

OHIO

TRAFFIC CRASH REPORT

Traffic Crash Report

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|-------------------------------------|---|--|--|---|---|
| CRASH REPORT # 10MPD 1858 | CRASH SEVERITY 2 1.FATAL ERROR 3.FDO 2.INJURY 4.UNKNOWN | PRIVATE PROPERTY <input type="checkbox"/> NO IF YES | HITS/SKIP 1 1.NOT HIT/SKIP 2.SOLVED 3.UNSOLVED | PHOTOS TAKEN <input checked="" type="checkbox"/> NO IF YES | OH-2 OH-3 OH-IP OTHER <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| N.C.I.C. # 03801 | REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT | # UNITS 3 | UNIT ERROR 01 98.ANIMAL 99.UNKNOWN | DATE OF CRASH 9/17/2010 | |

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|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|
| TIME OF CRASH 15:58 | DAY OF WEEK FRI | CITY/VILLAGE/TOWNSHIP VILLAGE | NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG | COUNTY # 38 | LATITUDE 40324401 | LONGITUDE 081550203 |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|

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|---|---|----------------------|
| CRASH OCCURRED ON | TYPE LOCATION POINT USED | LOCAL INFORMATION |
| PREFIX S | CRASH LOCATION WASHINGTON ST. | TYPE LOC 1 |
| 1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE | | |

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|--|----------------------|---|---|
| AT/REFERENCE | REFERENCE POINT USED | 05.TOWNSHIP BOUNDARY 06.MILE POST 07.CORPORATION LIMIT 08.PLACE NAME WITHOUT REFERENCE | 09.DRIVEWAY 10.STREET OR ROUTE WITHOUT REFERENCE |
| DIST. REF. | DR | PREFIX | REFERENCE |
| | | S | 000800 WASHINGTON ST. |
| | | | REF POINT 04 |
| 01.STATE LINE 02.INTERSECTION OF TWO STREETS 03.COUNTY LINE 04.HOUSE NUMBER | | | |

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|--|-------------------------|--|--|--|
| A | UNIT # 01 | # OF OCC 1 | NAME (LAST, FIRST, MIDDLE) SCHMIDT ROBERT E. | |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) 11398 TR 254 KILLBUCK OH 44637 | | | | |
| SOCIAL SECURITY NUMBER | | DATE OF BIRTH 12/26/1985 | AGE 24 | SEX M |
| HOME PHONE # (330)440-5536 | | WORK PHONE # | | |
| DL STATE OH | DL # SP109042 | LP STATE OH | LP # EPL5178 | INJURED TAKEN BY 1 1.NONE 4.OTHER 2.EMS 3.UNKNOWN 3.POLICE |
| OWNER NAME (IF SAME, WRITE 'SAME') SCHMIDT, ROBERT E. | | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 11398 TR 254 KILLBUCK OH 44637 | | |
| YEAR 2000 | MAKE DODGE | MODEL OTHER | COLOR RED | INSURANCE COMPANY SAFE AUTO |
| TOWING SERVICE | | OWNER PHONE# (330)440-5536 | | |
| OFFENSE CHARGED 333.03A | | OFFENSE DESCRIPTION ACDA | | CITATION # 10065 |
| | | | | LOCAL CODE <input checked="" type="checkbox"/> NO IF YES |

| | | | | |
|---|-------------------------|---|---|--|
| B | UNIT # 02 | # OF OCC 2 | NAME (LAST, FIRST, MIDDLE) DEAL JR. DONALD L. | |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) 5560 MT. TABOR RD. CHILLICOTHE OH 45601 | | | | |
| SOCIAL SECURITY NUMBER | | DATE OF BIRTH 06/16/1942 | AGE 68 | SEX M |
| HOME PHONE # (740)663-4008 | | WORK PHONE # | | |
| DL STATE OH | DL # RR421777 | LP STATE OH | LP # BZ52FT | INJURED TAKEN BY 1 1.NONE 4.OTHER 2.EMS 3.UNKNOWN 3.POLICE |
| OWNER NAME (IF SAME, WRITE 'SAME') DEAL JR., DONALD L. | | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 5560 MT. TABOR RD. CHILLICOTHE OH 45601 | | |
| YEAR 1999 | MAKE PONTIAC | MODEL BONNEVILLE | COLOR GREY | INSURANCE COMPANY NATIONWIDE |
| TOWING SERVICE | | OWNER PHONE# (740)663-4008 | | |
| OFFENSE CHARGED | | OFFENSE DESCRIPTION | | CITATION # |
| | | | | LOCAL CODE <input type="checkbox"/> NO IF YES |

