

OHIO

TRAFFIC CRASH REPORT



| | | | | | |
|-------------------------------------|---|---|--|--|---|
| CRASH REPORT # 10MPD 1326 | CRASH SEVERITY 2 1.FATAL ERROR 3.FDO 2.INJURY 4.UNKNOWN | PRIVATE PROPERTY <input type="checkbox"/> 'N' IF YES | HITS/SKIP 1 1.NOT HIT/SKIP 2.SOLVED 3.UNSOLVED | PHOTOS TAKEN <input checked="" type="checkbox"/> 'X' IF YES | OH-2 OH-3 OH-1P OTHER <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| N.C.I.C. # 03801 | REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT | # UNITS 3 | UNIT ERROR 01 99.ARMAL 99.1.UNKNOWN | DATE OF CRASH 7/7/2010 | |

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|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|
| TIME OF CRASH 11:45 | DAY OF WEEK WED | CITY/VILLAGE/TOWNSHIP VILLAGE | NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG | COUNTY # 38 | LATITUDE 40320302 | LONGITUDE 081550102 |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|

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| CRASH OCCURRED ON | TYPE LOCATION POINT USED | LOCAL INFORMATION |
| PREFIX S | CRASH LOCATION WASHINGTON | TYPE LOC 1 |

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|---------------------------|----------------|--------------------|---------------------------------------|------------------------|---|--|--|
| DIST. REF. 25 F | DR S | PREFIX S | REFERENCE 001597 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.PLANE NAME WITHOUT REFERENCE | 09.DRIVEWAY 10.STREET OR ROUTE WITHOUT REFERENCE |
|---------------------------|----------------|--------------------|---------------------------------------|------------------------|---|--|--|

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| UNIT # A 01 | # OF OCC 1 | NAME (LAST, FIRST, MIDDLE) KEELER DENNIS L |
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)
302 MILLERSBURG ST HOLMESVILLE OH 44633

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|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------------------------------|
| SOCIAL SECURITY NUMBER | DATE OF BIRTH 10/19/1949 | AGE 60 | SEX M | HOME PHONE # (330)279-2877 | WORK PHONE # (216)538-8047 |
|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------------------------------|

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|-----------------------|-------------------------|-----------------------|------------------------|--|----------------|------------------|
| DL STATE OH | DL # RL679597 | LP STATE OH | LP # PGZ1223 | INJURED TAKEN BY 1 1.NONE 4.OTHER 2.EMS 3.UNKNOWN 3.POLICE | TRANSPORTED BY | INJURED TAKEN TO |
|-----------------------|-------------------------|-----------------------|------------------------|--|----------------|------------------|

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| OWNER NAME (IF SAME, WRITE 'SAME') KEELER, DENNIS L | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 302 MILLERSBURG ST HOLMESVILLE OH 44633 |
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|---------------------|---------------------|---------------------|-----------------------|--|----------------|--------------|
| YEAR 2010 | MAKE FORD | MODEL VAN | COLOR WHITE | INSURANCE COMPANY ACE AMERICAN | TOWING SERVICE | OWNER PHONE# |
|---------------------|---------------------|---------------------|-----------------------|--|----------------|--------------|

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| OFFENSE CHARGED | OFFENSE DESCRIPTION | CITATION # | LOCAL CODE <input type="checkbox"/> 'N' IF YES |
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| UNIT # B 02 | # OF OCC 2 | NAME (LAST, FIRST, MIDDLE) STRACKE KELLY J |
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)
319 N WATER ST KILLBUCK OH 44637

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|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|
| SOCIAL SECURITY NUMBER | DATE OF BIRTH 02/06/1984 | AGE 26 | SEX F | HOME PHONE # (330)264-0464 | WORK PHONE # |
|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|

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|-----------------------|-------------------------|-----------------------|-----------------------|--|---|--|
| DL STATE OH | DL # RZ651278 | LP STATE OH | LP # CL40FF | INJURED TAKEN BY 2 1.NONE 4.OTHER 2.EMS 3.UNKNOWN 3.POLICE | TRANSPORTED BY HOLMES FIRE DIST. #1 | INJURED TAKEN TO JOEL POMERENE HOSPI |
|-----------------------|-------------------------|-----------------------|-----------------------|--|---|--|

