



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>10MPD 1292</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 PDD 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> IF YES	HIT/SKIP <b>1</b> 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <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. # <b>03801</b>	REPORTING AGENCY <b>MILLERSBURG POLICE DEPARTMENT</b>	# UNITS <b>2</b>	UNIT ERROR <b>01</b> 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>07/02/2010</b>	

TIME OF CRASH <b>18:33</b>	DAY OF WEEK <b>FRI</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40323902</b>	LONGITUDE <b>081550201</b>
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CRASH OCCURRED ON		TYPE LOCATION POINT USED		LOCAL INFORMATION	
PREFIX <b>S</b>	CRASH LOCATION <b>PRIVATE PROPERTY</b>	TYPE LOC <b>1</b>	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE		<b>MAC'S DRIVE THRU</b>

AT/REFERENCE		REFERENCE POINT USED		LOCAL INFORMATION	
DIST. REF.	DR	PREFIX	REFERENCE	REF POINT	01 STATE LINE 02 INTERSECTION OF TWO STREETS 03 COUNTY LINE 04 HOUSE NUMBER
		<b>S</b>	<b>000862 S. WASHINGTON ST.</b>	<b>04</b>	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

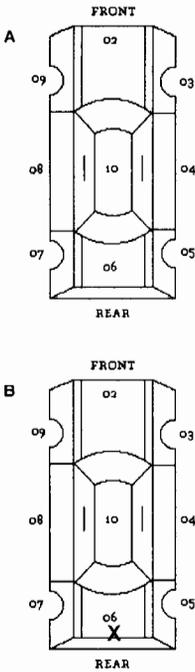
<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>SCHIE ALLEN D.</b>			ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>7187 S.R. 39 MILLERSBURG OH 44654</b>			
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>07/04/1948</b>	AGE <b>61</b>	SEX <b>M</b>	HOME PHONE # <b>(330)674-7256</b>	WORK PHONE # <b>(330)894-2414</b>				
DL STATE <b>OH</b>	DL # <b>RN615276</b>	LP STATE <b>OH</b>	LP # <b>204XHQ</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO			
OWNER NAME (IF SAME, WRITE 'SAME') <b>SCHIE, ALLEN D.</b>				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>7187 S.R. 39 MILLERSBURG OH 44654</b>					
YEAR <b>1976</b>	MAKE <b>CHEVROLET</b>	MODEL <b>MONTE CARLO</b>	COLOR <b>BLUE</b>	INSURANCE COMPANY <b>OWNERS INSURANCE</b>	TOWING SERVICE	OWNER PHONE # <b>(330)674-7256</b>			
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> IF YES		

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>STARNER DIANNA K.</b>			ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>603 HARRINGTON ST. GLENMONT OH 44628</b>			
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>12/17/1946</b>	AGE <b>63</b>	SEX <b>F</b>	HOME PHONE # <b>(330)377-5859</b>	WORK PHONE # <b>(330)276-4881</b>				
DL STATE <b>OH</b>	DL # <b>RQ164307</b>	LP STATE <b>OH</b>	LP # <b>EQK2652</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO			
OWNER NAME (IF SAME, WRITE 'SAME') <b>STARNER, DIANNA K.</b>				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>603 HARRINGTON ST. GLENMONT OH 44628</b>					
YEAR <b>2006</b>	MAKE <b>CHEVROLET</b>	MODEL <b>IMPALA</b>	COLOR <b>SILVER</b>	INSURANCE COMPANY <b>MOTORIST MUTUAL</b>	TOWING SERVICE	OWNER PHONE # <b>(330)377-5859</b>			
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> IF YES		

