



TRAFFIC CRASH REPORT

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| CRASH REPORT # 11MPD 0055 | CRASH SEVERITY 2 1 FATAL ERROR 3 FPD 2 INJURY 4 UNKNOWN | PRIVATE PROPERTY <input type="checkbox"/> 'N' IF YES | HITS/SKIP 1 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED | PHOTOS TAKEN <input type="checkbox"/> 'N' IF YES | 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 98 ANIMAL 99 UNKNOWN | DATE OF CRASH 1/11/2011 | |

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|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|
| TIME OF CRASH 12:47 | DAY OF WEEK TUE | CITY/VILLAGE/TOWNSHIP VILLAGE | NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG | COUNTY # 38 | LATITUDE 40332484 | LONGITUDE 081551082 |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|

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| CRASH OCCURRED ON | | | TYPE LOCATION POINT USED | | LOCAL INFORMATION | |
| PREFIX N | CRASH LOCATION CLAY | TYPE LOC 1 | 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE | | | |

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| DIST. REF. 100 F | DR N | PREFIX | REFERENCE PERKINS | REF POINT 02 | 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 PLACE NAME WITHOUT REFERENCE | 09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE |
|----------------------------|----------------|--------|-----------------------------|------------------------|--|--|---|---|

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|---|---------------------|----------------------|--|--|
| A | UNIT # 01 | # OF OCC 1 | NAME (LAST, FIRST, MIDDLE) LANE MARSHALL | |
|---|---------------------|----------------------|--|--|

ADDRESS (STREET, CITY, STATE, ZIP-CODE)
363 HICKORY ST MILLERSBURG OH 44654

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|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|
| SOCIAL SECURITY NUMBER | DATE OF BIRTH 05/07/1947 | AGE 63 | SEX M | HOME PHONE # (330)674-1715 | WORK PHONE # |
|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|

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|-----------------------|-------------------------|-----------------------|-----------------------|---|----------------|------------------|
| DL STATE OH | DL # RY410450 | LP STATE OH | LP # 843XJL | INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE | TRANSPORTED BY | INJURED TAKEN TO |
|-----------------------|-------------------------|-----------------------|-----------------------|---|----------------|------------------|

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| OWNER NAME (IF SAME, WRITE 'SAME') LANE, MARSHALL | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 363 HICKORY ST MILLERSBURG OH 44654 |
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|---------------------|-------------------------|--------------------------|----------------------|----------------------------------|----------------|--------------|
| YEAR 1998 | MAKE CADILLAC | MODEL ELDORADO | COLOR BLUE | INSURANCE COMPANY OMNI | TOWING SERVICE | OWNER PHONE# |
|---------------------|-------------------------|--------------------------|----------------------|----------------------------------|----------------|--------------|

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| OFFENSE CHARGED | OFFENSE DESCRIPTION | CITATION # | LOCAL CODE <input type="checkbox"/> 'N' IF YES |
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|---|---------------------|----------------------|--|--|
| B | UNIT # 02 | # OF OCC 1 | NAME (LAST, FIRST, MIDDLE) KOVATCH STEPHEN | |
|---|---------------------|----------------------|--|--|

ADDRESS (STREET, CITY, STATE, ZIP-CODE)
8210 CR 189 HOLMESVILLE OH 44633

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|------------------------|------------------------------------|------------------|-----------------|--------------|--------------|
| SOCIAL SECURITY NUMBER | DATE OF BIRTH 09/18/1922 | AGE 88 | SEX M | HOME PHONE # | WORK PHONE # |
|------------------------|------------------------------------|------------------|-----------------|--------------|--------------|

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| DL STATE OH | DL # RK022789 | LP STATE OH | LP # CL09EY | INJURED TAKEN BY 2 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE | TRANSPORTED BY HOLMES FIRE DIST. #1 | INJURED TAKEN TO JOEL POMERENE HOSPI |
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|---|--|
| OWNER NAME (IF SAME, WRITE 'SAME') KOVATCH, STEPHEN | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 8210 CR 189 HOLMESVILLE OH 44633 |
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|---------------------|------------------------|-----------------------|------------------------|---|---|--------------|
| YEAR 1996 | MAKE LINCOLN | MODEL OTHER | COLOR SILVER | INSURANCE COMPANY AMERICAN FAMILY | TOWING SERVICE FINNEYS TOWING | OWNER PHONE# |
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| OFFENSE CHARGED | OFFENSE DESCRIPTION | CITATION # | LOCAL CODE <input type="checkbox"/> 'N' IF YES |
|-----------------|---------------------|------------|---|

