

062011 res

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|  | <b>TRAFFIC CRASH REPORT</b>         |                                                                                                   |                                                        |                                                                                               |                                                    |                                                                                                                              |                            |                                                          |                     |                                                                              |
|  | CRASH REPORT #<br><b>11MPD 1131</b> | CRASH SEVERITY<br><input checked="" type="checkbox"/> 3 1 FATAL ERROR 3 POO<br>2 INJURY 4 UNKNOWN | PRIVATE PROPERTY<br><input type="checkbox"/> *X IF YES | HIT / SKIP<br><input checked="" type="checkbox"/> 1 1 NOT HIT / SKIP<br>2 SOLVED 3 NOT SOLVED | PHOTOS TAKEN<br><input type="checkbox"/> *X IF YES | OH-2 OH-3 OH-1P OTHER<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | N.C.I.C. #<br><b>03801</b> | REPORTING AGENCY<br><b>MILLERSBURG POLICE DEPARTMENT</b> | # UNITS<br><b>2</b> | UNIT ERROR<br><input checked="" type="checkbox"/> 01 06 ANIMAL<br>09 UNKNOWN |

|                               |                           |                                         |                                                           |                                                    |                             |                               |
|-------------------------------|---------------------------|-----------------------------------------|-----------------------------------------------------------|----------------------------------------------------|-----------------------------|-------------------------------|
| TIME OF CRASH<br><b>11:35</b> | DAY OF WEEK<br><b>SUN</b> | CITY/VILLAGE/TOWNSHIP<br><b>VILLAGE</b> | NAME (OF CITY, VILLAGE OR TOWNSHIP)<br><b>MILLERSBURG</b> | COUNTY #<br><input checked="" type="checkbox"/> 38 | LATITUDE<br><b>40323663</b> | LONGITUDE<br><b>081545951</b> |
|-------------------------------|---------------------------|-----------------------------------------|-----------------------------------------------------------|----------------------------------------------------|-----------------------------|-------------------------------|

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| CRASH OCCURRED ON<br>PREFIX <b>S</b> CRASH LOCATION <b>WASHINGTON</b> TYPE LOC <b>1</b> | TYPE LOCATION POINT USED<br>1 NAMED STREET<br>2 NUMBERED STREET<br>3 NUMBERED ROUTE | LOCAL INFORMATION |
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|                                                                                            |                                                                                                                                                                                                                                                    |
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| AT/REFERENCE<br>DIST. REF. DIR PREFIX REFERENCE REF POINT<br><b>S 000955 WASHINGTON 04</b> | REFERENCE POINT USED<br>01 STATE LINE 05 TOWNSHIP BOUNDARY 09 DRIVEWAY<br>02 INTERSECTION OF TWO STREETS 06 MILE POST 10 STREET OR ROUTE<br>03 COUNTY LINE 07 CORPORATION LIMIT WITHOUT REFERENCE<br>04 HOUSE NUMBER 08 PLACE NAME WITHOUT REFEREN |
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|                                                                                                 |
|-------------------------------------------------------------------------------------------------|
| <b>A</b> UNIT # <b>01</b> # OF OCC <b>1</b> NAME (LAST, FIRST, MIDDLE)<br><b>WAGERS DONNA L</b> |
|-------------------------------------------------------------------------------------------------|

ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**45190 CR 19 COSHOCTON OH 43812**

|                        |                                    |                  |                 |                                      |              |
|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|
| SOCIAL SECURITY NUMBER | DATE OF BIRTH<br><b>06/17/1932</b> | AGE<br><b>79</b> | SEX<br><b>F</b> | HOME PHONE #<br><b>(330)674-8245</b> | WORK PHONE # |
|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|

|                       |                         |                       |                        |                                                                                                         |                |                  |
|-----------------------|-------------------------|-----------------------|------------------------|---------------------------------------------------------------------------------------------------------|----------------|------------------|
| DL STATE<br><b>OH</b> | DL #<br><b>RN030752</b> | LP STATE<br><b>OH</b> | LP #<br><b>DCT8802</b> | INJURED TAKEN BY<br><input checked="" type="checkbox"/> 1 1 NONE 4 OTHER<br>2 EMS 5 UNKNOWN<br>3 POLICE | TRANSPORTED BY | INJURED TAKEN TO |
|-----------------------|-------------------------|-----------------------|------------------------|---------------------------------------------------------------------------------------------------------|----------------|------------------|

