



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>10MPD 2329</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 FDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> NO <input type="checkbox"/> YES	HIT/SKIP <b>2</b> 1 NOT HIT SKIP 2 SKIPPED 3 UNSOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <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>11/26/2010</b>	

TIME OF CRASH <b>18:10</b>	DAY OF WEEK <b>FRI</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40331209</b>	LONGITUDE <b>081550205</b>
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>S</b>	CRASH LOCATION <b>CLAY ST.</b>	TYPE LOC <b>1</b>

AT/REFERENCE	REFERENCE POINT USED			
DIST. REF.	DR	PREFIX	REFERENCE <b>COURT ST.</b>	REF POINT <b>02</b>

MOTORIST / NON-MOTORIST

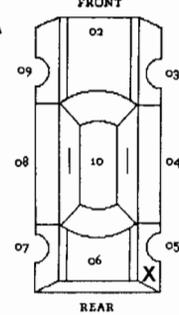
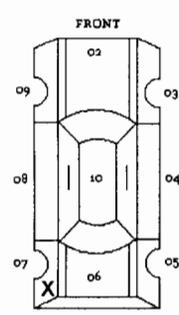
<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>HIPP COLTON J.</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>8954 CR 393 MILLERSBURG OH 44654</b>			
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>11/03/1992</b>	AGE <b>18</b>	SEX <b>M</b>
HOME PHONE # <b>(304)997-0850</b>	WORK PHONE #		
DL STATE <b>OH</b>	DL # <b>TT151649</b>	LP STATE <b>OH</b>	LP # <b>CPE8228</b>
INJURED TAKEN BY <b>1</b>	TRANSPORTED BY	INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE 'SAME') <b>MORRISON, BETTY M.</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>8954 CR 393 MILLERSBURG OH 44654</b>	
YEAR <b>1998</b>	MAKE <b>CHRYSLER</b>	MODEL <b>OTHER</b>	COLOR <b>RED</b>
INSURANCE COMPANY <b>MOTORISTS MUTUA</b>	TOWING SERVICE	OWNER PHONE # <b>(304)997-0850</b>	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>2</b>	NAME (LAST, FIRST, MIDDLE) <b>HALL MEAGAN E.</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>2627 TR 410 MILLERSBURG OH 44654</b>			
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>05/15/1993</b>	AGE <b>17</b>	SEX <b>F</b>
HOME PHONE # <b>(330)893-2167</b>	WORK PHONE #		
DL STATE <b>OH</b>	DL # <b>TP875630</b>	LP STATE <b>OH</b>	LP # <b>EXL9359</b>
INJURED TAKEN BY <b>1</b>	TRANSPORTED BY	INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE 'SAME') <b>HALL, WINSTON G.</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>2627 TR 410 MILLERSBURG OH 44654</b>	
YEAR <b>2010</b>	MAKE <b>KIA</b>	MODEL <b>OTHER</b>	COLOR <b>GREEN</b>
INSURANCE COMPANY <b>ERIE</b>	TOWING SERVICE	OWNER PHONE # <b>(330)893-2167</b>	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES

<b>C</b>	UNIT # <b>02</b>	NAME (LAST, FIRST, MIDDLE) <b>SHETLER WILLIAM L</b>	HOME PHONE # <b>(330)473-7945</b>	DATE OF BIRTH <b>08/04/1993</b>	AGE <b>17</b>	SEX <b>M</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>5558 SR 557 APT. A MILLERSBURG OH 44654</b>			INJURED TAKEN BY <b>1</b>	TRANSPORTED BY	INJURED TAKEN TO	
<b>D</b>	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 1</b>	<b>A 1</b>	<b>A 1</b>	<b>A 1</b>
<b>B 01</b>	<b>B 04</b>	<b>B 1</b>	<b>B 1</b>	<b>B 1</b>	<b>B 1</b>	<b>B 1</b>
<b>C 03</b>	<b>C 04</b>	<b>C 1</b>	<b>C 1</b>	<b>C 1</b>	<b>C 1</b>	<b>C 1</b>
<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>

