

me B6-22-11



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>11MPD 1157</b>	CRASH SEVERITY 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN <b>3</b>	PRIVATE PROPERTY X *X IF YES	HIT / SKIP 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED <b>1</b>	PHOTOS TAKEN *X IF YES	OH-2 OH-3 OH-1P OTHER
N.C.I.C. # <b>03801</b>	REPORTING AGENCY <b>MILLERSBURG POLICE DEPARTMENT</b>	# UNITS <b>2</b>	UNIT ERROR 98 ANIMAL 99 UNKNOWN <b>01</b>	DATE OF CRASH <b>06/21/2011</b>	

TIME OF CRASH <b>20:20</b>	DAY OF WEEK <b>TUE</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40315807</b>	LONGITUDE <b>081550007</b>
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>CRASH LOCATION PRIVATE PROPERTY</b>	TYPE LOC <b>1</b>	<b>PIZZA HUT PARKING LOT</b>

AT/REFERENCE	REFERENCE POINT USED
DIST. REF. DIR PREFIX REFERENCE REF POINT	01 STATE LINE 06 TOWNSHIP BOUNDARY 09 DRIVEWAY 02 INTERSECTION OF TWO STREETS 08 MILE POST 10 STREET OR ROUTE 03 COUNTY LINE 07 CORPORATION LIMIT WITHOUT REFERENCE 04 HOUSE NUMBER 08 PLACE NAME WITHOUT REFEREN
<b>S 001681 S. WASHINGTON ST. 04</b>	

MOTORIST / NON-MOTORIST

<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>MILLER RUBY M.</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>6484 T.R. 350 MILLERSBURG OH 44654</b>			
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>10/21/1988</b>	AGE <b>22</b>	SEX <b>F</b>
HOME PHONE # <b>(330)231-2569</b>	WORK PHONE # <b>(330)674-6688</b>		
DL STATE <b>OH</b>	DL # <b>SW907030</b>	LP STATE <b>OH</b>	LP # <b>FAA1258</b>
INJURED TAKEN BY <b>1</b>	TRANSPORTED BY	INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE "SAME") <b>MILLER, RUBY M.</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>6484 T.R. 350 MILLERSBURG OH 44654</b>		
YEAR <b>2000</b>	MAKE <b>SATURN</b>	MODEL <b>SL2</b>	COLOR <b>PURPLE</b>
INSURANCE COMPANY <b>PROGRESSIVE</b>	TOWING SERVICE	OWNER PHONE # <b>(330)231-2569</b>	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE *X IF YES

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>0</b>	NAME (LAST, FIRST, MIDDLE)
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>//</b>	AGE	SEX
HOME PHONE #	WORK PHONE #		
DL STATE	DL #	LP STATE <b>OH</b>	LP # <b>DE93SA</b>
INJURED TAKEN BY <input type="checkbox"/>	TRANSPORTED BY	INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE "SAME") <b>RICKSECKER, ANDREA K.</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>5168 T.R. 356 MILLERSBURG OH 44654</b>		
YEAR <b>2002</b>	MAKE <b>PONTIAC</b>	MODEL <b>GRAND AM</b>	COLOR <b>SILVER</b>
INSURANCE COMPANY <b>HABRUN'S</b>	TOWING SERVICE	OWNER PHONE # <b>(330)312-2664</b>	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE *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"/>	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"/>	TRANSPORTED BY	INJURED TAKEN TO				

