

NR3 3-30-11



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>11MPD 0556</b>	CRASH SEVERITY 1 FATAL ERROR 3PDO 2 INJURY 4 UNKNOWN <b>2</b>	PRIVATE PROPERTY *X IF YES <input type="checkbox"/>	HIT / SKIP 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED <b>1</b>	PHOTOS TAKEN *X IF YES <input checked="" type="checkbox"/>	OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/>
N.C.I.C. # <b>03801</b>	REPORTING AGENCY <b>MILLERSBURG POLICE DEPARTMENT</b>	# UNITS <b>2</b>	UNIT ERROR 98 ANIMAL 99 UNKNOWN <b>01</b>	DATE OF CRASH <b>03/29/2011</b>	

TIME OF CRASH <b>16:15</b>	DAY OF WEEK <b>TUE</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40320906</b>	LONGITUDE <b>081550002</b>
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CRASH OCCURRED ON PREFIX <b>S</b>	CRASH LOCATION <b>WASHINGTON</b>	TYPE LOC <b>1</b>	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION
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DIST. REF.	DIR	PREFIX	REFERENCE	REF POINT	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 REFEREN 09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE
		<b>S</b>	<b>001438 WASHINGTON</b>	<b>04</b>	

MOTORIST / NON-MOTORIST

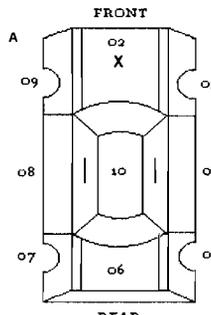
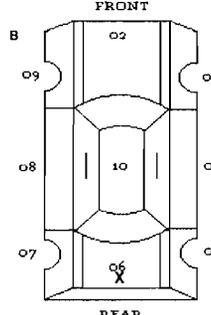
<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>LARIMORE KELLY L</b>	ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>217 S ALEXANDER ST MILLERSBURG OH 44654</b>	SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>01/15/1974</b>	AGE <b>37</b>	SEX <b>M</b>	HOME PHONE # <b>(330)674-1417</b>	WORK PHONE #	
DL STATE <b>OH</b>	DL # <b>RF380862</b>	LP STATE <b>OH</b>	LP # <b>T639027</b>	INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO					
OWNER NAME (IF SAME, WRITE "SAME") <b>LARIMORE, KELLY L</b>				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>217 S ALEXANDER ST MILLERSBURG OH 44654</b>							
YEAR <b>1991</b>	MAKE <b>FORD</b>	MODEL <b>RANGER</b>	COLOR <b>BROWN</b>	INSURANCE COMPANY <b>PROGRESSIVE</b>	TOWING SERVICE <b>K &amp; N TOWING</b>	OWNER PHONE #					
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #			LOCAL CODE *X IF YES		

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>KICK CATHLEEN S</b>	ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>8513 CR 373 BIG PRAIRIE OH 44611</b>	SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>11/26/1970</b>	AGE <b>40</b>	SEX <b>F</b>	HOME PHONE # <b>(330)465-0212</b>	WORK PHONE #	
DL STATE <b>OH</b>	DL # <b>RF380761</b>	LP STATE <b>OH</b>	LP # <b>DHP8833</b>	INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY <b>PRIVATE VEHICLE</b>	INJURED TAKEN TO <b>JOEL POMERENE HOSPI</b>					
OWNER NAME (IF SAME, WRITE "SAME") <b>KICK, CATHLEEN S</b>				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>8513 CR 373 BIG PRAIRIE OH 44611</b>							
YEAR <b>2001</b>	MAKE <b>FORD</b>	MODEL <b>OTHER</b>	COLOR <b>GREEN</b>	INSURANCE COMPANY <b>ERIE</b>	TOWING SERVICE	OWNER PHONE #					
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #			LOCAL CODE *X 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 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 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	

SEATING POSITION A <b>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 SLEEPER 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 A <b>04</b> 01 MOTORIST 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 NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG A <b>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 A <b>1</b> 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	EJECTION A <b>1</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED A <b>1</b> 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES A <b>1</b> 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT *X IF YES