OCCUPANT

<b>C</b>	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 3 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	
<b>D</b>	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 3 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
<b>A</b> <b>01</b> 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PAS)	<b>A</b> <b>04</b> 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 NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	<b>A</b> <b>5</b> 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	<b>A</b> <b>1</b> 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	<b>A</b> <b>1</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	<b>A</b> <b>1</b> 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	<b>A</b> <b>1</b> 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
<b>B</b> <b>01</b> 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SIDE CAR)	<b>B</b> <b>04</b> 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED 06 HELMET USED 07 RESTRAINT USE UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	<b>B</b> <b>1</b> 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	<b>B</b> <b>1</b> 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	<b>B</b> <b>1</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	<b>B</b> <b>1</b> 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	<b>B</b> <b>1</b> 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
<b>C</b> 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SEATER SECTION OF CAB	<b>C</b> 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED 06 HELMET USED 07 RESTRAINT USE UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	<b>C</b> 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	<b>C</b> 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	<b>C</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	<b>C</b> 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	<b>C</b> 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
<b>D</b> 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA BLANK FOR WITNESS	<b>D</b> 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED 06 HELMET USED 07 RESTRAINT USE UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	<b>D</b> 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	<b>D</b> 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	<b>D</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	<b>D</b> 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	<b>D</b> 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
						<input type="checkbox"/> SUPPLEMENT 'X' IF YES