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| C | UNIT # | NAME (LAST, FIRST, MIDDLE) | | HOME PHONE# | DATE OF BIRTH | AGE | SEX |
|---|--------|----------------------------|--|-------------|---------------|-----|-----|

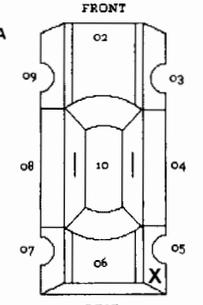
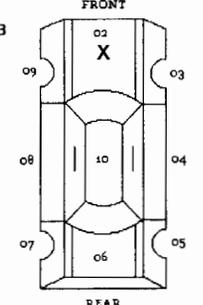
| | | | | | | |
|---|--|--|--|---|----------------|------------------|
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) | | | | INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE | TRANSPORTED BY | INJURED TAKEN TO |
|---|--|--|--|---|----------------|------------------|

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|---|--------|----------------------------|--|-------------|---------------|-----|-----|
| D | UNIT # | NAME (LAST, FIRST, MIDDLE) | | HOME PHONE# | DATE OF BIRTH | AGE | SEX |
|---|--------|----------------------------|--|-------------|---------------|-----|-----|

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

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|---|---|---|---|---|--|--|
| SEATING POSITION 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 UNCLOSED CARGO AREA 12 UNCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-SPECIFIED 17 UNKNOWN BLANK FOR WITNESS | SAFETY EQUIPMENT 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-SPECIFIED 09 NONE USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN | AIR BAG 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN | AIR BAG SWITCH 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION | EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN | TRAPPED 1 NOT TRAPPED 2 ENTRAPPED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN | INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN SUPPLEMENT 'X' IF YES |
|---|---|---|---|---|--|--|

