



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>10MPD 2482</b>	CRASH SEVERITY <b>3</b> 1.FATAL ERROR 3.PDO 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> IF YES	HIT/SKIP <b>1</b> 1.NOT HIT/SKIP 2.SOLVED 3.UNSOLVED	PHOTOS TAKEN <input type="checkbox"/> YES <input type="checkbox"/> 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. # <b>03801</b>	REPORTING AGENCY <b>MILLERSBURG POLICE DEPARTMENT</b>	# UNITS <b>2</b>	UNIT ERROR <b>01</b> 98.ANIMAL 99.UNKNOWN	DATE OF CRASH <b>12/24/2010</b>	

TIME OF CRASH <b>15:30</b>	DAY OF WEEK <b>FRI</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40333105</b>	LONGITUDE <b>081541101</b>
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>NORTHERN</b>	TYPE LOC <b>1</b> 1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE	

AT/REFERENCE	REFERENCE POINT USED
DIST. REF. <b>000142 NORTHERN</b>	REF POINT <b>04</b> 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

MOTORIST / NON-MOTORIST

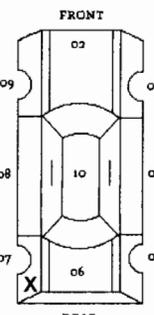
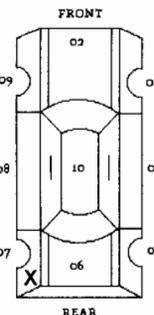
<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>BROWN ELMER J</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>159 NORTHERN DR MILLERSBURG OH 44654</b>			
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>08/14/1943</b>	AGE <b>67</b>	SEX <b>M</b>
HOME PHONE # <b>(330)674-8707</b>	WORK PHONE #		
DL STATE <b>OH</b>	DL # <b>RF135672</b>	LP STATE <b>OH</b>	LP # <b>AYJ7080</b>
INJURED TAKEN BY <b>1</b> 1.NONE 4.OTHER 2.EMS 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE 'SAME') <b>BROWN, ELMER J</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>159 NORTHERN DR MILLERSBURG OH 44654</b>	
YEAR <b>1998</b>	MAKE <b>BUICK</b>	MODEL <b>LESABRE</b>	COLOR <b>MAROON</b>
INSURANCE COMPANY <b>MOTORIST MUTUAL</b>	TOWING SERVICE	OWNER PHONE# <b>(330)674-8707</b>	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> IF YES

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>0</b>	NAME (LAST, FIRST, MIDDLE) <b>UNOCCUPIED PARKED</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>//</b>	AGE	SEX
HOME PHONE #	WORK PHONE #		
DL STATE	DL #	LP STATE <b>OH</b>	LP # <b>EFW9083</b>
INJURED TAKEN BY <b>1</b> 1.NONE 4.OTHER 2.EMS 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE 'SAME') <b>HOLMES COUNTY COMMISSIONERS</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>2 COURT ST MILLERSBURG OH 44654</b>	
YEAR <b>2008</b>	MAKE <b>FORD</b>	MODEL <b>OTHER</b>	COLOR <b>BLACK</b>
INSURANCE COMPANY <b>COUNTY RISK SHAR</b>	TOWING SERVICE	OWNER PHONE# <b>(330)674-0286</b>	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> IF YES

OCCUPANT

<b>C</b>	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	
<b>D</b>	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	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
<b>A 01</b> 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.TRAILBUS UNIT 14.EXTERIOR 15.OTHER 16.NON-MOTORIST 17.UNKNOWN	<b>A 04</b> 01.MOTORIST 02.BELT USED 03.HEADLIDER BELT ONLY USED 04.LAP BELT ONLY USED 05.HEADLIDER AND LAP BELT USED 06.CHILD SAFETY SEAT USED 07.HEADLIDER BELT USED 08.HEADLIDER AND LAP BELT USED 09.HEADLIDER BELT USED 10.OTHER 11.UNKNOWN	<b>A 1</b> 1.NOT DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT/SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN	<b>A 1</b> 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION	<b>A 1</b> 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN	<b>A 1</b> 1.NOT TRAPPED 2.ENTRAPPED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN	<b>A 1</b> 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT 'X' IF YES

