

OHIO

TRAFFIC CRASH REPORT

CRASH REPORT # 10MPD 1953	CRASH SEVERITY 3 1 FATAL ERROR 3 FPD 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	HITS/SKIP 1 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <input 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 2	UNIT ERROR 01 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 10/5/2010	

TIME OF CRASH 19:12	DAY OF WEEK TUE	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME OF CITY, VILLAGE OR TOWNSHIP MILLERSBURG	COUNTY # 38	LATITUDE 40320809	LONGITUDE 081550305
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CRASH OCCURRED ON			TYPE LOCATION POINT USED		LOCAL INFORMATION	
PREFIX CRASH LOCATION	CRASH LOCATION PRIVATE PROPERTY		TYPE LOC 1	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE		WENDYS

AT/REFERENCE			REFERENCE POINT USED			
DIST. REF. 30 F	DR N	PREFIX S	REFERENCE 001516 WASHINGTON	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 # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) KASER BRAD E			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1531 TR 80 MILLERSBURG OH 44654						
SOCIAL SECURITY NUMBER		DATE OF BIRTH 12/30/1987	AGE 22	SEX M	HOME PHONE # (330)674-0661	WORK PHONE #
DL STATE OH	DL # SW906535	LP STATE OH	LP # EJG6562	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') KASER, DENNIS P			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1531 TR 80 MILLERSBURG OH 44654			
YEAR 1992	MAKE CHEVROLET	MODEL G-SERIES VA	COLOR TEAL	INSURANCE COMPANY AAA/WESTERN UNIT	TOWING SERVICE	OWNER PHONE# (330)674-0661
OFFENSE CHARGED		OFFENSE DESCRIPTION			CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO

B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) GRAY JEFFREY B			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 717 PENNSYLVANIA AVE SHREVE OH 44636						
SOCIAL SECURITY NUMBER		DATE OF BIRTH 02/11/1954	AGE 56	SEX M	HOME PHONE # (330)231-1210	WORK PHONE #
DL STATE OH	DL # RQ426696	LP STATE OH	LP # ERN1562	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') GRAY, JEFFREY B			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 717 PENNSYLVANIA AVE SHREVE OH 44636			
YEAR 2006	MAKE JEEP	MODEL OTHER	COLOR BLACK	INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE	OWNER PHONE#
OFFENSE CHARGED		OFFENSE DESCRIPTION			CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO

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 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 <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	

