



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>11MPD 0045</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 2 FRO 3 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO	HIT/SKIP <b>1</b> 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <input checked="" 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. # <b>03801</b>	REPORTING AGENCY <b>MILLERSBURG POLICE DEPARTMENT</b>	# UNITS <b>1</b>	UNIT ERROR <b>01</b> 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>01/10/2011</b>	

TIME OF CRASH <b>10:03</b>	DAY OF WEEK <b>MON</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40321897</b>	LONGITUDE <b>081552799</b>
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CRASH OCCURRED ON		TYPE LOCATION POINT USED		LOCAL INFORMATION	
PREFIX <b>N</b>	CRASH LOCATION <b>SCHOOL</b>	TYPE LOC <b>1</b>	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE		

AT/REFERENCE			REFERENCE POINT USED		
DIST. REF.	DR	PREFIX	REFERENCE	REF POINT	
	<b>N</b>		<b>000152 SCHOOL</b>	<b>04</b>	

<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>DESJARDINS GUY</b>
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**825 MESSIER DOMAINE LEMIRE ST. LUCIEN CN**

SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>04/29/1949</b>	AGE <b>61</b>	SEX <b>M</b>	HOME PHONE # <b>(818)397-5068</b>	WORK PHONE # <b>(819)396-2754</b>
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DL STATE <b>CN</b>	DL # <b>D2634-290449-07</b>	LP STATE	LP # <b>L458062</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE 'SAME') <b>LES ENTREPRISES GIKEM</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>874 RVE DE L'EGLISE ST. EUGENE CN</b>
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YEAR <b>2009</b>	MAKE <b>INTL HARVEST</b>	MODEL <b>OTHER TRUC</b>	COLOR <b>GREY</b>	INSURANCE COMPANY <b>ZURICH</b>	TOWING SERVICE	OWNER PHONE # <b>(819)396-2754</b>
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>B</b>	UNIT #	# OF OCC	NAME (LAST, FIRST, MIDDLE)
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)

SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #
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DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE 'SAME')	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)
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YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>C</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)

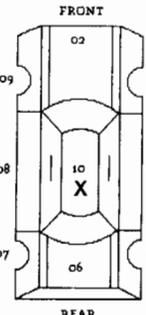
<b>D</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)

SEATING POSITION <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 SEPPER 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 <b>A 04</b> 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED 06 HELMET USED 07 RESTRAINT USE UNKNOWN 08 NON-RESTRAINT 09 NONE USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG <b>A 1</b> 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	AIR BAG SWITCH <b>A 1</b> 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	EJECTION <b>A 1</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED <b>A 1</b> 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES <b>A 1</b> 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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SUPPLEMENT 'X' IF YES

MOTORIST / NON-MOTORIST / OCCUPANT

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text"/>	<b>DAMAGE AREA</b> FRONT 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="01"/> B <input type="text"/> <small>MOTORIST</small> 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 <small>NON-MOTORIST</small> 15 ENTERING OR CROSSING SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING CYCLING 17 WORKING 18 STOPPING VEHICLE 19 APPROACHING OR LEAVING VEHICLE 20 LAYING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>1 <input type="text" value="44"/></td><td>1 <input type="text"/></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="44"/>	1 <input type="text"/>	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="25"/> B <input type="text"/> <b>TRAFFIC CONTROL</b> A <input type="text" value="01"/> B <input type="text"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/> <small>1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNSAFELY 4 TEST GIVEN, RESULTS KNOWN 5 GIVEN, RESULTS UNKNOWN 6 UNKNOWN</small>
A	B														
1 <input type="text" value="44"/>	1 <input type="text"/>														
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 <input type="text"/> <small>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 "SIDE" TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN</small>	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="15"/> B <input type="text"/> <small>MOTORIST</small> 01 NONE 02 FAILURE TO YIELD 03 BRAK RED LIGHT OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ACID 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 EXHAUSTION 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER DRIVER ACTION 22 UNKNOWN <small>NON-MOTORIST</small> 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>TYPE OF UNIT</b> A <input type="text" value="13"/> B <input type="text"/> <small>MOTORIST</small> 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 (BOB/TAL) 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 SCHOOL BUS 21 CITY 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 ARMED FORCE 32 UNKNOWN 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS <small>NON-MOTORIST</small> 35 ANIMAL, W. RIDER 36 ANIMAL, W. DRIVER 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER, NON-MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN	<b>SEQUENCE OF EVENTS</b> <small>NON-COLLISION</small> 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 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION <small>COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT LISTED</small> 14 PEDESTRIAN 15 BICYCLE 16 RAILWAY VEHICLE (E.G. TRAIN ENGINE) 17 ANIMAL - FARM 18 ANIMAL - OTHER 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 LIMITED OBJECT 26 IMPACT ATTENTOR CRASH CUSHION 27 BRIDGE OVERHEAD STRUCTURE 28 BRIDGE PIER OR ABUTMENT 29 BRIDGE PAVEMENT 30 BRIDGE RAIL 31 GUARDRAIL FACE 32 GUARDRAIL END 33 MEDIAN BARRIER 34 HIGHWAY TRAFFIC SIGN POST 35 OVERHEAD SIGN POST 36 LIGHT/ILLUMINARIES SUPPORT 37 UTILITY POLE 38 OTHER POST, POLE OR SUPPORT 39 CULVERT 40 CURB 41 DITCH 42 EMBANKMENT 43 FENCE 44 MAIL BOX 45 TREE 46 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) 47 WORK ZONE MAINTENANCE EQUIPMENT 48 UNKNOWN FIXED OBJECT 49 OTHER 50 UNKNOWN	<b>DIRECTION</b> FROM TO FROM TO A <input type="text" value="1"/> <input type="text" value="2"/> B <input type="text"/> <input type="text"/> <small>1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN</small>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/> <small>1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING</small>										
<b>POINT OF IMPACT</b> A <input type="text" value="10"/> B <input type="text"/> <small>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</small>	<b>MOST DAMAGED AREA</b> A <input type="text" value="10"/> B <input type="text"/> <small>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</small>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/> <small>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</small>	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text"/> <small>OF THE SEQUENCE OF EVENTS, WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</small>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text"/> <small>1 NONE 2 YES ALCOHOL SUSPECTED 3 YES - DRUG NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN</small>	<b>TYPE OF INTERSECTION</b> <input type="text" value="01"/> <small>01 NOT AN INTERSECTION 02 FOUR-WAY 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</small>										
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text"/> <small>1 NO 2 YES 3 UNKNOWN</small>	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text"/> <small>1 NON-CONTACT 2 NON-COLLISION 3 STRICKING 4 STRUCK 5 BOTH STRICKING AND STRUCK 6 UNKNOWN</small>	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text"/> <small>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</small>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text"/> <small>OF THE SEQUENCE OF EVENTS, WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</small>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/> <small>1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNSAFELY 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</small>	<b>ROAD CONTOUR</b> <input type="text" value="1"/> <small>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN</small>										
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text"/> <small>1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN</small>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/> <small>1 NONE 4 BREATHER 2 BLOOD 5 OTHER 3 URINE</small>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>SPEED DETECTED</b> A <input type="text" value="1"/> B <input type="text"/> <small>1 STATED 2 ESTIMATED</small>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/> <small>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</small>										
<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT # <b>11MPD 0045</b>													