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| OWNER NAME (IF SAME, WRITE 'SAME') BECKETT, JOSEPHINE M | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3708 TR 55 KILLBUCK OH 44637 |
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|---------------------|---------------------|----------------------------|----------------------|---|---|--------------------------------------|
| YEAR 1985 | MAKE FORD | MODEL CROWN VICT | COLOR BLUE | INSURANCE COMPANY MOTORIST MUTUAL | TOWING SERVICE FINNEYS TOWING | OWNER PHONE# (330)276-3118 |
|---------------------|---------------------|----------------------------|----------------------|---|---|--------------------------------------|

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|-----------------|---------------------|------------|---|
| OFFENSE CHARGED | OFFENSE DESCRIPTION | CITATION # | LOCAL CODE <input type="checkbox"/> 'N' IF YES |
|-----------------|---------------------|------------|---|

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| UNIT # C 02 | NAME (LAST, FIRST, MIDDLE) BECKETT JOSEPHINE M | HOME PHONE# (330)276-3118 | DATE OF BIRTH 08/23/1935 | AGE 74 | SEX F |
|-----------------------|--|-------------------------------------|------------------------------------|------------------|-----------------|

ADDRESS (STREET, CITY, STATE, ZIP-CODE)
3708 TR 55 KILLBUCK OH 44637

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| INJURED TAKEN BY 2 1.NONE 4.OTHER 2.EMS 3.UNKNOWN 3.POLICE | TRANSPORTED BY HOLMES FIRE DIST. #1 | INJURED TAKEN TO JOEL POMERENE HOSPI |
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|--------------------|----------------------------|-------------|---------------|-----|-----|
| UNIT # D | 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 |
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|--|--|---|---|--|--|---|
| SEATING POSITION A 01 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 01.MINI-TISED 02.SHOLDER BELT ONLY USED 03.LAP BELT ONLY USED 04.SHOLDER AND LAP BELT USED 05.CHILD SAFETY SEAT USED 06.HELMET USED 07.RESTRAINT USE UNKNOWN 08.NONE USED 09.HELMET USED 10.PROTECTIVE PADS 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN | AIR BAG A 1 1.NOT DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT/SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN B 5 C 5 D | AIR BAG SWITCH A 1 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION B 1 C 1 D | EJECTION A 1 1.NOT EJECTED 2.TOTALY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN B 1 C 1 D | TRAPPED A 1 1.NOT TRAPPED 2.ENTRAPPED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN B 1 C 1 D | INJURIES A 1 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN B 3 C 1 D |
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SUPPLEMENT 'X' IF YES

MOTORIST / NON-MOTORIST

OCCUPANT



TRAFFIC CRASH REPORT

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|-------------------------------------|---|--|--|---|--|
| CRASH REPORT # 10MPD 1326 | CRASH SEVERITY 2 1 FATAL ERROR 3 FDO 2 INJURY 4 UNKNOWN | PRIVATE PROPERTY <input type="checkbox"/> NO IF YES | HIT/SKIP 1 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED | PHOTOS TAKEN <input checked="" type="checkbox"/> NO 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 3 | UNIT ERROR 01 98 ANIMAL 99 UNKNOWN | DATE OF CRASH 7/7/2010 | |

| | | | | | | |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|
| TIME OF CRASH 11:45 | DAY OF WEEK WED | CITY/VILLAGE/TOWNSHIP VILLAGE | NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG | COUNTY # 38 | LATITUDE 40320302 | LONGITUDE 081550102 |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|

| | | |
|---------------------------------------|-------------------------------------|----------------------|
| CRASH OCCURRED ON | TYPE LOCATION POINT USED | LOCAL INFORMATION |
| PREFIX S | CRASH LOCATION WASHINGTON | TYPE LOC 1 |
| AT/REFERENCE | | REFERENCE POINT USED |
| DIST. REF. 25 F | DR S | PREFIX S |
| REFERENCE 001597 WASHINGTON | REF POINT 04 | |

