

MRK3-30-11



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>11MPD 0557</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 POO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <b>X</b> *X IF YES	HIT / SKIP <b>1</b> 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED	PHOTOS TAKEN <input type="checkbox"/> *X IF YES	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 <b>01</b> 98 ANIMAL 99 UNKNOWN	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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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

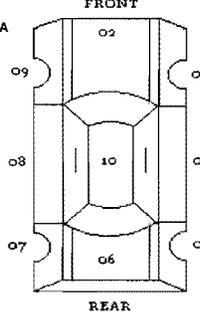
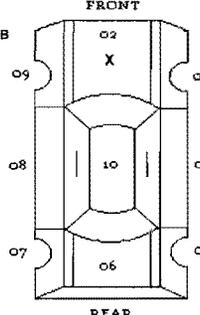
<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>LARIMORE KELLY L</b>	ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>217 S ALEXANDER ST MILLERSBURG OH 44654</b>		
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>01/15/1974</b>	AGE <b>37</b>	SEX <b>M</b>	HOME PHONE # <b>(330)674-1417</b>	WORK PHONE #	
DL STATE <b>OH</b>	DL # <b>RF380862</b>	LP STATE <b>OH</b>	LP # <b>T639027</b>	INJURED TAKEN BY <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>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 <input type="checkbox"/> *X IF YES			

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>BAILEY BRYAN L</b>	ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>3705 TR 90 KILLBUCK OH 44637</b>		
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>04/04/1977</b>	AGE <b>33</b>	SEX <b>M</b>	HOME PHONE # <b>(330)988-8726</b>	WORK PHONE #	
DL STATE <b>OH</b>	DL # <b>RT868127</b>	LP STATE <b>OH</b>	LP # <b>EQZ6935</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>BAILEY, BRYAN L</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>3705 TR 90 KILLBUCK OH 44637</b>			
YEAR <b>1994</b>	MAKE <b>CHRYSLER</b>	MODEL <b>OTHER</b>	COLOR <b>SILVER</b>	INSURANCE COMPANY <b>GEICO</b>	TOWING SERVICE	OWNER PHONE #
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *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 <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 A <input type="checkbox"/> 01 B <input type="checkbox"/> 01 C <input type="checkbox"/> D <input type="checkbox"/>	SAFETY EQUIPMENT A <input type="checkbox"/> 04 B <input type="checkbox"/> 04 C <input type="checkbox"/> D <input type="checkbox"/>	AIR BAG A <input type="checkbox"/> 1 B <input type="checkbox"/> 1 C <input type="checkbox"/> D <input type="checkbox"/>	AIR BAG SWITCH A <input type="checkbox"/> 1 B <input type="checkbox"/> 1 C <input type="checkbox"/> D <input type="checkbox"/>	EJECTION A <input type="checkbox"/> 1 B <input type="checkbox"/> 1 C <input type="checkbox"/> D <input type="checkbox"/>	TRAPPED A <input type="checkbox"/> 1 B <input type="checkbox"/> 1 C <input type="checkbox"/> D <input type="checkbox"/>	INJURIES A <input type="checkbox"/> 1 B <input type="checkbox"/> 1 C <input type="checkbox"/> D <input type="checkbox"/>
BLANK FOR WITNESS	SUPPLEMENT *X IF YES					

