



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>10MPD 1313</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 FDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> YES	HITSKIP <b>1</b> 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <input checked="" 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. # <b>03801</b>	REPORTING AGENCY <b>MILLERSBURG POLICE DEPARTMENT</b>	# UNITS <b>1</b>	UNIT ERROR <b>01</b> 9 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>7/6/2010</b>	

TIME OF CRASH <b>05:48</b>	DAY OF WEEK <b>TUE</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40331406</b>	LONGITUDE <b>081545606</b>
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PREFIX <b>CRASH LOCATION</b>	CRASH LOCATION <b>PRIVATE PROPERTY</b>	TYPE LOC <b>1</b>	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION <b>MILLERSBURG BP GAS STATION</b>
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DIST. REF.	DR	PREFIX <b>E</b>	REFERENCE <b>000111 JACKSON ST.</b>	REF POINT <b>04</b>	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

<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>BIECHLER JR. RAYMOND L.</b>	ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>98 TAYLOR AVENUE DENNISON OH 44621</b>	SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>1/25/1950</b>	AGE <b>59</b>	SEX <b>M</b>	HOME PHONE # <b>(740)922-4228</b>	WORK PHONE #
DL STATE <b>OH</b>	DL # <b>RP722338</b>	LP STATE <b>OH</b>	LP # <b>PVM4322</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>J AND J REFUSE INC.</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>3596 SR 39 NW DOVER OH 44622</b>							
YEAR <b>1999</b>	MAKE <b>MACK</b>	MODEL <b>OTHER TRUC</b>	COLOR <b>WHITE</b>	INSURANCE COMPANY <b>ALLIED INSURANCE</b>	TOWING SERVICE	OWNER PHONE # <b>(330)343-1226</b>				
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #			LOCAL CODE <input type="checkbox"/> YES	

<b>B</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	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 <input type="checkbox"/> YES	

OCCUPANT

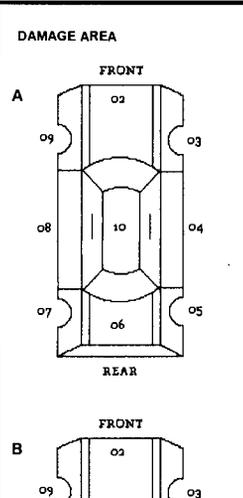
<b>C</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO	
<b>D</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			INJURED TAKEN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

<b>SEATING POSITION</b> 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - 13FT (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	<b>SAFETY EQUIPMENT</b> 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 NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	<b>AIR BAG</b> 1 NOT-DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	<b>AIR BAG SWITCH</b> 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	<b>EJECTION</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	<b>TRAPPED</b> 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	<b>INJURIES</b> 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  B

**NON-MOTORIST LOCATION**  
 A  B

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 OFFSIDE TRAFFICWAY  
 14 SHARED USE PATHS OR TRAILS  
 15 UNKNOWN



**TYPE OF UNIT**  
 A  B

**MOTORIST**  
 01 SUBCOMPACT  
 02 COMPACT  
 03 MID-SIZED  
 04 FULL SIZE  
 05 MINIVAN  
 06 SPORT UTILITY VEHICLE  
 07 TRUCK  
 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 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 NON-MOBILE  
 33 CONSTRUCTION EQUIPMENT  
 34 ALL OTHERS

**NON-MOTORIST**  
 35 ANIMAL - WALKER  
 36 ANIMAL - W/DRAGGY  
 37 BICYCLE  
 38 PEDESTRIAN  
 39 PEDAL CYCLIST (BICYCLE, TRI-CYCLE, UNICYCLE, PEDAL CAR)  
 40 SKATER  
 41 OTHER-NON MOTORIST (WHEELCHAIR, ETC)  
 42 UNKNOWN

