



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>11MPD 1408</b>	CRASH SEVERITY 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN <b>2</b>	PRIVATE PROPERTY <input type="checkbox"/> *X IF YES	HIT / SKIP 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED <b>1</b>	PHOTOS TAKEN <input checked="" type="checkbox"/> *X IF YES	OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/>
N.C.I.C. # <b>03801</b>	REPORTING AGENCY <b>MILLERSBURG POLICE DEPARTMENT</b>	# UNITS <b>3</b>	UNIT ERROR 99 ANIMAL 99 UNKNOWN <b>01</b>	DATE OF CRASH <b>7/29/2011</b>	

TIME OF CRASH <b>14:06</b>	DAY OF WEEK <b>FRI</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40325305</b>	LONGITUDE <b>081550402</b>
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CRASH OCCURRED ON			TYPE LOCATION POINT USED			LOCAL INFORMATION		
PREFIX <b>S</b>	CRASH LOCATION <b>WASHINGTON ST.</b>	TYPE LOC <b>1</b>	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE					

AT/REFERENCE				REFERENCE POINT USED				
DIST. REF. <b>153 F</b>	DIR <b>S</b>	PREFIX	REFERENCE <b>QUAIL ST.</b>	REF POINT <b>02</b>	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

<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>POLEN BRITTANY N.</b>
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**231 N. MONROE ST. MILLERSBURG OH 44654**

SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>08/11/1994</b>	AGE <b>16</b>	SEX <b>F</b>	HOME PHONE # <b>(330)674-5235</b>	WORK PHONE #
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DL STATE <b>OH</b>	DL # <b>TS213451</b>	LP STATE <b>OH</b>	LP # <b>EQZ6956</b>	INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN <b>1</b>	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME")  
**POLEN, BARBARA R.**

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**231 N. MONROE ST. MILLERSBURG OH 44654**

YEAR <b>1997</b>	MAKE <b>OLDSMOBI</b>	MODEL <b>OTHER</b>	COLOR <b>GREEN</b>	INSURANCE COMPANY <b>WESTFIELD NATIO</b>	TOWING SERVICE <b>FINNEYS TOWING</b>	OWNER PHONE # <b>(330)674-5235</b>
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OFFENSE CHARGED <b>4511.21A</b>	OFFENSE DESCRIPTION <b>ASSURED CLEAR DISTANCE AHEAD</b>	CITATION # <b>10538</b>	LOCAL CODE <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) <b>MILLER LUELLA M.</b>
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**149 E. JONES ST. APT. 18 MILLERSBURG OH 44654**

SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>03/29/1947</b>	AGE <b>64</b>	SEX <b>F</b>	HOME PHONE # <b>(330)231-1446</b>	WORK PHONE #
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DL STATE <b>OH</b>	DL # <b>RQ424506</b>	LP STATE <b>OH</b>	LP # <b>DAS3452</b>	INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN <b>1</b>	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME")  
**MILLER, LUELLA M.**

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**149 E. JONES ST. APT. 18 MILLERSBURG OH 44654**

YEAR <b>2002</b>	MAKE <b>GMC</b>	MODEL <b>OTHER</b>	COLOR <b>WHITE</b>	INSURANCE COMPANY <b>HABRUN'S INSURA</b>	TOWING SERVICE	OWNER PHONE # <b>(330)231-1446</b>
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES
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<b>C</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)	INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN <input type="checkbox"/>	TRANSPORTED BY	INJURED TAKEN TO
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<b>D</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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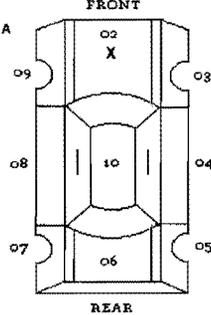
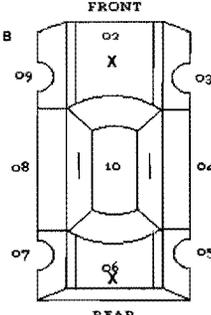
ADDRESS (STREET, CITY, STATE, ZIP-CODE)	INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN <input type="checkbox"/>	TRANSPORTED BY	INJURED TAKEN TO
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MOTORIST / NON-MOTORIST

