

OHIO

TRAFFIC CRASH REPORT

Traffic Crash Report

| | | | | | |
|-------------------------------------|---|--|---|--|--|
| CRASH REPORT # 10MPD 1591 | CRASH SEVERITY 3 1.FATAL ERROR 3.FDO 2.INJURY 4.UNKNOWN | PRIVATE PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> IF YES | HIT/SKIP 1 1.NOT HIT/SKIP 2.SOLVED 3.UNSOLVED | PHOTOS TAKEN <input type="checkbox"/> YES <input type="checkbox"/> 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 2 | UNIT ERROR 01 98.ANIMAL 99.UNKNOWN | DATE OF CRASH 08/13/2010 | |

| | | | | | | |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|
| TIME OF CRASH 14:45 | DAY OF WEEK FRI | CITY/VILLAGE/TOWNSHIP VILLAGE | NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG | COUNTY # 38 | LATITUDE 40323205 | LONGITUDE 081545908 |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|

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|--------------------|-------------------------------------|----------------------|---|--|--|-------------------|--|--|
| CRASH OCCURRED ON | | | TYPE LOCATION POINT USED | | | LOCAL INFORMATION | | |
| PREFIX S | CRASH LOCATION WASHINGTON | TYPE LOC 1 | 1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE | | | | | |

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|--|--|--|
| AT/REFERENCE | REFERENCE POINT USED | LOCAL INFORMATION |
| DIST. REF. DR PREFIX REFERENCE REF POINT | 01.STATE LINE 02.INTERSECTION OF TWO STREETS 03.COUNTY LINE 04.HOUSE NUMBER | 05.TOWNSHIP BOUNDARY 06.MILE POST 07.CORPORATION LIMIT 08.PLAZE NAME WITHOUT REFERENCE 09.DRIVEWAY 10.STREET OR ROUTE WITHOUT REFERENCE |
| S S 000996 WASHINGTON 04 | | |

MOTORIST/NON-MOTORIST

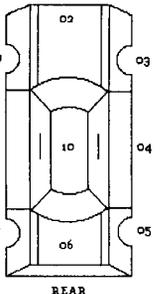
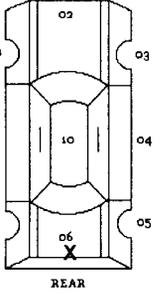
| | | | | | | |
|--|--|--------------------------|---|--|----------------------------|--|
| A UNIT # 01 # OF OCC 1 NAME (LAST, FIRST, MIDDLE) SHEAFFER ELLA M | ADDRESS (STREET, CITY, STATE, ZIP-CODE) 624 S WASHINGTON ST MILLERSBURG OH 44654 | | | | | |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH 08/11/1988 | AGE 22 | SEX F | HOME PHONE # (330)275-2642 | WORK PHONE # | |
| DL STATE OH | DL # TG938288 | LP STATE OH | LP # EWN7220 | INJURED TAKEN BY 1 1.NONE 4.OTHER 2.EMS 3.UNKNOWN 3.POLICE | TRANSPORTED BY | INJURED TAKEN TO |
| OWNER NAME (IF SAME, WRITE 'SAME') KIERSTEN D SAUVEY | | | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3418 SR 83 MILLERSBURG OH 44654 | | | |
| YEAR 2003 | MAKE CHEVROLET | MODEL CAVALIER | COLOR BLUE | INSURANCE COMPANY ALL STATE | TOWING SERVICE | OWNER PHONE # (330)473-9269 |
| OFFENSE CHARGED 4511.21A | OFFENSE DESCRIPTION ASSURED CLEAR DISTANCE AHEAD | | | | CITATION # 10006 | LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> IF YES |

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|---|--|-----------------------|--|--|----------------|--|
| B UNIT # 02 # OF OCC 1 NAME (LAST, FIRST, MIDDLE) HOUIN JANE A | ADDRESS (STREET, CITY, STATE, ZIP-CODE) 6332 TR 466 LAKEVILLE OH 44638 | | | | | |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH 08/07/1974 | AGE 36 | SEX F | HOME PHONE # (330)763-1017 | WORK PHONE # | |
| DL STATE OH | DL # RK648124 | LP STATE OH | LP # EOW4119 | INJURED TAKEN BY 1 1.NONE 4.OTHER 2.EMS 3.UNKNOWN 3.POLICE | TRANSPORTED BY | INJURED TAKEN TO |
| OWNER NAME (IF SAME, WRITE 'SAME') CRAIG A HOUIN | | | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 6332 TR 466 LAKEVILLE OH 44638 | | | |
| YEAR 2003 | MAKE CHRYSLER | MODEL OTHER | COLOR RED | INSURANCE COMPANY HABRUN | TOWING SERVICE | OWNER PHONE # (330)763-1017 |
| OFFENSE CHARGED | OFFENSE DESCRIPTION | | | | CITATION # | LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> IF YES |

