



# TRAFFIC CRASH REPORT -

|                                     |   |   |   |   |  |
|-------------------------------------|---|---|---|---|--|
| CRASH REPORT #<br><b>10MPD 1531</b> | CRASH SEVERITY<br><b>3</b><br>1 FATAL ERROR 3 PDO<br>2 INJURY 4 UNKNOWN | PRIVATE PROPERTY<br><input type="checkbox"/> 'N' IF YES | HIT/SKIP<br><b>1</b><br>1 NOT HIT/SKIP<br>2 SOLVED<br>3 UNKNOWN | PHOTOS TAKEN<br><input type="checkbox"/> 'N' IF YES | OH-2 OH-3 OH-1P OTHER<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| N.C.I.C. #<br><b>03801</b>          | REPORTING AGENCY<br><b>MILLERSBURG POLICE DEPARTMENT</b>                | # UNITS<br><b>2</b>                                     | UNIT ERROR<br><b>01</b><br>9A ANIMAL<br>99 UNKNOWN              | DATE OF CRASH<br><b>08/03/2010</b>                  |  |

|                               |                           |   |   |                       |                             |                               |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|
| TIME OF CRASH<br><b>19:00</b> | DAY OF WEEK<br><b>TUE</b> | CITY/VILLAGE/TOWNSHIP<br><b>VILLAGE</b> | NAME (OF CITY, VILLAGE OR TOWNSHIP)<br><b>MILLERSBURG</b> | COUNTY #<br><b>38</b> | LATITUDE<br><b>40322609</b> | LONGITUDE<br><b>081545801</b> |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|

|                                |  |                                      |
|--------------------------------|--|--------------------------------------|
| CRASH OCCURRED ON              | TYPE LOCATION POINT USED                   | LOCAL INFORMATION                    |
| PREFIX<br><b>S</b>             | CRASH LOCATION<br><b>WASHINGTON STREET</b> | TYPE LOC<br><b>1</b>                 |
| REFERENCE POINT USED           |  |                                      |
| DIST. REF.<br><b>140 F</b>     | DR<br><b>S</b>                             | PREFIX<br><b>GLEN DRIVE</b>          |
| REF POINT<br><b>02</b>         | REFERENCE POINT USED                       |                                      |
| 01 STATE LINE                  |  | 05 TOWNSHIP BOUNDARY                 |
| 02 INTERSECTION OF TWO STREETS |  | 06 MILE POST                         |
| 03 COUNTY LINE                 |  | 07 CORPORATION LIMIT                 |
| 04 HOUSE NUMBER                |  | 08 PLACE NAME WITHOUT REFERENCE      |
|                                |  | 09 DRIVEWAY                          |
|                                |  | 10 STREET OR ROUTE WITHOUT REFERENCE |

|  |                                    |                            |  |   |                |                                       |
|--|------------------------------------|----------------------------|--|---|----------------|---------------------------------------|
| AT/REFERENCE   | REFERENCE POINT USED               |                            |  |   |                |                                       |
| UNIT #<br><b>01</b>  | # OF OCC<br><b>2</b>               |                            |  |   |                |                                       |
| NAME (LAST, FIRST, MIDDLE)<br><b>STEELE DAVID A</b>  |                                    |                            |  |   |                |                                       |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>863 MASSILLON RD LOT 25 MILLERSBURG OH 44654</b> |                                    |                            |  |   |                |                                       |
| SOCIAL SECURITY NUMBER   | DATE OF BIRTH                      | AGE                        | SEX  | HOME PHONE #  | WORK PHONE #   |                                       |
| <b>10/28/1955</b>  | <b>54</b>                          | <b>M</b>                   | <b>(330)464-2963</b>   |   |                |                                       |
| DL STATE<br><b>OH</b>  | DL #<br><b>RL685804</b>            | LP STATE<br><b>OH</b>      | LP #<br><b>EYL2419</b>   | INJURED TAKEN BY<br><b>1</b><br>1 NONE 4 OTHER<br>2 EMS 3 UNKNOWN<br>3 POLICE | TRANSPORTED BY | INJURED TAKEN TO                      |
| OWNER NAME (IF SAME, WRITE 'SAME')<br><b>STEELE, DAVID A</b>                                   |                                    |                            | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>863 MASSILLON RD LOT 25 MILLERSBURG OH 44654</b> |   |                |                                       |
| YEAR<br><b>1997</b>  | MAKE<br><b>FORD</b>                | MODEL<br><b>AEROSTAR</b>   | COLOR<br><b>WHITE</b>  | INSURANCE COMPANY<br><b>PROGRESSIVE</b>                                       | TOWING SERVICE | OWNER PHONE #<br><b>(330)464-2963</b> |
| OFFENSE CHARGED<br><b>333.03A</b>  | OFFENSE DESCRIPTION<br><b>ACDA</b> | CITATION #<br><b>10000</b> | LOCAL CODE<br><input checked="" type="checkbox"/> 'N' IF YES   |   |                |                                       |