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="01"/> B <input type="text" value="11"/> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD</li> <li>02 BACKING</li> <li>03 CHANGING LANES</li> <li>04 OVERTAKING/PASSING</li> <li>05 TURNING RIGHT</li> <li>06 TURNING LEFT</li> <li>07 MAKING U-TURN</li> <li>08 ENTERING TRAFFIC LANE</li> <li>09 LEAVING TRAFFIC LANE</li> <li>10 PARKED</li> <li>11 SLOWING OR STOPPED IN TRAFFIC</li> <li>12 DRIVERLESS</li> <li>13 OTHER</li> <li>14 UNKNOWN</li> </ol> <p><b>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>15 ENTERING OR CROSSING SPECIFIED LOCATION</li> <li>16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING</li> <li>17 WORKING</li> <li>18 PUSHING VEHICLE</li> <li>19 APPROACHING OR LEAVING VEHICLE</li> <li>20 LAYING OR WORKING ON VEHICLE</li> <li>21 STANDING</li> <li>22 OTHER</li> <li>23 UNKNOWN</li> </ol>	<b>SEQUENCE OF EVENTS</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <b>A</b>            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>B</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><b>NON-COLLISION</b></p> <ol style="list-style-type: none"> <li>01 OVERTURN/ROLL-OVER</li> <li>02 FIRE/EXPLOSION</li> <li>03 IMMERSION</li> <li>04 JACKKNIFE</li> <li>05 CARGO EQUIPMENT LOSS OR SHIFT</li> <li>06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.)</li> <li>07 OPERATION OF LINTS</li> <li>08 RAN OF ROAD RIGHT</li> <li>09 RAN OFF ROAD LEFT</li> <li>10 CROSS-MEDIAN CENTERLINE</li> <li>11 DOWNHILL RUNAWAY</li> <li>12 OTHER NON-COLLISION</li> <li>13 UNKNOWN NON-COLLISION</li> </ol> <p><b>COLLISION W/PERSON, VEHICLE, OR OBJECT NOT LISTED</b></p> <ol style="list-style-type: none"> <li>14 PEDESTRIAN</li> <li>15 PEDICYCLE</li> <li>16 RAILWAY VEHICLE (E.G. TRAIN, ENGINE)</li> <li>17 ANIMAL - FARM</li> <li>18 ANIMAL - DEER</li> <li>19 ANIMAL - OTHER</li> <li>20 MOTOR VEHICLE IN TRANSPORT</li> <li>21 PARKED MOTOR VEHICLE</li> <li>22 WORK ZONE MAINTENANCE EQUIPMENT</li> <li>23 OTHER MOVABLE OBJECT</li> <li>24 UNKNOWN MOVABLE OBJECT</li> <li>25 COLLISION WITH FIXED OBJECT</li> <li>26 IMPACT ATTENUATOR/CRASH CUSHION</li> <li>26 BRIDGE OVERHEAD STRUCTURE</li> <li>27 BRIDGE PIER OR ABUTMENT</li> <li>28 BRIDGE PARAPET</li> <li>29 BRIDGE RAIL</li> <li>30 HIGHWAY FACE</li> <li>31 HIGHWAY END</li> <li>32 MEDIUM BARRIER</li> <li>33 HIGHWAY TRAFFIC SIGN POST</li> <li>34 OVERHEAD SIGN POST</li> <li>35 LIGHT FIXTURES/SUPPORT</li> <li>36 UTILITY POLE</li> <li>37 OTHER POST, POLE OR SUPPORT</li> <li>38 CURB</li> <li>39 CURB</li> <li>40 DITCH</li> <li>41 EMBARKMENT</li> <li>42 FENCE</li> <li>43 OTHER FIXED OBJECT/WALL, BUILDING, TUNNEL, ETC.</li> <li>44 TREE</li> <li>45 OTHER FIXED OBJECT/WALL, BUILDING, TUNNEL, ETC.</li> <li>46 WORK ZONE MAINTENANCE EQUIPMENT</li> <li>47 UNKNOWN FIXED OBJECT</li> <li>48 OTHER</li> <li>49 UNKNOWN</li> </ol>	<b>A</b> 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	<b>B</b> 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	<b>POSTED SPEED</b> A <input type="text" value="0"/> B <input type="text" value="0"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> <li>1 NONE GIVEN</li> <li>2 TEST REFUSED</li> <li>3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE</li> <li>4 TEST GIVEN, RESULTS KNOWN</li> <li>5 TEST GIVEN, RESULTS UNKNOWN</li> <li>6 UNKNOWN</li> </ol>	
<b>A</b> 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	<b>B</b> 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>							
<b>NON-MOTORIST LOCATION</b> A <input type="text" value=""/> B <input type="text" value=""/> <ol style="list-style-type: none"> <li>01 MARKED CROSSWALK AT INTERSECTION</li> <li>02 AT INTERSECTION BUT NO CROSSWALK</li> <li>03 NON-INTERSECTION CROSSWALK</li> <li>04 DRIVEWAY ACCESS CROSSWALK</li> <li>05 IN ROADWAY</li> <li>06 NOT IN ROADWAY</li> <li>07 MEDIAN (BUT NOT ON SHOULDER OR ISLAND)</li> <li>08 SHOULDER</li> <li>09 SIDEWALK</li> <li>10 WITHIN 10 FEET OF ROADWAY (BUT NOT SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)</li> <li>11 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)</li> <li>12 OFF SIDE TRAFFICWAY</li> <li>13 SHARED USE PATHS OR TRAILS</li> <li>14 