



TRAFFIC CRASH REPORT

CRASH REPORT # 10MPD 1499	CRASH SEVERITY 3 1.FATAL/ERROR 1.FDO 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> NO IF YES	HIT/SKIP 3 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <input type="checkbox"/> 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 2	UNIT ERROR 01 08 ANIMAL 09 UNKNOWN	DATE OF CRASH 07/29/2010	

TIME OF CRASH 10:30	DAY OF WEEK THU	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40332204	LONGITUDE 081545206
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX C	CRASH LOCATION MASSILLON RD.	TYPE LOC 1
REFERENCE POINT USED		
DIST. REF. 75 F	DR E	PREFIX N
REFERENCE N. CRAWFORD ST.	REF POINT 02	

MOTORIST / NON-MOTORIST

UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) UNKNOWN DRIVER				
ADDRESS (STREET, CITY, STATE, ZIP-CODE)						
SOCIAL SECURITY NUMBER	DATE OF BIRTH //	AGE	SEX U	HOME PHONE #	WORK PHONE #	
DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY 5 1. NONE 4. OTHER 2. EMS 5. UNKNOWN 3. POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') UNKNOWN			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) UNKNOWN UNKNOWN UNKNOWN			
YEAR 0	MAKE UNKNOWN MA	MODEL UNKNOWN	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES			

UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) WIRT SCOTT L.				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1363 E. MORELAND RD. WOOSTER OH 44691						
SOCIAL SECURITY NUMBER	DATE OF BIRTH 08/25/1971	AGE 38	SEX M	HOME PHONE # (330)262-7303	WORK PHONE # (330)264-1867	
DL STATE OH	DL # RS956593	LP STATE OH	LP # PFK2518	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') WIRT TRACTOR SALES			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7031 MILLERSBURG RD. WOOSTER OH 44691			
YEAR 2006	MAKE FORD	MODEL F-SERIES PIC	COLOR RED	INSURANCE COMPANY ACUITY INSURANCE	TOWING SERVICE	OWNER PHONE # (330)264-1867
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES			

OCCUPANT

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

SEATING POSITION 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 CAR 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	SAFETY EQUIPMENT 01 NONE USED 02 SEATBELT HELIX ONLY USED 03 LAP BELT ONLY USED 04 SHOULDER AND LAP BELT'S 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 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	AIR BAG SWITCH 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED 1 NOT TRAPPED 2 ENTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
A 01	A 07	A 6	A 4	A 5	A 1	A 6
B 01	B 04	B 1	B 1	B 1	B 1	B 1
C	C	C	C	C	C	C
D	D	D	D	D	D	D
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT 'X' IF YES

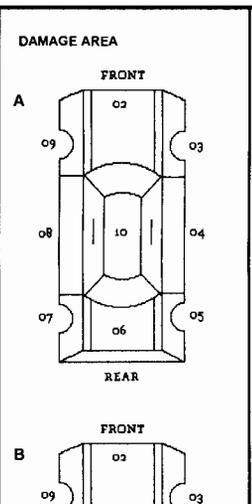
UNIT NUMBERS
 A B

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 (B/T NOT ON SHOULDER)
 08 ISLAND
 09 SHOULDER
 10 SIDEWALK
 11 WITHIN 10 FEET OF ROADWAY (B/T NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)
 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
 13 OT SIDE 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 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 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/DRIVER
 36 ANIMAL W/BUNGY
 37 BICYCLE
 38 PEDESTRIAN
 39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)
 40 SKATER
 41 OTHER-NON MOTORIST (WHEELCHAIR, ETC)
 42 UNKNOWN



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 DRIVERLESS
 13 OTHER
 14 UNKNOWN
NON-MOTORIST
 15 ENTERING OR CROSSING SPECIFIED LOCATION
 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING
 17 WORKING
 18 PUSHING VEHICLE
 19 APPROACHING OR LEAVING VEHICLE
 20 PLAYING OR WORKING IN 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 PARTING
 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

