



TRAFFIC CRASH REPORT

CRASH REPORT # 10MPD 2037	CRASH SEVERITY 3 <small>1.FATAL ERROR 3.FPD 2.INJURY 4.UNKNOWN</small>	PRIVATE PROPERTY <input type="checkbox"/> NO <input type="checkbox"/> YES	HITSKIP 1 <small>1.NOT HITSKIP 2.SOLVED 3.UNSOLVED</small>	PHOTOS TAKEN <input type="checkbox"/> NO <input 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 <small>98.ANIMAL 99.UNKNOWN</small>	DATE OF CRASH 10/16/2010	

TIME OF CRASH 11:43	DAY OF WEEK SAT	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40331508	LONGITUDE 081550608
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX N	CRASH LOCATION N. WASHINGTON ST.	TYPE LOC 1
REFERENCE POINT USED		LOCAL INFORMATION IFO VILLAGE OFFICE

DIST. REF. 30 F	DR N	PREFIX W	REFERENCE W. JACKSON ST.	REF POINT 02	REFERENCE POINT USED <small>01.STATE LINE 02.INTERSECTION OF TWO STREETS 03.COUNTY LINE 04.HOUSE NUMBER 05.TOWNSHIP BOUNDARY 06.MILE POST 07.CORPORATION LIMIT 08.REPLACE NAME WITHOUT REFERENCE 09.DRIVEWAY 10.STREET OR ROUTE WITHOUT REFERENCE</small>
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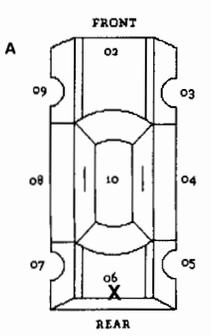
UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) MILLER HARRY W.				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3736 CR 58 MILLERSBURG OH 44654						
SOCIAL SECURITY NUMBER	DATE OF BIRTH 02/20/1953	AGE 57	SEX M	HOME PHONE # (330)231-4355	WORK PHONE # (419)994-0077	
DL STATE OH	DL # RL610642	LP STATE OH	LP # EU57HT	INJURED TAKEN BY 1 <small>1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE</small>	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') MILLER, HARRY W.			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3736 CR 58 MILLERSBURG OH 44654			
YEAR 2004	MAKE FORD	MODEL F-SERIES PIC	COLOR TAN	INSURANCE COMPANY UNITED OHIO INSUR	TOWING SERVICE	OWNER PHONE # (330)231-4355
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> NO <input type="checkbox"/> YES			

UNIT # 02	# OF OCC 2	NAME (LAST, FIRST, MIDDLE) VOSSLER MARY A.				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 509 CHARLES COURT MASON OH 45040						
SOCIAL SECURITY NUMBER	DATE OF BIRTH 12/03/1945	AGE 64	SEX F	HOME PHONE # (513)398-2065	WORK PHONE # (513)257-3892	
DL STATE OH	DL # RU205365	LP STATE OH	LP # DJY9005	INJURED TAKEN BY 1 <small>1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE</small>	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') VOSSLER, MARY A.			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 509 CHARLES COURT MASON OH 45040			
YEAR 2005	MAKE TOYOTA	MODEL CAMRY	COLOR GREY	INSURANCE COMPANY NATIONWIDE	TOWING SERVICE	OWNER PHONE # (513)398-2065
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> NO <input type="checkbox"/> YES			

UNIT # 02	NAME (LAST, FIRST, MIDDLE) HIGH BETTY J.	HOME PHONE # (513)877-3477	DATE OF BIRTH 09/26/1952	AGE 58	SEX F
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 8324 MORGANS RUN DR. MORROW OH 45152			INJURED TAKEN BY 1 <small>1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE</small>	TRANSPORTED BY	INJURED TAKEN TO
UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			INJURED TAKEN BY <input type="checkbox"/> <small>1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE</small>	TRANSPORTED BY	INJURED TAKEN TO

SEATING POSITION A 01 <small>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</small>	SAFETY EQUIPMENT A 04 <small>MOTORIST 01.NONE USED 02.SHOLDER BELT ONLY USED 03.LAP BELT ONLY USED 04.SHOLDER 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</small>	AIR BAG A 1 <small>1.NOT-DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN</small>	AIR BAG SWITCH A 1 <small>1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION</small>	EJECTION A 1 <small>1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN</small>	TRAPPED A 1 <small>1.NOT TRAPPED 2.FENTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN</small>	INJURIES A 1 <small>1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN</small>
<input type="checkbox"/> SUPPLEMENT 'X' IF YES						

