



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>10MPD 2311</b>	CRASH SEVERITY <b>2</b> 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> NO IF YES	HITS/SKIP <b>1</b> 1 NOT HIT SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> YES	OH-2 OH-3 OH-1P OTHER <input checked="" 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>3</b>	UNIT ERROR <b>01</b> 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>11/24/2010</b>	

TIME OF CRASH <b>17:00</b>	DAY OF WEEK <b>WED</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40324205</b>	LONGITUDE <b>081550106</b>
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>S</b>	CASH LOCATION <b>S. WASHINGTON ST.</b>	TYPE LOC <b>1</b>
		<b>IFO BARNHART'S MARATHON</b>

DIST. REF. <b>95 F</b>	DR <b>S</b>	PREFIX	REFERENCE <b>LOGSDON AVE.</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>CLARK JOSHUA M.</b>	ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>4646 E. MAIN ST. BERLIN OH 44610</b>			SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>12/28/1980</b>	AGE <b>29</b>	SEX <b>M</b>	HOME PHONE # <b>(330)473-0374</b>	WORK PHONE # <b>(330)674-2273</b>	
DL STATE <b>OH</b>	DL # <b>RU069825</b>	LP STATE <b>OH</b>	LP # <b>EXL9516</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO		OWNER NAME (IF SAME, WRITE 'SAME') <b>CLARK, JOSHUA M.</b>					
OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>4646 E. MAIN ST. BERLIN OH 44610</b>				YEAR <b>1996</b>	MAKE <b>FORD</b>	MODEL <b>OTHER</b>	COLOR <b>WHITE</b>	INSURANCE COMPANY <b>STATE AUTO</b>	TOWING SERVICE	OWNER PHONE # <b>(330)473-0374</b>			
OFFENSE CHARGED <b>333.03A</b>		OFFENSE DESCRIPTION <b>ACDA</b>				CITATION # <b>10145</b>	LOCAL CODE <input checked="" type="checkbox"/> YES						

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>2</b>	NAME (LAST, FIRST, MIDDLE) <b>FOSTER KATHY L.</b>	ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>625 KENTON ALLEY APT. A MILLERSBURG OH 44654</b>			SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>10/10/1965</b>	AGE <b>45</b>	SEX <b>F</b>	HOME PHONE # <b>(330)473-2885</b>	WORK PHONE # <b>(330)674-0015</b>	
DL STATE <b>OH</b>	DL # <b>RS296461</b>	LP STATE <b>OH</b>	LP # <b>DPH9089</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO		OWNER NAME (IF SAME, WRITE 'SAME') <b>HALFHILL, LORI A.</b>					
OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>507 HEBRON ST. MILLERSBURG OH 44654</b>				YEAR <b>1999</b>	MAKE <b>MERCURY</b>	MODEL <b>VILLAGER</b>	COLOR <b>GREEN</b>	INSURANCE COMPANY <b>PROGRESSIVE</b>	TOWING SERVICE	OWNER PHONE # <b>(330)763-3101</b>			
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> YES						

<b>C</b>	UNIT # <b>02</b>	NAME (LAST, FIRST, MIDDLE) <b>FOSTER BRANDON M.</b>	HOME PHONE # <b>(330)473-2885</b>	DATE OF BIRTH <b>08/14/1997</b>	AGE <b>13</b>	SEX <b>M</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>625 KENTON ALLEY APT. A MILLERSBURG OH 44654</b>			INJURED TAKEN BY <b>2</b> 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY <b>HOLMES FIRE DIST. #1</b>	INJURED TAKEN TO <b>JOEL POMERENE HOSPI</b>	
<b>D</b>	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 3 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	

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



# TRAFFIC CRASH REPORT

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N.C.I.C. # <b>03801</b>	REPORTING AGENCY <b>MILLERSBURG POLICE DEPARTMENT</b>	# UNITS <b>3</b>	UNIT ERROR <b>01</b> 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>11/24/2010</b>	

