



TRAFFIC CRASH REPORT -

CRASH REPORT # 10MPD 1795	CRASH SEVERITY 3 1.FATAL ERROR 3.FDO 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> 'X' IF YES	HIT/SKIP 1 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <input type="checkbox"/> 'X' IF YES	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	# UNITS 2	UNIT ERROR 01 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 09/07/2010	

TIME OF CRASH 12:45	DAY OF WEEK TUE	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40331004	LONGITUDE 081550208
-------------------------------	---------------------------	---	---	-----------------------	-----------------------------	-------------------------------

CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX S	CRASH LOCATION CLAY	TYPE LOC 1
AT/REFERENCE		REFERENCE POINT USED
DIST. REF.	DR	PREFIX
REFERENCE ADAMS		REF POINT 02

MOTORIST / NON-MOTORIST

UNIT # 01	# OF OCC 2	NAME (LAST, FIRST, MIDDLE) GINGERICH JOSEPH
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1700 BROAD AVE NW CANTON OH 44708		
SOCIAL SECURITY NUMBER	DATE OF BIRTH 04/23/1921	AGE 89
SEX M	HOME PHONE # (330)456-2587	WORK PHONE #

DL STATE OH	DL # RJ053491	LP STATE OH	LP # JG1700	INJURED TAKEN BY 1 1.NONE 4.OTHER 2.EMS 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') GINGERICH, JOSEPH			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1700 BROAD AVE NW CANTON OH 44708			

YEAR 1993	MAKE FORD	MODEL CROWN VICT	COLOR GREEN	INSURANCE COMPANY STATE FARM	TOWING SERVICE	OWNER PHONE#
OFFENSE CHARGED		OFFENSE DESCRIPTION			CITATION #	LOCAL CODE <input type="checkbox"/> 'X' IF YES

UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) BUCKLEW TAMI L
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3106 SR 83 MILLERSBURG OH 44654		
SOCIAL SECURITY NUMBER	DATE OF BIRTH 12/22/1958	AGE 51
SEX F	HOME PHONE # (330)674-6591	WORK PHONE #

DL STATE OH	DL # RF380428	LP STATE OH	LP # DAS4271	INJURED TAKEN BY 1 1.NONE 4.OTHER 2.EMS 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') BUCKLEW, D KRAIG			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3106 SR 83 MILLERSBURG OH 44654			

YEAR 2004	MAKE HONDA	MODEL CIVIC	COLOR GREEN	INSURANCE COMPANY WESTFIELD	TOWING SERVICE	OWNER PHONE# (330)674-6591
OFFENSE CHARGED		OFFENSE DESCRIPTION			CITATION #	LOCAL CODE <input type="checkbox"/> 'X' IF YES

OCCUPANT

UNIT # 01	NAME (LAST, FIRST, MIDDLE) GINGERICH NEDRA M	HOME PHONE# (330)456-2587	DATE OF BIRTH 08/17/1944	AGE 66	SEX F
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1700 BROAD AVE NW CANTON OH 44708		INJURED TAKEN BY 1 1.NONE 4.OTHER 2.EMS 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO	

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	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
A 01	A 04	A 1	A 1	A 1	A 1	A 1
B 01	B 04	B 1	B 1	B 1	B 1	B 1
C 03	C 04	C 1	C 1	C 1	C 1	C 1
D	D	D	D	D	D	D

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 UNENCLOSED CARGO AREA
13 TRAILING UNIT
14 EXTERIOR
15 OTHER
16 NON-MOTORIST
17 UNKNOWN

MOTORIST
01 NONE USED
02 SHOULDERS 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
NON-MOTORIST
08 NONE USED
09 HELMET USED
10 PROTECTIVE PADS
11 REFLECTIVE CLOTHING
12 LIGHTING
13 OTHER
14 UNKNOWN

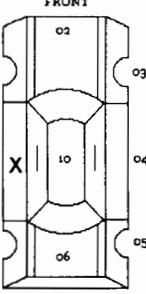
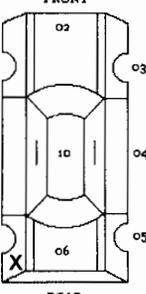
1 NOT-DEPLOYED
2 DEPLOYED - FRONT
3 DEPLOYED - SIDE
4 DEPLOYED BOTH FRONT/SIDE
5 NOT APPLICABLE
6 DEPLOYMENT UNKNOWN