| | | | | | | | |
|---|---------------------|--|--|-------------------------------------|--|------------------|------------------|
| C | UNIT # 02 | NAME (LAST, FIRST, MIDDLE) DEAL BETTY L. | | HOME PHONE# (740)663-4008 | DATE OF BIRTH 11/17/1942 | AGE 67 | SEX F |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) 5560 MT. TABOR RD. CHILLICOTHE OH 45601 | | | | | INJURED TAKEN BY 1 1.NONE 4.OTHER 2.EMS 3.UNKNOWN 3.POLICE | 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 <input type="checkbox"/> 1.NONE 4.OTHER 2.EMS 3.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 (MC PASS) B 01 04.SECOND - MIDDLE 05.SECOND - RIGHT 07.THIRD - LEFT (MC PASSENGER/SIDE CAR) C 03 08.THIRD - MIDDLE 09.THIRD - RIGHT 10.SLEEPER SECTION OF CAB D 11.ENCLOSED CARGO AREA 12.UNENCLOSED CARGO AREA 13.TRAILING UNIT 14.EXTERIOR 15.OTHER 16.NON-MOTORIST 17.UNKNOWN | A 04 01.NONE USED 02.SHOULDER BELT ONLY USED 03.LAP BELT ONLY USED B 04 04.SHOULDER AND LAP BELT USED 05.CHILD SAFETY SEAT USED C 04 06.HELMET USED 09.RESTRAINT USE UNKNOWN NON-MOTORIST 08.NONE USED 09.HELMET USED 10.PROTECTIVE PADS 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN | A 1 1.NOT-DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT/SIDE B 1 3.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN C 1 D | A 1 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION B 1 C 1 D | A 1 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN B 1 C 1 D | A 1 1.NOT TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN B 1 C 1 D | A 1 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN B 1 C 2 D |
| | | | | | | SUPPLEMENT <input type="checkbox"/> NO IF YES |

MOTORIST / NON-MOTORIST / OCCUPANT

OHIO

TRAFFIC CRASH REPORT



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|-------------------------------------|---|---|--|--|--|
| CRASH REPORT # 10MPD 1858 | CRASH SEVERITY 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN 2 | PRIVATE PROPERTY <input type="checkbox"/> NO <input type="checkbox"/> YES | HITSKIP 1 NOT HITSKIP 2 SOLVED 3 UNSOLVED 1 | PHOTOS TAKEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 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 3 | UNIT ERROR 98 ANIMAL 99 UNKNOWN 01 | DATE OF CRASH 9/17/2010 | |

| | | | | | | |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|
| TIME OF CRASH 15:58 | DAY OF WEEK FRI | CITY/VILLAGE/TOWNSHIP VILLAGE | NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG | COUNTY # 38 | LATITUDE 40324401 | LONGITUDE 081550203 |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|

| | | | | | | | | |
|--------------------|---|----------------------|---|--|--|-------------------|--|--|
| CRASH OCCURRED ON | | | TYPE LOCATION POINT USED | | | LOCAL INFORMATION | | |
| PREFIX S | CRASH LOCATION WASHINGTON ST. | TYPE LOC 1 | 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE | | | | | |

| | | | | | | | |
|--------------|----|----------|------------------------------|----------------------|---|--|---|
| AT/REFERENCE | | | | REFERENCE POINT USED | | | |
| DIST. REF. | DR | PREFIX | REFERENCE | REF POINT | 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME WITHOUT REFERENCE | | 09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE |
| | | S | 000800 WASHINGTON ST. | 04 | | | |

