

OHIO

TRAFFIC CRASH REPORT

Traffic Crash Report

CRASH REPORT # 10MPD 2414	CRASH SEVERITY 3 1 FATAL ERROR 3000 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> NO IF YES	HITS/SKIP 3 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 12/13/2010	

TIME OF CRASH 08:30	DAY OF WEEK MON	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40324106	LONGITUDE 081550108
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX S	CRASH LOCATION S. WASHINGTON ST.	TYPE LOC 1
REFERENCE POINT USED		IFO TOBACCO HUT

DIST. REF. 185 F	DR S	PREFIX	REFERENCE LOGSDON AVE.	REF POINT 02	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

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) UNKNOWN UNKNOWN
ADDRESS (STREET, CITY, STATE, ZIP-CODE) UNKNOWN UNKNOWN			
SOCIAL SECURITY NUMBER	DATE OF BIRTH //	AGE	SEX F
HOME PHONE #	WORK PHONE #		
DL STATE	DL #	LP STATE	LP #
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') UNKNOWN		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) UNKNOWN UNKNOWN UNKNOWN	
YEAR 0	MAKE JEEP	MODEL OTHER	COLOR SILVER
INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE#	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> NO IF YES

B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) LEESON ZACHARY J.
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 10567 T. R. 54 KILLBUCK OH 44637			
SOCIAL SECURITY NUMBER	DATE OF BIRTH 01/17/1991	AGE 19	SEX M
HOME PHONE # (330)276-7355	WORK PHONE #		
DL STATE OH	DL # TE784415	LP STATE OH	LP # T638831
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') LEESON, ZACHARY J.		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 10567 T. R. 54 KILLBUCK OH 44637	
YEAR 1993	MAKE CADILLAC	MODEL DE VILLE	COLOR TAN
INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE	OWNER PHONE# (330)276-7355	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> NO IF YES

OCCUPANT

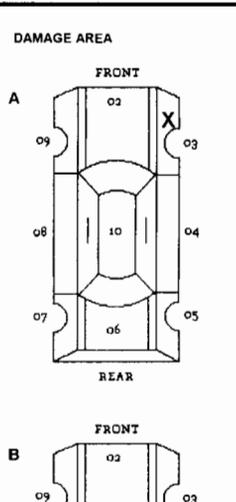
C	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE#	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	
D	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE#	DATE OF BIRTH	AGE	SEX
ADDRESS (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 UNOCCUPIED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILER UNIT 14 INTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	SAFETY EQUIPMENT A 14 01 NONE USED 02 SHOULDERS BELT ONLY USED 03 LAP BELT ONLY USED 04 SHOULDERS AND LAP BELT USED 05 CHILD SAFETY SEAT USED 06 HELMET USED 07 RESTRAINT USE UNKNOWN 08 NON-USE 09 HELMET USED 10 PROTECTIVE PADS 11 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 4 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 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
<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 IN 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 TRAFFICWAY)
13 ON TRAILER TRAFFICWAY
14 SHARED USE PATHS 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 APPROACHING 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" 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 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 PARTS OR PART OF ROAD RIGHT
08 RAN OFF ROAD LEFT
09 RAN OFF ROAD RIGHT
10 CROSS-MEDIAN CENTERLINE
11 DOWNHILL RUNAWAY
12 OTHER NON-COLLISION
13 UNKNOWN NON-COLLISION
COLLISION W/PERSON, VEHICLE OR OBJECT NOT LISTED
14 PEDESTRIAN
15 PEDALCYCLE
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
COLLISION WITH FIXED OBJECT
25 IMPACT ATTSN. AT OR CRASH CUSHION
26 BRIDGE OVERHEAD STRUCTURE ENGINE
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 LUMINARIES SUPPORT
36 TRAFFIC POLE
37 OTHER POST, POLE OR SUPPORT
38 CURBVERT
39 CURB
40 DITCH
41 EMBANKMENT
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

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 CROSSBUCKS
08 RAILROAD FLASHERS
09 RAILROAD GATES
10 CONSTRUCTION BARRICADE
11 POLICE OFFICER
12 PAVEMENT MARKINGS
13 CROSSWALK LINES
14 WALK/DONT WALK
15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBLSCURED
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

