



# TRAFFIC CRASH REPORT

|                                     |   |   |  |   |   |
|-------------------------------------|---|---|--|---|---|
| CRASH REPORT #<br><b>11MPD 1206</b> | CRASH SEVERITY<br><b>3</b><br>1 FATAL ERROR 3 PDO<br>2 INJURY 4 UNKNOWN | PRIVATE PROPERTY<br><input type="checkbox"/> "X" IF YES | HIT / SKIP<br><b>1</b><br>1 NOT HIT / SKIP<br>2 SOLVED<br>3 NOT SOLVED | PHOTOS TAKEN<br><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. #<br><b>03801</b>          | REPORTING AGENCY<br><b>MILLERSBURG POLICE DEPARTMENT</b>                | # UNITS<br><b>2</b>                                     | UNIT ERROR<br><b>01</b><br>98 ANIMAL<br>99 UNKNOWN                     | DATE OF CRASH<br><b>06/28/2011</b>                  |   |

|                               |                           |   |   |                       |                             |                               |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|
| TIME OF CRASH<br><b>15:50</b> | DAY OF WEEK<br><b>TUE</b> | CITY/VILLAGE/TOWNSHIP<br><b>VILLAGE</b> | NAME (OF CITY, VILLAGE OR TOWNSHIP)<br><b>MILLERSBURG</b> | COUNTY #<br><b>38</b> | LATITUDE<br><b>40331467</b> | LONGITUDE<br><b>081545488</b> |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|

|   |                                  |                      |   |                   |
|---|----------------------------------|----------------------|---|-------------------|
| CRASH OCCURRED ON<br>PREFIX<br><b>E</b> | CRASH LOCATION<br><b>JACKSON</b> | TYPE LOC<br><b>1</b> | TYPE LOCATION POINT USED<br>1 NAMED STREET<br>2 NUMBERED STREET<br>3 NUMBERED ROUTE | LOCAL INFORMATION |
|---|----------------------------------|----------------------|---|-------------------|

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

|          |                     |                      |   |
|----------|---------------------|----------------------|---|
| <b>A</b> | UNIT #<br><b>01</b> | # OF OCC<br><b>1</b> | NAME (LAST, FIRST, MIDDLE)<br><b>SPECTOR JOSH D</b> |
|----------|---------------------|----------------------|---|

ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**1515 E JACKSON ST MILLERSBURG OH 44654**

|                        |                                    |                  |                 |                                      |              |
|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|
| SOCIAL SECURITY NUMBER | DATE OF BIRTH<br><b>05/01/1992</b> | AGE<br><b>19</b> | SEX<br><b>M</b> | HOME PHONE #<br><b>(330)231-6568</b> | WORK PHONE # |
|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|

|                       |                         |                       |                       |   |                |                  |
|-----------------------|-------------------------|-----------------------|-----------------------|---|----------------|------------------|
| DL STATE<br><b>OH</b> | DL #<br><b>TM590935</b> | LP STATE<br><b>OH</b> | LP #<br><b>JS6568</b> | INJURED TAKEN BY<br><b>1</b><br>1 NONE 4 OTHER<br>2 EMS 5 UNKNOWN<br>3 POLICE | TRANSPORTED BY | INJURED TAKEN TO |
|-----------------------|-------------------------|-----------------------|-----------------------|---|----------------|------------------|

OWNER NAME (IF SAME, WRITE "SAME")  
**LEHR, DEBRA D**

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**1515 E JACKSON ST. MILLERSBURG OH 44654**

|                     |                      |                       |                        |   |   |                                       |
|---------------------|----------------------|-----------------------|------------------------|---|---|---------------------------------------|
| YEAR<br><b>2005</b> | MAKE<br><b>DODGE</b> | MODEL<br><b>OTHER</b> | COLOR<br><b>MAROON</b> | INSURANCE COMPANY<br><b>PROGRESSIVE</b> | TOWING SERVICE<br><b>K &amp; N TOWING</b> | OWNER PHONE #<br><b>(330)231-9040</b> |
|---------------------|----------------------|-----------------------|------------------------|---|---|---------------------------------------|

