

OHIO

# TRAFFIC CRASH REPORT



|                                     |   |   |  |  |  |
|-------------------------------------|---|---|--|--|--|
| CRASH REPORT #<br><b>10MPD 2031</b> | CRASH SEVERITY<br><b>3</b> 1.FATAL 2.INJURY 3.FED 4.UNKNOWN | PRIVATE PROPERTY<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES | HIT/SKIP<br><b>2</b> 1.NOT HIT 2.SOLVED 3.UNSOLVED | PHOTOS TAKEN<br><input type="checkbox"/> NO <input type="checkbox"/> YES | OH-2 OH-3 OH-1P OTHER<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| N.C.I.C. #<br><b>03801</b>          | REPORTING AGENCY<br><b>MILLERSBURG POLICE DEPARTMENT</b>    | # UNITS<br><b>2</b>   | UNIT ERROR<br><b>01</b> 98.ANIMAL 99.UNKNOWN       | DATE OF CRASH<br><b>10/14/2010</b>                                       |  |

|                               |                           |   |   |                       |                             |                               |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|
| TIME OF CRASH<br><b>11:52</b> | DAY OF WEEK<br><b>THU</b> | CITY/VILLAGE/TOWNSHIP<br><b>VILLAGE</b> | NAME (OF CITY, VILLAGE OR TOWNSHIP)<br><b>MILLERSBURG</b> | COUNTY #<br><b>38</b> | LATITUDE<br><b>40320205</b> | LONGITUDE<br><b>081550906</b> |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|

|                    |   |                      |   |  |  |                                      |  |  |
|--------------------|---|----------------------|---|--|--|--------------------------------------|--|--|
| CRASH OCCURRED ON  |   |                      | TYPE LOCATION POINT USED                                |  |  | LOCAL INFORMATION                    |  |  |
| PREFIX<br><b>S</b> | CRASH LOCATION<br><b>PRIVATE PROPERTY</b> | TYPE LOC<br><b>1</b> | 1.NAMED STREET<br>2.NUMBERED STREET<br>3.NUMBERED ROUTE |  |  | <b>WAL MART PARKING LOT ISLE # 5</b> |  |  |

|             |    |          |                                 |                      |  |  |  |  |
|-------------|----|----------|---------------------------------|----------------------|--|--|--|--|
| A/REFERENCE |    |          |                                 | REFERENCE POINT USED |  |  |  |  |
| DIST. REF.  | DR | PREFIX   | REFERENCE                       | REF POINT            | 01.STATE LINE<br>02.INTERSECTION OF TWO STREETS<br>03.COUNTY LINE<br>04.HIGHWAY NUMBER |  |  | 05.TOWNSHIP BOUNDARY<br>06.MILE POST<br>07.CORPORATION LIMIT<br>08.PLACE NAME WITHOUT REFERENCE<br>09.DRIVEWAY<br>10.STREET OR ROUTE WITHOUT REFERENCE |
|             |    | <b>S</b> | <b>001640 S. WASHINGTON ST.</b> | <b>04</b>            |  |  |  |  |

|  |                          |                                    |   |  |                 |                                      |            |                                       |  |
|--|--------------------------|------------------------------------|---|--|-----------------|--------------------------------------|------------|---------------------------------------|--|
| <b>A</b>   | UNIT #<br><b>01</b>      | # OF OCC<br><b>1</b>               | NAME (LAST, FIRST, MIDDLE)<br><b>JOHNSON FREDERICK L.</b> |  |                 |                                      |            |                                       |  |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>308 FIRST ST. HOLMESVILLE OH 44633</b> |                          |                                    |   |  |                 |                                      |            |                                       |  |
| SOCIAL SECURITY NUMBER   |                          | DATE OF BIRTH<br><b>05/06/1930</b> |   | AGE<br><b>80</b>   | SEX<br><b>M</b> | HOME PHONE #<br><b>(330)279-2998</b> |            | WORK PHONE #                          |  |
| DL STATE<br><b>OH</b>  | DL #<br><b>RK022474</b>  | LP STATE<br><b>OH</b>              | LP #<br><b>CTN8308</b>                                    | INJURED TAKEN BY<br>1.NONE 4.OTHER<br>2.EMS 5.UNKNOWN<br>3.POLICE<br><b>1</b>              |                 | TRANSPORTED BY                       |            | INJURED TAKEN TO                      |  |
| OWNER NAME (IF SAME, WRITE 'SAME')<br><b>JOHNSON, FREDERICK L.</b>                   |                          |                                    |   | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>308 FIRST ST. HOLMESVILLE OH 44633</b> |                 |                                      |            |                                       |  |
| YEAR<br><b>1999</b>  | MAKE<br><b>CHEVROLET</b> | MODEL<br><b>S-10</b>               | COLOR<br><b>RED</b>                                       | INSURANCE COMPANY<br><b>OHIO MUTUAL INSU</b>   |                 | TOWING SERVICE                       |            | OWNER PHONE #<br><b>(330)279-2998</b> |  |
| OFFENSE CHARGED  |                          | OFFENSE DESCRIPTION                |   |  |                 |                                      | CITATION # |                                       | LOCAL CODE<br><input type="checkbox"/> NO <input type="checkbox"/> YES |

