



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>11MPD 0795</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 PDD 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> *X IF YES	HIT / SKIP <b>1</b> 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED	PHOTOS TAKEN <input checked="" 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> 99 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>5/7/2011</b>	

TIME OF CRASH <b>13:10</b>	DAY OF WEEK <b>SAT</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40320306</b>	LONGITUDE <b>081550200</b>
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CRASH OCCURRED ON			TYPE LOCATION POINT USED		LOCAL INFORMATION	
PREFIX <b>PRIVATE LOCATION</b>	CRASH LOCATION <b>PRIVATE PROPERTY</b>		TYPE LOC <b>1</b>	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE		<b>MCDONALDS</b>

AT REFERENCE				REFERENCE POINT USED			
DIST. REF.	DIR	PREFIX	REFERENCE	REF POINT	01 STATE LINE 02 INTERSECTION OF TWO STREETS 03 COUNTY LINE 04 HOUSE NUMBER		
		<b>S</b>	<b>001586 WASHINGTON ST.</b>	<b>04</b>	05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME WITHOUT REFEREN 09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE		

MOTORIST / NON-MOTORIST

<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>STROUSE TIFFANY M.</b>				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>6358 TR 346 MILLERSBURG OH 44654</b>							
SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>09/04/1982</b>		AGE <b>28</b>	SEX <b>F</b>	HOME PHONE # <b>(330)473-0536</b>	
DL STATE <b>OH</b>	DL # <b>RV694256</b>	LP STATE <b>OH</b>	LP # <b>EAZ5747</b>	INJURED TAKEN BY <b>1</b> 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN		TRANSPORTED BY	
OWNER NAME (IF SAME, WRITE "SAME") <b>STROUSE, TIFFANY M.</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>6358 TR 346 MILLERSBURG OH 44654</b>				
YEAR <b>2004</b>	MAKE <b>HONDA</b>	MODEL <b>CIVIC</b>	COLOR <b>GREY</b>	INSURANCE COMPANY <b>FARMERS</b>	TOWING SERVICE	OWNER PHONE # <b>(330)473-0536</b>	
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>HOXWORTH JASON L.</b>				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>177 SUNSET DR. MILLERSBURG OH 44654</b>							
SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>03/08/1974</b>		AGE <b>37</b>	SEX <b>M</b>	HOME PHONE # <b>(330)674-0835</b>	
DL STATE <b>OH</b>	DL # <b>RP095612</b>	LP STATE <b>OH</b>	LP # <b>CL63FA</b>	INJURED TAKEN BY <b>1</b> 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN		TRANSPORTED BY	
OWNER NAME (IF SAME, WRITE "SAME") <b>HOXWORTH, JASON L.</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>177 SUNSET DR. MILLERSBURG OH 44654</b>				
YEAR <b>2005</b>	MAKE <b>CHEVROLE</b>	MODEL <b>OTHER TR</b>	COLOR <b>TAN</b>	INSURANCE COMPANY <b>ERIE</b>	TOWING SERVICE	OWNER PHONE # <b>(330)674-0835</b>	
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