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

|          |                     |                      |   |
|----------|---------------------|----------------------|---|
| <b>B</b> | UNIT #<br><b>02</b> | # OF OCC<br><b>1</b> | NAME (LAST, FIRST, MIDDLE)<br><b>CONNER DAVID</b> |
|----------|---------------------|----------------------|---|

ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**203 S BUTLER ST. BALTIC OH 43804**

|                        |                                    |                  |                 |                                      |              |
|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|
| SOCIAL SECURITY NUMBER | DATE OF BIRTH<br><b>02/01/1972</b> | AGE<br><b>39</b> | SEX<br><b>M</b> | HOME PHONE #<br><b>(330)897-6950</b> | WORK PHONE # |
|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|

|                       |                         |                       |                        |   |                |                  |
|-----------------------|-------------------------|-----------------------|------------------------|---|----------------|------------------|
| DL STATE<br><b>OH</b> | DL #<br><b>RU090368</b> | LP STATE<br><b>OH</b> | LP #<br><b>FHK4530</b> | INJURED TAKEN BY<br><b>1</b><br>1 NONE 4 OTHER<br>2 EMS 5 UNKNOWN<br>3 POLICE | TRANSPORTED BY | INJURED TAKEN TO |
|-----------------------|-------------------------|-----------------------|------------------------|---|----------------|------------------|

OWNER NAME (IF SAME, WRITE "SAME")  
**CONNER, DAVID**

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**203 S BUTLER ST. BALTIC OH 43804**

|                     |                      |                        |                        |   |                |               |
|---------------------|----------------------|------------------------|------------------------|---|----------------|---------------|
| YEAR<br><b>1995</b> | MAKE<br><b>DODGE</b> | MODEL<br><b>DAKOTA</b> | COLOR<br><b>SILVER</b> | INSURANCE COMPANY<br><b>PROGRESSIVE</b> | TOWING SERVICE | OWNER PHONE # |
|---------------------|----------------------|------------------------|------------------------|---|----------------|---------------|

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

|          |        |                            |              |               |     |     |
|----------|--------|----------------------------|--------------|---------------|-----|-----|
| <b>C</b> | UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX |
|----------|--------|----------------------------|--------------|---------------|-----|-----|

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

|  |                |                  |
|--|----------------|------------------|
| INJURED TAKEN BY<br><input type="checkbox"/> 1 NONE 4 OTHER<br>2 EMS 5 UNKNOWN<br>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)

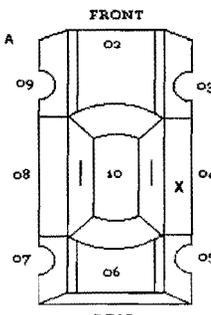
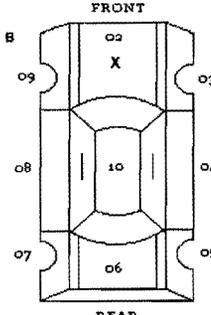
|  |                |                  |
|--|----------------|------------------|
| INJURED TAKEN BY<br><input type="checkbox"/> 1 NONE 4 OTHER<br>2 EMS 5 UNKNOWN<br>3 POLICE | TRANSPORTED BY | INJURED TAKEN TO |
|--|----------------|------------------|

