

OHIO

TRAFFIC CRASH REPORT



CRASH REPORT # 10MPD 2016	CRASH SEVERITY 3 1 FATAL ERROR 3 FDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> NO IF YES	HIT/SKIP 1 1 NOT HIT/SKIP 2 SOLVED 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 01 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 10/13/2010	

TIME OF CRASH 10:24	DAY OF WEEK WED	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40331409	LONGITUDE 081550100
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX E	CRASH LOCATION JACKSON ST.	TYPE LOC 1

AT/REFERENCE	REFERENCE POINT USED			
DIST. REF. 75 F	DR E	PREFIX S	REFERENCE CLAY ST.	REF POINT 02

UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) WEAVER DEREK B.				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 78 FAIRVIEW AVE. MILLERSBURG OH 44654						
SOCIAL SECURITY NUMBER	DATE OF BIRTH 03/08/1990	AGE 20	SEX M	HOME PHONE # (330)674-1797	WORK PHONE #	
DL STATE OH	DL # TA792394	LP STATE OH	LP # FBZ3270	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') WEAVER, DEREK B.			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 78 FAIRVIEW AVE. MILLERSBURG OH 44654			
YEAR 1997	MAKE DODGE	MODEL VAN	COLOR RED	INSURANCE COMPANY STATE FARM	TOWING SERVICE	OWNER PHONE# (330)674-1797
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES			

UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) STUTZMAN URA A.				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 6148 SR 241 MILLERSBURG OH 44654						
SOCIAL SECURITY NUMBER	DATE OF BIRTH 12/29/1941	AGE 68	SEX M	HOME PHONE # (330)674-2606	WORK PHONE #	
DL STATE OH	DL # RQ164067	LP STATE OH	LP # EU83HJ	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') STUTZMAN, URA A.			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 6148 SR 241 MILLERSBURG OH 44654			
YEAR 2006	MAKE DODGE	MODEL CHARGER	COLOR RED	INSURANCE COMPANY WESTFIELD NATION	TOWING SERVICE	OWNER PHONE# (330)674-2606
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES			

UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE#	DATE OF BIRTH	AGE	SEX
C					
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO
D					
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO

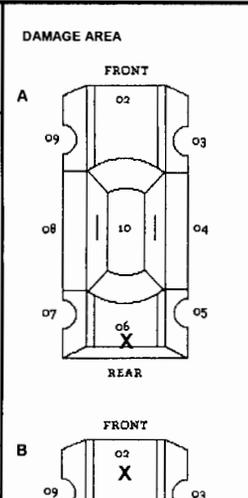
SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
A 01 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 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 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED 06 HELMET USED 07 RESTRAINT USE UNKNOWN 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 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 TOTALLY 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
B 01	B 04	B 1	B 1	B 1	B 1	B 1
C	C	C	C	C	C	C
D	D	D	D	D	D	D
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT 'X' IF YES

MOTORIST / NON-MOTORIST / OCCUPANT

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 NOT SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)
12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
13 OUTSIDE 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 PLACING OR WORKING ON VEHICLE
21 STANDING
22 OTHER
23 UNKNOWN

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 IMMERSED
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 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
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/ILLUMINATED SUPPORT
36 UTILITY POLE
37 OTHER POST, POLE OR SUPPORT
38 CURB
39 DITCH
40 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
16 OTHER, MISSING, OBSCURED
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

1	2	1	2
A <input type="text" value="1"/>	<input type="text" value="1"/>	B <input type="text" value="1"/>	<input type="text" value="1"/>

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

TYPE OF UNIT
A B

MOTORIST
01 SUBCOMPACT
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 FIFTH WHEEL OR CONVERTER DOLLY
17 TRACTOR TRIPLES
18 MOTORCYCLE
19 MOTORIZED BICYCLE
20 SCOOTER/BUS
21 CYCLIC 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 OTHERS
NON-MOTORIST
35 ANIMAL W/ RIDER
36 ANIMAL W/ RIDER
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 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

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

VEHICLE DEFECT CODE ONLY IF '9' 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

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 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

TYPE OF INTERSECTION
A

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
A

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

IN EMERGENCY RESPONSE
A B

1 NO
2 YES
3 UNKNOWN

STRIKING VEHICLE OVERRIDE/UNDERRIDE
A B

1 NO OVERRIDE OR OVERRIDE
2 UNDERIDE, COMPARTMENT INTRUSION
3 UNDERIDE, NO COMPARTMENT INTRUSION
4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN
5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT
6 OVERRIDE, OTHER VEHICLE
7 UNKNOWN IF UNDERIDE OR OVERRIDE

DAMAGE SCALE
A B

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

ALCOHOL/DRUG SUSPECTED
A B

1 NONE
2 YES ALCOHOL SUSPECTED
3 YES - IHD 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 URINE
2 BLOOD
3 URINE

ALCOHOL TEST RESULT
A

B

SPEED DETECTED
A B

1 STATED
2 ESTIMATED

SPEED
A B

ALCOHOL/DRUG SUSPECTED
A B

1 NONE
2 YES ALCOHOL SUSPECTED
3 YES - IHD 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 URINE
2 BLOOD
3 URINE

ALCOHOL TEST RESULT
A

B

ROAD CONTOUR
A

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/TOIL/GRAVEL
06 WATER (STANDING, MOVING)
07 SLUSH
08 DEBRIS
09 RIT, HOLES, BUMPS, UNEVEN PAVEMENT
10 OTHER
11 UNKNOWN

