



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>10MPD 1794</b>	CRASH SEVERITY <b>2</b> 1 FATAL ERROR 3 PDO 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 checked="" 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>3</b>	UNIT ERROR <b>01</b> 9 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>9/7/2010</b>	

TIME OF CRASH <b>12:20</b>	DAY OF WEEK <b>TUE</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40322805</b>	LONGITUDE <b>081545804</b>
-------------------------------	---------------------------	---	---	-----------------------	-----------------------------	-------------------------------

CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>S</b>	CRASH LOCATION <b>WASHINGTON</b>	TYPE LOC <b>1</b>

AT REFERENCE	REFERENCE POINT USED						
DIST. REF.	DR	PREFIX	REFERENCE <b>GLEN</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	<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>HATCH KAW LIGA</b>	ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>7520 MILLERSBURG RD WOOSTER OH 44691</b>			SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>10/08/1966</b>	AGE <b>43</b>	SEX <b>M</b>	HOME PHONE # <b>(330)763-3981</b>	WORK PHONE #	
	DL STATE <b>OH</b>	DL # <b>RP395751</b>	LP STATE <b>OH</b>	LP # <b>EFT8455</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>HATCH, KAW LIGA</b>						
	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>7520 MILLERSBURG RD WOOSTER OH 44691</b>						YEAR <b>2004</b>	MAKE <b>CHEVROLET</b>	MODEL <b>C,K-SERIES I</b>	COLOR <b>TAN</b>	INSURANCE COMPANY <b>HABRUN</b>	TOWING SERVICE	OWNER PHONE #	
	OFFENSE CHARGED		OFFENSE DESCRIPTION					CITATION #	LOCAL CODE <input type="checkbox"/> NO <input type="checkbox"/> YES					

MOTORIST / NON-MOTORIST	<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>SPURGEON LINDA C</b>	ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>11185 SR 39 MILLERSBURG OH 44654</b>			SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>06/20/1943</b>	AGE <b>67</b>	SEX <b>F</b>	HOME PHONE # <b>(330)674-6228</b>	WORK PHONE #	
	DL STATE <b>OH</b>	DL # <b>RP095715</b>	LP STATE <b>OH</b>	LP # <b>DAS5006</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>SPURGEON, LINDA C</b>						
	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>11185 SR 39 MILLERSBURG OH 44654</b>						YEAR <b>2001</b>	MAKE <b>CHEVROLET</b>	MODEL <b>IMPALA</b>	COLOR <b>WHITE</b>	INSURANCE COMPANY <b>GRANGE</b>	TOWING SERVICE	OWNER PHONE #	
	OFFENSE CHARGED		OFFENSE DESCRIPTION					CITATION #	LOCAL CODE <input type="checkbox"/> NO <input type="checkbox"/> YES					

OCCUPANT	<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) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER SEAT, 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>A 04</b> 01 MOTORIST 02 NONE USED 03 SHOULDER BELT ONLY USED 04 LAP BELT ONLY USED 05 CHILD SAFETY SEAT USED 06 HELMET USED 07 RESTRAINT USE UNKNOWN 08 NON-MOTORIST 09 NONE USED 10 HELMET USED 11 PROTECTIVE PADS 12 REFLECTIVE CLOTHING 13 LIGHTING 14 OTHER 15 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 ENTRICATED 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
<input type="checkbox"/> SUPPLEMENT 'X' IF YES						



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>10MPD 1794</b>	CRASH SEVERITY <b>2</b> 1.FATAL ERROR 3.PDO 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> NO <input type="checkbox"/> YES	HITS/SKIP <b>1</b> 1.NOT HITS/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>3</b>	UNIT ERROR <b>01</b> 98.ANIMAL 99.UNKNOWN	DATE OF CRASH <b>9/7/2010</b>	

TIME OF CRASH <b>12:20</b>	DAY OF WEEK <b>TUE</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40322805</b>	LONGITUDE <b>081545804</b>
-------------------------------	---------------------------	---	---	-----------------------	-----------------------------	-------------------------------

