

OHIO

# TRAFFIC CRASH REPORT

Traffic Crash Report

CRASH REPORT # <b>10MPD 1784</b>	CRASH SEVERITY <b>3</b> 1.FATAL ERROR 3.FDO 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> ? YES	HIT/SKIP <b>1</b> 1.NOT HIT/SKIP 2.SOLVED 3.UNSOLVED	PHOTOS TAKEN <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 99.1.UNKNOWN	DATE OF CRASH <b>09/06/2010</b>	

TIME OF CRASH <b>15:17</b>	DAY OF WEEK <b>MON</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40325804</b>	LONGITUDE <b>081550506</b>
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>S</b>	CRASH LOCATION <b>S. WASHINGTON ST.</b>	TYPE LOC <b>1</b>
1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE		

AT/REFERENCE	REFERENCE POINT USED			
DIST. REF. <b>15 F</b>	DR <b>N</b>	PREFIX <b>S</b>	REFERENCE <b>S. CLAY ST.</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

UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>EPPLEY HILTON DON</b>				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>42889 C.R. 19 COSHOCTON OH 43812</b>						
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>12/13/1991</b>	AGE <b>18</b>	SEX <b>M</b>	HOME PHONE # <b>(330)674-3722</b>	WORK PHONE # <b>(330)473-7210</b>	
DL STATE <b>OH</b>	DL # <b>TK271518</b>	LP STATE <b>OH</b>	LP # <b>DAS4694</b>	INJURED TAKEN BY <b>1</b> 1.NONE 4.OTHER 2.FM 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') <b>EPPLEY, HILTON A. JR.</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>42889 C.R. 19 COSHOCTON OH 43812</b>			
YEAR <b>1998</b>	MAKE <b>DODGE</b>	MODEL <b>OTHER TRUC</b>	COLOR <b>GREEN</b>	INSURANCE COMPANY <b>MOTORIST MUTUAL</b>	TOWING SERVICE	OWNER PHONE# <b>(330)674-3722</b>
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> ? YES			

UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>WHITMAN JAMES E.</b>				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>4844 T.R. 305 MILLERSBURG OH 44654</b>						
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>11/22/1931</b>	AGE <b>78</b>	SEX <b>M</b>	HOME PHONE # <b>(419)564-1152</b>	WORK PHONE #	
DL STATE <b>OH</b>	DL # <b>RT052651</b>	LP STATE <b>OH</b>	LP # <b>AD29TE</b>	INJURED TAKEN BY <b>1</b> 1.NONE 4.OTHER 2.FM 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') <b>WHITMAN, JAMES E.</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>4844 T.R. 305 MILLERSBURG OH 44654</b>			
YEAR <b>1993</b>	MAKE <b>PONTIAC</b>	MODEL <b>GRAND PRX</b>	COLOR <b>RED</b>	INSURANCE COMPANY <b>SAFE AUTO</b>	TOWING SERVICE	OWNER PHONE# <b>(419)564-1152</b>
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> ? YES			

UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE#	DATE OF BIRTH	AGE	SEX
<b>C</b>					
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			INJURED TAKEN BY <input type="checkbox"/> ? 1.NONE 4.OTHER 2.FM 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE#	DATE OF BIRTH	AGE	SEX
<b>D</b>					
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			INJURED TAKEN BY <input type="checkbox"/> ? 1.NONE 4.OTHER 2.FM 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
A <b>01</b> 01.FRONT - LEFT (MC DRIVER) 02.FRONT - MIDDLE 03.FRONT - RIGHT 04.SECOND - LEFT (MC PASS) 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 D 12.UNENCLOSED CARGO AREA 13.TRAILING UNIT 14.EXTERIOR 15.OTHER 16.NON-MOTORIST 17.UNKNOWN	A <b>04</b> 01.NON-USED 02.SHOULDER BELT ONLY USED B <b>04</b> 03.LAP BELT ONLY USED 04.SHOULDER AND LAP BELT USED C 05.CHILD SAFETY SEAT USED D 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 <b>1</b> 1.NOT DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN C D	A <b>1</b> 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION C D	A <b>1</b> 1.NOT EJECTED 2.TOTALY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN B <b>1</b> C D	A <b>1</b> 1.NOT TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN B <b>1</b> C D	A <b>1</b> 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITA TING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN B <b>1</b> C D
<input type="checkbox"/> SUPPLEMENT <input type="checkbox"/> 'X' IF YES						

