



TRAFFIC CRASH REPORT

Traffic Crash Report

CRASH REPORT # 10MPD 1731	CRASH SEVERITY 3 1 FATAL 2 FDR 3 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> NO <input type="checkbox"/> YES	HIT/SKIP 1 1 NOT HIT/SKIP 2 INVOLVED 3 UNINVOLVED	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. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	# UNITS 2	UNIT ERROR 01 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 08/30/2010	

TIME OF CRASH 08:52	DAY OF WEEK MON	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40331404	LONGITUDE 081544502
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX E	CRASH LOCATION JACKSON	TYPE LOC 1
1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	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
AT REFERENCE	REF POINT 02	
DIST. REF.	DR	PREFIX
		REFERENCE SCHOOL

MOTORIST / NON-MOTORIST

UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) BEACHY MARLA R				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 5580 SR 557 MILLERSBURG OH 44654						
SOCIAL SECURITY NUMBER	DATE OF BIRTH 01/17/1994	AGE 16	SEX F	HOME PHONE # (330)674-5854	WORK PHONE #	
DL STATE OH	DL # SW906906	LP STATE OH	LP # EYY8845	INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 5 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') BEACHY, MARY ELLEN			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 5580 SR 557 MILLERSBURG OH 44654			
YEAR 2004	MAKE CHEVROLET	MODEL IMPALA	COLOR MAROON	INSURANCE COMPANY WESTERN RESERVE	TOWING SERVICE	OWNER PHONE # (330)674-5854
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO			

UNIT # 02	# OF OCC 3	NAME (LAST, FIRST, MIDDLE) ROBB DENISE C				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 175 W CLINTON ST MILLERSBURG OH 44654						
SOCIAL SECURITY NUMBER	DATE OF BIRTH 11/28/1976	AGE 33	SEX F	HOME PHONE # (330)674-4671	WORK PHONE #	
DL STATE OH	DL # RT052804	LP STATE OH	LP # EPL5075	INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 5 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') ROBB, GREGORY D			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 175 W. CLINTON ST MILLERSBURG OH 44654			
YEAR 2007	MAKE FORD	MODEL TAURUS	COLOR TAN	INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE	OWNER PHONE # (330)674-4671
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO			

OCUPANT

UNIT # 02	NAME (LAST, FIRST, MIDDLE) ROBB BREANNA N	HOME PHONE # (330)674-4671	DATE OF BIRTH 01/14/2002	AGE 8	SEX F
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 175 W CLINTON ST MILLERSBURG OH 44654			INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 5 POLICE	TRANSPORTED BY	INJURED TAKEN TO
UNIT # 02	NAME (LAST, FIRST, MIDDLE) ROBB COLTON A	HOME PHONE # (330)674-4671	DATE OF BIRTH 02/01/2006	AGE 4	SEX M
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 175 W CLINTON ST MILLERSBURG OH 44654			INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 5 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) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SEAT CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SEPERATION OF CAB 11 UNENCLASD CARGO AREA 12 UNENCLASD CARGO AREA BLANK FOR WITNESS	A 04 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 08 NONE/NOT USED 09 HELMET USED 10 PROTECTIVE PADS 11 RPT ACTIVE 12 INACTIVE 13 MISSING 14 OTHER 15 UNKNOWN	A 1 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED WITH FRONT SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	A 1 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	A 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	A 1 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	A 1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
B 01	B 04	B 1	B 1	B 1	B 1	B 1
C 04	C 05	C 1	C 1	C 1	C 1	C 1
D 06	D 05	D 1	D 1	D 1	D 1	D 1
<input type="checkbox"/> SUPPLEMENT 'X' IF YES						

