

OHIO

# TRAFFIC CRASH REPORT

CRASH REPORT #  
**10MPD 1561**

CRASH SEVERITY  
**3** 1.FATAL ERROR 3.FDO 2.INJURY 4.UNKNOWN

PRIVATE PROPERTY  
 YES  
 NO

HIT/SKIP  
**1** 1.NOT HIT/SKIP 2.SOLVED 3.UNSOLVED

PHOTOS TAKEN  
**X** YES  
 NO

OH-2 OH-3 OH-1P OTHER

N.C.I.C. #  
**03801**

REPORTING AGENCY  
**MILLERSBURG POLICE DEPARTMENT**

# UNITS  
**2**

UNIT ERROR  
**01** 98.ANIMAL 99.UNKNOWN

DATE OF CRASH  
**8/7/2010**

TIME OF CRASH  
**22:05**

DAY OF WEEK  
**SAT**

CITY/VILLAGE/TOWNSHIP  
**VILLAGE**

NAME (OF CITY, VILLAGE OR TOWNSHIP)  
**MILLERSBURG**

COUNTY #  
**38**

LATITUDE  
**40325050**

LONGITUDE  
**081553550**

CRASH OCCURRED ON

PREFIX  
**S**

CRASH LOCATION  
**WASHINGTON**

TYPE LOC  
**1**

TYPE LOCATION POINT USED  
1.NAMED STREET  
2.NUMBERED STREET  
3.NUMBERED ROUTE

LOCAL INFORMATION

AT/REFERENCE

DIST. REF.

DR  
**E**

PREFIX  
**S**

REFERENCE  
**000664 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.PLACE NAME WITHOUT  
REFERENCE

09.DRIVEWAY  
10.STREET OR ROUTE WITHOUT  
REFERENCE

MOTORIST / NON-MOTORIST

UNIT #  
**A 01**

# OF OCC  
**1**

NAME (LAST, FIRST, MIDDLE)  
**HERSHBERGER MALINDA P**

ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**277 E. SOUTH STREET SHREVE OH 44676**

SOCIAL SECURITY NUMBER

DATE OF BIRTH  
**02/12/1990**

AGE  
**20**

SEX  
**F**

HOME PHONE #  
**(330)749-9302**

WORK PHONE #

DL STATE  
**OH**

DL #  
**TN815129**

LP STATE  
**OH**

LP #  
**EPW3738**

INJURED TAKEN BY  
**1** 1.NONE 4.OTHER 2.FMS 3.UNKNOWN 3.POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE 'SAME')  
**HERSHBERGER, MALINDA P**

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**277 E. SOUTH STREET SHREVE OH 44657**

YEAR  
**2002**

MAKE  
**DODGE**

MODEL  
**OTHER**

COLOR  
**BLUE**

INSURANCE COMPANY  
**TRUSTGARD/GRAN**

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED  
**333.03A**

OFFENSE DESCRIPTION  
**ACDA**

CITATION #  
**10003**

LOCAL CODE  
 YES  
 NO

UNIT #  
**B 02**

# OF OCC  
**1**

NAME (LAST, FIRST, MIDDLE)  
**SNYDER KRISTIE R**

ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**13129 TR 473 LAKEVILLE OH 44638**

SOCIAL SECURITY NUMBER

DATE OF BIRTH  
**02/04/1991**

AGE  
**19**

SEX  
**F**

HOME PHONE #  
**(330)231-9682**

WORK PHONE #

DL STATE  
**OH**

DL #  
**TF578940**

LP STATE  
**OH**

LP #  
**ESF3183**

INJURED TAKEN BY  
**1** 1.NONE 4.OTHER 2.FMS 3.UNKNOWN 3.POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE 'SAME')  
**JODIE R. SNYDER**

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**13129 TR 473 LAKEVILLE OH 44638**

YEAR  
**2009**

MAKE  
**CHEVROLET**

MODEL  
**OTHER**

COLOR  
**YELLOW**

INSURANCE COMPANY  
**PEKIN**

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE  
 YES  
 NO

OCCUPANT

UNIT #  
**C**

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP-CODE)

INJURED TAKEN BY  
 1.NONE 4.OTHER 2.FMS 3.UNKNOWN 3.POLICE

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  
 1.NONE 4.OTHER 2.FMS 3.UNKNOWN 3.POLICE

