



TRAFFIC CRASH REPORT

CRASH REPORT # 10MPD 2448	CRASH SEVERITY 2 1 FATAL ERROR 3 FDD 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO	HIT/SKIP 3 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <input type="checkbox"/> YES <input type="checkbox"/> NO	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 12/17/2010	

TIME OF CRASH 16:30	DAY OF WEEK FRI	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40334901	LONGITUDE 081551800
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX MAXWELL AVE.	TYPE LOC 1 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	

AT/REFERENCE	REFERENCE POINT USED	
DIST. REF. 75 F	DR N	PREFIX KOCH ST.
REF POINT 02	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	

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) UNKNOWN DRIVER
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			
SOCIAL SECURITY NUMBER	DATE OF BIRTH //	AGE	SEX U
HOME PHONE #	WORK PHONE #		
DL STATE OH	DL # TC858606	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 BLACK
INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE#	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO

B	UNIT # 02	# OF OCC 0	NAME (LAST, FIRST, MIDDLE) BLAKE JOSHUA J.
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 114 S. WASHINGTON ST. APT. C MILLERSBURG OH 44654			
SOCIAL SECURITY NUMBER	DATE OF BIRTH 05/10/1990	AGE 20	SEX M
HOME PHONE # (330)473-2221	WORK PHONE #		
DL STATE OH	DL # TC858606	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')	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)		
YEAR 0	MAKE	MODEL	COLOR
INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE#	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO

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"/>	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"/>	TRANSPORTED BY	INJURED TAKEN TO				

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
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 CAB) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SEATER SECTION OF CAB 11 UNCLOSED CARGO AREA 12 UNCLOSED CARGO AREA 13 TRAILER UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	A 07 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	A 6 1 NOT-DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	A 4 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	A 5 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	A 1 1 NOT TRAPPED 2 ENTRICATED BY MECHANICAL MEANS 3 TRIPPED BY NON-MECHANICAL MEANS 4 UNKNOWN	A 6 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
B 16	B 08	B 5	B 1	B 4	B 1	B 2
C	C	C	C	C	C	C
D	D	D	D	D	D	D
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT 'X' IF YES

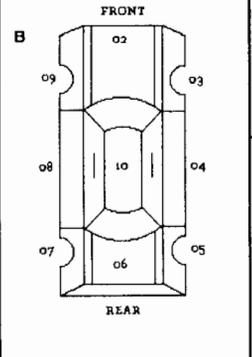
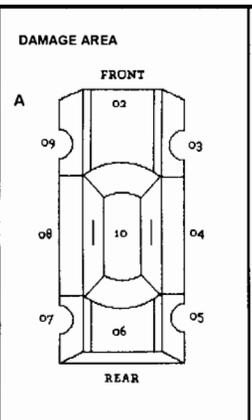
MOTORIST / NON-MOTORIST / OCCUPANT

UNIT NUMBERS
 A B

NON-MOTORIST LOCATION
 A B

TYPE OF UNIT
 A B

- MOTORIZED**
- 01 UNMARKED 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 OFFSIDE TRAFFICWAY
 - 14 SHARED USE PATHS OR TRAILS
 - 15 UNKNOWN
- TRUCK**
- 01 TRUCK TRAILER
 - 02 TRUCK TRACTOR (BOREAL)
 - 03 TRACTOR SEMI-TRAILER
 - 04 TRACTOR DOB DIE - SHORT
 - 05 TRACTOR DOB DIE - LONG
 - 06 WITH WHEEL OR CONVERTER DOLLY
 - 07 TRACTOR TRIPLES
 - 08 MOTORCYCLE
 - 09 MOTORIZED BICYCLE
 - 10 SCOOTER, BUS
 - 11 CHURCH BUS
 - 12 PUBLIC BUS
 - 13 OTHER BUS
 - 14 POLICE VEHICLE
 - 15 FIRE TRUCK
 - 16 AMBULANCE RESCUE
 - 17 TAXI
 - 18 MOTOR HOME
 - 19 TRAM
 - 20 FARM VEHICLE
 - 21 FARM EQUIPMENT
 - 22 SNOWMOBILE
 - 23 CONSTRUCTION EQUIPMENT
 - 24 ALL OTHERS
- NON-MOTORIZED**
- 01 ANIMAL W RIDER
 - 02 ANIMAL W HULLY
 - 03 BICYCLE
 - 04 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)
 - 05 SKATEBOARDER
 - 06 OTHER NON-MOTORIST (WHEEL CHAIR, ETC)
 - 07 UNKNOWN



MOST DAMAGED AREA
 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 UNDERARRANGE
 - 12 LOAD TRAILER
 - 13 TOTAL (ALL AREAS)
 - 14 OTHER
 - 15 UNKNOWN

- PRE-CRASH ACTIONS**
 A B
- MOTORIST**
- 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD
 - 02 BACKING
 - 03 CHANGING LINES
 - 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

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 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 DIRECTIONAL WIND
 - 15 IMPROPER SURFACE VEHICLE OBJECT
 - 16 NON-MOTORIST IN ROADWAY, ETC.)
 - 17 FAILURE TO CONTROL
 - 18 VISION OBSTRUCTION
 - 19 DRIVER INATTENTION
 - 20 FAILURE ASLEEP
 - 21 OPERATING DEFECTIVE EQUIPMENT
 - 22 LOAD SHIFTING/FALLING/SPILLING
 - 23 OTHER IMPROPER ACTION
 - 24 UNKNOWN
 - 25 NON-MOTORIST
 - 26 NONE
 - 27 IMPROPER CROSSING
 - 28 DARTING
 - 29 VYING AND/OR ILLEGALLY IN ROADWAY
 - 30 FAILURE TO YIELD RIGHT OF WAY
 - 31 NOT VISIBLE (DARK CLOTHING)
 - 32 INATTENTIVE
 - 33 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER
 - 34 WRONG SIDE OF THE ROAD
 - 35 OTHER
 - 36 UNKNOWN

