



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>10MPD 1712</b>	CRASH SEVERITY <b>3</b> 1.FATAL ERROR 3.FDO 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> NO <input type="checkbox"/> YES	HIT/SKIP <b>1</b> 1.NOT HIT/SKIP 2.SOLVED 3.UNSOLVED	PHOTOS TAKEN <input type="checkbox"/> NO <input type="checkbox"/> YES	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # <b>03801</b>	REPORTING AGENCY <b>MILLERSBURG POLICE DEPARTMENT</b>	# UNITS <b>2</b>	UNIT ERROR <b>01</b> 98.ANIMAL 99.UNKNOWN	DATE OF CRASH <b>08/27/2010</b>	

TIME OF CRASH <b>15:50</b>	DAY OF WEEK <b>FRI</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40331709</b>	LONGITUDE <b>081543407</b>
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CRASH OCCURRED ON		TYPE LOCATION POINT USED		LOCAL INFORMATION	
PREFIX <b>E. JACKSON ST.</b>	CRASH LOCATION <b>E. JACKSON ST.</b>	TYPE LOC <b>1</b>	1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE		

AT/REFERENCE			REFERENCE POINT USED		
DIST. REF. <b>365 F</b>	DR <b>W</b>	PREFIX <b>BRAMBLEY HEDGE DR.</b>	REF POINT <b>02</b>	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

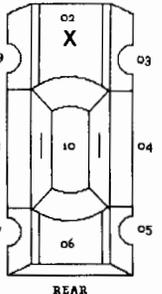
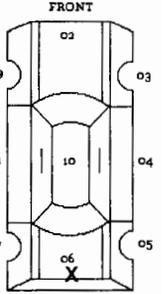
MOTORIST/NON-MOTORIST OCCUPANT

<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>MILLER GLENN R</b>		ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>5092 T.R. 311 MILLERSBURG OH 44654</b>	
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>02/10/1961</b>	AGE <b>49</b>	SEX <b>M</b>	HOME PHONE # <b>(330)674-0738</b>	WORK PHONE # <b>(330)231-0153</b>	
DL STATE <b>OH</b>	DL # <b>RQ423711</b>	LP STATE <b>OH</b>	LP # <b>EFD2776</b>	INJURED TAKEN BY <b>1</b> 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') <b>MOUNT EATON PALLET LTD</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>4761 C.R. 207 MILLERSBURG OH 44654</b>			
YEAR <b>2004</b>	MAKE <b>CHEVROLET</b>	MODEL <b>G-SERIES VA</b>	COLOR <b>WHITE</b>	INSURANCE COMPANY <b>HUMMEL INSURANC</b>	TOWING SERVICE	OWNER PHONE# <b>(330)893-2986</b>
OFFENSE CHARGED	OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> YES

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>LEPPLA KARREN L.</b>		ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>593 E. JACKSON ST. MILLERSBURG OH 44654</b>	
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>01/05/1948</b>	AGE <b>62</b>	SEX <b>F</b>	HOME PHONE # <b>(330)674-3428</b>	WORK PHONE #	
DL STATE <b>OH</b>	DL # <b>RL609827</b>	LP STATE <b>OH</b>	LP # <b>DKS8636</b>	INJURED TAKEN BY <b>1</b> 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') <b>LEPPLA, KARREN L.</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>593 E. JACKSON ST. MILLERSBURG OH 44654</b>			
YEAR <b>2005</b>	MAKE <b>FORD</b>	MODEL <b>TAURUS</b>	COLOR <b>SILVER</b>	INSURANCE COMPANY <b>WESTFIELD NATION</b>	TOWING SERVICE	OWNER PHONE# <b>(330)674-3428</b>
OFFENSE CHARGED	OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> YES

<b>C</b>	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 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO	
<b>D</b>	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 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO	

