



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>10MPD 2373</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>1</b> 1 NOT HIT/SKIP 2 SKIPPED 3 UNSOLVED	PHOTOS TAKEN <input type="checkbox"/> NO <input type="checkbox"/> YES	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # <b>03801</b>	REPORTING AGENCY <b>MILLERSBURG POLICE DEPARTMENT</b>	# UNITS <b>1</b>	UNIT ERROR <b>98</b> 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>12/06/2010</b>	

TIME OF CRASH <b>07:55</b>	DAY OF WEEK <b>MON</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40332002</b>	LONGITUDE <b>081542408</b>
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>E</b>	CRASH LOCATION <b>E. JACKSON ST.</b>	TYPE LOC <b>1</b>
REFERENCE POINT USED		
DIST. REF. <b>300 F</b>	DR <b>W</b>	PREFIX <b>LAKEVIEW DR.</b>
REF POINT <b>02</b>	REFERENCE POINT USED	
01 STATE LINE		05 TOWNSHIP BOUNDARY
02 INTERSECTION OF TWO STREETS		06 MILE POST
03 COUNTY LINE		07 CORPORATION LIMIT
04 HOUSE NUMBER		08 PLACE NAME WITHOUT REFERENCE
		09 DRIVEWAY
		10 STREET OR ROUTE WITHOUT REFERENCE

MOTORIST / NON-MOTORIST OCCUPANT

UNIT # <b>A 01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>YODER JR. RAYMOND R.</b>	ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>6900 T.R. 319 MILLERSBURG OH 44654</b>
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>11/02/1942</b>	AGE <b>68</b>	SEX <b>M</b>
HOME PHONE # <b>(330)674-0432</b>	WORK PHONE # <b>(330)674-6941</b>		

DL STATE <b>OH</b>	DL # <b>RS296839</b>	LP STATE <b>OH</b>	LP # <b>PGL7537</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE 'SAME') <b>YODER JR., RAYMOND R.</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>6900 T.R. 319 MILLERSBURG OH 44654</b>
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YEAR <b>2009</b>	MAKE <b>FORD</b>	MODEL <b>F-SERIES PIC</b>	COLOR <b>MAROON</b>	INSURANCE COMPANY <b>HARTFORD CASUAL</b>	TOWING SERVICE	OWNER PHONE # <b>(330)674-0432</b>
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> NO <input type="checkbox"/> YES
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UNIT # <b>B</b>	# OF OCC	NAME (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP-CODE)
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SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #
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DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY <input type="checkbox"/>	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE 'SAME')	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)
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YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> NO <input type="checkbox"/> YES
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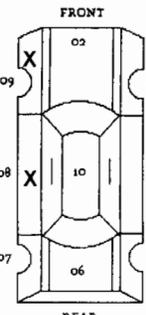
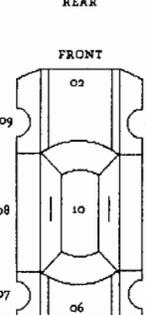
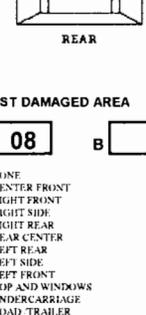
UNIT # <b>C</b>	# OF OCC	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)	INJURED TAKEN BY <input type="checkbox"/>	TRANSPORTED BY	INJURED TAKEN TO
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UNIT # <b>D</b>	# OF OCC	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)	INJURED TAKEN BY <input type="checkbox"/>	TRANSPORTED BY	INJURED TAKEN TO
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SEATING POSITION <b>A 01</b> 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SELEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILER/UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	SAFETY EQUIPMENT <b>A 04</b> MOTORIST 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED 06 HELMET USED 07 RESTRAINT USE UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 RIFLING 13 OTHER 14 UNKNOWN	AIR BAG <b>A 1</b> 1 NOT-DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE FRONT/SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	AIR BAG SWITCH <b>A 1</b> 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	EJECTION <b>A 1</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED <b>A 1</b> 1 NOT TRAPPED 2 ENTRAPPED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES <b>A 1</b> 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT 'X' IF YES