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

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b>  <b>REAR</b>  <b>MOST DAMAGED AREA</b> A <input type="text" value="07"/> B <input type="text" value="03"/>	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="02"/> B <input type="text" value="10"/> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD</li> <li>02 BACKING</li> <li>03 CHANGING LANES</li> <li>04 OVERTAKING/PASSING</li> <li>05 TURNING RIGHT</li> <li>06 TURNING LEFT</li> <li>07 MAKING U-TURN</li> <li>08 ENTERING TRAFFIC LANE</li> <li>09 LEAVING TRAFFIC LANE</li> <li>10 PARKED</li> <li>11 SLOWING OR STOPPED IN TRAFFIC</li> <li>12 DRIVERLESS</li> <li>13 OTHER</li> <li>14 UNKNOWN</li> </ol> <p><b>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>15 ENTERING OR CROSSING SPECIFIED LOCATION</li> <li>16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING</li> <li>17 WORKING</li> <li>18 PUSHING VEHICLE</li> <li>19 APPROACHING OR LEAVING VEHICLE</li> <li>20 PLAYING OR WORKING ON VEHICLE</li> <li>21 STANDING</li> <li>22 TIEUP</li> <li>23 UNKNOWN</li> </ol>	<b>SEQUENCE OF EVENTS</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;">           A <input type="text" value="21"/>             2 <input type="text"/>             3 <input type="text"/>             4 <input type="text"/> </td> <td style="width:50%;">           B <input type="text" value="20"/>             2 <input type="text"/>             3 <input type="text"/>             4 <input type="text"/> </td> </tr> </table> <p><b>NON-COLLISION</b></p> <ol style="list-style-type: none"> <li>01 OVERTURN/ROLOVER</li> <li>02 FIRE/EXPLOSION</li> <li>03 IMMERSION</li> <li>04 JACKKNIFE</li> <li>05 CARGO/EQUIPMENT LOSS OR SHIFT</li> <li>06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.)</li> <li>07 SEPARATION OF UNITS</li> <li>08 RAN OFF ROAD RIGHT</li> <li>09 RAN OFF ROAD LEFT</li> <li>10 CROSS MEDIAN/CENTERLINE</li> <li>11 DOWNHILL RUNAWAY</li> <li>12 OTHER NON-COLLISION</li> <li>13 UNKNOWN NON-COLLISION</li> <li>14 COLLISION W/PERSON, VEHICLE, OR OBJECT</li> </ol> <p><b>NOT FIXED</b></p> <ol style="list-style-type: none"> <li>15 PEDESTRIAN</li> <li>16 BICYCLE</li> <li>17 RAILWAY VEHICLE (E.G. TRAIN ENGINE)</li> <li>18 ANIMAL - FARM</li> <li>19 ANIMAL - DEER</li> <li>20 ANIMAL - OTHER</li> <li>21 PARKED VEHICLE IN TRANSPORT</li> <li>22 PARKED MOTOR VEHICLE</li> <li>23 WORK ZONE MAINTENANCE EQUIPMENT</li> <li>24 OTHER MOVABLE OBJECT</li> <li>25 UNKNOWN MOVABLE OBJECT</li> <li>26 COLLISION WITH FIXED OBJECT</li> <li>27 IMPACT ATTENUATOR/CRASH CUSHION</li> <li>28 BRIDGE OVERHEAD STRUCTURE</li> <li>29 BRIDGE PIER OR ABUTMENT</li> <li>30 BRIDGE PARAPET</li> <li>31 GUARDRAIL FACE</li> <li>32 GUARDRAIL END</li> <li>33 MEDIAN BARRIER</li> <li>34 HIGHWAY TRAFFIC SIGN POST</li> <li>35 OVERHEAD SIGN POST</li> <li>36 LIGHT/LUMINARIES SUPPORT</li> <li>37 UTILITY POLE</li> <li>38 OTHER POST, POLE OR SUPPORT</li> <li>39 CULVERT</li> <li>40 CURB</li> <li>41 DITCH</li> <li>42 EMBANKMENT</li> <li>43 FENCE</li> <li>44 MAILBOX</li> <li>45 TREE</li> <li>46 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.)</li> <li>47 WORK ZONE MAINTENANCE EQUIPMENT</li> <li>48 UNKNOWN FIXED OBJECT</li> <li>49 OTHER</li> <li>50 UNKNOWN</li> </ol>	A <input type="text" value="21"/>  2 <input type="text"/>  3 <input type="text"/>  4 <input type="text"/>	B <input type="text" value="20"/>  2 <input type="text"/>  3 <input type="text"/>  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"/> <ol style="list-style-type: none"> <li>1 NONE GIVEN</li> <li>2 TEST REFUSED</li> <li>3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE</li> <li>4 TEST GIVEN, RESULTS KNOWN</li> <li>5 GIVEN, RESULTS UNKNOWN</li> <li>6 UNKNOWN</li> </ol>
A <input type="text" value="21"/>  2 <input type="text"/>  3 <input type="text"/>  4 <input type="text"/>	B <input type="text" value="20"/>  2 <input type="text"/>  3 <input type="text"/>  4 <input type="text"/>						