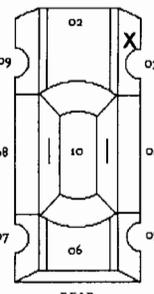
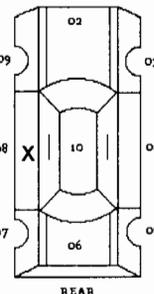
|  |                       |                            |                            |   |     |                |            |                                       |  |
|--|-----------------------|----------------------------|----------------------------|---|-----|----------------|------------|---------------------------------------|--|
| <b>B</b>   | UNIT #<br><b>02</b>   | # OF OCC<br><b>0</b>       | NAME (LAST, FIRST, MIDDLE) |   |     |                |            |                                       |  |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE)                          |                       |                            |                            |   |     |                |            |                                       |  |
| SOCIAL SECURITY NUMBER   |                       | DATE OF BIRTH<br><b>//</b> |                            | AGE   | SEX | HOME PHONE #   |            | WORK PHONE #                          |  |
| DL STATE   | DL #                  | LP STATE<br><b>OH</b>      | LP #<br><b>882XUT</b>      | INJURED TAKEN BY<br>1.NONE 4.OTHER<br>2.EMS 5.UNKNOWN<br>3.POLICE<br><input type="checkbox"/> |     | TRANSPORTED BY |            | INJURED TAKEN TO                      |  |
| OWNER NAME (IF SAME, WRITE 'SAME')<br><b>MOORE, LARRY L. JR.</b> |                       |                            |                            | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>7661 CR 558 HOLMESVILLE OH 44633</b>      |     |                |            |                                       |  |
| YEAR<br><b>2007</b>  | MAKE<br><b>SUBARU</b> | MODEL<br><b>NOT STATED</b> | COLOR<br><b>SILVER</b>     | INSURANCE COMPANY<br><b>ESURANCE</b>  |     | TOWING SERVICE |            | OWNER PHONE #<br><b>(330)279-2480</b> |  |
| OFFENSE CHARGED  |                       | OFFENSE DESCRIPTION        |                            |   |     |                | CITATION # |                                       | LOCAL CODE<br><input type="checkbox"/> NO <input type="checkbox"/> YES |

|   |        |                            |  |   |               |                |     |                  |
|---|--------|----------------------------|--|---|---------------|----------------|-----|------------------|
| <b>C</b>                                | UNIT # | NAME (LAST, FIRST, MIDDLE) |  | HOME PHONE #  | DATE OF BIRTH | AGE            | SEX |                  |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) |        |                            |  | INJURED TAKEN BY<br>1.NONE 4.OTHER<br>2.EMS 5.UNKNOWN<br>3.POLICE<br><input type="checkbox"/> |               | TRANSPORTED BY |     | INJURED TAKEN TO |
| <b>D</b>                                | UNIT # | NAME (LAST, FIRST, MIDDLE) |  | HOME PHONE #  | DATE OF BIRTH | AGE            | SEX |                  |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) |        |                            |  | INJURED TAKEN BY<br>1.NONE 4.OTHER<br>2.EMS 5.UNKNOWN<br>3.POLICE<br><input type="checkbox"/> |               | TRANSPORTED BY |     | INJURED TAKEN TO |

