



TRAFFIC CRASH REPORT

CRASH REPORT # 10MPD 1856	CRASH SEVERITY 2 1.FATAL/ERROR 3.PDO 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> IF YES	HITSKIP 1 1.NOT HITSKIP 2.SOLVED 3.UNSOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> IF YES	OH-2 OH-3 OH-1P OTHER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	# UNITS 4	UNIT ERROR 99 98.ANIMAL 99.UNKNOWN	DATE OF CRASH 9/17/2010	

TIME OF CRASH 12:47	DAY OF WEEK FRI	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40323409	LONGITUDE 081543200
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX PRIVATE PROPERTY	TYPE LOC 1 1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE	S & S MANE ATTRACTION

AT/REFERENCE	REFERENCE POINT USED
DIST. REF. 000180 PARKVIEW DR.	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

UNIT # A 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) ARNOLD MARILYN J.				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 515 CLIFTON ST. GLENMONT OH 44628						
SOCIAL SECURITY NUMBER	DATE OF BIRTH 07/29/1938	AGE 72	SEX F	HOME PHONE # (330)377-4663	WORK PHONE #	
DL STATE OH	DL # RK022740	LP STATE OH	LP # CMD8498	INJURED TAKEN BY 1 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') ARNOLD, MARILYN J.			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 515 CLIFTON ST. GLENMONT OH 44628			
YEAR 2001	MAKE TOYOTA	MODEL CAMRY	COLOR BROWN	INSURANCE COMPANY GRANGE	TOWING SERVICE	OWNER PHONE# (330)377-4663
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> IF YES			

UNIT # B 02	# OF OCC 2	NAME (LAST, FIRST, MIDDLE) UNOCCUPIED PARKED				
ADDRESS (STREET, CITY, STATE, ZIP-CODE)						
SOCIAL SECURITY NUMBER	DATE OF BIRTH / /	AGE	SEX	HOME PHONE #	WORK PHONE #	
DL STATE	DL #	LP STATE OH	LP # FBD5647	INJURED TAKEN BY 1 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') BLAGG, BRITTANY R.			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 42184 CR 19 KILLBUCK OH 44637			
YEAR 1992	MAKE PONTIAC	MODEL BONNEVILLE	COLOR MAROON	INSURANCE COMPANY STATE FARM	TOWING SERVICE	OWNER PHONE# (740)545-9991
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> IF YES			

UNIT # C 02	NAME (LAST, FIRST, MIDDLE) JENKINS JR. REX A.	HOME PHONE# (740)824-4630	DATE OF BIRTH 02/22/2010	AGE 0	SEX M
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 42184 CR 19 KILLBUCK OH 44637			INJURED TAKEN BY 1 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
UNIT # D 02	NAME (LAST, FIRST, MIDDLE) SCOTT CALVIN M.	HOME PHONE# (330)377-4045	DATE OF BIRTH 07/28/2010	AGE 0	SEX M
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 12909 CR 6 KILLBUCK OH 44637			INJURED TAKEN BY 1 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
A 01 01.FRONT - LEFT (MC DRIVER) 02.FRONT - MIDDLE 03.FRONT - RIGHT 04.SECOND - LEFT (MC PASS) 05.SECOND - MIDDLE 06.SECOND - RIGHT 07.THIRD - LEFT (MC PASSENGER/SIDE CAR) 08.THIRD - MIDDLE 09.THIRD - RIGHT 10.SLEEPER SECTION OF CAB 11.ENCLOSED CARGO AREA 12.MENCLASURED CARGO AREA 13.TRAILING UNIT 14.EXTERIOR 15.OTHER 16.NON-MOTORIST 17.UNKNOWN	A 04 01.NON-MOTORIST 02.NONE USED 03.SHOULDER BELT ONLY USED 04.LAP BELT ONLY USED 05.SHOULDER AND LAP BELT 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	A 1 1.NOT-DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT/SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN	A 1 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION	A 1 1.NOT EJECTED 2.TOTALY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN	A 1 1.NOT TRAPPED 2.ENTRAPPED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN	A 1 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT 'X' IF YES