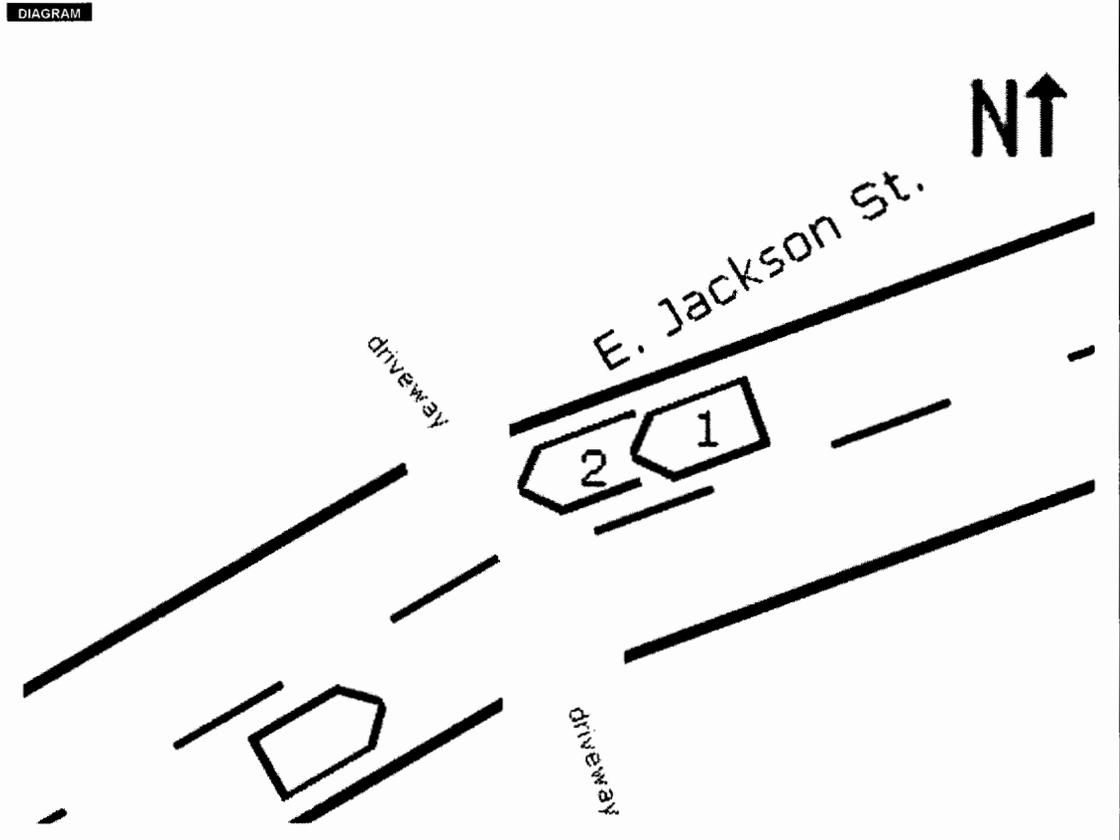
SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
<b>A 01</b> 01.FRONT - LEFT (MC DRIVER) 02.FRONT - MIDDLE 03.FRONT - RIGHT 04.SECOND - LEFT (MC PASS)	<b>A 04</b> MOTORIST 01.NONE USED 02.SHOULDER BELT ONLY USED 03.LP BELT ONLY USED 04.SHOULDER AND LAP BELT USED 05.CHILD SAFETY SEAT USED 06.HELMET USED 07.RESTRAINT USE UNKNOWN NON-MOTORIST 08.NONE USED 09.HELMET USED 10.PROTECTIVE PADS IMPROPERLY 11.CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN	<b>A 1</b> 1.NOT-DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT/SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN	<b>A 1</b> 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION	<b>A 1</b> 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN	<b>A 1</b> 1.NOT TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN	<b>A 1</b> 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN
<b>B 01</b> 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	<b>B 04</b> 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 IMPROPERLY 11.CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN	<b>B 1</b> 1.NOT-DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT/SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN	<b>B 1</b> 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION	<b>B 1</b> 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN	<b>B 1</b> 1.NOT TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN	<b>B 1</b> 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN
<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>
<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT 'X' IF YES

