



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>10MPD 2071</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> 'N' IF YES	HIT/SKIP <b>1</b> 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <input type="checkbox"/> 'N' 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. # <b>03801</b>	REPORTING AGENCY <b>MILLERSBURG POLICE DEPARTMENT</b>	# UNITS <b>1</b>	UNIT ERROR <b>98</b> 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>10/21/2010</b>	

TIME OF CRASH <b>06:15</b>	DAY OF WEEK <b>THU</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40331005</b>	LONGITUDE <b>081542504</b>
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>CASH</b>	CRASH LOCATION <b>PORT WASHINGTON RD.</b>	TYPE LOC <b>1</b>
REFERENCE POINT USED		
DIST. REF.	DR	PREFIX
<b>000401</b>	<b>PORT WASHINGTON</b>	<b>04</b>

UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>MILLER MICHAEL D</b>			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>6844 CR68 MILLERSBURG OH 44654</b>					
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>11/23/1976</b>	AGE <b>33</b>	SEX <b>M</b>	HOME PHONE # <b>(330)674-0552</b>	WORK PHONE #

DL STATE <b>OH</b>	DL # <b>RT052672</b>	LP STATE <b>OH</b>	LP # <b>CLU2653</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') <b>ALLISON D. MILLER</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>6844 CR 68 MILLERSBURG OH 44654</b>			

YEAR <b>2000</b>	MAKE <b>CHEVROLET</b>	MODEL <b>CAVALIER</b>	COLOR <b>SILVER</b>	INSURANCE COMPANY <b>AAA INSURANCE</b>	TOWING SERVICE	OWNER PHONE # <b>(330)674-0552</b>
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> 'N' IF YES			

UNIT #	# OF OCC	NAME (LAST, FIRST, MIDDLE)			
ADDRESS (STREET, CITY, STATE, ZIP-CODE)					
SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #

DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME')			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)			
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #

UNIT #	# OF OCC	NAME (LAST, FIRST, MIDDLE)			
ADDRESS (STREET, CITY, STATE, ZIP-CODE)					
SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #

DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME')			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)			
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #

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

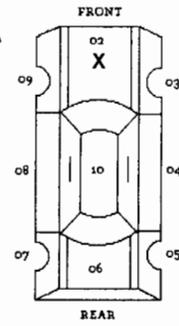
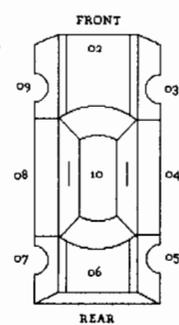
SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
<b>A 01</b>	<b>A 04</b>	<b>A 1</b>	<b>A 4</b>	<b>A 1</b>	<b>A 1</b>	<b>A 1</b>