TRAFFIC CRASH REPORT

CRASH REPORT # 10MPD 1856	CRASH SEVERITY 2 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY X X IF YES	HITSKIP 1 1 NOT HITSKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN X X IF YES	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	# UNITS 4	UNIT ERROR 99 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 9/17/2010	

TIME OF CRASH 12:47	DAY OF WEEK FRI	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40323409	LONGITUDE 081543200
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX PRIVATE PROPERTY	TYPE LOC 1 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	S & S MANE ATTRACTION

AT/REFERENCE	REFERENCE POINT USED
DIST. REF. 000180 PARKVIEW DR.	REF POINT 04 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

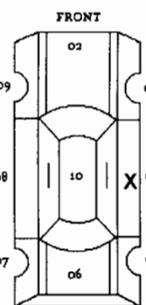
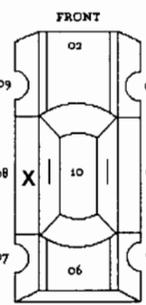
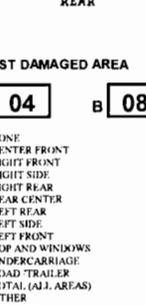
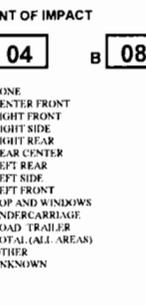
MOTORIST / NON-MOTORIST

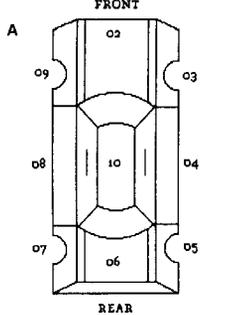
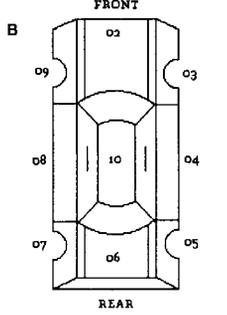
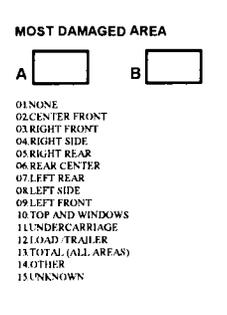
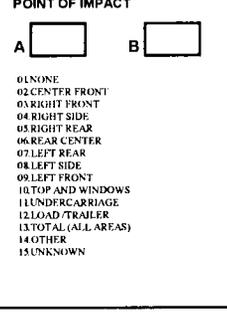
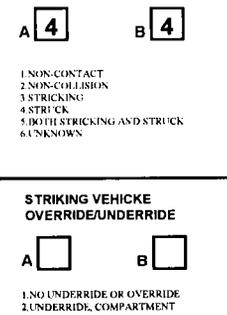
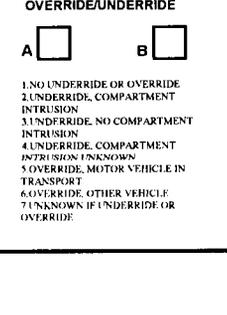
A	UNIT # 03	# OF OCC 0	NAME (LAST, FIRST, MIDDLE) BLAGG BRITTANY R.
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 42184 CR 19 KILLBUCK OH 44637			
SOCIAL SECURITY NUMBER	DATE OF BIRTH 11/12/1990	AGE 19	SEX F
HOME PHONE # (740)545-9991	WORK PHONE #		
DL STATE OH	DL # TM594308	LP STATE	LP #
INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME')		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)	
YEAR 0	MAKE	MODEL	COLOR
INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE#	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> X IF YES

B	UNIT # 04	# OF OCC 0	NAME (LAST, FIRST, MIDDLE) COOL AMBER R. F.
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 42184 CR 19 KILLBUCK OH 44637			
SOCIAL SECURITY NUMBER	DATE OF BIRTH 05/30/1988	AGE 22	SEX F
HOME PHONE # (740)824-4630	WORK PHONE #		
DL STATE	DL #	LP STATE	LP #
INJURED TAKEN BY 2 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY HOLMES FIRE DIST. #1	INJURED TAKEN TO JOEL POMERENE HOSPI
OWNER NAME (IF SAME, WRITE 'SAME')		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)	
YEAR 0	MAKE	MODEL	COLOR
INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE#	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> X IF YES

