



TRAFFIC CRASH REPORT

CRASH REPORT # 11MPD 0006	CRASH SEVERITY 3 1 FATAL ERROR 3 PPD 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO	HIT/SKIP 1 1 NOT HIT SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <input type="checkbox"/> YES <input type="checkbox"/> NO	OH-2 <input type="checkbox"/>	OH-3 <input type="checkbox"/>	OH-1P <input type="checkbox"/>	OTHER <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 01/02/2011				

TIME OF CRASH 09:05	DAY OF WEEK SUN	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40331704	LONGITUDE 081550605
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CRASH OCCURRED ON		TYPE LOCATION POINT USED		LOCAL INFORMATION	
PREFIX N	CRASH LOCATION N. WASHINGTON ST.	TYPE LOC 1	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE		

AT REFERENCE			REFERENCE POINT USED		
DIST. REF. 200 F	DR N	PREFIX W	REFERENCE W. JACKSON 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

MOTORIST / NON-MOTORIST

A	UNIT # 01	# OF OCC 2	NAME (LAST, FIRST, MIDDLE) BICKEL JOHN J.			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7274 C.R. 623 MILLERSBURG OH 44654						
SOCIAL SECURITY NUMBER		DATE OF BIRTH 12/18/1949	AGE 61	SEX M	HOME PHONE # (330)988-8425	WORK PHONE #
DL STATE OH	DL # RF380363	LP STATE OH	LP # ED42KS	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') BICKEL, JOHN J.			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7274 C.R. 623 MILLERSBURG OH 44654			
YEAR 1992	MAKE DODGE	MODEL OTHER TRUC	COLOR WHITE	INSURANCE COMPANY HABRUN'S	TOWING SERVICE	OWNER PHONE # (330)988-8425
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)			
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 # DJW3906	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') SMITH II, RICHARD DEAN			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 8463 P.R. 577 MILLERSBURG OH 44654			
YEAR 2002	MAKE FORD	MODEL OTHER	COLOR BLUE	INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE	OWNER PHONE # (330)466-8643
OFFENSE CHARGED		OFFENSE DESCRIPTION			CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO

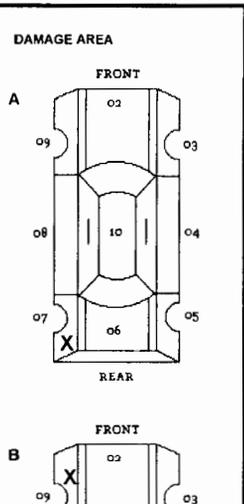
C	UNIT # 01	NAME (LAST, FIRST, MIDDLE) ELLIS TRACY M.			HOME PHONE # (330)988-8422	DATE OF BIRTH 12/11/1975	AGE 35	SEX F
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 34 N. WASHINGTON ST. MILLERSBURG OH 44654				INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO		
D	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) B 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER SIDE CAR) 08 THIRD - MIDDLE C 03 09 THIRD - RIGHT 10 SEATER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA D 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	SAFETY EQUIPMENT A 04 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED B 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED C 04 06 HELMET USED 07 RESTRAINT USE UNKNOWN 08 NONE USED D 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 B 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN C 1 D	AIR BAG SWITCH A 1 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION B C 1 D	EJECTION A 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN B C 1 D	TRAPPED A 1 1 NOT TRAPPED 2 ENTRAPPED BY MECHANICAL MEANS 3 TRAPPED BY NON-MECHANICAL MEANS 4 UNKNOWN B C 1 D	INJURIES A 1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN B C 1 D		
BLANK FOR WITNESS							<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 SIDE WALK
11 WITHIN 10 FEET OF ROADWAY (BUT NOT SHOULDER, MEDIAN, SIDE WALK, 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 SUBCOMPACT
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 DOUBLE-SHORT
15 TRACTOR DOUBLE-LONG
16 WITH WHEEL OR CONVERTER DOLLY
17 TRACTOR TRIPLES
18 MOTORCYCLE
19 MOTORCYCLE
20 SCOOTER, MVS
21 CH RCH BUS
22 PUBLIC BUS
23 OTHER BUS
24 PUBLIC VEHICLE
25 FIRE TRUCK
26 AMBULANCE/RESCUE
27 TAXI
28 MOTOR HOME
29 TRAIN
30 FARM VEHICLE
31 FARM EQUIPMENT
32 UNKNOWN/BOTH
33 CONSTRUCTION EQUIPMENT
34 ALL OTHERS
NON-MOTORIST
35 ANIMAL WIDER
36 ANIMAL W/BAGGYS
37 BICYCLE
38 PEDESTRIAN
39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)
40 SKATER
41 OTHER-NON MOTORIST (WHEELCHAIR, ETC.)
42 UNKNOWN

