

MKB 7-12-11



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>11MPD 1303</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> *X IF YES	HIT / SKIP <b>1</b> 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED	PHOTOS TAKEN <input type="checkbox"/> *X IF YES	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # <b>03801</b>	REPORTING AGENCY <b>MILLERSBURG POLICE DEPARTMENT</b>	# UNITS <b>2</b>	UNIT ERROR <b>01</b> 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>07/11/2011</b>	

TIME OF CRASH <b>16:35</b>	DAY OF WEEK <b>MON</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40335404</b>	LONGITUDE <b>081551008</b>
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CRASH OCCURRED ON PREFIX <b>WOOSTER</b>	CRASH LOCATION <b>WOOSTER</b>	TYPE LOC <b>1</b>	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION
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AT/REFERENCE DIST. REF.	DIR	PREFIX	REFERENCE <b>000784 WOOSTER</b>	REF POINT <b>04</b>	REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION OF TWO STREETS 03 COUNTY LINE 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME WITHOUT REFEREN 09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE
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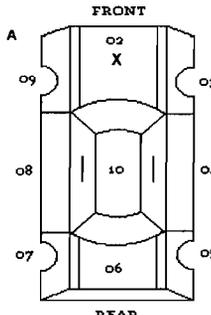
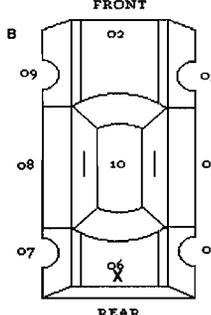
<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>SCHLABACH AERIE G</b>		
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>6127 TR 327 MILLERSBURG OH 44654</b>					
SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>05/24/1995</b>	AGE <b>16</b>	SEX <b>F</b>	HOME PHONE # <b>(330)763-1361</b>
DL STATE <b>OH</b>	DL # <b>TE784064</b>	LP STATE <b>OH</b>	LP # <b>FHK3666</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY
OWNER NAME (IF SAME, WRITE "SAME") <b>KATHERINE M SCHLABACH</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>6127 TR 327 MILLERSBURG OH 44654</b>		
YEAR <b>2009</b>	MAKE <b>HONDA</b>	MODEL <b>OTHER</b>	COLOR <b>BLACK</b>	INSURANCE COMPANY <b>PROGRESSIVE</b>	TOWING SERVICE
OFFENSE CHARGED					OFFENSE DESCRIPTION
CITATION #					LOCAL CODE <input type="checkbox"/> *X IF YES

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>SCHERER PATRICIA S</b>		
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>582 HARRISON RD SHREVE OH 44676</b>					
SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>04/19/1972</b>	AGE <b>39</b>	SEX <b>F</b>	HOME PHONE # <b>(330)231-4700</b>
DL STATE <b>OH</b>	DL # <b>RQ424839</b>	LP STATE <b>OH</b>	LP # <b>BGA1017</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY
OWNER NAME (IF SAME, WRITE "SAME") <b>SCHERER, PATRICIA S</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>582 HARRISON RD SHREVE OH 44676</b>		
YEAR <b>2005</b>	MAKE <b>CHRYSLER</b>	MODEL <b>OTHER</b>	COLOR <b>RED</b>	INSURANCE COMPANY <b>ERIE</b>	TOWING SERVICE
OFFENSE CHARGED					OFFENSE DESCRIPTION
CITATION #					LOCAL CODE <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			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			TRANSPORTED BY		INJURED TAKEN TO	

SEATING POSITION A <b>01</b> 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 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	SAFETY EQUIPMENT A <b>04</b> 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED 06 HELMET USED 07 RESTRAINT USE UNKNOWN 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG A <b>1</b> 1. NOT-DEPLOYED 2. DEPLOYED - FRONT 3. DEPLOYED - SIDE 4. DEPLOYED BOTH FRONT/SIDE 5. NOT APPLICABLE 6. DEPLOYMENT UNKNOWN	AIR BAG SWITCH A <b>1</b> 1. ON-OFF SWITCH NOT PRESENT 2. SWITCH IN ON POSITION 3. SWITCH IN OFF POSITION 4. UNKNOWN POSITION	EJECTION A <b>1</b> 1. NOT EJECTED 2. TOTALLY EJECTED 3. PARTIALLY EJECTED 4. NOT APPLICABLE 5. UNKNOWN	TRAPPED A <b>1</b> 1. NOT TRAPPED 2. EXTRICATED BY MECHANICAL MEANS 3. FREED BY NON-MECHANICAL MEANS 4. UNKNOWN	INJURIES A <b>1</b> 1. NO INJURY 2. POSSIBLE 3. NON-INCAPACITATING 4. INCAPACITATING 5. FATAL INJURY 6. UNKNOWN
BLANK FOR WITNESS						
						SUPPLEMENT *X IF YES