|                                                             |                                                                                        |
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| OWNER NAME (IF SAME, WRITE "SAME")<br><b>WAGERS, GREG A</b> | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>45190 CR 19 COSHOCTON OH 43812</b> |
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|                     |                       |                    |                       |                                        |                                         |                                       |
|---------------------|-----------------------|--------------------|-----------------------|----------------------------------------|-----------------------------------------|---------------------------------------|
| YEAR<br><b>2001</b> | MAKE<br><b>SATURN</b> | MODEL<br><b>SC</b> | COLOR<br><b>BROWN</b> | INSURANCE COMPANY<br><b>STATE FARM</b> | TOWING SERVICE<br><b>FINNEYS TOWING</b> | OWNER PHONE #<br><b>(330)674-8245</b> |
|---------------------|-----------------------|--------------------|-----------------------|----------------------------------------|-----------------------------------------|---------------------------------------|

|                 |                     |            |                                                  |
|-----------------|---------------------|------------|--------------------------------------------------|
| OFFENSE CHARGED | OFFENSE DESCRIPTION | CITATION # | LOCAL CODE<br><input type="checkbox"/> *X IF YES |
|-----------------|---------------------|------------|--------------------------------------------------|

|                                                                                                    |
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| <b>B</b> UNIT # <b>02</b> # OF OCC <b>1</b> NAME (LAST, FIRST, MIDDLE)<br><b>RUSSELL WILLIAM F</b> |
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**149 E JONES ST APT 6 MILLERSBURG OH 44654**

|                        |                                    |                  |                 |                                      |              |
|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|
| SOCIAL SECURITY NUMBER | DATE OF BIRTH<br><b>04/04/1931</b> | AGE<br><b>80</b> | SEX<br><b>M</b> | HOME PHONE #<br><b>(330)674-4567</b> | WORK PHONE # |
|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|

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| DL STATE<br><b>OH</b> | DL #<br><b>RR686352</b> | LP STATE<br><b>OH</b> | LP #<br><b>BG48PU</b> | INJURED TAKEN BY<br><input checked="" type="checkbox"/> 1 1 NONE 4 OTHER<br>2 EMS 5 UNKNOWN<br>3 POLICE | TRANSPORTED BY | INJURED TAKEN TO |
|-----------------------|-------------------------|-----------------------|-----------------------|---------------------------------------------------------------------------------------------------------|----------------|------------------|

|                                                                 |                                                                                                   |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| OWNER NAME (IF SAME, WRITE "SAME")<br><b>RUSSELL, WILLIAM F</b> | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>149 E JONES ST APT 6 MILLERSBURG OH 44654</b> |
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|                     |                        |                       |                       |                                    |                |               |
|---------------------|------------------------|-----------------------|-----------------------|------------------------------------|----------------|---------------|
| YEAR<br><b>2009</b> | MAKE<br><b>MERCURY</b> | MODEL<br><b>OTHER</b> | COLOR<br><b>WHITE</b> | INSURANCE COMPANY<br><b>SAFECO</b> | TOWING SERVICE | OWNER PHONE # |
|---------------------|------------------------|-----------------------|-----------------------|------------------------------------|----------------|---------------|

|                 |                     |            |                                                  |
|-----------------|---------------------|------------|--------------------------------------------------|
| OFFENSE CHARGED | OFFENSE DESCRIPTION | CITATION # | LOCAL CODE<br><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)

|                                                                                            |                |                  |
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| INJURED TAKEN BY<br><input type="checkbox"/> 1 NONE 4 OTHER<br>2 EMS 5 UNKNOWN<br>3 POLICE | TRANSPORTED BY | INJURED TAKEN TO |
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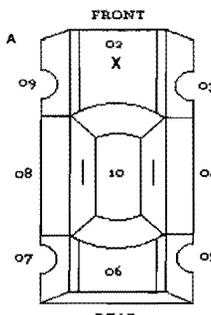
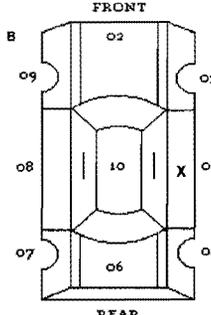
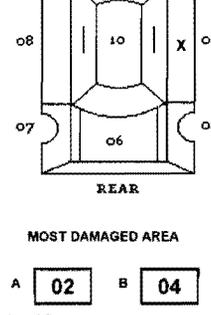
|                                                                               |
|-------------------------------------------------------------------------------|
| <b>D</b> UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX |
|-------------------------------------------------------------------------------|