TIME OF CRASH <b>17:00</b>	DAY OF WEEK <b>WED</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40324205</b>	LONGITUDE <b>081550106</b>
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CRASH OCCURRED ON PREFIX <b>S</b>	CASH LOCATION <b>S. WASHINGTON ST.</b>	TYPE LOC <b>1</b>	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION <b>IFO BARNHART'S MARATHON</b>
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DIST. REF. <b>95 F</b>	DR <b>S</b>	PREFIX	REFERENCE <b>LOGSDON AVE.</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>03</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>MAST DAVID R.</b>	ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>6133 T.R. 327 MILLERSBURG OH 44654</b>				SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>04/29/1989</b>	AGE <b>21</b>	SEX <b>M</b>	HOME PHONE # <b>(330)473-7523</b>	WORK PHONE #			
DL STATE <b>OH</b>	DL # <b>TC895863</b>	LP STATE <b>OH</b>	LP # <b>ENX8612</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO		OWNER NAME (IF SAME, WRITE 'SAME') <b>MAST, DAVID R.</b>					OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>6133 T.R. 327 MILLERSBURG OH 44654</b>			
YEAR <b>2002</b>	MAKE <b>FORD</b>	MODEL <b>F-SERIES PIC</b>	COLOR <b>WHITE</b>	INSURANCE COMPANY <b>ALLSTATE</b>	TOWING SERVICE	OWNER PHONE# <b>(330)473-7523</b>		OFFENSE CHARGED					OFFENSE DESCRIPTION		CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>B</b>	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#		OFFENSE CHARGED					OFFENSE DESCRIPTION		CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO

OCCUPANT

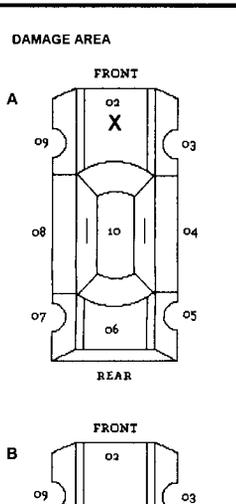
<b>C</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE#	DATE OF BIRTH	AGE	SEX	INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO		
<b>D</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE#	DATE OF BIRTH	AGE	SEX	INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO		

SEATING POSITION A <b>01</b> B C D BLANK FOR WITNESS	SAFETY EQUIPMENT A <b>04</b> B C D	AIR BAG A <b>1</b> B C D	AIR BAG SWITCH A <b>1</b> B C D	EJECTION A <b>1</b> B C D	TRAPPED A <b>1</b> B C D	INJURIES A <b>1</b> B C D SUPPLEMENT 'X' IF YES
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**UNIT NUMBERS**  
A  B

**NON-MOTORIST LOCATION**  
A  B

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 NOT SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)  
12 BEYOND 10 FEET OF ROADWAY (OTHER THAN TRAFFICWAY)  
13 OTHER SIDE TRAFFICWAY  
14 SHARED USE PATHS OR TRAILS  
15 UNKNOWN



**PRE-CRASH ACTIONS**  
A  B

**MOTORIST**  
01 ELEMENTS ESSENTIALLY STRAIGHT AHEAD  
02 BACKING  
03 CHANGING LANES  
04 OVER TAKING 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 PLAYING OR WORKING ON VEHICLE  
21 STANDING  
22 OTHER  
23 UNKNOWN

**SEQUENCE OF EVENTS**

A	B
1 <input type="text" value="20"/>	1 <input type="text" value="20"/>
2 <input type="text"/>	2 <input type="text" value="20"/>
3 <input type="text"/>	3 <input type="text"/>
4 <input type="text"/>	4 <input type="text"/>

**NON-COLLISION**  
01 OVERLETT RN ROLL OVER  
02 FIRE EXPLOSION  
03 IMBARRISON  
04 BLACKSMITH  
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  
14 COLLISION W PERSON VEHICLE OR OBJECT NOT LISTED  
15 PEDESTRIAN  
16 PEDICYCLE  
17 RAILWAY VEHICLE (E.G. TRAIN, ENGINE)  
18 ANIMAL - FARM  
19 ANIMAL - DEER  
20 ANIMAL - OTHER  
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 RAIL  
30 GUARDRAIL FACE  
31 GUARDRAIL END  
32 MEDIAN BARRIER  
33 HIGHWAY TRAFFIC SIGN POST  
34 OVERHEAD SIGN POST  
35 LIGHT FIXTURES/SUPPORT MULTIPLE POLE  
37 OTHER POST, POLE OR SUPPORT  
38 CURB  
39 CURB  
40 CURB  
41 EMBARKMENT  
42 FENCE  
43 MAILBOX  
44 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL ETC)  
45 OTHER ZONE MAINTENANCE EQUIPMENT  
47 UNKNOWN FIXED OBJECT  
48 OTHER  
49 UNKNOWN

