



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>11MPD 0921</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 PDD 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <b>X</b> *X IF YES	HIT / SKIP <b>3</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> 06 ANIMAL 09 UNKNOWN	DATE OF CRASH <b>05/12/2011</b>	

TIME OF CRASH <b>16:00</b>	DAY OF WEEK <b>THU</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40320301</b>	LONGITUDE <b>081550806</b>
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CRASH OCCURRED ON PREFIX <b>CRASH LOCATION PRIVATE PROPERTY</b>	TYPE LOC <b>1</b>	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION <b>WAL-MART PARKING LOT</b>
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AT/REFERENCE DIST. REF. <b>S</b>	DIR <b>001640 WASHINGTON</b>	REF POINT <b>04</b>	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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<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>UNKNOWN DRIVER</b>	ADDRESS (STREET, CITY, STATE, ZIP-CODE)
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SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>//</b>	AGE	SEX <b>U</b>	HOME PHONE #	WORK PHONE #
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DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY <b>5</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME") <b>UNKNOWN</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>UNKNOWN UNKNOWN UNKNOWN</b>
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YEAR <b>0</b>	MAKE <b>UNKNOWN</b>	MODEL <b>UNKNOWN</b>	COLOR	INSURANCE COMPANY <b>NOT SHOWN</b>	TOWING SERVICE	OWNER PHONE #
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES
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<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>0</b>	NAME (LAST, FIRST, MIDDLE) <b>UNOCCUPIED PARKED</b>	ADDRESS (STREET, CITY, STATE, ZIP-CODE)
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SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>//</b>	AGE	SEX	HOME PHONE #	WORK PHONE #
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DL STATE	DL #	LP STATE <b>OH</b>	LP # <b>FGE1968</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME") <b>JERRY L KEATON</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>302 E MAIN ST HOLMESVILLE OH 44633</b>
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YEAR <b>2011</b>	MAKE <b>DODGE</b>	MODEL <b>OTHER</b>	COLOR <b>GREEN</b>	INSURANCE COMPANY <b>ALL STATE</b>	TOWING SERVICE	OWNER PHONE # <b>(740)294-0004</b>
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES
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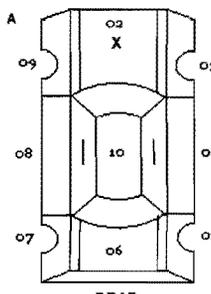
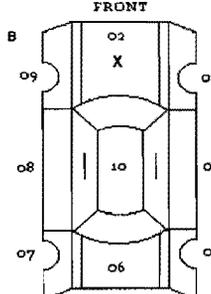
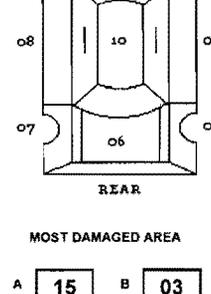
<b>C</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	

<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"/> <b>01</b> 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) <b>B</b> <input type="checkbox"/> 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB <b>C</b> <input type="checkbox"/> 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN  BLANK FOR WITNESS	<b>SAFETY EQUIPMENT</b> <b>A</b> <input type="checkbox"/> <b>07</b> 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 <b>B</b> <input type="checkbox"/> 06 HELMET USED 07 RESTRAINT USE UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS <b>C</b> <input type="checkbox"/> 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN <b>D</b> <input type="checkbox"/>	<b>AIR BAG</b> <b>A</b> <input type="checkbox"/> <b>6</b> 1. NOT-DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN <b>B</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/>	<b>AIR BAG SWITCH</b> <b>A</b> <input type="checkbox"/> <b>4</b> 1. ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION <b>B</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/>	<b>EJECTION</b> <b>A</b> <input type="checkbox"/> <b>5</b> 1. NOT EJECTED 2. TOTALLY EJECTED 3. PARTIALLY EJECTED 4. NOT APPLICABLE 5. UNKNOWN <b>B</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/>	<b>TRAPPED</b> <b>A</b> <input type="checkbox"/> <b>1</b> 1. NOT TRAPPED 2. EXTRICATED BY MECHANICAL MEANS 3. FREED BY NON-MECHANICAL MEANS 4. UNKNOWN <b>B</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/>	<b>INJURIES</b> <b>A</b> <input type="checkbox"/> <b>6</b> 1. NO INJURY 2. POSSIBLE 3. NON-INCAPACITATING 4. INCAPACITATING 5. FATAL INJURY 6. UNKNOWN <b>B</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/>
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<input type="checkbox"/> SUPPLEMENT *X IF YES
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MOTORIST / NON-MOTORIST / OCCUPANT