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

- 01 TURNS 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

SEQUENCE OF EVENTS

A	B
1 <input type="text" value="14"/>	1 <input type="text" value="20"/>
2 <input type="text" value=""/>	2 <input type="text" value=""/>
3 <input type="text" value=""/>	3 <input type="text" value=""/>
4 <input type="text" value=""/>	4 <input type="text" value=""/>

- 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 TINES
 - 08 RAN OF ROAD RIGHT
 - 09 RAN OFF ROAD LEFT
 - 10 DOWNHILL RUNAWAY
 - 11 OTHER NON-COLLISION
 - 12 UNKNOWN NON-COLLISION
 - 13 COLLISION W PERSON, VEHICLE, OR OBJECT NOT FINED
 - 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 FINED OBJECT
 - 25 IMPACT AT TENANT OR CRASH CUSHION
 - 26 BRIDGE OVERHEAD STRUCTURE
 - 27 BRIDGE PIER OR ABUTMENT
 - 28 BRIDGE PARABET
 - 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 CURBVERT
 - 39 CURB
 - 40 DITCH
 - 41 EMBANKMENT
 - 42 FENCE
 - 43 MAIL BOX
 - 44 TREE
 - 45 OTHER FINED OBJECT (WALL, BUILDING, TUNNEL, ETC)
 - 46 WORK ZONE MAINTENANCE EQUIPMENT
 - 47 UNKNOWN FINED OBJECT
 - 48 OTHER
 - 49 UNKNOWN

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

POSTED SPEED
 A B

TRAFFIC CONTROL
 A B

- DIRECTION**
- | FROM TO | FROM TO |
|---|---|
| A <input type="text" value="2"/> <input type="text" value="1"/> | B <input type="text" value="2"/> <input type="text" value="1"/> |
- 1 NORTH
 - 2 SOUTH
 - 3 EAST
 - 4 WEST
 - 5 NORTH/EAST
 - 6 NORTH/WEST
 - 7 SOUTH/EAST
 - 8 SOUTH/WEST
 - 9 UNKNOWN

CONDITION
 A B

- 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

ALCOHOL/DRUG SUSPECTED
 A B

- 1 NONE
- 2 YES ALCOHOL SUSPECTED
- 3 YES - BDD 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

DRUG 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

DRUG TEST TYPE
 A B

- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 OTHER

DRUG TEST 1 & 2 RESULT
 A B

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

OCCURRENCE

- 1 ON ROADWAY
- 2 ON SHOULDER
- 3 IN MEDIAN
- 4 ON ROADSIDE
- 5 ON GORE
- 6 ON TRSIDE 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/DIRT/GRVEL
- 06 WATER (STANDING/MOVING)
- 07 SLUSH
- 08 DEBRIS
- 09 RUT, HOLES, HUMPS, UNEVEN PAVEMENT
- 10 OTHER
- 11 UNKNOWN

SUPPLEMENT 'X' IF YES

LOCAL REPORT # **10MPD 2448**

NARRATIVE

UNIT 02 WAS WALKING NORTHBOUND ON MAXWELL AVE. HE SAID THAT UNIT 01, A BLACK CAR, WAS ALSO TRAVELING NORTHBOUND ON MAXWELL AVE, AND STRUCK HIM WITH THE FRONT RIGHT OF THE CAR. HE SAID THAT HE ROLLED UP ON THE HOOD, AND WHEN THE DRIVER HIT THE BRAKES HE FELL OFF. UNIT 02 WALKED HIMSELF TO THE HOSPITAL AND WAS COMPLAINING OF A WRIST INJURY. UNIT 02 DID NOT GET A LICENSE PLATE NUMBER, AND DID NOT KNOW THE MAKE OR MODEL OF THE CAR. ALL HE KNEW WAS THAT IT WAS A MEDIUM SIZED BLACK CAR WITH A FEMALE DRIVER. HE SAID ONCE THE CAR HIT HIM IT CONTINUED NORTHBOUND ON MAXWELL AVE, TURNED RIGHT ONTO CARY ST., AND TRAVELED TOWARDS WOOSTER RD.

<p>MANNER OF COLLISION OR IMPACT</p> <p>1</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>02</p> <p>01 CLEAR 02 CLOUDY 03 FOG; SMOG; SMOG 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>3 <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 HAZE 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 #	THIS 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		WEIGHT (GVWR)		CDL CLASS		HAZARDOUS MATERIALS	
01 NOT APPLICABLE 02 BUS (9.5 INCL. DRIVER) 03 VAN ENCL. (SEAT/BELT) 04 TRUCKS (CHIPS GRAVEL)		05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER		10 AUTO TRANSPORTER 11 GARBAGE REPT SE. 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 2 YES 3 NOT APPLICABLE			

POLICE ACTION						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
12/17/2010	16:58	16:59	17:03	17:30	42	73
OFFICER'S NAME			BADGE #		CHECKED BY	
PTL. KEVIN BROWN			108		DATE REPORT FILED	
					12/17/2010	
REPORT TAKEN BY		REPORT TAKEN AT		SUPPLEMENT 'X' IF YES		LOCAL REPORT #
1 POLICE AGENCY 2 MOTORIST		1 SCENE 2 STATION 3 OTHER		<input type="checkbox"/>		10MPD 2448