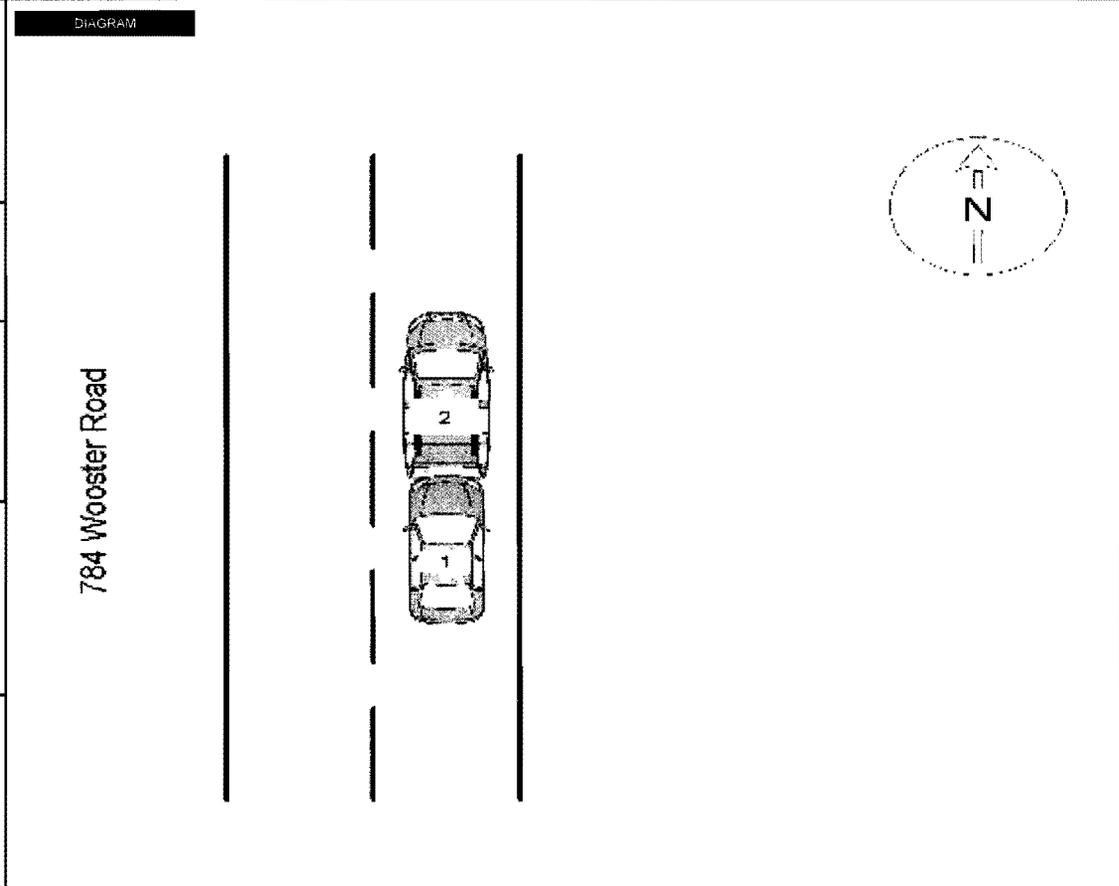
MOTORIST / NON-MOTORIST OCCUPANT

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b>   <b>MOST DAMAGED AREA</b> A <input type="text" value="02"/> B <input type="text" value="06"/>	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="01"/> B <input type="text" value="11"/> <p><b>MOTORIST</b></p> 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING OR STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN <b>NON-MOTORIST</b> 15 ENTERING OR CROSSING SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING OR LEAVING VEHICLE 20 PLAYING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	<b>SEQUENCE OF EVENTS</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> A  1 <input type="text" value="20"/>  2 <input type="text"/>  3 <input type="text"/>  4 <input type="text"/> </td> <td style="width:50%;"> B  1 <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> 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO/EQUIPMENT LOSS OR SHIFT 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIA/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 15 PEDESTRIAN 16 PEDACYCLE 17 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 18 ANIMAL - FARM 19 ANIMAL - DEER 20 ANIMAL - OTHER 21 MOTOR VEHICLE IN TRANSPORT 22 PARKED MOTOR VEHICLE 23 WORK ZONE MAINTENANCE EQUIPMENT 24 OTHER MOVABLE OBJECT 25 UNKNOWN MOVABLE OBJECT 26 COLLISION WITH FIXED OBJECT 27 IMPACT ATTENUATOR/CRASH CUSHION 28 BRIDGE OVERHEAD STRUCTURE 29 BRIDGE PIER OR ABUTMENT 30 BRIDGE PARAPET 31 GUARDRAIL FACE 32 GUARDRAIL END 33 MEDIAN BARRIER 34 HIGHWAY TRAFFIC SIGN POST 35 OVERHEAD SIGN POST 36 LIGHT/LUMINARIES SUPPORT 37 UTILITY POLE 38 OTHER POST, POLE OR SUPPORT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	A 1 <input type="text" value="20"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	B 1 <input type="text" value="20"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	
A 1 <input type="text" value="20"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	B 1 <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>POSTED SPEED</b> A <input type="text" value="35"/> B <input type="text" value="35"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE GIVEN  2 TEST REFUSED  3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  4 TEST GIVEN, RESULTS KNOWN  5 GIVEN, RESULTS UNKNOWN  6 UNKNOWN</p>				
<b>TYPE OF UNIT</b> A <input type="text" value="02"/> B <input type="text" value="05"/> <p><b>MOTORIST</b></p> 01 SUB-COMPACT 02 COMPACT 03 MID SIZED 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK; 3 OR MORE AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOBTAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE - SHORT 15 TRACTOR DOUBLE - LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS <b>NON-MOTORIST</b> 35 ANIMAL WRIDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER NON-MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN	<b>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 INOPERATIVE, MISSING, OBSCURED  16 OTHER  17 NOT REPORTED  18 UNKNOWN</p>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE  2 BLOOD  3 URINE  4 OTHER</p>				