PREFIX <b>S</b>	CRASH LOCATION <b>WASHINGTON</b>	TYPE LOC <b>1</b>	TYPE LOCATION POINT USED 1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE	LOCAL INFORMATION
--------------------	-------------------------------------	----------------------	---	-------------------

DIST. REF.	DR	PREFIX	REFERENCE <b>GLEN</b>	REF POINT <b>02</b>	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

<b>A</b>	UNIT # <b>03</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>PINTER ROBERT S</b>		ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>10 ASH COURT TIPP CITY OH 45371</b>		SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>07/16/1931</b>	AGE <b>79</b>	SEX <b>M</b>	HOME PHONE # <b>(937)667-1352</b>	WORK PHONE #
DL STATE <b>OH</b>	DL # <b>RR609094</b>	LP STATE <b>OH</b>	LP # <b>EUB5831</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>PINTER, ROBERT S</b>				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>10 ASH COURT TIPP CITY OH 45371</b>								
YEAR <b>2008</b>	MAKE <b>CHEVROLET</b>	MODEL <b>MALIBU</b>	COLOR <b>TAN</b>	INSURANCE COMPANY <b>WAGNER</b>	TOWING SERVICE	OWNER PHONE#						
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> NO <input type="checkbox"/> YES					

<b>B</b>	UNIT #	# OF OCC	NAME (LAST, FIRST, MIDDLE)		ADDRESS (STREET, CITY, STATE, ZIP-CODE)		SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #
DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO						
OWNER NAME (IF SAME, WRITE 'SAME')				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)								
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE#						
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> NO <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	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	TRANSPORTED BY	INJURED TAKEN TO	

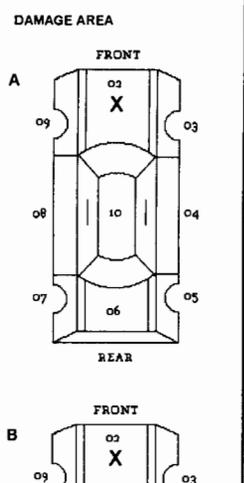
SEATING POSITION <b>A 01</b> 01.FRONT - LEFT (MC DRIVER) 02.FRONT - MIDDLE 03.FRONT - RIGHT 04.SECOND - LEFT (MC PASS) 05.SECOND - MIDDLE 06.SECOND - RIGHT 07.THIRD - LEFT (MC PASSENGER/SIDE CAR) 08.THIRD - MIDDLE 09.THIRD - RIGHT 10.SLEEPER SECTION OF CAB 11.ENCLOSED CARGO AREA 12.ENCLOSED CARGO AREA BLANK FOR WITNESS	SAFETY EQUIPMENT <b>A 04</b> MOTORIST 01.NONE USED 02.SHOLDER BELT ONLY USED 03.LAP BELT ONLY USED 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.LIGHTING 13.OTHER 14.UNKNOWN	AIR BAG <b>A 1</b> 1.NOT-DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT/SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN	AIR BAG SWITCH <b>A 1</b> 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION	EJECTION <b>A 1</b> 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN	TRAPPED <b>A 1</b> 1.NOT TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN	INJURIES <b>A 1</b> 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN
--	---	--	--	--	--	--

SUPPLEMENT  
\*X IF YES

**UNIT NUMBERS**  
A **01** B **02**

**NON-MOTORIST LOCATION**  
A  B

01 MARKED CROSSWALK AT INTERSECTION  
02 AT INTERSECTION BUT NO CROSSWALK  
03 MIN-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 OUTSIDE TRAFFICWAY  
14 SHARED USE PATHS OR TRAILS  
15 UNKNOWN



**PRE-CRASH ACTIONS**  
A **01** B **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 SLOWING OR STOPPED IN TRAFFIC  
12 DRIVERLESS  
13 OTHER  
14 UNKNOWN  
15 NON-MOTORIST  
16 ENTERING OR CROSSING SPECIFIED LOCATION  
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**