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="01"/> B <input type="text"/> <b>MOTORIST</b> 01 MOVEMENTS ESSENTIALLY STRAIGHT 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 <b>NON-MOTORIST</b> 20 WALKING OR CROSSING SPECIFIED LOCATION 21 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 22 WORKING 23 PUSHING VEHICLE 24 APPROACHING OR LEAVING VEHICLE 25 PLAYING OR WORKING ON VEHICLE 26 STANDING 27 OTHER 28 UNKNOWN	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>1 <input type="text" value="18"/></td><td>1 <input type="text"/></td></tr> <tr><td>2 <input type="text"/></td><td>2 <input type="text"/></td></tr> <tr><td>3 <input type="text"/></td><td>3 <input type="text"/></td></tr> <tr><td>4 <input type="text"/></td><td>4 <input type="text"/></td></tr> </table>	A	B	1 <input type="text" value="18"/>	1 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	<b>POSTED SPEED</b> A <input type="text" value="35"/> B <input type="text"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/> 1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 GIVEN, RESULTS UNKNOWN 6 UNKNOWN
A	B														
1 <input type="text" value="18"/>	1 <input type="text"/>														
2 <input type="text"/>	2 <input type="text"/>														
3 <input type="text"/>	3 <input type="text"/>														
4 <input type="text"/>	4 <input type="text"/>														
<b>NON-MOTORIST LOCATION</b> A <input type="text"/> B <input type="text"/> 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 MIDDLE (BUT NOT ON SHOULDER) 08 AND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (BUT NOT SHOULDER, MIDDLE, SIDEWALK, OR ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 TOWARD TRAFFICWAY 14 AWAY FROM TRAFFICWAY 15 SHARED USE PATHS OR TRAILS 16 UNKNOWN	 	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="01"/> B <input type="text"/> <b>MOTORIST</b> 01 NONE 02 FAILURE TO YIELD 03 BRAKE RED LIGHT OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/CLD 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/SLEEP 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 VIOLATING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO HEYB TRAFFIC SIGNS, SIGNALS OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	<b>NON-COLLISION</b> 01 OVERTURN/ROLL-OVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/GOV EQUIPMENT LOSS OR SHUT 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) 07 SEPARATION OF UNITS 08 RAN OF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MIDDLE CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION <b>COLLISION WITH PERSON, VEHICLE, OR OBJECT - NOT FIXED</b> 14 PEDESTRIAN 15 PEDICYCLE 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 <b>COLLISION WITH FIXED OBJECT</b> 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT FIXTURES/SUPPORT 36 LIGHT POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 CONC 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT (WALL, BUILDING, UTILITY, ETC.) 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	<b>TRAFFIC CONTROL</b> A <input type="text" value="01"/> B <input type="text"/> 01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSINGS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALK DON'T WALK 15 TRAFFIC CONTROL DEVICE 16 OTHER 17 NOT REPORTED	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/> 1 NONE 2 BLOOD 3 URINE 4 OTHER <b>DRUG TEST 1 &amp; 2 RESULT</b> <table border="1"> <tr><td>1</td><td>2</td><td>1</td><td>2</td></tr> <tr><td>A <input type="text" value="1"/></td><td>A <input type="text" value="1"/></td><td>B <input type="text"/></td><td>B <input type="text"/></td></tr> </table>	1	2	1	2	A <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text"/>	B <input type="text"/>		
1	2	1	2												
A <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text"/>	B <input type="text"/>												
<b>TYPE OF UNIT</b> A <input type="text" value="07"/> B <input type="text"/> <b>MOTORIST</b> 01 SUBCOMPACT 02 COMPACT 03 MID SIZED 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 DELIVERY 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 - SHORT 15 TRACTOR DOUBLE - LONG 16 WITH WHEEL OR CONVERTER DOLLY 17 TRACTOR TRIPLES 18 MOTORCYCLE 19 MOTORBIKE/BICYCLE 20 SCRAMPER 21 CHEMTRUCK 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAILER 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS <b>NON-MOTORIST</b> 35 ANIMAL - W/DRIVER 36 ANIMAL - W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER NON-MOTORIST (WHEEL CHAIR, ETC.) 42 UNKNOWN	<b>MOST DAMAGED AREA</b> A <input type="text" value="08"/> B <input type="text"/> 01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	<b>VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS 12 NO DEFECTS	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) <b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	<b>DIRECTION</b> <table border="1"> <tr><td>FROM TO</td><td>FROM TO</td></tr> <tr><td>A <input type="text" value="3"/></td><td>A <input type="text"/></td></tr> <tr><td>B <input type="text" value="4"/></td><td>B <input type="text"/></td></tr> </table> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN	FROM TO	FROM TO	A <input type="text" value="3"/>	A <input type="text"/>	B <input type="text" value="4"/>	B <input type="text"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="01"/> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/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				
FROM TO	FROM TO														
A <input type="text" value="3"/>	A <input type="text"/>														
B <input type="text" value="4"/>	B <input type="text"/>														
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text"/> 1 NO 2 YES 3 UNKNOWN	<b>ACTION</b> A <input type="text" value="4"/> B <input type="text"/> 1 NON-CONTACT 2 NON-COLLISION 3 STRICKING 4 STRUCK 5 BOTH STRICKING AND STRUCK 6 UNKNOWN			<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text"/> 1 NONE 2 YES ALCOHOL SUSPECTED 3 YES - I/HD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN	<b>ROAD CONTOUR</b> <input type="text" value="1"/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN										
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text"/> 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	<b>STRIKING VEHICLE OVERRIDE/UNDERDRIVE</b> A <input type="text" value="1"/> B <input type="text"/> 1 NO UNDERDRIVE OR OVERRIDE 2 UNDERDRIVE, COMPARTMENT INTRUSION 3 UNDERDRIVE, NO COMPARTMENT INTRUSION 4 UNDERDRIVE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN IF UNDERDRIVE OR OVERRIDE		<b>SPEED DETECTED</b> A <input type="text" value="2"/> B <input type="text"/> 1 STATED 2 ESTIMATED <b>SPEED</b> A <input type="text" value="35"/> B <input type="text"/>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/> 1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN <b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/> 1 NONE 4 BREATH 2 BLOOD 3 URINE <b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> <b>PRIMARY</b> <input type="text" value="01"/> <b>SECONDARY</b> <input type="text"/> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND/MUD/DIRT/OIL/GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN										
<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT # <b>10MPD 2373</b>													

