

TRAFFIC CRASH REPORT

OHIO

OH 1 (Rev. 1/99)

Traffic Crash Report

CRASH REPORT # 10MPD 2499	CRASH SEVERITY <input checked="" type="checkbox"/> 1 FATAL ERROR 3 PDO <input type="checkbox"/> 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO	HITS/SKIP <input checked="" type="checkbox"/> 1 NOT HIT SKIP <input type="checkbox"/> 2 SOLVED <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 01 <small>98 ANIMAL 99 UNKNOWN</small>	DATE OF CRASH 12/28/2010

TIME OF CRASH 15:57	DAY OF WEEK TUE	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40322002	LONGITUDE 081550255
-------------------------------	---------------------------	---	---	-----------------------	-----------------------------	-------------------------------

CRASH OCCURRED ON		TYPE LOCATION POINT USED		LOCAL INFORMATION	
PREFIX S	CRASH LOCATION WASHINGTON	TYPE LOC 1	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE		

DIST. REF.	DR	PREFIX	REFERENCE	REF POINT	REFERENCE POINT USED	05 TOWNSHIP BOUNDARY	09 DRIVEWAY
		S	001618 WASHINGTON	02	01 STATE LINE 02 INTERSECTION OF TWO STREETS 03 COUNTY LINE 04 HOUSE NUMBER	06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME WITHOUT REFERENCE	10 STREET OR ROUTE WITHOUT REFERENCE

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) BYLER NICHOLIA C				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 31681 TR 312 COSHOCTON OH 43812							
SOCIAL SECURITY NUMBER		DATE OF BIRTH 02/11/1983		AGE 27	SEX F	HOME PHONE # (330)204-7602	
DL STATE OH	DL # RX199188	LP STATE OH	LP # EAZ5757	INJURED TAKEN BY <input checked="" type="checkbox"/> 1 NONE 4 OTHER <input type="checkbox"/> 2 EMS 5 UNKNOWN <input type="checkbox"/> 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') BYLER, NICHOLIA CHRISTY				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 31681 TR 312 COSHOCTON OH 43812			
YEAR 2002	MAKE FORD	MODEL OTHER	COLOR RED	INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE FINISH LINE	OWNER PHONE# (330)204-7602	
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO

B	UNIT # 02	# 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 #	
DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY <input checked="" type="checkbox"/> 1 NONE 4 OTHER <input type="checkbox"/> 2 EMS 5 UNKNOWN <input type="checkbox"/> 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 <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"/> 1 NONE 4 OTHER <input type="checkbox"/> 2 EMS 5 UNKNOWN <input type="checkbox"/> 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 <input type="checkbox"/> 2 EMS 5 UNKNOWN <input type="checkbox"/> 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	

SEATING POSITION A <input checked="" type="checkbox"/> 01 B <input checked="" type="checkbox"/> 01 C D BLANK FOR WITNESS	SAFETY EQUIPMENT A <input checked="" type="checkbox"/> 04 B <input checked="" type="checkbox"/> 07 C D	AIR BAG A <input checked="" type="checkbox"/> 1 B <input checked="" type="checkbox"/> 1 C D	AIR BAG SWITCH A <input checked="" type="checkbox"/> 4 B <input checked="" type="checkbox"/> 4 C D	EJECTION A <input checked="" type="checkbox"/> 1 B <input checked="" type="checkbox"/> 1 C D	TRAPPED A <input checked="" type="checkbox"/> 1 B <input checked="" type="checkbox"/> 1 C D	INJURIES A <input checked="" type="checkbox"/> 1 B <input checked="" type="checkbox"/> 1 C D <input type="checkbox"/> SUPPLEMENT 'X' IF YES
--	---	--	---	---	--	---

MOTORIST / NON-MOTORIST

OCCUPANT

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 (WITHIN TRAFFICWAY)
 13 ON TRSD TRAFFICWAY
 14 MARKED USE PATHS OR TRAILS
 15 UNKNOWN