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b> A  B 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="01"/> B <input type="text" value="11"/> <p><b>MOTORIST</b></p> <ul style="list-style-type: none"> <li>01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD</li> <li>02 BACKING</li> <li>03 CHANGING LANES</li> <li>04 OVERTAKING-PASSING</li> <li>05 TURNING RIGHT</li> <li>06 TURNING LEFT</li> <li>07 MAKING U-TURN</li> <li>08 ENTERING TRAFFIC LANE</li> <li>09 LEAVING TRAFFIC LANE</li> <li>10 PARKED</li> <li>11 SLOWING OR STOPPED IN TRAFFIC</li> <li>12 DRIVERLESS</li> <li>13 OTHER</li> <li>14 UNKNOWN</li> </ul> <p><b>NON-MOTORIST</b></p> <ul style="list-style-type: none"> <li>15 ENTERING OR CROSSING SPECIFIED LOCATION</li> <li>16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING</li> <li>17 WORKING</li> <li>18 PUSHING VEHICLE</li> <li>19 APPROACHING OR LEAVING VEHICLE</li> <li>20 PLAYING OR WORKING ON VEHICLE</li> <li>21 STANDING</li> <li>22 OTHER</li> <li>23 UNKNOWN</li> </ul>	<b>SEQUENCE OF EVENTS</b> <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><b>NON-COLLISION</b></p> <ul style="list-style-type: none"> <li>01 OVERTURN/ROLLOVER</li> <li>02 FIRE/EXPLOSION</li> <li>03 IMMERSION</li> <li>04 JACKKNIFE</li> <li>05 CARGO/EQUIPMENT LOSS OR SHIFT</li> <li>06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.)</li> <li>07 SEPARATION OF UNITS</li> <li>08 RAN OFF ROAD RIGHT</li> <li>09 RAN OFF ROAD LEFT</li> <li>10 CROSS-MEDIAN CENTERLINE</li> <li>11 DOWNHILL RINAWAY</li> <li>12 OTHER NON-COLLISION</li> <li>13 UNKNOWN NON-COLLISION</li> <li>14 COLLISION W/ PERSON, VEHICLE OR OBJECT NOT LISTED</li> <li>15 PEDESTRIAN</li> <li>16 RAILWAY VEHICLE (E.G. TRAIN, ENGINE)</li> <li>17 ANIMAL - FARM</li> <li>18 ANIMAL - DEER</li> <li>19 ANIMAL - OTHER</li> <li>20 MOTOR VEHICLE IN TRANSPORT</li> <li>21 PARKED MOTOR VEHICLE</li> <li>22 WORK ZONE MAINTENANCE EQUIPMENT</li> <li>23 OTHER MOVABLE OBJECT</li> <li>24 UNKNOWN MOVABLE OBJECT</li> <li>25 COLLISION WITH FIXED OBJECT</li> <li>26 IMPACT ATTENUATOR/CRASH CUSHION</li> <li>27 BRIDGE OVERHEAD STRUCTURE</li> <li>28 BRIDGE PIER OR ABUTMENT</li> <li>29 BRIDGE PARAPET</li> <li>30 GUARDRAIL FACE</li> <li>31 GUARDRAIL END</li> <li>32 MEDIAN BARRIER</li> <li>33 HIGHWAY TRAFFIC SIGN POST</li> <li>34 OVERHEAD SIGN POST</li> <li>35 LIGHT FIXTURES/SUPPORT</li> <li>36 UTILITY POLE</li> <li>37 OTHER POST, POLE OR SUPPORT</li> <li>38 UTILITY TOWER</li> <li>39 CUTBANK</li> <li>40 DITCH</li> <li>41 EMBANKMENT</li> <li>42 FENCE</li> <li>43 MAILBOX</li> <li>44 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.)</li> <li>45 WORK ZONE MAINTENANCE EQUIPMENT</li> <li>46 UNKNOWN FIXED OBJECT</li> <li>47 OTHER</li> <li>48 OTHER</li> <li>49 UNKNOWN</li> </ul>	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"/>	<b>POSTED SPEED</b> A <input type="text" value="35"/> B <input type="text" value="35"/>	<b>DRUG TEST STATUS</b> 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"/>						
