



TRAFFIC CRASH REPORT

CRASH REPORT # 10MPD 1239	CRASH SEVERITY 3 1.FATAL ERROR 1.PDO 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> NO <input type="checkbox"/> YES	HITS/SKIP 1 1.NOT HITS/SKIP 2.SOLVED 3.UNSOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OH-2 <input type="checkbox"/> OH-3 <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <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 6/24/2010	

TIME OF CRASH 16:10	DAY OF WEEK THU	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40332003	LONGITUDE 081542009
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CRASH OCCURRED ON			TYPE LOCATION POINT USED		LOCAL INFORMATION	
PREFIX E	CRASH LOCATION JACKSON ST.	TYPE LOC 1	1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE			

AT REFERENCE				REFERENCE POINT USED			
DIST. REF.	DR	PREFIX	REFERENCE BRIAR LN.	REF POINT 02	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

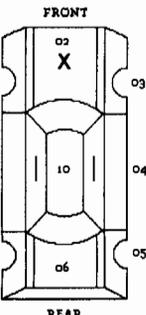
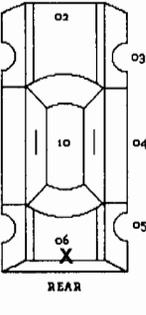
A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) SHUMAN KYLE L.		ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1630 TR 174 BALTIC OH 43804		
SOCIAL SECURITY NUMBER	DATE OF BIRTH 05/10/1987	AGE 23	SEX M	HOME PHONE # (330)897-0808	WORK PHONE #		
DL STATE OH	DL # SU214787	LP STATE OH	LP # ESQ2060	INJURED TAKEN BY 1 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE 'SAME') SHUMAN, KYLE L.				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1630 TR 174 BALTIC OH 43804			
YEAR 2007	MAKE HONDA	MODEL OTHER	COLOR SILVER	INSURANCE COMPANY WESTFIELD NATION	TOWING SERVICE	OWNER PHONE# (330)897-0808	
OFFENSE CHARGED 333.03A	OFFENSE DESCRIPTION ACDA				CITATION # 09943	LOCAL CODE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) DOTSON SR. LARRY D.		ADDRESS (STREET, CITY, STATE, ZIP-CODE) 91 NORTHERN DR. MILLERSBURG OH 44654		
SOCIAL SECURITY NUMBER	DATE OF BIRTH 06/28/1954	AGE 55	SEX M	HOME PHONE # (330)674-3208	WORK PHONE #		
DL STATE OH	DL # RN614938	LP STATE OH	LP # DCT7639	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') DOTSON SR., LARRY D.				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 91 NORTHERN DR. MILLERSBURG OH 44654			
YEAR 2001	MAKE PLYMOUTH	MODEL OTHER	COLOR BLUE	INSURANCE COMPANY OHIO MUTUAL	TOWING SERVICE	OWNER PHONE# (330)674-3208	
OFFENSE CHARGED	OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO	

OCCUPANT

C	UNIT #	NAME (LAST, FIRST, MIDDLE) MCCROSSIN JENNIFER WADE		HOME PHONE# (330)674-5995	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 31 BRIAR LN. MILLERSBURG OH 44654				INJURED TAKEN BY <input type="checkbox"/> 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 <input type="checkbox"/> 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO	

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
A <input type="checkbox"/> 01 B <input type="checkbox"/> 01 C <input type="checkbox"/> D <input type="checkbox"/> BLANK FOR WITNESS 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	A <input type="checkbox"/> 04 B <input type="checkbox"/> 04 C <input type="checkbox"/> D <input type="checkbox"/> 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.PROTECTIVE PADS 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN	A <input type="checkbox"/> 1 B <input type="checkbox"/> 1 C <input type="checkbox"/> D <input type="checkbox"/> 1.NOT DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN	A <input type="checkbox"/> 1 B <input type="checkbox"/> 1 C <input type="checkbox"/> D <input type="checkbox"/> 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION	A <input type="checkbox"/> 1 B <input type="checkbox"/> 1 C <input type="checkbox"/> D <input type="checkbox"/> 1.NOT EJECTED 2.TOTALY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN	A <input type="checkbox"/> 1 B <input type="checkbox"/> 1 C <input type="checkbox"/> D <input type="checkbox"/> 1.NOT TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN	A <input type="checkbox"/> 1 B <input type="checkbox"/> 1 C <input type="checkbox"/> D <input type="checkbox"/> 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN
<input type="checkbox"/> SUPPLEMENT 'X' IF YES						