<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="01"/> B <input type="text" value="10"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>A</td><td>1</td><td>B</td><td>1</td><td><input type="text" value="20"/></td></tr> <tr><td>A</td><td>2</td><td>B</td><td>2</td><td><input type="text"/></td></tr> <tr><td>A</td><td>3</td><td>B</td><td>3</td><td><input type="text"/></td></tr> <tr><td>A</td><td>4</td><td>B</td><td>4</td><td><input type="text"/></td></tr> </table>	A	1	B	1	<input type="text" value="20"/>	A	2	B	2	<input type="text"/>	A	3	B	3	<input type="text"/>	A	4	B	4	<input type="text"/>	<b>POSTED SPEED</b> A <input type="text" value="0"/> B <input type="text" value="0"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/>
A	1	B	1	<input type="text" value="20"/>																					
A	2	B	2	<input type="text"/>																					
A	3	B	3	<input type="text"/>																					
A	4	B	4	<input type="text"/>																					
<b>NON-MOTORIST LOCATION</b> A <input type="text"/> B <input type="text"/> 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	<b>FRONT</b> 	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	<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 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 CURB 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"/> B <input type="text"/> 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	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/> 1 NONE 2 BLOOD 3 URINE 4 OTHER																				
<b>TYPE OF UNIT</b> A <input type="text" value="04"/> B <input type="text" value="07"/>	<b>REAR</b> 	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="15"/> B <input type="text" value="01"/>	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="5"/> B <input type="text" value="1"/>	<b>DIRECTION</b> FROM TO A <input type="text"/> B <input type="text"/> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN	<b>DRUG TEST 1 &amp; 2 RESULT</b> A <input type="text" value="1"/> <input type="text" value="1"/> B <input type="text" value="1"/> <input type="text" value="2"/>																				
<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 (BOBSTAIL) 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 <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	<b>MOST DAMAGED AREA</b> A <input type="text" value="15"/> B <input type="text" value="03"/>	<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 (A/C/D) 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 W/ROPER 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	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="6"/> B <input type="text"/>	<b>CONDITION</b> A <input type="text" value="8"/> B <input type="text"/> 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	<b>TYPE OF INTERSECTION</b> <input type="text" value="01"/> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDABOUT 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																				
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>POINT OF IMPACT</b> A <input type="text" value="03"/> B <input type="text" value="03"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/> 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>MOST HARMFUL EVENT</b> A <input type="text" value="5"/> B <input type="text" value="1"/>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="1"/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN																				
<b>DAMAGE SCALE</b> A <input type="text" value="6"/> B <input type="text" value="2"/>	<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>SPEED DETECTED</b> A <input type="text"/> B <input type="text" value="2"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/>																				
<b>DAMAGE SCALE</b> A <input type="text" value="6"/> 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>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>SPEED</b> A <input type="text" value="0"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>LOCAL REPORT #</b> <b>11MPD 0921</b>																				
<b>SUPPLEMENT 'X' IF YES</b> <input type="text"/>				<b>LOCAL REPORT #</b> <b>11MPD 0921</b>																					

**NARRATIVE**

**UNIT #2 WAS PARKED IN A PARKING SPACE AT WAL-MART UNIT #1 WAS PULLING THROUGH A PARKING SPACE. UNIT #1 GOT TO CLOSE TO UNIT #2 UNIT #1 STRUCK UNIT #2 UNIT #1 THEN LEFT THE SCENE**

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>6</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>WORK ZONE RELATED</b></p> <p><b>1</b></p> <p>1 NO                  2 YES                  3 UNKNOWN</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>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>LIGHT CONDITIONS</b></p> <p>PRIMARY <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>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>		

**Wal-Mart**

<b>TRUCK BUS UNIT #</b>	<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 BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER</p>
		<p><b>A</b> THE CRASH RESULTED IN ONE OF THE FOLLOWING</p> <p><b>N</b> A FATALITY, OR</p> <p><b>D</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</p>

<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>	<b>WEIGHT (GVWR)</b>	<b>CDL CLASS</b>	<b>HAZARDOUS MATERIALS PLACARD</b>
<p><input type="checkbox"/> 01 NOT APPLICABLE</p> <p><input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER)</p> <p><input type="checkbox"/> 03 VAN/ENCLOSED BOX</p> <p><input type="checkbox"/> 04 GRAIN/CHIPS/GRAVEL/WN</p> <p><input type="checkbox"/> 05 POLE</p> <p><input type="checkbox"/> 06 CARGO TANK</p> <p><input type="checkbox"/> 07 FLATBED</p> <p><input type="checkbox"/> 08 DUMP</p> <p><input type="checkbox"/> 09 CONCRETE MIXER</p>	<p><input type="checkbox"/> 1 LESS/EQUAL 10,000</p> <p><input type="checkbox"/> 2 10,001 - 26,000</p> <p><input type="checkbox"/> 3 MORE THAN 26,000</p>	<p><input type="checkbox"/> 1 CLASS A</p> <p><input type="checkbox"/> 2 CLASS B</p> <p><input type="checkbox"/> 3 CLASS C</p> <p><input type="checkbox"/> 4 CLASS D</p> <p><input type="checkbox"/> 5 CLASS E</p>	<p><input type="checkbox"/> 1 NO</p> <p><input type="checkbox"/> 2 YES</p> <p><input type="checkbox"/> 3 UNKNOWN</p>

<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>
<b>05/24/2011</b>	<b>17:10</b>	<b>17:10</b>	<b>17:10</b>	<b>17:15</b>	<b>0</b>	<b>5</b>
<b>OFFICER'S NAME</b>		<b>BADGE #</b>	<b>CHECKED BY</b>		<b>DATE REPORT FILED</b>	
<b>CAPT. SCOTT AKINS</b>		<b>103</b>			<b>05/24/2011</b>	
<b>REPORT TAKEN BY</b>	<b>REPORT TAKEN AT</b>	<b>SUPPLEMENT 'X' IF YES</b>			<b>LOCAL REPORT #</b>	
<b>1</b>	<b>1</b>	<input type="checkbox"/>			<b>11MPD 0921</b>	