

041811 *per*



TRAFFIC CRASH REPORT

CRASH REPORT # 11MPD 0649	CRASH SEVERITY 3 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> *X IF YES	HIT / SKIP 1 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED	PHOTOS TAKEN <input 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. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	# UNITS 3	UNIT ERROR 01 06 ANIMAL 09 UNKNOWN	DATE OF CRASH 04/15/2011	

TIME OF CRASH 14:56	DAY OF WEEK FRI	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40325875	LONGITUDE 081532576
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CRASH OCCURRED ON PREFIX S CRASH LOCATION WASHINGTON TYPE LOC 1	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION
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AT REFERENCE DIST. REF. .1 M DIR N PREFIX REFERENCE CR 58 REF POINT 02	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
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MOTORIST / NON-MOTORIST

A UNIT # 01 # OF OCC 1 NAME (LAST, FIRST, MIDDLE) WAGERS BROCK B	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 45190 CR 19 COSHOCTON OH 43812					
SOCIAL SECURITY NUMBER	DATE OF BIRTH 07/06/1992	AGE 18	SEX M	HOME PHONE # (330)674-8245	WORK PHONE #	
DL STATE OH	DL # TK271985	LP STATE OH	LP # FFK5692	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") WAGERS, GREGORY			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 45190 CR 19 COSHOCTON OH 43812			
YEAR 1998	MAKE TOYOTA	MODEL CAMRY	COLOR MAROON	INSURANCE COMPANY STATE FARM	TOWING SERVICE	OWNER PHONE # (330)674-8245
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #			LOCAL CODE <input type="checkbox"/> *X IF YES	

B UNIT # 02 # OF OCC 1 NAME (LAST, FIRST, MIDDLE) WALKER GARY A	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1817 SR 83 UNIT 460 MILLERSBURG OH 44654					
SOCIAL SECURITY NUMBER	DATE OF BIRTH 02/13/1947	AGE 64	SEX M	HOME PHONE # (330)674-1575	WORK PHONE # (330)674-4015	
DL STATE OH	DL # RL598597	LP STATE OH	LP # 2672	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") CHUCK NICHOLSON INC			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7190 SR 39 MILLERSBURG OH 44654			
YEAR 2001	MAKE CHEVROLE	MODEL IMPALA	COLOR SILVER	INSURANCE COMPANY SENTRY SELECT	TOWING SERVICE	OWNER PHONE # (330)674-4015
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #			LOCAL CODE <input type="checkbox"/> *X IF YES	

OCCUPANT

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"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	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"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO

SEATING POSITION A 01 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT B 01 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 C <input type="checkbox"/> 11 ENCLOSED CARGO AREA D <input type="checkbox"/> 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	SAFETY EQUIPMENT A 04 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED B 04 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED C <input type="checkbox"/> 06 HELMET USED 07 RESTRAINT USE UNKNOWN D <input type="checkbox"/> 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE 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 B 1 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN C <input type="checkbox"/> D <input type="checkbox"/>	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 <input type="checkbox"/> D <input type="checkbox"/>	EJECTION A 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN B 1 C <input type="checkbox"/> D <input type="checkbox"/>	TRAPPED A 1 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN B 1 C <input type="checkbox"/> D <input type="checkbox"/>	INJURIES A 1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN B 1 C <input type="checkbox"/> D <input type="checkbox"/>
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT *X IF YES

OHIO

TRAFFIC CRASH REPORT

CRASH REPORT #
11MPD 0649

CRASH SEVERITY
3 1 FATAL ERROR 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
 *X IF YES

HIT / SKIP
1 1 NOT HIT / SKIP
2 SOLVED
3 NOT SOLVED

PHOTOS TAKEN
 *X IF YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C. #
03801

REPORTING AGENCY
MILLERSBURG POLICE DEPARTMENT

UNITS
3

UNIT ERROR
01 98 ANIMAL
99 UNKNOWN

DATE OF CRASH
04/15/2011

TIME OF CRASH **14:56** DAY OF WEEK **FRI** CITY/VILLAGE/TOWNSHIP **VILLAGE** NAME (OF CITY, VILLAGE OR TOWNSHIP) **MILLERSBURG** COUNTY # **38** LATITUDE **40325875** LONGITUDE **081532576**

CRASH OCCURRED ON PREFIX **S** CRASH LOCATION **WASHINGTON** TYPE LOC **1** TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE LOCAL INFORMATION

AT REFERENCE DIST. REF. **.1 M** DIR **N** PREFIX REFERENCE **CR 58** REF POINT **02** 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

UNIT # **03** # OF OCC **1** NAME (LAST, FIRST, MIDDLE) **HART THOMAS JR L**

ADDRESS (STREET, CITY, STATE, ZIP-CODE) **685 WOOSTER RD MILLERSBURG OH 44654**

SOCIAL SECURITY NUMBER DATE OF BIRTH **10/18/1989** AGE **21** SEX **M** HOME PHONE # **(330)763-4835** WORK PHONE #

DL STATE **OH** DL # **SZ875789** LP STATE **OH** LP # **PGC6046** INJURED TAKEN BY **1** 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") **KENOIL INC** OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) **1537 BLACHLEYVILLE RD WOOSTER OH 44691**