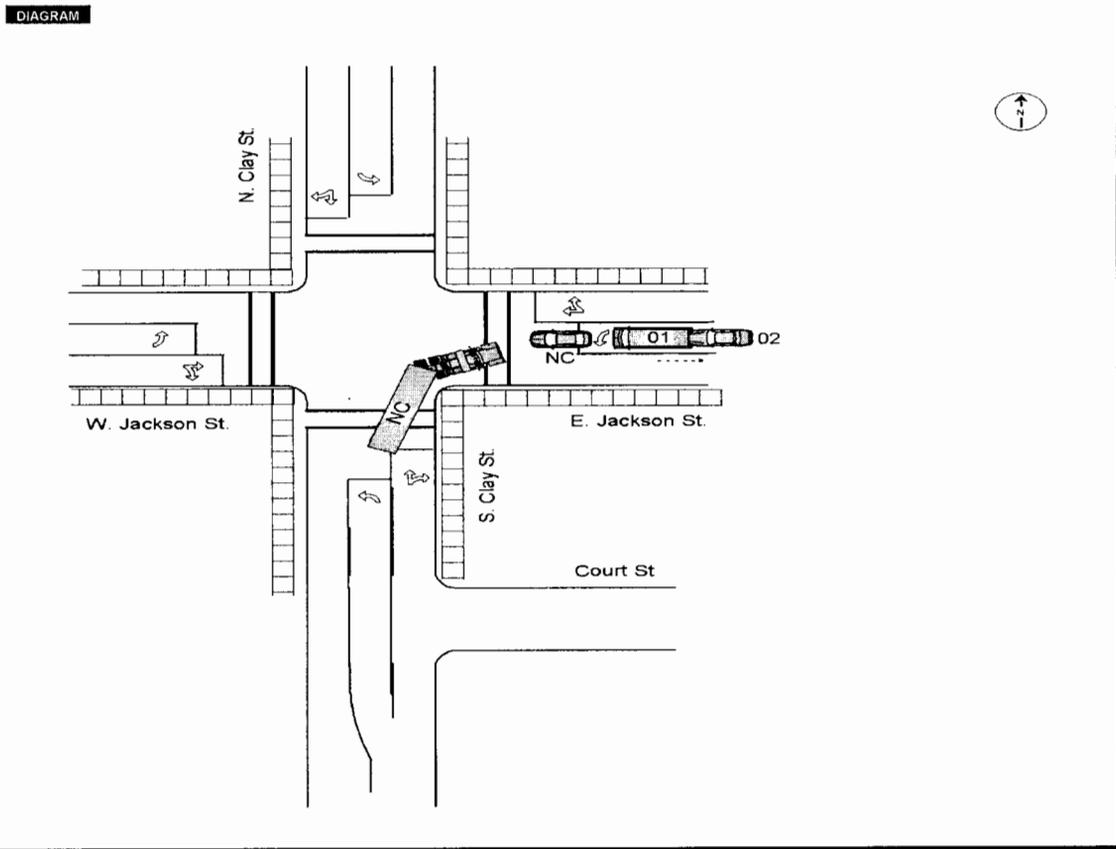
SUPPLEMENT 'X' IF YES

LOCAL REPORT #
10MPD 2016

NARRATIVE

UNIT 01 WAS IN THE LEFT TURN LANE ON E. JACKSON ST. AT THE SQUARE, AND HE WAS BEHIND ANOTHER VEHICLE THAT HAD PULLED PAST THE STOP LINE. A SEMI WAS ATTEMPTING TO MAKE A RIGHT TURN FROM S. CLAY ST. ONTO E. JACKSON ST., AND THE VEHICLE IN FRONT OF UNIT 01 STARTED TO BACK UP TO ALLOW THE SEMI TO MAKE ITS TURN. UNIT 01 ALSO STARTED TO BACK UP TO ALLOW THE VEHICLE IN FRONT OF HIM TO DO THE SAME, BUT UNIT 01 DID NOT SEE THAT UNIT 02 WAS BEHIND HIM AND BACKED INTO UNIT 02.

MANNER OF COLLISION OR IMPACT 5 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDE SWIPE SAME DIRECTION 8 SIDE SWIPE 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 SLIFT/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. 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="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 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 <input type="checkbox"/> 01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN ENCLOSED BOX 04 GRAIN/CHIPS/GRAVEL 05 NONE 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 - 20,000 3 MORE THAN 20,000	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 REFERENCE <input type="checkbox"/> 1 NO 2 YES 3 NOT APPLICABLE			

DATE CRASH REPORTED 10/13/2010	TIME REC CALL 10:26	DISPATCH 10:28	ARRIVED 10:32	CLEARED 11:00	OTHER 0	TOTAL MINUTES 32
OFFICER'S NAME PTL. KEVIN BROWN		BADGE # 108	CHECKED BY 100	DATE REPORT FILED 10/13/2010		
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 2016		