

OHIO

TRAFFIC CRASH REPORT

Traffic Crash Report

| | | | | | |
|-------------------------------------|---|---|--|---|--|
| CRASH REPORT # 11MPD 0022 | CRASH SEVERITY 3 1.FATAL ERROR 3.FDO 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 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 9A.ANIMAL 99.UNKNOWN | DATE OF CRASH 0V06/2011 | |

| | | | | | | |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|
| TIME OF CRASH 15:30 | DAY OF WEEK THU | CITY/VILLAGE/TOWNSHIP VILLAGE | NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG | COUNTY # 38 | LATITUDE 40325002 | LONGITUDE 081550308 |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|

| | | |
|---|-------------------------------------|----------------------|
| 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 | | |

| | |
|------------------------|--|
| AT/REFERENCE | REFERENCE POINT USED |
| DIST. REF. S | DR 04 |
| PREFIX S | REFERENCE 000664 WASHINGTON |
| REF POINT 04 | 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 1 | NAME (LAST, FIRST, MIDDLE) KIMBRELL BRIDGETTE L |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) 800 S WASHINGTON ST LOT 336 MILLERSBURG OH 44654 | | | |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH 12/28/1991 | AGE 19 | SEX F |
| HOME PHONE # (330)275-9102 | WORK PHONE # | | |
| DL STATE OH | DL # TM590500 | LP STATE OH | LP # ESF1152 |
| INJURED TAKEN BY 1 1.NONE 4.OTHER 2.FBI 5.UNKNOWN 3.POLICE | | TRANSPORTED BY | INJURED TAKEN TO |
| OWNER NAME (IF SAME, WRITE 'SAME') MELISSA SPEARS | | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 568 WOOSTER RD APT B MILLERSBURG OH 44654 | |
| YEAR 1988 | MAKE PONTIAC | MODEL A6000 | COLOR SILVER |
| INSURANCE COMPANY NONE | TOWING SERVICE | OWNER PHONE # (330)275-5343 | |
| 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) STERLING MABEL H |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) 406 CRAWFORD ST FREDERICKSBURG OH 44627 | | | |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH 0V23/1950 | AGE 60 | SEX F |
| HOME PHONE # (330)695-2674 | WORK PHONE # | | |
| DL STATE OH | DL # RQ153179 | LP STATE OH | LP # ABG3958 |
| INJURED TAKEN BY 1 1.NONE 4.OTHER 2.FBI 5.UNKNOWN 3.POLICE | | TRANSPORTED BY | INJURED TAKEN TO |
| OWNER NAME (IF SAME, WRITE 'SAME') JAMES STERLING | | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 406 CRAWFORD ST FREDERICKSBURG OH 44627 | |
| YEAR 2007 | MAKE TOYOTA | MODEL COROLLA | COLOR BROWN |
| INSURANCE COMPANY HOMER YOST | TOWING SERVICE | OWNER PHONE # (330)695-2674 | |
| OFFENSE CHARGED | OFFENSE DESCRIPTION | CITATION # | LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO |

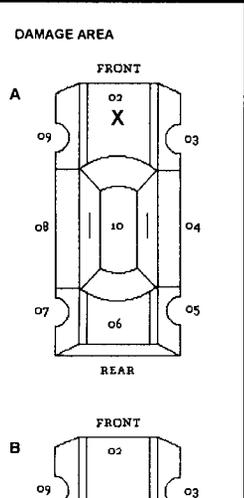
| | | | | | | |
|---|--------|----------------------------|---|----------------|------------------|-----|
| C | UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) | | | INJURED TAKEN BY <input type="checkbox"/> 1.NONE 4.OTHER 2.FBI 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.FBI 5.UNKNOWN 3.POLICE | TRANSPORTED BY | INJURED TAKEN TO | |