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/ROLL-OVER
 02 FIRE/EXPLOSION
 03 IMMERSION
 04 LACK OF FUEL
 05 CARGO/EQUIPMENT LOSS OR SHIFT
 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)
 07 SEPARATION OF UNITS
 08 RAN OFF ROAD RIGHT
 09 RAN OFF ROAD LEFT
 10 CROSS-MEDIAN CENTERLINE
 11 DOWNHILL RUNAWAY
 12 OTHER NON-COLLISION
 13 UNKNOWN NON-COLLISION
 14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT LISTED
 15 PEDESTRIAN
 16 PEDAL CYCLE
 17 RAILWAY VEHICLE (E.G. TRAIN, ENGINE)
 18 ANIMAL - FARM
 19 ANIMAL - DEER
 20 MOTOR VEHICLE IN TRANSPORT
 21 PARKED MOTOR VEHICLE
 22 WORK ZONE MAINTENANCE EQUIPMENT
 23 OTHER MOVABLE OBJECT
 24 UNKNOWN MOVABLE OBJECT
 25 COLLISION WITH FIXED OBJECT
 26 IMPACT ATTENUATOR/CRASH CUSHION
 27 BRIDGE OVERHEAD STRUCTURE
 28 BRIDGE PIER OR ABUTMENT
 29 BRIDGE PARAPET
 30 GUARDRAIL FACE
 31 GUARDRAIL END
 32 MEDIAN BARRIER
 33 HIGHWAY TRAFFIC SIGN POST
 34 OVERHEAD SIGN POST
 35 LIGHT TOWER/SUPPORT
 36 UTILITY POLE
 37 OTHER POST, POLE OR SUPPORT
 38 CURB/VERT
 39 CURB
 40 TYPH
 41 EMBANKMENT
 42 FENCE
 43 MAILBOX
 44 TYPH
 45 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC)
 46 WORK ZONE MAINTENANCE EQUIPMENT
 47 UNKNOWN FIXED OBJECT
 48 OTHER
 49 UNKNOWN

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 CROSSBUNCS
 08 RAILROAD FLASHERS
 09 RAILROAD GATES
 10 CONSTRUCTION BARRICADE
 11 POLICE OFFICER
 12 PAVEMENT MARKINGS
 13 CROSSWALK LINES
 14 WALK/DONT WALK
 15 TRAFFIC CONTROL DEVICE
 16 OPERATIVE, MISSING, OBLSCURED
 17 OTHER
 18 NOT REPORTED

DIRECTION

FROM	TO	FROM	TO
A <input type="text" value="4"/>	B <input type="text" value="3"/>	A <input type="text" value="3"/>	B <input type="text" value="4"/>

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

CONDITION
 A B

1 APPARENTLY NORMAL
 2 PHYSICAL IMPAIRMENT
 3 EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)
 4 ILLNESS
 5 FELT ASLEEP, FAINTED, FATIGUED, ETC
 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
 7 OTHER
 8 UNKNOWN

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

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

IN EMERGENCY RESPONSE
 A B

1 NO
 2 YES
 3 UNKNOWN

DAMAGE SCALE
 A B

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

ACTION
 A B

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

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

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

ALCOHOL/DRUG SUSPECTED
 A B

1 NONE
 2 YES - ALCOHOL SUSPECTED
 3 YES - BHD 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

TYPE OF INTERSECTION

01 NOT AN INTERSECTION
 02 FOUR-WAY INTERSECTION
 03 T-INTERSECTION
 04 Y-INTERSECTION
 05 TRAFFIC CIRCLE/ROUNDBOAT
 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 OFFSIDE 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