|   |                         |   |   |   |                      |                  |
|---|-------------------------|---|---|---|----------------------|------------------|
| UNIT #<br><b>02</b>   | # OF OCC<br><b>1</b>    | NAME (LAST, FIRST, MIDDLE)<br><b>DETZLER DARREL D</b> |   |   |                      |                  |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>1551 FIREHORN LANE WOOSTER OH 44671</b> |                         |   |   |   |                      |                  |
| SOCIAL SECURITY NUMBER  | DATE OF BIRTH           | AGE   | SEX   | HOME PHONE #  | WORK PHONE #         |                  |
| <b>10/27/1950</b>   | <b>59</b>               | <b>M</b>  | <b>(330)345-2260</b>  |   | <b>(330)276-2801</b> |                  |
| DL STATE<br><b>OH</b>   | DL #<br><b>TD709733</b> | LP STATE<br><b>OH</b>                                 | LP #<br><b>DHP9999</b>  | INJURED TAKEN BY<br><b>1</b><br>1 NONE 4 OTHER<br>2 EMS 3 UNKNOWN<br>3 POLICE | TRANSPORTED BY       | INJURED TAKEN TO |
| OWNER NAME (IF SAME, WRITE 'SAME')<br><b>DETZLER, DARREL D</b>                        |                         |   | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>1551 FIREHORN LANE WOOSTER OH 44671</b> |   |                      |                  |
| YEAR<br><b>2007</b>   | MAKE<br><b>DODGE</b>    | MODEL<br><b>CARAVAN</b>                               | COLOR<br><b>SILVER</b>  | INSURANCE COMPANY<br><b>STATE FARM</b>  | TOWING SERVICE       | OWNER PHONE #    |
| OFFENSE CHARGED   | OFFENSE DESCRIPTION     | CITATION #  | LOCAL CODE<br><input type="checkbox"/> 'N' IF YES   |   |                      |                  |

|  |   |  |   |                                    |                  |                 |
|--|---|--|---|------------------------------------|------------------|-----------------|
| UNIT #<br><b>01</b>  | NAME (LAST, FIRST, MIDDLE)<br><b>ISON CHARLES B</b> |  | HOME PHONE #<br><b>(330)674-2297</b>  | DATE OF BIRTH<br><b>02/18/1962</b> | AGE<br><b>48</b> | SEX<br><b>M</b> |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>288 SOUTH WASHINGTON STREET MILLERSBURG OH 4</b> |   |  | INJURED TAKEN BY<br><b>1</b><br>1 NONE 4 OTHER<br>2 EMS 3 UNKNOWN<br>3 POLICE | TRANSPORTED BY                     | INJURED TAKEN TO |                 |
| 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 |                 |
|  |   |  |   |                                    |                  |                 |

|                  |                  |            |                |            |            |            |
|------------------|------------------|------------|----------------|------------|------------|------------|
| SEATING POSITION | SAFETY EQUIPMENT | AIR BAG    | AIR BAG SWITCH | EJECTION   | TRAPPED    | INJURIES   |
| <b>A 01</b>      | <b>A 14</b>      | <b>A 1</b> | <b>A 4</b>     | <b>A 1</b> | <b>A 1</b> | <b>A 1</b> |
| <b>B 01</b>      | <b>B 04</b>      | <b>B 1</b> | <b>B 4</b>     | <b>B 1</b> | <b>B 1</b> | <b>B 1</b> |
| <b>C 03</b>      | <b>C 14</b>      | <b>C 1</b> | <b>C 4</b>     | <b>C 1</b> | <b>C 1</b> | <b>C 1</b> |
| <b>D</b>         | <b>D</b>         | <b>D</b>   | <b>D</b>       | <b>D</b>   | <b>D</b>   | <b>D</b>   |

MOTORIST - NON-MOTORIST

OCCUPANT

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 CAB

11 ENCLOSED CARGO AREA

12 THIRD - LEFT (MC PASSENGER/SIDE CAR) AREA

13 TRAILING UNIT

14 CENTER

15 OTHER

16 NON-MOTORIST

17 UNKNOWN

BLANK FOR WITNESS

SAFETY EQUIPMENT

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

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 ENTRAPPED 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

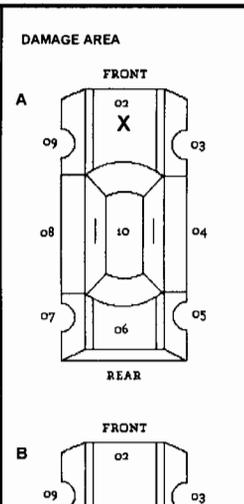
6 UNKNOWN

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 NOT SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)  
12 BEYOND 10 FEET OF ROADWAY (OTHER THAN TRAFFICWAY)  
13 OUTSIDE TRAFFICWAY  
14 SHARED USE PATHS OR TRAILS  
15 UNKNOWN



