



TRAFFIC CRASH REPORT

CRASH REPORT # 11MPD 0232	CRASH SEVERITY 3 1 FATAL ERROR 3 FDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> YES	HIT/SKIP 1 1 NOT HIT SKIP 2 STOPPED 3 UNMOVED	PHOTOS TAKEN <input type="checkbox"/> 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 99 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 02/08/2011	

TIME OF CRASH 08:20	DAY OF WEEK TUE	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40320304	LONGITUDE 081550209
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX PRIVATE PROPERT	TYPE LOC 1	MCDONALD'S PARKING LOT

DIST. REF.	DR	PREFIX S	REFERENCE 001586 WASHINGTON	REF POINT 04	REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION OF TWO STREETS 03 COUNTY LINE 04 HIGHWAY 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

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) HENDERSON ANDREW M		ADDRESS (STREET, CITY, STATE, ZIP-CODE) 455 UHL ST MILLERSBURG OH 44654		SOCIAL SECURITY NUMBER	DATE OF BIRTH 09/21/1989	AGE 21	SEX M	HOME PHONE # (330)473-0278	WORK PHONE #		
DL STATE OH	DL # TC860515	LP STATE OH	LP # FDW7225	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') HENDERSON, ANDREW M						OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 455 UHL ST MILLERSBURG OH 44654	
YEAR 1997	MAKE HONDA	MODEL ACCORD	COLOR WHITE	INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE	OWNER PHONE #	OFFENSE CHARGED		OFFENSE DESCRIPTION		CITATION #	LOCAL CODE <input type="checkbox"/> YES		

B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) COCHRAN CARY L		ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1817 SR 83 UNIT 377 MILLERSBURG OH 44654		SOCIAL SECURITY NUMBER	DATE OF BIRTH 03/19/1948	AGE 62	SEX M	HOME PHONE # (330)231-3877	WORK PHONE #		
DL STATE OH	DL # RU070114	LP STATE OH	LP # BA31NM	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') COCHRAN, CARY L						OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1817 SR 83 UNIT 377 MILLERSBURG OH 44654	
YEAR 2002	MAKE DODGE	MODEL OTHER	COLOR GREEN	INSURANCE COMPANY ERIE	TOWING SERVICE	OWNER PHONE #	OFFENSE CHARGED		OFFENSE DESCRIPTION		CITATION #	LOCAL CODE <input type="checkbox"/> YES		

OCCUPANT

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

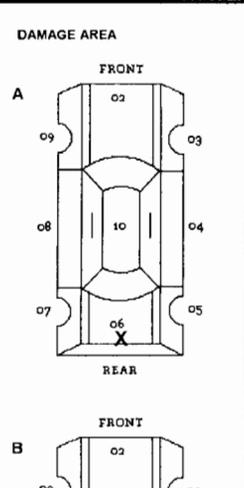
SEATING POSITION A 01 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) B 01 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SEATER SECTION OF CAB D 11 INACTIVATED CARGO AREA A 12 UNLOADED CARGO AREA 13 FRUIT CUP 14 INTERIOR 15 OTHER 16 NON-ADJUTANT 17 UNKNOWN	SAFETY EQUIPMENT A 04 01 NONE USED 02 SHOULDER BELT ONLY USED 03 AP BELT ONLY USED B 04 04 SHOULDER AND LAP BELT USED 05 CHILD'S SAFETY SEAT USED 06 HELMET USED 07 RESTRAINT USE UNKNOWN C 08 ADJUTANT 09 NONE USED 10 PROTECTIVE PADS 11 REFRIGERATIVE 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 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN B 1 C 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 1 C D	EJECTION A 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN B 1 C D	TRAPPED A 1 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 BY NON-MECHANICAL MEANS 4 UNKNOWN B 1 C D	INJURIES A 1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN B 1 C D
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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 IN AND
 09 SHOULDER
 10 SIDEWALK
 11 WITHIN 10 FEET OF ROADWAY (BUT NOT SHOULDER MEDIAN SIDEWALK OR IN AND)
 12 WITHIN 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
 13 SHARED USE PATHS OR TRAILS
 14 UNKNOWN



PRE-CRASH ACTIONS
 A B

MOTORIST
 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD
 02 BACKING
 03 CHANGING LINES
 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 WORKING
 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 ROLL-OVER
 02 FIRE EXPLOSION
 03 IMPERFORATION
 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 DOWN-SHIELD RUNAWAY
 12 OTHER NON-COLLISION
 13 UNKNOWN NON-COLLISION
 14 COLLISION WITH FIXED OBJECT, UNIDENTIFIED OBJECT, NOT LISTED
 15 PEDESTRIAN
 16 BICYCLE
 17 RAILWAY VEHICLE (E.G. TRAIN, ENGINE)
 18 ANIMAL - FARM
 19 ANIMAL - DEER
 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 SUPPORT
 29 BRIDGE RAMP
 30 GUTTER/ARMS FACE
 31 GUTTER/ARMS END
 32 MEDIAN BARRIER
 33 HIGHWAY TRAFFIC SIGN POST
 34 OVERHEAD SIGN POST
 35 LIGHT FIXTURE/ARM SUPPORT
 36 UTILITY POLE
 37 OTHER POST, POLE OR SUPPORT
 38 CULVERT
 39 CURB
 40 DITCH
 41 EMBANKMENT
 42 FENCE
 43 MAIL BOX
 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 FLAGMANS
 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 (NONOPERATIVE, MISSING, OBSCURED)
 16 OTHER
 17 NOT REPORTED