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| SEATING POSITION<br><b>A 01</b><br>01.FRONT - LEFT (MC DRIVER)<br>02.FRONT - MIDDLE<br>03.FRONT - RIGHT<br>04.SECOND - LEFT (MC PASS)<br>05.SECOND - MIDDLE<br>06.SECOND - RIGHT<br>07.THIRD - LEFT (MC PASSENGER SIDE CAB)<br>08.THIRD - MIDDLE<br>09.THIRD - RIGHT<br>10.SLEEPER SECTION OF CAB<br>11.ENCLOSED CARGO AREA<br>12.UNENCLOSED CARGO AREA<br>13.TRAILING UNIT<br>14.EXTERIOR<br>15.OTHER<br>16.NON-MOTORIST<br>17.UNKNOWN | SAFETY EQUIPMENT<br><b>A 04</b><br>01.MOTORIST<br>02.SHOULDER BELT ONLY USED<br>03.LAP BELT ONLY USED<br>04.SHOULDER AND LAP BELT USED<br>05.CHILD SAFETY SEAT USED<br>06.HELMET USED<br>07.RESTRAINT USE UNKNOWN<br>08.NONE USED<br>09.HELMET USED<br>10.PROTECTIVE PADS<br>11.REFLECTIVE CLOTHING<br>12.LIGHTING<br>13.OTHER<br>14.UNKNOWN | AIR BAG<br><b>A 1</b><br>1.NOT DEPLOYED<br>2.DEPLOYED - FRONT<br>3.DEPLOYED - SIDE<br>4.DEPLOYED BOTH FRONT SIDE<br>5.NOT APPLICABLE<br>6.DEPLOYMENT UNKNOWN | AIR BAG SWITCH<br><b>A 1</b><br>1.ON-OFF SWITCH NOT PRESENT<br>2.SWITCH IN ON POSITION<br>3.SWITCH IN OFF POSITION<br>4.UNKNOWN POSITION | EJECTION<br><b>A 1</b><br>1.NOT EJECTED<br>2.TOTALLY EJECTED<br>3.PARTIALLY EJECTED<br>4.NOT APPLICABLE<br>5.UNKNOWN | TRAPPED<br><b>A 1</b><br>1.NOT TRAPPED<br>2.EXTRICATED BY MECHANICAL MEANS<br>3.FREED BY NON-MECHANICAL MEANS<br>4.UNKNOWN | INJURIES<br><b>A 1</b><br>1.NO INJURY<br>2.POSSIBLE<br>3.NON-INCAPACITATING<br>4.INCAPACITATING<br>5.FATAL INJURY<br>6.UNKNOWN |  |
|   |  |  |  |  |  | <input type="checkbox"/> SUPPLEMENT 'X' IF YES   |  |

