



TRAFFIC CRASH REPORT

CRASH REPORT #
10MPD 2060

CRASH SEVERITY
3 1.FATAL 2.FATAL ERROR 3.FBI 4.INJURY 5.UNKNOW

PRIVATE PROPERTY
 YES NO

HIT/SKIP
1 1.NOT HIT 2.SOLVED 3.UNSOLVED

PHOTOS TAKEN
 YES NO

OH-2 OH-3 OH-1P OTHER

N.C.I.C. #
03801

REPORTING AGENCY
MILLERSBURG POLICE DEPARTMENT

UNITS
2

UNIT ERROR
01 98.ANIMAL 99.UNKNOW

DATE OF CRASH
10/19/2010

TIME OF CRASH
09:30

DAY OF WEEK
TUE

CITY/VILLAGE/TOWNSHIP
VILLAGE

NAME (OF CITY, VILLAGE OR TOWNSHIP)
MILLERSBURG

COUNTY #
38

LATITUDE
40333402

LONGITUDE
081550600

CRASH OCCURRED ON

PREFIX
WOOSTER RD.

TYPE LOCATION POINT USED
1 1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE

LOCAL INFORMATION

AT/REFERENCE

DIST. REF. DR PREFIX REFERENCE
WALNUT ST.

REFERENCE POINT USED
02 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

UNIT # **01** # OF OCC **1** NAME (LAST, FIRST, MIDDLE)
MILLER MELISSA D.

ADDRESS (STREET, CITY, STATE, ZIP-CODE)
8739 PR 343 MILLERSBURG OH 44654

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
10/05/1967 43 F (330)674-0840

DL STATE DL # LP STATE LP # INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO
OH RL610870 OH FAP1499 1 1.NONE 4.OTHER 2.EMS 3.UNKNOW 3.POLICE

OWNER NAME (IF SAME, WRITE 'SAME') OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)
MILLER, MARION S. 8739 PR 343 MILLERSBURG OH 44654

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2010 BUICK OTHER SILVER MOTORISTS MUTUA (330)674-0840

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE
331.19 STOP SIGN VIOLATIONS 10120 X

UNIT # **02** # OF OCC **1** NAME (LAST, FIRST, MIDDLE)
SMITH DOUGLAS L.

ADDRESS (STREET, CITY, STATE, ZIP-CODE)
5941 TR 257 MILLERSBURG OH 44654

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
05/04/1964 46 M (330)674-3187

DL STATE DL # LP STATE LP # INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO
OH RN030278 OH ETP6566 1 1.NONE 4.OTHER 2.EMS 3.UNKNOW 3.POLICE

OWNER NAME (IF SAME, WRITE 'SAME') OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)
SMITH, DOUGLAS L. 5941 TR 257 MILLERSBURG OH 44654

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2005 FORD RANGER GREY PROGRESSIVE (330)674-3187

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE
 YES NO

OCCUPANT

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
 YES NO

UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
D

ADDRESS (STREET, CITY, STATE, ZIP-CODE) INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO
 YES NO

SEATING POSITION

- 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 GAR)
- 08 THIRD - MIDDLE
- 09 THIRD - RIGHT
- 10 SLEEPER SECTION OF CAB
- 11 ENCLOSED CARGO AREA
- 12 UNCLOSED CARGO AREA
- 13 TRAILING UNIT
- 14 EXTERIOR
- 15 OTHER
- 16 NON-MOTORIST
- 17 UNKNOWN

SAFETY EQUIPMENT

- 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 NON-MOTORIST OR NONE USED
- 09 HELMET USED
- 10 PROTECTIVE PADS
- 11 REFLECTIVE CLOTHING
- 12 LIGHTING
- 13 OTHER
- 14 UNKNOWN

AIR BAG

- 1 NOT DEPLOYED
- 2 DEPLOYED - FRONT
- 3 DEPLOYED - SIDE
- 4 DEPLOYED BOTH FRONT/SIDE
- 5 NOT APPLICABLE
- 6 DEPLOYMENT UNKNOWN