A	B
1 <b>20</b>	1 <b>20</b>
2 <input type="text"/>	2 <input type="text"/>
3 <input type="text"/>	3 <input type="text"/>
4 <input type="text"/>	4 <input type="text"/>

**NON-COLLISION**  
01 OVERTURN/ROLL-OVER  
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  
14 COLLISION W/PERSON, VEHICLE, 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 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/LUMINARIES SUPPORT  
36 UTILITY POLE  
37 OTHER POST, POLE OR SUPPORT  
38 CURB  
39 DITCH  
40 EMBANKMENT  
41 FENCE  
42 MAILBOX  
43 TREE  
44 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC)  
45 WORK ZONE MAINTENANCE EQUIPMENT  
46 UNKNOWN FIXED OBJECT  
47 OTHER  
48 UNKNOWN

**POSTED SPEED**  
A **35** B **35**

**TRAFFIC CONTROL**  
A **04** B **04**

**DIRECTION**  
FROM TO FROM TO  
A **2 1** B **2 1**

**CONDITION**  
A **1** B **1**

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/DONT WALK  
15 TRAFFIC CONTROL DEVICE  
16 OPERATIVE, MISSING, OBSCURED  
17 NOT REPORTED

1 NORTH  
2 SOUTH  
3 EAST  
4 WEST  
5 NORTHEAST  
6 NORTHWEST  
7 SOUTHEAST  
8 SOUTHWEST  
9 UNKNOWN

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

**DRUG TEST STATUS**  
A **1** B **1**

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 **1** B **1**

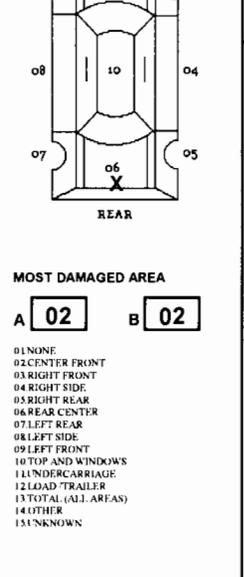
1 NONE  
2 BLOOD  
3 URINE  
4 OTHER

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

1 NONE  
2 MARIJUANA  
3 COCAINE  
4 OPIATES  
5 AMPHETAMINES  
6 PCP  
7 OTHER  
8 UNKNOWN AT TIME OF REPORTING

**TYPE OF UNIT**  
A **07** B **03**

**MOTORIST**  
01 SUB-COMPACT  
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 (BOBTAIL)  
13 TRACTOR/SEMI-TRAILER  
14 TRACTOR DOUBLE - SHORT  
15 TRACTOR DOUBLE - LONG  
16 FIFTH WHEEL OR CONVERTER DOLLY  
17 TRACTOR/TRIPLES  
18 MOTORCYCLE  
19 MOTORIZED BICYCLE  
20 SCHOOL BUS  
21 HIGH SCHOOL 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 - RIDER  
36 ANIMAL - W/DRAGGY  
37 BICYCLE  
38 PEDESTRIAN  
39 PEDALCYCLIST (BICYCLE, TRICYCLE, MOPED, SCOOTER, ETC)  
40 SKATER  
41 OTHER-NON MOTORIST (WHEELCHAIR, ETC)  
42 UNKNOWN



**CONTRIBUTING CIRCUMSTANCES**  
A **08** B **01**

**MOTORIST**  
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 (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  
22 UNKNOWN  
**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 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER  
31 WRONG SIDE OF THE ROAD  
32 OTHER  
33 UNKNOWN