MOTORIST / NON-MOTORIST

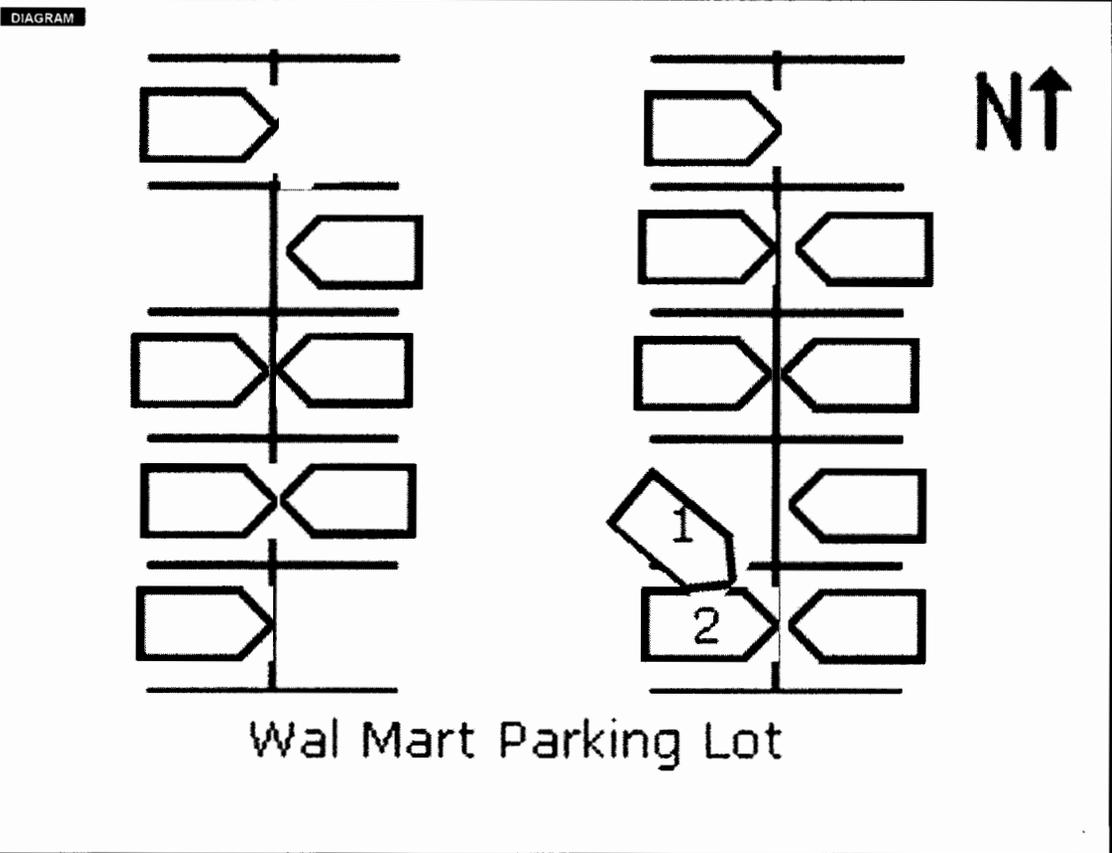
OCCUPANT

|   |   |   |   |   |  |                                 |   |   |   |   |   |                      |   |   |                        |                      |                      |                      |  |   |                      |  |   |                      |  |   |                      |  |  |
|---|---|---|---|---|--|---------------------------------|---|---|---|---|---|----------------------|---|---|------------------------|----------------------|----------------------|----------------------|--|---|----------------------|--|---|----------------------|--|---|----------------------|--|--|
| <b>UNIT NUMBERS</b><br>A <input type="text" value="01"/> B <input type="text" value="02"/>        | <b>DAMAGE AREA</b><br>         | <b>PRE-CRASH ACTIONS</b><br>A <input type="text" value="02"/> B <input type="text" value="10"/>   | <b>SEQUENCE OF EVENTS</b><br><table border="1"> <tr><td>A</td><td>1</td><td><input type="text" value="21"/></td><td>B</td><td>1</td><td><input type="text" value="20"/></td></tr> <tr><td></td><td>2</td><td><input type="text"/></td><td></td><td>2</td><td><input type="text"/></td></tr> <tr><td></td><td>3</td><td><input type="text"/></td><td></td><td>3</td><td><input type="text"/></td></tr> <tr><td></td><td>4</td><td><input type="text"/></td><td></td><td>4</td><td><input type="text"/></td></tr> </table>  | A   | 1  | <input type="text" value="21"/> | B   | 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"/> | <b>POSTED SPEED</b><br>A <input type="text" value="0"/> B <input type="text" value="0"/> | <b>DRUG TEST STATUS</b><br>A <input type="text" value="1"/> B <input type="text"/> |
| A   | 1   | <input type="text" value="21"/>   | B   | 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"/>   |                                 |   |   |   |   |   |                      |   |   |                        |                      |                      |                      |  |   |                      |  |   |                      |  |   |                      |  |  |
| <b>NON-MOTORIST LOCATION</b><br>A <input type="text"/> B <input type="text"/>                     |                                | <b>MOTORIST</b><br>01 MOVEMENTS ESSENTIALLY STRAIGHT<br>02 BACKING<br>03 CHANGING LANES<br>04 OVERTAKING-PASSING<br>05 TURNING RIGHT<br>06 TURNING LEFT<br>07 MAKING U-TURN<br>08 ENTERING TRAFFIC LANE<br>09 LEAVING TRAFFIC LANE<br>10 PARKED<br>11 SLOWING OR STOPPED IN TRAFFIC<br>12 DRIVERLESS<br>13 OTHER<br>14 UNKNOWN<br>15 NON-MOTORIST<br>16 ENTERING OR CROSSING SPECIFIED LOCATION<br>17 WORKING<br>18 PUSHING VEHICLE<br>19 APPROACHING OR LEAVING VEHICLE<br>20 PLAYING OR WORKING ON VEHICLE<br>21 STANDING<br>22 OTHER<br>23 UNKNOWN | <b>NON-COLLISION</b><br>01 OVERTURN/ROLL-OVER<br>02 FIRE/EXPLOSION<br>03 IMMERSION<br>04 JACKKNIFE<br>05 CARGO/EQUIPMENT LOSS OR SHIFT<br>06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.)<br>07 SEPARATION OF UNITS<br>08 RAN OFF ROAD RIGHT<br>09 RAN OFF ROAD LEFT<br>10 CROSS-MEDIAN/CENTERLINE<br>11 DOWNHILL RUNAWAY<br>12 OTHER NON-COLLISION<br>13 UNKNOWN NON-COLLISION<br>14 COLLISION W/PERSON, VEHICLE, OR OBJECT - NOT FIXED<br>15 PEDESTRIAN<br>16 RAILWAY VEHICLE (E.G. TRAIN, ENGINE)<br>17 ANIMAL - FARM<br>18 ANIMAL - DEER<br>19 ANIMAL - OTHER<br>20 MOTOR VEHICLE IN TRANSPORT<br>21 OTHER MOTOR VEHICLE<br>22 WORK ZONE MAINTENANCE EQUIPMENT<br>23 OTHER MOVABLE OBJECT<br>24 UNKNOWN MOVABLE OBJECT<br>25 IMPACT WITH FIXED OBJECT<br>26 BRIDGE OVERHEAD STRUCTURE<br>27 BRIDGE PIER OR ABUTMENT<br>28 BRIDGE PARAPET<br>29 BRIDGE RAIL<br>30 GUARDRAIL FACE<br>31 GUARDRAIL END<br>32 MEDIAN BARRIER<br>33 HIGHWAY TRAFFIC SIGN POST<br>34 OVERHEAD SIGN POST<br>35 LIGHT/LUMINARIES SUPPORT<br>36 UTILITY POLE<br>37 OTHER POST, POLE OR SUPPORT<br>38 CURB<br>39 CURB<br>40 DITCH<br>41 EMBANKMENT<br>42 FENCE<br>43 MAILBOX<br>44 TREE<br>45 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.)<br>46 WORK ZONE MAINTENANCE EQUIPMENT<br>47 UNKNOWN FIXED OBJECT<br>48 OTHER<br>49 UNKNOWN | <b>TRAFFIC CONTROL</b><br>A <input type="text" value="01"/> B <input type="text" value="01"/>   | <b>DRUG TEST TYPE</b><br>A <input type="text" value="1"/> B <input type="text"/>   |                                 |   |   |   |   |   |                      |   |   |                        |                      |                      |                      |  |   |                      |  |   |                      |  |   |                      |  |  |