**PRE-CRASH ACTIONS**  
A  B

**MOTORIST**  
01 ELEMENTS 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 DRIVER/LEST  
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

**SEQUENCE OF EVENTS**

|   |                                 |   |                                 |
|---|---------------------------------|---|---------------------------------|
| A | <input type="text" value="20"/> | B | <input type="text" value="20"/> |
| 1 | <input type="text"/>            | 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 ROLL-OVER  
02 FIRE/EXPLOSION  
03 IMERSION  
04 JACKKNIFE  
05 CARGO EQUIPMENT LOSS OR SHIFT  
06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.)  
07 SEPARATION OF UNITS  
08 RAN OF ROAD RIGHT  
09 RAN OFF ROAD LEFT  
10 CROSS-MEDIAN/CENTERLINE  
11 DOWNHILL RUNAWAY  
12 OTHER NON-COLLISION  
13 UNKNOWN NON-COLLISION  
14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT LISTED  
15 PEDESTRIAN  
16 RAILWAY VEHICLE (E.G. TRAIN, ENGINE)  
17 ANIMAL - FARM  
18 ANIMAL - DEER  
19 ANIMAL - OTHER  
20 MOTOR VEHICLE IN TRANSPORT  
21 PARKED MOTOR VEHICLE  
22 WORK ZONE MAINTENANCE EQUIPMENT  
23 OTHER MOVABLE OBJECT  
24 UNKNOWN MOVABLE OBJECT  
25 COLLISION WITH FIXED OBJECT  
26 IMPACT ATTENUATOR/CRASH CUSHION  
27 BRIDGE OVERHEAD STRUCTURE  
28 BRIDGE PIER OR ABUTMENT  
29 BRIDGE PARAPET  
30 GUARDRAIL FACE  
31 GUARDRAIL END  
32 MEDIAN BARRIER  
33 HIGHWAY TRAFFIC SIGN POST  
34 OVERHEAD SIGN POST  
35 LIGHT/ILLUMINARIES SUPPORT  
36 UTILITY POLE  
37 OTHER POST, POLE OR SUPPORT  
38 CULVERT  
39 CURB  
40 DITCH  
41 EMBARKMENT  
42 FENCE  
43 MAILBOX  
44 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.)  
45 WORK ZONE MAINTENANCE EQUIPMENT  
46 UNKNOWN FIXED OBJECT  
47 OTHER  
48 OTHER  
49 UNKNOWN

**POSTED SPEED**  
A  B

**TRAFFIC CONTROL**  
A  B

01 NO CONTROLS  
02 STOP SIGNS  
03 YIELD SIGNS  
04 TRAFFIC SIGNAL  
05 TRAFFIC FLASHERS  
06 SCHOOL ZONE  
07 RAILROAD CROSSINGS  
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, OBSCURED  
17 NOT REPORTED

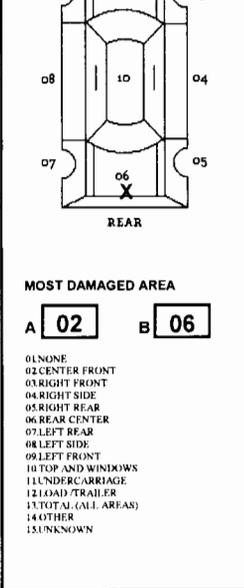
**DRUG TEST STATUS**  
A  B

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

**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 PANEL VAN  
09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES  
10 SINGLE UNIT TRUCK, 3 OR MORE AXLES  
11 TRUCK TRAILER  
12 TRUCK TRACTOR (BOBTAIL)  
13 TRACTOR SEMI-TRAILER  
14 TRACTOR DOUBLE-SHORT  
15 TRACTOR DOUBLE-LONG  
16 FIFTH WHEEL OR CONVERTER DOLLY  
17 TRACTOR/TRIPLES  
18 MOTORCYCLE  
19 MOTORIZED BICYCLE  
20 SCHOOL BUS  
21 CHURCH BUS  
22 PUBLIC BUS  
23 OTHER BUS  
24 POLICE VEHICLE  
25 FIRE TRUCK  
26 AMBULANCE/RESCUE  
27 TAXI  
28 MOTOR HOME  
29 TRAIN  
30 FARM VEHICLE  
31 FARM EQUIPMENT  
32 NON-MOBILE  
33 CONSTRUCTION EQUIPMENT  
34 ALL OTHERS

**NON-MOTORIST**  
35 ANIMAL, W/DRIVER  
36 ANIMAL, W/BUGGY  
37 BICYCLE  
38 PEDESTRIAN  
39 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)  
40 SKATER  
41 OTHER-NON MOTORIST (WHEELCHAIR, ETC.)  
42 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