MOTORIST / NON-MOTORIST / OCCUPANT

<p><b>UNIT NUMBERS</b></p> <p>A <input type="text" value="01"/> B <input type="text" value="02"/></p> <p><b>NON-MOTORIST LOCATION</b></p> <p>A <input type="text"/> B <input type="text"/></p> <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 NOT SHOULDER, MEDIAN, SIDEWALK, OR ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OTHER TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN</p>	<p><b>DAMAGE AREA</b></p> <p><b>MOST DAMAGED AREA</b></p> <p>A <input type="text" value="02"/> B <input type="text" value="06"/></p> <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>	<p><b>PRE-CRASH ACTIONS</b></p> <p>A <input type="text" value="01"/> B <input type="text" value="11"/></p> <p><b>MOTORIST</b> 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> <p><b>NON-MOTORIST</b> 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</p>	<p><b>SEQUENCE OF EVENTS</b></p> <table border="1"> <tr><td>A</td><td>1</td><td><input type="text" value="20"/></td><td>B</td><td>1</td><td><input type="text" value="20"/></td></tr> <tr><td></td><td>2</td><td><input type="text"/></td><td></td><td>2</td><td><input type="text"/></td></tr> <tr><td></td><td>3</td><td><input type="text"/></td><td></td><td>3</td><td><input type="text"/></td></tr> <tr><td></td><td>4</td><td><input type="text"/></td><td></td><td>4</td><td><input type="text"/></td></tr> </table> <p><b>NON-COLLISION</b> 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 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</p> <p><b>COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FINED</b> 14 PEDESTRIAN 15 PEDAL CYCLE 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</p> <p><b>COLLISION WITH FINED OBJECT</b> 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 LOUVER/RAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 39 CURB 40 DITCH 41 EMBARKMENT 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</p>	A	1	<input type="text" value="20"/>	B	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"/>	<p><b>POSTED SPEED</b></p> <p>A <input type="text" value="25"/> B <input type="text" value="25"/></p> <p><b>TRAFFIC CONTROL</b></p> <p>A <input type="text" value="01"/> B <input type="text" value="02"/></p> <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 OFFICER, MISSING, OBLISCURED 17 NOT REPORTED</p>	<p><b>DRUG TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <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> <p><b>DRUG TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE 2 HEROIN 3 HEROIN 4 OTHER</p> <p><b>DRUG TEST 1 &amp; 2 RESULT</b></p> <table border="1"> <tr><td>A</td><td>1</td><td><input type="text" value="1"/></td><td>B</td><td>1</td><td><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>	A	1	<input type="text" value="1"/>	B	1	<input type="text" value="1"/>
A	1	<input type="text" value="20"/>	B	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"/>																														
A	1	<input type="text" value="1"/>	B	1	<input type="text" value="1"/>																														
<p><b>TYPE OF UNIT</b></p> <p>A <input type="text" value="07"/> B <input type="text" value="02"/></p> <p><b>MOTORIST</b> 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, 4 TIRES 10 SINGLE UNIT TRUCK, 3 OR MORE AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOBTAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR DOUBLE - END 15 TRACTOR DOUBLE - END 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR TRIPLES 18 MOTORCYCLE 19 MOTORBIKE/BICYCLE 20 SCOOTER, BI 21 CYCLES 22 MOTORBIKE 23 OTHER BI 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 VAN 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS</p> <p><b>NON-MOTORIST</b> 35 ANIMAL W RIDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER-NON MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN</p>	<p><b>CONTRIBUTING CIRCUMSTANCES</b></p> <p>A <input type="text" value="08"/> B <input type="text" value="01"/></p> <p><b>MOTORIST</b> 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 INERRATIC, RCKLESS, 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</p> <p><b>NON-MOTORIST</b> 22 NONE 23 OTHER 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</p>	<p><b>VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE</b></p> <p>A <input type="text"/> B <input type="text"/></p> <p>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</p>	<p><b>FIRST HARMFUL EVENT</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p> <p><b>MOST HARMFUL EVENT</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<p><b>DIRECTION</b></p> <table border="1"> <tr><td>A</td><td>FROM</td><td>TO</td><td>B</td><td>FROM</td><td>TO</td></tr> <tr><td></td><td><input type="text" value="1"/></td><td><input type="text" value="2"/></td><td></td><td><input type="text" value="1"/></td><td><input type="text" value="2"/></td></tr> </table> <p>1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHWEST 8 SOUTHWEST 9 UNKNOWN</p> <p><b>CONDITION</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>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</p>	A	FROM	TO	B	FROM	TO		<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>	<p><b>TYPE OF INTERSECTION</b></p> <p>A <input type="text" value="04"/></p> <p>01 NOT AN INTERSECTION 02 FREEWAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDBOULT 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> <p><b>OCCURRENCE</b></p> <p>A <input type="text" value="1"/></p> <p>1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN</p>																		
A	FROM	TO	B	FROM	TO																														
	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>																														
<p><b>IN EMERGENCY RESPONSE</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	<p><b>ACTION</b></p> <p>A <input type="text" value="3"/> B <input type="text" value="4"/></p> <p>1 NON-CONTACT 2 NON-COLLISION 3 TRUCKING 4 STRUCK 5 HORN/STRIKING AND STRUCK 6 UNKNOWN</p>	<p><b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>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</p>	<p><b>SPEED DETECTED</b></p> <p>A <input type="text" value="2"/> B <input type="text" value="1"/></p> <p>1 STATED 2 ESTIMATED</p>	<p><b>ALCOHOL/DRUG SUSPECTED</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE 2 YES ALCOHOL SUSPECTED 3 YES - IHD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN</p> <p><b>ALCOHOL TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <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>	<p><b>ROAD CONTOUR</b></p> <p>A <input type="text" value="1"/></p> <p>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN</p> <p><b>ROAD CONDITIONS</b></p> <p>PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/></p> <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>																														
<p><b>DAMAGE SCALE</b></p> <p>A <input type="text" value="2"/> B <input type="text" value="3"/></p> <p>1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN</p>	<p><b>ALCOHOL TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE 2 BLOOD 3 URINE</p> <p><b>ALCOHOL TEST RESULT</b></p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	<p><b>SPEED</b></p> <p>A <input type="text" value="10"/></p> <p>B <input type="text" value="0"/></p>	<p><b>SUPPLEMENT 'X' IF YES</b></p> <p><input type="checkbox"/></p>	<p><b>LOCAL REPORT #</b></p> <p>10MPD 1784</p>																															

