



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>10MPD 2300</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 4PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO	HITSKIP <b>1</b> 1 NOT HIT SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <input type="checkbox"/> YES <input type="checkbox"/> NO	OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/>
N.C.I.C. # <b>03801</b>	REPORTING AGENCY <b>MILLERSBURG POLICE DEPARTMENT</b>	# UNITS <b>2</b>	UNIT ERROR <b>01</b> 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>11/23/2010</b>	

TIME OF CRASH <b>08:40</b>	DAY OF WEEK <b>TUE</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40331406</b>	LONGITUDE <b>081545404</b>
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PREFIX <b>E</b>	CRASH LOCATION <b>E. JACKSON ST.</b>	TYPE LOC <b>1</b>	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION
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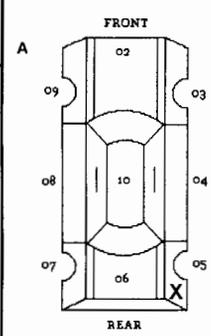
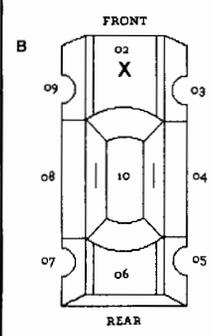
DIST. REF.	DR	PREFIX <b>S</b>	REFERENCE <b>S. CRAWFORD ST.</b>	REF POINT <b>02</b>	REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION OF TWO STREETS 03 COUNTY LINE 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME WITHOUT REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE
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MOTORIST / NON-MOTORIST	<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>WEIGAND JAMES J.</b>		ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>7310 C.R. 623 MILLERSBURG OH 44654</b>		SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>10/14/1931</b>	AGE <b>79</b>	SEX <b>M</b>	HOME PHONE # <b>(330)674-8776</b>	WORK PHONE # <b>(330)674-3806</b>
	DL STATE <b>OH</b>	DL # <b>RF380290</b>	LP STATE <b>OH</b>	LP # <b>AD96TC</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>WEIGAND, JAMES J.</b>					
	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>7310 C.R. 623 MILLERSBURG OH 44654</b>						YEAR <b>1988</b>						
	MAKE <b>CHEVROLET</b>		MODEL <b>S-10</b>	COLOR <b>RED</b>	INSURANCE COMPANY <b>STATE AUTO</b>	TOWING SERVICE	OWNER PHONE # <b>(330)674-8776</b>						
	OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #		LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO				

MOTORIST / NON-MOTORIST	<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>3</b>	NAME (LAST, FIRST, MIDDLE) <b>KEATON LAURA A.</b>		ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>9029 U.S. 62 MILLERSBURG OH 44637</b>		SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>09/16/1975</b>	AGE <b>35</b>	SEX <b>F</b>	HOME PHONE # <b>(330)763-1899</b>	WORK PHONE # <b>(330)674-1457</b>
	DL STATE <b>OH</b>	DL # <b>RP096479</b>	LP STATE <b>OH</b>	LP # <b>EMQ5355</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>KEATON, LAURA A.</b>					
	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>9029 U.S. 62 MILLERSBURG OH 44637</b>						YEAR <b>2004</b>						
	MAKE <b>CHEVROLET</b>		MODEL <b>MALIBU</b>	COLOR <b>GREY</b>	INSURANCE COMPANY <b>WAYNE MUTUAL</b>	TOWING SERVICE	OWNER PHONE # <b>(330)763-1899</b>						
	OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #		LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO				

OCCUPANT	<b>C</b>	UNIT # <b>02</b>	NAME (LAST, FIRST, MIDDLE) <b>KEATON AUSTIN D.</b>		HOME PHONE # <b>(330)763-1899</b>	DATE OF BIRTH <b>05/05/1999</b>	AGE <b>11</b>	SEX <b>M</b>
	ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>9029 U.S. 62 KILLBUCK OH 44637</b>				INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	
	<b>D</b>	UNIT # <b>02</b>	NAME (LAST, FIRST, MIDDLE) <b>KEATON HUDSON A.</b>		HOME PHONE # <b>(330)763-1899</b>	DATE OF BIRTH <b>11/21/2004</b>	AGE <b>6</b>	SEX <b>M</b>
	ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>9029 U.S. 62 KILLBUCK OH 44637</b>				INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	