<p><b>UNIT NUMBERS</b></p> <p>A <input type="text" value="01"/> B <input type="text" value="02"/></p>	<p><b>DAMAGE AREA</b></p>  <p>FRONT</p> <p>REAR</p>	<p><b>PRE-CRASH ACTIONS</b></p> <p>A <input type="text" value="01"/> B <input type="text" value="11"/></p>	<p><b>SEQUENCE OF EVENTS</b></p> <table border="1"> <tr> <td>A</td> <td><input type="text" value="20"/></td> <td>B</td> <td><input type="text" value="20"/></td> </tr> <tr> <td>1</td> <td></td> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td></td> <td>3</td> <td></td> </tr> <tr> <td>4</td> <td></td> <td>4</td> <td></td> </tr> </table>	A	<input type="text" value="20"/>	B	<input type="text" value="20"/>	1		1		2		2		3		3		4		4		<p><b>POSTED SPEED</b></p> <p>A <input type="text" value="35"/> B <input type="text" value="35"/></p>	<p><b>DRUG TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p>
A	<input type="text" value="20"/>	B	<input type="text" value="20"/>																						
1		1																							
2		2																							
3		3																							
4		4																							
<p><b>NON-MOTORIST LOCATION</b></p> <p>A <input type="text"/> B <input type="text"/></p> <p>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 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN</p>	<p><b>DAMAGE AREA</b></p>  <p>FRONT</p> <p>REAR</p>	<p><b>CONTRIBUTING CIRCUMSTANCES</b></p> <p>A <input type="text" value="08"/> B <input type="text" value="01"/></p>	<p><b>NON-COLLISION</b></p> <p>01 OVERTURN/ROLLOVER 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 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 PEDALCYCLE 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 COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 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/LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 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</p>	<p><b>TRAFFIC CONTROL</b></p> <p>A <input type="text" value="04"/> B <input type="text" value="04"/></p> <p>01 NO CONTROLS 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 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALK/DON'T WALK 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16 OTHER 17 NOT REPORTED 18 UNKNOWN</p>	<p><b>DRUG TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE 2 BLOOD 3 URINE 4 OTHER</p>																				
<p><b>TYPE OF UNIT</b></p> <p>A <input type="text" value="07"/> B <input type="text" value="06"/></p> <p>MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID-SIZED 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK, 3 OR MORE AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOBTAIL) 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 CHURCH 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 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL W/RIDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 39 SKATER 40 OTHER-NON MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN</p>	<p><b>MOST DAMAGED AREA</b></p> <p>A <input type="text" value="02"/> B <input type="text" value="06"/></p> <p>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</p>	<p><b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b></p> <p>A <input type="text"/> B <input type="text"/></p> <p>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</p>	<p><b>FIRST HARMFUL EVENT</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	<p><b>DIRECTION</b></p> <table border="1"> <tr> <td>FROM TO</td> <td>FROM TO</td> </tr> <tr> <td>A <input type="text" value="1"/> <input type="text" value="2"/></td> <td>B <input type="text" value="1"/> <input type="text" value="2"/></td> </tr> </table> <p>1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN</p>	FROM TO	FROM TO	A <input type="text" value="1"/> <input type="text" value="2"/>	B <input type="text" value="1"/> <input type="text" value="2"/>	<p><b>DRUG TEST 1 &amp; 2 RESULT</b></p> <table border="1"> <tr> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>A <input type="text" value="1"/></td> <td>B <input type="text" value="1"/></td> <td>A <input type="text" value="1"/></td> <td>B <input type="text" value="1"/></td> </tr> </table> <p>1 NONE 2 MARIJUANA 3 COCAINE 4 OPiates 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING</p>	1	2	1	2	A <input type="text" value="1"/>	B <input type="text" value="1"/>	A <input type="text" value="1"/>	B <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="1"/> <input type="text" value="2"/>																								
1	2	1	2																						
A <input type="text" value="1"/>	B <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text" value="1"/>																						
<p><b>POINT OF IMPACT</b></p> <p>A <input type="text" value="02"/> B <input type="text" value="06"/></p> <p>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</p>	<p><b>ACTION</b></p> <p>A <input type="text" value="3"/> B <input type="text" value="4"/></p> <p>1 NON-CONTACT 2 NON-COLLISION 3 STRICKING 4 STRUCK 5 BOTH STRICKING AND STRUCK 6 UNKNOWN</p>	<p><b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b></p> <p>A <input type="text"/> B <input type="text"/></p>	<p><b>MOST HARMFUL EVENT</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<p><b>ALCOHOL/DRUG SUSPECTED</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE 2 YES ALCOHOL SUSPECTED 3 YES-HBD NOT IMPAIRED 4 YES-DRUGS SUSPECTED 5 YES-ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN</p>	<p><b>TYPE OF INTERSECTION</b></p> <p><input type="text" value="03"/></p> <p>01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDOABOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY 11 RAILWAY GRADE CROSSING 12 SHARED-USE PATHS OR TRAILS 13 UNKNOWN</p>																				
<p><b>IN EMERGENCY RESPONSE</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	<p><b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>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</p>	<p><b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b></p> <p>A <input type="text"/> B <input type="text"/></p>	<p><b>SPEED DETECTED</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 STATED 2 ESTIMATED</p>	<p><b>ALCOHOL TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p>	<p><b>ROAD CONTOUR</b></p> <p><input type="text" value="1"/></p> <p>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN</p>																				
<p><b>DAMAGE SCALE</b></p> <p>A <input type="text" value="2"/> B <input type="text" value="2"/></p> <p>1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN</p>	<p><b>ROAD CONDITIONS</b></p> <table border="1"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> </tr> <tr> <td><input type="text" value="01"/></td> <td><input type="text"/></td> </tr> </table> <p>01 DRY 02 WET 03 SNOW 04 ICE 05 SAND/MUD/DIRT/OIL/GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS 09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN</p>	PRIMARY	SECONDARY	<input type="text" value="01"/>	<input type="text"/>	<p><b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b></p> <p>A <input type="text"/> B <input type="text"/></p>	<p><b>SPEED</b></p> <p>A <input type="text" value="15"/></p> <p>B <input type="text" value="0"/></p>	<p><b>ALCOHOL TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER</p>	<p><b>ALCOHOL TEST RESULT</b></p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>																
PRIMARY	SECONDARY																								
<input type="text" value="01"/>	<input type="text"/>																								
<p><input type="text"/> SUPPLEMENT 'X' IF YES</p>				<p>LOCAL REPORT # <b>11MPD 0556</b></p>																					

