

OHIO

TRAFFIC CRASH REPORT

OH 1 (Rev. 1/99)

Traffic Crash Report

CRASH REPORT # 10MPD 2115	CRASH SEVERITY 3 1 FATAL ERROR 3 FPD 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"/> 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 10/25/2010	

TIME OF CRASH 15:35	DAY OF WEEK MON	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40331209	LONGITUDE 081550209
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CRASH OCCURRED ON

PREFIX S	CRASH LOCATION CLAY	TYPE LOC 1	TYPE LOCATION POINT USED 01 NAMED STREET 02 NUMBERED STREET 03 NUMBERED ROUTE	LOCAL INFORMATION
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DIST. REF.	DR	PREFIX S	REFERENCE 000034 CLAY	REF POINT 04	REFERENCE POINT USED 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
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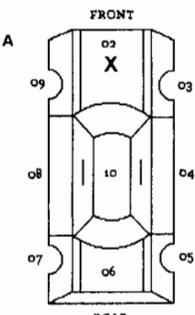
MOTORIST / NON-MOTORIST	A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) DORSEY EDDIE D	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3422 SR 83 MILLERSBURG OH 44654			SOCIAL SECURITY NUMBER	DATE OF BIRTH 09/15/1961	AGE 49	SEX M	HOME PHONE # (330)288-8589	WORK PHONE #	
	DL STATE OH	DL # RT861157	LP STATE OH	LP # EQZ7206	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') DORSEY, EDDIE D						
	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3422 SR 83 MILLERSBURG OH 44654						YEAR 1995	MAKE MERCURY	MODEL SABLE	COLOR GREEN	INSURANCE COMPANY STATE FARM	TOWING SERVICE	OWNER PHONE #	
	OFFENSE CHARGED	OFFENSE DESCRIPTION						CITATION #	LOCAL CODE <input type="checkbox"/> NO IF YES					

MOTORIST / NON-MOTORIST	B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) HANNAS RICKY W	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 276 WALNUT ST MILLERSBURG OH 44654			SOCIAL SECURITY NUMBER	DATE OF BIRTH 06/21/1958	AGE 52	SEX M	HOME PHONE # (330)231-7244	WORK PHONE #	
	DL STATE OH	DL # RH682212	LP STATE OH	LP # CL13ES	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') HANNAS, RICKY W						
	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 276 WALNUT ST MILLERSBURG OH 44654						YEAR 1997	MAKE MAZDA	MODEL OTHER TRUC	COLOR BLACK	INSURANCE COMPANY WESTFIELD	TOWING SERVICE FINNEYS TOWING	OWNER PHONE #	
	OFFENSE CHARGED	OFFENSE DESCRIPTION						CITATION #	LOCAL CODE <input type="checkbox"/> NO IF YES					

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

SEATING POSITION A 01 B 01 C D BLANK FOR WITNESS	SAFETY EQUIPMENT A 04 B 04 C D	AIR BAG A 1 B 1 C D	AIR BAG SWITCH A 1 B 1 C D	EJECTION A 1 B 1 C D	TRAPPED A 1 B 1 C D	INJURIES A 1 B 1 C D
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SUPPLEMENT 'X' IF YES