UNKNOWN</li> </ol>	<b>TYPE OF UNIT</b> A <input type="text" value="03"/> B <input type="text" value="03"/> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01 SUBCOMPACT</li> <li>02 COMPACT</li> <li>03 MID SIZED</li> <li>04 FULL SIZE</li> <li>05 MINIVAN</li> <li>06 SPORT UTILITY VEHICLE</li> <li>07 PICKUP</li> <li>08 PANELVAN</li> <li>09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES</li> <li>10 SINGLE UNIT TRUCK, 3 OR MORE AXLES</li> <li>11 TRUCK, TRAILER</li> <li>12 TRUCK, TRACTOR (DOBTAIL)</li> <li>13 TRACTOR SEMI-TRAILER</li> <li>14 TRACTOR (WHEELER - SIKOR)</li> <li>15 TRACTOR (WHEELER - LONG)</li> <li>16 FIFTH WHEEL OR CONVERTER DOLLY</li> <li>17 TRACTOR TRIPLES</li> <li>18 MOTORCYCLE</li> <li>19 MOTORIZED BICYCLE</li> <li>20 SCHOOL BUS</li> <li>21 CHURCH BUS</li> <li>22 PUBLIC BUS</li> <li>23 OTHER BUS</li> <li>24 POLICE VEHICLE</li> <li>25 FIRE TRUCK</li> <li>26 AMBULANCE/RESCUE</li> <li>27 TAXI</li> <li>28 MOTOR HOME</li> <li>29 TRAIN</li> <li>30 FARM VEHICLE</li> <li>31 FARM EQUIPMENT</li> <li>32 SNOWMOBILE</li> <li>33 CONSTRUCTION EQUIPMENT</li> <li>34 ALL OTHERS</li> </ol> <p><b>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>35 ANIMAL W/DRIVER</li> <li>36 ANIMAL W/NO DRIVER</li> <li>37 BICYCLE</li> <li>38 PEDESTRIAN</li> <li>39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)</li> <li>40 SKATER</li> <li>41 OTHER NON-MOTORIST (WHEELCHAIR, ETC.)</li> <li>42 UNKNOWN</li> </ol>	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="08"/> B <input type="text" value="01"/> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01 NONE</li> <li>02 FAILURE TO YIELD</li> <li>03 RAN RED LIGHT, OR STOP SIGN</li> <li>04 EXCEEDED SPEED LIMIT</li> <li>05 UNSAFE SPEED</li> <li>06 IMPROPER TURN</li> <li>07 LEFT OF CENTER</li> <li>08 FOLLOWED TOO CLOSELY, ACDA</li> <li>09 IMPROPER LANE CHANGE/DRIVE OFF ROAD/IMPROPER PASSING</li> <li>10 IMPROPER BACKING</li> <li>11 IMPROPER START FROM PARKED POSITION</li> <li>12 STOPPED OR PARKED ILLEGALLY</li> <li>13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER</li> <li>14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.)</li> <li>15 FAILURE TO CONTROL</li> <li>16 VISION OBSTRUCTION</li> <li>17 DRIVER INATTENTION</li> <li>18 FATIGUE/ASLEEP</li> <li>19 OPERATING DEFECTIVE EQUIPMENT</li> <li>20 LOAD SHIFTING/FALLING/SPILLING</li> <li>21 OTHER IMPROPER ACTION</li> <li>22 UNKNOWN</li> </ol> <p><b>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>23 NONE</li> <li>24 IMPROPER CROSSING</li> <li>25 DARTING</li> <li>26 LYING AND/OR ILLEGALLY IN ROADWAY</li> <li>27 FAILURE TO YIELD RIGHT OF WAY</li> <li>28 NOT VISIBLE (DARK CLOTHING)</li> <li>29 INATTENTIVE</li> <li>30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER</li> <li>31 WRONG SIDE OF THE ROAD</li> <li>32 OTHER</li> <li>33 UNKNOWN</li> </ol>	<b>DIRECTION</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <b>FROM TO</b>            A <input type="text" value="4"/> <input type="text" value="3"/> </td> <td style="width:50%;"> <b>FROM TO</b>            B <input type="text" value="4"/> <input type="text" value="3"/> </td> </tr> </table> <ol style="list-style-type: none"> <li>1 NORTH</li> <li>2 SOUTH</li> <li>3 EAST</li> <li>4 WEST</li> <li>5 NORTHEAST</li> <li>6 SOUTHWEST</li> <li>7 SOUTHEAST</li> <li>8 SOUTHWEST</li> <li>9 UNKNOWN</li> </ol>	<b>FROM TO</b> A <input type="text" value="4"/> <input type="text" value="3"/>	<b>FROM TO</b> B <input type="text" value="4"/> <input type="text" value="3"/>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> <li>1 NONE</li> <li>2 MARIJUANA</li> <li>3 COCAINE</li> <li>4 OPiates</li> <li>5 AMPHETAMINES</li> <li>6 PCP</li> <li>7 OTHER</li> <li>8 UNKNOWN AT TIME OF REPORTING</li> </ol>		
<b>FROM TO</b> A <input type="text" value="4"/> <input type="text" value="3"/>	<b>FROM TO</b> B <input type="text" value="4"/> <input type="text" value="3"/>							