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| <b>SEATING POSITION</b><br><b>A</b> <input type="checkbox"/> 01<br>01 FRONT - LEFT (MC DRIVER)<br>02 FRONT - MIDDLE<br>03 FRONT - RIGHT<br>04 SECOND - LEFT (MC PASS)<br><b>B</b> <input type="checkbox"/> 01<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><b>C</b> <input type="checkbox"/><br>11 ENCLOSED CARGO AREA<br>12 UNENCLOSED CARGO AREA<br><b>D</b> <input type="checkbox"/><br>13 TRAILING UNIT<br>14 EXTERIOR<br>15 OTHER<br>16 NON-MOTORIST<br>17 UNKNOWN | <b>SAFETY EQUIPMENT</b><br><b>A</b> <input type="checkbox"/> 04<br>01 NONE USED<br>02 SHOULDER BELT ONLY USED<br>03 LAP BELT ONLY USED<br><b>B</b> <input type="checkbox"/> 04<br>04 SHOULDER AND LAP BELT USED<br>05 CHILD SAFETY SEAT USED<br><b>C</b> <input type="checkbox"/><br>06 HELMET USED<br>07 RESTRAINT USE UNKNOWN<br><b>D</b> <input type="checkbox"/><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><b>A</b> <input type="checkbox"/> 1<br>1. NOT DEPLOYED<br>2. DEPLOYED - FRONT<br><b>B</b> <input type="checkbox"/> 1<br>3. DEPLOYED - SIDE<br>4. DEPLOYED BOTH FRONT/SIDE<br>5. NOT APPLICABLE<br>6. DEPLOYMENT UNKNOWN<br><b>C</b> <input type="checkbox"/><br><b>D</b> <input type="checkbox"/> | <b>AIR BAG SWITCH</b><br><b>A</b> <input type="checkbox"/> 1<br>1 ON-OFF SWITCH NOT PRESENT<br>2 SWITCH IN ON POSITION<br>3 SWITCH IN OFF POSITION<br><b>B</b> <input type="checkbox"/> 1<br>4 UNKNOWN POSITION<br><b>C</b> <input type="checkbox"/><br><b>D</b> <input type="checkbox"/> | <b>EJECTION</b><br><b>A</b> <input type="checkbox"/> 1<br>1 NOT EJECTED<br>2 TOTALLY EJECTED<br>3 PARTIALLY EJECTED<br>4 NOT APPLICABLE<br>5 UNKNOWN<br><b>B</b> <input type="checkbox"/> 1<br><b>C</b> <input type="checkbox"/><br><b>D</b> <input type="checkbox"/> | <b>TRAPPED</b><br><b>A</b> <input type="checkbox"/> 1<br>1 NOT TRAPPED<br>2 EXTRICATED BY MECHANICAL MEANS<br>3 FREED BY NON-MECHANICAL MEANS<br>4 UNKNOWN<br><b>B</b> <input type="checkbox"/> 1<br><b>C</b> <input type="checkbox"/><br><b>D</b> <input type="checkbox"/> | <b>INJURIES</b><br><b>A</b> <input type="checkbox"/> 1<br>1 NO INJURY<br>2 POSSIBLE<br>3 NON-INCAPACITATING<br><b>B</b> <input type="checkbox"/> 1<br>4 INCAPACITATING<br>5 FATAL INJURY<br>6 UNKNOWN<br><b>C</b> <input type="checkbox"/><br><b>D</b> <input type="checkbox"/> |
|---|---|---|---|---|---|---|

