



TRAFFIC CRASH REPORT

CRASH REPORT # 10MPD 1860	CRASH SEVERITY 3 1.FATAL ERROR 3.PDO 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"/> 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 9A.NISMAI 99.UNKNOWN	DATE OF CRASH 9/17/2010	

TIME OF CRASH 17:53	DAY OF WEEK FRI	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40331408	LONGITUDE 081545303
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX E	CRASH LOCATION JACKSON ST.	TYPE LOC 1

DIST. REF. 59 F	DR E	PREFIX N	REFERENCE CRAWFORD ST.	REF POINT 02	REFERENCE POINT USED 01.STATE LINE 02.INTERSECTION OF TWO STREETS 03.COUNTY LINE 04.HOUSE NUMBER 05.TOWNSHIP BOUNDARY 06.MILE POST 07.CORPORATION LIMIT 08.PLACE NAME WITHOUT REFERENCE 09.DRIVEWAY 10.STREET OR ROUTE WITHOUT REFERENCE
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MOTORIST / NON-MOTORIST

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) LAPP SERENA E.	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7625 TR 508 LAKEVILLE OH 44638		
SOCIAL SECURITY NUMBER	DATE OF BIRTH 02/03/1993	AGE 17	SEX F	HOME PHONE # (330)496-2335	WORK PHONE #	
DL STATE OH	DL # TM594886	LP STATE OH	LP # ETP6820	INJURED TAKEN BY 1 1.NONE 4.OTHER 2.FMS 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') LAPP, MAHLON J.			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7625 TR 508 LAKEVILLE OH 44638			
YEAR 1994	MAKE HONDA	MODEL ACCORD	COLOR BLUE	INSURANCE COMPANY MENNONITE MOTOR	TOWING SERVICE	OWNER PHONE# (330)496-2335
OFFENSE CHARGED 4511.21A	OFFENSE DESCRIPTION ASSURED CLEAR DISTANCE AHEAD				CITATION # 10066	LOCAL CODE <input type="checkbox"/> YES

B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) MILLER LARRY G.	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1674 SR 89 JEROMESVILLE OH 44840		
SOCIAL SECURITY NUMBER	DATE OF BIRTH 09/23/1942	AGE 67	SEX M	HOME PHONE # (419)564-4586	WORK PHONE #	
DL STATE OH	DL # RS659645	LP STATE OH	LP # PDT2357	INJURED TAKEN BY 1 1.NONE 4.OTHER 2.FMS 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') J & L CONSTRUCTION			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1667 SR 89 JEROMESVILLE OH 44840			
YEAR 2003	MAKE DODGE	MODEL OTHER TRUC	COLOR BLUE	INSURANCE COMPANY UNION INSURANCE	TOWING SERVICE	OWNER PHONE#
OFFENSE CHARGED	OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> YES

OCCUPANT

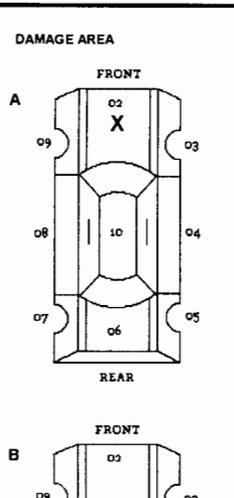
C	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE#	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			INJURED TAKEN BY <input type="checkbox"/> 1.NONE 4.OTHER 2.FMS 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO	
D	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE#	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			INJURED TAKEN BY <input type="checkbox"/> 1.NONE 4.OTHER 2.FMS 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO	

SEATING POSITION A 01 01.FRONT - LEFT (MC DRIVER) 02.FRONT - MIDDLE 03.FRONT - RIGHT 04.SECOND - LEFT (MC PASS) B 01 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	SAFETY EQUIPMENT A 04 01.NONE USED 02.HIGH/LDER BELT ONLY USED B 04 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	AIR BAG A 1 1.NOT DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT/SIDE B 1 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN	AIR BAG SWITCH A 1 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION	EJECTION A 1 1.NOT EJECTED 2.TOTALY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN	TRAPPED A 1 1.NOT TRAPPED 2.ENTRAPPED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN	INJURIES A 1 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING B 1 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN
<input type="checkbox"/> SUPPLEMENT 'X' IF YES						