1 ON-OFF SWITCH NOT PRESENT
2 SWITCH IN ON POSITION
3 SWITCH IN OFF POSITION
4 UNKNOWN POSITION

1 NOT EJECTED
2 TOTALLY EJECTED
3 PARTIALLY EJECTED
4 NOT APPLICABLE
5 UNKNOWN

1 NOT TRAPPED
2 EXTRICATED BY MECHANICAL MEANS
3 FREED BY NON-MECHANICAL MEANS
4 UNKNOWN

SUPPLEMENT 'X' IF YES

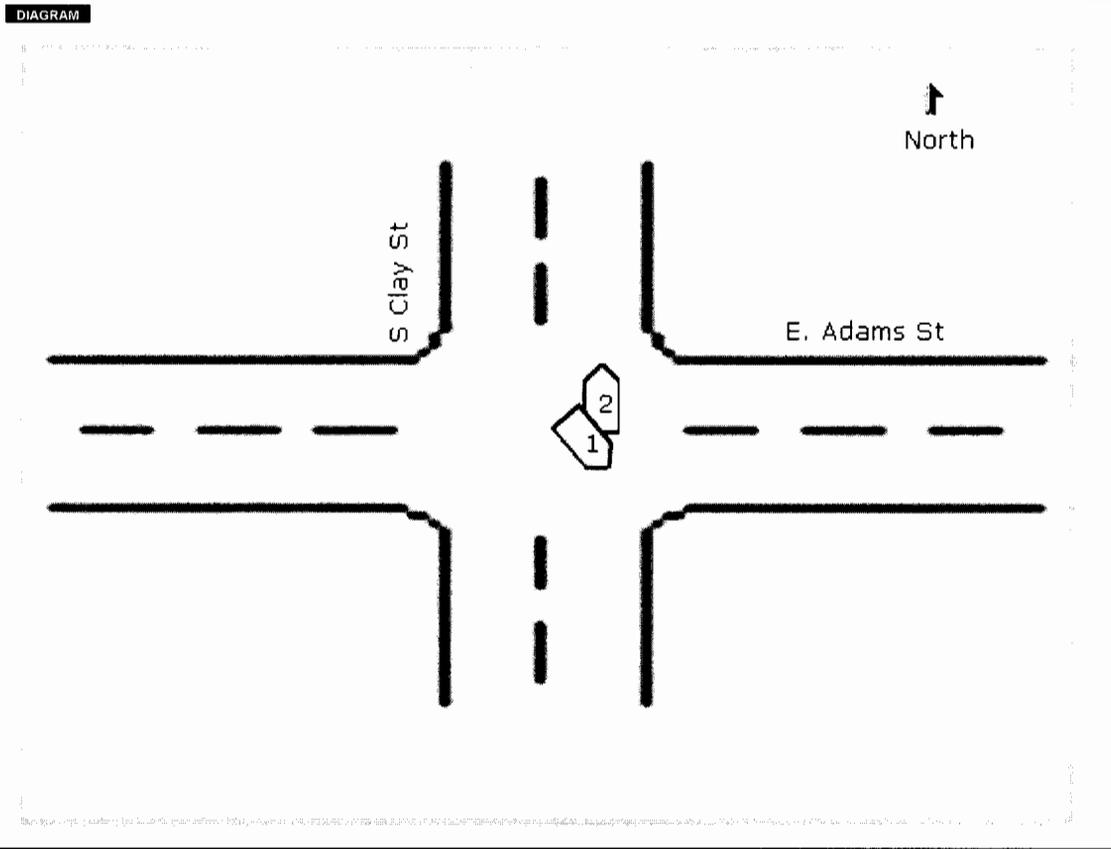
UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA A  B 	PRE-CRASH ACTIONS A <input type="text" value="06"/> B <input type="text" value="11"/> MOTORIST 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING OR STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING OR CROSSING SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING OR LEAVING VEHICLE 20 PLAYING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	SEQUENCE OF EVENTS <table 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 OVERTURN/ROLL OVER 02 FIRE/EXPLOSION 03 IMMERSED 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 WITH 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 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT FIXTURES/SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CLVERT 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	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"/> DIRECTION <table border="1"> <tr> <td>FROM TO</td> <td>FROM TO</td> </tr> <tr> <td>A <input type="text" value="1"/> <input type="text" value="3"/></td> <td>B <input type="text" value="2"/> <input type="text" value="1"/></td> </tr> </table> CONDITION A <input type="text" value="1"/> B <input type="text" value="1"/>	FROM TO	FROM TO	A <input type="text" value="1"/> <input type="text" value="3"/>	B <input type="text" value="2"/> <input type="text" value="1"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="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 <input type="text" value="1"/> B <input type="text" value="1"/> 1 NONE 2 BARBITURATE 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING 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"/> <input type="text" value="1"/></td> <td>B <input type="text" value="1"/> <input type="text" value="1"/></td> </tr> </table>	1	2	1	2	A <input type="text" value="1"/> <input type="text" value="1"/>	B <input type="text" value="1"/> <input type="text" value="1"/>
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"/>																								
FROM TO	FROM TO																								
A <input type="text" value="1"/> <input type="text" value="3"/>	B <input type="text" value="2"/> <input type="text" value="1"/>																								
1	2	1	2																						
A <input type="text" value="1"/> <input type="text" value="1"/>	B <input type="text" value="1"/> <input type="text" value="1"/>																								
NON-MOTORIST LOCATION A <input type="text"/>	MOST DAMAGED AREA A <input type="text" value="08"/> B <input type="text" value="07"/> 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="06"/> 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 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 BEHIND VISIBLE (DARK CLOTHING) 28 INATTENTIVE 29 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER 31 WRONG SIDE OF 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 (1-4)	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NONE 2 YES ALCOHOL SUSPECTED 3 YES - HHD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN	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/ROUNDBOAT 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																				
TYPE OF UNIT A <input type="text" value="04"/> B <input type="text" value="03"/> MOTORIST 01 SEBI-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/DRUMBLE - SHORT 15 TRACTOR/DRUMBLE - LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH 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 W/DRIVER 36 ANIMAL W/BUDDY 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER NON-MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN	POINT OF IMPACT A <input type="text" value="08"/> B <input type="text" value="07"/> 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	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	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 (1-4)	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="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	ROAD CONTOUR <input type="text" value="1"/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN																				
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 NON-CONTACT 2 NON-COLLISION 3 STRUCK 4 STRUCK 5 BOTH STRUCK AND STRUCK 6 UNKNOWN	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	SPEED DETECTED A <input type="text" value="1"/> B <input type="text" value="1"/> 1 STATED 2 ESTIMATED	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NONE 4 BREATH 2 BLOOD 5 OTHER 3 URINE	ROAD CONDITIONS PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/> 0 DRY 02 WET 03 SNOW 04 ICE 05 SAND/MUD/DIRT/OIL/GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS 09 RUT, HOLE, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN																				
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/> 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	STRIKING VEHICLE OVERRIDE/UNDERIDE A <input type="text" value="1"/> B <input type="text" value="1"/> 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	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	SPEED A <input type="text" value="5"/> B <input type="text" value="0"/>	ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/>	LOCAL REPORT # 10MPD 1795																				