**POSTED SPEED**  
A  B

**TRAFFIC CONTROL**  
A  B

01 NO CONTROL  
02 STOP SIGN  
03 YIELD SIGN  
04 TRAFFIC SIGNAL  
05 TRAFFIC PLANERS  
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 DON'T WALK  
15 TRAFFIC CONTROL DEVICE, INOPERATIVE, MISSING, OBSCURED  
16 OTHER  
17 NOT REPORTED

**DRUG TEST STATUS**  
A  B

1 NONE GIVEN  
2 TEST REFUSED  
3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  
4 TEST GIVEN, RESULTS KNOWN  
5 GIVEN, RESULTS UNKNOWN  
6 UNKNOWN

**DRUG TEST TYPE**  
A  B

1 NONE  
2 BLOOD  
3 URINE  
4 OTHER

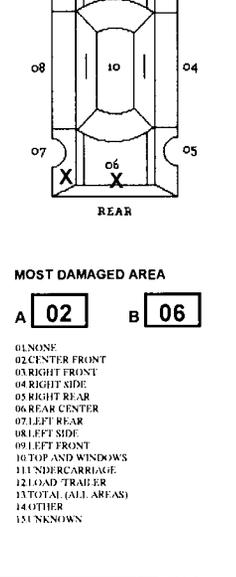
**DRUG TEST 1 & 2 RESULT**  
A   B

1 NONE  
2 MARIJUANA  
3 COCAINE  
4 OPIATES  
5 AMPHETAMINES  
6 PCP  
7 OTHER  
8 UNKNOWN AT TIME OF REPORTING

**TYPE OF UNIT**  
A  B

**MOTORIST**  
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 TRAILER - LONG  
16 FETTER WHEEL OR CONVERTER DUALITY  
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 UNKNOWN VEHICLE  
33 CONSTRUCTION EQUIPMENT  
34 ALL OTHERS

**NON-MOTORIST**  
35 ANIMAL W/ RIDER  
36 ANIMAL W/ RIDGUY  
37 BICYCLE  
38 PEDESTRIAN  
39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEGGY CAR)  
40 SKATER  
41 OTHER NON-MOTORIST (WHEELCHAIR, ETC)  
42 UNKNOWN



**CONTRIBUTING CIRCUMSTANCES**  
A  B

**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 (DUFF) R/WIND  
15 IMPROPER SUBRANGE VEHICLE OBJECT, NON-MOTORIST IN ROADWAY, ETC)  
15 FAILURE TO CONTROL  
16 VISION OBSTRUCTION  
17 DRIVER INATTENTION  
18 FATIGUE/SLAEP  
19 OPERATING DEFECTIVE EQUIPMENT  
20 LOAD SHIFTING/FALLING/SPILLING  
21 OTHER IMPROPER ACTION  
22 UNKNOWN

**NON-MOTORIST**  
23 NONE  
24 IMPROPER CROSSING  
25 SWAYING  
26 VIOLATING 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

**DIRECTION**  
FROM TO FROM TO  
A   B

1 NORTH  
2 SOUTH  
3 EAST  
4 WEST  
5 NORTHEAST  
6 NORTHWEST  
7 SOUTHWEST  
8 SOUTHWEST  
9 UNKNOWN

**CONDITION**  
A  B

1 APPARENTLY NORMAL  
2 PHYSICAL IMPAIRMENT  
3 EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)  
4 ILLNESS  
5 HELD ASLEEP FAINTED FATIGUED, ETC  
6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS ALCOHOL  
7 OTHER  
8 UNKNOWN

**ALCOHOL/DRUG SUSPECTED**  
A  B

1 NONE  
2 YES ALCOHOL SUSPECTED  
3 YES - BDD NOT IMPAIRED  
4 YES - DRUGS SUSPECTED  
5 YES - ALCOHOL AND DRUGS SUSPECTED  
6 UNKNOWN

**TYPE OF INTERSECTION**

01 NOT AN INTERSECTION  
02 R/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 SHARED USE PATHS OR TRAILS  
13 UNKNOWN

**OCCURRENCE**

1 ON ROADWAY  
2 ON SHOULDER  
3 IN MEDIAN  
4 ON ROADSIDE  
5 ON GORE  
6 OUTSIDE TRAFFICWAY  
7 UNKNOWN

**POINT OF IMPACT**  
A  B

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

**ACTION**  
A  B

1 NON-CONTACT  
2 NON-COLLISION  
3 STRICKING  
4 STRUCK  
5 BOTH STRICKING AND STRUCK  
6 UNKNOWN

**VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE**  
A  B

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

**FIRST HARMFUL EVENT**  
A  B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

**MOST HARMFUL EVENT**  
A  B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

**ALCOHOL TEST STATUS**  
A  B

1 NONE GIVEN  
2 TEST REFUSED  
3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  
4 TEST GIVEN, RESULTS KNOWN  
5 TEST GIVEN, RESULTS UNKNOWN  
6 UNKNOWN