UNIT NUMBERS
 A B

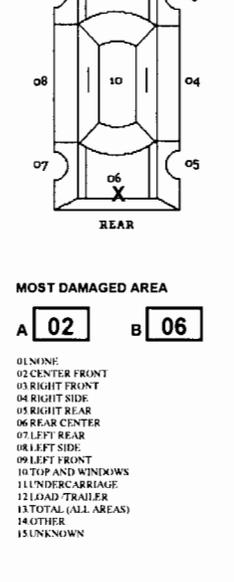
NON-MOTORIST LOCATION
 A B

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 OTHER SIDE TRAFFICWAY
 14 MARKED USE PATHS OR TRAILS
 15 UNKNOWN



TYPE OF UNIT
 A B

MOTORIST
 01 SUB-COMPACT
 02 COMPACT
 03 MID-SIZED
 04 FULL-SIZE
 05 MINIVAN
 06 SPORT UTILITY VEHICLE
 07 PICKUP
 08 PANELVAN
 09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES
 10 SINGLE UNIT TRUCK, 3 OR MORE AXLES
 11 TRUCK/TRAILER
 12 TRUCK TRACTOR (BOBTAIL)
 13 TRACTOR/SEMI-TRAILER
 14 TRACTOR/DOUBLE-SHORT
 15 TRACTOR/DOUBLE-LONG
 16 FIFTY WHEEL OR CONVERTER DOLLY
 17 TRACTOR/TRIPLES
 18 MOTORCYCLE
 19 MOTORIZED BICYCLE
 20 SCHOOL BUS
 21 CURRIC BUS
 22 PUBLIC BUS
 23 OTHER BUS
 24 POLICE VEHICLE
 25 FIRE TRUCK
 26 AMBULANCE/RESCUE
 27 TAXI
 28 MOTOR HOME
 29 TRAILER
 30 FARM VEHICLE
 31 FARM EQUIPMENT
 32 SNOWMOBILE
 33 CONSTRUCTION EQUIPMENT
 34 ALL OTHERS
 35 NON-MOTORIST
 36 ANIMAL WRIDER
 37 ANIMAL W/BUGGY
 38 BICYCLE
 39 PEDESTRIAN
 40 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)
 41 SKATER
 42 OTHER-NON-MOTORIST (WHEELCHAIR, ETC.)
 43 UNKNOWN



POINT OF IMPACT
 A B

01 NONE
 02 CENTER FRONT
 03 RIGHT FRONT
 04 RIGHT SIDE
 05 RIGHT REAR
 06 REAR CENTER
 07 LEFT REAR
 08 LEFT SIDE
 09 LEFT FRONT
 10 TOP AND WINDOWS
 11 UNDERCARRIAGE
 12 LOAD TRAILER
 13 TOTAL (ALL AREAS)
 14 OTHER
 15 UNKNOWN

ACTION
 A B

1 NONE-CONTACT
 2 NON-COLLISION
 3 STRICKING
 4 STRUCK
 5 BOTH STRICKING AND STRUCK
 6 UNKNOWN

IN EMERGENCY RESPONSE
 A B

1 NO
 2 YES
 3 UNKNOWN

**STRIKING VEHICLE
 OVERRIDE/UNDERRIDE**
 A B

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

DAMAGE SCALE
 A B

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

**VEHICLE DEFECT
 CODE ONLY IF '18'
 SELECTED ABOVE**
 A B

01 TURN SIGNALS
 02 HEAD LAMPS
 03 TAIL LAMPS
 04 BRAKES
 05 STEERING
 06 TIRE BLOWOUT
 07 WORN OR SLICK TIRES
 08 TRAILER EQUIPMENT DEFECTIVE
 09 MOTOR TROUBLE
 10 DISABLED FROM PRIOR ACCIDENT
 11 OTHER DEFECTS
 12 NO DEFECTS

PRE-CRASH ACTIONS
 A B

MOTORIST
 01 MOVEMENTS ESSENTIALLY STRAIGHT
 02 BACKING
 03 CHANGING LANES
 04 OVERTAKING/PASSING
 05 TURNING LEFT
 06 TURNING RIGHT
 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 UNKNOWN

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

CONTRIBUTING CIRCUMSTANCES
 A B

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 (D/F/R) 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
 23 NON-MOTORIST
 24 IMPROPER CROSSING
 25 DARTING
 26 LYING AND/OR ILLEGALLY IN ROADWAY
 27 FAILURE TO YIELD RIGHT OF WAY
 28 NOT VISIBLE (DARK CLOTHING)
 29 INATTENTIVE
 30 FAILURE TO OBEY TRAFFIC SIGNALS, SIGNALS OR OFFICER
 31 WRONG SIDE OF THE ROAD
 32 OTHER
 33 UNKNOWN