MOTORIST / NON-MOTORIST

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|---|--------------------------|------------------------------------|---|---|--------------------------------------|--|--|
| A | UNIT # 03 | # OF OCC 1 | NAME (LAST, FIRST, MIDDLE) LEIGHTY DANIELLE D. | | | | |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) 321 E. MILLERSBURG ST. NASHVILLE OH 44661 | | | | | | | |
| SOCIAL SECURITY NUMBER | | DATE OF BIRTH 02/16/1985 | AGE 25 | SEX F | HOME PHONE # (330)473-7717 | WORK PHONE # | |
| DL STATE OH | DL # SH627174 | LP STATE OH | LP # DOQ6655 | 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') LEIGHTY, DANIELLE D. | | | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 321 E. MILLERSBURG ST. NASHVILLE OH 44661 | | | | |
| YEAR 1997 | MAKE CHEVROLET | MODEL CAVALIER | COLOR TEAL | INSURANCE COMPANY ALLSTATE | TOWING SERVICE | OWNER PHONE# (330)473-7717 | |
| OFFENSE CHARGED | | OFFENSE DESCRIPTION | | | CITATION # | LOCAL CODE <input type="checkbox"/> YES | |

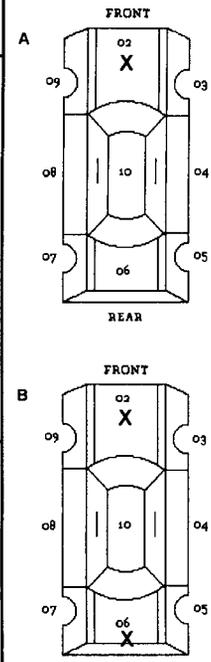
| | | | | | | |
|---|--------|---------------------|---|---|----------------|--|
| B | UNIT # | # OF OCC | NAME (LAST, FIRST, MIDDLE) | | | |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) | | | | | | |
| SOCIAL SECURITY NUMBER | | DATE OF BIRTH | AGE | SEX | HOME PHONE # | WORK PHONE # |
| DL STATE | DL # | LP STATE | LP # | INJURED TAKEN BY 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 | MAKE | MODEL | COLOR | INSURANCE COMPANY | TOWING SERVICE | OWNER PHONE# |
| OFFENSE CHARGED | | OFFENSE DESCRIPTION | | | CITATION # | LOCAL CODE <input type="checkbox"/> YES |

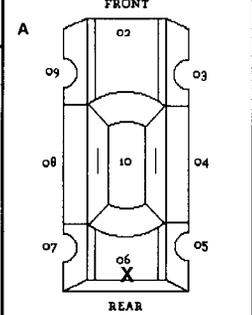
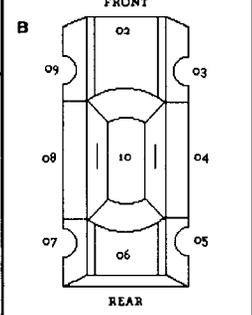
OCCUPANT

| | | | | | | | | |
|---|--------|----------------------------|--|---|----------------|------------------|-----|-----|
| C | UNIT # | NAME (LAST, FIRST, MIDDLE) | | | HOME PHONE# | DATE OF BIRTH | AGE | SEX |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) | | | | INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE | 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 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE | TRANSPORTED BY | INJURED TAKEN TO | | |

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|--|---|---|--|--|---|--|
| SEATING POSITION A <input checked="" type="checkbox"/> 01 B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> BLANK FOR WITNESS | SAFETY EQUIPMENT A <input checked="" type="checkbox"/> 04 B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> | AIR BAG A <input checked="" type="checkbox"/> 1 B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> | AIR BAG SWITCH A <input checked="" type="checkbox"/> 1 B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> | EJECTION A <input checked="" type="checkbox"/> 1 B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> | TRAPPED A <input checked="" type="checkbox"/> 1 B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> | INJURIES A <input checked="" type="checkbox"/> 1 B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
|--|---|---|--|--|---|--|