**FIRST HARMFUL EVENT**  
A **1** B **1**

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

**MOST HARMFUL EVENT**  
A **1** B **1**

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

**ALCOHOL/DRUG SUSPECTED**  
A **1** B **1**

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 **1** B **1**

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 **1** B **1**

1 NONE 4 BREATH  
2 BLOOD 5 OTHER  
3 URINE

**ALCOHOL TEST RESULT**  
A  B

**TYPE OF INTERSECTION**  
A **03**

01 NOT AN INTERSECTION  
02 FOUR-WAY 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

**OCCURRENCE**  
A **1**

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

**ROAD CONTOUR**  
A **1**

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

**IN EMERGENCY RESPONSE**  
A **1** B **1**

1 NO  
2 YES  
3 UNKNOWN

**POINT OF IMPACT**  
A **02** B **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

**ACTION**  
A **3** B **5**

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

**VEHICLE DEFECT CODE ONLY IF '19' 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

**SPEED DETECTED**  
A **1** B **1**

1 STATED  
2 ESTIMATED

**SPEED**  
A **25**  
B **0**

**ROAD CONDITIONS**  
PRIMARY **01** 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

**DAMAGE SCALE**  
A **3** B **2**

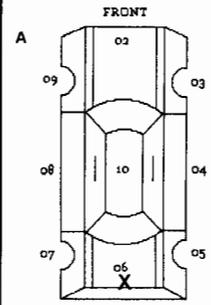
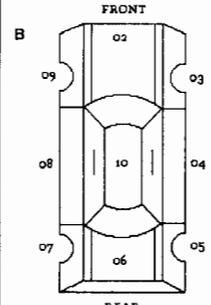
1 NONE  
2 NON-FUNCTIONAL  
3 FUNCTIONAL DAMAGE  
4 DISABLING DAMAGE  
5 SEVERE  
6 UNKNOWN