| <b>TYPE OF UNIT</b><br>A <input type="text" value="07"/> B <input type="text" value="06"/>        |                               | <b>CONTRIBUTING CIRCUMSTANCES</b><br>A <input type="text" value="15"/> B <input type="text" value="01"/>  | <b>MOTORIST</b><br>01 NONE<br>02 FAILURE TO YIELD<br>03 RAN RED LIGHT OR STOP SIGN<br>04 EXCEEDED SPEED LIMIT<br>05 UNSAFE SPEED<br>06 IMPROPER TURN<br>07 LEFT OF CENTER<br>08 FOLLOWED TOO CLOSELY/ACDA<br>09 IMPROPER LANE CHANGE/DROVE OFF ROAD/IMPROPER PASSING<br>10 IMPROPER BACKING<br>11 IMPROPER START FROM PARKED POSITION<br>12 STOPPED OR PARKED ILLEGALLY<br>13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER<br>14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.)<br>15 FAILURE TO CONTROL<br>16 VISION OBSTRUCTION<br>17 DRIVER INATTENTION<br>18 FATIGUE/ALFEP<br>19 OPERATING DEFECTIVE EQUIPMENT<br>20 LOAD SHIFTING/FALLING/SPILLING<br>21 OTHER IMPROPER ACTION<br>22 UNKNOWN<br>23 NON-MOTORIST<br>24 IMPROPER CROSSING<br>25 DARTING<br>26 LYING AND/OR ILLEGALLY IN ROADWAY<br>27 FAILURE TO YIELD RIGHT OF WAY<br>28 NOT VISIBLE (DARK CLOTHING)<br>29 INATTENTIVE<br>30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER<br>31 WRONG SIDE OF THE ROAD<br>32 OTHER<br>33 UNKNOWN  | <b>DIRECTION</b><br><table border="1"> <tr><td>FROM TO</td><td>FROM TO</td></tr> <tr><td>A <input type="text" value="3"/> <input type="text" value="6"/></td><td>B <input type="text" value="4"/> <input type="text" value="3"/></td></tr> </table> | FROM TO  | FROM TO                         | A <input type="text" value="3"/> <input type="text" value="6"/> | B <input type="text" value="4"/> <input type="text" value="3"/> | <b>DRUG TEST 1 &amp; 2 RESULT</b><br><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"/> <input type="text" value="1"/></td><td>B <input type="text"/></td><td><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"/> | <input type="text"/> |                      |  |   |                      |  |   |                      |  |   |                      |  |  |
| FROM TO   | FROM TO   |   |   |   |  |                                 |   |   |   |   |   |                      |   |   |                        |                      |                      |                      |  |   |                      |  |   |                      |  |   |                      |  |  |
| A <input type="text" value="3"/> <input type="text" value="6"/>                                   | B <input type="text" value="4"/> <input type="text" value="3"/>   |   |   |   |  |                                 |   |   |   |   |   |                      |   |   |                        |                      |                      |                      |  |   |                      |  |   |                      |  |   |                      |  |  |
| 1   | 2   | 1   | 2   |   |  |                                 |   |   |   |   |   |                      |   |   |                        |                      |                      |                      |  |   |                      |  |   |                      |  |   |                      |  |  |
| A <input type="text" value="1"/> <input type="text" value="1"/>                                   | B <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |   |  |                                 |   |   |   |   |   |                      |   |   |                        |                      |                      |                      |  |   |                      |  |   |                      |  |   |                      |  |  |
| <b>IN EMERGENCY RESPONSE</b><br>A <input type="text" value="1"/> B <input type="text" value="1"/> | <b>MOST DAMAGED AREA</b><br>A <input type="text" value="03"/> B <input type="text" value="08"/>                 | <b>VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE</b><br>A <input type="text"/> B <input type="text"/>  | <b>FIRST HARMFUL EVENT</b><br>A <input type="text" value="1"/> B <input type="text" value="1"/>   | <b>CONDITION</b><br>A <input type="text" value="1"/> B <input type="text"/>   | <b>TYPE OF INTERSECTION</b><br><input type="text" value="01"/>   |                                 |   |   |   |   |   |                      |   |   |                        |                      |                      |                      |  |   |                      |  |   |                      |  |   |                      |  |  |