AIR BAG SWITCH

- 1 ON-OFF SWITCH NOT PRESENT
- 2 SWITCH IN ON POSITION
- 3 SWITCH IN OFF POSITION
- 4 UNKNOWN POSITION

EJECTION

- 1 NOT EJECTED
- 2 TOTALLY EJECTED
- 3 PARTIALLY EJECTED
- 4 NOT APPLICABLE
- 5 UNKNOWN

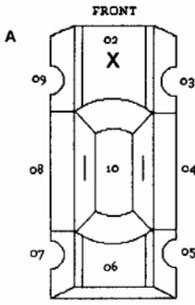
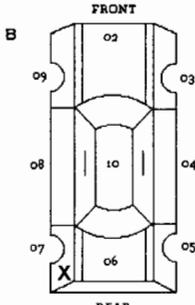
TRAPPED

- 1 NOT TRAPPED
- 2 EXTRICATED BY MECHANICAL MEANS
- 3 FREED BY NON-MECHANICAL MEANS
- 4 UNKNOWN

INJURIES

- 1 NO INJURY
- 2 POSSIBLE
- 3 NON-INCAPACITATING
- 4 INCAPACITATING
- 5 FATAL INJURY
- 6 UNKNOWN

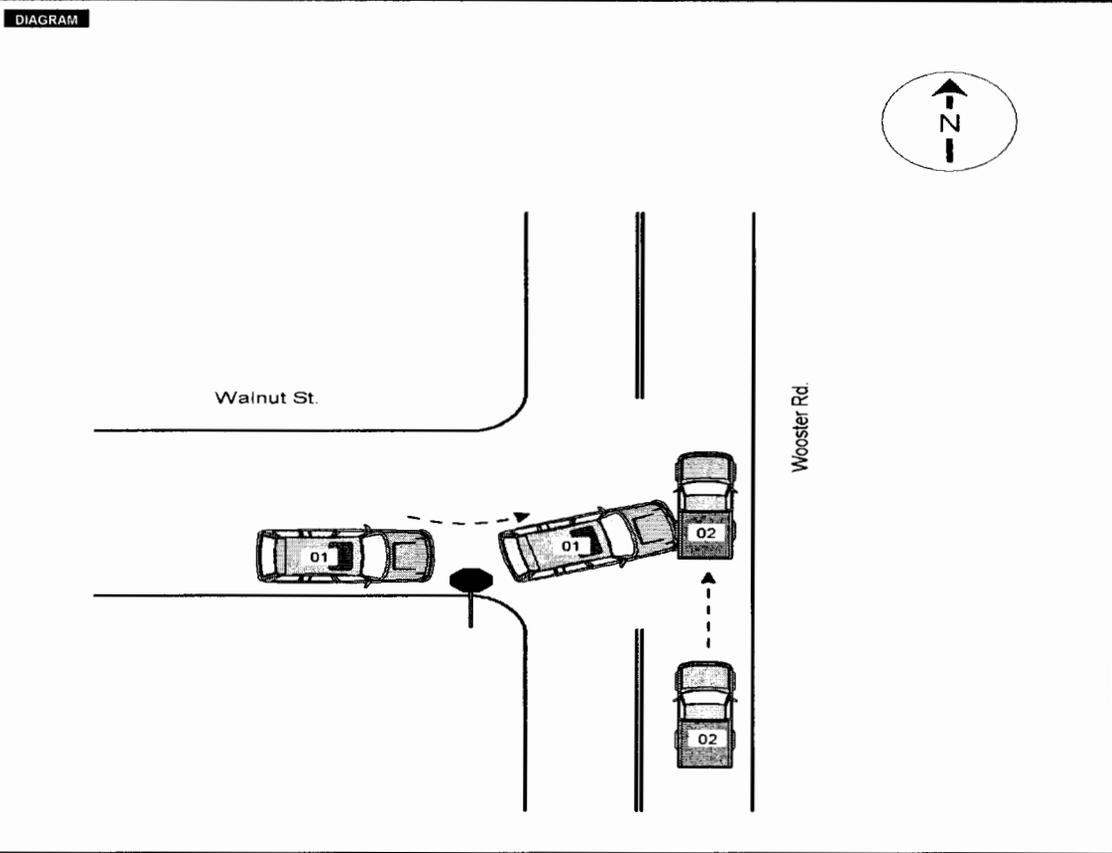
SUPPLEMENT 'X' IF YES

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="06"/> B <input type="text" value="01"/> <p>MOTORIST</p> <ol style="list-style-type: none"> 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LINES 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 <p>NON-MOTORIST</p> <ol style="list-style-type: none"> 15 ENTERING OR CROSSING SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROXIMATING OR LEAVING VEHICLE 20 PLAYING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN 	SEQUENCE OF EVENTS <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> A 1 <input type="text" value="20"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> </td> <td style="width:50%;"> B 1 <input type="text" value="20"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> </td> </tr> </table> <p>NON-COLLISION</p> <ol style="list-style-type: none"> 01 OVERTURN ROLL-OVER 02 FIRE/EXPLOSION 03 IMMERSION 04 CLACK-KNIFE 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 <p>COLLISION WITH FIXED OBJECT, VEHICLE OR OBJECT NOT LISTED</p> <ol style="list-style-type: none"> 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 LISTED OBJECT 26 IMPACT ATTENTION/CRAASH CONDITION 27 BRIDGE OVERHEAD STRUCTURE 28 BRIDGE PIER OR ABUTMENT 29 BRIDGE RAIL 30 GROUND RAIL FACE 31 GROUND RAIL 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 DITCH 40 EMBARKMENT 41 TREE 42 FENCE 43 MAIL BOX 44 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) 45 WORK ZONE MAINTENANCE EQUIPMENT 46 UNKNOWN FIXED OBJECT 47 OTHER 48 UNKNOWN 	A 1 <input type="text" value="20"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	B 1 <input type="text" value="20"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	POSTED SPEED A <input type="text" value="35"/> B <input type="text" value="35"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p>
A 1 <input type="text" value="20"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	B 1 <input type="text" value="20"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>						
NON-MOTORIST LOCATION A <input type="text"/> B <input type="text"/> <p>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 OFFSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN</p>		CONTRIBUTING CIRCUMSTANCES A <input type="text" value="02"/> B <input type="text" value="01"/> <p>MOTORIST</p> <ol style="list-style-type: none"> 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/SLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER (IMPROPER ACTION) 22 UNKNOWN <p>NON-MOTORIST</p> <ol style="list-style-type: none"> 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 	TRAFFIC CONTROL A <input type="text" value="02"/> B <input type="text" value="12"/> <p>01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSBUCKS 08 RAILROAD GATES 09 RAILROAD FLASHERS 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALK/DONT WALK 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSOBE/REMOVED 16 OTHER 17 NOT REPORTED</p>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE 2 BLOOD 3 URINE 4 OTHER</p>			
