

OHIO

# TRAFFIC CRASH REPORT

Traffic Crash Report

CRASH REPORT # <b>11MPD 0074</b>	CRASH SEVERITY <b>3</b> 1.FATAL/ERROR 3.PDO 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> 'N' IF YES	HITS/SKIP <b>1</b> 1.NOT HIT/SKIP 2.SOLVED 3.UNSOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> 'X' 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. # <b>03801</b>	REPORTING AGENCY <b>MILLERSBURG POLICE DEPARTMENT</b>	# UNITS <b>2</b>	UNIT ERROR <b>01</b> 9R.ANIMAL 99.UNKNOWN	DATE OF CRASH <b>01/14/2011</b>	

TIME OF CRASH <b>18:35</b>	DAY OF WEEK <b>FRI</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40324306</b>	LONGITUDE <b>081550108</b>
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>LOGSDON</b>	CRASH LOCATION <b>LOGSDON</b>	TYPE LOC <b>1</b>

DIST. REF.	DR	PREFIX <b>S</b>	REFERENCE <b>WASHINGTON</b>	REF POINT <b>02</b>	REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION OF TWO STREETS 03 COUNTY LINE 04 BOX 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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MOTORIST / NON-MOTORIST

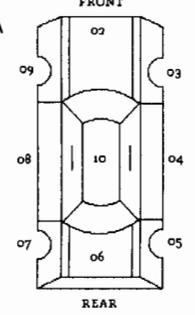
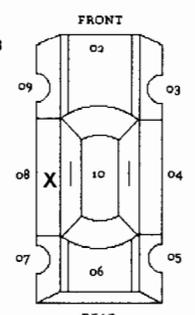
<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>BUTLER THOMAS F</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>10933 US 62 KILLBUCK OH 44637</b>			
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>12/13/1993</b>	AGE <b>17</b>	SEX <b>M</b>
HOME PHONE # <b>(330)276-5700</b>	WORK PHONE #		
DL STATE <b>OH</b>	DL # <b>TP879355</b>	LP STATE <b>OH</b>	LP # <b>ERT1665</b>
INJURED TAKEN BY <b>1</b> 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE 'SAME') <b>PATRICIA BUTLER</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>109633 US 62 KILLBUCK OH 44637</b>	
YEAR <b>1998</b>	MAKE <b>CHEVROLET</b>	MODEL <b>OTHER TRUC</b>	COLOR <b>RED</b>
INSURANCE COMPANY <b>NATIONWIDE</b>	TOWING SERVICE	OWNER PHONE# <b>(330)276-5700</b>	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> 'N' IF YES

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>STUTZMAN SUSAN R</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>5038 SUNSET KNOLL BERLIN OH 44610</b>			
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>06/30/1960</b>	AGE <b>50</b>	SEX <b>F</b>
HOME PHONE # <b>(330)893-4102</b>	WORK PHONE #		
DL STATE <b>OH</b>	DL # <b>RN030940</b>	LP STATE <b>OH</b>	LP # <b>DOQ7111</b>
INJURED TAKEN BY <b>1</b> 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE 'SAME') <b>STUTZMAN, SUSAN R</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>5038 SUNSET KNOLL BERLIN OH 44610</b>	
YEAR <b>2005</b>	MAKE <b>HONDA</b>	MODEL <b>OTHER</b>	COLOR <b>BLACK</b>
INSURANCE COMPANY <b>WESTFIELD</b>	TOWING SERVICE	OWNER PHONE#	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> 'N' IF YES

OCCUPANT

<b>C</b>	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	
<b>D</b>	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	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
<b>A</b> <b>01</b> 01 FRONT - LEFT (MIC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MIC PASS) <b>B</b> <b>01</b> 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MIC PASSENGER SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA <b>C</b> 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	<b>A</b> <b>04</b> 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP/BELT ONLY USED <b>B</b> <b>04</b> 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED <b>C</b> 06 HELMET USED 07 RESTRAINT USE UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	<b>A</b> <b>1</b> 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN <b>B</b> <b>1</b> <b>C</b> <b>D</b>	<b>A</b> <b>1</b> 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION <b>B</b> <b>1</b> <b>C</b> <b>D</b>	<b>A</b> <b>1</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN <b>B</b> <b>1</b> <b>C</b> <b>D</b>	<b>A</b> <b>1</b> 1 NOT TRAPPED 2 ENTRAPPED BY MECHANICAL MEANS 3 TRAPPED BY NON-MECHANICAL MEANS 4 UNKNOWN <b>B</b> <b>1</b> <b>C</b> <b>D</b>	<b>A</b> <b>1</b> 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN <b>B</b> <b>1</b> <b>C</b> <b>D</b>
SUPPLEMENT 'X' IF YES						<input type="checkbox"/>