| <b>DAMAGE SCALE</b><br>A <input type="text" value="2"/> B <input type="text" value="2"/>          | <b>POINT OF IMPACT</b><br>A <input type="text" value="03"/> B <input type="text" value="08"/>                   | <b>VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE</b><br>A <input type="text"/> B <input type="text"/>  | <b>MOST HARMFUL EVENT</b><br>A <input type="text" value="1"/> B <input type="text" value="1"/>  | <b>ALCOHOL/DRUG SUSPECTED</b><br>A <input type="text" value="1"/> B <input type="text"/>  | <b>ALCOHOL TEST STATUS</b><br>A <input type="text" value="1"/> B <input type="text"/>  |                                 |   |   |   |   |   |                      |   |   |                        |                      |                      |                      |  |   |                      |  |   |                      |  |   |                      |  |  |
| <b>DAMAGE SCALE</b><br>A <input type="text" value="2"/> B <input type="text" value="2"/>          | <b>ACTION</b><br>A <input type="text" value="3"/> B <input type="text" value="4"/>                              | <b>VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE</b><br>A <input type="text"/> B <input type="text"/>  | <b>SPEED DETECTED</b><br>A <input type="text" value="2"/> B <input type="text" value="1"/>  | <b>ALCOHOL TEST TYPE</b><br>A <input type="text" value="1"/> B <input type="text"/>   | <b>ROAD CONTOUR</b><br><input type="text" value="1"/>  |                                 |   |   |   |   |   |                      |   |   |                        |                      |                      |                      |  |   |                      |  |   |                      |  |   |                      |  |  |
| <b>DAMAGE SCALE</b><br>A <input type="text" value="2"/> B <input type="text" value="2"/>          | <b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b><br>A <input type="text" value="1"/> B <input type="text" value="1"/> | <b>VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE</b><br>A <input type="text"/> B <input type="text"/>  | <b>SPEED</b><br>A <input type="text" value="2"/> B <input type="text" value="0"/>   | <b>ALCOHOL TEST RESULT</b><br>A <input type="text"/> B <input type="text"/>   | <b>ROAD CONDITIONS</b><br><table border="1"> <tr><td>PRIMARY</td><td>SECONDARY</td></tr> <tr><td><input type="text" value="01"/></td><td><input type="text"/></td></tr> </table> | PRIMARY                         | SECONDARY   | <input type="text" value="01"/>                                 | <input type="text"/>  |   |   |                      |   |   |                        |                      |                      |                      |  |   |                      |  |   |                      |  |   |                      |  |  |
| PRIMARY   | SECONDARY   |   |   |   |  |                                 |   |   |   |   |   |                      |   |   |                        |                      |                      |                      |  |   |                      |  |   |                      |  |   |                      |  |  |
| <input type="text" value="01"/>   | <input type="text"/>  |   |   |   |  |                                 |   |   |   |   |   |                      |   |   |                        |                      |                      |                      |  |   |                      |  |   |                      |  |   |                      |  |  |
| <input type="checkbox"/> SUPPLEMENT 'X' IF YES  |   |   |   | LOCAL REPORT #<br><b>10MPD 2031</b>   |  |                                 |   |   |   |   |   |                      |   |   |                        |                      |                      |                      |  |   |                      |  |   |                      |  |   |                      |  |  |