<b>NON-MOTORIST LOCATION</b> A <input type="text"/> B <input type="text"/> <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>	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="10"/> B <input type="text" value="01"/> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01 NONE</li> <li>02 FAILURE TO YIELD</li> <li>03 RAN RED LIGHT OR STOP SIGN</li> <li>04 EXCEEDED SPEED LIMIT</li> <li>05 UNSAFE SPEED</li> <li>06 IMPROPER TURN</li> <li>07 LEFT OF CENTER</li> <li>08 FOLLOWED TOO CLOSELY/ACDA</li> <li>09 IMPROPER LANE CHANGE/DROVE OFF ROAD/IMPROPER PASSING</li> <li>10 IMPROPER BACKING</li> <li>11 IMPROPER START FROM PARKED POSITION</li> <li>12 STOPPED OR PARKED ILLEGALLY</li> <li>13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER</li> <li>14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.)</li> <li>15 FAILURE TO CONTROL</li> <li>16 VISION OBSTRUCTION</li> <li>17 DRIVER INATTENTION</li> <li>18 FATIGUE/ASLEEP</li> <li>19 OPERATING DEFECTIVE EQUIPMENT</li> <li>20 LOAD SHIFTING/FALLING/SPILLING</li> <li>21 OTHER IMPROPER ACTION</li> <li>22 UNKNOWN</li> </ol> <p><b>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>23 NONE</li> <li>24 IMPROPER CROSSING</li> <li>25 DARTING</li> <li>26 LYING AND/OR ILLEGALLY IN ROADWAY</li> <li>27 FAILURE TO YIELD RIGHT OF WAY</li> <li>28 NOT VISIBLE (DARK CLOTHING)</li> <li>29 INATTENTIVE</li> <li>30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER</li> <li>31 WRONG SIDE OF THE ROAD</li> <li>32 OTHER</li> <li>33 UNKNOWN</li> </ol>	<b>TRAFFIC CONTROL</b> A <input type="text" value="01"/> B <input type="text" value="01"/> <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 WALK/DONT WALK          15 TRAFFIC CONTROL DEVICE          16 IMPERATIVE, MISSING, OBSCURED          17 NOT REPORTED          18 UNKNOWN</p>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/> <ol style="list-style-type: none"> <li>1 NONE</li> <li>2 BLOOD</li> <li>3 URINE</li> <li>4 OTHER</li> </ol>				
<b>TYPE OF UNIT</b> A <input type="text" value="03"/> B <input type="text" value="02"/> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01 SUB-COMPACT</li> <li>02 COMPACT</li> <li>03 MID SIZED</li> <li>04 FULL SIZE</li> <li>05 MINIVAN</li> <li>06 SPORT UTILITY VEHICLE</li> <li>07 PICKUP</li> <li>08 PANELVAN</li> <li>09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES</li> <li>10 SINGLE UNIT TRUCK, 3 OR MORE AXLES</li> <li>11 TRUCK/TRAILER</li> <li>12 TRUCK TRACTOR (BOBTAIL)</li> <li>13 TRACTOR/SEMI-TRAILER</li> <li>14 TRACTOR/DOUBLE - SHORT</li> <li>15 TRACTOR/DOUBLE - LONG</li> <li>16 15 FT+ WHEEL OR CONVERTER DOLLY</li> <li>17 TRACTOR/TRIPLES</li> <li>18 MOTORCYCLE</li> <li>19 MOTORIZED BICYCLE</li> <li>20 SCHOOL BUS</li> <li>21 CHURCH BUS</li> <li>22 PUBLIC BUS</li> <li>23 OTHER BUS</li> <li>24 POLICE VEHICLE</li> <li>25 FIRE TRUCK</li> <li>26 AMBULANCE/RESCUE</li> <li>27 TAXI</li> <li>28 MOTOR HOME</li> <li>29 TRAILER</li> <li>30 FARM VEHICLE</li> <li>31 FARM EQUIPMENT</li> <li>32 SNOWMOBILE</li> <li>33 CONSTRUCTION EQUIPMENT</li> <li>34 ALL OTHERS</li> </ol> <p><b>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>35 ANIMAL WRIDER (WHEELCHAIR, ETC.)</li> <li>36 ANIMAL W/BUGGY</li> <li>37 BICYCLE</li> <li>38 PEDESTRIAN</li> <li>39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)</li> <li>40 SKATER</li> <li>41 OTHER-NON MOTORIST (WHEELCHAIR, ETC.)</li> <li>42 UNKNOWN</li> </ol>	<b>POINT OF IMPACT</b> A <input type="text" value="07"/> B <input type="text" value="03"/> <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>	<b>DIRECTION</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;">           FROM TO            A <input type="text" value="3"/> <input type="text" value="8"/> </td> <td style="width:50%;">           FROM TO            B <input type="text" value="2"/> <input type="text" value="1"/> </td> </tr> </table> <p>1 NORTH          2 SOUTH          3 EAST          4 WEST          5 NORTHEAST          6 NORTHWEST          7 SOUTHEAST          8 SOUTHWEST          9 UNKNOWN</p>	FROM TO A <input type="text" value="3"/> <input type="text" value="8"/>	FROM