BLANK FOR WITNESS

SUPPLEMENT 'X' IF YES

MOTORIST / NON-MOTORIST OCCUPANT

|  |   |   |  |   |   |         |   |   |  |   |   |   |   |   |   |   |  |   |  |   |  |   |  |  |  |
|--|---|---|--|---|---|---------|---|---|--|---|---|---|---|---|---|---|--|---|--|---|--|---|--|--|--|
| <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="06"/> 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></td><td>1</td><td></td></tr> <tr><td>2</td><td></td><td>2</td><td></td></tr> <tr><td>3</td><td></td><td>3</td><td></td></tr> <tr><td>4</td><td></td><td>4</td><td></td></tr> </table>   | A   | <input type="text" value="20"/>   | B       | <input type="text" value="20"/>                                 | 1   |  | 1 |   | 2 |   | 2   |   | 3 |  | 3 |  | 4 |  | 4 |  | <b>POSTED SPEED</b><br>A <input type="text" value="25"/> B <input type="text" value="25"/> | <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   | <input type="text" value="20"/>  |   |   |         |   |   |  |   |   |   |   |   |   |   |  |   |  |   |  |   |  |  |  |
| 1  |   | 1   |  |   |   |         |   |   |  |   |   |   |   |   |   |   |  |   |  |   |  |   |  |  |  |
| 2  |   | 2   |  |   |   |         |   |   |  |   |   |   |   |   |   |   |  |   |  |   |  |   |  |  |  |
| 3  |   | 3   |  |   |   |         |   |   |  |   |   |   |   |   |   |   |  |   |  |   |  |   |  |  |  |
| 4  |   | 4   |  |   |   |         |   |   |  |   |   |   |   |   |   |   |  |   |  |   |  |   |  |  |  |
| <b>NON-MOTORIST LOCATION</b><br>A <input type="text"/> B <input type="text"/><br>01 MARKED CROSSWALK AT INTERSECTION<br>02 AT INTERSECTION BUT NO CROSSWALK<br>03 NON-INTERSECTION CROSSWALK<br>04 DRIVEWAY ACCESS CROSSWALK<br>05 IN ROADWAY<br>06 NOT IN ROADWAY<br>07 MEDIAN (BUT NOT ON SHOULDER)<br>08 ISLAND<br>09 SHOULDER<br>10 SIDEWALK<br>11 WITHIN 10 FEET OF ROADWAY (BUT NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)<br>12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)<br>13 OUTSIDE TRAFFICWAY<br>14 SHARED USE PATHS OR TRAILS<br>15 UNKNOWN  |    | <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, 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><b>COLLISION W/PERSON, VEHICLE, OR OBJECT</b><br>NOT FIXED<br>14 PEDESTRIAN<br>15 PEDALCYCLE<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 UNKNOWN MOVABLE OBJECT<br>24 UNKNOWN MOVABLE OBJECT<br><b>COLLISION WITH FIXED OBJECT</b><br>25 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/LUMINARIES SUPPORT<br>36 UTILITY POLE<br>37 OTHER POST, POLE OR SUPPORT<br>38 OVERTURN<br>39 CURB<br>40 DITCH<br>41 EMBANKMENT<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"/><br>01 NO CONTROLS<br>02 STOP SIGN<br>03 YIELD SIGN<br>04 TRAFFIC SIGNAL<br>05 TRAFFIC FLASHERS<br>06 SCHOOL ZONE<br>07 RAILROAD CROSSBUCKS<br>08 RAILROAD FLASHERS<br>09 RAILROAD GATES<br>10 CONSTRUCTION BARRICADE<br>11 POLICE OFFICER<br>12 PAVEMENT MARKINGS<br>13 CROSSWALK LINES<br>14 WALK/DONT WALK<br>15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED<br>16 OTHER<br>17 NOT REPORTED<br>18 UNKNOWN | <b>DRUG TEST TYPE</b><br>A <input type="text" value="1"/> B <input type="text" value="1"/><br>1 NONE<br>2 BLOOD<br>3 URINE<br>4 OTHER   |         |   |   |  |   |   |   |   |   |   |   |  |   |  |   |  |   |  |  |  |