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|--|------------------------------------|--|--|---|--------------------------------------|--|
| UNIT # A 03 | # OF OCC 1 | NAME (LAST, FIRST, MIDDLE) SABO NICK A | | | | |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) 140 S CLAY ST MILLERSBURG OH 44654 | | | | | | |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH 02/27/1973 | AGE 37 | SEX M | HOME PHONE # (330)674-4314 | WORK PHONE # (330)674-1811 | |
| DL STATE OH | DL # RN316865 | LP STATE OH | LP # DCT7952 | 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') SABO, NICK A | | | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 140 S CLAY ST MILLERSBURG OH 44654 | | | |
| YEAR 2000 | MAKE HONDA | MODEL CIVIC | COLOR BLUE | INSURANCE COMPANY STATE FARM | TOWING SERVICE | OWNER PHONE# |
| OFFENSE CHARGED | | OFFENSE DESCRIPTION | | | CITATION # | LOCAL CODE <input type="checkbox"/> NO IF YES |

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|---|---------------|----------------------------|---|-------------------|----------------|--|
| UNIT # B | # 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"/> NO IF YES |

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|---|----------|----------------------------|---|-------------------|------------------|--|
| UNIT # C | # OF OCC | 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 | |
| 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"/> NO IF YES |

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|---|----------|----------------------------|---|-------------------|------------------|--|
| UNIT # D | # OF OCC | 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 | |
| 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"/> NO IF YES |

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|-----------------------|---|--|--|--|---|--|
| UNIT # A 01 | SAFETY EQUIPMENT 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 NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN | AIR BAG A 1 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN | AIR BAG SWITCH A 1 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION | EJECTION A 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN | TRAPPED A 1 1 NOT TRAPPED 2 ENTRAPPED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN | INJURIES A 1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN |
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| SEATING POSITION A 01 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 |
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|------------------------------|------------------------------|---------------------|----------------------------|----------------------|---------------------|----------------------|
| SEATING POSITION B | SAFETY EQUIPMENT B | AIR BAG B | AIR BAG SWITCH B | EJECTION B | TRAPPED B | INJURIES B |
|------------------------------|------------------------------|---------------------|----------------------------|----------------------|---------------------|----------------------|

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|------------------------------|------------------------------|---------------------|----------------------------|----------------------|---------------------|----------------------|
| SEATING POSITION C | SAFETY EQUIPMENT C | AIR BAG C | AIR BAG SWITCH C | EJECTION C | TRAPPED C | INJURIES C |
|------------------------------|------------------------------|---------------------|----------------------------|----------------------|---------------------|----------------------|

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|------------------------------|------------------------------|---------------------|----------------------------|----------------------|---------------------|----------------------|
| SEATING POSITION D | SAFETY EQUIPMENT D | AIR BAG D | AIR BAG SWITCH D | EJECTION D | TRAPPED D | INJURIES D |
|------------------------------|------------------------------|---------------------|----------------------------|----------------------|---------------------|----------------------|

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| SEATING POSITION BLANK FOR WITNESS | SAFETY EQUIPMENT 04 | AIR BAG A 1 | AIR BAG SWITCH A 1 | EJECTION A 1 | TRAPPED A 1 | INJURIES A 1 |
|--|-------------------------------|-----------------------|------------------------------|------------------------|-----------------------|------------------------|

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|--|------------------------------|---------------------|----------------------------|----------------------|---------------------|----------------------|
| SEATING POSITION BLANK FOR WITNESS | SAFETY EQUIPMENT B | AIR BAG B | AIR BAG SWITCH B | EJECTION B | TRAPPED B | INJURIES B |
|--|------------------------------|---------------------|----------------------------|----------------------|---------------------|----------------------|

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|--|------------------------------|---------------------|----------------------------|----------------------|---------------------|----------------------|
| SEATING POSITION BLANK FOR WITNESS | SAFETY EQUIPMENT C | AIR BAG C | AIR BAG SWITCH C | EJECTION C | TRAPPED C | INJURIES C |
|--|------------------------------|---------------------|----------------------------|----------------------|---------------------|----------------------|