OCCUPANT

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

<p><b>UNIT NUMBERS</b></p> <p>A <input type="text" value="01"/> B <input type="text" value="02"/></p>	<p><b>DAMAGE AREA</b></p>  <p style="text-align: center;">FRONT</p> <p style="text-align: center;">REAR</p>	<p><b>PRE-CRASH ACTIONS</b></p> <p>A <input type="text" value="01"/> B <input type="text" value="11"/></p> <p><b>MOTORIST</b></p> <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 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</p>	<p><b>SEQUENCE OF EVENTS</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <p>A <input type="text" value="20"/></p> <p>1 <input type="text" value="20"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p> </td> <td style="width:50%;"> <p>B <input type="text" value="20"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p> </td> </tr> </table> <p><b>NON-COLLISION</b></p> <p>01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/GOE/EQUIPMENT LOSS OR SHIFT 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS-MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 15 PEDESTRIAN 16 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 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</p>	<p>A <input type="text" value="20"/></p> <p>1 <input type="text" value="20"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p>	<p>B <input type="text" value="20"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p>	<p><b>POSTED SPEED</b></p> <p>A <input type="text" value="35"/> B <input type="text" value="35"/></p> <p><b>TRAFFIC CONTROL</b></p> <p>A <input type="text" value="12"/> B <input type="text" value="12"/></p> <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 WALKDON'T WALK 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16 OTHER 17 NOT REPORTED 18 UNKNOWN</p>	<p><b>DRUG TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <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>		
<p>A <input type="text" value="20"/></p> <p>1 <input type="text" value="20"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p>	<p>B <input type="text" value="20"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p>								
<p><b>NON-MOTORIST LOCATION</b></p> <p>A <input type="text"/></p> <p>B <input type="text"/></p> <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 NOT 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>	 <p style="text-align: center;">FRONT</p> <p style="text-align: center;">REAR</p>	<p><b>CONTRIBUTING CIRCUMSTANCES</b></p> <p>A <input type="text" value="08"/> B <input type="text" value="01"/></p> <p><b>MOTORIST</b></p> <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/ACDA 09 IMPROPER LANE CHANGE/DROVE OFF ROAD/IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTION 18 FATIGUE/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN 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</p>	<p><b>DIRECTION</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <p>FROM TO</p> <p>A <input type="text" value="2"/> <input type="text" value="1"/></p> </td> <td style="width:50%;"> <p>FROM TO</p> <p>B <input type="text" value="2"/> <input type="text" value="1"/></p> </td> </tr> </table> <p>1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN</p>	<p>FROM TO</p> <p>A <input type="text" value="2"/> <input type="text" value="1"/></p>	<p>FROM TO</p> <p>B <input type="text" value="2"/> <input type="text" value="1"/></p>	<p><b>DRUG TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE 2 BLOOD 3 URINE 4 OTHER</p>	<p><b>DRUG TEST 1 &amp; 2 RESULT</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <p>1 2</p> <p>A <input type="text" value="1"/> <input type="text" value="1"/></p> </td> <td style="width:50%;"> <p>1 2</p> <p>B <input type="text" value="1"/> <input type="text" value="1"/></p> </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>	<p>1 2</p> <p>A <input type="text" value="1"/> <input type="text" value="1"/></p>	<p>1 2</p> <p>B <input type="text" value="1"/> <input type="text" value="1"/></p>
<p>FROM TO</p> <p>A <input type="text" value="2"/> <input type="text" value="1"/></p>	<p>FROM TO</p> <p>B <input type="text" value="2"/> <input type="text" value="1"/></p>								
<p>1 2</p> <p>A <input type="text" value="1"/> <input type="text" value="1"/></p>	<p>1 2</p> <p>B <input type="text" value="1"/> <input type="text" value="1"/></p>								
<p><b>TYPE OF UNIT</b></p> <p>A <input type="text" value="04"/> B <input type="text" value="06"/></p> <p><b>MOTORIST</b></p> <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 AMBLANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS 35 NON-MOTORIST 36 ANIMAL WRIDER 37 ANIMAL W/BUGGY 38 BICYCLE 39 PEDESTRIAN 40 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 41 SKATER 42 OTHER-NON MOTORIST (WHEELCHAIR, ETC.) 43 UNKNOWN</p>	<p><b>MOST DAMAGED AREA</b></p> <p>A <input type="text" value="02"/> B <input type="text" value="06"/></p> <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>	<p><b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b></p> <p>A <input type="text"/></p> <p>B <input type="text"/></p> <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>	<p><b>CONDITION</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <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>	<p><b>TYPE OF INTERSECTION</b></p> <p>A <input type="text" value="01"/></p> <p>01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDABOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY 11 RAILWAY GRADE CROSSING 12 SHARED-USE PATHS OR TRAILS 13 UNKNOWN</p>					
<p><b>POINT OF IMPACT</b></p> <p>A <input type="text" value="02"/> B <input type="text" value="06"/></p> <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>	<p><b>ACTION</b></p> <p>A <input type="text" value="3"/> B <input type="text" value="5"/></p> <p>1 NON-CONTACT 2 NON-COLLISION 3 STRUCK 4 STRUCK 5 BOTH STRUCK AND STRUCK 6 UNKNOWN</p>	<p><b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b></p> <p>A <input type="text"/></p> <p>B <input type="text"/></p> <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>	<p><b>FIRST HARMFUL EVENT</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	<p><b>ALCOHOL/DRUG SUSPECTED</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <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>	<p><b>OCCURRENCE</b></p> <p>A <input type="text" value="1"/></p> <p>1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN</p>				
<p><b>IN EMERGENCY RESPONSE</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	<p><b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <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>	<p><b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b></p> <p>A <input type="text"/></p> <p>B <input type="text"/></p> <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>	<p><b>MOST HARMFUL EVENT</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<p><b>ALCOHOL TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <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>	<p><b>ROAD CONTOUR</b></p> <p>A <input type="text" value="1"/></p> <p>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN</p>				
<p><b>DAMAGE SCALE</b></p> <p>A <input type="text" value="4"/> B <input type="text" value="2"/></p> <p>1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN</p>	<p><b>ROAD CONDITIONS</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <p><b>PRIMARY</b></p> <p>A <input type="text" value="01"/></p> </td> <td style="width:50%;"> <p><b>SECONDARY</b></p> <p>B <input type="text"/></p> </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>	<p><b>PRIMARY</b></p> <p>A <input type="text" value="01"/></p>	<p><b>SECONDARY</b></p> <p>B <input type="text"/></p>	<p><b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b></p> <p>A <input type="text"/></p> <p>B <input type="text"/></p> <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>	<p><b>SPEED DETECTED</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 STATED 2 ESTIMATED</p>	<p><b>ALCOHOL TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER</p>	<p><b>ALCOHOL TEST RESULT</b></p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>		
<p><b>PRIMARY</b></p> <p>A <input type="text" value="01"/></p>	<p><b>SECONDARY</b></p> <p>B <input type="text"/></p>								
<p><b>SUPPLEMENT 'X' IF YES</b></p> <p><input type="text"/></p>		<p><b>LOCAL REPORT #</b></p> <p><b>11MPD 1408</b></p>							