TYPE OF UNIT
 A B

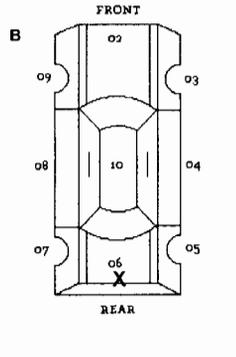
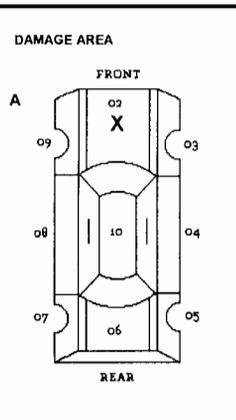
MOTORIST
 01 SKI/COMPACT
 02 COMPACT
 03 MID SIZE
 04 FULL SIZE
 05 MINIVAN
 06 SPORT UTILITY VEHICLE
 07 PICKUP
 08 PANEL VAN
 09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES
 10 SINGLE UNIT TRUCK, 3 OR MORE AXLES
 11 TRUCK TRAILER
 12 TRUCK TRACTOR (BOXTAIL)
 13 TRACTOR SEMI-TRAILER
 14 TRACTOR DOUBLE - SHORT
 15 TRACTOR DOUBLE - LONG
 16 FIFTH WHEEL OR CONVERTER DOLLY
 17 TRACTOR TRIPLES
 18 MOTORCYCLE
 19 MOTORIZED BICYCLE
 20 CHOKER 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 TRAIN
 30 ARM VEHICLE
 31 ARM EQUIPMENT
 32 NON-MOBILE
 33 CONSTRUCTION EQUIPMENT
 34 ALL OTHERS
 NON-MOTORIST
 35 ANIMAL, W/ RIDER
 36 ANIMAL, W/ BAGGY
 37 BICYCLE
 38 PEDESTRIAN
 39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)
 40 SKATER
 41 OTHER-NON MOTORIST (WHEELCHAIR, ETC)
 42 UNKNOWN

IN EMERGENCY RESPONSE
 A B

1 NONE
 2 YES
 3 UNKNOWN

DAMAGE SCALE
 A B

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

STRIKING VEHICLE OVERRIDE/UNDERIDE
 A B

- 1 NO 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 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, ASLEEP
 19 OPERATING DEFECTIVE EQUIPMENT
 20 LOAD SHIFTING/FALLING/SPILLING
 21 OTHER IMPROPER 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 PROBLEMS
 10 DISABLED FROM PRIOR ACCIDENT
 11 OTHER DEFECTS
 12 NO DEFECTS

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 IMPERSON
 04 JACKKNIFE
 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
 COLLISION W/ PERSON, VEHICLE, OR OBJECT, NOT FINED
 14 PEDESTRIAN
 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
 25 COLLISION WITH FIXED OBJECT
 26 IMPACT ATTENUATOR CRASH CUSHION
 27 BRIDGE OVERHEAD STRUCTURE
 28 BRIDGE PIER OR ABUTMENT
 29 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 PILLARS/ARCS SUPPORT
 36 UTILITY POLE
 37 OTHER POST, POLE OR SUPPORT
 38 CULVERT
 39 CURB
 40 DITCH
 41 DRAINAGE
 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

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 CROSSBUCKS
 08 RAILROAD FLASHERS
 09 RAILROAD GATES
 10 CONSTRUCTION BARRICADE
 11 POLICE OFFICER
 12 PAVEMENT MARKINGS
 13 CROSSWALK LINES
 14 WALK/DON'T WALK
 15 TRAFFIC CONTROL DEVICE INCORPORATING MISSING OBJECT RED
 16 OTHER
 17 NOT REPORTED

DIRECTION
 FROM TO FROM TO
 A B

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

CONDITION
 A B

- 1 APPARENTLY NORMAL
 2 PHYSICAL IMPAIRMENT
 3 EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)
 4 ILLNESS
 5 FELT 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 - IBD 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

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 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-POINT, OR MORE
 07 ON RAMP
 08 OFF RAMP
 09 CROSSOVER
 10 DRIVEWAY
 11 RAILWAY GRADE CROSSING
 12 SIDEWALK PATHS OR TRAILS
 13 UNKNOWN

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, BUMPS, UNEVEN PAVEMENT
 10 OTHER
 11 UNKNOWN

