

OHIO

TRAFFIC CRASH REPORT

Traffic Crash Report

CRASH REPORT # 10MPD 2479	CRASH SEVERITY 3 1 FATAL ERROR 1 FDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> NO IF YES	HIT/SKIP 2 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 9 ANIMAL 99 UNKNOWN	DATE OF CRASH 12/24/2010	

TIME OF CRASH 23:00	DAY OF WEEK TUE	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40351507	LONGITUDE 081545709
-------------------------------	---------------------------	---	---	-----------------------	-----------------------------	-------------------------------

PREFIX CRASH LOCATION PRIVATE PROPERTY	TYPE LOC 1	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 UNNUMBERED ROUTE	LOCAL INFORMATION PCA LOT
--	----------------------	---	-------------------------------------

DIST. REF.	DR	PREFIX E	REFERENCE 000138 JACKSON	REF POINT 04	REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION OF TWO STREETS 03 COUNTY LINE 04 HIGH SE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME WITHOUT REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE
------------	----	--------------------	------------------------------------	------------------------	--

MOTORIST / NON-MOTORIST	A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) JOHNSON KIMBERLY L			ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7435 TR 129 MILLERSBURG OH 44654			
	SOCIAL SECURITY NUMBER		DATE OF BIRTH 11/24/1980		AGE 30	SEX F	HOME PHONE # (419)606-2571		WORK PHONE #	
	DL STATE OH	DL # RS657673	LP STATE OH	LP # DVL5785	INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY		INJURED TAKEN TO	
	OWNER NAME (IF SAME, WRITE 'SAME') JOHNSON, KIMBERLY L				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7435 TR 129 MILLERSBURG OH 44654					
	YEAR 2001	MAKE DODGE	MODEL CARAVAN	COLOR BLUE	INSURANCE COMPANY MICO INSURANCE		TOWING SERVICE		OWNER PHONE # (419)606-2571	
	OFFENSE CHARGED		OFFENSE DESCRIPTION					CITATION #		LOCAL CODE <input type="checkbox"/> NO IF YES
	SOCIAL SECURITY NUMBER		DATE OF BIRTH //		AGE	SEX	HOME PHONE #		WORK PHONE #	
	DL STATE OH	DL #	LP STATE OH	LP # EIR6378	INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY		INJURED TAKEN TO	
	OWNER NAME (IF SAME, WRITE 'SAME') WOODS, RENEE A				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 5630 TR 258 MILLERSBURG OH 44654					
	YEAR 2008	MAKE CHEVROLET	MODEL OTHER	COLOR BROWN	INSURANCE COMPANY AMERICAN SELECT		TOWING SERVICE		OWNER PHONE # (330)231-5713	
OFFENSE CHARGED		OFFENSE DESCRIPTION					CITATION #		LOCAL CODE <input type="checkbox"/> NO IF YES	

OCCUPANT	B	UNIT # 02	# OF OCC 0	NAME (LAST, FIRST, MIDDLE) UNOCCUPIED PARKED			ADDRESS (STREET, CITY, STATE, ZIP-CODE)			
	SOCIAL SECURITY NUMBER		DATE OF BIRTH //		AGE	SEX	HOME PHONE #		WORK PHONE #	
	DL STATE OH	DL #	LP STATE OH	LP # EIR6378	INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY		INJURED TAKEN TO	
	OWNER NAME (IF SAME, WRITE 'SAME') WOODS, RENEE A				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 5630 TR 258 MILLERSBURG OH 44654					
	YEAR 2008	MAKE CHEVROLET	MODEL OTHER	COLOR BROWN	INSURANCE COMPANY AMERICAN SELECT		TOWING SERVICE		OWNER PHONE # (330)231-5713	
	OFFENSE CHARGED		OFFENSE DESCRIPTION					CITATION #		LOCAL CODE <input type="checkbox"/> NO IF YES
	SOCIAL SECURITY NUMBER		DATE OF BIRTH //		AGE	SEX	HOME PHONE #		WORK PHONE #	
	DL STATE OH	DL #	LP STATE OH	LP # EIR6378	INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY		INJURED TAKEN TO	
	OWNER NAME (IF SAME, WRITE 'SAME') WOODS, RENEE A				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 5630 TR 258 MILLERSBURG OH 44654					
	YEAR 2008	MAKE CHEVROLET	MODEL OTHER	COLOR BROWN	INSURANCE COMPANY AMERICAN SELECT		TOWING SERVICE		OWNER PHONE # (330)231-5713	
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 5 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 5 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 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 04 01 MOTORIST 01 NONE USED 02 SIDE LIDER 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 08 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 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 EXTRICATED 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 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 SIDEWALK, MEDIAN, SIDEWALK, OR ISLAND)
12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
13 OUTSIDE TRAFFICWAY
14 SHARED USE PATHS OR TRAILS
15 UNKNOWN