SUPPLEMENT  
\*X IF YES

<p><b>UNIT NUMBERS</b></p> <p>A <input type="text" value="01"/> B <input type="text" value="02"/></p> <p><b>NON-MOTORIST LOCATION</b></p> <p>A <input type="text"/> B <input type="text"/></p> <p>01 MARKED CROSSWALK AT INTERSECTION 02 AT INTERSECTION BUT NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT ON SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (BUT NOT SHOULDER, MEDIAN, SIDEWALK, OR ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OFF-ROAD TRAFFICWAY 14 UNPAVED PATHS OR TRAILS 15 UNKNOWN</p>	<p><b>DAMAGE AREA</b></p> <p><b>FRONT</b></p>  <p><b>REAR</b></p> 	<p><b>PRE-CRASH ACTIONS</b></p> <p>A <input type="text" value="05"/> B <input type="text" value="11"/></p> <p><b>MOTORIST</b> 01 MOVEMENTS ESSENTIALLY STRAIGHT 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 STOPPING OR STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN <b>NON-MOTORIST</b> 15 ENTERING OR CROSSING SPECIFIED LOCATION 16 WAITING, 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</p>	<p><b>SEQUENCE OF EVENTS</b></p> <p><b>A</b></p> <table border="1"> <tr><td>1</td><td><input type="text" value="20"/></td></tr> <tr><td>2</td><td><input type="text"/></td></tr> <tr><td>3</td><td><input type="text"/></td></tr> <tr><td>4</td><td><input type="text"/></td></tr> </table> <p><b>B</b></p> <table border="1"> <tr><td>1</td><td><input type="text" value="20"/></td></tr> <tr><td>2</td><td><input type="text"/></td></tr> <tr><td>3</td><td><input type="text"/></td></tr> <tr><td>4</td><td><input type="text"/></td></tr> </table> <p><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 14 COLLISION W/ PERSON, VEHICLE, OR OBJECT, NOT FLEETED 15 PEDESTRIAN 16 BICYCLE 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 COLLISION WITH FLEETED OBJECT 25 IMPACT ATTENUATOR CRASH COLLISION 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 FIXTURES/SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 UTILITY 39 CURB 40 DETCH 41 EMBARKMENT 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</p>	1	<input type="text" value="20"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>	1	<input type="text" value="20"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>	<p><b>POSTED SPEED</b></p> <p>A <input type="text" value="25"/> B <input type="text" value="25"/></p> <p><b>TRAFFIC CONTROL</b></p> <p>A <input type="text" value="12"/> B <input type="text" value="12"/></p> <p>01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 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</p>	<p><b>DRUG TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <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> <p><b>DRUG TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE 2 BLOOD 3 URINE 4 OTHER</p> <p><b>DRUG TEST 1 &amp; 2 RESULT</b></p> <p>A <input type="text" value="1"/> <input type="text" value="1"/> B <input type="text" value="1"/> <input type="text" value="1"/></p> <p>1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING</p>
1	<input type="text" value="20"/>																				
2	<input type="text"/>																				
3	<input type="text"/>																				
4	<input type="text"/>																				
1	<input type="text" value="20"/>																				
2	<input type="text"/>																				
3	<input type="text"/>																				
4	<input type="text"/>																				
<p><b>TYPE OF UNIT</b></p> <p>A <input type="text" value="05"/> B <input type="text" value="06"/></p> <p><b>MOTORIST</b> 01 SUB-COMPACT 02 COMPACT 03 MID-SIZED 04 FULL-SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PASSENGER 09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK, 3 OR MORE AXLES 11 TRUCK TRAILER 12 TRUCK TRACTOR (DUAL) 1 13 TRACTOR TRAILER 14 TRACTOR TRAILER - SHORT 15 TRACTOR TRAILER - LONG 16 WITH WHEEL OR CONVEYER DOLLY 17 TRACTOR TRIPLES 18 MOTORCYCLE 19 MOTORCYCLES (BICYCLE, TRICYCLE, QUAD, BUS) 20 SCOOTER 21 CUBIC BUS 22 TRICYCLE 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 <b>NON-MOTORIST</b> 35 ANIMAL W/ RIDER 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</p>	<p><b>MOST DAMAGED AREA</b></p> <p>A <input type="text" value="05"/> B <input type="text" value="07"/></p> <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>	<p><b>CONTRIBUTING CIRCUMSTANCES</b></p> <p>A <input type="text" value="06"/> B <input type="text" value="01"/></p> <p><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, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTION 18 FATIGUE/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 YIELDING 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</p>	<p><b>DIRECTION</b></p> <p><b>FROM TO</b></p> <p>A <input type="text" value="3"/> <input type="text" value="1"/> B <input type="text" value="2"/> <input type="text" value="1"/></p> <p>1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN</p> <p><b>CONDITION</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>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</p>	<p><b>TYPE OF INTERSECTION</b></p> <p>A <input type="text" value="03"/></p> <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 SHARED-USE PATHS OR TRAILS 13 UNKNOWN</p>	<p><b>OCCURRENCE</b></p> <p>A <input type="text" value="1"/></p> <p>1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN</p>																
<p><b>IN EMERGENCY RESPONSE</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	<p><b>POINT OF IMPACT</b></p> <p>A <input type="text" value="05"/> B <input type="text" value="07"/></p> <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>	<p><b>VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE</b></p> <p>A <input type="text"/> B <input type="text"/></p> <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>	<p><b>FIRST HARMFUL EVENT</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p> <p><b>MOST HARMFUL EVENT</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<p><b>ALCOHOL/DRUG SUSPECTED</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE 2 YES ALCOHOL SUSPECTED 3 YES - HHD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN</p>	<p><b>ROAD CONTOUR</b></p> <p>A <input type="text" value="1"/></p> <p>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN</p>																
<p><b>DAMAGE SCALE</b></p> <p>A <input type="text" value="2"/> B <input type="text" value="2"/></p> <p>1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DRABLING DAMAGE 5 SEVERE 6 UNKNOWN</p>	<p><b>ACTION</b></p> <p>A <input type="text" value="3"/> B <input type="text" value="4"/></p> <p>1 NON-CONTACT 2 NO COLLISION 3 STRICKING 4 STRUCK 5 BOTH STRICKING AND STRUCK 6 UNKNOWN</p>	<p><b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NO UNDERIDE OR OVERIDE 2 UNDERIDE: COMPARTMENT INTRUSION 3 UNDERIDE: NO COMPARTMENT INTRUSION 4 UNDERIDE: COMPARTMENT INTRUSION UNKNOWN 5 OVERIDE: MOTOR VEHICLE IN TRANSPORT 6 OVERIDE: OTHER VEHICLE 7 UNKNOWN IF UNDERIDE OR OVERIDE</p>	<p><b>SPEED DETECTED</b></p> <p>A <input type="text" value="2"/> B <input type="text" value="1"/></p> <p>1 STATED 2 ESTIMATED</p>	<p><b>ALCOHOL TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <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>	<p><b>ROAD CONDITIONS</b></p> <p><b>PRIMARY</b> <input type="text" value="01"/> <b>SECONDARY</b> <input type="text"/></p> <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>																
<p><b>ALCOHOL TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE 4 BREATH 2 BLOOD 5 OTHER 3 URINE</p>	<p><b>ALCOHOL TEST RESULT</b></p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	<p><b>SUPPLEMENT 'X' IF YES</b></p> <p><input type="checkbox"/></p>	<p><b>LOCAL REPORT #</b></p> <p>10MPD 2329</p>	<p><b>ALCOHOL TEST RESULT</b></p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	<p><b>LOCAL REPORT #</b></p> <p>10MPD 2329</p>																