OCCUPANT

| | | | | |
|--|--------------|----------------|-----|------------------|
| C UNIT # 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 |
| D UNIT # 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 |

| | | | | | | |
|---|---|---|---|---|--|---|
| SEATING POSITION | SAFETY EQUIPMENT | AIR BAG | AIR BAG SWITCH | EJECTION | TRAPPED | INJURIES |
| A 01 01.FRONT - LEFT (MC DRIVER) B 01 02.FRONT - MIDDLE 03.FRONT - RIGHT 04.SECOND - LEFT (MC PASS) C 05.SECOND - MIDDLE 06.SECOND - RIGHT 07.THIRD - LEFT (MC PASSENGER/SIDE CAR) 08.THIRD - MIDDLE 09.THIRD - RIGHT 10.OTHER SECTION OF CAB D 11.ENCLOSED CARGO AREA 12.11.ENCLOSED CARGO AREA BLANK FOR WITNESS 13.TRAILING UNIT 14.EXTERIOR 15.OTHER 16.NON-MOTORIST 17.UNKNOWN | A 04 MOTORIST 01.NONE USED 02.SHOULDER BELT ONLY USED 03.LAP BELT ONLY USED B 04 04.SHOULDER AND LAP BELT USED 05.CHILD SAFETY SEAT USED C 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 | A 1 1.NOT-DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT/SIDE B 1 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN C D | A 1 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION B 1 C D | A 1 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN B 1 C D | A 1 1.NOT TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN B 1 C D | A 1 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN B 1 C D |
| | | | | | | <input type="checkbox"/> SUPPLEMENT 'X' IF YES |