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

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="06"/> B <input type="text" value="01"/> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD</li> <li>02 BACKING</li> <li>03 CHANGING LANES</li> <li>04 OVERTAKING/PASSING</li> <li>05 TURNING RIGHT</li> <li>06 TURNING LEFT</li> <li>07 MAKING U-TURN</li> <li>08 ENTERING TRAFFIC LANE</li> <li>09 LEAVING TRAFFIC LANE</li> <li>10 PARKED</li> <li>11 SLOWING OR STOPPED IN TRAFFIC</li> <li>12 DRIVERLESS</li> <li>13 OTHER</li> <li>14 UNKNOWN</li> </ol> <p><b>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>15 ENTERING OR CROSSING SPECIFIED LOCATION</li> <li>16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING</li> <li>17 WORKING</li> <li>18 PUSHING VEHICLE</li> <li>19 APPROACHING OR LEAVING VEHICLE</li> <li>20 PLAYING OR WORKING ON VEHICLE</li> <li>21 STANDING</li> <li>22 OTHER</li> <li>23 UNKNOWN</li> </ol>	<b>SEQUENCE OF EVENTS</b> <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><b>NON-COLLISION</b></p> <ol style="list-style-type: none"> <li>01 OVERTURN ROLL-OVER</li> <li>02 FIRE/EXPLOSION</li> <li>03 IMMERSION</li> <li>04 JACKKNIFE</li> <li>05 CARGO/EQUIPMENT LOSS OR SHIFT</li> <li>06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.)</li> <li>07 SEPARATION OF UNITS</li> <li>08 RAN OFF ROAD RIGHT</li> <li>09 RAN OFF ROAD LEFT</li> <li>10 CROSS MEDIAN CENTERLINE</li> <li>11 DOWNHILL RUNAWAY</li> <li>12 OTHER NON-COLLISION</li> <li>13 UNKNOWN NON-COLLISION</li> </ol> <p><b>COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FINED</b></p> <ol style="list-style-type: none"> <li>14 PEDESTRIAN</li> <li>15 PEDACYCLE</li> <li>16 RAILWAY VEHICLE (E.G. TRAIN, ENGINE)</li> <li>17 ANIMAL - FARM</li> <li>18 ANIMAL - DEER</li> <li>19 ANIMAL - OTHER</li> <li>20 MOTOR VEHICLE IN TRANSPORT</li> <li>21 PARKED MOTOR VEHICLE</li> <li>22 WORK ZONE MAINTENANCE EQUIPMENT</li> <li>23 OTHER MOVABLE OBJECT</li> <li>24 UNKNOWN MOVABLE OBJECT</li> <li>25 IMPACT ATTENUATOR CRASH CUSHION</li> <li>26 BRIDGE OVERHEAD STRUCTURE</li> <li>27 BRIDGE PIER OR ABUTMENT</li> <li>28 BRIDGE PARAPET</li> <li>29 BRIDGE RAIL</li> <li>30 GUARDRAIL FACE</li> <li>31 GUARDRAIL END</li> <li>32 MEDIAN BARRIER</li> <li>33 HIGHWAY TRAFFIC SIGN POST</li> <li>34 OVERHEAD SIGN POST</li> <li>35 LIGHT LUMINAIRIES SUPPORT</li> <li>36 UTILITY POLE</li> <li>37 OTHER POST, POLE OR SUPPORT</li> <li>38 CULVERT</li> <li>39 CURB</li> <li>40 DITCH</li> <li>41 EMBANKMENT</li> <li>42 FENCE</li> <li>43 MAILBOX</li> <li>44 TREE</li> <li>45 OTHER FIXED OBJECT (WALL, BUILDING, TOWER, ETC.)</li> <li>46 WORK ZONE MAINTENANCE EQUIPMENT</li> <li>47 UNKNOWN FIXED OBJECT</li> <li>48 OTHER</li> <li>49 UNKNOWN</li> </ol>	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"/>	<b>POSTED SPEED</b> A <input type="text" value="25"/> B <input type="text" value="25"/>	<b>DRUG TEST STATUS</b> 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"/>						
<b>NON-MOTORIST LOCATION</b> 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 ALLEYS (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 SHARDED USE PATHS OR TRAILS          15 UNKNOWN</p>		<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="02"/> B <input type="text" value="01"/> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01 NONE</li> <li>02 FAILURE TO YIELD</li> <li>03 RAN RED LIGHT OR STOP SIGN</li> <li>04 EXCEEDED SPEED LIMIT</li> <li>05 UNSAFE SPEED</li> <li>06 IMPROPER TURN</li> <li>07 LEFT OF CENTER</li> <li>08 FOLLOWED TOO CLOSELY/ACDA</li> <li>09 IMPROPER LANE CHANGE/DROVE OFF ROAD/IMPROPER PASSING</li> <li>10 IMPROPER BACKING</li> <li>11 IMPROPER START FROM PARKED POSITION</li> <li>12 STOPPED OR PARKED ILLEGALLY</li> <li>13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER</li> <li>14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE OBJECT, NON-MOTORIST IN ROADWAY, ETC.)</li> <li>15 FAILURE TO CONTROL</li> <li>16 VISION OBSTRUCTION</li> <li>17 DRIVER INATTENTION</li> <li>18 FATIGUE/ASLEEP</li> <li>19 OPERATING DEFECTIVE EQUIPMENT</li> <li>20 LOAD SHIFTING/FALLING/SPILLING</li> <li>21 OTHER IMPROPER ACTION</li> <li>22 UNKNOWN</li> </ol> <p><b>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>23 NONE</li> <li>24 IMPROPER CROSSING</li> <li>25 DARTING</li> <li>26 WALKING AND/OR ILLEGALLY IN ROADWAY</li> <li>27 FAILURE TO YIELD RIGHT OF WAY</li> <li>28 NOT VISIBLE (DARK CLOTHING)</li> <li>29 INATTENTIVE</li> <li>30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER</li> <li>31 WRONG SIDE OF THE ROAD</li> <li>32 OTHER</li> <li>33 UNKNOWN</li> </ol>	<b>TRAFFIC CONTROL</b> 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>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE          2 BLOOD          3 URINE          4 OTHER</p>			