**MOST DAMAGED AREA**  
 A  B

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

**POINT OF IMPACT**  
 A  B

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

**ACTION**  
 A  B

1. NON-CONTACT  
 2. NON-COLLISION  
 3. STRICKING  
 4. STRUCK  
 5. BOTH STRICKING AND STRUCK  
 6. UNKNOWN

**IN EMERGENCY RESPONSE**  
 A  B

1. NO  
 2. YES  
 3. UNKNOWN

**VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE**  
 A  B

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

**DAMAGE SCALE**  
 A  B

1. NONE  
 2. NON-FUNCTIONAL  
 3. FUNCTIONAL DAMAGE  
 4. DISABLING DAMAGE  
 5. SEVERE  
 6. UNKNOWN

**STRIKING VEHICLE OVERRIDE/UNDERRIDE**  
 A  B

1. NO UNDERRIDE OR OVERRIDE  
 2. UNDERRIDE, COMPARTMENT INTRUSION  
 3. UNDERRIDE, NO COMPARTMENT INTRUSION  
 4. UNDERRIDE, COMPARTMENT INTRUSION  
 5. OVERRIDE, MOTOR VEHICLE IN TRANSPORT  
 6. OVERRIDE, OTHER VEHICLE  
 7. UNKNOWN IF UNDERRIDE OR OVERRIDE

**PRE-CRASH ACTIONS**  
 A  B

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 APPROCHING OR LEAVING VEHICLE  
 20 PLAYING OR WORKING ON VEHICLE  
 21 STANDING  
 22 OTHER  
 23 UNKNOWN

**CONTRIBUTING CIRCUMSTANCES**  
 A  B

**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

**VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE**  
 A  B

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

**SEQUENCE OF EVENTS**

A	B
1 <input type="text" value="36"/>	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-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 OF ROAD RIGHT  
 09 RAN OFF ROAD LEFT  
 10 CROSS MEDIAN/CENTERLINE  
 11 DOWNHILL RUNAWAY  
 12 OTHER NON-COLLISION  
 13 UNKNOWN NON-COLLISION  
 14 PEDESTRIAN  
 15 PEDALCYCLE  
 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**  
 25 MULTIPLE OBJECT  
 26 BRIDGE OVERHEAD STRUCTURE  
 27 BRIDGE PIER OR ABUTMENT  
 28 BRIDGE PARAPET  
 29 BRIDGE RAIL  
 30 GUARDRAIL FENCE  
 31 GUARDRAIL END  
 32 MEDIAN BARRIER  
 33 HIGHWAY TRAFFIC SIGN POST  
 34 OVERHEAD SIGN POST  
 35 LIGHT LUMINAIRES SUPPORT  
 36 UTILITY POLE  
 37 OTHER POST, POLE OR SUPPORT  
 38 CULVERT  
 39 CURB  
 40 TIECH  
 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**

FROM TO	FROM TO
A <input type="text" value="2"/> <input type="text" value="1"/>	B <input type="text"/> <input type="text"/>

1. NORTH  
 2. SOUTH  
 3. EAST  
 4. WEST  
 5. NORTHEAST  
 6. NORTHWEST  
 7. SOUTHEAST  
 8. SOUTHWEST  
 9. UNKNOWN

**CONDITION**  
 A  B

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

**FIRST HARMFUL EVENT**  
 A  B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

**MOST HARMFUL EVENT**  
 A  B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

**SPEED DETECTED**  
 A  B

1. STATED  
 2. ESTIMATED

**SPEED**  
 A  B

**POSTED SPEED**  
 A  B

**TRAFFIC CONTROL**  
 A  B

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

**ALCOHOL/DRUG SUSPECTED**  
 A  B

1. NONE  
 2. YES ALCOHOL SUSPECTED  
 3. YES - HBD NOT IMPAIRED  
 4. YES - DRUGS SUSPECTED  
 5. YES - ALCOHOL AND DRUGS SUSPECTED  
 6. UNKNOWN

**ALCOHOL TEST STATUS**  
 A  B

1. NONE GIVEN  
 2. TEST REFUSED  
 3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  
 4. TEST GIVEN, RESULTS KNOWN  
 5. TEST GIVEN, RESULTS UNKNOWN  
 6. UNKNOWN