**NARRATIVE**

UNIT 1, A COMMERCIAL TRACTOR/TRAILER WITH 53' CARGO BOX WAS SOUTHBOUND ON N. SCHOOL ST. UNIT 1 STRUCK OVERHEAD LIMBS FROM A TREE THAT WAS IN THE YARD OF 152 N. SCHOOL. THE TREE ORIGINATED FROM AN AREA IN THE VILLAGE RIGHT OF WAY. THE DRIVER STATED THAT HE WAS FOLLOWING THE DIRECTIONS OF HIS GPS UNIT IN HIS TRUCK WHEN HE TURNED OFF OF MASSILLON RD (SR 241) AND ONTO N. SCHOOL ST. N. SCHOOL ST. IS A RESIDENTIAL SIDE STREET, NOT DESIGNED FOR TRUCK TRAFFIC.

<b>MANNER OF COLLISION OR IMPACT</b> <input checked="" type="checkbox"/> 1 <small>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-TO-REAR COLLISION 3 REAR-TO-FRONT COLLISION 4 REAR-TO-REAR COLLISION 5 TACKLING 6 SINGLE 7 SIDESWIPE SAME DIRECTION 8 SIDESWIPE OPPOSITE DIRECTION 9 UNKNOWN</small>	<b>SCHOOL BUS RELATED</b> <input checked="" type="checkbox"/> 1 <small>1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN</small>	<p><b>DIAGRAM</b></p>
<b>WEATHER</b> <input checked="" type="checkbox"/> 01 <small>01 CLEAR 02 CLOUDY 03 FOG/SMOG/SMOKE 04 RAIN 05 SLEET/HAIL (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SEVERE CROSSWIND 08 HEAVING 09 OTHER 10 UNKNOWN</small>	<b>WORK ZONE RELATED</b> <input checked="" type="checkbox"/> 1 <small>1 NO 2 YES 3 UNKNOWN</small>	
<b>LIGHT CONDITIONS</b> <b>PRIMARY</b> <input checked="" type="checkbox"/> 1 <b>SECONDARY</b> <input type="checkbox"/> <small>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</small>	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> <small>1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT OR MOVING WORK 5 OTHER</small>	
<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> <small>1 BEFORE THE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WORKING AREA 3 TRANSITION AREA 4 ACTIVITY AREA</small>	<b>WORKERS PRESENT</b> <input type="checkbox"/> <small>1 NO 2 YES 3 UNKNOWN</small>	

<b>TRUCK/BUS UNIT #</b>	<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 HAZARDOUS MATERIALS PLACARD; OR A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER	<b>A</b> <b>N</b> <b>D</b>	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> <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (EXCLUDING 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 GARRAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN		<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 1 LESS/EQUAL 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"/> <small>1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E</small>	<b>HAZARDOUS MATERIALS</b> <input type="checkbox"/> <small>1 NO 2 YES 3 UNKNOWN</small>	<b>HAZARDOUS MATERIALS RFI FARED</b> <input type="checkbox"/> <small>1 NO 2 YES 3 NOT APPLICABLE</small>		

<b>POLICE ACTION</b>						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
01/10/2011	10:05	10:05	10:05	11:02	25	82
OFFICER'S NAME		BADGE #	CHECKED BY		DATE REPORT FILED	
PTL. JUSTIN ESTILL		113			01/10/2011	
REPORT TAKEN BY	REPORT TAKEN AT			<input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT #	
<input checked="" type="checkbox"/> 1 <small>1 POLICE AGENCY 2 MOTORIST</small>	<input checked="" type="checkbox"/> 1 <small>1 SCENE 2 STATION 3 OTHER</small>				11MPD 0045	