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>  <b>NON-MOTORIST LOCATION</b> A <input type="text"/> B <input type="text"/>  01 MARKED CROSSWALK AT INTERSECTION 02 AT INTERSECTION BUT NO CROSSWALK 03 MINUS-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	<b>DAMAGE AREA</b> FRONT  REAR  FRONT  REAR  <b>MOST DAMAGED AREA</b> A <input type="text" value="01"/> B <input type="text" value="08"/>  <b>POINT OF IMPACT</b> A <input type="text" value="01"/> B <input type="text" value="01"/>  <b>ACTION</b> A <input type="text" value="2"/> B <input type="text" value="2"/>  <b>STRIKING VEHICLE OVERRIDE/UNDERDRIVE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="05"/> B <input type="text" value="05"/>  <b>MOTORIST</b> 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 <b>NON-MOTORIST</b> 15 ENTERING OR CROSSING SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING OR LEAVING VEHICLE 20 PLAYING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	<b>SEQUENCE OF EVENTS</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;">           A            1 <input type="text" value="39"/>            2 <input type="text" value="12"/>            3 <input type="text"/>            4 <input type="text"/> </td> <td style="width:50%;">           B            1 <input type="text" value="20"/>            2 <input type="text"/>            3 <input type="text"/>            4 <input type="text"/> </td> </tr> </table> <b>NON-COLLISION</b> 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 PARTS 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 <b>COLLISION W/ PERSON, VEHICLE OR OBJECT NOT LISTED</b> 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 <b>COLLISION WITH LISTED OBJECT</b> 25 IMPACT AT/NEAR CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ADJUTMENT 28 BRIDGE PARAPET 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 CURB 40 DITCH 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	A 1 <input type="text" value="39"/> 2 <input type="text" value="12"/> 3 <input type="text"/> 4 <input type="text"/>	B 1 <input type="text" value="20"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	<b>POSTED SPEED</b> A <input type="text" value="25"/> B <input type="text" value="25"/>  <b>TRAFFIC CONTROL</b> A <input type="text" value="12"/> B <input type="text" value="12"/>  <b>DIRECTION</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;">           FROM TO            A <input type="text" value="3"/> <input type="text" value="1"/> </td> <td style="width:50%;">           FROM TO            B <input type="text" value="2"/> <input type="text" value="3"/> </td> </tr> </table> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHWEST 6 NORTHWEST 7 SOUTHWEST 8 SOUTHWEST 9 UNKNOWN  <b>CONDITION</b> A <input type="text" value="1"/> B <input type="text" value="1"/>  1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4 ILLNESS 5 FEEL ASLEEP, FAINTED, FATIGUED, ETC. 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN	FROM TO A <input type="text" value="3"/> <input type="text" value="1"/>	FROM TO B <input type="text" value="2"/> <input type="text" value="3"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>  <b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>  <b>DRUG TEST 1 &amp; 2 RESULT</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;">           1 <input type="text" value="1"/> 2 <input type="text" value="1"/> </td> <td style="width:50%;">           1 <input type="text" value="1"/> 2 <input type="text" value="1"/> </td> </tr> </table> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING	1 <input type="text" value="1"/> 2 <input type="text" value="1"/>	1 <input type="text" value="1"/> 2 <input type="text" value="1"/>
A 1 <input type="text" value="39"/> 2 <input type="text" value="12"/> 3 <input type="text"/> 4 <input type="text"/>	B 1 <input type="text" value="20"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>										
FROM TO A <input type="text" value="3"/> <input type="text" value="1"/>	FROM TO B <input type="text" value="2"/> <input type="text" value="3"/>										
1 <input type="text" value="1"/> 2 <input type="text" value="1"/>	1 <input type="text" value="1"/> 2 <input type="text" value="1"/>										
<b>TYPE OF UNIT</b> A <input type="text" value="07"/> B <input type="text" value="06"/>  <b>MOTORIST</b> 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 (BOHEM) 13 TRACTOR SEMI-TRAILER 14 TRACTOR DOUBLE-SHORT 15 TRACTOR DOUBLE-LONG 16 FIFTI WHEEL OR CONVERTER 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-MOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS <b>NON-MOTORIST</b> 35 ASSISTANT DRIVER 36 ANIMAL W/ GAGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDESTRIAN (BICYCLE, TRICYCLE, UNICYCLE, PEGGY CAR) 40 SKATER 41 OTHER NON-MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="06"/> B <input type="text" value="01"/>  <b>MOTORIST</b> 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 REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN  <b>NON-MOTORIST</b> 16 IMPROPER START FROM PARKED POSITION 17 STOPPED OR PARKED ILLEGALLY 18 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 19 EVERYTHING TO AVOID (DEPT ROAD, SLIPPERY SURFACE, VEHICLE, OBJECT) 20 NON-MOTORIST IN ROADWAY, ETC.) 21 FAILURE TO CONTROL 22 VISION OBSTRUCTION 23 DRIVER INATTENTION 24 TRAFFIC ASLEEP 25 OPERATING DEFECTIVE EQUIPMENT 26 LOAD SHIFTING/FALLING/SPLILING 27 OTHER IMPROPER ACTION 28 UNKNOWN <b>NON-MOTORIST</b> 29 NONE 30 IMPROPER CROSSING 31 STARTING 32 PULLING AND/OR ILLEGALLY IN ROADWAY 33 FAILURE TO YIELD RIGHT OF WAY 34 NOT VISIBLE (DARK CLOTHING) 35 INATTENTIVE 36 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER 37 WRONG SIDE OF THE ROAD 38 OTHER 39 UNKNOWN	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/>  01 THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/>  1 NONE 2 YES, ALCOHOL SUSPECTED 3 YES - BDD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN								
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>  1 NO 2 YES 3 UNKNOWN	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>  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	<b>MOST HARMFUL EVENT</b> A <input type="text" value="2"/> B <input type="text" value="1"/>  01 THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>  1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN								
<b>DAMAGE SCALE</b> A <input type="text" value="1"/> B <input type="text" value="2"/>  1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>  1 NONE 2 BLOOD 3 URINE  <b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>ROAD CONTOUR</b> A <input type="text" value="1"/> B <input type="text"/>  1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN	<b>ROAD CONDITIONS</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <b>PRIMARY</b>  <input type="text" value="02"/> </td> <td style="width:50%;"> <b>SECONDARY</b>  <input type="text"/> </td> </tr> </table> 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	<b>PRIMARY</b> <input type="text" value="02"/>	<b>SECONDARY</b> <input type="text"/>						
<b>PRIMARY</b> <input type="text" value="02"/>	<b>SECONDARY</b> <input type="text"/>										
<input type="checkbox"/> SUPPLEMENT 'X' IF YES		<b>LOCAL REPORT #</b> <b>11MPD 0074</b>									