**ROAD CONTOUR**

1 STRAIGHT LEVEL  
2 STRAIGHT GRADE  
3 CURVE LEVEL  
4 CURVE GRADE  
5 UNKNOWN

**IN EMERGENCY RESPONSE**  
A  B

1 NO  
2 YES  
3 UNKNOWN

**STRIKING VEHICLE OVERRIDE/UNDERRIDE**  
A  B

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

**SPEED DETECTED**  
A  B

1 STATED  
2 ESTIMATED

**SPEED**  
A  B

**ALCOHOL TEST TYPE**  
A  B

1 NONE  
4 BREATH  
2 BLOOD  
5 OTHER  
3 URINE

**ROAD CONDITIONS**  
PRIMARY  SECONDARY

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

**DAMAGE SCALE**  
A  B

1 NONE  
2 NON-FUNCTIONAL  
3 FUNCTIONAL DAMAGE  
4 DISABLING DAMAGE  
5 SEVERE  
6 UNKNOWN

**ALCOHOL TEST RESULT**  
A  B

**ALCOHOL TEST RESULT**  
A  B

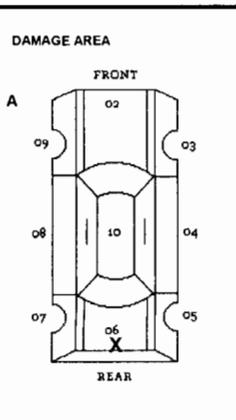
SUPPLEMENT 'X' IF YES

LOCAL REPORT # **10MPD 2311**

**UNIT NUMBERS**  
 A  B

**NON-MOTORIST LOCATION**  
 A  B

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 NOT SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)  
 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)  
 13 ON SIDE TRAFFICWAY  
 14 SHARED USE PATH OR TRAILS  
 15 UNKNOWN



**PRE-CRASH ACTIONS**  
 A  B

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 APPROXIMATING OR LEAVING VEHICLE  
 20 LAYING OR WORKING ON VEHICLE  
 21 STANDING  
 22 OTHER  
 23 UNKNOWN

**SEQUENCE OF EVENTS**

A	B
1 <input type="text" value="20"/>	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"/>

NON-COLLISION  
 01 OVERTURN ROLL-OVER  
 02 FIRE/EXPLOSION  
 03 IMMERSION  
 04 JACKKNIFE  
 05 CAR/GO-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  
 14 COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT LISTED  
 15 PEDESTRIAN  
 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 RAIL  
 30 GUARDRAIL FACE  
 31 GUARDRAIL 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 CURB  
 40 DITCH  
 41 EMBANKMENT  
 42 FENCE  
 43 MAILBOX  
 44 OTHER FIXED OBJECT (WALL, BUILDING, TREE, ETC.)  
 45 OTHER ZONE MAINTENANCE EQUIPMENT  
 46 WORK ZONE MAINTENANCE EQUIPMENT  
 47 UNKNOWN FIXED OBJECT  
 48 OTHER  
 49 UNKNOWN

**POSTED SPEED**  
 A  B

**TRAFFIC CONTROL**  
 A  B

01 NO CONTROL  
 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 INOPERATIVE, MISSING, OBJECT RED  
 17 OTHER REPORTED

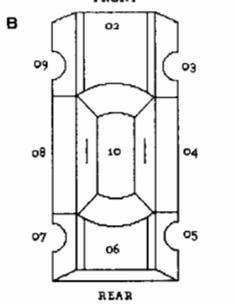
**DRUG TEST STATUS**  
 A  B

1 NONE GIVEN  
 2 TEST REFUSED  
 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  
 4 TEST GIVEN, RESULTS KNOWN  
 5 GIVEN, RESULTS UNKNOWN  
 6 UNKNOWN

