

OHIO

TRAFFIC CRASH REPORT

CRASH REPORT #
10MPD 2522

CRASH SEVERITY
3 1.FATAL ERROR 3.FDO
2.INJURY 4.UNKNOWN

PRIVATE PROPERTY
 YES
 NO

HITS/SKIP
3 1.NOT HITSKIP
2.SOLVED
3.UNSOLVED

PHOTOS TAKEN
 YES
 NO

OH-2 OH-3 OH-1P OTHER

N.C.I.C. #
03801

REPORTING AGENCY
MILLERSBURG POLICE DEPARTMENT

UNITS
2

UNIT ERROR
01 9R.ANDIAL
99.UNKNOWN

DATE OF CRASH
12/31/2010

TIME OF CRASH
12:10

DAY OF WEEK
FRI

CITY/VILLAGE/TOWNSHIP
VILLAGE

NAME (OF CITY, VILLAGE OR TOWNSHIP)
MILLERSBURG

COUNTY #
38

LATITUDE
40323009

LONGITUDE
081545709

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

GOODWILL STORE LOT

AT/REFERENCE

DIST. REF.

DR

PREFIX
S

REFERENCE
001089 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.PLAZE NAME WITHOUT
REFERENCE

09.DRIVEWAY
10.STREET OR ROUTE WITHOUT
REFERENCE

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-
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A UNIT #
01

OF OCC
1

NAME (LAST, FIRST, MIDDLE)
UNKNOWN UNKNOWN

ADDRESS (STREET, CITY, STATE, ZIP-CODE)

SOCIAL SECURITY NUMBER

DATE OF BIRTH
//

AGE

SEX
U

HOME PHONE #

WORK PHONE #

DL STATE

DL #

LP STATE

LP #

INJURED TAKEN BY
5 1.NONE 4.OTHER
2.FMS 5.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
 YES
 NO

B UNIT #
02

OF OCC
0

NAME (LAST, FIRST, MIDDLE)
NONE NONE

ADDRESS (STREET, CITY, STATE, ZIP-CODE)

SOCIAL SECURITY NUMBER

DATE OF BIRTH
//

AGE

SEX

HOME PHONE #

WORK PHONE #

DL STATE

DL #

LP STATE
OH

LP #
926XRQ

INJURED TAKEN BY
 1.NONE 4.OTHER
2.FMS 5.UNKNOWN
3.POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE 'SAME')

REED, GARY S.

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)

41981 T.R. 318 BLISSFIELD OH 43805

YEAR
2005

MAKE
PONTIAC

MODEL
GRAND AM

COLOR
BLUE

INSURANCE COMPANY
MOTORIST MUTUAL

TOWING SERVICE

OWNER PHONE#
(740)824-5043

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE
 YES
 NO

O
C
C
U
P
A
N
T

C UNIT #

NAME (LAST, FIRST, MIDDLE)

HOME PHONE#

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP-CODE)

INJURED TAKEN BY
 1.NONE 4.OTHER
2.FMS 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
 1.NONE 4.OTHER
2.FMS 5.UNKNOWN
3.POLICE

TRANSPORTED BY

INJURED TAKEN TO

SEATING POSITION

A 17 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 14 MOTORIST
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.MOTORIST
DRIVING USED
09.HELMET USED
10.PROTECTIVE PAIS
USED
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 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.ENTRAPPED BY
MECHANICAL MEANS
3.FREED BY
NON-MECHANICAL
MEANS
4.UNKNOWN

INJURIES

A 6 1.NO INJURY
2.POSSIBLE
3.NON-CAPACITATING
4.CAPACITATING
5.FATAL INJURY
6.UNKNOWN

SUPPLEMENT
'X' IF YES

UNIT NUMBERS
 A B

NON-MOTORIST LOCATION
 A B

TYPE OF UNIT
 A B

- MOTORIST**
- 01 BI-COMPACT
 - 02 IMPACT
 - 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 (BOHMER)
 - 13 TRACTOR SEMI-TRAILER
 - 14 TRACTOR TRAILER - SHORT
 - 15 TRACTOR TRAILER - LONG
 - 16 FIFTH WHEEL OR CONVENTIONAL 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 TRAILER
 - 30 FARM VEHICLE
 - 31 FARM EQUIPMENT
 - 32 NON-MOTOR
 - 33 CONSTRUCTION EQUIPMENT
 - 34 ALL OTHERS
- NON-MOTORIST**
- 35 ANIMAL - WILDLIFE
 - 36 ANIMAL - WILDLIFE
 - 37 BICYCLE
 - 38 PEDESTRIAN
 - 39 PEDESTRIAN (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)
 - 40 SKATER
 - 41 OTHER NON-MOTORIST (WHEELCHAIR, ETC)
 - 42 UNKNOWN