TRANSPORTED BY

INJURED TAKEN TO

SEATING POSITION

**A 01** 01.FRONT - LEFT (MC DRIVER)  
**B 01** 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.ENCLOSED CARGO AREA  
BLANK FOR WITNESS  
13.TRAILING UNIT  
14.EXTERIOR  
15.OTHER  
16.NON-MOTORIST  
17.UNKNOWN

SAFETY EQUIPMENT

**A 04** MOTORIST  
01.NONE USED  
02.SHOLDER BELT ONLY USED  
03.LAP BELT ONLY USED  
**B 04** 04.SHOLDER 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.HITCHING  
13.OTHER  
14.UNKNOWN

AIR BAG

**A 1** 1.NOT-DEPLOYED  
2.DEPLOYED - FRONT  
3.DEPLOYED - SIDE  
4.DEPLOYED BOTH FRONT/SIDE  
**B 1** 5.NOT APPLICABLE  
6.DEPLOYMENT UNKNOWN

AIR BAG SWITCH

**A 1** 1.ON-OFF SWITCH NOT PRESENT  
**B 1** 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  
**B 1**

TRAPPED

**A 1** 1.NOT TRAPPED  
2.EXTRICATED BY MECHANICAL MEANS  
3.FREED BY NON-MECHANICAL MEANS  
4.UNKNOWN  
**B 1**

INJURIES

**A 1** 1.NO INJURY  
2.POSSIBLE  
3.NON-INCAPACITATING  
4.INCAPACITATING  
**B 1** 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 (WITHIN TRAFFICWAY)  
13 OFF-SIDE 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 PANEL VAN  
09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES  
10 SINGLE UNIT TRUCK, 3 OR MORE AXLES  
11 TRUCK TRAILER  
12 TRACTOR TRAILER (BOBTAIL)  
13 TRACTOR REAR TRAILER  
14 TRACTOR FRONT SHORT  
15 TRACTOR FRONT LONG  
16 FIFTH WHEEL OR CONVERTER DOLLY  
17 TRACTOR TRIPLES  
18 MOTORCYCLE  
19 SIDEWALL BICYCLE  
20 SCHOOL BUS  
21 CHILDREN'S 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/BUGGY  
37 BICYCLE  
38 PEDESTRIAN  
39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)  
40 SKATER  
41 OTHER-NON MOTORIST (WHEEL CHAIR, ETC)  
42 UNKNOWN

**IN EMERGENCY RESPONSE**  
A  B

1 NONE  
2 UNKNOWN

**DAMAGE SCALE**  
A  B

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

**DAMAGE AREA**

**FRONT**  
A  B

**REAR**  
A  B

**MOST DAMAGED AREA**  
A  B

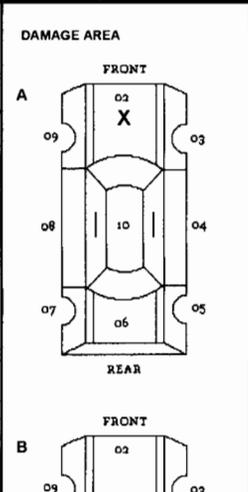
**POINT OF IMPACT**  
A  B

**ACTION**  
A  B

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

**STRIKING VEHICLE OVERRIDE/UNDERIDE**  
A  B

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



**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 RUNNING 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 VIOLATED SPEED  
06 IMPROPER TURN  
07 LEFT OF CENTER  
08 FOLLOWED TOO CLOSELY (ACDA)  
09 IMPROPER LANE CHANGE/DROVE OFF ROAD  
10 IMPROPER PASSING  
11 IMPROPER BACKING  
12 IMPROPER START FROM PARKED POSITION  
13 STOPPED OR PARKED ILLEGALLY  
14 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER  
15 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.)  
16 FAILURE TO CONTROL  
17 VISION OBSTRUCTION  
18 DRIVER INATTENTION  
19 FATIGUE/ASLEEP  
20 OPERATING DEFECTIVE EQUIPMENT  
21 LOAD SHIFTING/FALLING/SPILLING  
22 OTHER IMPROPER ACTION  
23 UNKNOWN