SEATING POSITION A <input type="checkbox"/> 01 01 FRONT - LEFT (MC DRIVER) B <input type="checkbox"/> 01 02 FRONT - MIDDLE C <input type="checkbox"/> 01 03 FRONT - RIGHT D <input type="checkbox"/> 01 04 SECOND - LEFT (MC PASS) E <input type="checkbox"/> 01 05 SECOND - MIDDLE F <input type="checkbox"/> 01 06 SECOND - RIGHT G <input type="checkbox"/> 01 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) H <input type="checkbox"/> 01 08 THIRD - MIDDLE I <input type="checkbox"/> 01 09 THIRD - RIGHT J <input type="checkbox"/> 01 10 SEATER SECTION OF CAB K <input type="checkbox"/> 01 11 ENCLOSED CARGO AREA L <input type="checkbox"/> 01 12 ENCLOSED CARGO AREA M <input type="checkbox"/> 01 13 TRAILING UNIT N <input type="checkbox"/> 01 14 EXTERIOR O <input type="checkbox"/> 01 15 OTHER P <input type="checkbox"/> 01 16 NON-AUTOMOTIVE Q <input type="checkbox"/> 01 17 UNKNOWN BLANK FOR WITNESS	SAFETY EQUIPMENT A <input type="checkbox"/> 04 MOTORIST B <input type="checkbox"/> 04 01 NONE USED C <input type="checkbox"/> 04 02 SHOULDER BELT ONLY USED D <input type="checkbox"/> 04 03 LAP BELT ONLY USED E <input type="checkbox"/> 04 04 SHOULDER AND LAP BELT USED F <input type="checkbox"/> 04 05 CHILD SAFETY SEAT USED G <input type="checkbox"/> 04 06 HELMET USED H <input type="checkbox"/> 04 07 RESTRAINT USE UNKNOWN I <input type="checkbox"/> 04 NON-MOTORIST J <input type="checkbox"/> 04 08 NONE USED K <input type="checkbox"/> 04 09 HELMET USED L <input type="checkbox"/> 04 10 PROTECTIVE PADS M <input type="checkbox"/> 04 11 REFLECTIVE CLOTHING N <input type="checkbox"/> 04 12 LIGHTING O <input type="checkbox"/> 04 13 OTHER P <input type="checkbox"/> 04 14 UNKNOWN	AIR BAG A <input type="checkbox"/> 1 1 NOT DEPLOYED B <input type="checkbox"/> 1 2 DEPLOYED - FRONT C <input type="checkbox"/> 1 3 DEPLOYED - SIDE D <input type="checkbox"/> 1 4 DEPLOYED (BOTH FRONT/SIDE) E <input type="checkbox"/> 1 5 NOT APPLICABLE F <input type="checkbox"/> 1 6 DEPLOYMENT UNKNOWN	AIR BAG SWITCH A <input type="checkbox"/> 1 1 ON-OFF SWITCH NOT PRESENT B <input type="checkbox"/> 1 2 SWITCH IN ON POSITION C <input type="checkbox"/> 1 3 SWITCH IN OFF POSITION D <input type="checkbox"/> 1 4 UNKNOWN POSITION	EJECTION A <input type="checkbox"/> 1 1 NOT EJECTED B <input type="checkbox"/> 1 2 TOTALLY EJECTED C <input type="checkbox"/> 1 3 PARTIALLY EJECTED D <input type="checkbox"/> 1 4 NOT APPLICABLE E <input type="checkbox"/> 1 5 UNKNOWN	TRAPPED A <input type="checkbox"/> 1 1 NOT TRAPPED B <input type="checkbox"/> 1 2 ENTRAPPED BY MECHANICAL MEANS C <input type="checkbox"/> 1 3 TRAPPED BY NON-MECHANICAL MEANS D <input type="checkbox"/> 1 4 UNKNOWN	INJURIES A <input type="checkbox"/> 1 1 NO INJURY B <input type="checkbox"/> 1 2 POSSIBLE C <input type="checkbox"/> 1 3 NON-INCAPACITATING D <input type="checkbox"/> 1 4 INCAPACITATING E <input type="checkbox"/> 1 5 FATAL INJURY F <input type="checkbox"/> 1 6 UNKNOWN <input type="checkbox"/> SUPPLEMENT 'X' IF YES
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UNIT NUMBERS
 A B

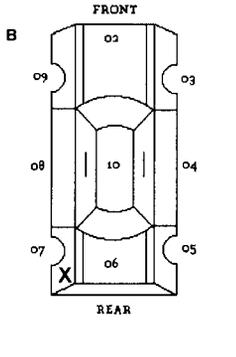
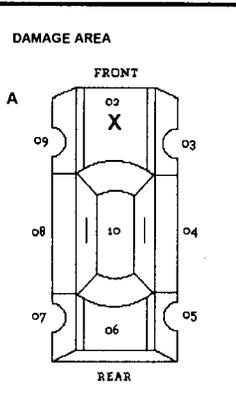
NON-MOTORIST LOCATION
 A B

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 TRAFFIC WAY)
 13 BOTH SIDES TRAFFIC WAY
 14 SHARED 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 PANEL VAN
 09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES
 10 SINGLE UNIT TRUCK, 3 OR MORE AXLES
 11 TRUCK-TRAILER
 12 TRUCK-TRACTOR (BOBTAI)
 13 TRACTOR-SEMI-TRAILER
 14 TRACTOR DOUBBLE-SHORT
 15 TRACTOR DOUBBLE-LONG
 16 HEAVY WHEEL OR CONVERTER DOLLY
 17 TRACTOR-TRIPLES
 18 MOTORCYCLE
 19 MOTORCYCLED BICYCLE
 20 SCHOOL BUS
 21 CITY SCHOOL 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