POINT OF IMPACT
 A B

- ACTION**
- 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

IN EMERGENCY RESPONSE
 A B

- DAMAGE SCALE**
 A B
- 1 NONE
 - 2 NON-FUNCTIONAL
 - 3 FUNCTIONAL DAMAGE
 - 4 DISABLING DAMAGE
 - 5 SEVERE
 - 6 UNKNOWN

DAMAGE AREA

FRONT

REAR

POINT OF IMPACT
 A B

ACTION
 A B

IN EMERGENCY RESPONSE
 A B

DAMAGE SCALE
 A B

DAMAGE AREA

FRONT

REAR

MOST DAMAGED AREA
 A B

POINT OF IMPACT
 A B

ACTION
 A B

IN EMERGENCY RESPONSE
 A B

DAMAGE SCALE
 A B

DAMAGE AREA

FRONT

REAR

MOST DAMAGED AREA
 A B

DAMAGE AREA

FRONT

REAR

POINT OF IMPACT
 A B

POINT OF IMPACT
 A B

- ACTION**
- 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

IN EMERGENCY RESPONSE
 A B

DAMAGE SCALE
 A B

DAMAGE AREA

FRONT

REAR

MOST DAMAGED AREA
 A B

POINT OF IMPACT
 A B

ACTION
 A B

IN EMERGENCY RESPONSE
 A B

DAMAGE SCALE
 A B

DAMAGE AREA

FRONT

REAR

MOST DAMAGED AREA
 A B

PRE-CRASH ACTIONS
 A B

- MOTORIST**
- 01 MOVEMENTS ESSENTIALLY STRAIGHT
 - 02 AHEAD
 - 03 BACKING
 - 04 CHANGING LANES
 - 05 LEFT AND/OR PASSING
 - 06 TURNING RIGHT
 - 07 TURNING LEFT
 - 08 MAKING U-TURN
 - 09 ENTERING TRAFFIC LANE
 - 10 LEAVING TRAFFIC LANE
 - 11 PARKED
 - 12 SLOWING OR STOPPED IN TRAFFIC
 - 13 DRIVERLESS
 - 14 OTHER
 - 15 UNKNOWN
- NON-MOTORIST**
- 16 ENTERING OR CROSSING SPECIFIED LOCATION
 - 17 WALKING, RUNNING, JOGGING, PLAYING, CYCLING
 - 18 WORKING
 - 19 PUSHING VEHICLE
 - 20 APPROXIMATING OR LEAVING VEHICLE
 - 21 PLYING OR WORKING ON VEHICLE
 - 22 STANDING
 - 23 OTHER
 - 24 UNKNOWN
- CONTRIBUTING CIRCUMSTANCES**
 A B
- MOTORIST**
- 01 NONE
 - 02 AHEAD TO YIELD
 - 03 RED LIGHT, OR STOP SIGN
 - 04 EXCEEDED SPEED LIMIT
 - 05 INSUFFICIENT SPEED
 - 06 IMPROPER TURN
 - 07 LEFT OF CENTER
 - 08 FOLLOWED TOO CLOSELY (ACDA)
 - 09 IMPROPER LANE CHANGE (DROVE OFF ROAD)
 - 10 IMPROPER PASSING
 - 11 IMPROPER BACKING
 - 12 IMPROPER START FROM PARKED POSITION
 - 13 STOPPED OR PARKED ILLEGALLY
 - 14 OPERATING VEHICLE INERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER
 - 15 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE OBJECT, NON-MOTORIST IN ROADWAY, ETC.)
 - 16 FAILURE TO CONTROL
 - 17 VISION OBSTRUCTION
 - 18 DRIVER INATTENTION
 - 19 BRAKE FAILURE
 - 20 OPERATING DEFECTIVE EQUIPMENT
 - 21 LOAD SHIFTING/FALLING/SPILLING
 - 22 OTHER IMPROPER ACTION
 - 23 UNKNOWN
- NON-MOTORIST**
- 24 NONE
 - 25 IMPROPER CROSSING
 - 26 STARTING
 - 27 LYING AND/OR ILLEGALLY IN ROADWAY
 - 28 FAILURE TO YIELD RIGHT OF WAY
 - 29 NOT VISIBLE (DARK CLOTHING)
 - 30 INATTENTIVE
 - 31 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER
 - 32 WALKING SIDE OF THE ROAD
 - 33 OTHER
 - 34 UNKNOWN