PRE-CRASH ACTIONS
A B

01 MOTORIST 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 MAKING, RUNNING, JOGGING, PLAYING, CYCLING
17 WORKING
18 PUSHING VEHICLE
19 APPROXING 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, RICKLESS, 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 ACTUALLY 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 LAYING 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

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

VEHICLE DEFECT CODE ONLY IF '9' 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

IN EMERGENCY RESPONSE
A B

1 NONE
2 YES
3 UNKNOWN

ACTION
A B

1 NON-CONTACT
2 NON-COLLISION
3 STRICKING
4 STRUCK
5 BOTH STRICKING AND STRUCK
6 UNKNOWN

DAMAGE SCALE
A B

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

STRIKING VEHICLE OVERRIDE/UNDERRIDE
A B

1 NO UNDERRIDE OR OVERRIDE
2 UNDERRIDE, COMPARTMENT INTRUSION
3 UNDERRIDE, NO COMPARTMENT INTRUSION
4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN
5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT
6 OVERRIDE, OTHER VEHICLE
7 UNKNOWN IF UNDERRIDE OR OVERRIDE

SEQUENCE OF EVENTS

A	1	<input type="text" value="21"/>	B	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/ROLLOVER
02 FIRE/EXPLOSION
03 IMMERSION
04 JACKKNIFE
05 CARGO EQUIPMENT LOSS OR SHIFT
06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.)
07 SEPARATION OF PARTS
08 RAN OFF ROAD RIGHT
09 RAN OFF ROAD LEFT
10 CROSS MEDIAN CENTERLINE
11 DOWN HILL RUNAWAY
12 OTHER NON-COLLISION
13 UNKNOWN NON-COLLISION
COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT LISTED
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 CURSION
27 BRIDGE OVERHEAD STRUCTURE
28 BRIDGE PIER OR ABUTMENT
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 BUMP
40 OTHER
41 REMARKMENT
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 CROSSBUCKS
08 RAILROAD FLASHERS
09 RAILROAD GATES
10 CONSTRUCTION BARRICADE
11 POLICE OFFICER
12 ADVISORY MARKINGS
13 CROSSWALK LINES
14 WALK DON'T WALK
15 TRAFFIC CONTROL DEVICE (NO OPERATIVE, MISSING, OBSCURED)
16 OTHER
17 NOT REPORTED

DIRECTION

FROM TO	FROM TO
A <input type="text" value="4"/> <input type="text" value="5"/>	B <input type="text" value="2"/> <input type="text" value="1"/>

1 NORTH
2 SOUTH
3 EAST
4 WEST
5 NORTHEAST
6 NORTHWEST
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 - (BUT 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
6 UNKNOWN

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

1	2	1	2
A <input type="text" value="1"/>	<input type="text" value="1"/>	B <input type="text"/>	<input type="text"/>

1 NONE
2 MARIJUANA
3 COCAINE
4 OPIATES
5 AMPHETAMINES
6 PCP
7 OTHER
8 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION
A B

01 NOT AN INTERSECTION
02 FURROW WAY INTERSECTION
03 T-INTERSECTION
04 Y-INTERSECTION
05 TRAFFIC CIRCLE/ROUNDABOUT
06 TEE POINT, OR MORE
07 OR RAMP
08 OFF RAMP
09 CROSPOVER
10 DRIVEWAY
11 RAILWAY GRADE CROSSING
12 SHARED USE PATHS OR TRAILS
13 UNKNOWN

OCCURRENCE
A B

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

ROAD CONTOUR
A B

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

LOCAL REPORT #
11MPD 0006

SUPPLEMENT 'X' IF YES

NARRATIVE

UNIT 1 WAS BACKING FROM A PRIVATE DRIVE ONTO N. WASHINGTON ST. AND BACKED INTO UNIT 2 WHO WAS PARKED ALONG N. WASHINGTON ST.