**NON-MOTORIST**  
24 NONE  
25 ANIMAL CROSSING  
26 DARTING  
27 LYING AND/OR ILLEGALLY IN ROADWAY  
28 FAILURE TO YIELD RIGHT OF WAY  
29 NOT VISIBLE (DARK CLOTHING)  
30 INATTENTIVE  
31 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER  
32 WRONG SIDE OF THE ROAD  
33 OTHER  
34 UNKNOWN

**VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE**  
A  B

01 TURN SIGNALS  
02 HEAD LAMPS  
03 TAIL LAMPS  
04 BRAKES  
05 STEERING  
06 TIRE BLOWOUT  
07 WORN OR SLICK TIRES  
08 TRAILER EQUIPMENT DEFECTIVE  
09 MOTOR TROUBLE  
10 DISABLED FROM PRIOR ACCIDENT  
11 OTHER DEFECTS  
12 NO DEFECTS

**SEQUENCE OF EVENTS**

**A**  
1   
2   
3   
4

**B**  
1   
2   
3   
4

**NON-COLLISION**  
01 OVERTURN/ROLLOVER  
02 FIRE/EXPLOSION  
03 IMMISSION  
04 JACKKNIFE  
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 WITH FIXED OBJECT 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 GROUND RAIL  
31 GROUND RAIL END  
32 MEDIAN BARRIER  
33 HIGHWAY TRAFFIC SIGN POST  
34 OVERHEAD SIGN POST  
35 LIGHT RAIL/RAILROAD SUPPORT  
36 UTILITY POLE  
37 OTHER POST, POLE OR SUPPORT  
38 C/LYERT  
39 C/LWB  
40 DITCH  
41 EMBARKMENT  
42 FENCE  
43 MIRROR  
44 TREE  
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

**DIRECTION**

**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 TELL ASLEEP, FAINTED, FATIGUED, ETC  
6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL  
7 OTHER  
8 UNKNOWN

**FIRST HARMFUL EVENT**  
A  B

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

**MOST HARMFUL EVENT**  
A  B

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

**SPEED DETECTED**  
A  B

1 STATED  
2 ESTIMATED

**SPEED**  
A   
B

**ALCOHOL/DRUG SUSPECTED**  
A  B

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

**ALCOHOL TEST STATUS**  
A  B

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

**ALCOHOL TEST TYPE**  
A  B

1 NONE 4 BREATH  
2 BLOOD 5 OTHER  
3 URINE

**ALCOHOL TEST RESULT**  
A   
B

**DRUG TEST STATUS**  
A  B

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

**DRUG TEST TYPE**  
A  B

1 NONE  
2 BLOOD  
3 URINE  
4 OTHER

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

01 NOT AN INTERSECTION  
02 FOUR-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

**OCCURRENCE**  
A

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

**ROAD CONTOUR**  
A

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

**ROAD CONDITIONS**

**PRIMARY** A  **SECONDARY**

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 1561**

**NARRATIVE**

UNIT #2 WAS STOPPED ON ROADWAY WAITING TO TURN WEST INTO A PRIVATE DRIVE WHEN UNIT #1 STRUCK UNIT #2 FROM BEHIND. DRIVER OF UNIT #1 STATED SHE WAS TRYING TO USE HER GPS AND DID NOT SEE THAT UNIT #1 WAS STOPPED IN TRAFFIC WAITING TO TURN.

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

<b>TRUCK/BUS UNIT #</b>	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
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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
<b>CARGO BODY TYPE</b>		<b>WEIGHT (GVWR)</b>		<b>CDL CLASS</b>		<b>HAZARDOUS MATERIALS</b>	
01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAIN/CHIPS/GRAVEL		05 POLE 06 CARGO TANK 07 FLATBED OR DUMP 09 CONCRETE MIXER		10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN		1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	
01 NO 02 YES 03 UNKNOWN		1 LESS THAN 10,000 2 10,001 - 26,000 3 MORE THAN 26,000		1 NO 2 YES 3 UNKNOWN		1 NO 2 YES 3 NOT APPLICABLE	

**POLICE ACTION**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
8/7/2010	22:10	22:10	22:12	22:42	0	32

OFFICER'S NAME	BADGE #	CHECKED BY	DATE REPORT FILED
PTL. JEFFREY S. LAY	109	100	8/7/2010

REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT 'X' IF YES	LOCAL REPORT #
1 POLICE AGENCY 2 MOTORIST	1 SCENE 2 STATION 3 OTHER	<input type="checkbox"/>	10MPD 1561