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="01"/> B <input type="text" value="11"/> 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 RAMPING OR STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING OR CROSSING SPECIFIED LOCATION 16 WALKING, SHINING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING OR LEAVING VEHICLE 20 PLYING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	SEQUENCE OF EVENTS <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td>1 <input type="text" value="20"/></td> <td>1 <input type="text" value="20"/></td> </tr> <tr> <td>2 <input type="text"/></td> <td>2 <input type="text"/></td> </tr> <tr> <td>3 <input type="text"/></td> <td>3 <input type="text"/></td> </tr> <tr> <td>4 <input type="text"/></td> <td>4 <input type="text"/></td> </tr> </table> NON-COLLISION 01 DRIVER TURNING LEFT OR RIGHT 02 FREE FLEETING 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENT LACK OR SHIFT 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 SEPARATION OF UNITS 08 BEAN OF ROAD RIGHT 09 BEAN OF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 UNWARRANTED LANE CHANGE 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE OR OBJECT, NOT FIED 14 FEET/BIAN 15 PEDACYCLE 16 RAILWAY VEHICLE (EG. TRAIN, ENGINE) 17 ANIMAL - FARM 18 ANIMAL - OTHER 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 COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CRASH CURB/SHOULDER 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ANCHORAGE 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 ROAD RAIL FENCE 31 CULVERT RAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT SIGN/ARMS SIGN/POST 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CITY VEST 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT (WALL, BUILDING, TOWER, ETC) 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	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"/>	POSTED SPEED A <input type="text" value="25"/> B <input type="text" value="25"/> TRAFFIC CONTROL A <input type="text" value="01"/> B <input type="text" value="01"/> 01 NO CONTROL 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAIL ROAD CROSSINGS 08 RAIL ROAD FLASHERS 09 RAIL ROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAYMENT MARKINGS 13 CROSSWALK LINES 14 WALKWAY WALK 15 TRAFFIC CONTROL DEVICE 16 PREDICATIVE, MISSING, OBLISCURED 17 OTHER 18 NOT REPORTED	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NONE GIVEN 2 TEST RECEIVED 3 TEST GIVEN, CONTAMINATED 4 TEST GIVEN, RESULTS KNOWN 5 GIVEN, RESULTS UNKNOWN 6 UNKNOWN DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NONE 2 BLOOD 3 URINE 4 OTHER DRUG TEST 1 & 2 RESULT <table border="1"> <tr> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>A <input type="text" value="1"/></td> <td>A <input type="text" value="1"/></td> <td>B <input type="text" value="1"/></td> <td>B <input type="text" value="1"/></td> </tr> </table> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATE 5 AMPHETAMINE 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING	1	2	1	2	A <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text" value="1"/>	B <input type="text" value="1"/>
A	B																						
1 <input type="text" value="20"/>	1 <input type="text" value="20"/>																						
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4 <input type="text"/>	4 <input type="text"/>																						
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A <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text" value="1"/>	B <input type="text" value="1"/>																				
TYPE OF UNIT A <input type="text" value="03"/> B <input type="text" value="03"/> MOTORIST 01 20-IMPACT 02 IMPACT 03 MID SIZED 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL VAN 09 SINGLE UNIT TRUCK, 2 AXLES & TIRES 10 SINGLE UNIT TRUCK, 1 OR MORE AXLES 11 TRUCK TRAILER 12 TRUCK, TRACTOR (HST/HA) 13 TRACTOR SEMI TRAILER 14 TRACTOR/TRACTOR - SUBSET 15 TRACTOR/TRACTOR - LONG 16 WITH WHEELS OR CONVERTER DOOR 17 TRACTOR TRIPLES 18 MOTORCYCLE 19 MOTORBIKE/BICYCLE 20 MOTORBIKE 21 SCOOTER 22 PERSONAL WATERCRAFT 23 OTHER BOAT 24 BOAT 25 OTHER BOAT 26 POLICE VEHICLE 27 FIRE TRUCK 28 AMBULANCE/EMERGENCY 29 TAXI 30 MOTOR HOME 31 TRAM 32 FARM VEHICLE 33 FARM EQUIPMENT 34 SNOWMOBILE 35 CONSTRUCTION EQUIPMENT 36 ALL OTHERS NON-MOTORIST 37 ANIMAL - W/BODY 38 BICYCLE 39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEGAL CAR) 40 SKATER 41 OTHER NON MOTORIST (WHEELCHAIR, ETC) 42 UNKNOWN	MOST DAMAGED AREA A <input type="text" value="02"/> B <input type="text" value="06"/> 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	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="08"/> B <input type="text" value="01"/> MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 LOSS OF SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 ROLLOVER/TROUBLELY ACDA 09 IMPROPER LANE CHANG/ DRIVE WAY 10 ROAD IMPROPER PAVING 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 SERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.) 