TYPE OF UNIT A <input type="text" value="06"/> B <input type="text" value="07"/> <p>MOTORIST</p> <ol style="list-style-type: none"> 01 SUBCOMPACT 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 (BOBTAIL) 13 TRACTOR SEMI-TRAILER 14 TRACTOR TRAILER - SHORT 15 TRACTOR DOUBLE-LENG 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 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 <p>NON-MOTORIST</p> <ol style="list-style-type: none"> 35 ANIMAL RIDER 36 ANIMAL W/DRAGY 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 <input type="text" value="02"/> B <input type="text" value="07"/> <p>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</p>	DIRECTION <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> FROM TO A <input type="text" value="4"/> <input type="text" value="1"/> </td> <td style="width:50%;"> FROM TO B <input type="text" value="2"/> <input type="text" value="1"/> </td> </tr> </table> <p>1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN</p>	FROM TO A <input type="text" value="4"/> <input type="text" value="1"/>	FROM TO B <input type="text" value="2"/> <input type="text" value="1"/>	DRUG TEST RESULT <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> 1 2 A <input type="text" value="1"/> <input type="text" value="1"/> </td> <td style="width:50%;"> 1 2 B <input type="text" value="1"/> <input type="text" value="1"/> </td> </tr> </table> <p>1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING</p>	1 2 A <input type="text" value="1"/> <input type="text" value="1"/>	1 2 B <input type="text" value="1"/> <input type="text" value="1"/>
FROM TO A <input type="text" value="4"/> <input type="text" value="1"/>	FROM TO B <input type="text" value="2"/> <input type="text" value="1"/>						
1 2 A <input type="text" value="1"/> <input type="text" value="1"/>	1 2 B <input type="text" value="1"/> <input type="text" value="1"/>						
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NO 2 YES 3 UNKNOWN</p>	POINT OF IMPACT A <input type="text" value="02"/> B <input type="text" value="07"/> <p>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</p>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> <p>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</p>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE 2 YES ALCOHOL SUSPECTED 3 YES - HHD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN</p>	OCCURRENCE <input type="text" value="1"/> <p>1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN</p>		
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/> <p>1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN</p>	ACTION A <input type="text" value="3"/> B <input type="text" value="4"/> <p>1 NON-CONTACT 2 NON-COLLISION 3 STRUCK 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN</p>	ROAD CONTOUR <input type="text" value="2"/> <p>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN</p>	MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p>	ROAD CONDITIONS <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> PRIMARY <input type="text" value="01"/> </td> <td style="width:50%;"> SECONDARY <input type="text"/> </td> </tr> </table> <p>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</p>	PRIMARY <input type="text" value="01"/>	SECONDARY <input type="text"/>
PRIMARY <input type="text" value="01"/>	SECONDARY <input type="text"/>						
STRIKING VEHICLE OVERRIDE/UNDERIDE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NO UNDERIDE 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</p>	SPEED DETECTED A <input type="text" value="2"/> B <input type="text" value="1"/> <p>1 STATED 2 ESTIMATED</p>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE 2 BLOOD 3 URINE</p>	SPEED A <input type="text" value="10"/> B <input type="text" value="15"/>	ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <input type="checkbox"/> SUPPLEMENT 'X' IF YES </td> <td style="width:50%;"> LOCAL REPORT # 10MPD 2060 </td> </tr> </table>	<input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT # 10MPD 2060
<input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT # 10MPD 2060						

