



TRAFFIC CRASH REPORT

CRASH REPORT # 11MPD 0253	CRASH SEVERITY 3 <small>1 FATAL ERROR 3 FPD 2 INJURY 4 UNKNOWN</small>	PRIVATE PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO	HIT/SKIP 1 <small>1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED</small>	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. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	# UNITS 2	UNIT ERROR 01 <small>98 ANIMAL 99 UNKNOWN</small>	DATE OF CRASH 2/11/2011	

TIME OF CRASH 15:55	DAY OF WEEK FRI	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40331906	LONGITUDE 081550001
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CRASH OCCURRED ON			TYPE LOCATION POINT USED			LOCAL INFORMATION			
PREFIX E	CRASH LOCATION CLINTON ST.	TYPE LOC 1	1 NAME/D STREET 2 NUMBERED STREET 3 NUMBERED ROUTE						
AT/REFERENCE			REFERENCE POINT USED						
DIST. REF.	DR	PREFIX	REFERENCE ALLEY	REF POINT 02	01 STATE LINE 02 INTERSECTION OF TWO STREETS 03 COUNTY LINE 04 HORSE NUMBER			05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME WITHOUT REFERENCE	

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) ROACH LESLIE R.					
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 16 HILLSIDE DR. MILLERSBURG OH 44654								
SOCIAL SECURITY NUMBER		DATE OF BIRTH 11/10/1954		AGE 56	SEX M	HOME PHONE # (330)674-9358		WORK PHONE #
DL STATE OH	DL # RF379810	LP STATE OH	LP # L711R	INJURED TAKEN BY 1 <small>1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE</small>		TRANSPORTED BY		INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') ROACH, LESLIE R.				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 16 HILLSIDE DR. MILLERSBURG OH 44654				
YEAR 1999	MAKE DODGE	MODEL OTHER TRUC	COLOR GREEN	INSURANCE COMPANY MOTORISTS MUTUA	TOWING SERVICE	OWNER PHONE# (330)674-9358		
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) FAIR CAROL A.					
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 657 FORLOW ST. MILLERSBURG OH 44654								
SOCIAL SECURITY NUMBER		DATE OF BIRTH 06/30/1940		AGE 70	SEX F	HOME PHONE # (330)674-9232		WORK PHONE #
DL STATE OH	DL # RS294537	LP STATE OH	LP # DOQ5859	INJURED TAKEN BY 1 <small>1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE</small>		TRANSPORTED BY		INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') FAIR, CAROL A.				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 657 FORLOW ST. MILLERSBURG OH 44654				
YEAR 1993	MAKE BUICK	MODEL CENTURY 82	COLOR RED	INSURANCE COMPANY GRANGE	TOWING SERVICE	OWNER PHONE# (330)674-9232		
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"/> <small>1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE</small>	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"/> <small>1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE</small>	TRANSPORTED BY		INJURED TAKEN TO

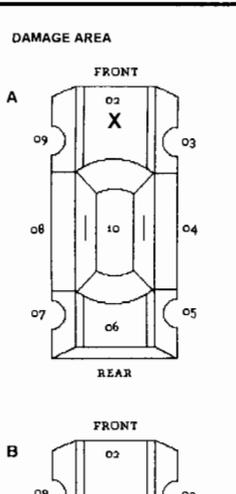
SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
A 01 <small>01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SEATER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCL. CARGO AREA 13 TRAILER UNIT 14 EXT. DR. 15 OTHER 16 NON-MOTORIST 17 UNKNOWN</small>	A 04 <small>01 NONE USED 02 SEATBELT/BELT ONLY USED 03 LAP BELT ONLY USED 04 SEATBELT AND LAP BELT USED 05 CHILD SAFETY SEAT USED 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</small>	A 1 <small>1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN</small>	A 1 <small>1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION</small>	A 1 <small>1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN</small>	A 1 <small>1 NOT TRAPPED 2 ENTRAPPED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN</small>	A 1 <small>1 SO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN</small>
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT X IF YES

MOTORIST / NON-MOTORIST / OCCUPANT

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 OR ISLAND)
 08 SHOULDER
 09 SIDEWALK
 10 WITHIN 10 FEET OF ROADWAY (BUT NOT SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)
 11 BEYOND 10 FEET OF ROADWAY
 12 OTHER TRAFFIC WAY
 13 OTHER SIDE TRAFFIC WAY
 14 SHARED USE PATHS OR TRAILS
 15 UNKNOWN