**NARRATIVE**

UNIT 1 WAS STOPPED BEHIND UNIT 2 FOR A STOP SIGN ON S. WASHINGTON ST. AT S. CLAY ST. AND UNIT 2 STARTED TO PROCEED THROUGH THE INTERSECTION AND STOPPED AGAIN FOR CROSSING TRAFFIC AND UNIT 1 WAS UNABLE TO STOP IN TIME BEFORE REAR ENDING UNIT 2

<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 SIDESWIPE SAME DIRECTION                  8 SIDESWIPE 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>DIAGRAM</b></p>
<p><b>WEATHER</b></p> <p><b>02</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>WORK ZONE RELATED</b></p> <p><b>1</b></p> <p>1 NO                  2 YES                  3 UNKNOWN</p>	
<p><b>LIGHT CONDITIONS</b></p> <p><b>PRIMARY</b> <b>1</b> <b>SECONDARY</b> <input type="checkbox"/></p> <p>1 DAYLIGHT                  2 DAWN                  3 DUSK                  4 DARK - LIGHTED ROADWAY                  5 DARK - ROADWAY NOT LIGHTED                  6 DARK - UNKNOWN                  7 GLARE                  8 OTHER                  9 UNKNOWN</p>	<p><b>TYPE OF WORK ZONE</b></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><b>LOC ATION 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>	<input type="checkbox"/>	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)**

<b>US DOT</b>	<b>ICC MC</b>	<b>PUCO</b>	<b>TRAILER LP ST.</b>	<b>TRAILER LP YEAR</b>	<b>TRAILER LP #</b>	<b>PLACARD #</b>	<b># DIA</b>
<b>CARGO BODY TYPE</b>	<b>05 POLE</b>	<b>10 AUTO TRANSPORTER</b>	<b>WEIGHT (GVWR)</b>	<b>CDL CLASS</b>	<b>HAZARDOUS MATERIALS</b>	<b>HAZARDOUS MATERIALS REFERENCE</b>	
<input type="checkbox"/>	01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 CRAN/CHPS/GRAVEL	06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	1 LESS EQUAL 10,000 2 10,001 - 26,000 3 MORE THAN 26,000	1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	1 NO 2 YES 3 UNKNOWN	1 NO 4 UNKNOWN 2 YES 3 NOT APPLICABLE	

<b>DATE CRASH REPORTED</b>		<b>TIME REC CALL</b>	<b>DISPATCH</b>	<b>ARRIVED</b>	<b>CLEARED</b>	<b>OTHER</b>	<b>TOTAL MINUTES</b>
09/06/2010		15:20	15:20	15:23	15:37	20	37
<b>OFFICER'S NAME</b>			<b>BADGE #</b>	<b>CHECKED BY</b>	<b>DATE REPORT FILED</b>		
PTL. W. TODD BOOTH			104		09/06/2010		
<b>REPORT TAKEN BY</b>	<b>REPORT TAKEN AT</b>			<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>	<b>LOCAL REPORT #</b>		
<input type="checkbox"/> 1 POLICE AGENCY <input checked="" type="checkbox"/> 2 MOTORIST	<input type="checkbox"/> 1 SCENE <input checked="" type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER				10MPD 1784		