<b>NON-MOTORIST LOCATION</b> 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 ON "SIDE" TRAFFICWAY          14 SHARED USE PATHS OR TRAILS          15 UNKNOWN</p>	<b>TYPE OF UNIT</b> A <input type="text" value="08"/> B <input type="text" value="03"/> <p><b>MOTORIST</b></p> <ul style="list-style-type: none"> <li>01 SUBCOMPACT</li> <li>02 COMPACT</li> <li>03 MID-SIZED</li> <li>04 FULL-SIZE</li> <li>05 MINIVAN</li> <li>06 SPORT UTILITY VEHICLE</li> <li>07 PICKUP</li> <li>08 PANELVAN</li> <li>09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES</li> <li>10 SINGLE UNIT TRUCK, 1 OR MORE AXLES</li> <li>11 TRUCK/TRAILER</li> <li>12 TRUCK TRACTOR (BOBTAIL)</li> <li>13 TRACTOR SEMI-TRAILER</li> <li>14 TRACTOR DOUBLE - SHORT</li> <li>15 TRACTOR DOUBLE - LONG</li> <li>16 FIFTH WHEEL OR CONVERTER DOLLY</li> <li>17 TRACTOR/TRIPLES</li> <li>18 MOTORCYCLE</li> <li>19 MOTORIZED BICYCLE</li> <li>20 SCHOOL BUS</li> <li>21 CHURCH BUS</li> <li>22 PUBLIC BUS</li> <li>23 OTHER BUS</li> <li>24 POLICE VEHICLE</li> <li>25 FIRE TRUCK</li> <li>26 AMBULANCE/RESCUE</li> <li>27 TAXI</li> <li>28 MOTOR HOME</li> <li>29 TRAIN</li> <li>30 FARM VEHICLE</li> <li>31 ARM EQUIPMENT</li> <li>32 SNOWMOBILE</li> <li>33 CONSTRUCTION EQUIPMENT</li> <li>34 ALL OTHERS</li> </ul> <p><b>NON-MOTORIST</b></p> <ul style="list-style-type: none"> <li>35 ANIMAL W/ RIDER</li> <li>36 ANIMAL W/ BUDGY</li> <li>37 BICYCLE</li> <li>38 PEDESTRIAN</li> <li>39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)</li> <li>40 SKATER</li> <li>41 OTHER NON-MOTORIST (WHEELCHAIR, ETC.)</li> <li>42 UNKNOWN</li> </ul>	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="08"/> B <input type="text" value="01"/> <p><b>MOTORIST</b></p> <ul style="list-style-type: none"> <li>01 NONE</li> <li>02 FAILURE TO YIELD</li> <li>03 RAN RED LIGHT, OR STOP SIGN</li> <li>04 EXCEEDED SPEED LIMIT</li> <li>05 UNSAFE SPEED</li> <li>06 IMPROPER TURN</li> <li>07 LEFT OF CENTER</li> <li>08 FOLLOWED TOO CLOSELY/ACDA</li> <li>09 IMPROPER LANE CHANGE/DROVE OFF ROAD/IMPROPER PASSING</li> <li>10 IMPROPER BACKING</li> <li>11 IMPROPER START FROM PARKED POSITION</li> <li>12 STOPPED OR PARKED ILLEGALLY</li> <li>13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER</li> <li>14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE OBJECT, NON-MOTORIST IN ROADWAY, ETC.)</li> <li>15 FAILURE TO CONTROL</li> <li>16 VISION OBSTRUCTION</li> <li>17 DRIVER INATTENTION</li> <li>18 FATIGUE/ASLEEP</li> <li>19 OPERATING DEFECTIVE EQUIPMENT</li> <li>20 LOAD SHIFTING/FALLING/SPILLING</li> <li>21 OTHER IMPROPER ACTION</li> <li>22 UNKNOWN</li> </ul> <p><b>NON-MOTORIST</b></p> <ul style="list-style-type: none"> <li>23 NONE</li> <li>24 IMPROPER CROSSING</li> <li>25 DARTING</li> <li>26 LYING AND/OR ILLEGALLY IN ROADWAY</li> <li>27 FAILURE TO YIELD RIGHT OF WAY</li> <li>28 NOT VISIBLE (DARK CLOTHING)</li> <li>29 INATTENTIVE</li> <li>30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER</li> <li>31 WRONG SIDE OF THE ROAD</li> <li>32 OTHER</li> <li>33 UNKNOWN</li> </ul>	<b>DIRECTION</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;">           FROM TO            A <input type="text" value="3"/> <input type="text" value="4"/> </td> <td style="width:50%;">           FROM TO            B <input type="text" value="3"/> <input type="text" value="4"/> </td> </tr> </table> <ul style="list-style-type: none"> <li>1 NORTH</li> <li>2 SOUTH</li> <li>3 EAST</li> <li>4 WEST</li> <li>5 NORTHEAST</li> <li>6 NORTHWEST</li> <li>7 SOUTH EAST</li> <li>8 SOUTH WEST</li> <li>9 UNKNOWN</li> </ul>	FROM TO A <input type="text" value="3"/> <input type="text" value="4"/>	FROM TO B <input type="text" value="3"/> <input type="text" value="4"/>	<b>TRAFFIC CONTROL</b> 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 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 INOPERATIVE, MISSING, OBSCURED          17 NOT REPORTED</p>	<b>DRUG TEST TYPE</b> 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="3"/> <input type="text" value="4"/>	FROM TO B <input type="text" value="3"/> <input type="text" value="4"/>						