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            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| <b>UNIT NUMBERS</b><br>A <input type="text" value="01"/> B <input type="text" value="02"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>DAMAGE AREA</b><br>        | <b>PRE-CRASH ACTIONS</b><br>A <input type="text" value="08"/> B <input type="text" value="01"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>SEQUENCE OF EVENTS</b><br><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><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" value="20"/> | 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"/> | <b>POSTED SPEED</b><br>A <input type="text" value="35"/> B <input type="text" value="35"/> | <b>DRUG TEST STATUS</b><br>A <input type="text" value="1"/> B <input type="text" value="1"/> |   |                      |   |                      |   |                      |   |                      |   |                      |   |                      |   |                      |   |                      |   |                      |                                                                                                                                                                |                                                                                                                                                                                                                                                                                                    |   |                                |   |                                |   |                                |   |                                |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="text" value="20"/>                                                                                | B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                        |   |                                |
| <b>NON-MOTORIST LOCATION</b><br>A <input type="text"/> B <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | <b>MOTORIST</b><br>01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD<br>02 BACKING<br>03 CHANGING LANES<br>04 OVERTAKING/PASSING<br>05 TURNING RIGHT<br>06 TURNING LEFT<br>07 MAKING U-TURN<br>08 ENTERING TRAFFIC LANE<br>09 LEAVING TRAFFIC LANE<br>10 PARKED<br>11 SLOWING OR STOPPED IN TRAFFIC<br>12 DRIVERLESS<br>13 OTHER<br>14 UNKNOWN<br><b>NON-MOTORIST</b><br>15 ENTERING OR CROSSING SPECIFIED LOCATION<br>16 WALKING RUNNING, JOGGING<br>17 PLAYING, CYCLING<br>17 WORKING<br>18 PUSHING VEHICLE<br>19 APPROACHING OR LEAVING VEHICLE<br>20 PLAYING OR WORKING ON VEHICLE<br>21 STANDING<br>22 OTHER<br>23 UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>NON-COLLISION</b><br>01 OVERTURN/ROLLOVER<br>02 FIRE/EXPLOSION<br>03 IMMERSION<br>04 JACKKNIFE<br>05 CARGO/EQUIPMENT LOSS OR SHIFT<br>06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.)<br>07 SEPARATION OF UNITS<br>08 RAN OFF ROAD RIGHT<br>09 RAN OFF ROAD LEFT<br>10 CROSS-MEDIAN/CENTERLINE<br>11 DOWNHILL RUNAWAY<br>12 OTHER NON-COLLISION<br>13 UNKNOWN NON-COLLISION<br>14 COLLISION W/PERSON, VEHICLE OR OBJECT NOT FIXED<br>14 PEDESTRIAN<br>15 PEDICYCLE<br>16 RAILWAY VEHICLE (E.G. TRAIN ENGINE)<br>17 ANIMAL - FARM<br>18 ANIMAL - DEER<br>19 ANIMAL - OTHER<br>20 MOTOR VEHICLE IN TRANSPORT<br>21 PARKED MOTOR VEHICLE<br>22 WORK ZONE MAINTENANCE EQUIPMENT<br>23 OTHER MOVABLE OBJECT<br>24 UNKNOWN MOVABLE OBJECT<br>25 COLLISION WITH FIXED OBJECT<br>26 IMPACT ATTENUATOR/CRASH CUSHION<br>26 BRIDGE OVERHEAD STRUCTURE<br>27 BRIDGE PIER OR ABUTMENT<br>28 BRIDGE PARAPET<br>29 BRIDGE RAIL<br>30 GUARDRAIL FACE<br>31 GUARDRAIL END<br>32 MEDIAN BARRIER<br>33 HIGHWAY TRAFFIC SIGN POST<br>34 OVERHEAD SIGN POST<br>35 LIGHT/LUMINAIRE SUPPORT<br>36 UTILITY POLE<br>37 OTHER POST, POLE OR SUPPORT<br>38 CURB<br>39 CURB<br>40 OTHER<br>41 EMBARKMENT<br>42 FENCE<br>43 MAILBOX<br>44 TREE<br>45 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.)<br>46 WORK ZONE MAINTENANCE EQUIPMENT<br>47 UNKNOWN/FIXED OBJECT<br>48 OTHER<br>49 UNKNOWN | <b>TRAFFIC CONTROL</b><br>A <input type="text" value="01"/> B <input type="text" value="01"/>      | <b>DRUG TEST TYPE</b><br>A <input type="text" value="1"/> B <input type="text" value="1"/>                                                                                  |         |                                 |           |                      |   |                      |   |                      |   |                      |   |                      |   |                      |   |                      |   |                      |                                                                                            |                                                                                              |   |                      |   |                      |   |                      |   |                      |   |                      |   |                      |   |                      |   |                      |   |                      |                                                                                                                                                                |                                                                                                                                                                                                                                                                                                    |   |                                |   |                                |   |                                |   |                                |
