

OHIO

TRAFFIC CRASH REPORT

CRASH REPORT #
10MPD 1080

CRASH SEVERITY
3 1.FATAL ERROR 3.FDJI
2.INJURY 4.UNKNOWN

PRIVATE PROPERTY
 YES
 NO

HIT/SKIP
1 1.NOT HIT/SKIP
2.SOLVED
3.UNSOLVED

PHOTOS TAKEN
 YES
 NO

OH-2 OH-3 OH-1P OTHER

N.C.I.C. #
03801

REPORTING AGENCY
MILLERSBURG POLICE DEPARTMENT

UNITS
1

UNIT ERROR
01 9.ANIMAL
99.UNKNOWN

DATE OF CRASH
6/6/2010

TIME OF CRASH
18:19

DAY OF WEEK
SUN

CITY/VILLAGE/TOWNSHIP
VILLAGE

NAME (OF CITY, VILLAGE OR TOWNSHIP)
MILLERSBURG

COUNTY #
38

LATITUDE
40320208

LONGITUDE
081551009

CRASH OCCURRED ON

PREFIX

CRASH LOCATION
PRIVATE PROPERTY

TYPE LOC
1

TYPE LOCATION POINT USED

1.NAMED STREET
2.NUMBERED STREET
3.NUMBERED ROUTE

LOCAL INFORMATION

WAL MART

AT/REFERENCE

DIST. REF.

DR

PREFIX
S

REFERENCE
001640 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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A UNIT #

01

OF OCC
1

NAME (LAST, FIRST, MIDDLE)
MULLET KEVIN S

ADDRESS (STREET, CITY, STATE, ZIP-CODE)
11123 SHREVE RD SHREVE OH 44676

SOCIAL SECURITY NUMBER

DATE OF BIRTH
04/26/1970

AGE
40

SEX
M

HOME PHONE #
(330)465-0744

WORK PHONE #

DL STATE
OH

DL #
RU948002

LP STATE
OH

LP #
EU75WU

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')
MULLET, KEVIN S

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)
11123 SHREVE RD SHREVE OH 44676

YEAR
2003

MAKE
DODGE

MODEL
D,W-SERIES

COLOR
BLACK

INSURANCE COMPANY
NATIONWIDE

TOWING SERVICE
FINNEYS TOWING

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE
 YES
 NO

B UNIT #

OF OCC

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP-CODE)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

AGE

SEX

HOME PHONE #

WORK PHONE #

DL STATE

DL #

LP STATE

LP #

INJURED TAKEN BY
 1.NONE 4.OTHER
2.EMS 5.UNKNOWN
3.POLICE

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
 YES
 NO

C UNIT #

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP-CODE)

INJURED TAKEN BY
 1.NONE 4.OTHER
2.EMS 5.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
 1.NONE 4.OTHER
2.EMS 5.UNKNOWN
3.POLICE

TRANSPORTED BY

INJURED TAKEN TO

SEATING POSITION

A 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 SLEEPER SECTION OF CAB
 11 ENCLOSED CARGO AREA
 12 UNENCLOSED CARGO AREA
 13 TRAILING UNIT
 14 EXTERIOR
 15 OTHER
 16 NON-MOTORIST
 17 UNKNOWN

BLANK FOR WITNESS

SAFETY EQUIPMENT

A 04 MOTORIST
 01 NONE USED
 02 SHOULDER BELT ONLY USED
 03 LAP BELT ONLY USED
 04 SHOULDER AND LAP BELT USED
 05 CHILD SAFETY SEAT USED
 06 HELMET USED
 07 RESTRAINT USE UNKNOWN
 08 NON-MOTORIST
 09 NONE USED
 10 HELMET USED
 11 PROTECTIVE PADS
 12 REFLECTIVE CLOTHING
 13 LIGHTING
 14 OTHER
 15 UNKNOWN

AIR BAG

A 1 NOT-DEPLOYED
 2 DEPLOYED - FRONT
 3 DEPLOYED - SIDE
 4 DEPLOYED BOTH FRONT/SIDE
 5 NOT APPLICABLE
 6 DEPLOYMENT UNKNOWN
 7 UNKNOWN

AIR BAG SWITCH

A 1 ON-OFF SWITCH NOT PRESENT
 2 SWITCH IN ON POSITION
 3 SWITCH IN OFF POSITION
 4 UNKNOWN POSITION
 5 UNKNOWN

EJECTION

A 1 NOT EJECTED
 2 TOTALLY EJECTED
 3 PARTIALLY EJECTED
 4 NOT APPLICABLE
 5 UNKNOWN

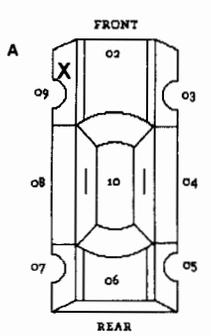
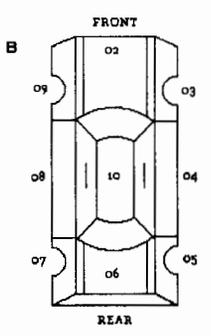
TRAPPED