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

BLANK FOR WITNESS

SUPPLEMENT 'X' IF YES

MOTORIST / NON-MOTORIST / OCCUPANT

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="01"/> B <input type="text"/> <b>MOTORIST</b> 01 MOVEMENTS ESSENTIALLY STRAIGHT 02 AHEAD 03 BACKING 04 CHANGING LANES 05 OVERTAKING PASSING 06 TURNING RIGHT 07 TURNING LEFT 08 MAKING U-TURN 09 ENTERING TRAFFIC LANE 10 LEAVING TRAFFIC LANE 11 PARKED 12 SLOWING OR STOPPED IN TRAFFIC 13 DRIVERLESS 14 OTHER 15 UNKNOWN <b>NON-MOTORIST</b> 16 ENTERING OR CROSSING SPECIFIED LOCATION 17 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 18 WORKING 19 PUSHING VEHICLE 20 APPROACHING OR LEAVING VEHICLE 21 PAVING OR WORKING ON VEHICLE 22 STANDING 23 OTHER 24 UNKNOWN	<b>SEQUENCE OF EVENTS</b> <table style="width:100%;"> <tr> <td style="width:50%;">A <input type="text" value="18"/></td> <td style="width:50%;">B <input type="text"/></td> </tr> <tr> <td>1 <input type="text"/></td> <td>1 <input type="text"/></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> <b>NON-COLLISION</b> 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 OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION <b>COLLISION WITH PERSON, VEHICLE OR OBJECT NOT LISTED</b> 14 PEDESTRIAN 15 BICYCLE 16 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 17 ANIMAL - FARMS 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 <b>COLLISION WITH FIXED OBJECT</b> 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 UTILITIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBARCAMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT/WALL, BUILDING, TUNNEL, ETC.) 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	A <input type="text" value="18"/>	B <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	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> A <input type="text" value="35"/> B <input type="text"/> <b>TRAFFIC CONTROL</b> A <input type="text" value="01"/> B <input type="text"/> 01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSINGS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALKDOWN WALK 15 TRAFFIC CONTROL DEVICE 16 OPERATIVE, MISSING, OBSCURED 17 OTHER 18 NOT REPORTED	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/> 1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/USABLE 4 TEST GIVEN, RESULTS KNOWN 5 GIVEN, RESULTS UNKNOWN 6 UNKNOWN <b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/> 1 NONE 2 BLOOD 3 URINE 4 OTHER <b>DRUG TEST 1 &amp; 2 RESULT</b> <table style="width:100%;"> <tr> <td style="width:50%;">A <input type="text" value="1"/> <input type="text" value="1"/></td> <td style="width:50%;">B <input type="text"/> <input type="text"/></td> </tr> </table> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPATIES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING	A <input type="text" value="1"/> <input type="text" value="1"/>	B <input type="text"/> <input type="text"/>
A <input type="text" value="18"/>	B <input type="text"/>																
1 <input type="text"/>	1 <input type="text"/>																
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4 <input type="text"/>	4 <input type="text"/>																
A <input type="text" value="1"/> <input type="text" value="1"/>	B <input type="text"/> <input type="text"/>																
<b>TYPE OF UNIT</b> A <input type="text" value="02"/> B <input type="text"/> <b>MOTORIST</b> 01 SUB-COMPACT 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 DOBLE - SHORT 15 TRACTOR DOBLE - LONG 16 FIFTI WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTORCYCLE/BICYCLE 20 SCOOTER 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 PUBLIC VEHICLE 25 FIRE TRUCK 26 AMBULANCE RESCUE 27 TANK 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 CONSTRUCTION EQUIPMENT 33 ALL OTHERS <b>NON-MOTORIST</b> 34 ANIMAL W/DRIVER 35 ANIMAL W/O DRIVER 36 BICYCLE 37 PEDESTRIAN 38 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 39 SKATER 40 OTHER-NON MOTORIST (WHEELCHAIR, ETC.) 41 UNKNOWN		<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="01"/> B <input type="text"/> <b>MOTORIST</b> 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 MANNER, CARELESS, NEGLIGENCE OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DARK ROAD, 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 <b>NON-MOTORIST</b> 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	<b>DIRECTION</b> FROM TO FROM TO A <input type="text" value="7"/> <input type="text" value="6"/> B <input type="text"/> <input type="text"/> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN	<b>TYPE OF INTERSECTION</b> <input type="text" value="01"/> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDBOBT 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													
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text"/> 1 NO 2 YES 3 UNKNOWN	<b>POINT OF IMPACT</b> A <input type="text" value="09"/> B <input type="text"/> 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	<b>VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/> 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	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text"/> 1 NONE 2 YES ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN	<b>OCCURRENCE</b> <input type="text" value="1"/> 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN												
<b>DAMAGE SCALE</b> A <input type="text" value="3"/> B <input type="text"/> 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text"/> 1 NON-CONTACT 2 NON-COLLISION 3 STRICKEN 4 STRUCK 5 BOTH STRICKEN AND STRUCK 6 UNKNOWN	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/> 1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/USABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/> 1 NONE 2 BREATH 3 BLOOD 4 OTHER	<b>ROAD CONTOUR</b> <input type="text" value="2"/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN												
<b>DAMAGE AREA</b> A <input type="text" value="1"/> B <input type="text"/> 1 NO UNDERDRIVE OR OVERRIDE 2 UNDERDRIVE, COMPARTMENT INTERIOR 3 UNDERDRIVE, NO COMPARTMENT INTERIOR 4 UNDERDRIVE, COMPARTMENT INTERIOR UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN IF UNDERDRIVE OR OVERRIDE	<b>STRIKING VEHICLE OVERRIDE/UNDERDRIVE</b> A <input type="text" value="1"/> B <input type="text"/> 1 NO UNDERDRIVE OR OVERRIDE 2 UNDERDRIVE, COMPARTMENT INTERIOR 3 UNDERDRIVE, NO COMPARTMENT INTERIOR 4 UNDERDRIVE, COMPARTMENT INTERIOR UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN IF UNDERDRIVE OR OVERRIDE	<b>SPEED DETECTED</b> A <input type="text" value="1"/> B <input type="text"/> 1 STATED 2 ESTIMATED	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/> 1 NONE 2 BLOOD 3 URINE	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/> 1 NONE 2 BLOOD 3 URINE	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="01"/> SECONDARY <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												
				<b>SUPPLEMENT 'X' IF YES</b>		<b>LOCAL REPORT #</b> <b>10MPD 2071</b>											

**NARRATIVE**

UNIT NUMBER ONE WAS HEADING NORTH WEST ON PORT WASHINGTON ROAD WHEN HE STRUCK A DEER WHICH ENTERED THE ROADWAY FROM THE SOUTH.