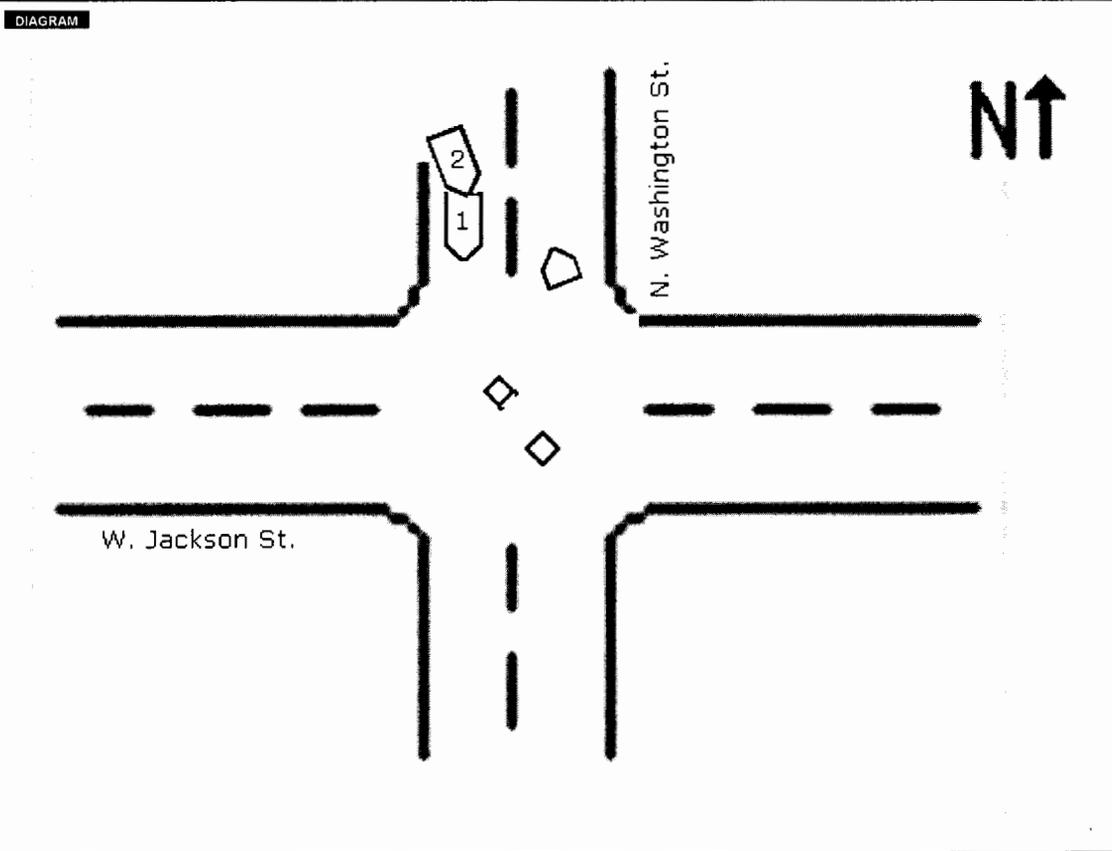
MOTORIST / NON-MOTORIST / OCCUPANT

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/> NON-MOTORIST LOCATION A <input type="text"/> B <input type="text"/> <small>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 ROADSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN</small>	DAMAGE AREA  MOST DAMAGED AREA A <input type="text" value="06"/> B <input type="text" value="02"/>	PRE-CRASH ACTIONS A <input type="text" value="02"/> B <input type="text" value="11"/> <small>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 LAYING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN</small>	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>1 <input type="text" value="20"/></td><td>1 <input type="text" value="20"/></td></tr> <tr><td>2 <input type="text"/></td><td>2 <input type="text"/></td></tr> <tr><td>3 <input type="text"/></td><td>3 <input type="text"/></td></tr> <tr><td>4 <input type="text"/></td><td>4 <input type="text"/></td></tr> </table> <small>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 RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE, OR OBJECT NOT LISTED 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 25 COLLISION WITH FIXED OBJECT 26 IMPACT ATTENUATOR CRASH CUSHION 27 BRIDGE OVERHEAD STRUCTURE 28 BRIDGE PIER OR ABUTMENT 29 BRIDGE PARAPET 30 GUARDRAIL RAIL 31 GUARDRAIL FACE 32 GUARDRAIL END 33 MEDIAN BARRIER 34 HIGHWAY TRAFFIC SIGN POST 35 LIGHT PILE 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 39 DITCH 40 EMBANKMENT 41 FENCE 42 MAILBOX 43 TREE 44 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) 45 WORK ZONE MAINTENANCE EQUIPMENT 46 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN</small>	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"/>	POSTED SPEED A <input type="text" value="25"/> B <input type="text" value="25"/> TRAFFIC CONTROL A <input type="text" value="01"/> B <input type="text" value="01"/> <small>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</small>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> <small>1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 GIVEN, RESULTS UNKNOWN 6 UNKNOWN</small> DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> <small>1 NONE 2 BLOOD 3 URINE 4 OTHER</small> DRUG TEST 1 & 2 RESULT <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"/></td><td>A <input type="text" value="1"/></td><td>B <input type="text" value="1"/></td><td>B <input type="text" value="1"/></td></tr> </table> <small>1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING</small> TYPE OF INTERSECTION <input type="text" value="01"/> <small>01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 Y-INTERSECTION 04 T-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</small>	1	2	1	2	A <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text" value="1"/>	B <input type="text" value="1"/>
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"/>																						
1	2	1	2																				
A <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text" value="1"/>	B <input type="text" value="1"/>																				
TYPE OF UNIT A <input type="text" value="07"/> B <input type="text" value="03"/> <small>MOTORIST 01 SUBCOMPACT 02 COMPACT 03 MID SIZE 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 (DOBTAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOBTAIL - SHORT 15 TRACTOR/DOBTAIL - LONG 16 FIFTH WHEEL OR CONVERTER DOOLLY 17 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTORCYCLED BICYCLE 20 SCHOOL BUS 21 CHURCH 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 - WIDER 36 ANIMAL - W/GOAT 37 BICYCLE 38 PEDESTRIAN 39 PEDICYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER-NON MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN</small>	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="10"/> B <input type="text" value="01"/> <small>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, SLOPE/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 WALKING 