



TRAFFIC CRASH REPORT

CRASH REPORT # 10MPD 2384	CRASH SEVERITY 3 1 FATAL ERROR 3 FDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> NO IF YES	HIT/SKIP 1 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <input type="checkbox"/> NO IF YES	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	# UNITS 2	UNIT ERROR 01 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 12/08/2010	

TIME OF CRASH 08:53	DAY OF WEEK WED	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40331804	LONGITUDE 081551307
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX N	CRASH LOCATION PRIVATE PROPERTY	TYPE LOC 1
JOB & FAMILY SERVICES LOT		

DIST. REF.	DR	PREFIX N	REFERENCE 000085 N. GRANT ST.	REF POINT 04	REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION OF TWO STREETS 03 COUNTY LINE 04 HOUSE NUMBER	05 TOWNSHIP BOUNDARY 06 MILE POINT 07 CORPORATION LIMIT 08 PLACE NAME WITHOUT REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE
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MOTORIST / NON-MOTORIST

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) WEAVER MILDRED N.			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 5366 C.R. 201 MILLERSBURG OH 44654						
SOCIAL SECURITY NUMBER	DATE OF BIRTH 12/30/1930	AGE 79	SEX F	HOME PHONE # (330)893-2880	WORK PHONE #	
DL STATE OH	DL # RF380392	LP STATE OH	LP # BY79GS	INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') WEAVER, MILDRED N.			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 5366 C.R. 201 MILLERSBURG OH 44654			
YEAR 2000	MAKE CHEVROLET	MODEL OTHER TRUC	COLOR WHITE	INSURANCE COMPANY MOTORIST MUTUAL	TOWING SERVICE	OWNER PHONE # (330)893-2880
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #		LOCAL CODE <input type="checkbox"/> NO IF YES		

B	UNIT # 02	# OF OCC 0	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 OH	LP # ETP6588	INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') GILBERT, CANDY J.			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 12867 C.R. 316 BIG PRAIRIE OH 44611			
YEAR 2001	MAKE FORD	MODEL TAURUS	COLOR GREEN	INSURANCE COMPANY ALLSTATE	TOWING SERVICE	OWNER PHONE # (330)201-2746
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #		LOCAL CODE <input type="checkbox"/> NO IF YES		

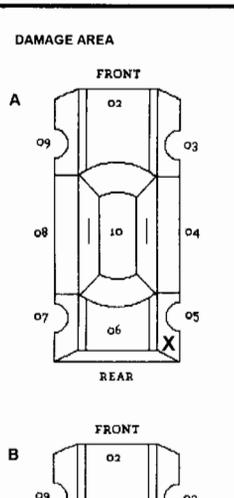
C	UNIT #	NAME (LAST, FIRST, MIDDLE)		HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)							
				INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	
D	UNIT #	NAME (LAST, FIRST, MIDDLE)		HOME PHONE #	DATE OF BIRTH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

SEATING POSITION A 01 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 SEATER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	SAFETY EQUIPMENT A 04 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 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG A 1 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	AIR BAG SWITCH A 1 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	EJECTION A 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED A 1 1 NOT TRAPPED 2 ENTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES A 1 1 INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN	
BLANK FOR WITNESS							<input type="checkbox"/> SUPPLEMENT 'X' IF YES

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 SIDE
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 OTHER TRAFFICWAY
14 SHARED-USE PATHS OR TRAILS
15 UNKNOWN



PRE-CRASH ACTIONS
A B

MOTORIST
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 STOPPED OR STOPPED IN TRAFFIC
12 DRIVERLESS
13 OTHER
14 UNKNOWN
15 NON-MOTORIST
16 ENTERING OR CROSSING SPECIFIED LOCATION
17 WALKING, RUNNING, JOGGING, PLAYING, CYCLING
18 WORKING
19 PUSHING VEHICLE
20 APPROACHING OR LEAVING VEHICLE
21 PLAYING OR WORKING ON VEHICLE
22 STANDING
23 OTHER
24 UNKNOWN