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NO          2 YES          3 UNKNOWN</p>	<b>POINT OF IMPACT</b> 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>	<b>VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/> <ul style="list-style-type: none"> <li>01 TURN SIGNALS</li> <li>02 HEAD LAMPS</li> <li>03 TAIL LAMPS</li> <li>04 BRAKES</li> <li>05 STEERING</li> <li>06 TIRE BLOWOUT</li> <li>07 WORN OR SLICK TIRES</li> <li>08 TRAILER EQUIPMENT DEFECTIVE</li> <li>09 MOTOR TROUBLE</li> <li>10 DISABLED FROM PRIOR ACCIDENT</li> <li>11 OTHER DEFECTS</li> <li>12 NO DEFECTS</li> </ul>	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	<b>CONDITION</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <ul style="list-style-type: none"> <li>1 APPARENTLY NORMAL</li> <li>2 PHYSICAL IMPAIRMENT</li> <li>3 EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)</li> <li>4 ILLNESS</li> <li>5 FELL ASLEEP, FAINTED, FATIGUED, ETC.</li> <li>6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL</li> <li>7 OTHER</li> <li>8 UNKNOWN</li> </ul>	<b>DRUG TEST # 2 RESULT</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;">           1 2            A <input type="text" value="1"/> <input type="text" value="1"/> </td> <td style="width:50%;">           1 2            B <input type="text" value="1"/> <input type="text" value="1"/> </td> </tr> </table> <p>1 NONE          2 MARIJUANA          3 COCAINE          4 OPIATES          5 AMPHETAMINES          6 PCP          7 OTHER          8 UNKNOWN AT TIME OF REPORTING</p>	1 2 A <input type="text" value="1"/> <input type="text" value="1"/>	1 2 B <input type="text" value="1"/> <input type="text" value="1"/>
1 2 A <input type="text" value="1"/> <input type="text" value="1"/>	1 2 B <input type="text" value="1"/> <input type="text" value="1"/>						
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text" value="2"/> <p>1 NONE          2 NON-FUNCTIONAL          3 FUNCTIONAL DAMAGE          4 DISABLING DAMAGE          5 SEVERE          6 UNKNOWN</p>	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text" value="4"/> <p>1 NON-CONTACT          2 NON-COLLISION          3 STRUCK          4 STRUCK          5 BOTH STRUCK AND STRUCK          6 UNKNOWN</p>	<b>STRIKING VEHICLE OVERRIDE/UNDERIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>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 OVERRIDE</p>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <ul style="list-style-type: none"> <li>1 NONE</li> <li>2 YES ALCOHOL SUSPECTED</li> <li>3 YES - HB NOT IMPAIRED</li> <li>4 YES - DRUGS SUSPECTED</li> <li>5 YES - ALCOHOL AND DRUGS SUSPECTED</li> <li>6 UNKNOWN</li> </ul>	<b>TYPE OF INTERSECTION</b> <input type="text" value="01"/> <p>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</p>		
<b>DAMAGE AREA</b> A <input type="text" value="2"/> B <input type="text" value="2"/>	<b>ALCOHOL TEST STATUS</b> 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>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE          2 BLOOD          3 URINE</p>	<b>SPEED DETECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 STATED          2 ESTIMATED</p>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/> <p>1 STRAIGHT LEVEL          2 STRAIGHT GRADE          3 CURVE LEVEL          4 CURVE GRADE          5 UNKNOWN</p>		
<b>LOCAL REPORT #</b> <input type="text" value="10MPD 1712"/>	<b>SUPPLEMENT 'X' IF YES</b> <input type="checkbox"/>						