16 FAILURE TO CONTROL 17 VISION OBSTRUCTION 18 DRIVER IN ATTENTION 19 FATIGUE/ASLEEP 20 OPERATING DEFECTIVE EQUIPMENT 21 LOAD SHIFTING/FALLING/PILING 22 OTHER IMPROPER ACTION 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 FAILING TO OBEY TRAFFIC SIGNALS 31 WORKING UNDER THE ROAD 32 OTHER 33 UNKNOWN	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-6) MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-6) SPEED DETECTED A <input type="text" value="2"/> B <input type="text" value="2"/> 1 STATED 2 ESTIMATED SPEED A <input type="text" value="20"/> B <input type="text" value="0"/>	DIRECTION <table border="1"> <tr> <td>FROM</td> <td>TO</td> <td>FROM</td> <td>TO</td> </tr> <tr> <td>A <input type="text" value="4"/></td> <td>A <input type="text" value="3"/></td> <td>B <input type="text" value="4"/></td> <td>B <input type="text" value="3"/></td> </tr> </table> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN CONDITION A <input type="text" value="1"/> B <input type="text" value="1"/> 1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL (E.G. DEPPRESSED, ANGRY, DISTURBED) 4 ILLNESS 5 WELL ASLEEP, FAINTED, FATIGUED, ETC 6 UNDER THE INFLUENCE OF MEDICATION/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN	FROM	TO	FROM	TO	A <input type="text" value="4"/>	A <input type="text" value="3"/>	B <input type="text" value="4"/>	B <input type="text" value="3"/>	TYPE OF INTERSECTION <input type="text" value="02"/> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDABOUT 06 FIVE-WAY OR MORE 07 ON RAMP 08 OFF RAMP 09 CULMINATOR 10 DRIVEWAY 11 RAILWAY GRADE CROSSING 12 SHARED USE PATHS OR TRAILS 13 UNKNOWN OCCURRENCE <input type="text" value="1"/> 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 IN GORE 6 OFFSIDE TRAFFIC WAY 7 UNKNOWN ROAD CONTOUR <input type="text" value="2"/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN ROAD CONDITIONS <table border="1"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> </tr> <tr> <td>A <input type="text" value="01"/></td> <td>B <input type="text"/></td> </tr> </table> 1 DRY 2 WET 3 SNOW 4 ICE 5 SAND/DIRT/OTHER GRAVELS 6 WATER (STANDING, MOVING) 7 SLICK 8 IN BRK 9 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN	PRIMARY	SECONDARY	A <input type="text" value="01"/>	B <input type="text"/>						
FROM	TO	FROM	TO																				
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PRIMARY	SECONDARY																						
A <input type="text" value="01"/>	B <input type="text"/>																						
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NO 2 YES 3 UNKNOWN	ACTION A <input type="text" value="3"/> B <input type="text" value="4"/> 1 NO CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN VEHICLE DEFECT CODE ONLY IF '1' SELECTED ABOVE A <input type="text"/> B <input type="text"/> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE WEAR/T 07 WORN OR SLACK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR BLOWN 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS 12 NO DEFECTS	VEHICLE DEFECT CODE ONLY IF '1' SELECTED ABOVE A <input type="text"/> B <input type="text"/> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE WEAR/T 07 WORN OR SLACK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR BLOWN 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS 12 NO DEFECTS	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - DRUG SUSPECTED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NONE GIVEN 2 TEST RECEIVED 3 TEST GIVEN, CONTAMINATED 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NONE 2 BLOOD 3 URINE 4 OTHER 5 UNKNOWN ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/>	ROAD CONTOUR <input type="text" value="2"/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN ROAD CONDITIONS <table border="1"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> </tr> <tr> <td>A <input type="text" value="01"/></td> <td>B <input type="text"/></td> </tr> </table> 1 DRY 2 WET 3 SNOW 4 ICE 5 SAND/DIRT/OTHER GRAVELS 6 WATER (STANDING, MOVING) 7 SLICK 8 IN BRK 9 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN	PRIMARY	SECONDARY	A <input type="text" value="01"/>	B <input type="text"/>															
PRIMARY	SECONDARY																						
A <input type="text" value="01"/>	B <input type="text"/>																						
DAMAGE SCALE A <input type="text" value="3"/> B <input type="text" value="2"/> 1 NONE 2 MINOR/STRUCTURAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NO UNDERRIDE OR OVERRIDE 2 UNDERRIDE, COMPARTMENT INTERIOR 3 UNDERRIDE, NO COMPARTMENT INTERIOR 4 UNDERRIDE, COMPARTMENT INTERIOR UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN UNDERRIDE OR OVERRIDE	VEHICLE DEFECT CODE ONLY IF '1' SELECTED ABOVE A <input type="text"/> B <input type="text"/> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE WEAR/T 07 WORN OR SLACK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR BLOWN 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS 12 NO DEFECTS	SPEED A <input type="text" value="20"/> B <input type="text" value="0"/>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NONE GIVEN 2 TEST RECEIVED 3 TEST GIVEN, CONTAMINATED 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NONE 2 BLOOD 3 URINE 4 OTHER 5 UNKNOWN ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/>	ROAD CONDITIONS <table border="1"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> </tr> <tr> <td>A <input type="text" value="01"/></td> <td>B <input type="text"/></td> </tr> </table> 1 DRY 2 WET 3 SNOW 4 ICE 5 SAND/DIRT/OTHER GRAVELS 6 WATER (STANDING, MOVING) 7 SLICK 8 IN BRK 9 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN	PRIMARY	SECONDARY	A <input type="text" value="01"/>	B <input type="text"/>														
PRIMARY	SECONDARY																						
A <input type="text" value="01"/>	B <input type="text"/>																						
<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT # 10MPD 1731																					

