



TRAFFIC CRASH REPORT

CRASH REPORT # 10MPD 2420	CRASH SEVERITY 3 1.FATAL ERROR 3.FDO 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> YES	HITS/SKIP 3 1.NOT HIT 2.SOLVED 3.UNSOLVED	PHOTOS TAKEN <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. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	# UNITS 2	UNIT ERROR 01 98.ANIMAL 99.UNKNOWN	DATE OF CRASH 12/13/2010	

TIME OF CRASH 16:25	DAY OF WEEK MON	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40322701	LONGITUDE 081545809
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CRASH OCCURRED ON PREFIX S	CRASH LOCATION PRIVATE PROPERTY	TYPE LOC 1	TYPE LOCATION POINT USED 1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE	LOCAL INFORMATION SAVE N SERVE LOT
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DIST. REF.	DR	PREFIX S	REFERENCE 001108 S. WASHINGTON 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 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 UNKNOWN			
SOCIAL SECURITY NUMBER	DATE OF BIRTH //	AGE	SEX U
DL STATE	DL #	LP STATE	LP #
INJURED TAKEN BY 5 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 UNKNOWN MA	MODEL UNKNOWN	COLOR
INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> 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
DL STATE	DL #	LP STATE OH	LP # ED86LG
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') SHIRLEY A. SKIPPER		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 426 MASSILLON RD MILLERSBURG OH 44654	
YEAR 2000	MAKE BUICK	MODEL CENTURY 82	COLOR TAN
INSURANCE COMPANY STATE FARM	TOWING SERVICE	OWNER PHONE # (614)307-0023	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> 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 17 01.FRONT - LEFT (MC PASSENGER) 02.FRONT - MIDDLE 03.FRONT - RIGHT 04.SECOND - LEFT (MC PASS) 05.SECOND - MIDDLE 06.SECOND - RIGHT 07.THIRD - LEFT (MC PASSENGER SIDE CAB) 08.THIRD - MIDDLE 09.THIRD - RIGHT 10.SLEEPER 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 14 01.NONE USED 02.SHOLDER BELT ONLY USED 03.LAP BELT ONLY USED 04.SHOLDER AND LAP BELT USED 05.CHILD SAFETY SEAT USED 06.HELMET USED 07.RESTRAINT USE UNKNOWN 08.NON-USED 09.HELMET USED 10.PROTECTIVE PADS 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN	AIR BAG A 6 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 5 1.NOT EJECTED 2.TOTALY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN	TRAPPED A 4 1.NOT TRAPPED 2.EXTRACTED BY MECHANICAL MEANS 3.FERRED BY NON-MECHANICAL MEANS 4.UNKNOWN	INJURIES A 6 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN
SUPPLEMENT 'X' IF YES <input type="checkbox"/>						

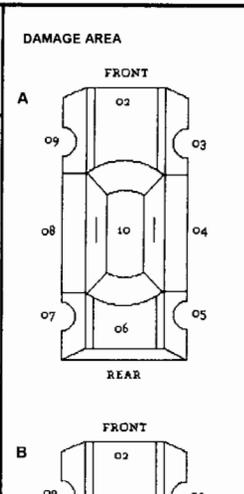
UNIT NUMBERS
A B

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 NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)
12 BEYOND 10 FEET OF ROADWAY (OTHER TRAFFICWAY)
13 OUTSIDE TRAFFICWAY
14 SHARED USE PATHS OR TRAILS
15 UNKNOWN

TYPE OF UNIT
A B

MOTORIST
01 SUBCOMPACT
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 DOLLER, SHORT
15 TRACTOR DOLLER, LONG
16 FIFTH 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 VAN
28 MOTOR HOME
29 TRAM
30 FARM VEHICLE
31 SPECIAL EQUIPMENT
32 SNOWMOBILE
33 CONSTRUCTION EQUIPMENT
34 ALL OTHERS
NON-MOTORIST
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 (WHEELCHAIR, ETC)
42 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 IDLENESS
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 LEAVING VEHICLE
20 PLAYING OR WORKING ON VEHICLE
21 STANDING
22 OTHER
23 UNKNOWN

CONTRIBUTING CIRCUMSTANCES
A B

MOTORIST
01 NONE
02 FAILURE TO YIELD
03 AN RED LIGHT, OR STOP SIGN
04 EXCEEDED SPEED LIMIT
05 UNSAFE SPEED
06 IMPROPER TURN
07 LEFT OF CENTER
08 FOLLOWED TOO CLOSELY (TACD)
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-ADHERING TO 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 PARKING
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 WALKING SIDE OF THE ROAD
32 OTHER
33 UNKNOWN