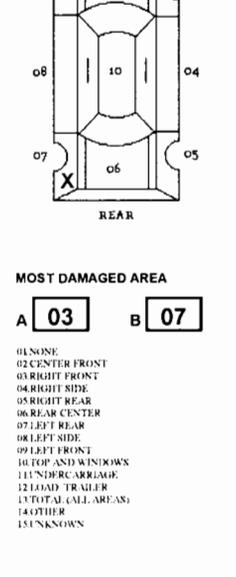
1 NONE
2 BLOOD
3 URINE
4 OTHER

DRUG TEST 1 & 2 RESULT
A B

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

TYPE OF UNIT
A B

MOTORIST
01 SUV/COMPACT
02 COMPACT
03 MID-SIZED
04 FULL-SIZE
05 MINIVAN
06 SPORT UTILITY VEHICLE
07 PICKUP
08 PASSENGER VAN
09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES
10 SINGLE UNIT TRUCK, 3 OR MORE AXLES
11 TRUCK TRAILER
12 TRUCK TRACTOR (BOHEAD)
13 TRACTOR SEMI-TRAILER
14 TRACTOR DOUBLE-SHORT
15 TRACTOR DOUBLE-LONG
16 FIFTY WHEEL OR CONVERTER DOLLY
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 TRAILER
30 ARMY VEHICLE
31 ARMY EQUIPMENT
32 NON-MOTORIST
33 CONSTRUCTION EQUIPMENT
34 ALL OTHERS
NON-MOTORIST
35 ANIMAL W/ RIDER
36 ANIMAL W/ RIDER
37 BICYCLE
38 PEDESTRIAN
39 PEDAL CYCLE (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)
40 SKATEBOARD
41 OTHER NON-MOTORIST (WHICH HAIR, ETC.)
42 UNKNOWN



CONTRIBUTING CIRCUMSTANCES
A B

MOTORIST
01 NONE
02 FAILURE TO YIELD
03 ON 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 JACKING
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 IN ATTENTION
18 FATIGUE/ASLEEP
19 OPERATING DEFECTIVE EQUIPMENT
20 LOAD SHIFTING/FALLING/SPLILING
21 OTHER IMPROPER ACTION
NON-MOTORIST
22 NONE
23 OTHER
24 IMPROPER CROSSING
25 PARKING
26 USING 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 SOUTHEAST
8 SOUTHWEST
9 UNKNOWN

CONDITION
A B

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

TYPE OF INTERSECTION
A

01 NOT AN INTERSECTION
02 FOUR-WAY INTERSECTION
03 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

1 ON ROADWAY
2 ON SHOULDER
3 IN MEDIAN
4 ON ROADSIDE
5 ON GORE
6 OR SIDE 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 WINDOW/ARCHWAY
12 LOAD TRAILER
13 TOTAL (ALL AREAS)
14 OTHER
15 UNKNOWN

ACTION
A B

1 NONE 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 TURNING
06 TIRE BLOWOUT
07 WORN OR SLICK TIRES
08 TRAILER EQUIPMENT DEFECTIVE
09 MOTOR TRAILER
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/DRUG SUSPECTED
A B

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

ROAD CONTOUR
A

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

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 RUT, HOLES, BUMPS, UNEVEN PAVEMENT
10 OTHER
11 UNKNOWN

IN EMERGENCY RESPONSE
A B

1 NO
2 YES
3 UNKNOWN

STRIKING VEHICLE OVERRIDE/UNDERIDE
A B

1 NOT UNDER/UNDER
2 UNDER/COMPARTMENT INTRUSION
3 UNDER/NO COMPARTMENT INTRUSION
4 UNDER/COMPARTMENT INTRUSION UNKNOWN
5 OVERRIDE/MOTOR VEHICLE IN TRANSPORT
6 OVERRIDE OTHER VEHICLE
7 UNKNOWN IF UNDER/UNDER OR UNDER/UNDER

DAMAGE SCALE
A B

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

SPEED DETECTED
A B

1 STATED
2 ESTIMATED

SPEED
A B

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
3 URINE
5 OTHER

ALCOHOL TEST RESULT
A B

SUPPLEMENT 'X' IF YES

LOCAL REPORT #
10MPD 2414

NARRATIVE

UNIT 2 WAS SOUTHBOUND ON S. WASHINGTON ST. AND WAS STRUCK BY UNIT 1 WHO ENTERED S. WASHINGTON ST. BY TURNING LEFT ONTO IT FROM A PRIVATE BUSINESS.

<p>MANNER OF COLLISION OR IMPACT</p> <p>6</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 SIDESWIP SAME DIRECTION 8 SIDESWIP 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>
<p>WEATHER</p> <p>06</p> <p>01 CLEAR 02 CLOUDY 03 FOG/SMOG/SMOKE 04 RAIN 05 SLEET/HAIL/FREEZING RAIN OR DRIZZLE 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING 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 ACTIVELY AREA</p>	<p>WORKERS PRESENT</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	

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

POLICE ACTION

DATE CRASH REPORTED 12/13/2010	TIME REC CALL 09:21	DISPATCH 09:21	ARRIVED 09:39	CLEARED 09:46	OTHER 30	TOTAL MINUTES 55
OFFICER'S NAME PTL. W. TODD BOOTH			BADGE # 104		CHECKED BY	
REPORT TAKEN BY 1 1 POLICE AGENCY 2 AUTHORIST		REPORT TAKEN AT 2 1 SCENE 2 STATION 3 OTHER		<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT # 10MPD 2414