NARRATIVE

UNIT 2 WAS STOPPED, YIELDING TO PASSING TRAFFIC BEFORE TURNING NORTH ONTO SCHOOL ST. UNIT 1 WAS EASTBOUND ON E. JACKSON ST. UNIT 1 STATED THAT SHE LOOKED AWAY FROM THE ROADWAY BRIEFLY AND STRUCK UNIT 2 IN THE REAR. UNIT 1 RECEIVED DAMAGE TO THE FRONT, DRIVER'S SIDE HEADLIGHT AND GRILL AREA. UNIT 2 RECEIVED DAMAGE TO THE REAR BUMPER.

<p>MANNER OF COLLISION OR IMPACT</p> <p>2</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 RIDERS/WIFE SAME DIRECTION 8 RIDERS/WIFE 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/MIST/SMOG 04 RAIN 05 SLEET/RAIL (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLUING 09 DARK/FOG/THUNDER 10 OTHER 11 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 OLABEL 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>	

TRUCK BUS UNIT #	<input type="text"/>	<p>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.</p>
		<p>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 DISABLED DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.</p>

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
<p>CARGO BODY TYPE</p> <p><input type="checkbox"/> 01 NOT APPLICABLE 02 BR (8-15 INCL) (DRIVER) 03 VAN/ENCLOSURE IN USE 04 CRANE/CRANE/GRABER</p>	<p>05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER</p>	<p>10 AUTO TRANSPORTER 11 CARGO/REAR/FRONT 12 OTHER 13 UNKNOWN</p>	<p>WEIGHT (GVWR)</p> <p><input type="checkbox"/> 1 LEAST/EQUAL 10,000 2 10,001 - 20,000 3 MORE THAN 20,000</p>	<p>CDL CLASS</p> <p><input type="checkbox"/></p>	<p>1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E</p>	<p>HAZARDOUS MATERIALS</p> <p><input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN</p>	<p>HAZARDOUS MATERIALS RPT FILED</p> <p><input type="checkbox"/> 1 NO 2 YES 3 NOT APPLICABLE</p>

POLICE ACTION							
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES	
08/30/2010	08:56	08:56	08:59	09:23	25	52	
OFFICER'S NAME		BADGE #	CHECKED BY		DATE REPORT FILED		
PTL. JUSTIN ESTILL		113			08/30/2010		
REPORT TAKEN BY	REPORT TAKEN AT			<input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT #		
1 1 POLICE AGENCY 2 MOTORIST	1 1 SCENE 2 STATION 3 OTHER				10MPD 1731		