| | | | | | | |
|---|--|---|--|--|--|--|
| SEATING POSITION | SAFETY EQUIPMENT | AIR BAG | AIR BAG SWITCH | EJECTION | TRAPPED | INJURIES |
| A 01 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) | A 04 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED | A 1 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN | A 1 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION | A 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN | A 1 1 NOT TRAPPED 2 EXTRACTED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN | A 1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN |
| B 01 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 LEFT REAR SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN | B 04 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED 06 HELMET USED 07 RESTRAINT USE UNKNOWN 08 MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADK 11 REFLECTIVE CLOTHING 12 GIFTING 13 OTHER 14 UNKNOWN | B 1 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN | B 1 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION | B 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN | B 1 1 NOT TRAPPED 2 EXTRACTED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN | B 1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN |
| C | C | C | C | C | C | C |
| D | D | D | D | D | D | 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 SIDEWALK
11 WITHIN 10 FEET OF ROADWAY (BUT NO SHOULDER, MEDIAN, SIDEWALK OR ISLAND)
12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
13 OTSIDE TRAFFICWAY
14 SHARED USE PATHS OR TRAILS
15 UNKNOWN



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 CYCLING
18 PUSHING VEHICLE
19 APPROACHING OR LEAVING VEHICLE
20 PLAYING OR WORKING ON VEHICLE
21 STANDING
22 OTHER
23 UNKNOWN

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/ROLLOVER
02 FIRE/EXPLOSION
03 IMPESSION
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 UNKNOWN HIT/STRUCK BY
12 OTHER NON-COLLISION
13 UNKNOWN NON-COLLISION COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT LISTED
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
25 COLLISION WITH FIXED OBJECT
26 IMPACT ATTENUATOR/CRASH CUSHION
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 CULVERT
39 CURB
40 CURCH
41 EMBANKMENT
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

POSTED SPEED
A B

TRAFFIC CONTROL
A B

01 NO CONTROL
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 CROSSWALK LINES
14 WALK-DON'T WALK
15 TRAFFIC CONTROL DEVICE
16 OPERATIVE, MISSING, OBTURED
17 NOT REPORTED

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 BUAD
3 URINE
4 OTHER

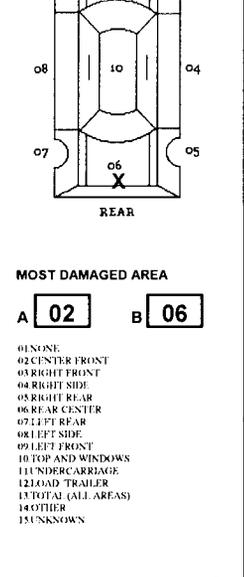
DRUG TEST 1 & 2 RESULT

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

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

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 PASSENGER
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 FIFTH WHEEL OR CONVERTER DOLLY
17 TRACTOR TRIPLES
18 MOTORCYCLE
19 MOTORBIKE/BICYCLE
20 SCOOTER/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 FARM VEHICLE
31 FARM EQUIPMENT
32 NON-MOBILE
33 CONSTRUCTION EQUIPMENT
34 ALL OTHERS
NON-MOTORIST
35 ANIMAL W/DRIVER
36 ANIMAL W/BUS/BIKE
37 BICYCLE
38 PEDESTRIAN
39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)
40 SKATER
41 OTHER-NON MOTORIST (WHEELCHAIR, ETC.)
42 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 TRAFFIC, RICKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER
14 SWERVING TO AVOID (DEER, WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST ON ROADWAY, ETC.)
15 FAILURE TO CONTROL
16 VISION OBSTRUCTION
17 DRIVER INATTENTION
18 REACTIVE 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 VIOLATING 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

DIRECTION

| | |
|---|---|
| FROM TO | FROM TO |
| A <input type="text" value="2"/> <input type="text" value="1"/> | 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. DEPRESSION, ANGRY, DISTURBED)
4 ILLNESS
5 FELL ASLEEP, FAINTED, FATIGUED, ETC.
6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
7 OTHER
8 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)