C	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		
D	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 16 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 SEATER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA BLANK FOR WITNESS 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	A 08 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED 06 HELMET USED 07 RESTRAINT USE UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	A 5 1 NOT-DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	A 1 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	A 1 1 NOT EJECTED 2 PARTIALLY EJECTED 3 FULLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	A 3 1 NOT TRAPPED 2 ENTRAPPED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	A 2 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
<input type="checkbox"/> SUPPLEMENT 'X' IF YES						

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA FRONT 	PRE-CRASH ACTIONS A <input type="text" value="04"/> B <input type="text" value="10"/>	SEQUENCE OF EVENTS A 1 <input type="text" value="21"/> 2 <input type="text" value="14"/> 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=""/>
NON-MOTORIST LOCATION A <input type="text" value=""/> B <input type="text" value=""/>	DAMAGE AREA FRONT 	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="09"/> B <input type="text" value="12"/>	NON-COLLISION 01 OVER TURN 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 IMPACT ATTENUATOR/CRASH CUSHION 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 TOWER/ANIMATED SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 LIGHT FIXTURE 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	TRAFFIC CONTROL A <input type="text" value="01"/> B <input type="text" value="01"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value=""/>
TYPE OF UNIT A <input type="text" value="03"/> B <input type="text" value="04"/>	DAMAGE AREA FRONT 	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text" value=""/> B <input type="text" value=""/>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	DIRECTION FROM TO FROM TO A <input type="text" value="3"/> <input type="text" value="4"/> B <input type="text" value=""/> <input type="text" value=""/>	DRUG TEST 1 & 2 RESULT A <input type="text" value="1"/> <input type="text" value="1"/> B <input type="text" value=""/> <input type="text" value=""/>
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/>	DAMAGE AREA FRONT 	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text" value=""/> B <input type="text" value=""/>	MOST HARMFUL EVENT A <input type="text" value="2"/> B <input type="text" value="1"/>	CONDITION A <input type="text" value="1"/> B <input type="text" value=""/>	TYPE OF INTERSECTION <input type="text" value="01"/>
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/>	ACTION A <input type="text" value="3"/> B <input type="text" value="4"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text" value=""/> B <input type="text" value=""/>	SPEED DETECTED A <input type="text" value="1"/> B <input type="text" value="2"/>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value=""/>	ROAD CONTOUR <input type="text" value="1"/>
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text" value=""/> B <input type="text" value=""/>	SPEED A <input type="text" value="2"/> B <input type="text" value="0"/>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value=""/>	ROAD CONDITIONS PRIMARY <input type="text" value="01"/> SECONDARY <input type="text" value=""/>
SUPPLEMENT 'X' IF YES		LOCAL REPORT # 10MPD 1856			

UNIT NUMBERS A <input type="text" value="03"/> B <input type="text" value="04"/>	DAMAGE AREA FRONT 	PRE-CRASH ACTIONS A <input type="text" value="22"/> B <input type="text" value="21"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>1 <input type="text" value="21"/></td><td>1 <input type="text" value="20"/></td></tr> <tr><td>2 <input type="text"/></td><td>2 <input type="text" value="21"/></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>	A	B	1 <input type="text" value="21"/>	1 <input type="text" value="20"/>	2 <input type="text"/>	2 <input type="text" value="21"/>	3 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	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"/>
A	B														
1 <input type="text" value="21"/>	1 <input type="text" value="20"/>														
2 <input type="text"/>	2 <input type="text" value="21"/>														
3 <input type="text"/>	3 <input type="text"/>														
4 <input type="text"/>	4 <input type="text"/>														
NON-MOTORIST LOCATION A <input type="text"/>	DAMAGE AREA FRONT 	PRE-CRASH ACTIONS A <input type="text"/>	SEQUENCE OF EVENTS SIGN-COLLISION 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 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FINED 14 PEDESTRIAN 15 PEDACYCLE 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 COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CRASH CUSHION 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 LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 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	TRAFFIC CONTROL A <input type="text"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>										
TYPE OF UNIT A <input type="text" value="38"/> B <input type="text" value="38"/>	DAMAGE AREA FRONT 	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="23"/> B <input type="text" value="23"/>	SEQUENCE OF EVENTS 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	TRAFFIC CONTROL A <input type="text" value="01"/> B <input type="text"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>										
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/>	DAMAGE AREA FRONT 	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="23"/> B <input type="text" value="23"/>	SEQUENCE OF EVENTS 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 FOLLOWS 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	TRAFFIC CONTROL A <input type="text" value="1"/> B <input type="text" value="1"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>										
DAMAGE SCALE A <input type="text"/>	DAMAGE AREA FRONT 	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	SEQUENCE OF EVENTS MOTORIST 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORK OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS 12 NO DEFECTS	TRAFFIC CONTROL A <input type="text" value="1"/> B <input type="text" value="1"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>										
DAMAGE SCALE A <input type="text"/>	DAMAGE AREA FRONT 	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	SEQUENCE OF EVENTS MOTORIST 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	TRAFFIC CONTROL A <input type="text" value="1"/> B <input type="text" value="1"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>										