SEQUENCE OF EVENTS

A	<input type="text" value="21"/>	B	<input type="text" value="24"/>
1	<input type="text"/>	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 IMPERSONATION
04 LOCKSMITH
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 PEDACYCLE
17 RAILWAY VEHICLE (E.G. TRAIN, ENGINE)
18 ANIMAL - FARM
19 ANIMAL - DFER
20 ANIMAL - OTHER
21 MOTOR VEHICLE IN TRANSPORT
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 TOWER/SIGNAL SUPPORT
36 UTILITY POLE
37 OTHER POST, POLE OR SUPPORT
38 CURVERT
39 CURB
40 FENCE
41 EMBANKMENT
42 FENCE
43 MAIL BOX
44 TREE
45 OTHER FINED OBJECT (WALL, BUILDING, TOWER, ETC)
46 WORK ZONE MAINTENANCE EQUIPMENT
47 UNKNOWN FINED 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 PAVED/STREET MARKINGS
13 CROSSWALK LINES
14 WALKMANT WALK
15 TRAFFIC CONTROL DEVICE
16 INOPERATIVE, MISSING, OBSTRUCTED
17 NOT REPORTED

DIRECTION
FROM TO FROM TO
A B

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

CONDITION
A B

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

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 B

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

TYPE OF INTERSECTION

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

ACTION
A B

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

IN EMERGENCY RESPONSE
A B

1 NO
2 YES
3 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

STRIKING VEHICLE OVERRIDE/UNDERRIDE
A B

1 NO UNDERRIDE OR OVERRIDE
2 UNDERRIDE, COMPARTMENT INTERSECTION
3 UNDERRIDE, NO COMPARTMENT INTERSECTION
4 UNDERRIDE, COMPARTMENT INTERSECTION UNKNOWN
5 OVERRIDE, MO/TOR VEHICLE IN TRANSPORT
6 OVERRIDE, OTHER VEHICLE
7 UNKNOWN IF UNDERRIDE OR OVERRIDE

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

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

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
2 BLOOD
3 URINE
4 BREATH
5 OTHER

ALCOHOL TEST RESULT
A B

ALCOHOL TEST STATUS
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

ALCOHOL TEST TYPE
A B

1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

ALCOHOL TEST RESULT
A B

OCCURRENCE

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

ROAD CONTOUR

1 STRAIGHT LEVEL
2 STRAIGHT GRADE
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, DIMPS, 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

LOCAL REPORT #

SUPPLEMENT 'X' IF YES

LOCAL REPORT #

SUPPLEMENT 'X' IF YES

LOCAL REPORT #

NARRATIVE

UNIT 2 WAS PARKED IN A STORE PARKING LOT AND WAS STRUCK BY AN UNKNOWN VEHICLE.

<p>MANNER OF COLLISION OR IMPACT</p> <p>9</p> <p>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-REAR 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDEWIPPE SAME DIRECTION 8 SIDEWIPPE 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>WORK ZONE RELATED</p> <p>1</p> <p>1 NO 2 YES 3 UNKNOWN</p>	<p>DIAGRAM</p> <p style="font-size: 2em;">↑</p> <p>Save N Serve Lot</p>
<p>WEATHER</p> <p>02</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 HAIL (WIND) 09 UNKNOWN DIRT SNOW 10 OTHER 11 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>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 CLEAR 8 OTHER 9 UNKNOWN</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 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)

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
CARGO BODY TYPE	05 POLE	10 AUTO TRANSPORTER	WEIGHT (GVWR)	CDL CLASS	HAZARDOUS MATERIALS	HAZARDOUS MATERIALS REI FAREN	
<input type="checkbox"/>	06 CARGO TANK	11 GARBAGE REFUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
01 NOT APPLICABLE 02 BUS (9-15 SEAT DRIVERS) 03 VAN (ENCLASSED BUS) 04 GRAIN CHIPS GRAVEL	07 FLATBED 08 DUMP 09 CONCRETE MIXER	12 OTHER 13 UNKNOWN	1 LESS EQUAL 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	1 NO - UNKNOWN 2 YES 3 NOT APPLICABLE	

POLICE ACTION

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
12/13/2010	16:43	16:44	16:46	16:52	30	38
OFFICER'S NAME		BADGE #	CHECKED BY		DATE REPORT FILED	
PTL. W. TODD BOOTH		104			12/13/2010	
REPORT TAKEN BY	REPORT TAKEN AT			<input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT #	
1	1				10MPD 2420	