TO B <input type="text" value="2"/> <input type="text" value="1"/>	<b>DRUG TEST 1 &amp; 2 RESULT</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;">           1 <input type="text" value="1"/> 2 <input type="text" value="1"/> </td> <td style="width:50%;">           1 <input type="text"/> 2 <input type="text"/> </td> </tr> </table> <p>1 NONE          2 MARIJUANA          3 COCAINE          4 OPIATES          5 AMPHETAMINES          6 PCP          7 OTHER          8 UNKNOWN AT TIME OF REPORTING</p>	1 <input type="text" value="1"/> 2 <input type="text" value="1"/>	1 <input type="text"/> 2 <input type="text"/>
FROM TO A <input type="text" value="3"/> <input type="text" value="8"/>	FROM TO B <input type="text" value="2"/> <input type="text" value="1"/>						
1 <input type="text" value="1"/> 2 <input type="text" value="1"/>	1 <input type="text"/> 2 <input type="text"/>						
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NO          2 YES          3 UNKNOWN</p>	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text" value="4"/> <p>1 NON-CONTACT          2 NON-COLLISION          3 STRIKING          4 STRUCK          5 BOTH STRIKING AND STRUCK          6 UNKNOWN</p>	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	<b>CONDITION</b> A <input type="text" value="1"/> B <input type="text"/> <ol style="list-style-type: none"> <li>1 APPARENTLY NORMAL</li> <li>2 PHYSICAL IMPAIRMENT</li> <li>3 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL</li> <li>4 ILLNESS</li> <li>5 FELL ASLEEP, FAINTED, FATIGUED, ETC</li> <li>6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL</li> <li>7 OTHER</li> <li>8 UNKNOWN</li> </ol>	<b>TYPE OF INTERSECTION</b> <input type="text" value="01"/> <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>			
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text" value="2"/> <p>1 NONE          2 NON-FUNCTIONAL          3 FUNCTIONAL DAMAGE          4 DISABLING DAMAGE          5 SEVERE          6 UNKNOWN</p>	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NO UNDERRIDE OR OVERRIDE          2 UNDERRIDE, COMPARTMENT INTRUSION          3 UNDERRIDE, NO COMPARTMENT INTRUSION          4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN          5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT          6 OVERRIDE, OTHER VEHICLE          7 UNKNOWN IF UNDERRIDE OR OVERRIDE</p>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text"/> <ol style="list-style-type: none"> <li>1 NONE</li> <li>2 YES ALCOHOL SUSPECTED</li> <li>3 YES-HBD NOT IMPAIRED</li> <li>4 YES-DRUGS SUSPECTED</li> <li>5 YES ALCOHOL AND DRUGS SUSPECTED</li> <li>6 UNKNOWN</li> </ol>	<b>ROAD CONTOUR</b> <input type="text" value="1"/> <p>1 STRAIGHT LEVEL          2 STRAIGHT GRADE          3 CURVE LEVEL          4 CURVE GRADE          5 UNKNOWN</p>			
<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/> <p>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</p>	<b>SPEED DETECTED</b> A <input type="text" value="2"/> B <input type="text" value="1"/> <p>1 STATED          2 ESTIMATED</p>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/> <ol style="list-style-type: none"> <li>1 NONE GIVEN</li> <li>2 TEST REFUSED</li> <li>3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE</li> <li>4 TEST GIVEN, RESULTS KNOWN</li> <li>5 TEST GIVEN, RESULTS UNKNOWN</li> <li>6 UNKNOWN</li> </ol>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/> <ol style="list-style-type: none"> <li>1 NONE</li> <li>2 BLOOD</li> <li>3 URINE</li> <li>4 BREATH</li> <li>5 OTHER</li> </ol>	<b>ROAD CONDITIONS</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <b>PRIMARY</b>  <input type="text" value="02"/> </td> <td style="width:50%;"> <b>SECONDARY</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>	<b>PRIMARY</b> <input type="text" value="02"/>	<b>SECONDARY</b> <input type="text"/>	
<b>PRIMARY</b> <input type="text" value="02"/>	<b>SECONDARY</b> <input type="text"/>						
<b>SUPPLEMENT 'X' IF YES</b> <input type="text"/>		<b>LOCAL REPORT #</b> <b>11MPD 1157</b>					