SEQUENCE OF EVENTS

A	1	<input type="text" value="21"/>	B	1	<input type="text" value="20"/>
	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 DRIVER'S ROLL-OVER
02 FIRE/EXPLOSION
03 IMMERSION
04 JACKKNIFE
05 CARLOAD 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 LISTED
15 PEDESTRIAN
16 BICYCLE
17 RAILWAY VEHICLE (E.G. TRAIN, ENGINE)
18 ANIMAL - FARM
19 ANIMAL - OTHER
20 MOTOR VEHICLE IN TRANSPORT
21 PARKED MOTOR VEHICLE
22 WORK ZONE MAINTENANCE EQUIPMENT
23 OTHER MOVABLE OBJECT
24 UNKNOWN MOVABLE OBJECT
25 COLLISION WITH FIXED OBJECT
26 IMPACT ATTENUATOR CRASH CUSHION
27 BRIDGE OVERHEAD STRUCTURE
28 BRIDGE PIER OR ABUTMENT
29 BRIDGE PARAPET
30 BRIDGE RAIL
31 GATE/RAILROAD FENCE
32 GATE/RAILROAD END
33 MEDIAN BARRIER
34 HIGHWAY TRAFFIC SIGN POST
35 OVERHEAD SIGN POST
36 LIGHT TOWER/MARKERS SUPPORT
37 UTILITY POLE
38 UTILITY POLE OR SUPPORT
39 UTILITY
40 OTHER
41 BARKMANT
42 FENCE
43 MAILBOX
44 FETTER
45 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC)
46 WORK ZONE MAINTENANCE EQUIPMENT
47 UNKNOWN FIXED OBJECT
48 OTHER
49 UNKNOWN

POSTED SPEED
A B

TRAFFIC CONTROL
A B

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 WALKWAY SIGN
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 HEROIN
3 URINE
4 OTHER

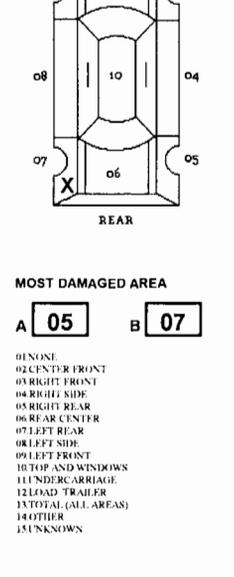
DRUG TEST 1 & 2 RESULT

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

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 SUB-COMPACT
02 COMPACT
03 MID-SIZE
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-SHORT
15 TRACTOR DOUBLE-LONG
16 TRITRIBLER OR CONVERTER DOLLY
17 TRACTOR TRIFLES
18 MOTORCYCLE
19 MOTORIZED BICYCLE
20 SCOOTER, BUS
21 PERCH BUS
22 PERCH BUS
23 OTHER BUS
24 PASSENGER 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
35 NON-MOTORIST
36 ANIMAL W/DRIVER
37 ANIMAL W/HOOKY
38 BICYCLE
39 PEDESTRIAN
40 PEDESTRIAN (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)
41 SKATER
42 OTHER NON-MOTORIST (WHEELCHAIR, ETC)
43 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 FLOWED THROUGHLY ACID
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/SWELLING
21 OTHER IMPROPER ACTION
22 UNKNOWN
23 NON-MOTORIST
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 SIGNS, SIGNALS OR OFFICER
31 WRONG SIDE OF THE ROAD
32 OTHER
33 UNKNOWN

DIRECTION

FROM TO: A B

FROM TO: A B

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

CONDITION
A B

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

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 ON RAMP
08 OFF RAMP
09 CROSSOVER
10 DRIVEWAY
11 RAILWAY-GRADE CROSSING
12 SHARED-USE PATHS OR TRAILS
13 UNKNOWN

OCCURRENCE
A B

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

ALCOHOL/DRUG SUSPECTED
A B

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

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

ALCOHOL TEST TYPE
A B

1 NONE
4 BREATH
2 BLOOD
5 OTHER
3 URINE

ALCOHOL TEST RESULT
A

B

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 STRUCK
4 STRUCK
5 BOTH STRUCK AND STRUCK
6 UNKNOWN

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

0 TURN SIGNALS
01 HEAD LAMPS
02 TAIL LAMPS
03 BRAKES
04 STEERING
05 TIRE BLOWOUT
06 WORN OR SICK TIRES
07 MISC LAMPS
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)