**DIRECTION**  
FROM TO FROM TO  
A   B

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)

**ALCOHOL/DRUG SUSPECTED**  
A  B

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

**DRUG TEST TYPE**  
A  B

1 NONE  
2 BLOOD  
3 URINE  
4 OTHER

**DRUG TEST 1 & 2 RESULT**  
A   B

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

**TYPE OF INTERSECTION**

01 NOT AN INTERSECTION  
02 FOR-WAY INTERSECTION  
03 T-INTERSECTION  
04 Y-INTERSECTION  
05 TRAFFIC CIRCLE/ROUNDABOUT  
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

**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

**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

**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

**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

**OCCURRENCE**

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

**IN EMERGENCY RESPONSE**  
A  B

1 NO  
2 YES  
3 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

**SPEED**  
A  B

**ALCOHOL TEST TYPE**  
A  B

1 NONE  
2 BLOOD  
3 URINE  
4 BREATH  
5 OTHER

**ROAD CONTOUR**

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

**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

**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

**ALCOHOL TEST RESULT**  
A  B

**ALCOHOL TEST RESULT**  
A  B

**ROAD CONDITIONS**  
PRIMARY  SECONDARY

01 DRY  
02 WET  
03 SNOW  
04 ICE  
05 SAND/MUD/DIRT/TOIL 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 1531**

**NARRATIVE**

UNIT NUMBER TWO WAS STOPPED IN TRAFFIC ON SOUTH WASHINGTON STREET BECAUSE OF A RED TRAFFIC LIGHT WHEN HE WAS STRUCK IN THE REAR END BY UNIT NUMBER TWO. THE DRIVER OF UNIT NUMBER TWO EXCHANGED INFORMATION BUT LEFT THE SCENE BEFORE POLICE COULD ARRIVE. A SHORT TIME LATER HE WAS STOPPED AND ARREST FOR OVI.

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

|   |   |  |
|---|---|--|
| <b>TRUCK/BUS UNIT #</b><br><input type="text"/> | THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:<br>A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR<br>A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR<br>A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER. | THE CRASH RESULTED IN ONE OF THE FOLLOWING:<br>A FATALITY; OR<br>AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT; OR<br>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 |
| <b>CARGO BODY TYPE</b><br><input type="checkbox"/> NOT APPLICABLE<br><input type="checkbox"/> BUS (9-15 INCL. DRIVER)<br><input type="checkbox"/> VAN ENCLOSED BOX<br><input type="checkbox"/> GRAIN/CHIPS/GRAVEL<br>05 PULP<br>06 CARGO TANK<br>07 FLATBED<br>08 DUMP<br>09 CONCRETE MIXER<br>10 AUTO TRANSPORTER<br>11 GARBAGE REFINER<br>12 OTHER<br>13 UNKNOWN |        |      | <b>WEIGHT (GVWR)</b><br><input type="checkbox"/> 1.LESS/EQUAL 10,000<br><input type="checkbox"/> 2.10,001 - 26,000<br><input type="checkbox"/> 3.MORE THAN 26,000 | <b>CDL CLASS</b><br><input type="checkbox"/><br>1 CLASS A<br>2 CLASS B<br>3 CLASS C<br>4 CLASS D<br>5 CLASS E | <b>HAZARDOUS MATERIALS</b><br><input type="checkbox"/><br>1 NO<br>2 YES<br>3 UNKNOWN | <b>HAZARDOUS MATERIALS RFI FAREF</b><br><input type="checkbox"/><br>1 NO<br>2 YES<br>3 NOT APPLICABLE |       |

|   |  |  |                         |                                     |  |                             |
|---|--|--|-------------------------|-------------------------------------|--|-----------------------------|
| <b>POLICE ACTION</b>  |  |  |                         |                                     |  |                             |
| DATE CRASH REPORTED<br><b>08/03/2010</b>  | TIME REC CALL<br><b>19:06</b>  | DISPATCH<br><b>19:29</b>                       | ARRIVED<br><b>19:36</b> | CLEARED<br><b>20:23</b>             | OTHER<br><b>60</b>                     | TOTAL MINUTES<br><b>114</b> |
| OFFICER'S NAME<br><b>PTL. KIM HERMAN</b>  |  | BADGE #<br><b>101</b>                          | CHECKED BY              |                                     | DATE REPORT FILED<br><b>08/03/2010</b> |                             |
| REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST | REPORT TAKEN AT<br><input checked="" type="checkbox"/> SCENE<br><input type="checkbox"/> STATION<br><input type="checkbox"/> OTHER | SUPPLEMENT 'X' IF YES <input type="checkbox"/> |                         | LOCAL REPORT #<br><b>10MPD 1531</b> |  |                             |