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 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 TRAILER - SHORT
15 TRACTOR DOUBLE - LONG
16 FIFTH WHEEL OR CONVERTER DOLLY
17 TRACTOR TRIPLES
18 MOTORCYCLE
19 AMBULANCE
20 SCHOOL BUS
21 OTHER BUS
22 TRUCK BUS
23 OTHER BUS
24 POLICE VEHICLE
25 FIRE TRUCK
26 AMBULANCE RESCUE
27 TAXI
28 MOTOR HOME
29 TRAIN
30 ARM VEHICLE
31 ARM EQUIPMENT
32 NON-VEHICLE
33 CONSTRUCTION EQUIPMENT
34 ALL OTHERS
NON-MOTORIST
35 ANIMAL RIDER
36 ANIMAL W/DRUGS
37 BICYCLE
38 PEDESTRIAN
39 PEDAL CYCLIST (BICYCLE, TRICYCLE, BICYCLE, PEDAL CAR)
40 SKATER
41 OTHER NON MOTORIST (WHEELCHAIR, ETC.)
42 UNKNOWN

DAMAGE AREA

A

B

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

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 STRICKING
4 STRUCK
5 BOTH STRICKING AND STRUCK
6 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 UNDERIDE OR OVERRIDE
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

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 PLAYING 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 TRACKING
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/ADLERP
19 OPERATING DEFECTIVE EQUIPMENT
20 LOAD SHIFTING/FALLING/SPILLING
21 OTHER BIROOPER ACTION
22 UNKNOWN
NON-MOTORIST
23 NONE
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

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

SEQUENCE OF EVENTS

A

1	<input type="text" value="21"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>

B

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

NON-COLLISION
01 OVERTURN ROLL-OVER
02 FIRE EXPLOSION
03 IMPERSON
04 JACKKNIFE
05 CARGO/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 DOWN HILL RUN-AWAY
12 OTHER NON-COLLISION
COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT LISTED
13 PEDESTRIAN
14 BICYCLE
15 PEDAL CYCLE
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 FLEETED OBJECT
25 IMPACT ATTENTION/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 UTILITY POLE
37 OTHER POST, POLE OR SUPPORT
38 CURB
39 CULVERT
40 STRUCTURE
41 EMBANKMENT
42 FENCE
43 MAILBOX
44 TREE
45 OTHER FIXED OBJECT/WALL (BUILDING, TOWER, ETC.)
46 WORK ZONE MAINTENANCE EQUIPMENT
47 UNKNOWN FIXED 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

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 GROSS AID LINES
14 WALK DON'T WALK
15 TRAFFIC CONTROL DEVICE
16 OPERATIVE MISSING OBJECT RED
17 NOT REPORTED

DIRECTION

FROM TO

A B

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 PHYSICAL EPP. 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 - DRUGS SUSPECTED
4 YES - ALCOHOL AND DRUGS SUSPECTED
5 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 BREATH
3 URINE

ALCOHOL TEST RESULT
A B

LOCAL REPORT #
10MPD 2479

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 OPIATE
5 AMPHETAMINES
6 PCP
7 OTHER
8 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION
A

01 NOT AN INTERSECTION
02 FOUR-WAY INTERSECTION
03 T-INTERSECTION
04 Y-INTERSECTION
05 TRAFFIC CIRCLE/ROUNDABOUT
06 PVE-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 ON MEDIAN
4 ON ROADSIDE
5 ON GORE
6 OUTSIDE TRAFFICWAY
7 UNKNOWN

ROAD CONTOUR
A

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/DIRT/DIRT ON GRAVEL
06 WATER (STANDING/MOVING)
07 SLUSH
08 DEBRIS
09 RUT, DRALES, BUMPS, UNEVEN PAVEMENT
10 OTHER
11 UNKNOWN

SUPPLEMENT 'X' IF YES

NARRATIVE

UNIT 2 WAS PARKED IN THE PCA PARKING LOT, FACING WEST TOWARDS N MONROE ST. UNIT 1 WAS PARKED NEXT TO IT AND BACKING FROM A PARKING SPACE. UNIT 1 TURNED TOO SOON WHEN BACKING, CAUSING THE RIGHT FRONT TO STRIKE THE LEFT REAR OF UNIT 2.

<p>MANNER OF COLLISION OR IMPACT</p> <p>5</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 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> <p style="text-align: right;">North</p> <p style="text-align: right;">PCA Lot</p>
<p>WEATHER</p> <p>01</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 SAND/SOIL/DIRT/SNOW 10 OTHER 11 UNKNOWN</p>	<p>WORK ZONE RELATED</p> <p>1</p> <p>1 NO 2 YES 3 UNKNOWN</p>	
<p>LIGHT CONDITIONS</p> <p>PRIMARY 4 SECONDARY <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 MARIAN 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="text"/>	<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</p>
		<p>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</p>

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
<input type="text"/>							

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

POLICE ACTION						
DATE CRASH REPORTED 12/23/2010	TIME REC CALL 09:18	DISPATCH 09:18	ARRIVED 09:18	CLEARED 09:33	OTHER 40	TOTAL MINUTES 55
OFFICER'S NAME PTL. JUSTIN ESTILL			BADGE # 113	CHECKED BY		DATE REPORT FILED 12/23/2010
REPORT TAKEN BY 1	REPORT TAKEN AT 2	SUPPLEMENT 'X' IF YES <input type="checkbox"/>			LOCAL REPORT # 10MPD 2479	