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

- VEHICLE DEFECT CODE ONLY IF 'A' SELECTED ABOVE**
 A B
- MOTORIST**
- 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="24"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>

- 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 OPERATION OF UNITS
 - 08 RAN OF ROAD RIGHT
 - 09 RAN OFF ROAD LEFT
 - 10 CROSS-MEDIAN CENTERLINE
 - 11 CROSS-SHIELD RUNAWAY
 - 12 OTHER NON-COLLISION
 - 13 UNKNOWN NON-COLLISION
 - 14 COLLISION WITH PERSON, VEHICLE OR OBJECT, NOT LISTED
 - 15 PEDESTRIAN
 - 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 RAIL
 - 30 GARAGE/DRIVE-IN FACE
 - 31 GARAGE/DRIVE-END
 - 32 MEDIAN BARRIER
 - 33 HIGHWAY TRAFFIC SIGN POST
 - 34 OVERHEAD SIGN POST
 - 35 LIGHT FIXTURES/STRUCTURE
 - 36 TELEPHONE
 - 37 OTHER POST, POLE OR SUPPORT
 - 38 CURB
 - 39 DRIVE
 - 40 DRIVE
 - 41 EMBARKMENT
 - 42 FENCE
 - 43 MAILBOX
 - 44 OTHER FIXED OBJECT/WALL
 - 45 BUILDING (TUNNEL, ETC)
 - 46 WORK ZONE MAINTENANCE EQUIPMENT
 - 47 UNKNOWN FIXED OBJECT
 - 48 OTHER
 - 49 UNKNOWN

FIRST HARMFUL EVENT
 A B

MOST HARMFUL EVENT
 A B

SPEED DETECTED
 A B

SPEED
 A B

POSTED SPEED
 A B

TRAFFIC CONTROL
 A B

DIRECTION

FROM TO

A B

CONDITION
 A B

- CONDITION**
- 01 APPARENTLY NORMAL
 - 02 PHYSICAL IMPAIRMENT
 - 03 EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)
 - 04 LONELY
 - 05 FELL ASLEEP, FAINTED, FATIGUED, ETC
 - 06 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
 - 07 OTHER
 - 08 UNKNOWN

ALCOHOL/DRUG SUSPECTED
 A B

ALCOHOL TEST STATUS
 A B

ALCOHOL TEST TYPE
 A B

ALCOHOL TEST RESULT
 A B

ALCOHOL TEST RESULT
 A B

DRUG TEST STATUS
 A B

DRUG TEST TYPE
 A B

DRUG TEST 1 & 2 RESULT
 A B

- DRUG TEST STATUS**
- 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**
- 1 NONE
 - 2 BLOOD
 - 3 URINE
 - 4 OTHER
- DRUG TEST 1 & 2 RESULT**
- 1 NONE
 - 2 MARIJUANA
 - 3 COCAINE
 - 4 OPIATES
 - 5 AMPHETAMINES
 - 6 PCP
 - 7 OTHER
 - 8 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION
 A

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

OCCURRENCE
 A

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

ROAD CONTOUR
 A

- ROAD CONTOUR**
- 1 STRAIGHT LEVEL
 - 2 STRAIGHT GRADE
 - 3 CURVE LEVEL
 - 4 CURVE GRADE
 - 5 UNKNOWN

ROAD CONDITIONS
 PRIMARY SECONDARY

- ROAD CONDITIONS**
- 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 2522

NARRATIVE

UNIT 2 WAS PARKED IN A STORE PARKING LOT AND WHEN HE RETURNED TO HIS VEICLE IT HAD BEEN STRUCK AND DAMAGED.

<p>MANNER OF COLLISION OR IMPACT</p> <p>6</p> <p>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPOIT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWIPPE SAME DIRECTION 8 SIDESWIPPE 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: center;">Goodwill Store Parking 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 HAILING 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 <input checked="" type="checkbox"/> 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 CLEAR 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 #	<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 TAILLAMP OR 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 <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCL) (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 GARBAGE REH SE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 1 LESS THAN 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 F	HAZARDOUS MATERIALS <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	HAZARDOUS MATERIALS RFI FASFD <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE

POLICE ACTION

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
12/31/2010	12:39	12:39	12:39	12:53	30	44

OFFICER'S NAME	BADGE #	CHECKED BY	DATE REPORT FILED
PTL. W. TODD BOOTH	104		12/31/2010

REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT 'X' IF YES	LOCAL REPORT #
1 1 POLICE AGENCY 2 MOTORIST	2 1 SCENE 2 STATION 3 OTHER	<input type="checkbox"/>	10MPD 2522