PRE-CRASH ACTIONS
 A B

MOTORIST
 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD
 02 HACKING
 03 CHANGING LANE
 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 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 APPROACHING OR LEAVING VEHICLE
 20 PULVING 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-EXTINCTION
 03 AMBUSH
 04 JACKKNIFE
 05 CAR GO EQUIPMENT LORS OR SHOT
 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)
 07 SEPARATION OF UNITS
 08 RAN OF ROAD RIGHT
 09 RAN OFF ROAD LEFT
 10 CROSS-MEDIAN CENTERLINE
 11 DOWNHILL RUNAWAY
 12 OTHER NON-COLLISION
 13 UNKNOWN NON-COLLISION
 COLLISION, W/ PERSON, VEHICLE, OR OBJECT NOT LISTED
 14 PEDESTRIAN
 15 BICYCLE
 16 RAILWAY VEHICLE (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 REMOVABLE OBJECT
 24 UNKNOWN MOVABLE OBJECT
 COLLISION WITH FIXED OBJECT
 25 IMPACT ATTENUATOR CRASH CUSHION
 26 BRIDGE OVERHEAD STRUCTURE (SIGN)
 27 BRIDGE PIER OR ABUTMENT
 28 BRIDGE PARAPET
 29 BRIDGE RAIL
 30 GARDEN WALL
 31 GARDEN 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 OTHER
 40 UNKNOWN
 41 LANDMARK
 42 FENCE
 43 WALL
 44 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC)
 45 WORK ZONE MAINTENANCE EQUIPMENT
 46 UNKNOWN FIXED OBJECT
 47 OTHER
 48 UNKNOWN

POSTED SPEED
 A B

TRAFFIC CONTROL
 A B

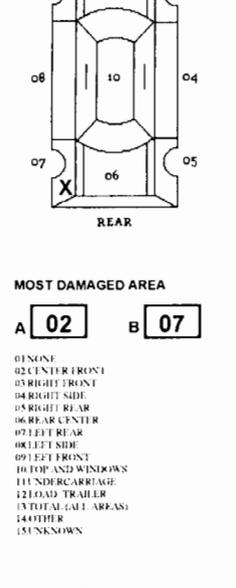
01 NO CONTROL
 02 STOP SIGN
 03 YIELD SIGN
 04 TRAFFIC SIGNAL
 05 TRAFFIC FLASHERS
 06 SCHOOL ZONE
 07 RAILROAD CROSSBUCKS
 08 RAILROAD FLASHERS
 09 RAILROAD GATES
 10 CONSTRUCTION BARRICADE
 11 ROAD CLOSURE
 12 PAVEMENT MARKINGS
 13 CROSSWALK LINES
 14 WALKWAY WALK
 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBLISCURED
 16 OTHER
 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

TYPE OF UNIT
 A B

MOTORIST
 01 SEMI TRUCK
 02 TRUCK
 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 (BOOTH/ALL)
 13 TRACTOR SEMI-TRAILER
 14 TRACTOR/TRACTOR-TRAILER
 15 TRACTOR/TRACTOR-TRAILER
 16 TRACTOR/TRACTOR-TRAILER
 17 TRACTOR/TRACTOR-TRAILER
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CONTRIBUTING CIRCUMSTANCES
 A B

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 FOLLOWED TOO CLOSELY (ACD)
 09 IMPROPER LANE CHANGE/DROVE OFF ROAD/IMPROPER PASSING
 10 IMPROPER HACKING
 11 IMPROPER START FROM PARKED POSITION
 12 STOPPED OR PARKED ILLEGALLY
 13 OVERTAKING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER
 14 SWERVING TO AVOID HAZARDOUS SITUATION
 15 IMPROPERLY SECURED LOAD
 16 IMPROPERLY SECURED LOAD
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 100 IMPROPERLY SECURED LOAD

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)

DIRECTION
 FROM TO FROM TO
 A B

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

CONDITION
 A B

1 APPARENTLY NORMAL
 2 PHYSICAL IMPAIRMENT
 3 EMOTIONAL (IF G. DEPRESSED, ANGRY, DISTRESSED)
 4 ILLNESS
 5 VEHICLE REPAIR/FAINTED/ETC
 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
 7 OTHER
 8 UNKNOWN

DRUG TEST TYPE
 A B

1 NONE
 2 URINE
 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 INTERSECTION

01 NONE INTERSECTION
 02 FOUR-WAY INTERSECTION
 03 T-INTERSECTION
 04 Y-INTERSECTION
 05 TRAFFIC CIRCLE/ROUNDABOUT
 06 T-JUNCTION OR MORE
 07 ON RAMP
 08 OFF RAMP
 09 CROSSOVER
 10 DRIVEWAY
 11 RAILWAY GRADE CROSSING
 12 SHARED USE PATHS OR TRAILS
 13 UNKNOWN