**NARRATIVE**

UNIT 1 WAS WESTBOUND ON E. JACKSON ST. AND WAS STRUCK ON HIS LEFT SIDE BY A DEER CROSSING THE STREET.

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>1</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 SLIGHT HAIL/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>SECONDARY</b></p> <p><b>1</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>TRUCK/BUS UNIT #</b></p> <p><input type="text"/></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>	

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.

**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)**

<b>US DOT</b>	<b>ICC MC</b>	<b>PUCO</b>	<b>TRAILER LP ST.</b>	<b>TRAILER LP YEAR</b>	<b>TRAILER LP #</b>	<b>PLACARD #</b>	<b># DIA</b>
<b>CARGO BODY TYPE</b> 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 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARAGE/REFUSE 12 OTHER 13 UNKNOWN	<b>WEIGHT (GVWR)</b> 1 LESS THAN 10,000 2 10,001 - 26,000 3 MORE THAN 26,000	<b>CDL CLASS</b> 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	<b>HAZARDOUS MATERIALS</b> 1 NO 2 YES 3 UNKNOWN	<b>HAZARDOUS MATERIALS REPAIRED</b> 1 NO UNKNOWN 2 YES 3 NOT APPLICABLE			

<b>POLICE ACTION</b>	<b>DATE CRASH REPORTED</b> 12/06/2010	<b>TIME REC CALL</b> 08:01	<b>DISPATCH</b> 08:02	<b>ARRIVED</b> 08:03	<b>CLEARED</b> 08:33	<b>OTHER</b> 30	<b>TOTAL MINUTES</b> 61
<b>OFFICER'S NAME</b> PTL. W. TODD BOOTH	<b>BADGE #</b> 104	<b>CHECKED BY</b>	<b>DATE REPORT FILED</b> 12/06/2010				
<b>REPORT TAKEN BY</b> 1 POLICE AGENCY 2 MOTORIST	<b>REPORT TAKEN AT</b> 1 SCENE 2 STATION 3 OTHER	<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>	<b>LOCAL REPORT #</b> 10MPD 2373				