DRUG TEST STATUS
 A B

1 NONE GIVEN
 2 TEST REFUSED
 3 TEST GIVEN, CONTAMINATED SAMPLE, UNSAMPLEABLE
 4 TEST GIVEN, RESULTS UNKNOWN
 5 GIVEN, RESULTS UNKNOWN
 6 UNKNOWN

DRUG TEST TYPE
 A B

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

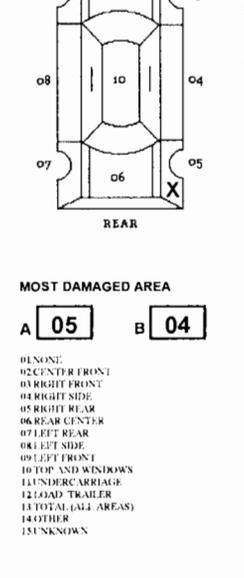
DRUG TEST 1 & 2 RESULT
 A B

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

TYPE OF UNIT
 A B

MOTORIST
 01 SEMI-COMPACT
 02 COMPACT
 03 MEDIUM SIZED
 04 FULL SIZE
 05 MEDIAN
 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 (BOBTAILED)
 13 TRACTOR SEMI-TRAILER
 14 TRACTOR TRAILER - SHORT
 15 TRACTOR TRAILER - LONG
 16 FIFTH WHEEL OR CONVENTIONAL DOLLY
 17 TRACTOR TRIPLES
 18 MOTORCYCLE
 19 MOTORCYCLE
 20 SCOOTER
 21 CHARIOT
 22 BICYCLE
 23 OTHER BICYCLE
 24 TRICYCLE
 25 TRICYCLE
 26 AMBI-LANCE RESCUE
 27 TAXI
 28 MOTOR HOME
 29 TRAIN
 30 FARM VEHICLE
 31 FARM EQUIPMENT
 32 NON-MOVABLE
 33 CONSTRUCTION EQUIPMENT
 34 ALL OTHERS

NON-MOTORIST
 35 ANIMAL W/DRIVER
 36 ANIMAL W/O DRIVER
 37 BICYCLE
 38 PEDESTRIAN
 39 PEDESTRIAN (BICYCLE, TRICYCLE, SKATEBOARD, ETC.)
 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 (ACID ROAD IMPROPER PASSING)
 09 IMPROPER LANE CHANGE/DROVE OFF ROAD
 10 IMPROPER PASSING
 11 IMPROPER BACKING
 12 IMPROPER START FROM PARKED POSITION
 13 STOPPED OR PARKED ILLEGALLY
 14 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER
 15 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE OBJECT, NON-MOTORIST IN ROADWAY, ETC.)
 16 FAILURE TO CONTROL
 17 VISION OBSTRUCTION
 18 DRIVER INATTENTION
 19 REACTIVE AVOIDANCE
 20 OPERATING DEFECTIVE EQUIPMENT
 21 LOAD SHIFTING/FALLING/SPILLING
 22 OTHER IMPROPER ACTION
 23 UNKNOWN

NON-MOTORIST
 24 NONE
 25 IMPROPER CROSSING
 26 DARTING
 27 PLAYING AND/OR ILLEGALLY IN ROADWAY
 28 FAILURE TO YIELD RIGHT OF WAY
 29 NOT VISIBLE (DARK CLOTHING)
 30 INATTENTION
 31 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER
 32 WROTE SIDE OF THE ROAD
 33 OTHER
 34 UNKNOWN

DIRECTION
 FROM TO FROM TO
 A B

1 NORTH
 2 SOUTH
 3 EAST
 4 WEST
 5 NORTH/EAST
 6 NORTH/WEST
 7 SOUTH/EAST
 8 SOUTH/WEST
 9 UNKNOWN

CONDITION
 A B

1 APPARENTLY NORMAL
 2 PHYSICAL IMPAIRMENT
 3 EMOTIONAL (E.G. DEPRESSED, 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)

ALCOHOL/DRUG SUSPECTED
 A B

1 NONE
 2 YES ALCOHOL SUSPECTED
 3 YES - DRUG SUSPECTED
 4 YES - DRUGS SUSPECTED
 5 YES - ALCOHOL AND DRUGS SUSPECTED
 6 UNKNOWN