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|--|------------------------------|---------------------|----------------------------|----------------------|---------------------|----------------------|
| SEATING POSITION BLANK FOR WITNESS | SAFETY EQUIPMENT D | AIR BAG D | AIR BAG SWITCH D | EJECTION D | TRAPPED D | INJURIES D |
|--|------------------------------|---------------------|----------------------------|----------------------|---------------------|----------------------|

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| SEATING POSITION BLANK FOR WITNESS | SAFETY EQUIPMENT 04 | AIR BAG A 1 | AIR BAG SWITCH A 1 | EJECTION A 1 | TRAPPED A 1 | INJURIES A 1 |
|--|-------------------------------|-----------------------|------------------------------|------------------------|-----------------------|------------------------|

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|--|------------------------------|---------------------|----------------------------|----------------------|---------------------|----------------------|
| SEATING POSITION BLANK FOR WITNESS | SAFETY EQUIPMENT B | AIR BAG B | AIR BAG SWITCH B | EJECTION B | TRAPPED B | INJURIES B |
|--|------------------------------|---------------------|----------------------------|----------------------|---------------------|----------------------|

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| SEATING POSITION BLANK FOR WITNESS | SAFETY EQUIPMENT C | AIR BAG C | AIR BAG SWITCH C | EJECTION C | TRAPPED C | INJURIES C |
|--|------------------------------|---------------------|----------------------------|----------------------|---------------------|----------------------|

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| SEATING POSITION BLANK FOR WITNESS | SAFETY EQUIPMENT D | AIR BAG D | AIR BAG SWITCH D | EJECTION D | TRAPPED D | INJURIES D |
|--|------------------------------|---------------------|----------------------------|----------------------|---------------------|----------------------|

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| SEATING POSITION BLANK FOR WITNESS | SAFETY EQUIPMENT 04 | AIR BAG A 1 | AIR BAG SWITCH A 1 | EJECTION A 1 | TRAPPED A 1 | INJURIES A 1 |
|--|-------------------------------|-----------------------|------------------------------|------------------------|-----------------------|------------------------|

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|--|------------------------------|---------------------|----------------------------|----------------------|---------------------|----------------------|
| SEATING POSITION BLANK FOR WITNESS | SAFETY EQUIPMENT B | AIR BAG B | AIR BAG SWITCH B | EJECTION B | TRAPPED B | INJURIES B |
|--|------------------------------|---------------------|----------------------------|----------------------|---------------------|----------------------|

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|--|------------------------------|---------------------|----------------------------|----------------------|---------------------|----------------------|
| SEATING POSITION BLANK FOR WITNESS | SAFETY EQUIPMENT C | AIR BAG C | AIR BAG SWITCH C | EJECTION C | TRAPPED C | INJURIES C |
|--|------------------------------|---------------------|----------------------------|----------------------|---------------------|----------------------|

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|--|------------------------------|---------------------|----------------------------|----------------------|---------------------|----------------------|
| SEATING POSITION BLANK FOR WITNESS | SAFETY EQUIPMENT D | AIR BAG D | AIR BAG SWITCH D | EJECTION D | TRAPPED D | INJURIES D |
|--|------------------------------|---------------------|----------------------------|----------------------|---------------------|----------------------|

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|--|-------------------------------|-----------------------|------------------------------|------------------------|-----------------------|------------------------|
| SEATING POSITION BLANK FOR WITNESS | SAFETY EQUIPMENT 04 | AIR BAG A 1 | AIR BAG SWITCH A 1 | EJECTION A 1 | TRAPPED A 1 | INJURIES A 1 |
|--|-------------------------------|-----------------------|------------------------------|------------------------|-----------------------|------------------------|

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|--|------------------------------|---------------------|----------------------------|----------------------|---------------------|----------------------|
| SEATING POSITION BLANK FOR WITNESS | SAFETY EQUIPMENT B | AIR BAG B | AIR BAG SWITCH B | EJECTION B | TRAPPED B | INJURIES B |
|--|------------------------------|---------------------|----------------------------|----------------------|---------------------|----------------------|

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| SEATING POSITION BLANK FOR WITNESS | SAFETY EQUIPMENT C | AIR BAG C | AIR BAG SWITCH C | EJECTION C | TRAPPED C | INJURIES C |
|--|------------------------------|---------------------|----------------------------|----------------------|---------------------|----------------------|