FIRST HARMFUL EVENT
 A B

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

MOST HARMFUL EVENT
 A B

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

SPEED DETECTED
 A B

1 STATED
 2 ESTIMATED

SPEED
 A
 B

SEQUENCE OF EVENTS

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"/>

NON-COLLISION
 01 OVERTURN ROLL-OVER
 02 FIRE/EXPLOSION
 03 IMMERSION
 04 JACKKNIFE
 05 CARGO EQUIPMENT LOSS OR SHIFT
 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.)
 07 SEPARATION OF UNITS
 08 RAN OF ROAD RIGHT
 09 RAN OFF ROAD LEFT
 10 CROSS MEDIAN CENTERLINE
 11 DOWNHILL RANAWAY
 12 OTHER NON-COLLISION
 13 UNKNOWN NON-COLLISION
 14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FINED
 15 PEDESTRIAN
 16 RAILWAY VEHICLE (F-G TRAIN, ENGINE)
 17 ANIMAL - FARM
 18 ANIMAL - DEER
 19 ANIMAL - OTHER
 20 MOTOR VEHICLE IN TRANSPORT
 21 PARKED MOTOR VEHICLE
 22 WORK ZONE MAINTENANCE EQUIPMENT
 23 OTHER MOVABLE OBJECT
 24 UNKNOWN MOVABLE OBJECT
 25 COLLISION WITH FIXED OBJECT
 26 IMPACT ATTENUATOR/CRASH CUSHION
 27 BRIDGE OVERHEAD STRUCTURE
 28 BRIDGE PIER OR ABUTMENT
 29 BRIDGE PARAPET
 30 BRIDGE RAIL
 31 GUARDRAIL FACE
 32 GUARDRAIL END
 33 MEDIAN BARRIER
 34 HIGHWAY TRAFFIC SIGN POST
 35 OVERHEAD SIGN POST
 36 LIGHT/ILLUMINARIES SUPPORT
 37 OTHER POST, POLE OR SUPPORT
 38 CURB VERT
 39 CURB
 40 DITCH
 41 EMBANKMENT
 42 FENCE
 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

POSTED SPEED
 A B

TRAFFIC CONTROL
 A B

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

DIRECTION
 FROM TO FROM TO
 A B

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

CONDITION
 A B

1 APPARENTLY NORMAL
 2 PHYSICAL IMPAIRMENT
 3 EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)
 4 ILLNESS
 5 FELT ASLEEP, FAINTED, FATIGUED, ETC.
 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
 7 OTHER
 8 UNKNOWN

ALCOHOL/DRUG SUSPECTED
 A B

1 NONE
 2 YES ALCOHOL SUSPECTED
 3 YES - HDD NOT IMPAIRED
 4 YES - DRUGS SUSPECTED
 5 YES - ALCOHOL AND DRUGS SUSPECTED
 6 UNKNOWN

ALCOHOL TEST STATUS
 A B

1 NONE GIVEN
 2 TEST REFUSED
 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
 4 TEST GIVEN, RESULTS KNOWN
 5 TEST GIVEN, RESULTS UNKNOWN
 6 UNKNOWN

ALCOHOL TEST TYPE
 A B

1 NONE
 4 BREATH
 2 BLOOD
 3 URINE
 5 OTHER

ALCOHOL TEST RESULT
 A
 B

DRUG TEST STATUS
 A B

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 B

1 NONE
 2 BLOOD
 3 URINE
 4 OTHER

DRUG TEST 1 & 2 RESULT
 A B

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

TYPE OF INTERSECTION

01 NOT AN INTERSECTION
 02 FOUR-WAY INTERSECTION
 03 T-INTERSECTION
 04 Y-INTERSECTION
 05 TRAFFIC CIRCLE/ROUNDBOULT
 06 FIVE-POINT, OR MORE
 07 ON RAMP
 08 OFF RAMP
 09 CROSSOVER
 10 DRIVEWAY
 11 RAILWAY GRADE CROSSING
 12 SHARED-USE PATHS OR TRAILS
 13 UNKNOWN

OCURRENCE

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

ROAD CONTOUR

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

ROAD CONDITIONS
 PRIMARY SECONDARY

01 DRY
 02 WET
 03 SNOW
 04 ICE
 05 SAND/MUD/DIRT/OIL/GRAVEL
 06 WATER (STANDING, MOVING)
 07 SLUSH
 08 DEBRIS
 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT
 10 OTHER
 11 UNKNOWN