NON-MOTORIST
 35 ANIMAL - WALKER
 36 ANIMAL - WADGUY
 37 BICYCLE
 38 PEDESTRIAN
 39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)
 40 SKATER
 41 OTHER-NON MOTORIST (WHEELCHAIR, ETC.)
 42 UNKNOWN



MOST DAMAGED AREA
 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

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 STRICKING
 4 STRUCK
 5 BOTH STRICKING AND STRUCK
 6 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

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

CONTRIBUTING CIRCUMSTANCES
 A B

MOTORIST
 01 NONE
 02 FAILURE TO YIELD
 03 RUNNING 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 IN ATTENTION
 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

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

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 PARTS
 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 FINED

COLLISION
 14 PEDESTRIAN
 15 PEDAL CYCLE
 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 CONTACT 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 LUMINAIRE/SUPPORT
 36 UTILITY POLE
 37 OTHER POST, POLE OR SUPPORT
 38 CURB
 39 CURB
 40 DITCH
 41 OBSTACUMENT
 42 FENCE
 43 MAIL BOX
 44 TREE
 45 OTHER FINED OBJECT (WALL, BUILDING, TUNNEL, ETC.)
 46 WORK ZONE MAINTENANCE EQUIPMENT
 47 UNKNOWN FINED OBJECT
 48 OTHER
 49 UNKNOWN

DIRECTION

FROM TO	FROM TO
A <input type="text" value="1"/> <input type="text" value="3"/>	B <input type="text" value="4"/> <input type="text" value="3"/>

1 NORTH
 2 SOUTH
 3 EAST
 4 WEST
 5 NORTHWEST
 6 NORTHWEST
 7 SOUTHWEST
 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

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

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
 16 INOPERATIVE, MISSING, OBSCURED
 17 OTHER
 18 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

TYPE OF INTERSECTION

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

OCCURRENCE

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

ALCOHOL/DRUG SUSPECTED
 A B

1 NONE
 2 YES - ALCOHOL SUSPECTED
 3 YES - BDD 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
 2 BLOOD
 3 URINE
 4 BREATH
 5 OTHER

ALCOHOL TEST RESULT
 A B

SUPPLEMENT 'X' IF YES

LOCAL REPORT #
 10MPD 1953

ROAD CONTOUR

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

ROAD CONDITIONS

PRIMARY	SECONDARY
<input type="text" value="02"/>	<input type="text"/>

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

NARRATIVE

UNIT #1 WAS PULLING OUT OF PRIVATE PROPERTY PARKING LOT INTO PRIVATE PROPERTY DRIVE AND FAILED TO SEE UNIT #2 THAT WAS DRIVING ALONG PRIVATE PROPERTY DRIVE. UNIT #1 STRUCK UNIT #2 IN REAR QUARTER PANEL KNOCKING FENDER FROM WHEEL WELL OFF UNIT #2.

<p>MANNER OF COLLISION OR IMPACT</p> <p>6</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>WORK ZONE RELATED</p> <p>1</p> <p>1 NO 2 YES 3 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>	<p>DIAGRAM</p> <p style="text-align: center;">1518 S Washington St. Wendy's</p>
<p>WEATHER</p> <p>04</p> <p>01 CLEAR 02 CLOUDY 03 FOG/SMOG/SMOKE 04 RAIN 05 SLICE/HAUL (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 GLARE 8 OTHER 9 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 FATALITY, OR AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT, OR 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 MINER		10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	WEIGHT (GVWR) 1 LESS EQUAL 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 REI FASED 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN	

POLICE ACTION

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
10/5/2010	19:15	19:16	19:17	19:52	0	36
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED		
PTL. JEFFREY S. LAY		109	100	10/5/2010		
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT 'X' IF YES		LOCAL REPORT #		
1 1 POLICE AGENCY 2 MOTORIST	1 1 SCENE 2 STATION 3 OTHER	<input type="checkbox"/>		10MPD 1953		