**NARRATIVE**

UNIT 1 WAS WESTBOUND ON E. JACKSON ST. AND FAILED TO GET STOPPED IN TIME BEFORE REAR ENDING UNIT 2 WHO WAS STOPPED AND AWAITING ONCOMING TRAFFIC BEFORE TURNING LEFT INTO A PRIVATE DRIVEWAY.

<b>MANNER OF COLLISION OR IMPACT</b> <b>2</b> 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	<b>SCHOOL BUS RELATED</b> <b>1</b> 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
<b>WEATHER</b> <b>01</b> 01 CLEAR 02 CLOUDY 03 FOG/SMOG/SMOKE 04 RAIN 05 WET PAV. (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND/SOIL/DIRT/SNOW 09 OTHER 10 UNKNOWN	<b>WORK ZONE RELATED</b> <b>1</b> 1 NO 2 YES 3 UNKNOWN
<b>LIGHT CONDITIONS</b> <b>PRIMARY 1</b> <b>SECONDARY</b> 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	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT OR MOVING WORK 5 OTHER
<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 BEFORE THE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN



<b>TRUCK/BUS UNIT #</b> <input type="text"/>	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 4 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
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<b>CARGO BODY TYPE</b> <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCL'DING DRIVER) <input type="checkbox"/> 03 VAN ENCLOSED BOX <input type="checkbox"/> 04 GRAIN/CHIPS GRAVEL <input type="checkbox"/> 05 POLY. <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 GARBAGE REUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	<b>CDL CLASS</b> <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	<b>HAZARDOUS MATERIALS</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<b>HAZARDOUS MATERIALS REI FASED</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE
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<b>POLICE ACTION</b>		<b>DATE CRASH REPORTED</b> 08/27/2010	<b>TIME REC CALL</b> 15:52	<b>DISPATCH</b> 15:53	<b>ARRIVED</b> 15:56	<b>CLEARED</b> 16:09	<b>OTHER</b> 30	<b>TOTAL MINUTES</b> 46
<b>OFFICER'S NAME</b> PTL. W. TODD BOOTH			<b>BADGE #</b> 104	<b>CHECKED BY</b>		<b>DATE REPORT FILED</b> 08/27/2010		
<b>REPORT TAKEN BY</b> 1 POLICE AGENCY 2 MOTORIST <b>1</b>	<b>REPORT TAKEN AT</b> 1 SCENE 2 STATION 3 OTHER <b>1</b>		<input type="checkbox"/> SUPPLEMENT 'X' IF YES		<b>LOCAL REPORT #</b> 10MPD 1712			