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|--|------------------------------|---------------------|----------------------------|----------------------|---------------------|----------------------|
| SEATING POSITION BLANK FOR WITNESS | SAFETY EQUIPMENT D | AIR BAG D | AIR BAG SWITCH D | EJECTION D | TRAPPED D | INJURIES D |
|--|------------------------------|---------------------|----------------------------|----------------------|---------------------|----------------------|

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| <input type="checkbox"/> SUPPLEMENT 'X' IF YES |
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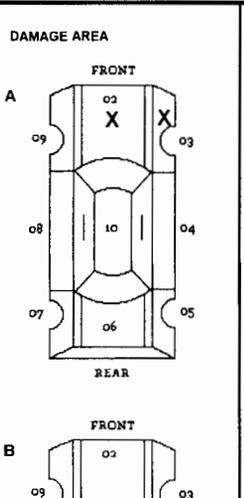
MOTORIST / NON-MOTORIST

OCCUPANT

UNIT NUMBERS
 A B

NON-MOTORIST LOCATION
 A B

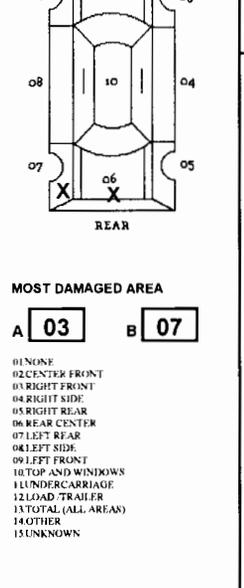
01 MARKED CROSSWALK AT INTERSECTION
 02 AT INTERSECTION BUT NO CROSSWALK
 03 NON-INTERSECTION CROSSWALK
 04 DRIVEWAY ACCESS CROSSWALK
 05 IN ROADWAY
 06 NOT IN ROADWAY
 07 MEDIAN (BUT NOT ON SHOULDER)
 08 ISLAND
 09 SHOULDER
 10 SIDEWALK
 11 WITHIN 10 FEET OF ROADWAY (BUT NOT SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)
 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
 13 OFF TRAFFICWAY
 14 SHARED USE PATHS OR TRAILS
 15 UNKNOWN



TYPE OF UNIT
 A B

MOTORIST
 01 SUB-COMPACT
 02 COMPACT
 03 MID-SIZED
 04 FULL-SIZE
 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 MOTORIZED BICYCLE
 20 SCRAMPER
 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 NON-MOTORIST
 33 CONSTRUCTION EQUIPMENT
 34 ALL OTHERS

NON-MOTORIST
 35 ANIMAL WRIDER
 36 ANIMAL W/BUSBY
 37 BICYCLE
 38 PEDESTRIAN
 39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)
 40 SKATER
 41 OTHER-NON MOTORIST (WHEELCHAIR, ETC)
 42 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 STRIKING
 4 STRUCK
 5 BOTH STRIKING 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 TRUBLE
 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 UNKNOWN
 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT
 6 OVERRIDE, OTHER VEHICLE
 7 UNKNOWN IF UNDERRIDE OR OVERRIDE

PRE-CRASH ACTIONS
 A B

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 DRIVE/RELESS
 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

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 OVERTAKING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENCE 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 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 TRUBLE
 10 DISABLED FROM PRIOR ACCIDENT
 11 OTHER DEFECTS
 12 NO DEFECTS

SEQUENCE OF EVENTS

| | |
|-----------------------------------|-----------------------------------|
| 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-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 OF ROAD LEFT
 10 CROSS MEDIAN CENTERLINE
 11 DOWNHILL RETNAWAY
 12 OTHER NON-COLLISION
 13 UNKNOWN NON-COLLISION
 14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FINED
 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 PARAPET
 29 BRIDGE RAIL
 30 GUARDRAIL FACE
 31 GUARDRAIL END
 32 MEDIAN BARRIER
 33 HIGHWAY TRAFFIC SIGN POST
 34 OVERHEAD SIGN POST
 35 LIGHT/ILLUMINARIAN SUPPORT
 36 UTILITY POLE
 37 OTHER POST, POLE OR SUPPORT
 38 CULVERT
 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