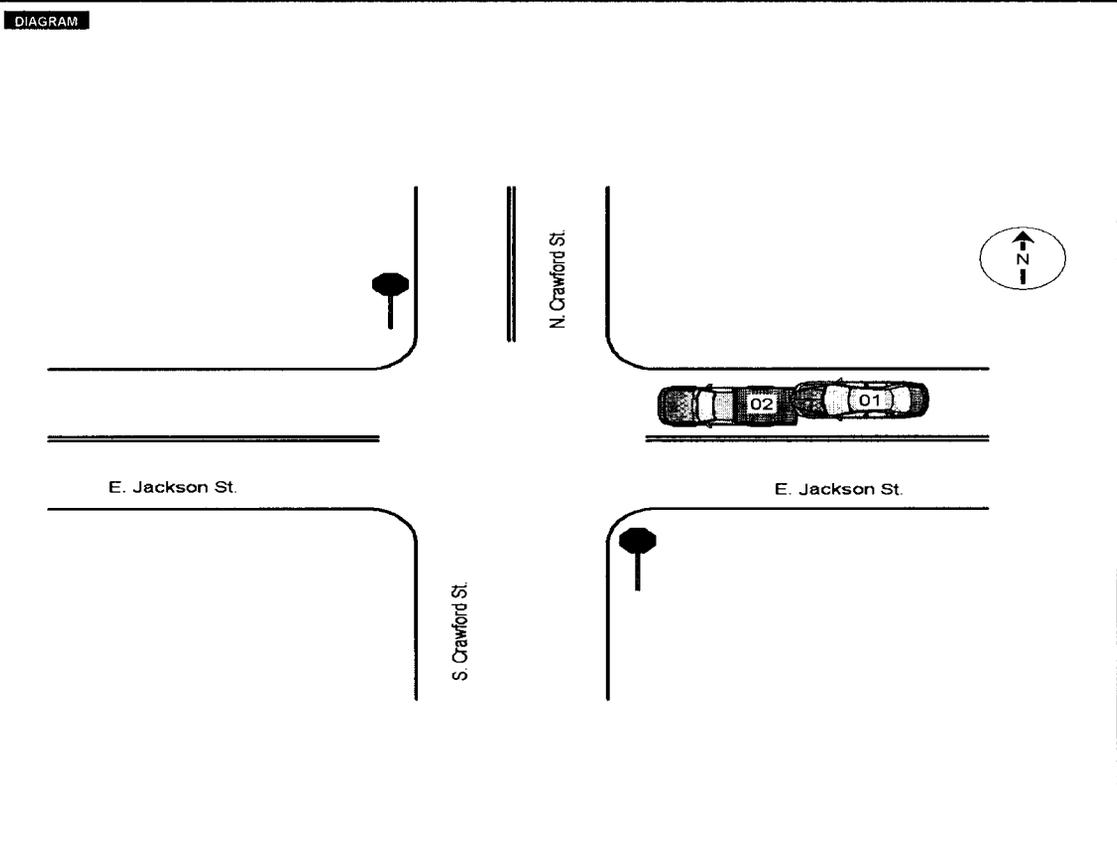
SUPPLEMENT 'X' IF YES

LOCAL REPORT #

NARRATIVE

UNIT 02 WAS TRAVELING WESTBOUND ON E. JACKSON ST. AND WAS STOPPED IN TRAFFIC. UNIT 01 WAS ALSO TRAVELING WESTBOUND ON E. JACKSON ST. AND FAILED TO MAINTAIN AN ASSURED CLEAR DISTANCE FROM UNIT 02. AS A RESULT UNIT 01 STRUCK UNIT 02 IN THE REAR.

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 SANDS/ SOIL/ DIRT/ SNOW 09 OTHER 10 UNKNOWN	WORK ZONE RELATED 1 1 NO 2 YES, 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 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 <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN ENCLOSED BOX <input type="checkbox"/> 04 GRAIN/CHIPS/GRAVEL	<input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER	<input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	CDL CLASS <input type="checkbox"/> 1 CLASS A <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS D <input type="checkbox"/> 5 CLASS E	HAZARDOUS MATERIALS <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	HAZARDOUS MATERIALS REI FAREP <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE	

DATE CRASH REPORTED 9/17/2010	TIME REC CALL 17:56	DISPATCH 17:58	ARRIVED 17:58	CLEARED 18:34	OTHER 0	TOTAL MINUTES 36
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 1860		