| <b>TYPE OF UNIT</b><br>A <input type="text" value="03"/> B <input type="text" value="03"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>CONTRIBUTING CIRCUMSTANCES</b><br>A <input type="text" value="02"/> B <input type="text" value="01"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>SEQUENCE OF EVENTS</b><br><table border="1"> <tr> <td>A</td> <td><input type="text" value="3"/></td> <td>B</td> <td><input type="text" value="3"/></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> <tr> <td>5</td> <td><input type="text"/></td> <td>5</td> <td><input type="text"/></td> </tr> <tr> <td>6</td> <td><input type="text"/></td> <td>6</td> <td><input type="text"/></td> </tr> <tr> <td>7</td> <td><input type="text"/></td> <td>7</td> <td><input type="text"/></td> </tr> <tr> <td>8</td> <td><input type="text"/></td> <td>8</td> <td><input type="text"/></td> </tr> <tr> <td>9</td> <td><input type="text"/></td> <td>9</td> <td><input type="text"/></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                  | A                                                                                                  | <input type="text" value="3"/>                                                                                                                                              | B       | <input type="text" value="3"/>  | 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"/> | 5                                                                                          | <input type="text"/>                                                                         | 5 | <input type="text"/> | 6 | <input type="text"/> | 6 | <input type="text"/> | 7 | <input type="text"/> | 7 | <input type="text"/> | 8 | <input type="text"/> | 8 | <input type="text"/> | 9 | <input type="text"/> | 9 | <input type="text"/> | <b>DIRECTION</b><br>FROM TO<br>A <input type="text" value="3"/> <input type="text" value="3"/> B <input type="text" value="2"/> <input type="text" value="1"/> | <b>DRUG TEST 1 &amp; 2 RESULT</b><br><table border="1"> <tr> <td>1</td> <td><input type="text" value="1"/></td> <td>2</td> <td><input type="text" value="1"/></td> </tr> <tr> <td>1</td> <td><input type="text" value="1"/></td> <td>2</td> <td><input type="text" value="1"/></td> </tr> </table> | 1 | <input type="text" value="1"/> | 2 | <input type="text" value="1"/> | 1 | <input type="text" value="1"/> | 2 | <input type="text" value="1"/> |
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| <b>MOTORIST</b><br>01 SUB-COMPACT<br>02 COMPACT<br>03 MID-SIZED<br>04 FULL-SIZED<br>05 MINIVAN<br>06 SPORT UTILITY VEHICLE<br>07 PICKUP<br>08 PANELVAN<br>09 SINGLE UNIT TRUCK, 2 AXLES<br>6 TRUCKS<br>10 SINGLE UNIT TRUCK, 3 OR MORE AXLES<br>11 TRUCK/TRAILER<br>12 TRUCK TRACTOR (BOBTAIL)<br>13 TRACTOR/SEMI-TRAILER<br>14 TRACTOR/DOUBLE - SHORT<br>15 TRACTOR DOUBLE - LONG<br>16 FIFTH WHEEL OR CONVERTER DOLLY<br>17 TRACTOR/TRIPLES<br>18 MOTORCYCLE<br>19 MOTORIZED BICYCLE<br>20 SCHOOL BUS<br>21 CHURCH BUS<br>22 PUBLIC BUS<br>23 OTHER BUS<br>24 POLICE VEHICLE<br>25 FIRE TRUCK<br>26 AMBULANCE/RESCUE<br>27 TAXI<br>28 MOTOR HOME<br>29 TRAIN<br>30 FARM VEHICLE<br>31 FARM EQUIPMENT<br>32 SNOWMOBILE<br>33 CONSTRUCTION EQUIPMENT<br>34 ALL OTHERS<br><b>NON-MOTORIST</b><br>35 ANIMAL W/DRIVER<br>36 ANIMAL W/BUGGY<br>37 BICYCLE<br>38 PEDESTRIAN<br>39 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)<br>40 SKATER<br>41 OTHER-NON MOTORIST (WHEELCHAIR, ETC.)<br>42 UNKNOWN | <b>MOST DAMAGED AREA</b><br>A <input type="text" value="02"/> B <input type="text" value="04"/>                | <b>MOTORIST</b><br>01 NONE<br>02 FAILURE TO YIELD<br>03 RAN RED LIGHT OR STOP SIGN<br>04 EXCEEDED SPEED LIMIT<br>05 UNSAFE SPEED<br>06 IMPROPER TURN<br>07 LEFT OF CENTER<br>08 FOLLOWED TOO CLOSELY/ACDA<br>09 IMPROPER LANE CHANGE/DROVE OFF ROAD/IMPROPER PASSING<br>10 IMPROPER BACKING<br>11 IMPROPER START FROM PARKED POSITION<br>12 STOPPED OR PARKED ILLEGALLY<br>13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER<br>14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.)