**MANNER OF COLLISION OR IMPACT**

1

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

**WORK ZONE RELATED**

1

1 NO  
2 YES  
3 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

**TYPE OF WORK ZONE**

1 LANE CLOSURE  
2 LANE SHIFT/CROSSOVER  
3 WORK ON SHOULDER OR MEDIAN  
4 INTERMITTENT OR MOVING WORK  
5 OTHER

**LOCATION OF CRASH IN WORK ZONE**

1 BEFORE THE FIRST WORK ZONE WARNING SIGN  
2 ADVANCE WARNING AREA  
3 TRANSITION AREA  
4 ACTIVITY AREA

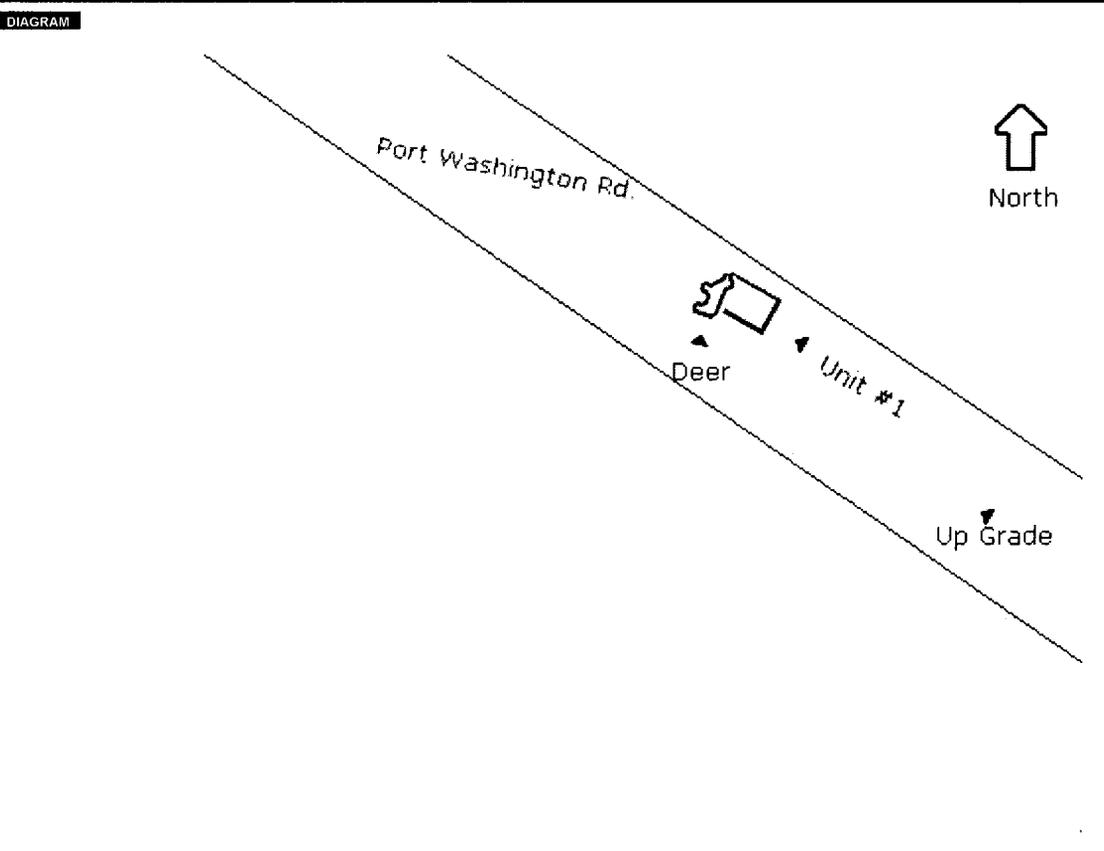
**LIGHT CONDITIONS**

**PRIMARY**  5 **SECONDARY**

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

**WORKERS PRESENT**

1 NO  
2 YES  
3 UNKNOWN



**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.

**COMPANY (FROM SHIPPING PAPERS)**

**ADDRESS (STREET, CITY, ST, ZIP CODE)**

<b>US DOT</b>	<b>ICC MC</b>	<b>PUCO</b>	<b>TRAILER LP ST.</b>	<b>TRAILER LP YEAR</b>	<b>TRAILER LP #</b>	<b>PLACARD #</b>	<b># DIA</b>
<b>CARGO BODY TYPE</b>	05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER	10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	<b>WEIGHT (GVWR)</b>	<b>CDL CLASS</b>	1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	<b>HAZARDOUS MATERIALS</b>	<b>HAZARDOUS MATERIALS REFINISHED</b>
<input type="checkbox"/>	01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VASENCLORED BOX 04 GRAIN/CHIPS/GRAVEL		<input type="checkbox"/>	<input type="checkbox"/>	1 LESS/EQUAL 10,000 2 10,001 - 26,000 3 MORE THAN 26,000	<input type="checkbox"/>	<input type="checkbox"/>

**POLICE ACTION**

<b>DATE CRASH REPORTED</b>	<b>TIME REC CALL</b>	<b>DISPATCH</b>	<b>ARRIVED</b>	<b>CLEARED</b>	<b>OTHER</b>	<b>TOTAL MINUTES</b>
10/21/2010	06:17	06:17	06:21	06:45	30	58

<b>OFFICER'S NAME</b>	<b>BADGE #</b>	<b>CHECKED BY</b>	<b>DATE REPORT FILED</b>
PTL. KIM HERMAN	101		10/21/2010

<b>REPORT TAKEN BY</b>	<b>REPORT TAKEN AT</b>	<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>	<b>LOCAL REPORT #</b>
<input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST	<input checked="" type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER		10MPD 2071