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

1 NORTH
 2 SOUTH
 3 EAST
 4 WEST
 5 NORTHEAST
 6 NORTHWEST
 7 SOUTHEAST
 8 SOUTHWEST
 9 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
 16 OPERATIVE, MISSING, OBLICURED
 17 OTHER
 18 NOT REPORTED

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

ALCOHOL/DRUG SUSPECTED
 A B

1 NONE
 2 YES ALCOHOL SUSPECTED
 3 YES - BDD 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
 4 BREATH
 5 OTHER

ALCOHOL TEST RESULT
 A B

SUPPLEMENT 'X' IF YES

LOCAL REPORT #
 10MPD 1326

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

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

TYPE OF INTERSECTION

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

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

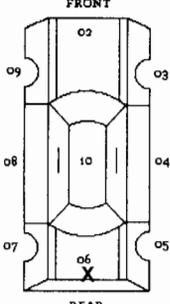
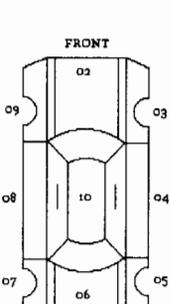
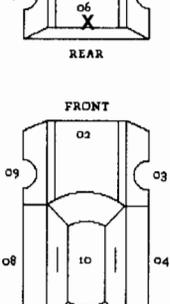
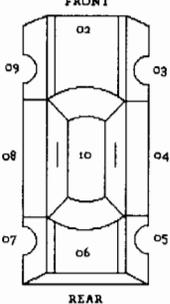
ROAD CONTOUR

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

ROAD CONDITIONS

| | |
|---------------------------------|----------------------|
| PRIMARY | SECONDARY |
| <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