**NARRATIVE**

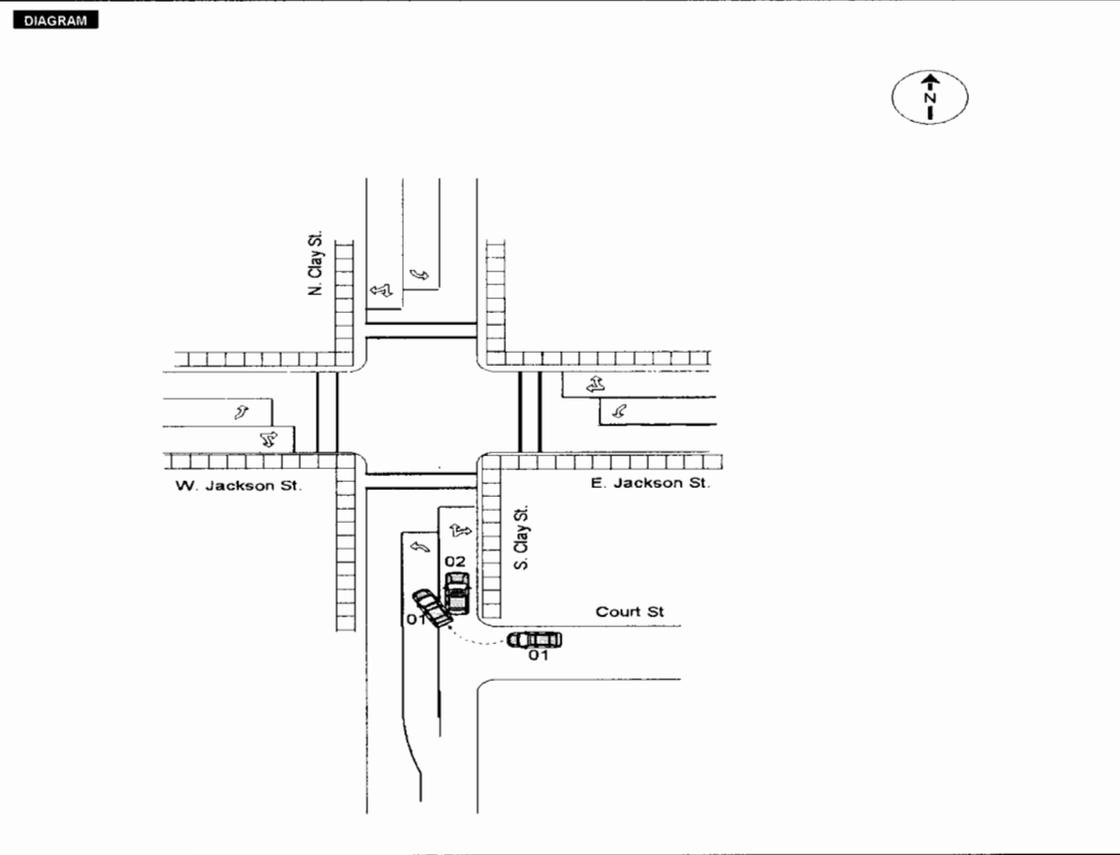
UNIT 02 WAS STOPPED IN TRAFFIC ON S. CLAY ST. JUST NORTH OF COURT ST. UNIT 01 MADE A RIGHT TURN OFF OF COURT ST. ONTO S. CLAY ST. AND GOT INTO THE LEFT TURN LANE ON S. CLAY ST. IN THE COURSE OF DOING THAT UNIT 01 MADE HIS TURN TO SHARP AND THE RIGHT REAR OF HIS VEHICLE STRUCK THE LEFT REAR CORNER OF UNIT 02. UNIT 01 THEN CONTINUED ON INTO THE LEFT TURN LANE, MADE A LEFT TURN ONTO W. JACKSON ST., AND TRAVELED WESTBOUND OUT OF TOWN. UNIT 02 STATED THAT SHE PULLED UP BESIDE UNIT 01 AND TRIED TO GET HIS ATTENTION, BUT HE DID NOT LOOK AT HER.

