

TRAFFIC CRASH REPORT



CRASH REPORT # 10MPD 1814	CRASH SEVERITY 3 1.FATAL ERROR 3.PDO 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> IF YES	HIT/SKIP 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <input type="checkbox"/> IF YES	OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <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 9/10/2010

TIME OF CRASH 17:55	DAY OF WEEK FRI	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40320600	LONGITUDE 081554600
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CRASH OCCURRED ON PREFIX CRASH LOCATION PRIVATE PROPERTY	TYPE LOC 1	TYPE LOCATION POINT USED 1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE	LOCAL INFORMATION KILLBUCK SAVINGS BANK SOUTH
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AT REFERENCE DIST. REF. DR PREFIX REFERENCE 001642 WASHINGTON REF POINT 04	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.PLANE NAME WITHOUT REFERENCE	09.DRIVEWAY 10.STREET OR ROUTE WITHOUT REFERENCE
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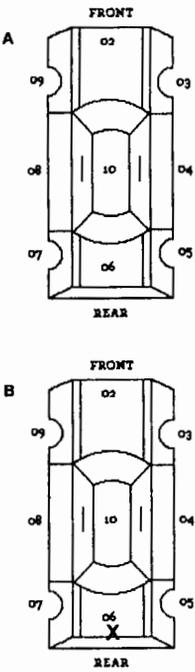
A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) YODER DWIGHT A	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 6844 TR 605 MILLERSBURG OH 44654	SOCIAL SECURITY NUMBER DATE OF BIRTH 11/19/1991 AGE 18 SEX M HOME PHONE # (330)763-1843 WORK PHONE #
DL STATE OH	DL # TS211850	LP STATE OH	LP # PGS7540	INJURED TAKEN BY 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE 1	TRANSPORTED BY INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') YODER, DWIGHT A			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 6844 TR 605 MILLERSBURG OH 44654		
YEAR 2002	MAKE FORD	MODEL F-SERIES PIC	COLOR WHITE	INSURANCE COMPANY WESTERN RESERVE	TOWING SERVICE OWNER PHONE# (330)763-1843
OFFENSE CHARGED OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> IF YES

B	UNIT # 02	# OF OCC 3	NAME (LAST, FIRST, MIDDLE) KEATON LAURA A	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 9029 SR 62 KILLBUCK OH 44637	SOCIAL SECURITY NUMBER DATE OF BIRTH 09/16/1975 AGE 34 SEX F HOME PHONE # (330)763-1899 WORK PHONE #
DL STATE OH	DL # RP096479	LP STATE OH	LP # EMQ5355	INJURED TAKEN BY 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE 1	TRANSPORTED BY INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') KEATON, LAURA A			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 9029 SR 62 KILLBUCK OH 44637		
YEAR 2004	MAKE CHEVROLET	MODEL OTHER	COLOR GREY	INSURANCE COMPANY WAYNE MUTUAL INS	TOWING SERVICE OWNER PHONE# (330)763-1899
OFFENSE CHARGED OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> IF YES

C	UNIT # 02	NAME (LAST, FIRST, MIDDLE) KEATON ANTHONY D	HOME PHONE# (330)763-1899	DATE OF BIRTH 10/31/1996	AGE 13	SEX M
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 9029 SR 62 KILLBUCK OH 44637			INJURED TAKEN BY 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE 1	TRANSPORTED BY	INJURED TAKEN TO	
D	UNIT # 02	NAME (LAST, FIRST, MIDDLE) KEATON HUDSON A	HOME PHONE# (330)763-1899	DATE OF BIRTH 11/20/2004	AGE 5	SEX M
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 9029 SR 62 KILLBUCK OH 44637			INJURED TAKEN BY 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE 1	TRANSPORTED BY	INJURED TAKEN TO	

SEATING POSITION A 01 B 01 C 03 D 05 BLANK FOR WITNFRR	SAFETY EQUIPMENT A 04 B 04 C 04 D 03	AIR BAG A 1 B 1 C 1 D 5	AIR BAG SWITCH A 1 B 1 C 1 D 1	EJECTION A 1 B 1 C 1 D 1	TRAPPED A 1 B 1 C 1 D 1	INJURIES A 1 B 1 C 1 D 1 SUPPLEMENT 'X' IF YES
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MOTORIST / NON-MOTORIST / OCCUPANT