| | | | | | | | | | | | | | | | | | |
|--|--|--|---|--|--|-----------------------------------|---|---|--|------------------------|------------------------|------------------------|------------------------|---|--|------------------------|----------------------|
| UNIT NUMBERS A <input type="text" value="03"/> B <input type="text"/> | DAMAGE AREA FRONT  | PRE-CRASH ACTIONS A <input type="text" value="11"/> 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="20"/></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="20"/> | 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="35"/> B <input type="text"/> | DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text"/> | | |
| A | B | | | | | | | | | | | | | | | | |
| 1 <input type="text" value="20"/> | 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"/> | REAR  | 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 15 MOTORIST 16 ENTERING OR CROSSING SPECIFIED LOCATION 17 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 18 WORKING 19 STOPPING VEHICLE 20 APPROACHING OR LEAVING VEHICLE 21 PLAYING OR WORKING ON VEHICLE 22 STANDING 23 OTHER 24 UNKNOWN | NON-COLLISION 01 OVERTURN ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO OR EQUIPMENT LOSS OR SHIFT 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) 07 SEPARATION OF UNITS 08 RAN ON ROAD RIGHT 09 RAN ON ROAD LEFT 10 CROSS-MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION WITH PERSON, VEHICLE OR OBJECT, NOT FINED 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 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 CULVERT 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="04"/> B <input type="text"/> | DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text"/> | | | | | | | | | | | | |
| TYPE OF UNIT A <input type="text" value="03"/> B <input type="text"/> | FRONT  | CONTRIBUTING CIRCUMSTANCES A <input type="text" value="01"/> B <input type="text"/> | 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 VIOLATING OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNALS, SIGNALS OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 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"/> <input type="text"/></td></tr> </table> | FROM TO | FROM TO | A <input type="text" value="2"/> <input type="text" value="1"/> | B <input type="text"/> <input type="text"/> | 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> | 1 | 2 | 1 | 2 | A <input type="text" value="1"/> | <input type="text" value="1"/> | B <input type="text"/> | <input type="text"/> |
| FROM TO | FROM TO | | | | | | | | | | | | | | | | |
| A <input type="text" value="2"/> <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"/> | | | | | | | | | | | | | | |
| MOTORIST 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 (BOHTAIL) 13 TRACTOR SEMI-TRAILER 14 TRACTOR/DOUBLE-SHORT 15 TRACTOR DOUBLE-LANG 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 NON-MOTORIST 35 ANIMAL, W RIDER 36 ANIMAL, W RIDER 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER-NON MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN | REAR  | VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> | FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text"/> | CONDITION A <input type="text" value="1"/> B <input type="text"/> | TYPE OF INTERSECTION <input type="text" value="02"/> | | | | | | | | | | | | |
| IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text"/> | MOST DAMAGED AREA A <input type="text" value="06"/> B <input type="text"/> | POINT OF IMPACT A <input type="text" value="06"/> B <input type="text"/> | MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text"/> | ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text"/> | OCCURRENCE <input type="text" value="1"/> | | | | | | | | | | | | |
| DAMAGE SCALE A <input type="text" value="2"/> B <input type="text"/> | ACTION A <input type="text" value="4"/> B <input type="text"/> | VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> | SPEED DETECTED A <input type="text" value="1"/> B <input type="text"/> | ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text"/> | ROAD CONTOUR <input type="text" value="1"/> | | | | | | | | | | | | |
| STRIKING VEHICLE OVERRIDE/UNDERIDE A <input type="text" value="1"/> B <input type="text"/> | POINT OF IMPACT A <input type="text" value="06"/> B <input type="text"/> | VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> | SPEED A <input type="text" value="0"/> B <input type="text"/> | ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text"/> | 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> | PRIMARY | SECONDARY | <input type="text" value="01"/> | <input type="text"/> | | | | | | | | |
| PRIMARY | SECONDARY | | | | | | | | | | | | | | | | |
| <input type="text" value="01"/> | <input type="text"/> | | | | | | | | | | | | | | | | |
| DAMAGE SCALE 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN | 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 | 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 TIRING 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 | OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) | 1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4 BELIEF 5 FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN | 1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 GIVEN, RESULTS UNKNOWN 6 UNKNOWN | | | | | | | | | | | | |
| DAMAGE SCALE 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN | 1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING | 1 NONE 2 CENTER FRONT 3 RIGHT FRONT 4 RIGHT SIDE 5 RIGHT REAR 6 REAR CENTER 7 LEFT REAR 8 LEFT SIDE 9 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN | 1 NONE 2 YES ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN | 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN | 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN | | | | | | | | | | | | |
| DAMAGE SCALE 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN | 1 NONE 2 BLOOD 3 URINE 4 OTHER | 1 NONE 2 CENTER FRONT 3 RIGHT FRONT 4 RIGHT SIDE 5 RIGHT REAR 6 REAR CENTER 7 LEFT REAR 8 LEFT SIDE 9 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN | 1 NONE 2 BREATH 3 BLOOD 4 OTHER 5 URINE | 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN | 1 NONE 2 BLOOD 3 URINE 4 OTHER | | | | | | | | | | | | |
| DAMAGE SCALE 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN | 1 NONE 2 BLOOD 3 URINE 4 OTHER | 1 NONE 2 CENTER FRONT 3 RIGHT FRONT 4 RIGHT SIDE 5 RIGHT REAR 6 REAR CENTER 7 LEFT REAR 8 LEFT SIDE 9 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN | 1 NONE 2 BREATH 3 BLOOD 4 OTHER 5 URINE | 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN | 1 NONE 2 BLOOD 3 URINE 4 OTHER | | | | | | | | | | | | |
| DAMAGE SCALE 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN | 1 NONE 2 BLOOD 3 URINE 4 OTHER | 1 NONE 2 CENTER FRONT 3 RIGHT FRONT 4 RIGHT SIDE 5 RIGHT REAR 6 REAR CENTER 7 LEFT REAR 8 LEFT SIDE 9 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN | 1 NONE 2 BREATH 3 BLOOD 4 OTHER 5 URINE | 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN | 1 NONE 2 BLOOD 3 URINE 4 OTHER | | | | | | | | | | | | |
| DAMAGE SCALE 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN | 1 NONE 2 BLOOD 3 URINE 4 OTHER | 1 NONE 2 CENTER FRONT 3 RIGHT FRONT 4 RIGHT SIDE 5 RIGHT REAR 6 REAR CENTER 7 LEFT REAR 8 LEFT SIDE 9 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN | 1 NONE 2 BREATH 3 BLOOD 4 OTHER 5 URINE | 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN | 1 NONE 2 BLOOD 3 URINE 4 OTHER | | | | | | | | | | | | |
| DAMAGE SCALE 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN | 1 NONE 2 BLOOD 3 URINE 4 OTHER | 1 NONE 2 CENTER FRONT 3 RIGHT FRONT 4 RIGHT SIDE 5 RIGHT REAR 6 REAR CENTER 7 LEFT REAR 8 LEFT SIDE 9 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN | 1 NONE 2 BREATH 3 BLOOD 4 OTHER 5 URINE | 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN | 1 NONE 2 BLOOD 3 URINE 4 OTHER | | | | | | | | | | | | |
| DAMAGE SCALE 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN | 1 NONE 2 BLOOD 3 URINE 4 OTHER | 1 NONE 2 CENTER FRONT 3 RIGHT FRONT 4 RIGHT SIDE 5 RIGHT REAR 6 REAR CENTER 7 LEFT REAR 8 LEFT SIDE 9 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN | 1 NONE 2 BREATH 3 BLOOD 4 OTHER 5 URINE | 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN | 1 NONE 2 BLOOD 3 URINE 4 OTHER | | | | | | | | | | | | |
| DAMAGE SCALE 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN | 1 NONE 2 BLOOD 3 URINE 4 OTHER | 1 NONE 2 CENTER FRONT 3 RIGHT FRONT 4 RIGHT SIDE 5 RIGHT REAR 6 REAR CENTER 7 LEFT REAR 8 LEFT SIDE 9 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN | 1 NONE 2 BREATH 3 BLOOD 4 OTHER 5 URINE | 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN | 1 NONE 2 BLOOD 3 URINE 4 OTHER | | | | | | | | | | | | |
| DAMAGE SCALE 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN | 1 NONE 2 BLOOD 3 URINE 4 OTHER | 1 NONE 2 CENTER FRONT 3 RIGHT FRONT 4 RIGHT SIDE 5 RIGHT REAR 6 REAR CENTER 7 LEFT REAR 8 LEFT SIDE 9 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN | 1 NONE 2 BREATH 3 BLOOD 4 OTHER 5 URINE | 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN | 1 NONE 2 BLOOD 3 URINE 4 OTHER | | | | | | | | | | | | |
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NARRATIVE