TYPE OF INTERSECTION
 A

01 NOT AN INTERSECTION
 02 FREEWAY INTERSECTION
 03 INTERSECTION
 04 T-INTERSECTION
 05 TRAFFIC CIRCLE/ROUNDABOUT
 06 JUNCTION OR MORE
 07 ON RAMP
 08 OFF RAMP
 09 CROSSOVER
 10 DRIVEWAY
 11 RAILROAD 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 ON TRAIL 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 COLLISION
 4 STRUCK
 5 BOTH STRIKING 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 SQUEAK TIRES
 08 TRAILER EQUIPMENT DEFECTIVE
 09 MOTOR VEHICLE
 10 DISABLED FROM PRIOR ACCIDENT
 11 OTHER DEFECTS
 12 NO DEFECTS

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

ALCOHOL TEST STATUS
 A B

1 NONE GIVEN
 2 TEST REFUSED
 3 TEST GIVEN, CONTAMINATED SAMPLE, UNSAMPLEABLE
 4 TEST GIVEN, RESULTS UNKNOWN
 5 GIVEN, RESULTS UNKNOWN
 6 UNKNOWN

ALCOHOL TEST TYPE
 A B

1 NONE
 2 BREATH
 3 BLOOD
 4 OTHER
 5 URINE

ROAD CONDITIONS
 PRIMARY SECONDARY

01 DRY
 02 WET
 03 SNOW
 04 ICE
 05 SAND/MUD/DIRT/LOAM/GRAVEL
 06 WATER (STANDING, MOVING)
 07 SLUSH
 08 DEBRIS
 09 HOT TROTS, 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 INTERSECTION
 3 UNDERRIDE, NO COMPARTMENT INTERSECTION
 4 UNDERRIDE, COMPARTMENT INTERSECTION, UNKNOWN
 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT
 6 OVERRIDE, OTHER VEHICLE
 7 UNKNOWN (UNDERRIDE OR OVERRIDE)

DAMAGE SCALE
 A B

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

SPEED
 A B

ALCOHOL TEST RESULT
 A B

SUPPLEMENT 'X' IF YES

LOCAL REPORT #
 1MPD 0232

NARRATIVE

UNIT # 1 WAS BACKING OUT OF A PARKING SPACE. UNIT #2 WENT THROUGH THE DRIVE THRU AND THEN TURN RIGHT GOING THE WRONG WAY THROUGH THE PARKING LOT. UNIT #1 DID NOT SEE UNIT #2. UNIT #1 BACKED UP AND STRUCK UNIT #2.

<p>MANNER OF COLLISION OR IMPACT</p> <p>5</p> <p>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 SINGLE 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>01</p> <p>01 CLEAR 02 CLOUDY 03 FOG (SMOG SMOG) 04 RAIN 05 SLEET (HAIL) (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SLEET (CROSSWIND) 08 HAILING 09 SAND SOIL DIRT SNOW 10 OTHER 11 UNKNOWN</p>	<p>WORK ZONE RELATED</p> <p>1</p> <p>1 NO 2 YES 3 UNKNOWN</p>	
<p>LIGHT CONDITIONS</p> <p>PRIMARY <input checked="" type="checkbox"/> 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 GARAGE 8 OTHER 9 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 MEDIAN 4 INTERRUPTED OR MOVING WORK 5 OTHER</p>	
<p>LOC ATION 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>	

<p>TRUCK/BUS UNIT #</p> <p><input type="text"/></p>	<p>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (AND/OR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS, OR A TRUCK (AND/OR 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 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.</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
<p>CARGO BODY TYPE</p> <p><input type="checkbox"/> 01 NOT APPLICABLE 02 BULK (INCLUDING DRIVER) 03 VAN ENCLOSED BOX 04 GRAIN CHIPS GRAVEL</p>		<p>05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER</p>	<p>10 AUTO TRANSPORTER 11 CARRIAGE REST 12 OTHER 13 UNKNOWN</p>	<p>WEIGHT (GVWR)</p> <p><input type="checkbox"/> 1 LESS THAN 10,000 2 10,001 - 26,000 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 RFI FASED</p> <p><input type="checkbox"/></p> <p>1 NO - UNKNOWN 2 YES 3 NOT APPLICABLE</p>

<p>POLICE ACTION</p> <p>DATE CRASH REPORTED 02/08/2011</p>	<p>TIME REC CALL 08:22</p>	<p>DISPATCH 08:23</p>	<p>ARRIVED 08:29</p>	<p>CLEARED 08:45</p>	<p>OTHER 0</p>	<p>TOTAL MINUTES 22</p>
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<p>OFFICER'S NAME CAPT. SCOTT AKINS</p>	<p>BADGE # 103</p>	<p>CHECKED BY</p>	<p>DATE REPORT FILED 02/08/2011</p>
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<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 SCENE 2 STATION 3 OTHER</p>	<p><input type="checkbox"/> SUPPLEMENT 'X' IF YES</p>	<p>LOCAL REPORT # 11MPD 0232</p>
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