**TYPE OF UNIT**  
 A  B

MOTORIST  
 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 DOUBLE-SHIRT  
 15 TRACTOR DOUBLE-LONG  
 16 FIFTH WHEEL OR CONVERTIBLE  
 17 TRACTOR TRIPLES  
 18 MOTORCYCLE  
 19 MOTORCYCLE/BICYCLE  
 20 SCOOTER/BIKE  
 21 CHURCH BUS  
 22 PUBLIC BUS  
 23 OTHER BUS  
 24 POLICE VEHICLE  
 25 FIRE TRUCK  
 26 AMBULANCE/RESCUE  
 27 TANK  
 28 MOTOR HOME  
 29 TRAIN  
 30 FARM VEHICLE  
 31 FARM EQUIPMENT  
 32 NON-MOBILE  
 33 CONSTRUCTION EQUIPMENT  
 34 ALL OTHERS

NON-MOTORIST  
 35 ANIMAL W/ RIDER  
 36 ANIMAL W/ RIDER  
 37 BICYCLE  
 38 PEDESTRIAN  
 39 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)  
 40 SKATER  
 41 OTHER-NON MOTORIST (WHEELCHAIR, ETC.)  
 42 UNKNOWN



**CONTRIBUTING CIRCUMSTANCES**  
 A  B

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, NEGLECT 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/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 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 SIGNALS OR OFFICER  
 31 WRONG SIDE OF THE ROAD  
 32 OTHER  
 33 UNKNOWN

**DIRECTION**

FROM TO FROM TO  
 A   B

1 NORTH  
 2 SOUTH  
 3 EAST  
 4 WEST  
 5 NORTHEAST  
 6 NORTHWEST  
 7 SOUTHWEST  
 8 SOUTHEAST  
 9 UNKNOWN

**CONDITION**  
 A  B

1 APPARENTLY NORMAL  
 2 PHYSICAL IMPAIRMENT  
 3 EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)  
 4 ILLNESS  
 5 FELL ASLEEP, FAINTED, FATIGUED, ETC.  
 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL  
 7 OTHER  
 8 UNKNOWN

**ALCOHOL/DRUG SUSPECTED**  
 A  B

1 NONE  
 2 YES - ALCOHOL SUSPECTED  
 3 YES - BOTH NOT IMPAIRED  
 4 YES - DRUGS SUSPECTED  
 5 YES - ALCOHOL AND DRUGS SUSPECTED  
 6 UNKNOWN

**DRUG TEST TYPE**  
 A  B

1 NONE  
 2 BLOOD  
 3 URINE  
 4 OTHER

**DRUG TEST 1 & 2 RESULT**

1 2 1 2  
 A   B

1 NONE  
 2 MARIJUANA  
 3 COCAINE  
 4 OPIATES  
 5 AMPHETAMINES  
 6 PCP  
 7 OTHER  
 8 UNKNOWN AT TIME OF REPORTING

**TYPE OF INTERSECTION**  
 A  B

01 NOT AN INTERSECTION  
 02 FOUR-WAY INTERSECTION  
 03 T-INTERSECTION  
 04 Y-INTERSECTION  
 05 TRAFFIC CIRCLE/ROUNDABOUT  
 06 FIVE-POINT, OR MORE  
 07 ISLAND RAMP  
 08 OFF RAMP  
 09 CROSSOVER  
 10 DRIVEWAY  
 11 RAILWAY GRADE CROSSING  
 12 SHARED-USE PATH OR TRAILS  
 13 UNKNOWN

**OCCURRENCE**  
 A  B

1 ON ROADWAY  
 2 ON SHOULDER  
 3 IN MEDIAN  
 4 ON ROADSIDE  
 5 ON GORE  
 6 ON INSIDE TRAFFICWAY  
 7 UNKNOWN

**POINT OF IMPACT**  
 A  B

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

**MOST DAMAGED AREA**  
 A  B

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

**VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE**  
 A  B

01 TURN SIGNALS  
 02 HEAD LAMPS  
 03 TAIL LAMPS  
 04 BRAKES  
 05 STEERING  
 06 TIRE BLOWOUT  
 07 WORN OR SLACK TIRES  
 08 TRAILER EQUIPMENT DEFECTIVE  
 09 MOTOR TROUBLE  
 10 DISABLED FROM PRIOR ACCIDENT  
 11 OTHER DEFECTS  
 12 NO DEFECTS

**FIRST HARMFUL EVENT**  
 A  B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

**MOST HARMFUL EVENT**  
 A  B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

**ALCOHOL TEST STATUS**  
 A  B

1 NONE GIVEN  
 2 TEST REFUSED  
 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  
 4 TEST GIVEN, RESULTS KNOWN  
 5 TEST GIVEN, RESULTS UNKNOWN  
 6 UNKNOWN