NARRATIVE

UNIT 01 PULLED INTO THE DRIVE FOR S & S MANE ATTRACTION AND GOT BEHIND UNIT 02, WHICH WAS A PARKED CAR. UNIT 02 WAS PARKED IN THE DRIVE, WHICH LEADS TO THE PARKING LOT, TO ALLOW PASSENGERS OUT. UNIT 03 WAS STANDING BENT INTO THE BACK OF UNIT 02 ON THE DRIVER'S SIDE, AND UNIT 04 WAS STANDING BEHIND THE OPENED DOOR.

UNIT 01 STATED THAT BOTH THE FRONT AND REAR DRIVER'S SIDE DOORS WERE OPEN. SHE SAID THAT UNIT 04 CLOSED THE FRONT DRIVER'S SIDE DOOR, AND THEN PUSHED THE REAR DOOR TOWARDS THE CLOSED POSITION A LITTLE. UNIT 01 THOUGHT THAT UNIT 04 DID THAT TO ALLOW HER TO GO AROUND. SHE SAID THAT AS SHE WAS GOING AROUND UNIT 02 SHE HEARD A BANG. SHE SAID SHE ROLLED DOWN HER WINDOW, ASKED WHAT HAPPENED, AND UNIT 04 TOLD UNIT 01 THAT SHE HAD STRUCK HER.

UNIT 03 STATED THAT SHE WAS BENT INTO THE BACK OF THE CAR TO GET THE CHILDREN THAT WERE IN THE BACK OUT. SHE SAID THAT UNIT 04 HAD MOTIONED TO UNIT 01 TO WAIT, BUT UNIT 01 TRIED TO PASS THEM. SHE SAID THAT UNIT 01 STRUCK THE REAR DRIVER'S SIDE DOOR, WHICH CAUSED THE DOOR TO CLOSE ON HER LEGS. SHE SAID THAT UNIT 01 THEN PINNED UNIT 04 AGAINST UNIT 02. SHE SAID THAT SHE AND UNIT 04 COULD NOT MOVE UNTIL UNIT 01 PULLED FORWARD.

<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 SIDESWIP/SAME DIRECTION 8 SIDESWIP 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/ SOIL/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>LOC ATION OF CRASH IN WORK ZONE</p> <p><input type="checkbox"/></p> <p>1 BEFORE THE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA</p>	<p>WORKERS PRESENT</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	

TRUCK/BUS UNIT #	<input type="text"/>	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	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
<input type="checkbox"/>	01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAIN/CHIPS/CRAVEL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

POLICE ACTION						
DATE CRASH REPORTED 9/17/2010	TIME REC CALL 12:49	DISPATCH 12:51	ARRIVED 12:54	CLEARED 13:48	OTHER 6	TOTAL MINUTES 63
OFFICER'S NAME PTL. KEVIN BROWN		BADGE # 108	CHECKED BY		DATE REPORT FILED 9/17/2010	
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 1856		