| | | | | | | | |
|---|---|--|---|---|---|--|--|
| UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/> | DAMAGE AREA FRONT  REAR  | PRE-CRASH ACTIONS A <input type="text" value="11"/> B <input type="text" value="11"/> <p>MOTORIST</p> <ol style="list-style-type: none"> 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 <p>NON-MOTORIST</p> <ol style="list-style-type: none"> 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 <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> A 1 <input type="text" value="20"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> </td> <td style="width:50%;"> B 1 <input type="text" value="20"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> </td> </tr> </table> <p>NON-COLLISION</p> <ol style="list-style-type: none"> 01 OVERTURN ROLLOVER 02 FIRE EXPLOSION 03 IMMERSION 04 LACK OF KNIFE 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 <p>COLLISION W/PERSON, VEHICLE, OR OBJECT - NOT LISTED</p> <ol style="list-style-type: none"> 14 PEDESTRIAN 15 PEDICYCLE 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 IMPACT WITH FIXED OBJECT 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 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 FIXTURES/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 | A 1 <input type="text" value="20"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> | B 1 <input type="text" value="20"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> | POSTED SPEED A <input type="text" value="35"/> B <input type="text" value="35"/> | DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p> |
| A 1 <input type="text" value="20"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> | B 1 <input type="text" value="20"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> | | | | | | |
| NON-MOTORIST LOCATION A <input type="text"/> B <input type="text"/> <p>01 MARKED CROSSWALK AT INTERSECTION 02 AT INTERSECTION BUT NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT ON SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (BUT NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN</p> | TYPE OF UNIT A <input type="text" value="02"/> B <input type="text" value="02"/> <p>MOTORIST</p> <ol style="list-style-type: none"> 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 (DOBTAIL) 13 TRACTOR SEMI TRAILER 14 TRACTOR DOUBLE - SHORT 15 TRACTOR DOUBLE - LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR TRIPLES 18 MOTORCYCLE 19 MOTORBIKE/BICYCLE 20 SCHOOL BUS 21 CH. RCH. 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 <p>NON-MOTORIST</p> <ol style="list-style-type: none"> 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDICAB 39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER NON-MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN | CONTRIBUTING CIRCUMSTANCES A <input type="text" value="08"/> B <input type="text" value="01"/> <p>MOTORIST</p> <ol style="list-style-type: none"> 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 (IF FRO 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 IMPOPER ACTION 22 UNKNOWN <p>NON-MOTORIST</p> <ol style="list-style-type: none"> 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 <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> FROM TO A <input type="text" value="1"/> <input type="text" value="2"/> </td> <td style="width:50%;"> FROM TO B <input type="text" value="1"/> <input type="text" value="2"/> </td> </tr> </table> <p>1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN</p> | FROM TO A <input type="text" value="1"/> <input type="text" value="2"/> | FROM TO B <input type="text" value="1"/> <input type="text" value="2"/> | TRAFFIC CONTROL A <input type="text" value="01"/> B <input type="text" value="01"/> <p>01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 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, INOPERATIVE, MISSING, OBSCURED 16 OTHER 17 NOT REPORTED</p> | DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE 2 BLOOD 3 URINE 4 OTHER</p> |
| FROM TO A <input type="text" value="1"/> <input type="text" value="2"/> | FROM TO B <input type="text" value="1"/> <input type="text" value="2"/> | | | | | | |
| IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NO 2 YES 3 UNKNOWN</p> | MOST DAMAGED AREA A <input type="text" value="01"/> B <input type="text" value="06"/> <p>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</p> | VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> <p>01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORKS OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS 12 NO DEFECTS</p> | ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE 2 YES ALCOHOL SUSPECTED 3 YES - BDD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN</p> | TYPE OF INTERSECTION <input type="text" value="01"/> <p>01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDAABOUT 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</p> | OCURRENCE <input type="text" value="1"/> <p>1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORP 6 OTHER TRAFFICWAY 7 UNKNOWN</p> | | |
| DAMAGE SCALE A <input type="text" value="1"/> B <input type="text" value="2"/> <p>1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN</p> | POINT OF IMPACT A <input type="text" value="02"/> B <input type="text" value="06"/> <p>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</p> | ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p> | ROAD CONTOUR <input type="text" value="1"/> <p>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN</p> | ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE 2 BLOOD 3 URINE</p> | ROAD CONDITIONS PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/> <p>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</p> | | |
| STRIKING VEHICLE OVERRIDE/UNDERDRIDE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NO UNDERDRIDE OR OVERRIDE 2 UNDERDRIDE, COMPARTMENT INTRUSION 3 UNDERDRIDE, NO COMPARTMENT INTRUSION 4 UNDERDRIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN IF UNDERDRIDE OR OVERRIDE</p> | ACTION A <input type="text" value="3"/> B <input type="text" value="4"/> <p>1 NON-CONTACT 2 NON-COLLISION 3 STRICKING 4 STRUCK 5 BOTH STRICKING AND STRUCK 6 UNKNOWN</p> | SPEED DETECTED A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 STATED 2 ESTIMATED</p> | ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/> | SPEED A <input type="text" value="2"/> B <input type="text" value="0"/> | SUPPLEMENT 'X' IF YES <input type="checkbox"/> | LOCAL REPORT # 10MPD 1591 | |

NARRATIVE

UNIT #1 AND UNIT #2 WERE SOUTHBOUND ON SOUTH WASHINGTON STREET. UNIT #2 STOPPED IN TRAFFIC. UNIT #1 DID NOT GET STOPPED IN TIME AND STRUCK UNIT #2 IN THE REAR END

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| <p>MANNER OF COLLISION OR IMPACT</p> <p>4</p> <p>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 RACKING 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 OR 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 CLARE 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> | |

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| 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 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 |
| CARGO BODY TYPE | | WEIGHT (GVWR) | | CDL CLASS | | HAZARDOUS MATERIALS | |
| 01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN ENCLOSED BOX 04 GRAIN CHIPS/GRAVEL | | 05 POLE 06 CARGO TANK 07 FLATBED 08 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 NO 2 YES 3 NOT APPLICABLE | | | | | |

POLICE ACTION

| | | | | | | |
|---------------------|---------------|----------|---------|---------|-------|---------------|
| DATE CRASH REPORTED | TIME REC CALL | DISPATCH | ARRIVED | CLEARED | OTHER | TOTAL MINUTES |
| 08/13/2010 | 14:46 | 14:47 | 15:25 | 15:25 | 0 | 38 |

| | | | |
|-------------------|---------|------------|-------------------|
| OFFICER'S NAME | BADGE # | CHECKED BY | DATE REPORT FILED |
| CAPT. SCOTT AKINS | 103 | 100 | 08/13/2010 |

| | | | |
|-------------------------------|---------------------------------|--------------------------|----------------|
| 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 1591 |