**ROAD CONTOUR**  
 A  B

1 STRAIGHT LEVEL  
 2 RAISED GRADE  
 3 CURVE LEVEL  
 4 CURVE GRADE  
 5 UNKNOWN

**IN EMERGENCY RESPONSE**  
 A  B

1 NO  
 2 YES  
 3 UNKNOWN

**ACTION**  
 A  B

1 NON-CONTACT  
 2 NON-COLLISION  
 3 STRIKING  
 4 STRUCK  
 5 BOTH STRIKING AND STRUCK  
 6 UNKNOWN

**VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE**  
 A  B

01 TURN SIGNALS  
 02 HEAD LAMPS  
 03 TAIL LAMPS  
 04 BRAKES  
 05 STEERING  
 06 TIRE BLOWOUT  
 07 WORN OR SLACK TIRES  
 08 TRAILER EQUIPMENT DEFECTIVE  
 09 MOTOR TROUBLE  
 10 DISABLED FROM PRIOR ACCIDENT  
 11 OTHER DEFECTS  
 12 NO DEFECTS

**SPEED DETECTED**  
 A  B

1 STATED  
 2 ESTIMATED

**SPEED**  
 A  B

**ALCOHOL TEST TYPE**  
 A  B

1 NONE  
 4 BREATH  
 2 BLOOD  
 5 OTHER  
 3 URINE

**ALCOHOL TEST RESULT**  
 A  B

**ROAD CONDITIONS**

**PRIMARY**  **SECONDARY**

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

**DAMAGE SCALE**  
 A  B

1 NONE  
 2 NON-FUNCTIONAL  
 3 FUNCTIONAL DAMAGE  
 4 DISABLING DAMAGE  
 5 SEVERE  
 6 UNKNOWN

**STRIKING VEHICLE OVERRIDE/UNDERRIDE**  
 A  B

1 NO UNDERRIDE OR OVERRIDE  
 2 UNDERRIDE, COMPARTMENT INTRUSION  
 3 UNDERRIDE, NO COMPARTMENT INTRUSION  
 4 UNDERRIDE, COMPARTMENT INTRUSION  
 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT  
 6 OVERRIDE, OTHER VEHICLE  
 7 UNKNOWN - UNDERRIDE OR OVERRIDE

SUPPLEMENT 'X' IF YES

**LOCAL REPORT #**  
 10MPD 2311

**NARRATIVE**

UNIT 1 WAS NORTHBOUND ON S. WASHINGTON ST. FAILING TO SEE A NORTHBOUND LINE OF TRAFFIC STOPPED IN FRONT OF HIM AND DID NOT GET STOPPED BEFORE REAR ENDING UNIT 2 CAUSING UNIT 2 TO BE SHOVED INTO UNIT 3.

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>2</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 SIDESWIPE SAME DIRECTION                  8 SIDESWIPE 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 SLEET/HAUL (FREEZING RAIN OR DRIZZLE)                  06 SNOW                  07 SEVERE CROSSWINDS                  08 BLOWING SAND/SOIL/DIRT/SNOW                  09 OTHER                  10 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>3</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 CROSSOVER                  3 WORK ON SHOULDER OR MEDIAN                  4 INTERMITTENT OR MOVING WORK                  5 OTHER</p>	
<p><b>LOC ATION 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>	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
<b>CARGO BODY TYPE</b>		<b>WEIGHT (GVWR)</b>		<b>CDL CLASS</b>		<b>HAZARDOUS MATERIALS</b>	
01 NOT APPLICABLE 02 BUS/9-15 INCL (BUS DRIVER) 03 VAN ENCLOSED BOX 04 GRAIN CHIPS GRAVEL 05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AIR TRANSPORTER 11 GARBAGE REFUSE 12 OTHER 13 UNKNOWN		1 LESS THAN 10,000 2 10,001 - 26,000 3 MORE THAN 26,000		1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E		1 NO 2 YES 3 UNKNOWN	
<b>HAZARDOUS MATERIALS REPAIRED</b>							
1 NO 2 YES 3 NOT APPLICABLE							

<b>POLICE ACTION</b>						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
1/24/2010	17:02	17:04	17:08	17:57	90	143
OFFICER'S NAME		BADGE #		CHECKED BY		DATE REPORT FILED
PTL. W. TODD BOOTH		104				1/24/2010
REPORT TAKEN BY	REPORT TAKEN AT			SUPPLEMENT 'X' IF YES		LOCAL REPORT #
1	1			<input type="checkbox"/>		10MPD 2311