<br>15 FAILURE TO CONTROL<br>16 VISION OBSTRUCTION<br>17 DRIVER INATTENTION<br>18 FATIGUE/ASLEEP<br>19 OPERATING DEFECTIVE EQUIPMENT<br>20 LOAD SHIFTING/FALLING/SPILLING<br>21 OTHER IMPROPER ACTION<br>22 UNKNOWN<br><b>NON-MOTORIST</b><br>23 NONE<br>24 IMPROPER CROSSING<br>25 DARTING<br>26 LYING AND/OR ILLEGALLY IN ROADWAY<br>27 FAILURE TO YIELD RIGHT OF WAY<br>28 NOT VISIBLE (DARK CLOTHING)<br>29 INATTENTIVE<br>30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER<br>31 WRONG SIDE OF THE ROAD<br>32 OTHER<br>33 UNKNOWN | <b>FIRST HARMFUL EVENT</b><br>A <input type="text" value="1"/> B <input type="text" value="1"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>IN EMERGENCY RESPONSE</b><br>A <input type="text" value="1"/> B <input type="text" value="1"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>ACTION</b><br>A <input type="text" value="3"/> B <input type="text" value="4"/>                             | <b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b><br>A <input type="text"/> B <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| <b>DAMAGE SCALE</b><br>A <input type="text" value="4"/> B <input type="text" value="3"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>STRIKING VEHICLE OVERRIDE/UNDERIDE</b><br>A <input type="text" value="1"/> B <input type="text" value="1"/> | <b>MOTORIST</b><br>01 TURN SIGNALS<br>02 HEAD LAMPS<br>03 TAIL LAMPS<br>04 BRAKES<br>05 STEERING<br>06 TIRE BLOWOUT<br>07 WORN OR SLICK TIRES<br>08 TRAILER EQUIPMENT DEFECTIVE<br>09 MOTOR TROUBLE<br>10 DISABLED FROM PRIOR ACCIDENT<br>11 OTHER DEFECTS<br>12 NO DEFECTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>SPEED DETECTED</b><br>A <input type="text" value="1"/> B <input type="text" value="1"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>ALCOHOL TEST STATUS</b><br>A <input type="text" value="1"/> B <input type="text" value="1"/>    | <b>ROAD CONTOUR</b><br><input type="text" value="1"/>                                                                                                                       |         |                                 |           |                      |   |                      |   |                      |   |                      |   |                      |   |                      |   |                      |   |                      |                                                                                            |                                                                                              |   |                      |   |                      |   |                      |   |                      |   |                      |   |                      |   |                      |   |                      |   |                      |                                                                                                                                                                |                                                                                                                                                                                                                                                                                                    |   |                                |   |                                |   |                                |   |                                |
| <b>SUPPLEMENT 'X' IF YES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>LOCAL REPORT #</b><br><input type="text" value="11MPD 1131"/>                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>SPEED</b><br>A <input type="text" value="5"/> B <input type="text" value="25"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>ALCOHOL TEST TYPE</b><br>A <input type="text" value="1"/> B <input type="text" value="1"/>      | <b>ROAD CONDITIONS</b><br><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"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                    |                                                                                                                                                                             |         |                                 |           |                      |   |                      |   |                      |   |                      |   |                      |   |                      |   |                      |   |                      |                                                                                            |                                                                                              |   |                      |   |                      |   |                      |   |                      |   |                      |   |                      |   |                      |   |                      |   |                      |                                                                                                                                                                |                                                                                                                                                                                                                                                                                                    |   |                                |   |                                |   |                                |   |                                |