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</small>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> <small>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</small>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> <small>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</small> MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> <small>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</small> SPEED DETECTED A <input type="text" value="2"/> B <input type="text" value="1"/> <small>1 STATED 2 ESTIMATED</small> SPEED A <input type="text" value="2"/> B <input type="text" value="0"/>	DIRECTION FROM TO FROM TO A <input type="text" value="2"/> <input type="text" value="1"/> B <input type="text" value="1"/> <input type="text" value="2"/> <small>1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN</small> CONDITION A <input type="text" value="1"/> B <input type="text" value="1"/> <small>1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4 OTHER 5 FELT ASLEEP, DROWSY, FATIGUED, ETC. 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN</small>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/> <small>1 NONE 2 YES ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN</small> ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> <small>1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</small> ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> <small>1 NONE 2 BLOOD 3 URINE 4 OTHER</small> ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/>																		
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/> <small>1 NO 2 YES 3 UNKNOWN</small>	POINT OF IMPACT A <input type="text" value="06"/> B <input type="text" value="02"/> <small>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</small>	ACTION A <input type="text" value="4"/> B <input type="text" value="4"/> <small>1 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN</small>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/> <small>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</small>	ROAD CONTOUR <input type="text" value="1"/> <small>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN</small>	ROAD CONDITIONS <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> <small>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</small>	PRIMARY	SECONDARY	<input type="text" value="01"/>	<input type="text"/>														
PRIMARY	SECONDARY																						
<input type="text" value="01"/>	<input type="text"/>																						
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/> <small>1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN</small>	LOCAL REPORT # 10MPD 2037	SUPPLEMENT 'X' IF YES <input type="checkbox"/>																					

NARRATIVE

UNIT 1 WAS STOPPED AT A TRAFFIC LIGHT AND STARTED TO BACK UP TO CREATE ROOM FOR A LARGE TRUCK TURNING TOWARDS HIM AND BACKED INTO UNIT 2 WHO WAS STOPPED FOR THE SAME TRAFFIC LIGHT BEHIND HIM.

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 JACKING 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 SAND/SHIL/DIRT/SNOW 09 OTHER 10 UNKNOWN	WORK ZONE RELATED 1 1 NO 2 YES
LIGHT CONDITIONS PRIMARY 1 SECONDARY <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="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 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
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CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCL'DING 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 REPAID <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE
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POLICE ACTION DATE CRASH REPORTED 10/16/2010	TIME REC CALL 11:45	DISPATCH 11:50	ARRIVED 11:55	CLEARED 12:04	OTHER 30	TOTAL MINUTES 44	
OFFICER'S NAME PTL. W. TODD BOOTH	BADGE # 104	CHECKED BY	DATE REPORT FILED 10/16/2010	REPORT TAKEN BY <input type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST			REPORT TAKEN AT <input type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER
REPORT TAKEN BY <input type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST			SUPPLEMENT 'X' IF YES		LOCAL REPORT # 10MPD 2037		