<b>SEATING POSITION</b> <b>A</b> <input type="checkbox"/> 01 <b>B</b> <input type="checkbox"/> 01 <b>C</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/>	<b>SAFETY EQUIPMENT</b> <b>A</b> <input type="checkbox"/> 04 <b>B</b> <input type="checkbox"/> 04 <b>C</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/>	<b>AIR BAG</b> <b>A</b> <input type="checkbox"/> 1 <b>B</b> <input type="checkbox"/> 1 <b>C</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/>	<b>AIR BAG SWITCH</b> <b>A</b> <input type="checkbox"/> 1 <b>B</b> <input type="checkbox"/> 1 <b>C</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/>	<b>EJECTION</b> <b>A</b> <input type="checkbox"/> 1 <b>B</b> <input type="checkbox"/> 1 <b>C</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/>	<b>TRAPPED</b> <b>A</b> <input type="checkbox"/> 1 <b>B</b> <input type="checkbox"/> 1 <b>C</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/>	<b>INJURIES</b> <b>A</b> <input type="checkbox"/> 1 <b>B</b> <input type="checkbox"/> 1 <b>C</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/>
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>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>TYPE OF UNIT</b></p> <p>A <input type="text" value="03"/> B <input type="text" value="07"/></p> <p><b>MOTORIST</b> 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 09 SINGLE UNIT TRUCK, 2 AXLES 10 TIRES 11 SINGLE UNIT TRUCK, 3 OR MORE AXLES 12 TRUCK/TRAILER 13 TRUCK TRACTOR (BOBTAIL) 14 TRACTOR/SEMI-TRAILER 15 TRACTOR/DOUBLE - SHORT 16 TRACTOR DOUBLE - LONG 17 FIFTH WHEEL OR CONVERTER DOLLY 18 TRACTOR/TRIPLES 19 MOTORCYCLE 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 W/RIDER 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</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>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>DAMAGE AREA</b></p> <p><b>REAR</b></p> <p><b>MOST DAMAGED AREA</b></p> <p>A <input type="text" value="05"/> B <input type="text" value="02"/></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>POINT OF IMPACT</b></p> <p>A <input type="text" value="05"/> B <input type="text" value="02"/></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>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 OVERRIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN IF UNDERRIDE OR OVERRIDE</p>	<p><b>PRE-CRASH ACTIONS</b></p> <p>A <input type="text" value="02"/> B <input type="text" value="11"/></p> <p><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 APPROCHING OR LEAVING VEHICLE 20 PLAYING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN</p> <p><b>CONTRIBUTING CIRCUMSTANCES</b></p> <p>A <input type="text" value="10"/> B <input type="text" value="01"/></p> <p><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/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 <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 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 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 SUCK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS 12 NO DEFECTS</p>	<p><b>SEQUENCE OF EVENTS</b></p> <table style="width:100%;"> <tr> <td style="width:50%;">A</td> <td style="width:50%;">B</td> </tr> <tr> <td>1 <input type="text" value="20"/></td> <td>1 <input type="text" value="20"/></td> </tr> <tr> <td>2 <input type="text"/></td> <td>2 <input type="text"/></td> </tr> <tr> <td>3 <input type="text"/></td> <td>3 <input type="text"/></td> </tr> <tr> <td>4 <input type="text"/></td> <td>4 <input type="text"/></td> </tr> </table> <p><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 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 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 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE 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>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>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>SPEED DETECTED</b></p> <p>A <input type="text" value="2"/> B <input type="text" value="1"/></p> <p>1 STATED 2 ESTIMATED</p> <p><b>SPEED</b></p> <p>A <input type="text" value="10"/> B <input type="text" value="0"/></p>	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"/>	<p><b>POSTED SPEED</b></p> <p>A <input type="text" value="0"/> B <input type="text" value="0"/></p> <p><b>TRAFFIC CONTROL</b></p> <p>A <input type="text" value="01"/> B <input type="text" value="01"/></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 WALKDON'T WALK 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16 OTHER 17 NOT REPORTED 18 UNKNOWN</p> <p><b>DIRECTION</b></p> <table style="width:100%;"> <tr> <td style="width:50%;">FROM TO</td> <td style="width:50%;">FROM TO</td> </tr> <tr> <td>A <input type="text" value="3"/> <input type="text" value="4"/></td> <td>B <input type="text" value="4"/> <input type="text" value="3"/></td> </tr> </table> <p>1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN</p> <p><b>CONDITION</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>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</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>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>ALCOHOL TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1. NONE 4 BREATH 2 BLOOD 5 OTHER 3 URINE</p> <p><b>ALCOHOL TEST RESULT</b></p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	FROM TO	FROM TO	A <input type="text" value="3"/> <input type="text" value="4"/>	B <input type="text" value="4"/> <input type="text" value="3"/>	<p><b>DRUG 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 GIVEN, RESULTS UNKNOWN 6 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>DRUG TEST 1 &amp; 2 RESULT</b></p> <table style="width:100%;"> <tr> <td style="width:50%;">1 2</td> <td style="width:50%;">1 2</td> </tr> <tr> <td>A <input type="text" value="1"/> <input type="text" value="1"/></td> <td>B <input type="text" value="1"/> <input type="text" value="1"/></td> </tr> </table> <p>1. NONE 2. MARIJUANA 3. COCAINE 4. OPIDES 5. AMPHETAMINES 6. PCP 7. OTHER 8. UNKNOWN AT TIME OF REPORTING</p> <p><b>TYPE OF INTERSECTION</b></p> <p>A <input type="text" value="01"/></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>OCCURRENCE</b></p> <p>A <input type="text" value="6"/></p> <p>1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN</p> <p><b>ROAD CONTOUR</b></p> <p>A <input type="text" value="2"/></p> <p>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN</p> <p><b>ROAD CONDITIONS</b></p> <table style="width:100%;"> <tr> <td style="width:50%;">PRIMARY</td> <td style="width:50%;">SECONDARY</td> </tr> <tr> <td>A <input type="text" value="02"/></td> <td>B <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 RUT, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN</p>	1 2	1 2	A <input type="text" value="1"/> <input type="text" value="1"/>	B <input type="text" value="1"/> <input type="text" value="1"/>	PRIMARY	SECONDARY	A <input type="text" value="02"/>	B <input type="text"/>
A	B																										
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A <input type="text" value="02"/>	B <input type="text"/>																										
<p><input type="text"/> SUPPLEMENT 'X' IF YES</p>		<p>LOCAL REPORT #</p> <p><b>11MPD 0795</b></p>																									