**STRIKING VEHICLE OVERRIDE/UNDERRIDE**  
A **1** B **1**

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

SUPPLEMENT 'X' IF YES

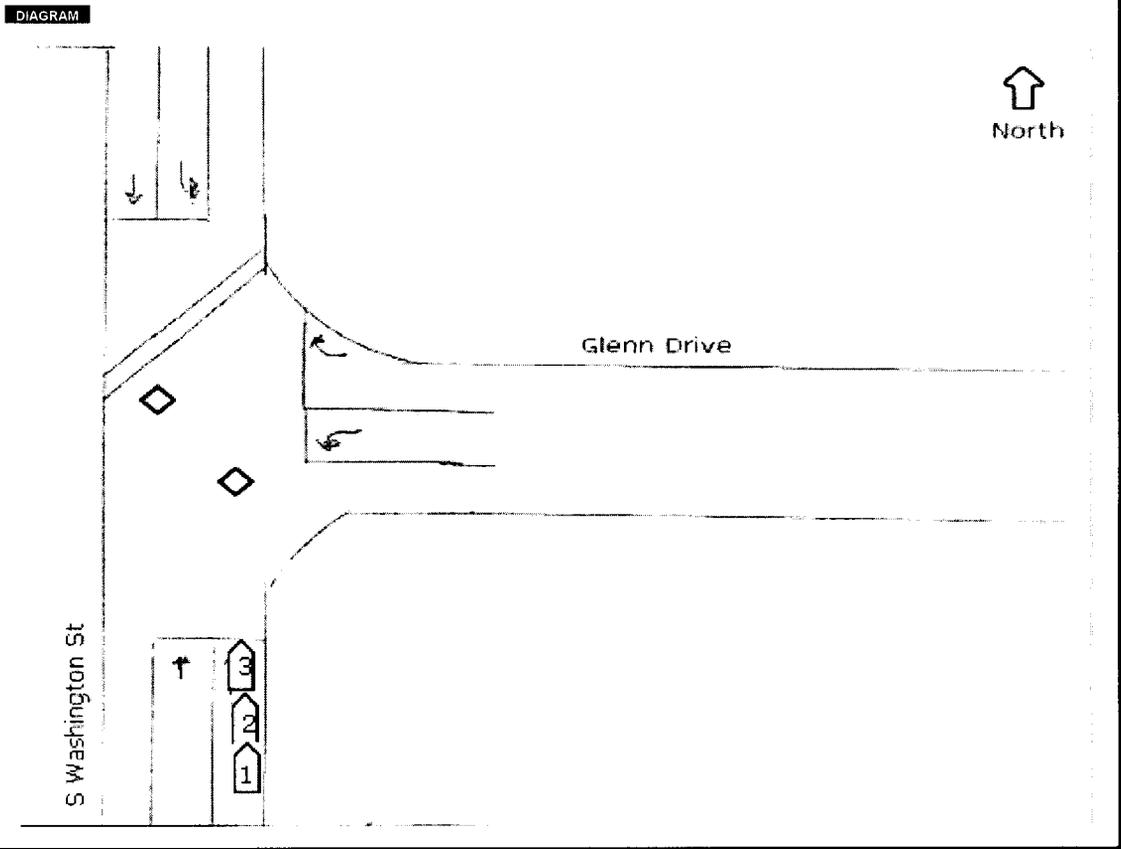
LOCAL REPORT # **10MPD 1794**

<b>UNIT NUMBERS</b> A <input type="text" value="03"/> B <input type="text"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="11"/> B <input type="text"/> <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 <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	<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"/>            2 <input type="text"/>            3 <input type="text"/>            4 <input type="text"/> </td> </tr> </table> <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 RAN AWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION <b>COLLISION W/ PERSON, VEHICLE OR OBJECT NOT LISTED</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 25 COLLISION WITH FIXED OBJECT 26 IMPACT ATTENUATOR/CRASH CUSHION 27 BRIDGE OVERHEAD STRUCTURE 28 BRIDGE PIER OR ABUTMENT 29 BRIDGE PARAPET 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/ILLUMINARIES 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"/> 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"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/> 1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 GIVEN, RESULTS UNKNOWN 6 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"/> 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"/> 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 TRAFFIC WAY) 13 OFFSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN		<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="01"/> B <input type="text"/> <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 IN ERRATIC, RECKLESS, 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 IMROPER ACTION 22 UNKNOWN <b>NON-MOTORIST</b> 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 SIGNALS OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	<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="2"/> <input type="text" value="1"/> </td> <td style="width:50%;">           FROM TO            B <input type="text"/> <input type="text"/> </td> </tr> </table> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN	FROM TO A <input type="text" value="2"/> <input type="text" value="1"/>	FROM TO B <input type="text"/> <input type="text"/>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/> 1 NONE 2 BLOOD 3 URINE 4 OTHER	
FROM TO A <input type="text" value="2"/> <input type="text" value="1"/>	FROM TO B <input type="text"/> <input type="text"/>						
<b>TYPE OF UNIT</b> A <input type="text" value="03"/> B <input type="text"/> <b>MOTORIST</b> 01 SUBCOMPACT 02 COMPACT 03 MID SIZE 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 TRUCK TRACTOR (BOBTAIL) 13 TRACTOR SEMI-TRAILER 14 TRACTOR DOBBLE - SHORT 15 TRACTOR DOBBLE - LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR TRIPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCOOTER/B'S 21 CITY/BIKE 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 NON-MOVABLE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS <b>NON-MOTORIST</b> 35 ANIMAL - W/DEER 36 ANIMAL - W/BIGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER NON MOTORIST (WHEELCHAIR, ETC) 42 UNKNOWN	<b>MOST DAMAGED AREA</b> A <input type="text" value="06"/> B <input type="text"/> 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	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/> 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	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text"/> 1 NONE 2 YES ALCOHOL SUSPECTED 3 YES - IBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN	<b>DRUG TEST 1 &amp; 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"/> <input type="text"/> </td> </tr> </table> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING	1 2 A <input type="text" value="1"/> <input type="text" value="1"/>	1 2 B <input type="text"/> <input type="text"/>
1 2 A <input type="text" value="1"/> <input type="text" value="1"/>	1 2 B <input type="text"/> <input type="text"/>						
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text"/> 1 NO 2 YES 3 UNKNOWN	<b>POINT OF IMPACT</b> A <input type="text" value="06"/> B <input type="text"/> 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	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/> 1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	<b>TYPE OF INTERSECTION</b> A <input type="text" value="03"/> B <input type="text"/> 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	<b>ROAD CONTOUR</b> A <input type="text" value="1"/> B <input type="text"/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN		
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text"/> 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	<b>ACTION</b> A <input type="text" value="4"/> B <input type="text"/> 1 NON-CONTACT 2 NON-COLLISION 3 STRICKEN 4 STRUCK 5 BOTH STRICKING AND STRUCK 6 UNKNOWN	<b>SPEED DETECTED</b> A <input type="text" value="1"/> B <input type="text"/> 1 STATED 2 ESTIMATED	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/> 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND/MUD/DIRT/DILGRAVEL 06 WATER (STANDING/MOVING) 07 SLUSH 08 DERRIS 09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>		
		<b>SPEED</b> A <input type="text" value="0"/> B <input type="text"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>		<input type="checkbox"/> SUPPLEMENT 'X' IF YES	<b>LOCAL REPORT #</b> <b>10MPD 1794</b>	