**NARRATIVE**

UNIT #1 WAS TURNING RIGHT ONTO S. WASHINGTON ST. FROM LOGSDON AVE. WHEN HE DROVE OVER CURB AND HIS TIRES SPUN THROWING GRAVEL BACK INTO UNIT #2 SHATTERING DRIVERS SIDE WINDOW.

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><input checked="" type="checkbox"/> 1</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><b>SCHOOL BUS RELATED</b></p> <p><input checked="" type="checkbox"/> 1</p> <p>1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN</p>	<p><b>DIAGRAM</b></p>
<p><b>WEATHER</b></p> <p><input checked="" type="checkbox"/> 02</p> <p>01 CLEAR 02 CLOUDY 03 FOG/SMOG/SMOKE 04 RAIN 05 SLEET/HAZ/SPRINKLING 06 RAIN OR DRIZZLE 07 SEVERE CROSSWINDS 08 HAILING 09 SAND/SOIL DIRT/SNOW 10 OTHER 11 UNKNOWN</p>	<p><b>WORK ZONE RELATED</b></p> <p><input checked="" type="checkbox"/> 1</p> <p>1 NO 2 YES 3 UNKNOWN</p>	
<p><b>LIGHT CONDITIONS</b></p> <p>PRIMARY <input checked="" type="checkbox"/> 4 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 CLARE 8 OTHER 9 UNKNOWN</p>	<p><b>TYPE OF WORK ZONE</b></p> <p><input type="checkbox"/></p> <p>1 LANE CLOSURE 2 LANE SHIF/ CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT OR MOVING WORK 5 OTHER</p>	
<p><b>LOC ATION OF CRASH IN WORK ZONE</b></p> <p><input type="checkbox"/></p> <p>1 BEFORE THE FIRST WORK ZONE WARNING SIGNS 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA</p>	<p><b>WORKERS PRESENT</b></p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	

<b>TRUCK/BUS UNIT #</b>	<p>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10000 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)**

\_\_\_\_\_

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
<b>CARGO BODY TYPE</b>		<b>WEIGHT (GVWR)</b>		<b>CDL CLASS</b>		<b>HAZARDOUS MATERIALS</b>	
<input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 W/SP (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 CARRY 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 CARRIER/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN <input type="checkbox"/> 1 LESS EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000 <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 E <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN <input type="checkbox"/> 1 NO <input type="checkbox"/> 4 UNKNOWN <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE							

<b>POLICE ACTION</b>							
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES	
01/14/2011	18:37	18:37	18:39	19:21	0	44	
OFFICER'S NAME		BADGE #	CHECKED BY		DATE REPORT FILED		
PTL. JEFFREY S. LAY		109			01/14/2011		
REPORT TAKEN BY	REPORT TAKEN AT		SUPPLEMENT 'X' IF YES		LOCAL REPORT #		
<input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST	<input checked="" type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER		<input type="checkbox"/>		11MPD 0074		