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="02"/> B <input type="text" value="11"/>	<b>SEQUENCE OF EVENTS</b> <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>A</td><td>2</td><td><input type="text"/></td><td>B</td><td>2</td><td><input type="text"/></td></tr> <tr><td>A</td><td>3</td><td><input type="text"/></td><td>B</td><td>3</td><td><input type="text"/></td></tr> <tr><td>A</td><td>4</td><td><input type="text"/></td><td>B</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"/>	A	2	<input type="text"/>	B	2	<input type="text"/>	A	3	<input type="text"/>	B	3	<input type="text"/>	A	4	<input type="text"/>	B	4	<input type="text"/>	<b>POSTED SPEED</b> A <input type="text" value="35"/> B <input type="text" value="35"/>	<b>DRUG TEST STATUS</b> 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"/>																								
A	2	<input type="text"/>	B	2	<input type="text"/>																								
A	3	<input type="text"/>	B	3	<input type="text"/>																								
A	4	<input type="text"/>	B	4	<input type="text"/>																								
<b>NON-MOTORIST LOCATION</b> A <input type="text"/> B <input type="text"/>		<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>NON-COLLISION</b> 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 <b>COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED</b> 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 <b>COLLISION WITH FIXED OBJECT</b> 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 FIXTURE/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	<b>TRAFFIC CONTROL</b> A <input type="text" value="04"/> B <input type="text" value="04"/>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>																								
<b>TYPE OF UNIT</b> A <input type="text" value="07"/> B <input type="text" value="04"/>	<b>MOST DAMAGED AREA</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="10"/> B <input type="text" value="01"/>	<b>DIRECTION</b> <table border="1"> <tr><td>FROM TO</td><td>A</td><td><input type="text" value="2"/> <input type="text" value="1"/></td><td>B</td><td><input type="text" value="1"/> <input type="text" value="2"/></td></tr> </table>	FROM TO	A	<input type="text" value="2"/> <input type="text" value="1"/>	B	<input type="text" value="1"/> <input type="text" value="2"/>	<b>CONDITION</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>DRUG TEST 1 &amp; 2 RESULT</b> <table border="1"> <tr><td>A</td><td><input type="text" value="1"/></td><td><input type="text" value="1"/></td><td>B</td><td><input type="text" value="1"/></td><td><input type="text" value="1"/></td></tr> </table>	A	<input type="text" value="1"/>	<input type="text" value="1"/>	B	<input type="text" value="1"/>	<input type="text" value="1"/>													
FROM TO	A	<input type="text" value="2"/> <input type="text" value="1"/>	B	<input type="text" value="1"/> <input type="text" value="2"/>																									
A	<input type="text" value="1"/>	<input type="text" value="1"/>	B	<input type="text" value="1"/>	<input type="text" value="1"/>																								
<b>MOTORIST</b> 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/DRAWN - 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 <b>NON-MOTORIST</b> 35 ANIMAL WRIDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER-NON MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN	<b>POINT OF IMPACT</b> A <input type="text" value="06"/> B <input type="text" value="02"/>	<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 OF CENTER 08 FOLLOWED TOO CLOSELY/VADCA 09 IMPROPER LANE CHANGE/DROVE 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 (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTION 18 FATIGUE/ASLEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN <b>NON-MOTORIST</b> 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 INEFFECTIVE 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="03"/>																								
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text" value="4"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ROAD CONTOUR</b> <input type="text" value="1"/>																								
<b>DAMAGE SCALE</b> A <input type="text" value="1"/> B <input type="text" value="2"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>TURN SIGNALS</b> 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>SPEED DETECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ROAD CONDITIONS</b> <table border="1"> <tr><td>PRIMARY</td><td><input type="text" value="01"/></td><td>SECONDARY</td><td><input type="text"/></td></tr> </table>	PRIMARY	<input type="text" value="01"/>	SECONDARY	<input type="text"/>																				
PRIMARY	<input type="text" value="01"/>	SECONDARY	<input type="text"/>																										
<b>SUPPLEMENT 'X' IF YES</b> <input type="text"/>				<b>LOCAL REPORT #</b> <b>11MPD 0557</b>																									

**NARRATIVE**

**UNIT #1 JUST STRUCK ANOTHER VEHICLE IN FRONT OF HIM UNIT #1 THEN BACKED UP. UNIT #2 WAS BEHIND UNIT #1 UNIT #1 BACKED UP AND STRUCK UNIT #2**

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>5</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><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><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><b>1</b></p> <p>1 NO                  2 YES                  3 UNKNOWN</p>	
<p><b>LIGHT CONDITIONS</b></p> <p><b>PRIMARY</b> <b>1</b> <b>SECONDARY</b> <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="checkbox"/>	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	<b>A</b> THE CRASH RESULTED IN ONE OF THE FOLLOWING: A FATALITY, OR <b>N</b> 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
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<b>COMPANY (FROM SHIPPING PAPERS)</b>	<b>COMPANY PHONE</b>
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**ADDRESS (STREET, CITY, ST, ZIP CODE)**

<b>US DOT</b>	<b>ICC MC</b>	<b>PUCO</b>	<b>TRAILER LP ST.</b>	<b>TRAILER LP YEAR</b>	<b>TRAILER LP #</b>	<b>PLACARD #</b>	<b># DIA</b>			
<b>CARGO BODY TYPE</b> <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (8-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAIN/CHIPS/GRAVEL/WN <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO 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 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN			<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000		<b>CDL CLASS</b> <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		<b>HAZARDOUS MATERIALS PLACARD</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN		<b>HAZARDOUS MATERIALS RELEASED</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN	

<b>POLICE ACTION</b>							
<b>DATE CRASH REPORTED</b>	<b>TIME REC CALL</b>	<b>DISPATCH</b>	<b>ARRIVED</b>	<b>CLEARED</b>	<b>OTHER</b>	<b>TOTAL MINUTES</b>	
03/29/2011	16:18	16:18	16:18	16:56	0	38	
<b>OFFICER'S NAME</b>			<b>BADGE #</b>	<b>CHECKED BY</b>		<b>DATE REPORT FILED</b>	
CAPT. SCOTT AKINS			103			03/29/2011	
<b>REPORT TAKEN BY</b>		<b>REPORT TAKEN AT</b>		<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>		<b>LOCAL REPORT #</b>	
1 POLICE AGENCY 2 MOTORIST 3 UNKNOWN		1 SCENE 2 STATION 3 OTHER				11MPD 0557	