<b>TYPE OF UNIT</b> A <input type="text" value="07"/> B <input type="text" value="03"/> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01 B-COMPACT</li> <li>02 COMPACT</li> <li>03 MID-SIZED</li> <li>04 FULL-SIZE</li> <li>05 MINIVAN</li> <li>06 SPORT UTILITY VEHICLE</li> <li>07 PICKUP</li> <li>08 PANEL VAN</li> <li>09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES</li> <li>10 SINGLE UNIT TRUCK, 3 OR MORE AXLES</li> <li>11 TRUCK TRAILER (BOHTRAIL)</li> <li>12 TRUCK TRACTOR (BOHTRAIL)</li> <li>13 TRACTOR SEMI-TRAILER</li> <li>14 TRACTOR DOUBLE-SHORT</li> <li>15 TRACTOR DOUBLE-LONG</li> <li>16 FIFTH WHEEL OR CONVERTER DOLLY</li> <li>17 TRACTOR TRIPLES</li> <li>18 MOTORCYCLE</li> <li>19 MOTORIZED BICYCLE</li> <li>20 SCOOTER/BEV</li> <li>21 CHEVROLET BUS</li> <li>22 PUBLIC BUS</li> <li>23 OTHER BUS</li> <li>24 PASSENGER VEHICLE</li> <li>25 FIRE TRUCK</li> <li>26 AMBULANCE/RESCUE</li> <li>27 TAXI</li> <li>28 MOTOR HOME</li> <li>29 TRAIN</li> <li>30 FARM VEHICLE</li> <li>31 FARM EQUIPMENT</li> <li>32 SNOWMOBILE</li> <li>33 CONSTRUCTION EQUIPMENT</li> <li>34 ALL OTHERS</li> </ol> <p><b>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>35 ANIMAL, W/ RIDER</li> <li>36 ANIMAL, W/ BUCKY</li> <li>37 BICYCLE</li> <li>38 PEDESTRIAN</li> <li>39 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)</li> <li>40 SKATER</li> <li>41 OTHER NON-MOTORIST (WHEELCHAIR, ETC.)</li> <li>42 UNKNOWN</li> </ol>	<b>MOST DAMAGED AREA</b> A <input type="text" value="05"/> B <input type="text" value="02"/> <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>	<b>VEHICLE DEFECT CODE ONLY IF 'R' SELECTED ABOVE</b> 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 TRAILER          10 DEFECTS FROM PRIOR ACCIDENT          11 OTHER DEFECTS          12 NO DEFECTS</p>	<b>DIRECTION</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;">           FROM TO            A <input type="text" value="3"/> <input type="text" value="2"/> </td> <td style="width:50%;">           FROM TO            B <input type="text" value="4"/> <input type="text" value="3"/> </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="3"/> <input type="text" value="2"/>	FROM TO B <input type="text" value="4"/> <input type="text" value="3"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="02"/> <p>01 NOT AN INTERSECTION          02 FOUR-WAY INTERSECTION          03 T-INTERSECTION          04 Y-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 SHARDED USE PATHS OR TRAILS          13 UNKNOWN</p>	
FROM TO A <input type="text" value="3"/> <input type="text" value="2"/>	FROM TO B <input type="text" value="4"/> <input type="text" value="3"/>						
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NO          2 YES          3 UNKNOWN</p>	<b>ACTION</b> A <input type="text" value="4"/> B <input type="text" value="3"/> <p>1 NON-CONTACT          2 NON-COLLISION          3 STRUCK          4 STRUCK          5 BOTH STRUCK AND STRUCK          6 UNKNOWN</p>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE          2 YES ALCOHOL SUSPECTED          3 YES - IIBD NOT IMPAIRED          4 YES - DRUGS SUSPECTED          5 YES - ALCOHOL AND DRUGS SUSPECTED          6 UNKNOWN</p>	<b>OCURRENCE</b> <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>				
<b>DAMAGE SCALE</b> 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>	<b>STRIKING VEHICLE OVERRIDE/UNDERIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NO OVERRIDE OR OVERIDE          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 OVERIDE</p>	<b>ALCOHOL TEST STATUS</b> 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>	<b>ROAD CONTOUR</b> <input type="text" value="1"/> <p>1 STRAIGHT LEVEL          2 STRAIGHT GRADE          3 CURVE LEVEL          4 CURVE GRADE          5 UNKNOWN</p>				
<b>DAMAGE AREA</b> A <input type="text" value="2"/> B <input type="text" value="2"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE          2 BLOOD          3 URINE</p>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>LOCAL REPORT #</b> <b>10MPD 2300</b>				