YEAR **2008** MAKE **FORD** MODEL **F-SERIES P** COLOR **RED** INSURANCE COMPANY **FEDERAL INSURAN** TOWING SERVICE OWNER PHONE # **(330)264-9146**

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE *X IF YES

UNIT # # OF OCC NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP-CODE)

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE *X IF YES

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

ADDRESS (STREET, CITY, STATE, ZIP-CODE) INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

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

ADDRESS (STREET, CITY, STATE, ZIP-CODE) INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

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SEATING POSITION
A **01** 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 **04** 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 **1** 1. NOT-DEPLOYED
2 DEPLOYED - FRONT
3 DEPLOYED - SIDE
4 DEPLOYED BOTH FRONT/SIDE
5 NOT APPLICABLE
6 DEPLOYMENT UNKNOWN

AIR BAG SWITCH
A **1** 1. ON-OFF SWITCH NOT PRESENT
2 SWITCH IN ON POSITION
3 SWITCH IN OFF POSITION
4 UNKNOWN
5 UNKNOWN POSITION

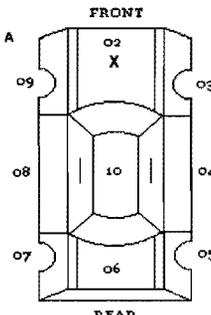
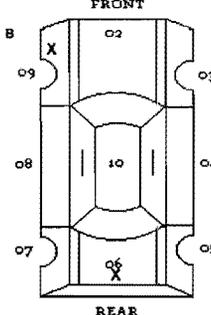
EJECTION
A **1** 1 NOT EJECTED
2 TOTALLY EJECTED
3 PARTIALLY EJECTED
4 NOT APPLICABLE
5 UNKNOWN

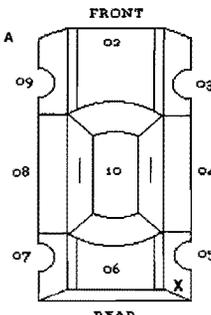
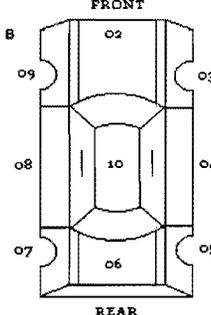
TRAPPED
A **1** 1 NOT TRAPPED
2 EXTRICATED BY MECHANICAL MEANS
3 FREED BY NON-MECHANICAL MEANS
4 UNKNOWN