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="02"/> B <input type="text" value="10"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>1 <input type="text" value="21"/></td><td>1 <input type="text" value="20"/></td></tr> <tr><td>2 <input type="text"/></td><td>2 <input type="text"/></td></tr> <tr><td>3 <input type="text"/></td><td>3 <input type="text"/></td></tr> <tr><td>4 <input type="text"/></td><td>4 <input type="text"/></td></tr> </table>	A	B	1 <input type="text" value="21"/>	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"/>	<b>POSTED SPEED</b> A <input type="text" value="15"/> B <input type="text" value="0"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/>
A	B														
1 <input type="text" value="21"/>	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"/>														
<b>NON-MOTORIST LOCATION</b> A <input type="text"/>		<b>MOTORIST</b> 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 MOVING OR STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN <b>NON-MOTORIST</b> 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	<b>NON-COLLISION</b> 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 UNITS 08 RAS OF ROAD RIGHT 09 RAS OF ROAD LEFT 10 CROSS-MEDIAN/CENTERLINE 11 DOWNHILL RIDEAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION <b>COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED</b> 14 PEDESTRIAN 15 PEDICYCLE 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 <b>COLLISION WITH FIXED OBJECT</b> 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/ILLUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 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	<b>TRAFFIC CONTROL</b> A <input type="text" value="01"/> B <input type="text"/>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/>										
<b>TYPE OF UNIT</b> A <input type="text" value="04"/> B <input type="text" value="06"/>	<b>MOST DAMAGED AREA</b> A <input type="text" value="08"/> B <input type="text" value="08"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="10"/> B <input type="text" value="01"/>	<b>MOTORIST</b> 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 (DUE TO WIND, SLIPPERY SURFACE, VEHICLE OBJECT, NON-MOTORIST IN ROADWAY, ETC.) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTION 18 FATIGUE AND/OR 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN <b>NON-MOTORIST</b> 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	<b>DIRECTION</b> FROM TO FROM TO A <input type="text" value="3"/> <input type="text" value="4"/> B <input type="text"/> <input type="text"/>	<b>DRUG TEST 1 &amp; 2 RESULT</b> <table border="1"> <tr><td>1</td><td>2</td><td>1</td><td>2</td></tr> <tr><td>A <input type="text" value="1"/></td><td>A <input type="text" value="1"/></td><td>B <input type="text"/></td><td>B <input type="text"/></td></tr> </table>	1	2	1	2	A <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text"/>	B <input type="text"/>		
1	2	1	2												
A <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text"/>	B <input type="text"/>												
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>POINT OF IMPACT</b> A <input type="text" value="08"/> B <input type="text" value="08"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text"/>	<b>OCURRENCE</b> <input type="text" value="1"/>										
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text" value="2"/>	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text" value="4"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/>										
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text" value="2"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>SPEED DETECTED</b> A <input type="text" value="1"/> B <input type="text" value="2"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/>										
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text" value="2"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>SPEED</b> A <input type="text" value="2"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/>	<b>LOCAL REPORT #</b> 10MPD 2482										

**NARRATIVE**

UNIT #2 WAS PARKED IN FRONT OF HIS RESIDENCE. UNIT #1 WAS BACKING UP. UNIT #1 GOT OVER TO FAR AND STRUCK UNIT #2

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>5</b></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 SIDESWIPES SAME DIRECTION                  8 SIDESWIPES OPPOSITE DIRECTION                  9 UNKNOWN</p>	<p><b>SCHOOL BUS RELATED</b></p> <p><b>1</b></p> <p>1 NO                  2 YES, DIRECTLY INVOLVED                  3 YES, INDIRECTLY INVOLVED                  4 UNKNOWN</p>	<p><b>DIAGRAM</b></p> <p style="font-size: 2em; margin-top: 20px;">N↑</p> <p style="margin-top: 10px;">142 Northern Drive</p>
<p><b>WEATHER</b></p> <p><b>02</b></p> <p>01 CLEAR                  02 CLOUDY                  03 FOG SMOG/SMOKE                  04 RAIN                  05 SLEET/HALE (FREEZING RAIN OR DRIZZLE)                  06 SNOW                  07 SEVERE CROSSWINDS                  08 HAIL                  09 SAND/DUST/DIRT/SNOW                  10 OTHER                  11 UNKNOWN</p>	<p><b>WORK ZONE RELATED</b></p> <p><b>1</b></p> <p>1 NO                  2 YES                  3 UNKNOWN</p>	
<p><b>LIGHT CONDITIONS</b></p> <p><b>PRIMARY</b> <b>SECONDARY</b></p> <p><b>1</b> <input type="checkbox"/></p> <p>1 DAYLIGHT                  2 DAWN                  3 DUSK                  4 DARK - LIGHTED ROADWAY                  5 DARK - ROADWAY NOT LIGHTED                  6 DARK - UNKNOWN                  7 GLARE                  8 OTHER                  9 UNKNOWN</p>	<p><b>TYPE OF WORK ZONE</b></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><b>LOC ATION OF CRASH IN WORK ZONE</b></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><b>WORKERS PRESENT</b></p> <p><input type="checkbox"/></p> <p>1 NO                  2 YES                  3 UNKNOWN</p>	

<b>TRUCK/BUS UNIT #</b>	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
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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
<b>CARGO BODY TYPE</b> 01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN-ENCL (REGD DRV) 04 GRAIN CHIPS GRAVEL 05 POLE 06 CARGO TANK 07 FLATBED 08 TRUMP 09 CONCRETE MIXER 10 ALTO TRANSPORTER 11 GARBAGE REEFER 12 OTHER 13 UNKNOWN			<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	<b>CDL CLASS</b> <input type="checkbox"/> 1 CLASS A <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS D <input type="checkbox"/> 5 CLASS E	<b>HAZARDOUS MATERIALS</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<b>HAZARDOUS MATERIALS REPAIRED</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE	

<b>POLICE ACTION</b>						
DATE CRASH REPORTED <b>12/24/2010</b>	TIME REC CALL <b>15:44</b>	DISPATCH <b>15:44</b>	ARRIVED <b>15:44</b>	CLEARED <b>15:56</b>	OTHER <b>0</b>	TOTAL MINUTES <b>12</b>
OFFICER'S NAME <b>CAPT. SCOTT AKINS</b>		BADGE # <b>103</b>	CHECKED BY		DATE REPORT FILED <b>12/24/2010</b>	
REPORT TAKEN BY <b>1</b> 1 POLICE AGENCY 2 MOTORIST	REPORT TAKEN AT <b>1</b> 1 SCENE 2 STATION 3 OTHER	SUPPLEMENT 'X' IF YES <input type="checkbox"/>		LOCAL REPORT # <b>10MPD 2482</b>		