**NARRATIVE**

UNITS 2 AND 3 WERE STOPPED FACING NORTHBOUND ON S WASHINGTON ST AT A RED TRAFFIC SIGNAL AT THE GLEN DR INTERSECTION. UNIT 1 WAS NORTHBOUND AT APPROXIMATELY 25 MPH AND DID NOT SEE THAT TRAFFIC HAD STOPPED. UNIT 1 STRUCK THE REAR OF UNIT 2, CAUSING IT TO STRIKE THE REAR OF UNIT 3. UNIT 1 RECEIVED SIGNIFICANT DAMAGE, WHILE UNIT 2 RECEIVED LIGHT DAMAGE TO THE REAR AND FRONT, AND UNIT 3 LIGHT DAMAGE ON THE REAR.

<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 SLEET/HAIL (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</b> <b>SECONDARY</b> <b>1</b> <input type="checkbox"/> 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	<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>TRUCK/BUS UNIT #</b> <input type="checkbox"/>	<b>LOC ATION 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>COMPANY (FROM SHIPPING PAPERS)</b> _____	<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN



<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 B 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
---	--	---

**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>
<input type="checkbox"/>							

<b>CARGO BODY TYPE</b> <input type="checkbox"/> 01 NOT APPLICABLE 02 BUS (9-15 INCL. DRIVING) DRIVER 03 VAN/ENCLOSED BOX 04 GRAIN/CHIPS/GRAVEL 05 POLY. 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER	<b>10 AUTO TRANSPORTER</b> 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 1 LESS THAN 10,000 2 10,001 - 26,000 3 MORE THAN 26,000	<b>CDL CLASS</b> <input type="checkbox"/> 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	<b>HAZARDOUS MATERIALS</b> <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN	<b>HAZARDOUS MATERIALS REFERENCE</b> <input type="checkbox"/> 1 NO 2 YES 3 NOT APPLICABLE
---	---	--	--	---	--

<b>DATE CRASH REPORTED</b> 9/7/2010	<b>TIME REC CALL</b> 12:25	<b>DISPATCH</b> 12:25	<b>ARRIVED</b> 12:25	<b>CLEARED</b> 12:52	<b>OTHER</b> 25	<b>TOTAL MINUTES</b> 52
<b>OFFICER'S NAME</b> PTL. JUSTIN ESTILL	<b>BADGE #</b> 113	<b>CHECKED BY</b> _____	<b>DATE REPORT FILED</b> 9/7/2010			
<b>REPORT TAKEN BY</b> <b>1</b> 1 POLICE AGENCY 2 MOTORIST	<b>REPORT TAKEN AT</b> <b>1</b> 1 SCENE 2 STATION 3 OTHER	<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>	<b>LOCAL REPORT #</b> 10MPD 1794			