**NARRATIVE**

**UNIT 1 WAS PULLING OUT OF THE DRIVEWAY FOR THE BUSINESS PLAZA AT 955 S WASHINGTON ST. UNIT 2 WAS NORTHBOUND ON S. WASHINGTON ST. UNIT 1 FAILED TO YIELD TO UNIT 2 AND PULLED OUT, STRIKING UNIT 2 IN THE RIGHT SIDE.**

|                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                     |                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>6</b></p> <p>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT<br/>                 2 REAR-END<br/>                 3 HEAD-ON<br/>                 4 REAR-TO-REAR<br/>                 5 BACKING<br/>                 6 ANGLE<br/>                 7 SIDESWIPE SAME DIRECTION<br/>                 8 SIDESWIPE OPPOSITE DIRECTION<br/>                 9 UNKNOWN</p> | <p><b>SCHOOL BUS RELATED</b></p> <p><b>1</b></p> <p>1 NO<br/>                 2 YES, DIRECTLY INVOLVED<br/>                 3 YES, INDIRECTLY INVOLVED<br/>                 4 UNKNOWN</p>                                                                           | <p><b>DiAGRAM</b></p> |
| <p><b>WEATHER</b></p> <p><b>02</b></p> <p>01 CLEAR<br/>                 02 CLOUDY<br/>                 03 FOG/SMOG/SMOKE<br/>                 04 RAIN<br/>                 05 SLEET/HAUL (FREEZING RAIN OR ORIZZLE)<br/>                 06 SNOW<br/>                 07 SEVERE CROSSWINDS<br/>                 08 BLOWING SAND/SOIL/DIRT/SNOW<br/>                 09 OTHER<br/>                 10 UNKNOWN</p>       | <p><b>WORK ZONE RELATED</b></p> <p><b>1</b></p> <p>1 NO<br/>                 2 YES<br/>                 3 UNKNOWN</p>                                                                                                                                               |                       |
| <p><b>LIGHT CONDITIONS</b></p> <p>PRIMARY <b>1</b>    SECONDARY <input type="checkbox"/></p> <p>1 DAYLIGHT<br/>                 2 DAWN<br/>                 3 DUSK<br/>                 4 DARK - LIGHTED ROADWAY<br/>                 5 DARK - ROADWAY NOT LIGHTED<br/>                 6 DARK - UNKNOWN ROADWAY LIGHTING<br/>                 7 GLARE<br/>                 8 OTHER<br/>                 9 UNKNOWN</p> | <p><b>TYPE OF WORK ZONE</b></p> <p><input type="checkbox"/></p> <p>1 LANE CLOSURE<br/>                 2 LANE SHIFT/CROSSOVER<br/>                 3 WORK ON SHOULDER OR MEDIAN<br/>                 4 INTERMITTENT OR MOVING WORK<br/>                 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<br/>                 2 ADVANCE WARNING AREA<br/>                 3 TRANSITION AREA<br/>                 4 ACTIVITY AREA</p>                                                                                                                                                                  | <p><b>WORKERS PRESENT</b></p> <p><input type="checkbox"/></p> <p>1 NO<br/>                 2 YES<br/>                 3 UNKNOWN</p>                                                                                                                                 |                       |