SUPPLEMENT 'X' IF YES

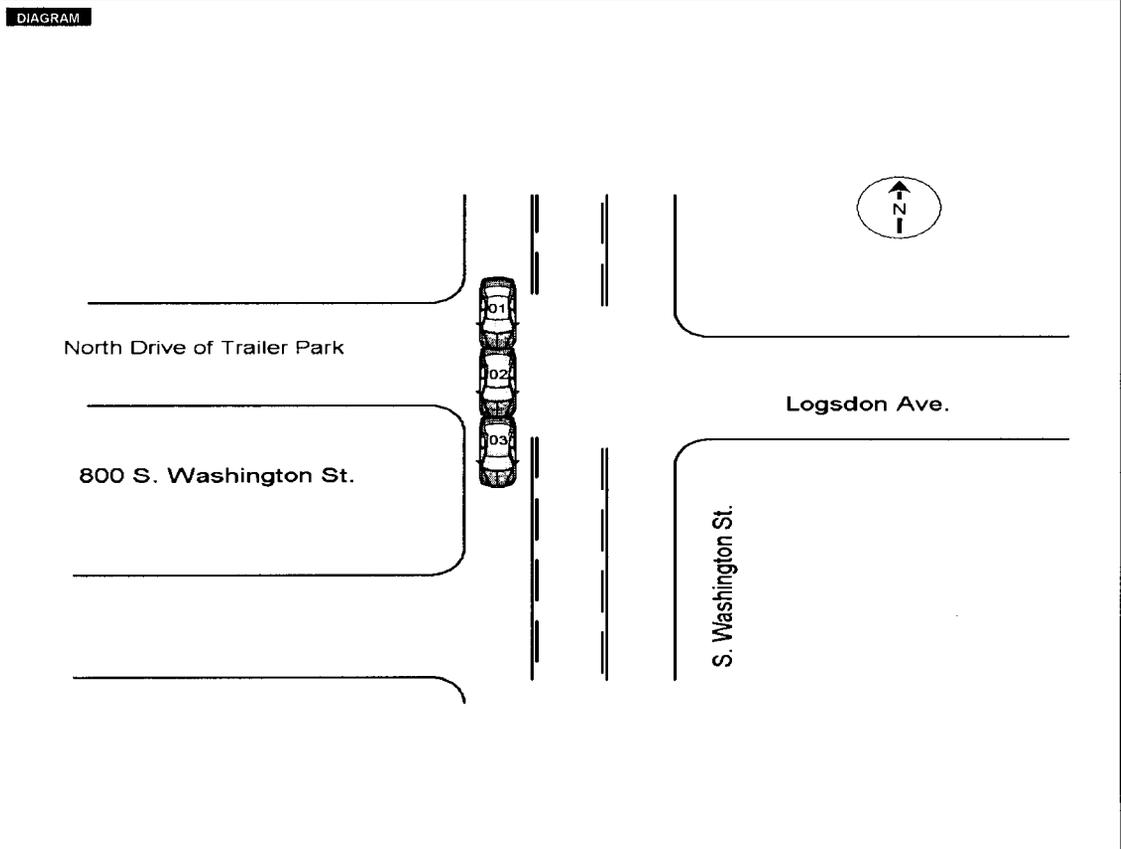
| | | | | | | | |
|---|--|--|---|--|---|--|--|
| UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/> | DAMAGE AREA  | PRE-CRASH ACTIONS A <input type="text" value="01"/> B <input type="text" value="11"/> <p>MOTORIST</p> <ol style="list-style-type: none"> 01 MOVEMENTS ESSENTIALLY 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 15 NON-MOTORIST 16 ENTERING OR CROSSING SPECIFIED LOCATION 17 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 18 WORKING 19 PUSHING VEHICLE 20 APPROACHING OR LEAVING VEHICLE 21 PLAYING OR WORKING ON VEHICLE 22 STANDING 23 OTHER 24 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="20"/> 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="20"/> 3 <input type="text" value=""/> 4 <input type="text" value=""/> </td> </tr> </table> <p>NON-COLLISION</p> <ol style="list-style-type: none"> 01 VERTURE/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 FIXED 15 PEDESTRIAN 16 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 17 ANIMAL - FARM 18 ANIMAL - DIER 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/ILLUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 39 CURB 40 DITCH 41 EMBARKMENT 42 CONC 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" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/> | B 1 <input type="text" value="20"/> 2 <input type="text" value="20"/> 3 <input type="text" value=""/> 4 <input type="text" value=""/> | POSTED SPEED A <input type="text" value="35"/> B <input type="text" value="35"/> | DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> 1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN |
| A 1 <input type="text" value="20"/> 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="20"/> 3 <input type="text" value=""/> 4 <input type="text" value=""/> | | | | | | |
| NON-MOTORIST LOCATION A <input type="text" value=""/> B <input type="text" value=""/> <ol style="list-style-type: none"> 01 MARKED CROSSWALK AT INTERSECTION 02 AT INTERSECTION BUT NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT ON SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (BUT NOT ON SHOULDER, MEDIAN, SIDEWALK OR ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 BOTH SIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN | TYPE OF UNIT A <input type="text" value="03"/> B <input type="text" value="04"/> <p>MOTORIST</p> <ol style="list-style-type: none"> 01 SUBCOMPACT 02 COMPACT 03 MID SIZED 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL VAN 09 SINGLE UNIT TRUCK, 2 AXLES, 4 TIRES 10 SINGLE UNIT TRUCK, 3 OR MORE AXLES 11 TRUCK TRAILER 12 TRUCK TRACTOR (BOBTAIL) 13 TRACTOR SEMITRAILER 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 CHILD 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 OTHER <p>NON-MOTORIST</p> <ol style="list-style-type: none"> 35 ANIMAL WRIDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER-NON MOTORIST (WHEELCHAIR, ETC) 42 UNKNOWN | CONTRIBUTING CIRCUMSTANCES A <input type="text" value="08"/> 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, 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 <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"/> <ol style="list-style-type: none"> 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/DON'T WALK 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16 OTHER 17 NOT REPORTED | DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> 1 NONE 2 BLOOD 3 URINE 4 OTHER | | | |
| POINT OF IMPACT A <input type="text" value="02"/> B <input type="text" value="06"/> <ol style="list-style-type: none"> 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 '9' SELECTED ABOVE A <input type="text" value=""/> B <input type="text" value=""/> <ol style="list-style-type: none"> 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 | ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> 1 NONE 2 YES ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN | DRUG TEST 1 & 2 RESULT <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> 1 <input type="text" value="1"/> 2 <input type="text" value="1"/> </td> <td style="width:50%;"> 1 <input type="text" value="1"/> 2 <input type="text" value="1"/> </td> </tr> </table> <ol style="list-style-type: none"> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING | 1 <input type="text" value="1"/> 2 <input type="text" value="1"/> | 1 <input type="text" value="1"/> 2 <input type="text" value="1"/> | | |
| 1 <input type="text" value="1"/> 2 <input type="text" value="1"/> | 1 <input type="text" value="1"/> 2 <input type="text" value="1"/> | | | | | | |
| IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> 1 NO 2 YES 3 UNKNOWN | ACTION A <input type="text" value="3"/> B <input type="text" value="5"/> <ol style="list-style-type: none"> 1 NON-CONTACT 2 NON-COLLISION 3 STRICKING 4 STRUCK 5 BOTH STRICKING AND STRUCK 6 UNKNOWN | MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> 1 STATED 2 ESTIMATED | ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> 1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN | | | | |
| DAMAGE SCALE A <input type="text" value="4"/> B <input type="text" value="2"/> <ol style="list-style-type: none"> 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN | STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> 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 | SPEED DETECTED A <input type="text" value="2"/> B <input type="text" value="1"/> | ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> 1 NONE 4 BREATH 2 BLOOD 3 URINE 5 OTHER | | | | |
| TYPE OF INTERSECTION <input type="text" value="10"/> <ol style="list-style-type: none"> 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 | ROAD CONTOUR <input type="text" value="1"/> <ol style="list-style-type: none"> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN | SPEED A <input type="text" value="30"/> B <input type="text" value="0"/> | ALCOHOL TEST RESULT A <input type="text" value=""/> B <input type="text" value=""/> | | | | |
| <input type="checkbox"/> SUPPLEMENT 'X' IF YES | | LOCAL REPORT # 10MPD 1858 | | | | | |