MANNER OF COLLISION OR IMPACT

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

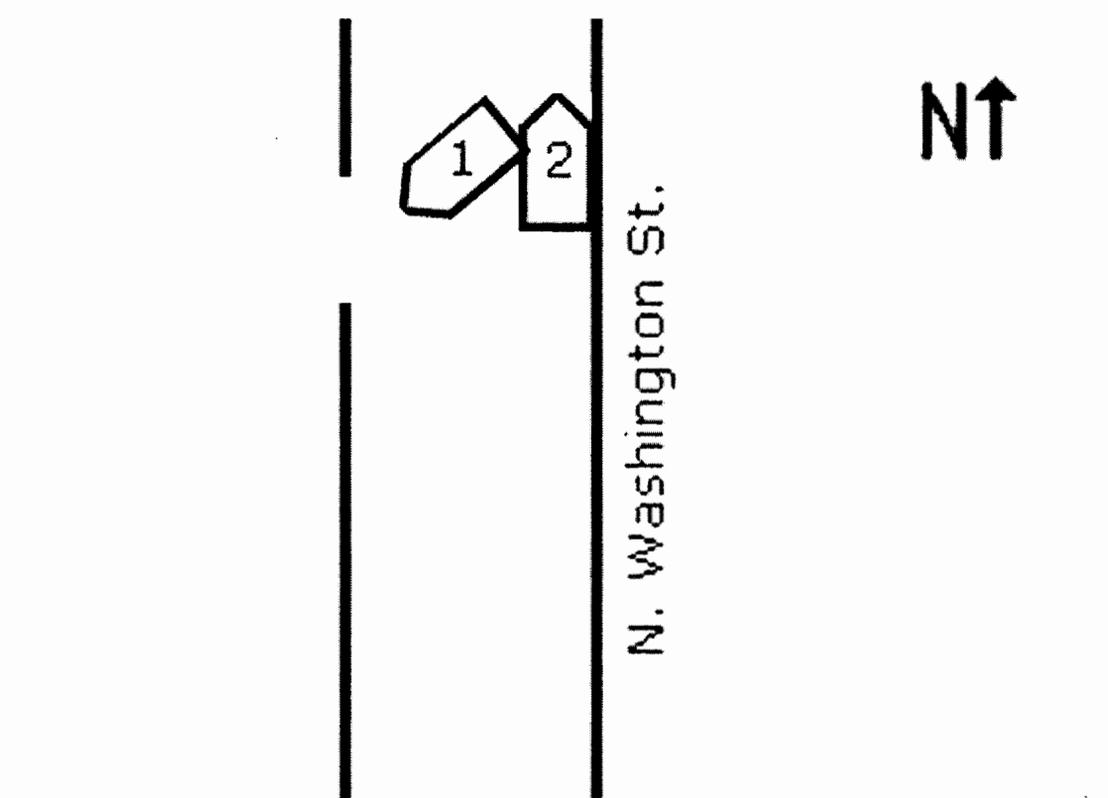
SCHOOL BUS RELATED

1
 1 NO
 2 YES, DIRECTLY INVOLVED
 3 YES, INDIRECTLY INVOLVED
 4 UNKNOWN

WORK ZONE RELATED

1
 1 NO
 2 YES
 3 UNKNOWN

DIAGRAM



WEATHER

01
 01 CLEAR
 02 CLOUDY
 03 FOG/SMOG/SMOKE
 04 RAIN
 05 SLEET/HAIL (FREEZING RAIN OR DRIZZLE)
 06 SNOW
 07 SEVERE CROSSWINDS
 08 BLOWING SAND/DIRT/SNOW
 09 OTHER
 10 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

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 **SECONDARY**
1
 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 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
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CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 HUS (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, MINER	10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <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"/>	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
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POLICE ACTION

DATE CRASH REPORTED 01/02/2011	TIME REC CALL 09:10	DISPATCH 09:10	ARRIVED 09:10	CLEARED 09:45	OTHER 0	TOTAL MINUTES 35
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OFFICER'S NAME PTL. W. TODD BOOTH	BADGE # 104	CHECKED BY	DATE REPORT FILED 01/02/2011
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REPORT TAKEN BY 1 1 POLICE AGENCY 2 MOTORIST	REPORT TAKEN AT 2 1 AGENCY 2 STATION 3 OTHER	<input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT # 11MPD 0006
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