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

TYPE OF INTERSECTION
A

01 NOT AN INTERSECTION
02 HIGHWAY INTERSECTION
03 T-INTERSECTION
04 Y-INTERSECTION
05 TRAFFIC CIRCLE/ROUNDABOUT
06 FIVE-POINT, OR MORE
07 OR 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 IN MEDIAN
4 ON ROADSIDE
5 ON GORE
6 OFFSIDE TRAFFICWAY
7 UNKNOWN

ROAD CONTOUR
A

1 STRAIGHT LEVEL
2 STRAIGHT GRADE
3 CURVE LEVEL
4 CURVE GRADE
5 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 STRICKEN
4 STRUCK
5 BOTH STRICKEN AND STRUCK
6 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

SPEED DETECTED
A B

1 STATED
2 ESTIMATED

SPEED
A B

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 B

ROAD CONDITIONS
PRIMARY SECONDARY

01 DRY
02 WET
03 SNOW
04 ICE
05 SAND/MUD/DIRT/OIL/GRAYEL
06 WATER (STANDING, MOVING)
07 SLUSH
08 DEBRIS
09 RUT HOLES, BUMP, UNEVEN PAVEMENT
10 OTHER
11 UNKNOWN

IN EMERGENCY RESPONSE
A B

1 NO
2 YES
3 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

DAMAGE SCALE
A B

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

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

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

SPEED DETECTED
A B

1 STATED
2 ESTIMATED

SPEED
A B

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 B

ROAD CONDITIONS
PRIMARY SECONDARY

01 DRY
02 WET
03 SNOW
04 ICE
05 SAND/MUD/DIRT/OIL/GRAYEL
06 WATER (STANDING, MOVING)
07 SLUSH
08 DEBRIS
09 RUT HOLES, BUMP, UNEVEN PAVEMENT
10 OTHER
11 UNKNOWN