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA  FRONT REAR	PRE-CRASH ACTIONS A <input type="text" value="01"/> B <input type="text" value="11"/> <p>MOTORIST</p> <ol style="list-style-type: none"> 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 <p>NON-MOTORIST</p> <ol style="list-style-type: none"> 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 	SEQUENCE OF EVENTS <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> A 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/> </td> <td style="width:50%;"> B 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/> </td> </tr> </table> <p>NON-COLLISION</p> <ol style="list-style-type: none"> 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 OF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT LISTED 15 PEDESTRIAN 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 ATTENUATOR CRASH 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/LUMINARIES 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 	A 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	B 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	POSTED SPEED A <input type="text" value="35"/> B <input type="text" value="35"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. NONE GIVEN 2. TEST REFUSED 3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4. TEST GIVEN, RESULTS KNOWN 5. GIVEN, RESULTS UNKNOWN 6. UNKNOWN</p>
A 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	B 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>						
NON-MOTORIST LOCATION A <input type="text" value=""/> B <input type="text" value=""/> <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 10 FEET OF ROADWAY (BUT NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN</p>	 FRONT REAR	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="08"/> B <input type="text" value="01"/> <p>MOTORIST</p> <ol style="list-style-type: none"> 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 <p>NON-MOTORIST</p> <ol style="list-style-type: none"> 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 	TRAFFIC CONTROL A <input type="text" value="12"/> B <input type="text" value="12"/> <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" value="1"/> <p>1. NONE 2. BLOOD 3. URINE 4. OTHER</p>			
TYPE OF UNIT A <input type="text" value="02"/> B <input type="text" value="02"/> <p>MOTORIST</p> <ol style="list-style-type: none"> 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 (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 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 <p>NON-MOTORIST</p> <ol style="list-style-type: none"> 35 ANIMAL, WRIDGER 36 ANIMAL, W/BIKIE 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 <input type="text" value="02"/> B <input type="text" value="06"/> <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>	DIRECTION <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> FROM TO A <input type="text" value="4"/> <input type="text" value="3"/> </td> <td style="width:50%;"> FROM TO B <input type="text" value="4"/> <input type="text" value="3"/> </td> </tr> </table> <p>1. NORTH 2. SOUTH 3. EAST 4. WEST 5. NORTHEAST 6. NORTHWEST 7. SOUTHWEST 8. SOUTHWEST 9. UNKNOWN</p>	FROM TO A <input type="text" value="4"/> <input type="text" value="3"/>	FROM TO B <input type="text" value="4"/> <input type="text" value="3"/>	DRUG TEST 1 & 2 RESULT <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> 1 2 A <input type="text" value="1"/> <input type="text" value="1"/> </td> <td style="width:50%;"> 1 2 B <input type="text" value="1"/> <input type="text" value="1"/> </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 A <input type="text" value="1"/> <input type="text" value="1"/>	1 2 B <input type="text" value="1"/> <input type="text" value="1"/>
FROM TO A <input type="text" value="4"/> <input type="text" value="3"/>	FROM TO B <input type="text" value="4"/> <input type="text" value="3"/>						
1 2 A <input type="text" value="1"/> <input type="text" value="1"/>	1 2 B <input type="text" value="1"/> <input type="text" value="1"/>						
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. NO 2. YES 3. UNKNOWN</p>	POINT OF IMPACT A <input type="text" value="02"/> B <input type="text" value="06"/> <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>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	CONDITION A <input type="text" value="1"/> B <input type="text" value="1"/> <p>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</p>	TYPE OF INTERSECTION <input type="text" value="02"/> <p>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</p>			
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/> <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" value="4"/> <p>1. NON-CONTACT 2. NON-COLLISION 3. STRUCK 4. STRUCK 5. BOTH STRICKING AND STRUCK 6. UNKNOWN</p>	MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> <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" value="1"/> <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>	OCURRENCE <input type="text" value="1"/> <p>1. ON ROADWAY 2. ON SHOULDER 3. ON MEDIAN 4. ON ROADSIDE 5. ON GORE 6. OUTSIDE TRAFFICWAY 7. UNKNOWN</p>			
STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>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</p>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text" value=""/> B <input type="text" value=""/> <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 DETECTED A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. STATED 2. ESTIMATED</p>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> <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="2"/> <p>1. STRAIGHT LEVEL 2. STRAIGHT GRADE 3. CURVE LEVEL 4. CURVE GRADE 5. UNKNOWN</p>			
ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. NONE 2. BLOOD 3. URINE 4. BREATH 5. OTHER</p>	ALCOHOL TEST RESULT A <input type="text" value=""/> B <input type="text" value=""/>	ROAD CONDITIONS <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> PRIMARY <input type="text" value="01"/> </td> <td style="width:50%;"> SECONDARY <input type="text" value=""/> </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 <input type="text" value="01"/>	SECONDARY <input type="text" value=""/>	SUPPLEMENT 'X' IF YES <input type="checkbox"/>	LOCAL REPORT # 10MPD 1239	
PRIMARY <input type="text" value="01"/>	SECONDARY <input type="text" value=""/>						

NARRATIVE

UNIT 02 WAS STOPPED TO MAKE A LEFT TURN FROM E. JACKSON ST. ONTO LAKEVIEW DR. UNIT 01 FAILED TO MAINTAIN AN ASSURED CLEAR DISTANCE, AND AS A RESULT STRUCK UNIT 02 IN THE REAR.

<p>MANNER OF COLLISION OR IMPACT</p> <p>2</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 SLEET/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, 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 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"/>	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.

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="text"/>							

CARGO BODY TYPE 01 NOT APPLICABLE 02 BUS (9-15 INCL) (DRIVER) 03 VAN/ENCLOSED BUS 04 GRAIN/CHIPS/RAVEL 05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARIBAGE REFRUSE 12 OTHER 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"/>	HAZARDOUS MATERIALS <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	HAZARDOUS MATERIALS REI FAFD <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE
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POLICE ACTION

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
6/24/2010	16:12	16:12	16:13	16:47	0	35

OFFICER'S NAME	BADGE #	CHECKED BY	DATE REPORT FILED
PTL. KEVIN BROWN	108		6/24/2010

REPORT TAKEN BY <input type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST	REPORT TAKEN AT <input type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER	<input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT # 10MPD 1239
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