**NARRATIVE**

UNIT 1 WAS WESTBOUND ON E. JACKSON ST. AND MADE A LEFT TURN ONTO S. CRAWFORD ST. FAILING SEE UNIT 2 TRAVELING EASTBOUND TOWARDS HIM AND TURNED INTO THE PATH OF UNIT 2 AND THEY COLLIDED.

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>6</b></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 SIDEWIFE SAME DIRECTION                  8 SIDEWIFE OPPOSITE DIRECTION                  9 UNKNOWN</p>	<p><b>SCHOOL BUS RELATED</b></p> <p><b>1</b></p> <p>1 NO                  2 YES, DIRECTLY INVOLVED                  3 YES, INDIRECTLY INVOLVED                  4 UNKNOWN</p>	<p><b>DIAGRAM</b></p>
<p><b>WEATHER</b></p> <p><b>02</b></p> <p>01 CLEAR                  02 CLOUDY                  03 FOG SMOG SMOKE                  04 RAIN                  05 SLIFT HAIL FREEZING RAIN OR DRIZZLE                  06 SNOW                  07 SEVERE CROSSWIND                  08 HAILING                  09 SAND/SOIL/DIRT/SNOW                  10 OTHER                  11 UNKNOWN</p>	<p><b>WORK ZONE RELATED</b></p> <p><b>1</b></p> <p>1 NO                  2 YES                  3 UNKNOWN</p>	
<p><b>LIGHT CONDITIONS</b></p> <p><b>PRIMARY</b> <b>1</b> <b>SECONDARY</b> <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><b>TYPE OF WORK ZONE</b></p> <p><input type="checkbox"/></p> <p>1 LANE CLOSURE                  2 LANE SHIFT SHOULDER OR MEDIAN                  3 WORK ON SHOULDER OR MEDIAN                  4 INTERMITTENT OR MOVING WORK                  5 OTHER</p>	
<p><b>LOCATION OF CRASH IN WORK ZONE</b></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><b>WORKERS PRESENT</b></p> <p><input type="checkbox"/></p> <p>1 NO                  2 YES                  3 UNKNOWN</p>	

<b>TRUCK/BUS UNIT #</b>	<input type="checkbox"/>	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.

**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> 01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN ENCLOSED CAB 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		<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 1 LESS EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	<b>CDL CLASS</b> <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	<b>HAZARDOUS MATERIALS</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<b>HAZARDOUS MATERIALS REPAIRED</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE		

<b>POLICE ACTION</b>							
DATE CRASH REPORTED <b>11/23/2010</b>	TIME REC CALL <b>08:44</b>	DISPATCH <b>08:46</b>	ARRIVED <b>08:58</b>	CLEARED <b>09:13</b>	OTHER <b>30</b>	TOTAL MINUTES <b>57</b>	
OFFICER'S NAME <b>PTL. W. TODD BOOTH</b>			BADGE # <b>104</b>		CHECKED BY		DATE REPORT FILED <b>11/23/2010</b>
REPORT TAKEN BY <b>1</b> 1 POLICE AGENCY 2 MOTORIST	REPORT TAKEN AT <b>1</b> 1 SCENE 2 STATION 3 OTHER	SUPPLEMENT 'X' IF YES <input type="checkbox"/>		LOCAL REPORT # <b>10MPD 2300</b>			