MOTORIST / NON-MOTORIST / OCCUPANT

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|---|---------------------------------|-----------|---------------------------------|---|---|---|---|--|---|----------------------|---|---|----------------------|---|---|---|--|---|----------------------|--|---|----------------------|--|--|
| UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/> | DAMAGE AREA  | PRE-CRASH ACTIONS A <input type="text" value="01"/> B <input type="text" value="01"/> | SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td>1</td><td><input type="text" value="20"/></td><td>B</td><td>1</td><td><input type="text" value="20"/></td></tr> <tr><td></td><td>2</td><td><input type="text"/></td><td></td><td>2</td><td><input type="text"/></td></tr> <tr><td></td><td>3</td><td><input type="text"/></td><td></td><td>3</td><td><input type="text"/></td></tr> <tr><td></td><td>4</td><td><input type="text"/></td><td></td><td>4</td><td><input type="text"/></td></tr> </table> | A | 1 | <input type="text" value="20"/> | 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"/> | POSTED SPEED A <input type="text" value="25"/> B <input type="text" value="25"/> | DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> |
| A | 1 | <input type="text" value="20"/> | 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-MOTORIST LOCATION A <input type="text"/> B <input type="text"/> |  | 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 STOPPING OR STOPPED IN TRAFFIC 12 DRIVING 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING OR CROSSING SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROXIMATING OR LEAVING VEHICLE 20 PLAYING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN | NON-COLLISION 01 OVERTURN ROLL OVER 02 FIRE/EXPLOSION 03 AMBERDUS 04 JACKKNIFE 05 CAR/OBJECT 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 14 COLLISION WITH PERSON, VEHICLE, OR OBJECT NOT LISTED 15 PEDESTRIAN 16 RAILWAY VEHICLE (E.G. TRAIN, TRAM, ETC.) 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 (SIGNAGE) 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 CANADIAN FENCE 31 CHAIN LINK FENCE 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OTHER TRAFFIC SIGN POST 35 LIGHT FIXTURE/SUPPORT 36 TRAILER 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBARCASSMENT 42 FENCE 43 FENCE 44 TREE 45 OTHER FIXED OBJECT (WALL, BUILDING, TOWER, ETC.) 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN | TRAFFIC CONTROL A <input type="text" value="01"/> B <input type="text" value="01"/> | DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE OF UNIT A <input type="text" value="04"/> B <input type="text" value="04"/> | MOST DAMAGED AREA A <input type="text" value="05"/> B <input type="text" value="02"/> | CONTRIBUTING CIRCUMSTANCES A <input type="text" value="15"/> B <input type="text" value="01"/> | DIRECTION <table border="1"> <tr><td>FROM</td><td>TO</td><td>FROM</td><td>TO</td></tr> <tr><td>A</td><td><input type="text" value="1"/> <input type="text" value="2"/></td><td>B</td><td><input type="text" value="2"/> <input type="text" value="1"/></td></tr> </table> | FROM | TO | FROM | TO | A | <input type="text" value="1"/> <input type="text" value="2"/> | B | <input type="text" value="2"/> <input type="text" value="1"/> | CONDITION A <input type="text" value="1"/> B <input type="text" value="1"/> | DRUG TEST 1 & 2 RESULT <table border="1"> <tr><td>1</td><td>2</td><td>1</td><td>2</td></tr> <tr><td>A</td><td><input type="text" value="1"/> <input type="text" value="1"/></td><td>B</td><td><input type="text" value="1"/> <input type="text" value="1"/></td></tr> </table> | 1 | 2 | 1 | 2 | A | <input type="text" value="1"/> <input type="text" value="1"/> | B | <input type="text" value="1"/> <input type="text" value="1"/> | | | | | | | | |
| FROM | TO | FROM | TO | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | <input type="text" value="1"/> <input type="text" value="2"/> | B | <input type="text" value="2"/> <input type="text" value="1"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | <input type="text" value="1"/> <input type="text" value="1"/> | B | <input type="text" value="1"/> <input type="text" value="1"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MOTORIST 01 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES 02 SINGLE UNIT TRUCK, 3 OR MORE AXLES 03 TRUCK TRAILER 04 TRUCK TRACTOR (BOILER) 05 TRACTOR TRAILER 06 TRACTOR TRAILER - SHORT 07 TRACTOR TRAILER - LONG 08 TRACTOR TRAILER - LONG 09 TRACTOR TRAILER 10 TRACTOR TRAILER 11 TRACTOR TRAILER 12 TRACTOR TRAILER 13 TRACTOR TRAILER 14 TRACTOR TRAILER 15 TRACTOR TRAILER 16 TRACTOR TRAILER 17 TRACTOR TRAILER 18 TRACTOR TRAILER 19 TRACTOR TRAILER 20 TRACTOR TRAILER 21 TRACTOR TRAILER 22 TRACTOR TRAILER 23 TRACTOR TRAILER 24 TRACTOR TRAILER 25 TRACTOR TRAILER 26 TRACTOR TRAILER 27 TRACTOR TRAILER 28 TRACTOR TRAILER 29 TRACTOR TRAILER 30 TRACTOR TRAILER 31 TRACTOR TRAILER 32 TRACTOR TRAILER 33 TRACTOR TRAILER 34 TRACTOR TRAILER 35 TRACTOR TRAILER 36 TRACTOR TRAILER 37 TRACTOR TRAILER 38 TRACTOR TRAILER 39 TRACTOR TRAILER 40 TRACTOR TRAILER 41 TRACTOR TRAILER 42 TRACTOR TRAILER | POINT OF IMPACT A <input type="text" value="05"/> B <input type="text" value="02"/> | MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 EXCEEDED SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 OVERTAKING TOO CLOSELY 09 IMPROPER LANE CHANGE/DRIVE 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 DUFF ROW/WIND/SLEPPY 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 ROAD 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 SIGNALS OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN | FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> | ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/> | OCCURRENCE <input type="text" value="1"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/> | ACTION A <input type="text" value="4"/> B <input type="text" value="3"/> | VEHICLE DEFECT CODE ONLY IF 19 SELECTED ABOVE A <input type="text"/> B <input type="text"/> | MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> | ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> | ROAD CONTOUR <input type="text" value="2"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| DAMAGE SCALE A <input type="text" value="3"/> B <input type="text" value="4"/> | STRIKING VEHICLE OVERRIDE/UNDERIDE A <input type="text" value="1"/> B <input type="text" value="1"/> | VEHICLE DEFECT CODE ONLY IF 19 SELECTED ABOVE A <input type="text"/> B <input type="text"/> | SPEED DETECTED A <input type="text" value="2"/> B <input type="text" value="2"/> | ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> | ROAD CONDITIONS <table border="1"> <tr><td>PRIMARY</td><td>SECONDARY</td></tr> <tr><td><input type="text" value="03"/></td><td><input type="text" value="04"/></td></tr> </table> | PRIMARY | SECONDARY | <input type="text" value="03"/> | <input type="text" value="04"/> | | | | | | | | | | | | | | | | | | | | |
| PRIMARY | SECONDARY | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="text" value="03"/> | <input type="text" value="04"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUPPLEMENT 'X' IF YES | | | LOCAL REPORT # 11MPD 0055 | | | | | | | | | | | | | | | | | | | | | | | | | | |