|                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                               |
|------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>TRUCK/BUS</b> | <p><b>UNIT #</b></p> <p><input type="text"/></p> | <p><b>A</b> THE CRASH RESULTED IN ONE OF THE FOLLOWING<br/>                 A FATALITY OR<br/>                 AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT, OR<br/>                 AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER</p> <p><b>N</b></p> <p><b>D</b></p> |
|------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |               |
|--------------------------------|---------------|
| COMPANY (FROM SHIPPING PAPERS) | COMPANY PHONE |
|--------------------------------|---------------|

ADDRESS (STREET, CITY, ST, ZIP CODE)

|                                                                                                                                                                                                                                                       |        |      |                                                                                                                                                                                  |                 |                                                                                                                                                                                                                                   |           |                                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| US DOT                                                                                                                                                                                                                                                | ICC MC | PUCO | TRAILER LP ST.                                                                                                                                                                   | TRAILER LP YEAR | TRAILER LP #                                                                                                                                                                                                                      | PLACARD # | # DIA                                                                                                                                                      |  |
| <p><b>CARGO BODY TYPE</b></p> <p><input type="checkbox"/> 01 NOT APPLICABLE<br/> <input type="checkbox"/> 02 BUS (8-15 INCLUDING DRIVER)<br/> <input type="checkbox"/> 03 VAN/ENCLOSED BOX<br/> <input type="checkbox"/> 04 GRAIN/CHIPS/GRAVEL/WN</p> |        |      | <p><b>WEIGHT (GVWR)</b></p> <p><input type="checkbox"/> 1 LESS/EQUAL 10,000<br/> <input type="checkbox"/> 2 10,001 - 26,000<br/> <input type="checkbox"/> 3 MORE THAN 26,000</p> |                 | <p><b>CDL CLASS</b></p> <p><input type="checkbox"/> 1 CLASS A<br/> <input type="checkbox"/> 2 CLASS B<br/> <input type="checkbox"/> 3 CLASS C<br/> <input type="checkbox"/> 4 CLASS D<br/> <input type="checkbox"/> 5 CLASS E</p> |           | <p><b>HAZARDOUS MATERIALS PLACARD</b></p> <p><input type="checkbox"/> 1 NO<br/> <input type="checkbox"/> 2 YES<br/> <input type="checkbox"/> 3 UNKNOWN</p> |  |
| <p><b>HAZARDOUS MATERIALS RELEASED</b></p> <p><input type="checkbox"/> 1 NO<br/> <input type="checkbox"/> 2 YES<br/> <input type="checkbox"/> 3 NOT APPLICABLE</p>                                                                                    |        |      |                                                                                                                                                                                  |                 |                                                                                                                                                                                                                                   |           |                                                                                                                                                            |  |

|                            |                            |                          |         |            |                |                   |
|----------------------------|----------------------------|--------------------------|---------|------------|----------------|-------------------|
| <b>POLICE ACTION</b>       |                            |                          |         |            |                |                   |
| DATE CRASH REPORTED        | TIME REC CALL              | DISPATCH                 | ARRIVED | CLEARED    | OTHER          | TOTAL MINUTES     |
| 06/19/2011                 | 11:38                      | 11:38                    | 11:38   | 11:56      | 20             | 38                |
| OFFICER'S NAME             |                            | BADGE #                  |         | CHECKED BY |                | DATE REPORT FILED |
| PTL. JUSTIN ESTILL         |                            | 113                      |         |            |                | 06/19/2011        |
| REPORT TAKEN BY            | REPORT TAKEN AT            | SUPPLEMENT 'X' IF YES    |         |            | LOCAL REPORT # |                   |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> |         |            | 11MPD 1131     |                   |