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> <li>1 NO</li> <li>2 YES</li> <li>3 UNKNOWN</li> </ol>	<b>POINT OF IMPACT</b> A <input type="text" value="02"/> B <input type="text" value="06"/> <ol style="list-style-type: none"> <li>01 NONE</li> <li>02 CENTER FRONT</li> <li>03 RIGHT FRONT</li> <li>04 RIGHT SIDE</li> <li>05 RIGHT REAR</li> <li>06 REAR CENTER</li> <li>07 LEFT REAR</li> <li>08 LEFT SIDE</li> <li>09 LEFT FRONT</li> <li>10 TOP AND WINDOWS</li> <li>11 UNDERCARRIAGE</li> <li>12 LOAD TRAILER</li> <li>13 TOTAL (ALL AREAS)</li> <li>14 OTHER</li> <li>15 UNKNOWN</li> </ol>	<b>VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE</b> A <input type="text" value=""/> B <input type="text" value=""/> <ol style="list-style-type: none"> <li>01 TURN SIGNALS</li> <li>02 HEAD LAMPS</li> <li>03 TAIL LAMPS</li> <li>04 BRAKES</li> <li>05 STEERING</li> <li>06 TIRE BLOWOUT</li> <li>07 WORN OR SLICK TIRES</li> <li>08 TRAILER EQUIPMENT DEFECTIVE</li> <li>09 MOTOR TROUBLE</li> <li>10 DISABLED FROM PRIOR ACCIDENT</li> <li>11 OTHER DEFECTS</li> <li>12 NO DEFECTS</li> </ol>	<b>FIRST HARMFUL EVENT</b> 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>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> <li>1 NONE</li> <li>2 YES ALCOHOL SUSPECTED</li> <li>3 YES - HBD NOT IMPAIRED</li> <li>4 YES - DRUGS SUSPECTED</li> <li>5 YES - ALCOHOL AND DRUGS SUSPECTED</li> <li>6 UNKNOWN</li> </ol>	<b>OCURRENCE</b> <input type="text" value="1"/> <ol style="list-style-type: none"> <li>1 ON ROADWAY</li> <li>2 ON SHOULDER</li> <li>3 IN MEDIAN</li> <li>4 ON ROADSIDE</li> <li>5 ON GORE</li> <li>6 OUTSIDE TRAFFICWAY</li> <li>7 UNKNOWN</li> </ol>			
<b>DAMAGE SCALE</b> A <input type="text" value="1"/> B <input type="text" value="2"/> <ol style="list-style-type: none"> <li>1 NONE</li> <li>2 NON-FUNCTIONAL</li> <li>3 FUNCTIONAL DAMAGE</li> <li>4 DISABLING DAMAGE</li> <li>5 SEVERE</li> <li>6 UNKNOWN</li> </ol>	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text" value="4"/> <ol style="list-style-type: none"> <li>1 NON-CONTACT</li> <li>2 NON-COLLISION</li> <li>3 STRICKEN</li> <li>4 STRUCK</li> <li>5 BOTH STRICKEN AND STRUCK</li> <li>6 UNKNOWN</li> </ol>	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> <li>1 NO UNDERRIDE OR OVERRIDE</li> <li>2 UNDERRIDE, COMPARTMENT INTRUSION</li> <li>3 UNDERRIDE, NO COMPARTMENT INTRUSION</li> <li>4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN</li> <li>5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT</li> <li>6 OVERRIDE, OTHER VEHICLE</li> <li>7 UNKNOWN IF UNDERRIDE OR OVERRIDE</li> </ol>	<b>MOST HARMFUL EVENT</b> 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>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> <li>1 NONE GIVEN</li> <li>2 TEST REFUSED</li> <li>3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE</li> <li>4 TEST GIVEN, RESULTS KNOWN</li> <li>5 TEST GIVEN, RESULTS UNKNOWN</li> <li>6 UNKNOWN</li> </ol>	<b>ROAD CONTOUR</b> <input type="text" value="1"/> <ol style="list-style-type: none"> <li>1 STRAIGHT LEVEL</li> <li>2 STRAIGHT GRADE</li> <li>3 CURVE LEVEL</li> <li>4 CURVE GRADE</li> <li>5 UNKNOWN</li> </ol>			
<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> <li>1 NONE</li> <li>4 BREATH</li> <li>2 BLOOD</li> <li>3 OTHER</li> <li>URINE</li> </ol>	<b>ALCOHOL TEST RESULT</b> A <input type="text" value=""/> B <input type="text" value=""/>	<b>ROAD CONDITIONS</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <b>PRIMARY</b>  <input type="text" value="01"/> </td> <td style="width:50%;"> <b>SECONDARY</b>  <input type="text" value=""/> </td> </tr> </table> <ol style="list-style-type: none"> <li>01 DRY</li> <li>02 WET</li> <li>03 SNOW</li> <li>04 ICE</li> <li>05 SAND/MUD/DIRT/OIL/GRAVEL</li> <li>06 WATER (STANDING, MOVING)</li> <li>07 SLUSH</li> <li>08 DEBRIS</li> <li>09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT</li> <li>10 OTHER</li> <li>11 UNKNOWN</li> </ol>	<b>PRIMARY</b> <input type="text" value="01"/>	<b>SECONDARY</b> <input type="text" value=""/>	<b>SPEED DETECTED</b> A <input type="text" value="2"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> <li>1 STATED</li> <li>2 ESTIMATED</li> </ol>	<b>SPEED</b> A <input type="text" value="2"/> B <input type="text" value="0"/>	<b>SUPPLEMENT 'X' IF YES</b> <input type="checkbox"/>	<b>LOCAL REPORT #</b> <b>10MPD 1292</b>
<b>PRIMARY</b> <input type="text" value="01"/>	<b>SECONDARY</b> <input type="text" value=""/>							