<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="08"/> B <input type="text" value="01"/> <p><b>MOTORIST</b></p> 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/CADVE OFF ROAD/IMPROPER PASSING 09 IMPROPER BACKING 10 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTION 18 FATIGUE/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN <b>NON-MOTORIST</b> 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	<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="2"/> <input type="text" value="1"/> </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="2"/> <input type="text" value="1"/>	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;"> A <input type="text" value="1"/> <input type="text" value="1"/> </td> <td style="width:50%;"> B <input type="text" value="1"/> <input type="text" value="1"/> </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>	A <input type="text" value="1"/> <input type="text" value="1"/>	B <input type="text" value="1"/> <input type="text" value="1"/>
FROM TO A <input type="text" value="2"/> <input type="text" value="1"/>	FROM TO B <input type="text" value="2"/> <input type="text" value="1"/>					
A <input type="text" value="1"/> <input type="text" value="1"/>	B <input type="text" value="1"/> <input type="text" value="1"/>					
<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>CONDITION</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 APPARENTLY NORMAL  2 PHYSICAL IMPAIRMENT  3 EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)  4 ILLNESS  5 FELL ASLEEP, FAINTED, FATIGUED, ETC.  6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL  7 OTHER  8 UNKNOWN</p>	<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/ROUNDBOUT  06 FIVE-POINT, OR MORE  07 ON RAMP  08 CROSSOVER  09 DRIVEWAY  11 RAILWAY GRADE CROSSING  12 SHARED-USE PATHS OR TRAILS  13 UNKNOWN</p>				
<b>POINT OF IMPACT</b> A <input type="text" value="02"/> B <input type="text" value="06"/> <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>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>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE  2 YES ALCOHOL SUSPECTED  3 YES-HBD NOT IMPAIRED  4 YES-DRUGS SUSPECTED  5 YES-ALCOHOL AND DRUGS SUSPECTED  6 UNKNOWN</p>				
<b>ACTION</b> A <input type="text" value="3"/> B <input type="text" value="4"/> <p>1 NON-CONTACT  2 NON-COLLISION  3 STRUCK  4 STRUCK  5 BOTH STRICKING AND STRUCK  6 UNKNOWN</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 TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE GIVEN  2 TEST REFUSED  3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  4 TEST GIVEN, RESULTS KNOWN  5 TEST GIVEN, RESULTS UNKNOWN  6 UNKNOWN</p>				
<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>VEHICLE OVERIDE/UNDERIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NO UNDERIDE OR OVERRIDE  2 UNDERIDE, COMPARTMENT INTRUSION  3 UNDERIDE, NO COMPARTMENT INTRUSION  4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN  5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT  6 OVERRIDE, OTHER VEHICLE  7 UNKNOWN IF UNDERIDE OR OVERRIDE</p>	<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>DAMAGE SCALE</b> A <input type="text" value="1"/> B <input type="text" value="2"/> <p>1 NONE  2 NON-FUNCTIONAL  3 FUNCTIONAL DAMAGE  4 DISABLING DAMAGE  5 SEVERE  6 UNKNOWN</p>	<b>SPEED DETECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 STATED  2 ESTIMATED</p>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE  2 BLOOD  3 URINE  4 BREATH  5 OTHER</p>				
<b>DRUG TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>SPEED</b> A <input type="text" value="30"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>				
<input type="text"/> SUPPLEMENT <input type="text"/> 'X' IF YES		<b>LOCAL REPORT #</b> <b>11MPD 1303</b>				