**NARRATIVE**

UNIT 1 WAS PARKED IN A STORE PARKING LOT AND WHILE BACKING OUT OF PARKING SPACE HE STRUCK UNIT 2 PARKED NEXT TO HIM.

|  |   |
|--|---|
| <b>MANNER OF COLLISION OR IMPACT</b><br><b>5</b><br>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT<br>2 REAR-END<br>3 HEAD-ON<br>4 REAR-TO-REAR<br>5 BACKING<br>6 ANGLE<br>7 SIDESWIPE SAME DIRECTION<br>8 SIDESWIPE OPPOSITE DIRECTION<br>9 UNKNOWN        | <b>SCHOOL BUS RELATED</b><br><b>1</b><br>1 NO<br>2 YES, DIRECTLY INVOLVED<br>3 YES, INDIRECTLY INVOLVED<br>4 UNKNOWN  |
| <b>WEATHER</b><br><b>01</b><br>01 CLEAR<br>02 CLOUDY<br>03 FOG/SMOG/SMOKE<br>04 RAIN<br>05 SLEET/HAIL (FREEZING RAIN OR DRIZZLE)<br>06 SNOW<br>07 SEVERE CROSSWINDS<br>08 BLOWING SAND/SOIL/DIRT/SNOW<br>09 OTHER<br>10 UNKNOWN                                | <b>WORK ZONE RELATED</b><br><b>1</b><br>1 NO<br>2 YES<br>3 UNKNOWN  |
| <b>LIGHT CONDITIONS</b><br><b>PRIMARY SECONDARY</b><br><b>1</b> <input type="checkbox"/><br>1 DAYLIGHT<br>2 DAWN<br>3 DUSK<br>4 DARK - LIGHTED ROADWAY<br>5 DARK - ROADWAY NOT LIGHTED<br>6 DARK - UNKNOWN ROADWAY LIGHTING<br>7 GLARE<br>8 OTHER<br>9 UNKNOWN | <b>TYPE OF WORK ZONE</b><br><input type="checkbox"/><br>1 LANE CLOSURE<br>2 LANE SHIFT/CROSSOVER<br>3 WORK ON SHOULDER OR MEDIAN<br>4 INTERMITTENT OR MOVING WORK<br>5 OTHER      |
| <b>LOCATION OF CRASH IN WORK ZONE</b><br><input type="checkbox"/><br>1 BEFORE THE FIRST WORK ZONE WARNING SIGN<br>2 ADVANCE WARNING AREA<br>3 TRANSITION AREA<br>4 ACTIVITY AREA   | <b>LOC ATION OF CRASH IN WORK ZONE</b><br><input type="checkbox"/><br>1 BEFORE THE FIRST WORK ZONE WARNING SIGN<br>2 ADVANCE WARNING AREA<br>3 TRANSITION AREA<br>4 ACTIVITY AREA |
| <b>WORKERS PRESENT</b><br><input type="checkbox"/><br>1 NO<br>2 YES<br>3 UNKNOWN   | <b>WORKERS PRESENT</b><br><input type="checkbox"/><br>1 NO<br>2 YES<br>3 UNKNOWN  |