SUPPLEMENT 'X' IF YES LOCAL REPORT # 10MPD 2499

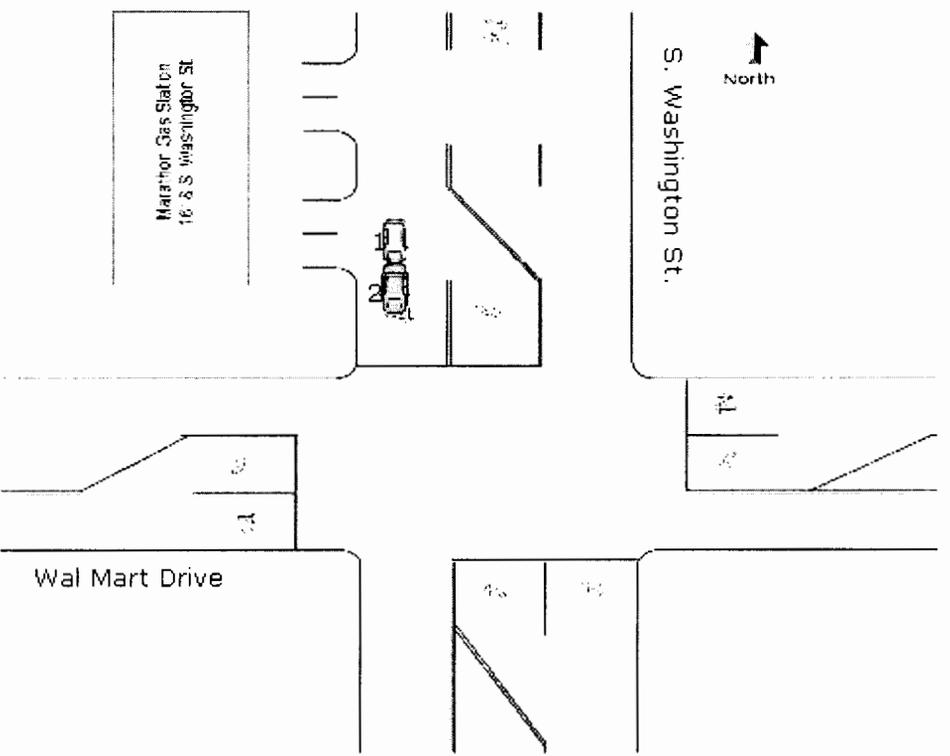
NARRATIVE

UNIT 2 WAS STOPPING FOR THE TRAFFIC SIGNAL AT THE DRIVE FOR WAL MART. THE OPERATOR OF UNIT 1 STATED THAT SHE TOOK HER EYES OFF OF THE ROADWAY BRIEFLY AND STRUCK UNIT 2 IN THE REAR. SHE ADVISED THAT THE OPERATOR OF UNIT 2 STATED THAT HE WAS GOING TO PICK UP HIS CHILD AND RETURN TO THE SCENE, HOWEVER DID NOT DO SO. UNIT 2 WAS DESCRIBED AS A LIGHT COLORED SPORT UTILITY VEHICLE. NO LICENSE PLATE, OR DRIVER INFORMATION WAS OBTAINED BY THE OPERATOR OF UNIT 1. SHE ADVISED THAT UNIT 2 RECEIVED LIGHT DAMAGE OR NO DAMAGE AT ALL.

MANNER OF COLLISION OR IMPACT
 2
 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
 2 REAR-END
 3 HEAD-ON
 4 REAR-TO-REAR
 5 BACKING
 6 ANGLE
 7 SIDESWIPY SAME DIRECTION
 8 SIDESWIPY OPPOSITE DIRECTION
 9 UNKNOWN

SCHOOL BUS RELATED
 1
 1 NO
 2 YES, DIRECTLY INVOLVED
 3 YES, INDIRECTLY INVOLVED
 4 UNKNOWN

DIAGRAM



WORK ZONE RELATED
 1
 1 NO
 2 YES
 3 UNKNOWN

TYPE OF WORK ZONE

 1 LANE CLOSURE
 2 LANE SHIFT CROSSOVER
 3 WORK ON SHOULDER OR MEDIAN
 4 INTERMITTENT OR MOVING WORK
 5 OTHER

WEATHER
 01
 01 CLEAR
 02 CLOUDY
 03 FOG/SMOG/SMOKE
 04 RAIN
 05 SHEET ICE/ FREEZING RAIN OR DRIZZLES
 06 SNOW
 07 SEVERE CROSSWINDS
 08 BLOWING SAND/SOIL/DIRT/SNOW
 09 OTHER
 10 UNKNOWN

LOCATION OF CRASH IN WORK ZONE

 1 BEFORE THE FIRST WORK ZONE WARNING SIGN
 2 ADVANCE WARNING AREA
 3 TRANSITION AREA
 4 ACTIVITY AREA

LIGHT CONDITIONS
PRIMARY **1** **SECONDARY**
 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

WORKERS PRESENT

 1 NO
 2 YES
 3 UNKNOWN

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.

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 <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN, ENCLOSED BOX <input type="checkbox"/> 04 GRAIN CHIPS/GRAVEL <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARIBAGE REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 1 LESS EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	CDL CLASS <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	HAZARDOUS MATERIALS <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE			

POLICE ACTION

DATE CRASH REPORTED 12/28/2010	TIME REC CALL 15:59	DISPATCH 15:59	ARRIVED 16:00	CLEARED 16:27	OTHER 25	TOTAL MINUTES 53
OFFICER'S NAME PTL JUSTIN ESTILL		BADGE # 113	CHECKED BY		DATE REPORT FILED 12/28/2010	
REPORT TAKEN BY 1 POLICE AGENCY 2 MOTORIST	REPORT TAKEN AT 1 RECEN 2 STATION 3 OTHER	<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT # 10MPD 2499		