**ALCOHOL TEST TYPE**  
 A  B

1. NONE  
 2. BLOOD  
 3. URINE

**ALCOHOL TEST RESULT**  
 A  B

**ALCOHOL TEST RESULT**  
 A  B

**DRUG TEST STATUS**  
 A  B

1. NONE GIVEN  
 2. TEST REFUSED  
 3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  
 4. TEST GIVEN, RESULTS KNOWN  
 5. GIVEN, RESULTS UNKNOWN  
 6. UNKNOWN

**DRUG TEST TYPE**  
 A  B

1. NONE  
 2. BLOOD  
 3. URINE  
 4. OTHER

**DRUG TEST 1 & 2 RESULT**

1	2	1	2
A <input type="text" value="1"/>	<input type="text" value="1"/>	B <input type="text"/>	<input type="text"/>

1. NONE  
 2. MARIJUANA  
 3. COCAINE  
 4. OPiates  
 5. AMPHETAMINES  
 6. PCP  
 7. OTHER  
 8. UNKNOWN AT TIME OF REPORTING

**TYPE OF INTERSECTION**  
 A  B

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

**OCCURRENCE**  
 A  B

1. ON ROADWAY  
 2. ON SHOULDER  
 3. ON MEDIAN  
 4. ON ROADSIDE  
 5. ON GORE  
 6. OUTSIDE TRAFFICWAY  
 7. UNKNOWN

**ROAD CONTOUR**  
 A  B

1. STRAIGHT LEVEL  
 2. STRAIGHT GRADE  
 3. CURVE LEVEL  
 4. CURVE GRADE  
 5. UNKNOWN

**ROAD CONDITIONS**

PRIMARY	SECONDARY
A <input type="text" value="01"/>	<input type="text"/>

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

SUPPLEMENT 'X' IF YES

LOCAL REPORT # **10MPD 1313**

**NARRATIVE**

UNIT 01 WAS BACKING UP WHILE IN THE LOT FOR THE MILLERSBURG BP GAS STATION AND STRUCK A STREET LIGHT POLE KNOCKING THE POLE OVER INTO THE STREET.

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>1</b></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><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>03</b></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><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>2</b> <b>SECONDARY</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 CLARE 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>TRUCK/BUS UNIT #</b></p> <p><input type="text"/></p>	<p><b>LOCATION 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>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 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.</p>
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**COMPANY (FROM SHIPPING PAPERS)**

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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><b>CARGO BODY TYPE</b></p> <p><input type="checkbox"/> 01 NOT APPLICABLE 02 BULK (9-15 INCL. DRIVER) 03 VAN/ENCLOSED BOX 04 GRAIN CHIPS/GRAVEL</p>		<p>05 POLE 06 CARBO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER</p>	<p>10 AUTO TRANSPORTER 11 GARBAGE REFRUSE 12 OTHER 13 UNKNOWN</p>	<p><b>WEIGHT (GVWR)</b></p> <p><input type="checkbox"/> 1 LESS THAN 10,000 2 10,001 - 26,000 3 MORE THAN 26,000</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"/> 1 NO 2 YES 3 UNKNOWN</p>	<p><b>HAZARDOUS MATERIALS REFUSED</b></p> <p><input type="checkbox"/> 1 NO 2 YES 3 NOT APPLICABLE</p>

<b>POLICE ACTION</b>						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
7/6/2010	05:50	05:51	05:52	06:09	0	18
OFFICER'S NAME		BADGE #	CHECKED BY		DATE REPORT FILED	
PTL. KEVIN BROWN		108			7/6/2010	
REPORT TAKEN BY	REPORT TAKEN AT		SUPPLEMENT		LOCAL REPORT #	
<b>1</b> 1 POLICE AGENCY 2 MOTORIST	<b>1</b> 1 SCENE 2 STATION 3 OTHER		<input type="checkbox"/> 'X' IF YES		10MPD 1313	