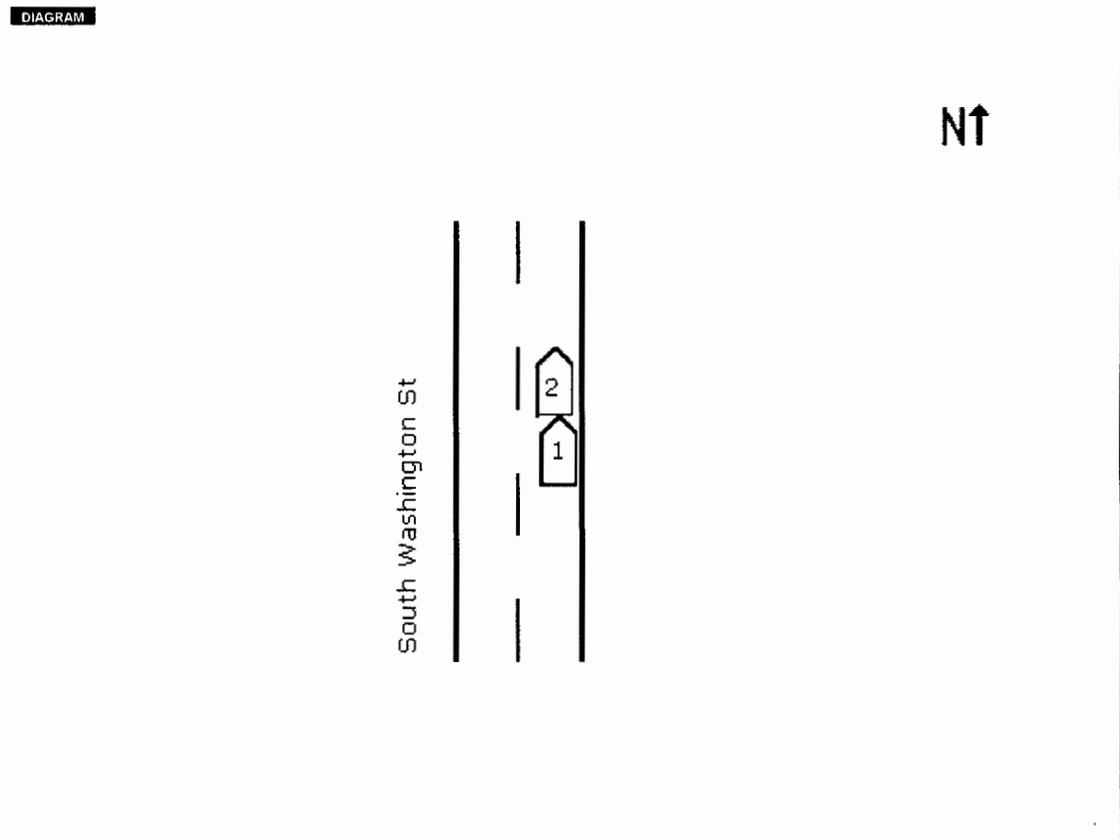
NARRATIVE

UNIT #1 WAS NORTHBOUND ON SOUTH WASHINGTON STREET. UNIT #2 WAS STOPPED IN TRAFFIC. UNIT #1 SLID ON THE SNOW. UNIT #1 DID NOT GET STOPPED AND STRUCK UNIT #2 IN THE REAR END.

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. TACKLING
 6. ANGLE
 7. SIDESWIP SAME DIRECTION
 8. SIDESWIP 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



WEATHER
 06
 01. CLEAR
 02. CLOUDY
 03. FOG/SMOG/SMOKE
 04. RAIN
 05. SLEET/HAUL (FREEZING RAIN OR DRIZZLE)
 06. SNOW
 07. SEVERE CROSSWINDS
 08. ICE/WIND
 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

LOC ATION 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 **4** **SECONDARY**
 1. DAYLIGHT
 2. DAWN
 3. DUSK
 4. DARK - LIGHTED ROADWAY
 5. DARK - ROADWAY NOT LIGHTED
 6. DARK - UNKNOWN ROADWAY LIGHTING
 7. CLARE
 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 (SBOYER VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS OR
 B. TRUCK (SBOYER VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD OR
 C. VEH. S. DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER

THE CRASH RESULTED IN ONE OF THE FOLLOWING:
 A. FATALITY OR
 B. AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT OR
 C. 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 (0-15 INCL. DRIVERS) <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 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 - 20,000 <input type="checkbox"/> 3. MORE THAN 20,000 | CDL CLASS <input type="checkbox"/> 1. CLASS A 2. CLASS B 3. CLASS C 4. CLASS D 5. CLASS E | HAZARDOUS MATERIALS <input type="checkbox"/> 1. NO 2. YES 3. UNKNOWN | HAZARDOUS MATERIALS RFI FARED <input type="checkbox"/> 1. NO 4. UNKNOWN 2. YES 3. NOT APPLICABLE | | | |

POLICE ACTION

| | | | | | | |
|--|-------------------------------|--------------------------|-------------------------|-------------------------|-------------------|----------------------------|
| DATE CRASH REPORTED 01/06/2011 | TIME REC CALL 17:33 | DISPATCH 17:33 | ARRIVED 17:35 | CLEARED 17:57 | OTHER 0 | TOTAL MINUTES 24 |
|--|-------------------------------|--------------------------|-------------------------|-------------------------|-------------------|----------------------------|

| | | | |
|--|-----------------------|-------------------|--|
| OFFICER'S NAME CAPT. SCOTT AKINS | BADGE # 103 | CHECKED BY | DATE REPORT FILED 01/06/2011 |
|--|-----------------------|-------------------|--|

| | | | |
|---|--|---|-------------------------------------|
| REPORT TAKEN BY 1. POLICE AGENCY 2. MOTORIST <input checked="" type="checkbox"/> 1 | REPORT TAKEN AT 1. SCENE 2. STATION 3. OTHER <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> SUPPLEMENT 'X' IF YES | LOCAL REPORT # 11MPD 0022 |
|---|--|---|-------------------------------------|