**NARRATIVE**

UNITS 1 AND 2 WERE EASTBOUND THROUGH A PRIVATE BEVERAGE DRIVE THRU BUSINESS AND UNIT 2 STOPPED FOR TRAFFIC IN FRONT OF HER AND UNIT 1 BUMPED INTO THE REAR OF UNIT 2.

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>2</b></p> <p>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-REAR 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWIP SAME DIRECTION 8 SIDESWIP OPPOSITE DIRECTION 9 UNKNOWN</p>	<p><b>SCHOOL BUS RELATED</b></p> <p><b>1</b></p> <p>1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN</p>	<p><b>DIAGRAM</b></p>					
<p><b>WEATHER</b></p> <p><b>01</b></p> <p>01 CLEAR 02 CLOUDY 03 FOG/SMOG/SMOKE 04 RAIN 05 LEFT/HAZ. (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND/SOIL/DIRT/SNOW 09 OTHER 10 UNKNOWN</p>	<p><b>WORK ZONE RELATED</b></p> <p><b>1</b></p> <p>1 NO 2 YES 3 UNKNOWN</p>						
<p><b>LIGHT CONDITIONS</b></p> <p><b>PRIMARY</b> <b>SECONDARY</b></p> <p><b>1</b> <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><b>TYPE OF WORK ZONE</b></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><b>LOC. OF CRASH IN WORK ZONE</b></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><b>WORKERS PRESENT</b></p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>							
<p><b>TRUCK/BUS UNIT #</b></p> <p><input type="text"/></p>		<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>COMPANY (FROM SHIPPING PAPERS)</p> <p><input type="text"/></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>					
<p>ADDRESS (STREET, CITY, ST, ZIP CODE)</p> <p><input type="text"/></p>							
US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
<p><b>CARGO BODY TYPE</b></p> <p><input type="checkbox"/></p> <p>01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 UNENCLOSED BOX 04 GRAIN/CHIPS/GRAVEL</p>		<p>05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER</p>	<p>10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN</p>	<p><b>WEIGHT (GVWR)</b></p> <p><input type="checkbox"/></p> <p>1 LESS/EQUAL 10,000 2 10,001 - 24,000 3 MORE THAN 24,000</p>	<p><b>CDL CLASS</b></p> <p><input type="checkbox"/></p> <p>1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E</p>	<p><b>HAZARDOUS MATERIALS</b></p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	<p><b>HAZARDOUS MATERIALS REFI FAREN</b></p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 NOT APPLICABLE</p>
<p><b>POLICE ACTION</b></p>							
<p><b>DATE CRASH REPORTED</b></p> <p>07/02/2010</p>		<p><b>TIME REC CALL</b></p> <p>18:35</p>	<p><b>DISPATCH</b></p> <p>18:37</p>	<p><b>ARRIVED</b></p> <p>18:42</p>	<p><b>CLEARED</b></p> <p>18:53</p>	<p><b>OTHER</b></p> <p>20</p>	<p><b>TOTAL MINUTES</b></p> <p>36</p>
<p><b>OFFICER'S NAME</b></p> <p>PTL. W. TODD BOOTH</p>			<p><b>BADGE #</b></p> <p>104</p>	<p><b>CHECKED BY</b></p> <p><input type="text"/></p>		<p><b>DATE REPORT FILED</b></p> <p>07/02/2010</p>	
<p><b>REPORT TAKEN BY</b></p> <p><b>1</b></p> <p>1 POLICE AGENCY 2 MOTORIST</p>		<p><b>REPORT TAKEN AT</b></p> <p><b>1</b></p> <p>1 SCENE 2 STATION 3 OTHER</p>		<p><input type="checkbox"/> SUPPLEMENT 'X' IF YES</p>		<p><b>LOCAL REPORT #</b></p> <p>10MPD 1292</p>	