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="02"/> B <input type="text" value="10"/> <p>MOTORIST</p> <ol style="list-style-type: none"> 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>NON-MOTORIST</p> <ol style="list-style-type: none"> 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 style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> A 1 <input type="text" value="21"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/> </td> <td style="width:50%;"> B 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/> </td> </tr> </table> <p>NON-COLLISION</p> <ol style="list-style-type: none"> 01 OVER TURN/ROLLER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/OBJECT/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 FIXED 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 CURBION 27 BRIDGE OVERHEAD STRUCTURE 28 BRIDGE PIER OR ABUTMENT 29 BRIDGE PARAPET 30 BRIDGE RAIL 31 CURB/RAIL FACE 32 GUARDRAIL END 33 MEDIAN BARRIER 34 HIGHWAY TRAFFIC SIGN POST 35 OVERHEAD SIGN POST 36 UTILITY POLE 37 LIGHT/LUMINARIES SUPPORT 38 UTILITY POLE 39 OTHER POST, POLE OR SUPPORT 40 CURB 41 CURB 42 DITCH 43 EMBANKMENT 44 FENCE 45 MAILBOX 46 TREE 47 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC) 48 WORK ZONE MAINTENANCE EQUIPMENT 49 UNKNOWN FIXED OBJECT 40 OTHER 49 UNKNOWN 	A 1 <input type="text" value="21"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	B 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	POSTED SPEED A <input type="text" value="0"/> B <input type="text" value="0"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. NONE GIVEN 2. TEST REFUSED 3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4. TEST GIVEN, RESULTS KNOWN 5. GIVEN, RESULTS UNKNOWN 6. UNKNOWN</p>	
A 1 <input type="text" value="21"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	B 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>							
NON-MOTORIST LOCATION A <input type="text" value=""/> B <input type="text" value=""/> <p>01 MARKED CROSSWALK AT INTERSECTION 02 AT INTERSECTION BUT NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT ON SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (BUT NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN</p>	TYPE OF UNIT A <input type="text" value="07"/> B <input type="text" value="03"/> <p>MOTORIST</p> <ol style="list-style-type: none"> 01 SUBCOMPACT 02 COMPACT 03 MID SIZE 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 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 <p>NON-MOTORIST</p> <ol style="list-style-type: none"> 35 ANIMAL W/RIDER 36 ANIMAL W/DOGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER-NON MOTORIST (WHEELCHAIR, ETC) 42 UNKNOWN 	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="10"/> B <input type="text" value="01"/> <p>MOTORIST</p> <ol style="list-style-type: none"> 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, NEGLECT 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 <p>NON-MOTORIST</p> <ol style="list-style-type: none"> 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 	TRAFFIC CONTROL A <input type="text" value="12"/> B <input type="text" value="12"/> <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/DONT WALK 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16 OTHER 17 NOT REPORTED</p>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. NONE 2. BLOOD 3. URINE 4. OTHER</p>				
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. NO 2. YES 3. UNKNOWN</p>	MOST DAMAGED AREA A <input type="text" value="01"/> B <input type="text" value="06"/> <p>01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN</p>	VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE A <input type="text" value=""/> B <input type="text" value=""/> <p>01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR BLACK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS 12 NO DEFECTS</p>	DIRECTION <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="5"/> </td> <td style="width:50%;"> FROM TO B <input type="text" value=""/> <input type="text" value=""/> </td> </tr> </table> <p>1. NORTH 2. SOUTH 3. EAST 4. WEST 5. NORTHEAST 6. NORTHWEST 7. SOUTHWEST 8. SOUTHEAST 9. UNKNOWN</p>	FROM TO A <input type="text" value="2"/> <input type="text" value="5"/>	FROM TO B <input type="text" value=""/> <input type="text" value=""/>	DRUG TEST 1 & 2 RESULT <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> 1 2 A <input type="text" value="1"/> <input type="text" value="1"/> </td> <td style="width:50%;"> 1 2 B <input type="text" value="1"/> <input type="text" value="1"/> </td> </tr> </table> <p>1. NONE 2. MARIJUANA 3. COCAINE 4. OPIATE 5. AMPHETAMINES 6. PCP 7. OTHER 8. UNKNOWN AT TIME OF REPORTING</p>	1 2 A <input type="text" value="1"/> <input type="text" value="1"/>	1 2 B <input type="text" value="1"/> <input type="text" value="1"/>
FROM TO A <input type="text" value="2"/> <input type="text" value="5"/>	FROM TO B <input type="text" value=""/> <input type="text" value=""/>							
1 2 A <input type="text" value="1"/> <input type="text" value="1"/>	1 2 B <input type="text" value="1"/> <input type="text" value="1"/>							
DAMAGE SCALE A <input type="text" value="1"/> B <input type="text" value="2"/> <p>1. NONE 2. NON-FUNCTIONAL 3. FUNCTIONAL DAMAGE 4. DISABLING DAMAGE 5. SEVERE 6. UNKNOWN</p>	POINT OF IMPACT A <input type="text" value="05"/> B <input type="text" value="06"/> <p>01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN</p>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. NONE 2. YES ALCOHOL SUSPECTED 3. YES - HBD NOT IMPAIRED 4. YES - DRUGS SUSPECTED 5. YES - ALCOHOL AND DRUGS SUSPECTED 6. UNKNOWN</p>	TYPE OF INTERSECTION <input type="text" value="01"/> <p>01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDABOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY 11 RAILWAY GRADE CROSSING 12 SHARED-LINE PATHS OR TRAILS 13 UNKNOWN</p>					
DAMAGE AREA A <input type="text" value="3"/> B <input type="text" value="4"/> <p>1. NON-CONTACT 2. NON-COLLISION 3. STRIKING 4. STRUCK 5. BOTH STRIKING AND STRUCK 6. UNKNOWN</p>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/> <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>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. NONE GIVEN 2. TEST REFUSED 3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4. TEST GIVEN, RESULTS KNOWN 5. TEST GIVEN, RESULTS UNKNOWN 6. UNKNOWN</p>	OCURRENCE <input type="text" value="6"/> <p>1. ON ROADWAY 2. ON SHOULDER 3. IN MEDIAN 4. ON ROADSIDE 5. ON GORE 6. OUTSIDE TRAFFICWAY 7. UNKNOWN</p>					
DAMAGE SCALE A <input type="text" value="1"/> B <input type="text" value="2"/> <p>1. NONE 2. NON-FUNCTIONAL 3. FUNCTIONAL DAMAGE 4. DISABLING DAMAGE 5. SEVERE 6. UNKNOWN</p>	ROAD CONTOUR <input type="text" value="1"/> <p>1. STRAIGHT LEVEL 2. STRAIGHT GRADE 3. CURVE LEVEL 4. CURVE GRADE 5. UNKNOWN</p>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. NONE 2. BLOOD 3. URINE 4. BREATH 5. OTHER</p>	ROAD CONDITIONS <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> PRIMARY <input type="text" value="01"/> </td> <td style="width:50%;"> SECONDARY <input type="text" value=""/> </td> </tr> </table> <p>01 DRY 02 WET 03 SNOW 04 ICE 05 SAND/MUD/DIRT/TOIL/GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN</p>	PRIMARY <input type="text" value="01"/>	SECONDARY <input type="text" value=""/>			
PRIMARY <input type="text" value="01"/>	SECONDARY <input type="text" value=""/>							
LOCAL REPORT # 10MPD 1814		SUPPLEMENT 'X' IF YES <input type="checkbox"/>						