| <b>TYPE OF UNIT</b><br>A <input type="text" value="03"/> B <input type="text" value="07"/><br><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 TIRES<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 TRAILER<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="04"/> B <input type="text" value="02"/><br>01 NONE<br>02 CENTER FRONT<br>03 RIGHT FRONT<br>04 RIGHT SIDE<br>05 RIGHT REAR<br>06 REAR CENTER<br>07 LEFT REAR<br>08 LEFT SIDE<br>09 LEFT FRONT<br>10 TOP AND WINDOWS<br>11 UNDERCARRIAGE<br>12 LOAD /TRAILER<br>13 TOTAL (ALL AREAS)<br>14 OTHER<br>15 UNKNOWN              | <b>CONTRIBUTING CIRCUMSTANCES</b><br>A <input type="text" value="02"/> B <input type="text" value="01"/><br><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/CADDA<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"/><br>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)  | <b>DIRECTION</b><br><table border="1"> <tr><td>FROM TO</td><td>FROM TO</td></tr> <tr><td>A <input type="text" value="3"/> <input type="text" value="2"/></td><td>B <input type="text" value="4"/> <input type="text" value="3"/></td></tr> </table> 1 NORTH<br>2 SOUTH<br>3 EAST<br>4 WEST<br>5 NORTHEAST<br>6 NORTHWEST<br>7 SOUTHEAST<br>8 SOUTHWEST<br>9 UNKNOWN   | FROM TO   | FROM TO | A <input type="text" value="3"/> <input type="text" value="2"/> | B <input type="text" value="4"/> <input type="text" value="3"/> | <b>DRUG TEST 1 &amp; 2 RESULT</b><br><table border="1"> <tr><td>1</td><td>2</td><td>1</td><td>2</td></tr> <tr><td>A <input type="text" value="1"/> <input type="text" value="1"/></td><td>B <input type="text" value="1"/> <input type="text" value="1"/></td></tr> </table> 1 NONE<br>2 MARIJUANA<br>3 COCAINE<br>4 OPIATES<br>5 AMPHETAMINES<br>6 PCP<br>7 OTHER<br>8 UNKNOWN AT TIME OF REPORTING | 1 | 2 | 1 | 2 | A <input type="text" value="1"/> <input type="text" value="1"/> | B <input type="text" value="1"/> <input type="text" value="1"/> |   |  |   |  |   |  |   |  |  |  |
| FROM TO  | FROM TO   |   |  |   |   |         |   |   |  |   |   |   |   |   |   |   |  |   |  |   |  |   |  |  |  |
| A <input type="text" value="3"/> <input type="text" value="2"/>  | B <input type="text" value="4"/> <input type="text" value="3"/>   |   |  |   |   |         |   |   |  |   |   |   |   |   |   |   |  |   |  |   |  |   |  |  |  |
| 1  | 2   | 1   | 2  |   |   |         |   |   |  |   |   |   |   |   |   |   |  |   |  |   |  |   |  |  |  |
| A <input type="text" value="1"/> <input type="text" value="1"/>  | B <input type="text" value="1"/> <input type="text" value="1"/>   |   |  |   |   |         |   |   |  |   |   |   |   |   |   |   |  |   |  |   |  |   |  |  |  |
| <b>IN EMERGENCY RESPONSE</b><br>A <input type="text" value="1"/> B <input type="text" value="1"/><br>1 NO<br>2 YES<br>3 UNKNOWN  | <b>POINT OF IMPACT</b><br>A <input type="text" value="04"/> B <input type="text" value="02"/><br>01 NONE<br>02 CENTER FRONT<br>03 RIGHT FRONT<br>04 RIGHT SIDE<br>05 RIGHT REAR<br>06 REAR CENTER<br>07 LEFT REAR<br>08 LEFT SIDE<br>09 LEFT FRONT<br>10 TOP AND WINDOWS<br>11 UNDERCARRIAGE<br>12 LOAD /TRAILER<br>13 TOTAL (ALL AREAS)<br>14 OTHER<br>15 UNKNOWN                | <b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b><br>A <input type="text"/> B <input type="text"/><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>MOST HARMFUL EVENT</b><br>A <input type="text" value="1"/> B <input type="text" value="1"/><br>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)  | <b>ALCOHOL/DRUG SUSPECTED</b><br>A <input type="text" value="1"/> B <input type="text" value="1"/><br>1 NONE<br>2 YES ALCOHOL SUSPECTED<br>3 YES-HBO NOT IMPAIRED<br>4 YES-DRUGS SUSPECTED<br>5 YES-ALCOHOL AND DRUGS SUSPECTED<br>6 UNKNOWN  | <b>TYPE OF INTERSECTION</b><br><input type="text" value="02"/><br>01 NOT AN INTERSECTION<br>02 FOUR-WAY INTERSECTION<br>03 T-INTERSECTION<br>04 Y-INTERSECTION<br>05 TRAFFIC CIRCLE/ROUNDABOUT<br>06 FIVE-POINT OR MORE<br>07 ON RAMP<br>08 OFF RAMP<br>09 CROSSOVER<br>10 DRIVEWAY<br>11 RAILWAY GRADE CROSSING<br>12 SHARED-USE PATHS OR TRAILS<br>13 UNKNOWN |         |   |   |  |   |   |   |   |   |   |   |  |   |  |   |  |   |  |  |  |
| <b>DAMAGE SCALE</b><br>A <input type="text" value="4"/> B <input type="text" value="3"/><br>1 NONE<br>2 NON-FUNCTIONAL<br>3 FUNCTIONAL DAMAGE<br>4 DISABLING DAMAGE<br>5 SEVERE<br>6 UNKNOWN   | <b>ACTION</b><br>A <input type="text" value="4"/> B <input type="text" value="3"/><br>1 NON-CONTACT<br>2 NON-COLLISION<br>3 STRICKING<br>4 STRUCK<br>5 BOTH STRICKING AND STRUCK<br>6 UNKNOWN   |   | <b>SPEED DETECTED</b><br>A <input type="text" value="1"/> B <input type="text" value="1"/><br>1 STATED<br>2 ESTIMATED  | <b>ALCOHOL TEST STATUS</b><br>A <input type="text" value="1"/> B <input type="text" value="1"/><br>1 NONE GIVEN<br>2 TEST REFUSED<br>3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 TEST GIVEN, RESULTS KNOWN<br>5 TEST GIVEN, RESULTS UNKNOWN<br>6 UNKNOWN  | <b>ROAD CONTOUR</b><br><input type="text" value="1"/><br>1 STRAIGHT LEVEL<br>2 STRAIGHT GRADE<br>3 CURVE LEVEL<br>4 CURVE GRADE<br>5 UNKNOWN  |         |   |   |  |   |   |   |   |   |   |   |  |   |  |   |  |   |  |  |  |
|  | <b>STRIKING VEHICLE OVERRIDE/UNDERIDE</b><br>A <input type="text" value="1"/> B <input type="text" value="1"/><br>1 NO UNDERIDE OR OVERRIDE<br>2 UNDERIDE, COMPARTMENT INTRUSION<br>3 UNDERIDE, NO COMPARTMENT INTRUSION<br>4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN<br>5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT<br>6 OVERRIDE, OTHER VEHICLE<br>7 UNKNOWN IF UNDERIDE OR OVERRIDE |   | <b>SPEED</b><br>A <input type="text" value="10"/><br>B <input type="text" value="25"/>   | <b>ALCOHOL TEST TYPE</b><br>A <input type="text" value="1"/> B <input type="text" value="1"/><br>1 NONE<br>2 BLOOD<br>3 URINE<br>4 BREATH<br>5 OTHER  | <b>ROAD CONDITIONS</b><br>PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/><br>01 DRY<br>02 WET<br>03 SNOW<br>04 ICE<br>05 SAND/MUD/DIRT/OIL/GRAVEL<br>06 WATER (STANDING, MOVING)<br>07 SLUSH<br>08 DEBRIS<br>09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT<br>10 OTHER<br>11 UNKNOWN   |         |   |   |  |   |   |   |   |   |   |   |  |   |  |   |  |   |  |  |  |
|  |   |   |  | <b>ALCOHOL TEST RESULT</b><br>A <input type="text"/><br>B <input type="text"/>  | <b>LOCAL REPORT #</b><br>11MPD 1206   |         |   |   |  |   |   |   |   |   |   |   |  |   |  |   |  |   |  |  |  |