OCCURRENCE

1 ON ROADWAY
 2 ON SHOULDER
 3 ON MEDIAN
 4 ON ROADSIDE
 5 ON GORE
 6 OTHER SIDE TRAFFIC WAY
 7 UNKNOWN

ROAD CONTOUR

1 STRAIGHT LEVEL
 2 STRAIGHT GRADE
 3 CURVE LEVEL
 4 CURVE GRADE
 5 UNKNOWN

ROAD CONDITIONS
 PRIMARY SECONDARY

01 DRY
 02 WET
 03 SNOW
 04 ICE
 05 SAND/MUD/DIRT/OIL/GRATEL
 06 WATER STANDING/POUING
 07 SLUSH
 08 DEBRIS
 09 RUTS/HOLES/BUMPS/UNEVEN PAVEMENT
 10 OTHER
 11 UNKNOWN

IN EMERGENCY RESPONSE
 A B

1 NO
 2 YES
 3 UNKNOWN

ACTION
 A B

1 NON-CONTACT
 2 NON-COLLISION
 3 BRICKING
 4 STRUCK
 5 BOTH STRUCK AND STRUCK
 6 UNKNOWN

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE
 A B

01 TIRE SIGNALS
 02 HEAD LAMPS
 03 TAIL LAMPS
 04 BRAKES
 05 STEERING
 06 TIRE BLOWOUT
 07 WORN OR SLICK TIRES
 08 TRAILER STOP SIGNAL DEFECTIVE
 09 MOTOR TRAILER
 10 DISABLED FROM PRIOR ACCIDENT
 11 OTHER DEFECTS
 12 NO DEFECTS

SPEED DETECTED
 A B

1 STATED
 2 ESTIMATED

ALCOHOL/DRUG SUSPECTED
 A B

1 NONE
 2 YES ALCOHOL SUSPECTED
 3 YES DRUG NOT SPECIFIED
 4 YES DRUGS SUSPECTED
 5 YES ALCOHOL AND DRUGS SUSPECTED
 6 UNKNOWN

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
 4 BREATH
 3 BLOOD
 5 OTHER
 0 URINE

ALCOHOL TEST RESULT
 A B

DAMAGE SCALE
 A B

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

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE
 A B

01 TIRE SIGNALS
 02 HEAD LAMPS
 03 TAIL LAMPS
 04 BRAKES
 05 STEERING
 06 TIRE BLOWOUT
 07 WORN OR SLICK TIRES
 08 TRAILER STOP SIGNAL DEFECTIVE
 09 MOTOR TRAILER
 10 DISABLED FROM PRIOR ACCIDENT
 11 OTHER DEFECTS
 12 NO DEFECTS

SPEED
 A B

SUPPLEMENT 'X' IF YES

LOCAL REPORT #
11MPD 0253

NARRATIVE

UNIT 01 WAS ATTEMPTING TO CROSS E. CLINTON ST. FROM AN ALLEY, AND DID NOT SEE UNIT 02 TRAVELING EASTBOUND ON E. CLINTON ST. AS A RESULT UNIT 01 STRUCK UNIT 02 IN THE LEFT REAR SIDE.

<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 SIDE-SWIPY SAME DIRECTION 8 SIDESWIPY 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/SMOKE 04 RAIN 05 SLEET/HAIL/FREEZING RAIN OR DRIZZLE 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND/SOFT DIRT/SNOW 09 OTHER 10 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 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 GLARE 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 MEDIUM 4 INTERMITTENT OR MOVING WORK 5 OTHER</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>	

TRUCK/BUS UNIT #	<input type="text"/>	<p>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:</p> <p>A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS, OR A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD, OR A VEH DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER</p>
		<p>THE CRASH RESULTED IN ONE OF THE FOLLOWING:</p> <p>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>

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	05 POLE 06 CARGO TANK 07 FLATBED 08 DRUM 09 CONCRETE MIXER	10 AUTO TRANSPORTER 11 GARBAGE REFUSE 12 OTHER 13 UNKNOWN	WEIGHT (GVWR)	1 LESS THAN 10,000 2 10,001-26,000 3 MORE THAN 26,000	CDL CLASS	1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	HAZARDOUS MATERIALS	1 NO 2 YES 3 UNKNOWN
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

POLICE ACTION

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
2/11/2011	15:58	15:58	15:58	16:09	15	26
OFFICER'S NAME		BADGE #	CHECKED BY		DATE REPORT FILED	
PTL. KEVIN BROWN		108			2/11/2011	
REPORT TAKEN BY	REPORT TAKEN AT			<input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT #	
1 POLICE AGENCY 2 MOTORIST	1 SCENE 2 STATION 3 OTHER				11MPD 0253	