NARRATIVE

UNIT 1 WAS BACKING OUT OF A PARKING SPACE AT THE KILLBUCK SAVINGS BANK SOUTH BRANCH AND UNIT 2 WAS PARKED DIAGONALLY BEHIND UNIT 1. UNIT 1 FAILED TO SEE UNIT 2 AND STRUCK UNIT 2 IN THE REAR CENTER.

<p>MANNER OF COLLISION OR IMPACT</p> <p>1</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>SCHOOL BUS RELATED</p> <p>1</p> <p>1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN</p>	<p style="text-align: center;">DIAGRAM</p>
<p>WEATHER</p> <p>01</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/DIRT/SNOW 09. OTHER 10. UNKNOWN</p>	<p>WORK ZONE RELATED</p> <p>1</p> <p>1. NO 2. YES 3. UNKNOWN</p>	
<p>LIGHT CONDITIONS</p> <p>PRIMARY SECONDARY</p> <p>1 <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. GLARE 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>LOCATION 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 #	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)

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
CARGO BODY TYPE 01. NOT APPLICABLE 02. BUS (9-15 INCLUDING 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) 1. LESS THAN 10,000 2. 10,001 - 26,000 3. MORE THAN 26,000	CDL CLASS 1. CLASS A 2. CLASS B 3. CLASS C 4. CLASS D 5. CLASS E	HAZARDOUS MATERIALS 1. NO 2. YES 3. UNKNOWN	HAZARDOUS MATERIALS RFFI/FARFI 1. NO 2. YES 3. NOT APPLICABLE		

DATE CRASH REPORTED 9/10/2010		TIME REC CALL 17:57	DISPATCH 17:58	ARRIVED 18:08	CLEARED 18:29	OTHER 25	TOTAL MINUTES 56
OFFICER'S NAME PTL. BROOKE A. STROTHER			BADGE # 119	CHECKED BY		DATE REPORT FILED 9/10/2010	
REPORT TAKEN BY 1. POLICE AGENCY 2. MOTORIST		REPORT TAKEN AT 1. SCENE 2. STATION 3. OTHER		<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT # 10MPD 1814	