**NARRATIVE**

**UNIT #2 WAS STOPPED AT A STOP LIGHT. UNIT #1 WAS SOUTHBOUND ON SOUTH WASHINGTON STREET. UNIT #1 STATED THAT HE LOST HIS BRAKES. UNIT #1 STRUCK UNIT #2 IN THE REAR END.**

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><input checked="" type="checkbox"/> <b>2</b></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 SIDESWIPE SAME DIRECTION                  8 SIDESWIPE OPPOSITE DIRECTION                  9 UNKNOWN</p>	<p><b>SCHOOL BUS RELATED</b></p> <p><input checked="" type="checkbox"/> <b>1</b></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"/> <b>01</b></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/SOIL/DIRT/SNOW                  09 OTHER                  10 UNKNOWN</p>	<p><b>WORK ZONE RELATED</b></p> <p><input checked="" type="checkbox"/> <b>1</b></p> <p>1 NO                  2 YES                  3 UNKNOWN</p>	
<p><b>LIGHT CONDITIONS</b></p> <p>PRIMARY <input checked="" type="checkbox"/> <b>1</b>    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><b>TYPE OF WORK ZONE</b></p> <p><input type="checkbox"/></p> <p>1 LANE CLOSURE                  2 LANE SHIFT/CROSSOVER                  3 WORK ON SHOULDER OR MEDIAN                  4 INTERMITTENT OR MOVING WORK                  5 OTHER</p>	
<p><b>LOCATION OF CRASH IN WORK ZONE</b></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><b>WORKERS PRESENT</b></p> <p><input type="checkbox"/></p> <p>1 NO                  2 YES                  3 UNKNOWN</p>	

<b>TRUCK/BUS UNIT #</b>	<input type="text"/>	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
		A THE CRASH RESULTED IN ONE OF THE FOLLOWING N A FATALITY, OR D 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

<b>COMPANY (FROM SHIPPING PAPERS)</b>	<b>COMPANY PHONE</b>
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**ADDRESS (STREET, CITY, ST, ZIP CODE)**

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
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<b>CARGO BODY TYPE</b>	01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAIN/CHIPS/GRAVEL/OWN 05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER	10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	<b>WEIGHT (GVWR)</b>	1 LESS/EQUAL 10,000 2 10,001 - 26,000 3 MORE THAN 26,000	<b>CDL CLASS</b>	1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	<b>HAZARDOUS MATERIALS PLACARD</b>	1 NO 2 YES 3 UNKNOWN	<b>HAZARDOUS MATERIALS RELEASED</b>	1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN
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<b>POLICE ACTION</b>							
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES	
03/29/2011	16:18	16:18	16:18	16:56	0	38	
OFFICER'S NAME			BADGE #		DATE REPORT FILED		
CAPT. SCOTT AKINS			103		03/29/2011		
REPORT TAKEN BY		REPORT TAKEN AT		<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT # <b>11MPD 0556</b>	
<input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST <input type="checkbox"/> 3 UNKNOWN		<input checked="" type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER					