

TRAFFIC CRASH REPORT



CRASH REPORT # 10MPD 1929	CRASH SEVERITY <input checked="" type="checkbox"/> 1 FATAL ERROR 3 FDO <input type="checkbox"/> 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES	HIT/SKIP <input checked="" type="checkbox"/> 1 NOT HIT/SKIP <input type="checkbox"/> 2 SOLVED <input type="checkbox"/> 3 UNSOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT		# UNITS 2	UNIT ERROR <input checked="" type="checkbox"/> 01 <small>98 ANIMAL 99 UNKNOWN</small>	DATE OF CRASH 09/30/2010

TIME OF CRASH 23:25	DAY OF WEEK THU	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40332505	LONGITUDE 081541802
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CRASH OCCURRED ON PREFIX: PRIVATE PROPERTY CRASH LOCATION: PRIVATE PROPERTY TYPE LOC: 1	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION
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DIST. REF.	DR	PREFIX	REFERENCE 000101 LAKEVIEW DRIVE	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 PLACE NAME WITHOUT REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE
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MOTORIST / NON-MOTORIST

A	UNIT # 01	# OF OCC 2	NAME (LAST, FIRST, MIDDLE) REYNOLDS DAVID L				ADDRESS (STREET, CITY, STATE, ZIP-CODE) 9 3RD AVE MT VERNON OH 43050	
SOCIAL SECURITY NUMBER		DATE OF BIRTH 02/24/1984		AGE 26	SEX M	HOME PHONE #		WORK PHONE #
DL STATE	DL #	LP STATE OH	LP # FAM8115	INJURED TAKEN BY <input checked="" type="checkbox"/> 1 NONE 4 OTHER <input type="checkbox"/> 2 EMS 5 UNKNOWN <input type="checkbox"/> 3 POLICE	TRANSPORTED BY		INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE 'SAME') JEFFREY E SHERBAHN				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 118 1/2 HAMTRAMCK STREET MT VERNON OH 43050				
YEAR 1999	MAKE FORD	MODEL F-SERIES PIC	COLOR BLUE	INSURANCE COMPANY GRIFFIN	TOWING SERVICE	OWNER PHONE #		
OFFENSE CHARGED 4549.021		OFFENSE DESCRIPTION HIT SKIP/LEAVING SCENE OF ACCIDENT				CITATION # 10070	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES	

B	UNIT # 02	# OF OCC 0	NAME (LAST, FIRST, MIDDLE) REYNOLDS DAVID L				ADDRESS (STREET, CITY, STATE, ZIP-CODE) 9 3RD AVE MT VERNON OH 43050	
SOCIAL SECURITY NUMBER		DATE OF BIRTH //		AGE	SEX	HOME PHONE #		WORK PHONE #
DL STATE	DL #	LP STATE OH	LP # DAV2569	INJURED TAKEN BY <input checked="" type="checkbox"/> 1 NONE 4 OTHER <input type="checkbox"/> 2 EMS 5 UNKNOWN <input type="checkbox"/> 3 POLICE	TRANSPORTED BY		INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE 'SAME') KEVIN L HAMILTON				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 101 LAKEVIEW DRIVE APT. A49 MILLERSBURG OH 44654				
YEAR 1998	MAKE FORD	MODEL TAURUS	COLOR TAN	INSURANCE COMPANY STATE FARM	TOWING SERVICE	OWNER PHONE # (330)674-1670		
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES	

C	UNIT # 01	NAME (LAST, FIRST, MIDDLE) TURBEVILLE JESSIE JUNIOR			HOME PHONE # (740)358-9373	DATE OF BIRTH 06/08/1976	AGE 34	SEX M
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 35 MARION STREET MT VERNON OH 43050					INJURED TAKEN BY <input checked="" type="checkbox"/> 1 NONE 4 OTHER <input type="checkbox"/> 2 EMS 5 UNKNOWN <input type="checkbox"/> 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 <input type="checkbox"/> 2 EMS 5 UNKNOWN <input type="checkbox"/> 3 POLICE	TRANSPORTED BY		INJURED TAKEN TO

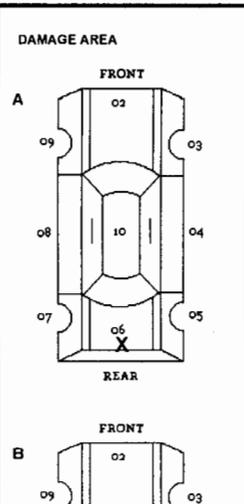
SEATING POSITION A <input checked="" type="checkbox"/> 01 B <input type="checkbox"/> C <input checked="" type="checkbox"/> 03 D <input type="checkbox"/> BLANK FOR WITNESS	SAFETY EQUIPMENT A <input checked="" type="checkbox"/> 07 B <input type="checkbox"/> C <input checked="" type="checkbox"/> 14 D <input type="checkbox"/>	AIR BAG A <input checked="" type="checkbox"/> 6 B <input type="checkbox"/> C <input checked="" type="checkbox"/> 1 D <input type="checkbox"/>	AIR BAG SWITCH A <input checked="" type="checkbox"/> 4 B <input type="checkbox"/> C <input checked="" type="checkbox"/> 4 D <input type="checkbox"/>	EJECTION A <input checked="" type="checkbox"/> 5 B <input type="checkbox"/> C <input checked="" type="checkbox"/> 1 D <input type="checkbox"/>	TRAPPED A <input checked="" type="checkbox"/> 1 B <input type="checkbox"/> C <input checked="" type="checkbox"/> 1 D <input type="checkbox"/>	INJURIES A <input checked="" type="checkbox"/> 6 B <input type="checkbox"/> C <input checked="" type="checkbox"/> 1 D <input type="checkbox"/>
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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 MIN-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 OFF-SIDE TRAFFICWAY
 14 SHARED USE PATHS OR TRAILS
 15 UNKNOWN



PRE-CRASH ACTIONS
 A B

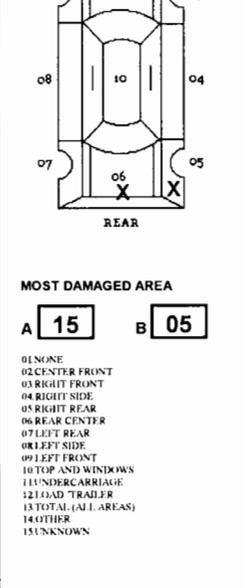
MOTORIST
 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD
 02 BACKING
 03 CHANGING LANES
 04 OVERTAKING/PASSING
 05 TURNING RIGHT
 06 TURNING LEFT
 07 MAKING U-TURN
 08 ENTERING TRAFFIC LANE
 09 LEAVING TRAFFIC LANE
 10 PARKED
 11 SLOWING OR STOPPED IN TRAFFIC
 12 DRIVERLESS
 13 OTHER
 14 UNKNOWN

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

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 MOUNTABLE - SHORT
 15 TRACTOR MOUNTABLE - 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 PULLEY VEHICLE
 25 FIRE TRUCK
 26 AMBULANCE/RESCUE
 27 TAXI
 28 MOTOR HOME
 29 TRAIN
 30 FARA VEHICLE
 31 FARM EQUIPMENT
 32 UNKNOWN VEHICLE
 33 CONSTRUCTION EQUIPMENT
 34 ALL OTHERS

NON-MOTORIST
 35 ANIMAL - WIDER
 36 ANIMAL - WAGON
 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 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 (DUE TO WIND, SLIPPERY SURFACE, VEHICLE OBJECT, NON-MOTORIST IN ROADWAY, ETC.)
 15 FAILURE TO CONTROL
 16 VISION OBSTRUCTION
 17 DRIVER INATTENTION
 18 DRIVER 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

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. NON-CONTACT
 2. NON-COLLISION
 3. STRUCK
 4. STRUCK
 5. BOTH STRIKING AND STRUCK
 6. UNKNOWN

VEHICLE DEFECT CODE ONLY IF '19' 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

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

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE
 A B

SEQUENCE OF EVENTS

A	B
1 <input type="text" value="21"/>	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/ROLLOVER
 02 FIRE/EXPLOSION
 03 DIMENSION
 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
 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 COLLISION WITH FIXED OBJECT
 26 IMPACT ATTENUATOR/CRASH CUSHION
 27 BRIDGE OVERHEAD STRUCTURE
 28 BRIDGE PIER OR ABUTMENT
 29 BRIDGE RAIL
 30 GUARDRAIL FACE
 31 GUARDRAIL END
 32 MEDIAN BARRIER
 33 HIGHWAY TRAFFIC SIGN POST
 34 OVERHEAD SIGN POST
 35 LIGHT FIXTURES/SUPPORT
 36 UTILITY POLE
 37 OTHER POST, POLE OR SUPPORT
 38 CURB
 39 CURB
 40 DITCH
 41 EMBANKMENT
 42 FENCE
 43 AMBUSH
 44 BARRIAGE
 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

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

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)

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. FELL ASLEEP, FAINTED, FATIGUED, ETC.
 6. UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
 7. OTHER
 8. UNKNOWN

TYPE OF INTERSECTION

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

OCCURRENCE

1. ON ROADWAY
 2. ON SHOULDER
 3. IN MEDIAN
 4. ON ROADSIDE
 5. ON GORE
 6. OFF-SIDE TRAFFICWAY
 7. UNKNOWN

SPEED DETECTED
 A B

1. STATED
 2. ESTIMATED

ALCOHOL/DRUG SUSPECTED
 A B

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

ROAD CONTOUR

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

SPEED
 A B

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

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 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT
 10 OTHER
 11 UNKNOWN

ALCOHOL TEST TYPE
 A B

1. NONE
 2. BLOOD
 3. URINE

ALCOHOL TEST RESULT
 A B

DAMAGE SCALE
 A B

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

ALCOHOL TEST TYPE
 A B

SUPPLEMENT 'X' IF YES

LOCAL REPORT #
 10MPD 1929

NARRATIVE

UNIT NUMBER ONE WAS BACKING NORTHBOUND OUT OF A PARKING SPACE IN THE GLENWOD APARTMENTS PARKING LOT WHEN IT STRUCK UNIT NUMBER TWO WHICH WAS PARKED IN A PARKING SPACE. UNIT NUMBER ONE THEN FLED THE SCENE WITHOUT REPORTING THE CRASH.

<p>MANNER OF COLLISION OR IMPACT</p> <p>5</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>DIAGRAM</p> <p>Glenwood Parking lot</p> <p style="text-align: right;">North</p>
<p>WORK ZONE RELATED</p> <p>1</p> <p>1. NO 2. YES 3. UNKNOWN</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>LIGHT CONDITIONS</p> <p>PRIMARY SECONDARY</p> <p>4 <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. GARE 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 checked="" type="checkbox"/> Slight Down Grade</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 N. A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR D. 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		WEIGHT (GVWR)		CDL CLASS	HAZARDOUS MATERIALS	HAZARDOUS MATERIALS REFERENCE	
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 CARGO REFUSE 12 OTHER 13 UNKNOWN		1. LESS THAN 10,000 2. 10,001 - 26,000 3. MORE THAN 26,000		1. CLASS A 2. CLASS B 3. CLASS C 4. CLASS D 5. CLASS E	1. NO 2. YES 3. UNKNOWN	1. NO 2. YES 3. NOT APPLICABLE 4. UNKNOWN	

POLICE ACTION

DATE CRASH REPORTED 10/01/2010	TIME REC CALL 23:27	DISPATCH 23:27	ARRIVED 23:27	CLEARED 23:56	OTHER 60	TOTAL MINUTES 89
OFFICER'S NAME PTL. KIM HERMAN		BADGE # 101	CHECKED BY		DATE REPORT FILED 10/01/2010	

REPORT TAKEN BY	REPORT TAKEN AT	<input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT #
1 1. POLICE AGENCY 2. MOTORIST	1 1. SCENE 2. STATION 3. OTHER		10MPD 1929