NARRATIVE

UNIT 01 WAS MAKING A LEFT TURN FROM WALNUT ST. ONTO WOOSTER RD. SHE DID NOT SEE UNIT 02 TRAVELING NORTHBOUND ON WOOSTER RD., AND SHE PULLED OUT STRIKING HIM IN THE LEFT REAR OF HIS VEHICLE.

MANNER OF COLLISION OR IMPACT 6 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	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/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. 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 <input type="checkbox"/> 01 NOT APPLICABLE 02 HUN (9-15 INCL. 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 GARBAGE REFUSE 12 OTHER 13 UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 1. LESS THAN 10,000 2. 10,001 - 26,000 3. MORE THAN 26,000	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			

POLICE ACTION						
DATE CRASH REPORTED 10/19/2010	TIME REC CALL 13:34	DISPATCH 13:36	ARRIVED 13:49	CLEARED 14:36	OTHER 0	TOTAL MINUTES 60
OFFICER'S NAME PTL. KEVIN BROWN		BADGE # 108	CHECKED BY		DATE REPORT FILED 10/19/2010	
REPORT TAKEN BY 1 1. POLICE AGENCY 2. MOTORIST	REPORT TAKEN AT 2 1. SCENE 2. STATION 3. OTHER	<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT # 10MPD 2060		