UNIT 01 STATED THAT HE DID NOT KNOW THAT HE HIT ANYONE. HE SAID THAT HE DID HEAR SOMEONE HONKING A HORN, BUT DID NOT KNOW THAT THE HORN WAS FOR HIM.

**MANNER OF COLLISION OR IMPACT**  
**6**  
 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT  
 2 REAR-END  
 3 HEAD-ON  
 4 REAR-TO-REAR  
 5 BACKING  
 6 ANGLE  
 7 SIDESWIPE SAME DIRECTION  
 8 SIDESWIPE OPPOSITE DIRECTION  
 9 UNKNOWN

**SCHOOL BUS RELATED**  
**1**  
 1 NO  
 2 YES, DIRECTLY INVOLVED  
 3 YES, INDIRECTLY INVOLVED  
 4 UNKNOWN

**WORK ZONE RELATED**  
**1**  
 1 NO  
 2 YES  
 3 UNKNOWN



**WEATHER**  
**01**  
 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/SHIL/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**

**LIGHT CONDITIONS**  
**PRIMARY**  **SECONDARY**   
**4**  
 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>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>CARGO BODY TYPE</b> <input type="text"/> 01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAIN CHIPS GRAVEL 05 POLE 06 CARGO TANK 07 FLATBED 08 TRAMP 09 CONCRETE MIXER	<input type="text"/> 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	<b>WEIGHT (GVWR)</b> <input type="text"/> 1 LESS EQUAL 10,000 2 10,001 - 26,000 3 MORE THAN 26,000	<b>CDL CLASS</b> <input type="text"/> 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	<b>HAZARDOUS MATERIALS</b> <input type="text"/> 1 NO 2 YES 3 UNKNOWN	<b>HAZARDOUS MATERIALS REI CLASS</b> <input type="text"/> 1 NO 4 UNKNOWN 2 YES 3 NOT APPLICABLE
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**POLICE ACTION**

<b>DATE CRASH REPORTED</b> 1/26/2010	<b>TIME REC CALL</b> 18:13	<b>DISPATCH</b> 18:18	<b>ARRIVED</b> 18:26	<b>CLEARED</b> 18:46	<b>OTHER</b> 44	<b>TOTAL MINUTES</b> 72
<b>OFFICER'S NAME</b> PTL. KEVIN BROWN		<b>BADGE #</b> 108	<b>CHECKED BY</b>		<b>DATE REPORT FILED</b> 1/26/2010	
<b>REPORT TAKEN BY</b> 1 POLICE AGENCY 2 MOTORIST <b>1</b>	<b>REPORT TAKEN AT</b> 1 SCENE 2 STATION 3 OTHER <b>3</b>	<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>		<b>LOCAL REPORT #</b> 10MPD 2329		