NARRATIVE

UNIT 1 WAS SOUTHBOUND ON N. CLAY ST AND HAD JUST EXITED THE CORNER NEAR THE UHL ST. INTERSECTION WHEN IT BEGAN TO LOSE CONTROL. UNIT 1 FISHTAILED AND OVERCORRECTED, CAUSING THE CAR TO SPIN IN THE OPPOSITE DIRECTION IT WAS TRAVELING. AS UNIT 1 WAS SPINNING, UNIT 2 WAS NORTHBOUND AND UNABLE TO AVOID THE COLLISION AND STRUCK UNIT 1 IN THE RIGHT REAR WITH THE CENTER FRONT OF THE VEHICLE. AT THE TIME OF THE CRASH THE ROADS WERE COVERED WITH SNOW AND MODERATE SNOW WAS FALLING.

WHILE ON SCENE THE OPERATOR OF UNIT 2 DECLINED ANY MEDICAL TREATMENT, BUT DID INDICATE THAT HE MAY GO GET CHECKED OUT AT A LATER DATE. UPON COMPLETION OF THE CRASH REPORT AND REMOVAL OF VEHICLES THE OPERATOR OF UNIT 2 WAS TRANSPORTED TO THE POLICE DEPARTMENT TO CONTACT A RIDE. A SHORT TIME LATER AN EMS UNIT WAS DISPATCHED TO THE POLICE DEPARTMENT TO TRANSPORT THE DRIVER OF UNIT 2 TO JPH ER.

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| <p>MANNER OF COLLISION OR IMPACT</p> <p>6</p> <p>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR END 3 HEAD ON 4 REAR TO REAR 5 BACKING 6 ANGLE 7 SIDESWIP SAME DIRECTION 8 SIDESWIP 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>WEATHER</p> <p>06</p> <p>01 CLEAR 02 CLOUDY 03 FOG / SMOG / SHADE 04 RAIN 05 LEFT HAIL (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND / SOIL / DIRT / SNOW 09 OTHER 10 UNKNOWN</p> | <p>WORK ZONE RELATED</p> <p>1</p> <p>1 NO 2 YES 3 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 MIDDLE 4 INTERMITTENT OR MOVING WORK 5 OTHER</p> | |
| <p>LIGHT CONDITIONS</p> <p>PRIMARY SECONDARY</p> <p>1 <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>LOCATION 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> | |

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| <p>TRUCK/BUS UNIT #</p> <p><input type="text"/></p> | <p>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.</p> | <p>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.</p> |
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COMPANY (FROM SHIPPING PAPERS)

ADDRESS (STREET, CITY, ST, ZIP CODE)

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| US DOT | ICC MC | PUCO | TRAILER LP ST. | TRAILER LP YEAR | TRAILER LP # | PLACARD # | # DIA |
| <p>CARGO BODY TYPE</p> <p>01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN, ENCLOSED BODY 04 GRAIN CHIPS GRAVEL</p> | <p>05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER</p> | <p>10 AUTO TRANSPORTER 11 GARBAGE REFUSE 12 OTHER 13 UNKNOWN</p> | <p>WEIGHT (GVWR)</p> <p><input type="checkbox"/> 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000</p> | <p>CDL CLASS</p> <p><input type="checkbox"/></p> <p>1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E</p> | <p>HAZARDOUS MATERIALS</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p> | <p>HAZARDOUS MATERIALS REPAIRED</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 NOT APPLICABLE</p> | |

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| <p>DATE CRASH REPORTED</p> <p>1/11/2011</p> | | <p>TIME REC CALL</p> <p>12:49</p> | <p>DISPATCH</p> <p>12:49</p> | <p>ARRIVED</p> <p>12:55</p> | <p>CLEARED</p> <p>13:27</p> | <p>OTHER</p> <p>40</p> | <p>TOTAL MINUTES</p> <p>78</p> |
| <p>OFFICER'S NAME</p> <p>PTL. JUSTIN ESTILL</p> | | | <p>BADGE #</p> <p>113</p> | <p>CHECKED BY</p> <p>100</p> | | <p>DATE REPORT FILED</p> <p>1/11/2011</p> | |
| <p>REPORT TAKEN BY</p> <p>1</p> <p>1 POLICE AGENCY 2 MOTORIST</p> | <p>REPORT TAKEN AT</p> <p>1</p> <p>1 RESIDE 2 STATION 3 OTHER</p> | <p><input type="checkbox"/> SUPPLEMENT 'X' IF YES</p> | | <p>LOCAL REPORT #</p> <p>11MPD 0055</p> | | | |