|   |  |   |
|---|--|---|
| <b>TRUCK/BUS UNIT #</b><br><input type="checkbox"/> | THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:<br>A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS, OR<br>A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD, OR<br>A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER | THE CRASH RESULTED IN ONE OF THE FOLLOWING:<br>A FATALITY, OR<br>AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT, OR<br>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 |
| <b>CARGO BODY TYPE</b><br><input type="checkbox"/><br>01 NOT APPLICABLE<br>02 BUS (9-15 INCLUDING DRIVER)<br>03 VAN/ENCLOSED BOX<br>04 GRAIN CHIPS/GRAVEL<br>05 POLE<br>06 CARGO TANK<br>07 FLATBED<br>08 DUMP<br>09 CONCRETE MIXER | <b>10 AUTO TRANSPORTER</b><br>11 GARBAGE/REFUSE<br>12 OTHER<br>13 UNKNOWN | <b>WEIGHT (GVWR)</b><br><input type="checkbox"/><br>1 LESS/EQUAL 10,000<br>2 10,001 - 26,000<br>3 MORE THAN 26,000 | <b>CDL CLASS</b><br><input type="checkbox"/><br>1 CLASS A<br>2 CLASS B<br>3 CLASS C<br>4 CLASS D<br>5 CLASS E | <b>HAZARDOUS MATERIALS</b><br><input type="checkbox"/><br>1 NO<br>2 YES<br>3 UNKNOWN | <b>HAZARDOUS MATERIALS RELEASED</b><br><input type="checkbox"/><br>1 NO<br>2 YES<br>3 NOT APPLICABLE |           |       |

**POLICE ACTION**

|  |  |  |                         |                         |  |                            |
|--|--|--|-------------------------|-------------------------|--|----------------------------|
| DATE CRASH REPORTED<br><b>10/15/2010</b>                     | TIME REC CALL<br><b>19:10</b>                                  | DISPATCH<br><b>19:10</b>                       | ARRIVED<br><b>19:10</b> | CLEARED<br><b>19:20</b> | OTHER<br><b>60</b>                     | TOTAL MINUTES<br><b>70</b> |
| OFFICER'S NAME<br><b>PTL. W. TODD BOOTH</b>                  |  | BADGE #<br><b>104</b>                          | CHECKED BY              |                         | DATE REPORT FILED<br><b>10/15/2010</b> |                            |
| REPORT TAKEN BY<br><b>1</b><br>1 POLICE AGENCY<br>2 MOTORIST | REPORT TAKEN AT<br><b>2</b><br>1 SCENE<br>2 STATION<br>3 OTHER | SUPPLEMENT 'X' IF YES <input type="checkbox"/> |                         |                         | LOCAL REPORT #<br><b>10MPD 2031</b>    |                            |