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA  FRONT REAR A <input type="text" value="02"/> B <input type="text" value="03"/>	PRE-CRASH ACTIONS A <input type="text" value="05"/> B <input type="text" value="01"/> <p>MOTORIST</p> <ol style="list-style-type: none"> 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 <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 APPROACHING 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/ROLLOVER 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 <p>UNKNOWN NON-COLLISION</p> <ol style="list-style-type: none"> 13 UNKNOWN NON-COLLISION 14 COLLISION W/PERSON, VEHICLE OR OBJECT NOT FIXED 15 PEDESTRIAN 16 RAILROAD 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 BRIDGE RAIL 31 GUARDRAIL FACE 32 GUARDRAIL END 33 GUARDRAIL 34 OVERHEAD SIGN POST 35 LIGHT COLUMNARIES SUPPORT 36 TILT UP 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, TOWER, ETC) 45 WORK ZONE MAINTENANCE EQUIPMENT 46 UNKNOWN FIXED OBJECT (DISTURBED) 47 OTHER 48 UNKNOWN 49 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="0"/> B <input type="text" value="25"/>	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 UNKNOWN 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</p>	TYPE OF UNIT A <input type="text" value="04"/> B <input type="text" value="07"/> <p>MOTORIST</p> <ol style="list-style-type: none"> 01 SUB-COMPACT 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, 1 OR MORE AXLES 11 TRUCK TRAILER 12 TRUCK TRACTOR (BOBTAIL) 13 TRACTOR SEMI-TRAILER 14 TRACTOR DOUBLE-SHIRT 15 TRACTOR DOUBLE-ENDING 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR TRIPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CITY/RTV 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 WRIDER 36 ANIMAL W/BUGGY 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 <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 10 IMPROPER PASSING 11 IMPROPER BACKING 12 IMPROPER START FROM PARKED POSITION 13 STOPPED OR PARKED ILLEGALLY 14 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 15 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT) 16 FAILURE TO CONTROL 17 VISION OBSTRUCTION 18 DRIVER INATTENTION 19 FATIGUE/ASLEEP 20 OPERATING DEFECTIVE EQUIPMENT 21 LOAD SHIFTING/FALLING/SPILLING 22 OTHER IMPROPER ACTION 23 UNKNOWN <p>NON-MOTORIST</p> <ol style="list-style-type: none"> 24 NONE 25 IMPROPER CROSSING 26 DARTING 27 LYING AND/OR ILLEGALLY IN ROADWAY 28 FAILURE TO YIELD RIGHT OF WAY 29 NOT VISIBLE (DARK CLOTHING) 30 INATTENTIVE 31 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER 32 WRONG SIDE OF THE ROAD 33 OTHER 34 UNKNOWN 	TRAFFIC CONTROL A <input type="text" value="01"/> B <input type="text" value="01"/> <p>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 WALK/DON'T WALK 15 TRAFFIC CONTROL DEVICE 16 OTHER, MISSING, OBSCURED 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>					
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NO 2 YES 3 UNKNOWN</p>	MOST DAMAGED AREA A <input type="text" value="02"/> B <input type="text" value="03"/> <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 '1'S' 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>	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="2"/> </td> <td style="width:50%;"> FROM TO B <input type="text" value="1"/> <input type="text" value="2"/> </td> </tr> </table> <p>1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTH EAST 6 NORTH WEST 7 SOUTH EAST 8 SOUTH WEST 9 UNKNOWN</p>	FROM TO A <input type="text" value="4"/> <input type="text" value="2"/>	FROM TO B <input type="text" value="1"/> <input type="text" value="2"/>	DRUG TEST 1 & 2 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"/>	TYPE OF INTERSECTION <input type="text" value="10"/> <p>01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDBOUT 06 VEE-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</p>
FROM TO A <input type="text" value="4"/> <input type="text" value="2"/>	FROM TO B <input type="text" value="1"/> <input type="text" value="2"/>								
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"/>								
DAMAGE SCALE A <input type="text" value="3"/> B <input type="text" value="4"/> <p>1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN</p>	POINT OF IMPACT A <input type="text" value="02"/> B <input type="text" value="03"/> <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>	SPEED DETECTED A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 STATED 2 ESTIMATED</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 - BDD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN</p>	OCURRENCE <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="3"/> B <input type="text" value="4"/> <p>1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN</p>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>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</p>	SPEED A <input type="text" value="2"/> B <input type="text" value="10"/>	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 CONTOUR <input type="text" value="1"/> <p>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN</p>					
DAMAGE SCALE A <input type="text" value="3"/> B <input type="text" value="4"/> <p>1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN</p>	ROAD CONDITIONS PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/> <p>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</p>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE 2 BREATH 3 BLOOD 4 OTHER</p>	ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/>	LOCAL REPORT # 10MPD 2115					

SUPPLEMENT 'X' IF YES

NARRATIVE

UNIT #1 WAS ATTEMPTING TO PULL OUT ONTO SOUTH CLAY STREET FROM THE PNC BANK DRIVEWAY. UNIT #2 WAS SOUTHBOUND ON SOUTH CLAY STREET. UNIT #1 DID NOT SEE UNIT #2 COMING. UNIT #1 PULLED OUT AND STRUCK UNIT #2 IN THE RIGHT FRONT. UNIT #2 HAD TO BE TOWED DUE TO LOSING HIS BRAKES FROM THE CRASH.

<p>MANNER OF COLLISION OR IMPACT</p> <p>6</p> <p>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</p>	<p>SCHOOL BUS RELATED</p> <p>1</p> <p>1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN</p>	<p>DIAGRAM</p>
<p>WEATHER</p> <p>01</p> <p>01 CLEAR 02 CLOUDY 03 FOG/SMOG/SMOKE 04 RAIN 05 SLIGHT HAIL (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND/POWDER/DIRT/SNOW 09 OTHER 10 UNKNOWN</p>	<p>WORK ZONE RELATED</p> <p>1</p> <p>1 NO 2 YES 3 UNKNOWN</p>	
<p>LIGHT CONDITIONS</p> <p>PRIMARY SECONDARY</p> <p>1 <input type="checkbox"/></p> <p>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</p>	<p>TYPE OF WORK ZONE</p> <p><input type="checkbox"/></p> <p>1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT OR MOVING WORK 5 OTHER</p>	
<p>LOCATION OF CRASH IN WORK ZONE</p> <p><input type="checkbox"/></p> <p>1 BEFORE THE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA</p>	<p>WORKERS PRESENT</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	

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 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 01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BODY 04 GRAIN CHIPS/GRAVEL 05 POLE 06 CARGO TANK 07 FLATBED 08 PUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN		WEIGHT (GVWR) 1. LESS THAN 10,000 2. 10,001 - 26,000 3. MORE THAN 26,000	CDL CLASS 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	HAZARDOUS MATERIALS 1 NO 2 YES 3 UNKNOWN	HAZARDOUS MATERIALS REFUSED 1 NO 2 YES 3 NOT APPLICABLE		

POLICE ACTION						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
10/25/2010	15:38	15:38	15:39	16:09	0	31
OFFICER'S NAME		BADGE #	CHECKED BY		DATE REPORT FILED	
CAPT. SCOTT AKINS		103			10/25/2010	
REPORT TAKEN BY	REPORT TAKEN AT			SUPPLEMENT 'X' IF YES	LOCAL REPORT #	
1 1 POLICE AGENCY 2 MOTORIST	1 1 SCENE 2 STATION 3 OTHER			<input type="checkbox"/>	10MPD 2115	