| | | | | | | | | | | | | | | | |
|---|---|---|--|--|--|-----------------------------------|------------------------|------------------------|------------------------|----------------------------------|--------------------------------|------------------------|------------------------|---|--|
| UNIT NUMBERS A <input type="text" value="03"/> B <input type="text"/> | DAMAGE AREA  | PRE-CRASH ACTIONS A <input type="text" value="11"/> B <input type="text"/> | 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"/></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> | A | B | 1 <input type="text" value="20"/> | 1 <input type="text"/> | 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="35"/> B <input type="text"/> | DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text"/> |
| A | B | | | | | | | | | | | | | | |
| 1 <input type="text" value="20"/> | 1 <input type="text"/> | | | | | | | | | | | | | | |
| 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-MOTORIST LOCATION A <input type="text"/> B <input type="text"/> |  | MOTORIST 01 MOVEMENTS ESSENTIALLY STRAIGHT 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 | 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 OF 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 FIXED 14 PEDESTRIAN 15 PEDICYCLE 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 PAVEMENT 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/VERT 39 CURB 40 DITCH 41 EMBANKMENT 42 DITCH 43 MAIL BOX 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="12"/> B <input type="text"/> | DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text"/> | | | | | | | | | | |
| TYPE OF UNIT A <input type="text" value="03"/> B <input type="text"/> | MOST DAMAGED AREA A <input type="text" value="06"/> B <input type="text"/> | CONTRIBUTING CIRCUMSTANCES <input type="text" value="01"/> B <input type="text"/> | DIRECTION FROM TO FROM TO A <input type="text" value="1"/> <input type="text" value="2"/> B <input type="text"/> <input type="text"/> | CONDITION A <input type="text" value="1"/> B <input type="text"/> | 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"/></td><td><input type="text" value="1"/></td><td>B <input type="text"/></td><td><input type="text"/></td></tr> </table> | 1 | 2 | 1 | 2 | A <input type="text" value="1"/> | <input type="text" value="1"/> | B <input type="text"/> | <input type="text"/> | | |
| 1 | 2 | 1 | 2 | | | | | | | | | | | | |
| A <input type="text" value="1"/> | <input type="text" value="1"/> | B <input type="text"/> | <input type="text"/> | | | | | | | | | | | | |
| IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text"/> | POINT OF IMPACT A <input type="text" value="06"/> B <input type="text"/> | VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> | FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text"/> | ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text"/> | TYPE OF INTERSECTION <input type="text" value="10"/> | | | | | | | | | | |
| DAMAGE SCALE A <input type="text" value="2"/> B <input type="text"/> | ACTION A <input type="text" value="4"/> B <input type="text"/> | VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> | MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text"/> | ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text"/> | OCURRENCE <input type="text" value="1"/> | | | | | | | | | | |
| DAMAGE SCALE A <input type="text" value="2"/> B <input type="text"/> | STRIKING VEHICLE OVERRIDE/UNDERIDE A <input type="text" value="1"/> B <input type="text"/> | VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> | SPEED DETECTED A <input type="text" value="1"/> B <input type="text"/> | ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text"/> | ROAD CONTOUR <input type="text" value="1"/> | | | | | | | | | | |
| DAMAGE SCALE A <input type="text" value="2"/> B <input type="text"/> | STRIKING VEHICLE OVERRIDE/UNDERIDE A <input type="text" value="1"/> B <input type="text"/> | VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> | SPEED A <input type="text" value="0"/> B <input type="text"/> | ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/> | ROAD CONDITIONS PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/> | | | | | | | | | | |
| <input type="checkbox"/> SUPPLEMENT 'X' IF YES | | | | LOCAL REPORT # 10MPD 1858 | | | | | | | | | | | |