UNITS 2 AND 3 WERE STOPPED AT THE TRAFFIC SIGNAL AND FACING NORTHBOUND. UNIT 1 FAILED TO MAINTAIN AN ASSURED CLEAR DISTANCE AHEAD AND STRUCK UNIT 2 IN THE LEFT REAR, FORCING IT INTO UNIT 3. UNIT 1 RECEIVED DAMAGE TO THE RIGHT FRONT OF THE VEHICLE. UNIT 2 RECEIVED DAMAGE TO THE LEFT REAR OF THE VEHICLE. UNIT 3 RECEIVED DAMAGE TO THE REAR CENTER OF THE VEHICLE. OCCUPANTS OF UNIT 2 WERE TRANSPORTED TO JPMH BY HOLMES FIRE DISTRICT #1.

| | | |
|--|---|-----------------------|
| <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 3 UNKNOWN</p> | |
| <p>LIGHT CONDITIONS</p> <p>PRIMARY <input checked="" type="checkbox"/> SECONDARY <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>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 # | 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 |
| 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 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER | | 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/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 MATERIALS <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN | HAZARDOUS MATERIALS RFI FAFD <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE |

| | | | | | | |
|--|---|--|----------------------------|-------------------------------------|--------------------------------------|----------------------------|
| POLICE ACTION | | | | | | |
| DATE CRASH REPORTED 7/7/2010 | TIME REC CALL 11:45 | DISPATCH 11:45 | ARRIVED 11:48 | CLEARED 12:36 | OTHER 45 | TOTAL MINUTES 96 |
| OFFICER'S NAME PTL. JUSTIN ESTILL | | BADGE # 113 | CHECKED BY _____ | | DATE REPORT FILED 7/7/2010 | |
| REPORT TAKEN BY <input checked="" type="checkbox"/> 1 PUBLIC 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 1326 | | |