**NARRATIVE**

**UNIT 1 WAS IN TRAFFIC ON E JACKSON ST AT THE CRAWFORD ST INTERSECTION AND INTENDING ON TURNING SOUTH ON CRAWFORD. THE EASTBOUND TURN LANE TO TURN NORTH ON CRAWFORD FROM E JACKSON WAS OCCUPIED BY TRAF INCLUDING A LARGE TRUCK. UNIT 1 TURNED SOUTH ONTO CRAWFORD, FAILING TO YIELD TO UNIT 2 WHICH WAS EASTBOUND ON JACKSON ST. DUE TO THE VISUAL OBSTRUCTION WITH TRAFFIC, UNIT 1 WAS NOT ABLE TO SEE UNIT 2 APPROACHING IN THE EASTBOUND LANE. UNIT 2 STRUCK UNIT 1 IN THE PASSENGER SIDE, CAUSING DISABLING DAMAGE.**

|   |   |                       |
|---|---|-----------------------|
| <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>WORK ZONE RELATED</b></p> <p><b>1</b></p> <p>1 NO<br/>                 2 YES<br/>                 3 UNKNOWN</p>   |   |                       |
| <p><b>WEATHER</b></p> <p><b>01</b></p> <p>01 CLEAR<br/>                 02 CLOUDY<br/>                 03 FOG/SMOG/SMOKE<br/>                 04 RAIN<br/>                 05 SLEET/HAUL (FREEZING RAIN OR DRIZZLE)<br/>                 06 SNOW<br/>                 07 SEVERE CROSSWINDS<br/>                 08 BLOWING SANDS/OIL/DIRT/SNOW<br/>                 09 OTHER<br/>                 10 UNKNOWN</p>  |   |                       |
| <p><b>LIGHT CONDITIONS</b></p> <p><b>PRIMARY</b> <input type="checkbox"/> <b>SECONDARY</b> <input type="checkbox"/></p> <p><b>1</b></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>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 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> |
|------------------|--|---|

|                                |               |
|--------------------------------|---------------|
| 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<br/> <input type="checkbox"/> 05 POLE<br/> <input type="checkbox"/> 06 CARGO TANK<br/> <input type="checkbox"/> 07 FLATBED<br/> <input type="checkbox"/> 08 DUMP<br/> <input type="checkbox"/> 09 CONCRETE MIXER<br/> <input type="checkbox"/> 10 AUTO TRANSPORTER<br/> <input type="checkbox"/> 11 GARBAGE/REFUSE<br/> <input type="checkbox"/> 12 OTHER<br/> <input type="checkbox"/> 13 UNKNOWN</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"/></p> <p>1 CLASS A<br/>                 2 CLASS B<br/>                 3 CLASS C<br/>                 4 CLASS D<br/>                 5 CLASS E</p> | <p><b>HAZARDOUS MATERIALS PLACARD</b></p> <p><input type="checkbox"/></p> <p>1 NO<br/>                 2 YES<br/>                 3 UNKNOWN</p> | <p><b>HAZARDOUS MATERIALS RELEASED</b></p> <p><input type="checkbox"/></p> <p>1 NO 4 UNKNOWN<br/>                 2 YES<br/>                 3 NOT APPLICABLE</p> |       |

|                      |                 |          |         |  |                |                   |
|----------------------|-----------------|----------|---------|--|----------------|-------------------|
| <b>POLICE ACTION</b> |                 |          |         |  |                |                   |
| DATE CRASH REPORTED  | TIME REC CALL   | DISPATCH | ARRIVED | CLEARED  | OTHER          | TOTAL MINUTES     |
| 06/29/2011           | 15:52           | 15:52    | 15:56   | 16:27  | 40             | 75                |
| OFFICER'S NAME       |                 | BADGE #  |         | CHECKED BY                                     |                | DATE REPORT FILED |
| PTL. JUSTIN ESTILL   |                 | 113      |         |  |                | 06/29/2011        |
| REPORT TAKEN BY      | REPORT TAKEN AT |          |         | <input type="checkbox"/> SUPPLEMENT 'X' IF YES | LOCAL REPORT # |                   |
| <b>1</b>             | <b>1</b>        |          |         |  | 11MPD 1206     |                   |