 SUPPLEMENT 'X' IF YES

NARRATIVE

UNIT 1 WAS TURNING FROM THE NORTH, TO THE EAST ON E. ADAMS ST. UNIT 2 WAS STOPPED IN TRAFFIC FACING NORTHBOUND. UNIT 1 TURNED TOO SHARPLY, CAUSING CONTACT WITH THE LEFT REAR OF UNIT 2. UNIT 1 RECEIVED DAMAGE TO THE DRIVER'S SIDE, LEFT DOOR. UNIT 2 RECEIVED DAMAGE TO THE LEFT REAR OF THE CAR.

MANNER OF COLLISION OR IMPACT 6 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	SCHOOL BUS RELATED 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER 01 01 CLEAR 02 CLOUDY 03 FOG/SMOG/SMOKE 04 RAIN 05 SLEET/HAIL (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLUING 09 SAND/SOIL/DIRT/SNOW 10 UNKNOWN	WORK ZONE RELATED 1 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS PRIMARY SECONDARY 1 <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	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT OR MOVING WORK 5 OTHER
LOC ATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE THE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	WORKERS PRESENT <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN



TRUCK/BUS UNIT # <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 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
---	--	---

COMPANY (FROM SHIPPING PAPERS)

ADDRESS (STREET, CITY, ST, ZIP CODE)

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

POLICE ACTION

DATE CRASH REPORTED 09/07/2010	TIME REC CALL 13:00	DISPATCH 13:00	ARRIVED 13:04	CLEARED 13:30	OTHER 20	TOTAL MINUTES 50
OFFICER'S NAME PTL. JUSTIN ESTILL	BADGE # 113	CHECKED BY	DATE REPORT FILED 09/07/2010	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST		
REPORT TAKEN AT 1	REPORT TAKEN AT 1	SUPPLEMENT 'X' IF YES <input type="checkbox"/>		LOCAL REPORT # 10MPD 1795		