SPEED DETECTED
A B

1 STATED
2 ESTIMATED

SPEED
A B

ROAD CONTOUR
A B

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

ROAD CONDITIONS
A B

0 DRY
1 WET
2 SNOW
3 ICE
4 SAND/MUD/DIRT OIL GRAVEL
5 WATER (STANDING MOVING)
6 SLUSH
7 DEBRIS
8 RUT HOLES, BUMP, UNEVEN PAVEMENT
9 OTHER
10 UNKNOWN

IN EMERGENCY RESPONSE
A B

1 NO
2 YES
3 UNKNOWN

DAMAGE SCALE
A B

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

STRIKING VEHICLE OVERRIDE/UNDERIDE
A B

1 NO OVERRIDE OR UNDERIDE
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 OVERRIDE

SUPPLEMENT 'X' IF YES

LOCAL REPORT #
10MPD 2384

NARRATIVE

UNIT 1 WAS BACKING FROM A PARKING SPACE IN A PRIVATE PARKING LOT AND BACKED INTO UNIT 2 WHO WAS PARKED IN ANOTHER SPACE IN THE SAME LOT.

<p>MANNER OF COLLISION OR IMPACT</p> <p>5</p> <p>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWIPE SAME DIRECTION 8 SIDESWIPE OPPOSITE DIRECTION 9 UNKNOWN</p>	<p>SCHOOL BUS RELATED</p> <p>1</p> <p>1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN</p>	<p>DIAGRAM</p> <div style="text-align: center;"> <p>↑</p> <p>Job & Family Services Lot</p> </div>
<p>WEATHER</p> <p>02</p> <p>01 CLEAR 02 CLEAR B'DY 03 FOG-SMOG-SMOKE 04 RAIN 05 SLFET HAIL, FREEZING RAIN OR DRIZZLE 06 SNOW 07 SEVERE CROSSWINDS 08 HAILING SAND SOIL DIRT SNOW 09 OTHER 10 UNKNOWN</p>	<p>WORK ZONE RELATED</p> <p>1</p> <p>1 NO 2 YES 3 UNKNOWN</p>	
<p>LIGHT CONDITIONS</p> <p>PRIMARY SECONDARY</p> <p>1 <input type="checkbox"/></p> <p>1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - ROADWAY NOT LIGHTED 6 DARK - UNKNOWN ROADWAY LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN</p>	<p>TYPE OF WORK ZONE</p> <p><input type="checkbox"/></p> <p>1 LANE CLOSURE 2 LANE SHIFT CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT OR MOVING WORK 5 OTHER</p>	
<p>LOC ATION OF CRASH IN WORK ZONE</p> <p><input type="checkbox"/></p> <p>1 BEFORE THE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA</p>	<p>WORKERS PRESENT</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	

TRUCK/BUS UNIT #	<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 DCT TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER
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COMPANY (FROM SHIPPING PAPERS)

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
CARGO BODY TYPE 01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN ENCLOSED BOX 04 CRAIN CHIPS GRAVEL 05 POLE 06 CARGO TANK 07 FLATBED 08 DRUM 09 CONCRETE MINER 10 AUTO TRANSPORTER 11 GARBAGE REFUSE 12 OTHER 13 UNKNOWN	WEIGHT (GVWR) 1 LESS-EQUAL 10,000 2 10,001-26,000 3 MORE THAN 26,000	CDL CLASS <input type="checkbox"/> <p>1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E</p>	HAZARDOUS MATERIALS <input type="checkbox"/> <p>1 NO 2 YES 3 UNKNOWN</p>	HAZARDOUS MATERIALS REFINISHED <input type="checkbox"/> <p>1 NO UNKNOWN 2 YES 3 NOT APPLICABLE</p>			

POLICE ACTION

DATE CRASH REPORTED 12/08/2010	TIME REC CALL 08:58	DISPATCH 08:58	ARRIVED 08:59	CLEARED 09:14	OTHER 30	TOTAL MINUTES 46
OFFICER'S NAME PTL. W. TODD BOOTH		BADGE # 104	CHECKED BY		DATE REPORT FILED 12/08/2010	
REPORT TAKEN BY 1 1 POLICE AGENCY 2 AGENT	REPORT TAKEN AT 1 1 SCENE 2 STATION 3 OTHER	SUPPLEMENT 'X' IF YES <input type="checkbox"/>			LOCAL REPORT # 10MPD 2384	