**NARRATIVE**

**UNIT 1 WAS BACKING FROM A PARKING SPACE IN A PRIVATE PARKING LOT AND BACKED INTO ANOTHER PARKED CAR WITHIN THE SAME PARKING LOT.**

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><input checked="" type="checkbox"/> <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><input checked="" type="checkbox"/> <b>1</b></p> <p>1 NO          2 YES, DIRECTLY INVOLVED          3 YES, INDIRECTLY INVOLVED          4 UNKNOWN</p>	<p><b>DIAGRAM</b></p> <p style="text-align: center;">Pizza Hut Parking Lot</p>
<p><b>WEATHER</b></p> <p><input checked="" type="checkbox"/> <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><input checked="" type="checkbox"/> <b>1</b></p> <p>1 NO          2 YES          3 UNKNOWN</p>	
<p><b>LIGHT CONDITIONS</b></p> <p>PRIMARY <input checked="" type="checkbox"/> <b>4</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>TYPE OF WORK ZONE</b></p> <p><input type="checkbox"/></p> <p>1 LANE CLOSURE          2 LANE SHIFT/CROSSOVER          3 WORK ON SHOULDER OR MEDIAN          4 INTERMITTENT OR MOVING WORK          5 OTHER</p>	
<p><b>LOCATION OF CRASH IN WORK ZONE</b></p> <p><input type="checkbox"/></p> <p>1 BEFORE THE FIRST WORK ZONE WARNING SIGN          2 ADVANCE WARNING AREA          3 TRANSITION AREA          4 ACTIVITY AREA</p>	<p><b>WORKERS PRESENT</b></p> <p><input type="checkbox"/></p> <p>1 NO          2 YES          3 UNKNOWN</p>	

<b>TRUCK/BUS UNIT #</b>	<input type="text"/>	<p><b>A</b> 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> <p><b>N</b></p> <p><b>D</b></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>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><input type="checkbox"/> 1 LESS/EQUAL 10,000  <input type="checkbox"/> 2 10,001 - 25,000  <input type="checkbox"/> 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><input type="checkbox"/> 1 NO  <input type="checkbox"/> 2 YES  <input type="checkbox"/> 3 UNKNOWN</p>	<b>HAZARDOUS MATERIALS RELEASED</b>	<p><input type="checkbox"/> 1 NO  <input type="checkbox"/> 2 YES  <input type="checkbox"/> 3 NOT APPLICABLE  <input type="checkbox"/> 4 UNKNOWN</p>
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**POLICE ACTION**

<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>
06/21/2011	23:06	23:07	23:13	23:39	30	62
<b>OFFICER'S NAME</b>		<b>BADGE #</b>	<b>CHECKED BY</b>		<b>DATE REPORT FILED</b>	
PTL. W. TODD BOOTH		104			06/21/2011	
<b>REPORT TAKEN BY</b>	<b>REPORT TAKEN AT</b>		<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>		<b>LOCAL REPORT #</b>	
<input checked="" type="checkbox"/> 1 2 MOTORIST 3 UNKNOWN	<input checked="" type="checkbox"/> 1 1 SCENE 2 STATION 3 OTHER				11MPD 1157	