A 1 NOT TRAPPED
 2 EXTRICATED BY MECHANICAL MEANS
 3 FREED BY NON-MECHANICAL MEANS
 4 UNKNOWN

INJURIES

A 1 NO INJURY
 2 POSSIBLE
 3 NON-INCAPACITATING
 4 INCAPACITATING
 5 FATAL INJURY
 6 UNKNOWN

SUPPLEMENT 'X' IF YES

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="06"/> B <input type="text"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>1 <input type="text" value="37"/></td><td>1 <input type="text"/></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="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"/>	POSTED SPEED A <input type="text" value="0"/> B <input type="text"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text"/>
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-MOTORIST LOCATION A <input type="text"/> B <input type="text"/> <p>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 16 FEET OF ROADWAY (BUT NO SHOULDER, MEDIAN, SIDEWALK OR ISLAND) 12 BEYOND 16 FEET OF ROADWAY (WITHIN TRAFFIC WAY) 13 TRSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN</p>		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	NON-COLLISION 01 OVERTURN/ROLL-OVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 RIG OR EQUIPMENT LOSS OR SHIFT 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 SEPARATION OF UNITS 08 RAN ON 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 COLLISION WITH FIXED 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 UTILITY 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	TRAFFIC CONTROL A <input type="text" value="01"/> B <input type="text"/> <p>01 NO CONTROLS 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</p>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text"/> <p>1 NONE 2 BLOOD 3 URINE 4 OTHER</p>										
TYPE OF UNIT A <input type="text" value="07"/> B <input type="text"/> <p>MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID-SIZED 04 FULL-SIZED 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 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 MOTOR/LED 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 TRAILER 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL - W/BUGGY 36 ANIMAL - W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER-NON MOTORIST (WHEELCHAIR, ETC) 42 UNKNOWN</p>	MOST DAMAGED AREA A <input type="text" value="09"/> B <input type="text"/> <p>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</p>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="15"/> B <input type="text"/> <p>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 IN ATTENTION 18 FATIGUE/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION NON-MOTORIST 22 NONE 23 IMPROPER CROSSING 24 DARTING 25 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</p>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	DIRECTION FROM TO FROM TO A <input type="text" value="4"/> <input type="text" value="1"/> B <input type="text"/> <input type="text"/> <p>1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN</p>	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 <input type="text" value="1"/></td><td><input type="text" value="1"/></td><td>B <input type="text"/></td><td><input type="text"/></td></tr> </table> <p>1 NONE 2 MARIJUANA 3 COCAINE 4 OPiates 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING</p>	1	2	1	2	A <input type="text" value="1"/>	<input type="text" value="1"/>	B <input type="text"/>	<input type="text"/>		
1	2	1	2												
A <input type="text" value="1"/>	<input type="text" value="1"/>	B <input type="text"/>	<input type="text"/>												
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text"/> <p>1 NO 2 YES 3 UNKNOWN</p>	POINT OF IMPACT A <input type="text" value="09"/> B <input type="text"/> <p>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</p>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> <p>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</p>	MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text"/> <p>1 NONE 2 YES ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN</p>	OCCURRENCE <input type="text" value="6"/> <p>1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN</p>										
DAMAGE SCALE A <input type="text" value="4"/> B <input type="text"/> <p>1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN</p>	ACTION A <input type="text" value="3"/> B <input type="text"/> <p>1 NON-CONTACT 2 NON-COLLISION 3 STRICKING 4 STRUCK 5 BOTH STRICKING AND STRUCK 6 UNKNOWN</p>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text"/> <p>1 NO UNDERRIDE OR OVERRIDE 2 UNDERRIDE, COMPARTMENT INTRUSION 3 UNDERRIDE, NO COMPARTMENT INTRUSION 4 UNDERRIDE, COMPARTMENT INTRUSION 5 UNDERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN IF UNDERRIDE OR OVERRIDE</p>	SPEED DETECTED A <input type="text" value="1"/> B <input type="text"/> <p>1 STATED 2 ESTIMATED</p>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text"/> <p>1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p>	ROAD CONTOUR <input type="text" value="1"/> <p>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN</p>										
DAMAGE SCALE A <input type="text" value="4"/> B <input type="text"/> <p>1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN</p>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text"/> <p>1 NO UNDERRIDE OR OVERRIDE 2 UNDERRIDE, COMPARTMENT INTRUSION 3 UNDERRIDE, NO COMPARTMENT INTRUSION 4 UNDERRIDE, COMPARTMENT INTRUSION 5 UNDERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN IF UNDERRIDE OR OVERRIDE</p>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> <p>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</p>	SPEED A <input type="text" value="5"/> B <input type="text"/>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text"/> <p>1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER</p>	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> <p>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</p>	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 1080											

NARRATIVE

UNIT 1 WAS TRAVELING EAST IN THE WAL MART PARKING LOT IN FRONT OF THE MARKET SIDE OF THE STORE. UNIT 1 TURNED NORTH INTO A PARKING AISLE AND TURNED TOO SHARPLY, STRIKING A CONCRETE POST WITH THE LEFT FRONT WHEEL. THE TRUCK SUSTAINED DAMAGE TO THE LEFT FRONT INTERNAL SUSPENSION COMPONENTS AND WHEEL ASSEMBLY, RENDERING IT INOPERABLE. THE CONCRETE POST WAS MOVED SLIGHTLY.

MANNER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 1 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-REAR 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	DIAGRAM 1640 S Washington St.  					
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"/> <input checked="" type="checkbox"/> 1 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	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						
TRUCK/BUS UNIT # <input type="text"/>	LOC ATION 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						

COMPANY (FROM SHIPPING PAPERS) <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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ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
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CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAIN/CHIPS/GRAVEL <input type="checkbox"/> 05 POLY <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 GARAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 1 LESS/EQUAL 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 MATERIAL # <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	HAZARDOUS MATERIAL # RFI FAFED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE
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DATE CRASH REPORTED 6/6/2010		TIME REC CALL 18:19	DISPATCH 18:21	ARRIVED 18:24	CLEARED 18:46	OTHER 25	TOTAL MINUTES 50
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OFFICER'S NAME PTL. JUSTIN ESTILL		BADGE # 113	CHECKED BY	DATE REPORT FILED 6/6/2010
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REPORT TAKEN BY <input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST	REPORT TAKEN AT <input checked="" type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER	<input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT # 10MPD 1080
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