN | VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE A <input type="text"/> | MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) | ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN | ROAD CONTOUR <input type="text" value="2"/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN | | | | | | | | | | |
| DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/> 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN | STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/> 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 | VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE A <input type="text"/> | SPEED DETECTED A <input type="text"/> | ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NONE 4 BREATH 2 BLOOD 5 OTHER 3 URINE | 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> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND/MUD/DIRT/FOUL GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN | 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 1045 | | | | | | | | | | | | | |

NARRATIVE

UNIT #1 WAS NORTHBOUND ON SOUTH WASHINGTON STREET. UNIT #2 WAS SOUTHBOUND ON SOUTH WASHINGTON STREET. UNIT #1 AND UNIT #2'S MIRRORS STRUCK. UNIT #1 CONTINUED ON AND DID NOT STOP

| | | |
|--|---|-----------------------|
| <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 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 BLOWING 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 CLEAR 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 # | <input type="checkbox"/> | <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 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.</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 |
| <input type="checkbox"/> |

| | | | | |
|---|---|---|----------------------------|---------------------------------------|
| CARGO BODY TYPE | WEIGHT (GVWR) | CDL CLASS | HAZARDOUS MATERIALS | HAZARDOUS MATERIALS REFINISHED |
| 01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN ENCLOSED BOX 04 GRAIN 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 THAN 10,000 2 10,001 - 26,000 3 MORE THAN 26,000 | 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E | 1 NO 2 YES 3 UNKNOWN | 1 NO 2 YES 3 NOT APPLICABLE |

| | | | | | | | |
|-------------------------------|---------------------------------|----------------------|-----------------|-------------------|---|--------------------------|----------------------|
| DATE CRASH REPORTED | | TIME REC CALL | DISPATCH | ARRIVED | CLEARED | OTHER | TOTAL MINUTES |
| 06/01/2010 | | 15:46 | 15:46 | 15:46 | 15:53 | 0 | 7 |
| OFFICER'S NAME | | | BADGE # | CHECKED BY | | DATE REPORT FILED | |
| CAPT. SCOTT AKINS | | | 103 | | | 06/01/2010 | |
| REPORT TAKEN BY | REPORT TAKEN AT | | | | <input type="checkbox"/> SUPPLEMENT 'X' IF YES | LOCAL REPORT # | |
| 1 POLICE AGENCY 2 MOTORIST | 1 SCENE 2 STATION 3 OTHER | | | | | 10MPD 1045 | |