INJURIES
A **1** 1. NO INJURY
2 POSSIBLE
3 NON-INCAPACITATING
4 INCAPACITATING
5 FATAL INJURY
6 UNKNOWN

BLANK FOR WITNESS

SUPPLEMENT 'X' IF YES

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="01"/> B <input type="text" value="11"/>	SEQUENCE OF EVENTS <table style="width:100%;"> <tr> <td style="width:50%;">A <input type="text" value="20"/></td> <td style="width:50%;">B <input type="text" value="20"/></td> </tr> <tr> <td>A <input type="text"/></td> <td>B <input type="text"/></td> </tr> <tr> <td>A <input type="text"/></td> <td>B <input type="text"/></td> </tr> <tr> <td>A <input type="text"/></td> <td>B <input type="text"/></td> </tr> </table>	A <input type="text" value="20"/>	B <input type="text" value="20"/>	A <input type="text"/>	B <input type="text"/>	A <input type="text"/>	B <input type="text"/>	A <input type="text"/>	B <input type="text"/>	POSTED SPEED A <input type="text" value="35"/> B <input type="text" value="35"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/>
A <input type="text" value="20"/>	B <input type="text" value="20"/>												
A <input type="text"/>	B <input type="text"/>												
A <input type="text"/>	B <input type="text"/>												
A <input type="text"/>	B <input type="text"/>												
NON-MOTORIST LOCATION A <input type="text"/> B <input type="text"/>		MOTORIST 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 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	NON-COLLISION 01 OVERTURN/OVERFLOWER 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 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 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/UMINARIES 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-ONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	TRAFFIC CONTROL A <input type="text" value="04"/> B <input type="text" value="04"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>								
TYPE OF UNIT A <input type="text" value="03"/> B <input type="text" value="03"/>		CONTRIBUTING CIRCUMSTANCES A <input type="text" value="08"/> B <input type="text" value="01"/>	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/ACDA 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/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 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 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	DRUG TEST 1 & 2 RESULT <table style="width:100%;"> <tr> <td style="width:50%;">A <input type="text" value="1"/></td> <td style="width:50%;">B <input type="text" value="1"/></td> </tr> <tr> <td>A <input type="text"/></td> <td>B <input type="text"/></td> </tr> </table>	A <input type="text" value="1"/>	B <input type="text" value="1"/>	A <input type="text"/>	B <input type="text"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>				
A <input type="text" value="1"/>	B <input type="text" value="1"/>												
A <input type="text"/>	B <input type="text"/>												
VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	POINT OF IMPACT A <input type="text" value="02"/> B <input type="text" value="06"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	DIRECTION <table style="width:100%;"> <tr> <td style="width:50%;">FROM TO A <input type="text" value="1"/> B <input type="text" value="2"/></td> <td style="width:50%;">FROM TO A <input type="text" value="1"/> B <input type="text" value="2"/></td> </tr> </table>	FROM TO A <input type="text" value="1"/> B <input type="text" value="2"/>	FROM TO A <input type="text" value="1"/> B <input type="text" value="2"/>	TYPE OF INTERSECTION <input type="text" value="01"/>						
FROM TO A <input type="text" value="1"/> B <input type="text" value="2"/>	FROM TO A <input type="text" value="1"/> B <input type="text" value="2"/>												
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/>	ACTION A <input type="text" value="3"/> B <input type="text" value="5"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	CONDITION A <input type="text" value="1"/> B <input type="text" value="1"/>	OCCURRENCE <input type="text" value="1"/>								
DAMAGE SCALE A <input type="text" value="4"/> B <input type="text" value="3"/>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="1"/>								
NON-MOTORIST LOCATION A <input type="text"/> B <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONDITIONS PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/>								
NON-MOTORIST LOCATION A <input type="text"/> B <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONDITIONS PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/>								
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UNIT NUMBERS A <input type="text" value="03"/> B <input type="text"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="11"/> B <input type="text"/>	SEQUENCE OF EVENTS <table border="1"> <tr> <td>A</td> <td><input type="text" value="20"/></td> <td>B</td> <td><input type="text"/></td> </tr> <tr> <td>1</td> <td><input type="text"/></td> <td>1</td> <td><input type="text"/></td> </tr> <tr> <td>2</td> <td><input type="text"/></td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>3</td> <td><input type="text"/></td> <td>3</td> <td><input type="text"/></td> </tr> <tr> <td>4</td> <td><input type="text"/></td> <td>4</td> <td><input type="text"/></td> </tr> </table>	A	<input type="text" value="20"/>	B	<input type="text"/>	1	<input type="text"/>	1	<input type="text"/>	2	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>	4	<input type="text"/>	POSTED SPEED A <input type="text" value="35"/> B <input type="text"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text"/>
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NON-MOTORIST LOCATION A <input type="text"/> B <input type="text"/>		MOTORIST 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 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	NON-COLLISION 01 OVERTURN/OVERFLOWER 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 BICYCLE 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 UNMOVABLE 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/UMMARRIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURVE 39 DITCH 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	TRAFFIC CONTROL A <input type="text" value="04"/> B <input type="text"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text"/>																				
TYPE OF UNIT A <input type="text" value="07"/> B <input type="text"/>	MOST DAMAGED AREA A <input type="text" value="05"/> B <input type="text"/>	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="01"/> B <input type="text"/>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text"/>	CONDITION A <input type="text" value="1"/> B <input type="text"/>	DRUG TEST 1 & 2 RESULT <table border="1"> <tr> <td>1</td> <td><input type="text" value="1"/></td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>A</td> <td><input type="text" value="1"/></td> <td>B</td> <td><input type="text"/></td> </tr> </table>	1	<input type="text" value="1"/>	2	<input type="text"/>	A	<input type="text" value="1"/>	B	<input type="text"/>												
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NARRATIVE

UNITS 2 AND 3 WERE STOPPED IN A LONG LINE OF TRAFFIC FOR THE NORTHERN TRAFFIC SIGNAL AT 1640 S WASHINGTON ST. UNIT 1 STRUCK UNIT 2 IN THE REAR, PUSHING IT IN TO UNIT 3. THE DRIVER OF UNIT 1 INDICATED THAT HE HAD SWERVED TO MISS GEESSE THAT WERE IN THE ROADWAY.

<p>MANNER OF COLLISION OR IMPACT</p> <p>2</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>SCHOOL BUS RELATED</p> <p>1</p> <p>1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN</p>	<p style="text-align: left; margin-left: 20px;">DataRAM</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/SOIL/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 1 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 MEDIAN 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 #	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: 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
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COMPANY (FROM SHIPPING PAPERS)	COMPANY PHONE
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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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CARGO BODY TYPE <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	WEIGHT (GVWR) <input type="checkbox"/> 1. LESS/EQUAL 10,000 <input type="checkbox"/> 2. 10,001 - 26,000 <input type="checkbox"/> 3. MORE THAN 26,000	CDL CLASS <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	HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE
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POLICE ACTION						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
04/16/2011	14:57	14:57	14:57	15:20	25	48
OFFICER'S NAME		BADGE #		CHECKED BY		DATE REPORT FILED
PTL. JUSTIN ESTILL		113				04/16/2011
REPORT TAKEN BY	REPORT TAKEN AT				SUPPLEMENT 'X' IF YES	LOCAL REPORT #
1 1 POLICE AGENCY 2 MOTORIST 3 UNKNOWN	1 1 SCENE 2 STATION 3 OTHER				<input type="checkbox"/>	11MPD 0649