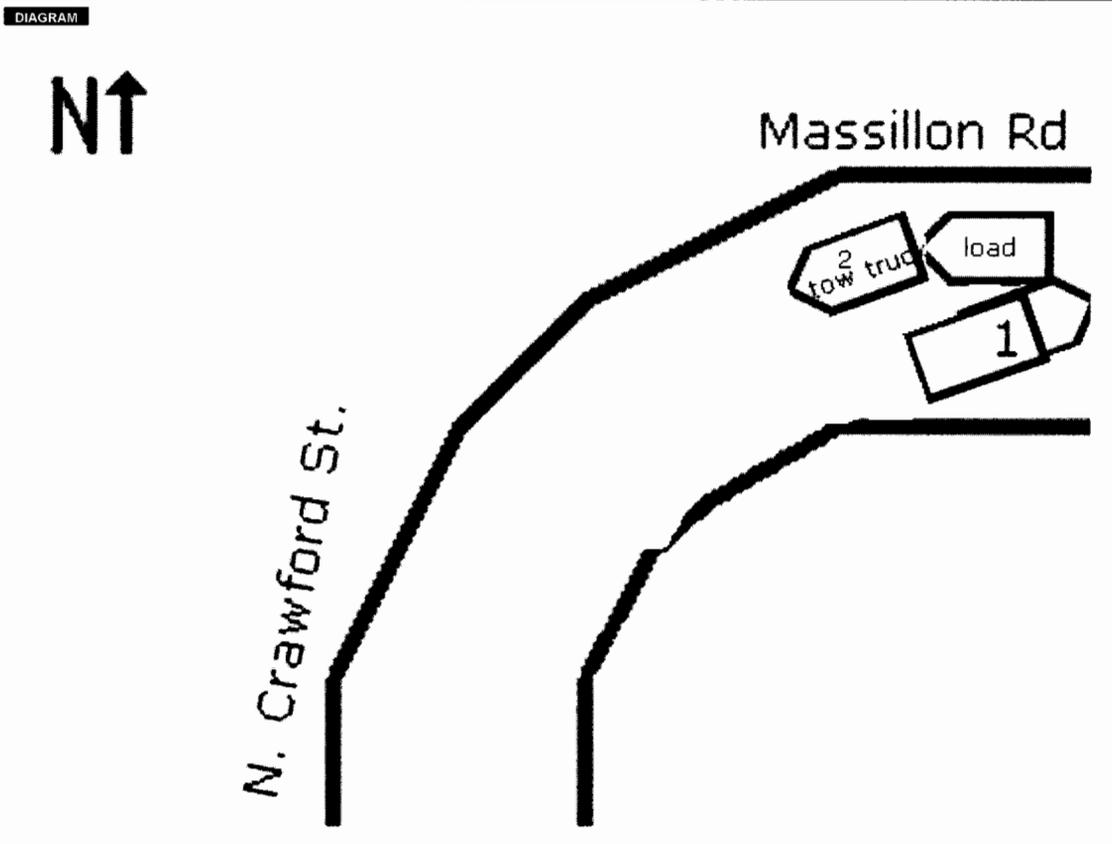
SUPPLEMENT 'X' IF YES

LOCAL REPORT #
 10MPD 1499

NARRATIVE

UNIT 2 WAS TRAVELING WESTBOUND ON MASSILLON RD. AND MET UNIT 1 COMING EASTBOUND TOWARDS HIM AND UNIT 1 CAME SLIGHTLY LEFT OF CENTER AND GRAZED THE CAR UNIT 2 WAS TOWING.

MANNER OF COLLISION OR IMPACT 8 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	SCHOOL BUS RELATED 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER 01 01 CLEAR 02 CLOUDY 03 FOG/SMOG/SMOKE 04 RAIN 05 SLEET/HAIL (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLEWING SAND/SOIL/DIRT/SNOW 09 OTHER 10 UNKNOWN	WORK ZONE RELATED 1 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS PRIMARY 1 SECONDARY <input type="checkbox"/> 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - ROADWAY NOT LIGHTED 6 DARK - UNKNOWN ROADWAY LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT OR MOVING WORK 5 OTHER
LOC ATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE THE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	WORKERS PRESENT <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN



TRUCK/BUS UNIT # <input type="checkbox"/>	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR A RE-SEMI DESIGNED FOR AT LEAST 4 PERSONS, INCLUDING DRIVER.	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.
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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
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CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAIN/CHIPS/GRAVEL <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER	<input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	CDL CLASS <input type="checkbox"/> 1 CLASS A <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS D <input type="checkbox"/> 5 CLASS E	HAZARDOUS MATERIALS <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	HAZARDOUS MATERIALS REI FARE# <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE
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POLICE ACTION						
DATE CRASH REPORTED 07/30/2010	TIME REC CALL 15:40	DISPATCH 15:40	ARRIVED 15:40	CLEARED 15:48	OTHER 30	TOTAL MINUTES 38
OFFICER'S NAME PTL. W. TODD BOOTH		BADGE # 104	CHECKED BY _____	DATE REPORT FILED 07/30/2010		

REPORT TAKEN BY <input type="checkbox"/> 1 POLICE AGENCY <input checked="" 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 1499
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LOCAL REPORT NUMBER 10MPD1499	REPORTING AGENCY MILLERSBURG P.D.	DATE OF ACCIDENT M 07 D 30 Y 10
IN COUNTY OF HOLMES	ACCIDENT LOCATION MASSILLON RD / N. CRAWFORD ST.	

OWNER OF TOWED
1989 CHEVROLET C1500 TRUCK (BURGANDY) ^{COLOR}

↓
JAMES LYNCH
7480 PAINT MOUNTAIN RD
WEBSTER SPRINGS, WEST VIRGINIA 26288
(304)-847-5673

OFFICERS SIGNATURE

R. W. Todd Booth

BADGE NO.

104