**NARRATIVE**

**UNIT #1 AND UNIT #2 WERE NORTHBOUND ON WOOSTER ROAD. UNIT #2 STOPPED FOR A VEHICLE TO MAKE A LEFT TURN INTO VILLAGE MOTORS. UNIT #1 DID NOT GET STOPPED IN TIME. UNIT #1 STRUCK UNIT #2 IN THE REAR END**

<b>MANNER OF COLLISION OR IMPACT</b> <input checked="" type="checkbox"/> <b>2</b> 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	<b>SCHOOL BUS RELATED</b> <input checked="" type="checkbox"/> <b>1</b> 1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN
<b>WEATHER</b> <input checked="" type="checkbox"/> <b>04</b> 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	<b>WORK ZONE RELATED</b> <input checked="" type="checkbox"/> <b>1</b> 1. NO 2. YES 3. UNKNOWN
<b>LIGHT CONDITIONS</b> PRIMARY <input checked="" type="checkbox"/> <b>1</b> SECONDARY <input type="checkbox"/> 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	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1. LANE CLOSURE 2. LANE SHIFT/CROSSOVER 3. WORK ON SHOULDER OR MEDIAN 4. INTERMITTENT OR MOVING WORK 5. OTHER
	<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1. BEFORE THE FIRST WORK ZONE WARNING SIGN 2. ADVANCE WARNING AREA 3. TRANSITION AREA 4. ACTIVITY AREA
	<b>WORKERS PRESENT</b> <input type="checkbox"/> 1. NO 2. YES 3. UNKNOWN



<b>TRUCK/BUS UNIT #</b> <input type="text"/>	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A. TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR A. TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD, OR A. BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER	<b>A</b> THE CRASH RESULTED IN ONE OF THE FOLLOWING: A. A FATALITY, OR N. AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT, OR D. AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER
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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> <input type="checkbox"/> 01. NOT APPLICABLE <input type="checkbox"/> 02. BUS (8-15 INCLUDING DRIVER) <input type="checkbox"/> 03. VAN/ENCLOSED BOX <input type="checkbox"/> 04. GRAIN/CHIPS/GRAVEL/WN	05. POLE 06. CARGO TANK 07. FLATBED 08. DUMP 09. CONCRETE MIXER	10. AUTO TRANSPORTER 11. GARBAGE/REFUSE 12. OTHER 13. UNKNOWN	<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 1. LESS/EQUAL 10,000 <input type="checkbox"/> 2. 10,001 - 26,000 <input type="checkbox"/> 3. MORE THAN 26,000	<b>CDL CLASS</b> <input type="checkbox"/> 1. CLASS A <input type="checkbox"/> 2. CLASS B <input type="checkbox"/> 3. CLASS C <input type="checkbox"/> 4. CLASS D <input type="checkbox"/> 5. CLASS E	<b>HAZARDOUS MATERIALS PLACARD</b> <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. UNKNOWN	<b>HAZARDOUS MATERIALS RELEASED</b> <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. NOT APPLICABLE
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**POLICE ACTION**

<b>DATE CRASH REPORTED</b> 07/11/2011	<b>TIME REC CALL</b> 16:39	<b>DISPATCH</b> 16:39	<b>ARRIVED</b> 16:44	<b>CLEARED</b> 17:00	<b>OTHER</b> 0	<b>TOTAL MINUTES</b> 21
<b>OFFICER'S NAME</b> CAPT. SCOTT AKINS		<b>BADGE #</b> 103	<b>CHECKED BY</b>		<b>DATE REPORT FILED</b> 07/11/2011	
<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> 1. POLICE AGENCY <input type="checkbox"/> 2. MOTORIST <input type="checkbox"/> 3. UNKNOWN	<b>REPORT TAKEN AT</b> <input checked="" type="checkbox"/> 1. SCENE <input type="checkbox"/> 2. STATION <input type="checkbox"/> 3. OTHER	<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>		<b>LOCAL REPORT #</b> 11MPD 1303		