**NARRATIVE**

**UNIT 01 WAS PULLING AWAY FROM THE DRIVE-THRU AND TOWARDS THE EXIT FOR MCDONALDS WHEN SHE REALIZED THAT AN ERROR HAD BEEN MADE WITH HER ORDER. SHE ATTEMPTED TO BACK UP, BUT UNIT 02 WAS BEHIND HER, AND UNIT 01 BACKED INTO UNIT 02.**

<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>04</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>	<p>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</p>	<p><b>A</b> <b>N</b> <b>D</b></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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<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>
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<b>CARGO BODY TYPE</b>	<p>01 NOT APPLICABLE                  02 BUS (8-15 INCLUDING DRIVER)                  03 VAN/ENCLOSED BOX                  04 GRAIN/CHIPS/GRAVEL/LWN</p>	<p>05 POLE                  06 CARGO TANK                  07 FLATBED                  08 DUMP                  09 CONCRETE MIXER</p>	<p>10 AUTO TRANSPORTER                  11 GARBAGE/REFUSE                  12 OTHER                  13 UNKNOWN</p>	<b>WEIGHT (GVWR)</b>	<p>1 LESS/EQUAL 10,000                  2 10,001 - 26,000                  3 MORE THAN 26,000</p>	<b>CDL CLASS</b>	<p>1 CLASS A                  2 CLASS B                  3 CLASS C                  4 CLASS D                  5 CLASS E</p>	<b>HAZARDOUS MATERIALS PLACARD</b>	<p>1 NO                  2 YES                  3 UNKNOWN</p>	<b>HAZARDOUS MATERIALS RELEASED</b>	<p>1 NO                  2 YES                  3 NOT APPLICABLE                  4 UNKNOWN</p>
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<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>
5/7/2011	13:12	13:13	13:19	13:35	0	22
<b>OFFICER'S NAME</b>		<b>BADGE #</b>	<b>CHECKED BY</b>		<b>DATE REPORT FILED</b>	
PTL. KEVIN BROWN		108			5/7/2011	
<b>REPORT TAKEN BY</b>	<b>REPORT TAKEN AT</b>				<b>SUPPLEMENT 'X' IF YES</b>	<b>LOCAL REPORT #</b>
1	1				<input type="checkbox"/>	11MPD 0795