NARRATIVE

UNIT 02 AND UNIT 03 WERE STOPPED IN TRAFFIC ON S. WASHINGTON ST. AT THE NORTH DRIVE FOR 800 S. WASHINGTON ST. UNIT 01 WAS TRAVELING SOUTHBOUND ON S. WASHINGTON ST. AND FAILED TO MAINTAIN AN ASSURED CLEAR DISTANCE FROM UNIT 02. AS A RESULT UNIT 01 STRUCK UNIT 02 IN THE REAR FORCING UNIT 02 INTO THE REAR OF UNIT 03.

| | |
|---|---|
| MANNER OF COLLISION OR IMPACT 2 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. BLOWING SAND/SOIL/DIRT/SNOW 09. OTHER 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="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 HR'S 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 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) <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 9/17/2010 | TIME REC CALL 16:01 | DISPATCH 16:02 | ARRIVED 16:08 | CLEARED 16:41 | OTHER 0 | TOTAL MINUTES 39 |
| OFFICER'S NAME PTL. KEVIN BROWN | | BADGE # 108 | CHECKED BY | DATE REPORT FILED 9/17/2010 | | |
| REPORT TAKEN BY 1 1. POLICE AGENCY 2. MOTORIST | REPORT TAKEN AT 1 1. SCENE 2. STATION 3. OTHER | SUPPLEMENT 'X' IF YES <input type="checkbox"/> | | LOCAL REPORT # 10MPD 1858 | | |