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>11MPD 1408</b>	CRASH SEVERITY <b>2</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 checked="" 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>3</b>	UNIT ERROR <b>01</b> 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>7/29/2011</b>	

MOTORIST / NON-MOTORIST

OCCUPANT

TIME OF CRASH <b>14:06</b>	DAY OF WEEK <b>FRI</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40325305</b>	LONGITUDE <b>081550402</b>
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CRASH OCCURRED ON PREFIX <b>S</b> CRASH LOCATION <b>WASHINGTON ST.</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. <b>153 F</b> DIR <b>S</b> PREFIX REFERENCE <b>QUAIL ST.</b> REF POINT <b>02</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>03</b> # OF OCC <b>1</b> NAME (LAST, FIRST, MIDDLE) <b>CROFT JAMES L.</b>
---

ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**1817 SR 83 UNIT 336 MILLERSBURG OH 44654**

SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>01/31/1936</b>	AGE <b>75</b>	SEX <b>M</b>	HOME PHONE # <b>(330)674-2597</b>	WORK PHONE #
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DL STATE <b>OH</b> DL # <b>RQ423122</b> LP STATE <b>OH</b> LP # <b>BA78NR</b>	INJURED TAKEN BY <b>1</b> 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME") <b>CROFT, JAMES L.</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>1817 SR 83 UNIT 336 MILLERSBURG OH 44654</b>
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YEAR <b>2000</b> MAKE <b>FORD</b> MODEL <b>RANGER</b> COLOR <b>RED</b>	INSURANCE COMPANY <b>WESTFIELD NATIO</b>	TOWING SERVICE	OWNER PHONE # <b>(330)674-2597</b>
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> "X" IF YES
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<b>B</b> UNIT # <input type="checkbox"/> # OF OCC <input type="checkbox"/> NAME (LAST, FIRST, MIDDLE)
---

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

SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #
------------------------	---------------	-----	-----	--------------	--------------

DL STATE <input type="checkbox"/> DL # <input type="checkbox"/> LP STATE <input type="checkbox"/> LP # <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/> 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME")	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)
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YEAR <input type="checkbox"/> MAKE <input type="checkbox"/> MODEL <input type="checkbox"/> COLOR <input type="checkbox"/>	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> "X" IF YES
-----------------	---------------------	------------	---

<b>C</b> UNIT # <input type="checkbox"/> NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)

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

INJURED TAKEN BY <input type="checkbox"/> 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO
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SEATING POSITION <b>A 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 <b>A 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 USED 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN
--

AIR BAG <b>A 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 <b>A 1</b> 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION
--

EJECTION <b>A 1</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN
--

TRAPPED <b>A 1</b> 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN
--

INJURIES <b>A 1</b> 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
--

BLANK FOR WITNESS

SUPPLEMENT "X" IF YES

<p><b>UNIT NUMBERS</b></p> <p>A <input type="text" value="03"/> B <input type="text"/></p>	<p><b>DAMAGE AREA</b></p>	<p><b>PRE-CRASH ACTIONS</b></p> <p>A <input type="text" value="11"/> B <input type="text"/></p> <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 OTHER</li> <li>23 UNKNOWN</li> </ol>	<p><b>SEQUENCE OF EVENTS</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <p>A <input type="text" value="20"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p> </td> <td style="width:50%;"> <p>B <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p> </td> </tr> </table> <p><b>NON-COLLISION</b></p> <ol style="list-style-type: none"> <li>01 OVERTURN/ROLLOVER</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 NOT FIXED</li> <li>15 PEDESTRIAN</li> <li>16 PEDALCYCLE</li> <li>17 RAILWAY VEHICLE (E.G. TRAIN, ENGINE)</li> <li>18 ANIMAL - FARM</li> <li>19 ANIMAL - DEER</li> <li>20 MOTOR VEHICLE IN TRANSPORT</li> <li>21 PARKED MOTOR VEHICLE</li> <li>22 WORK ZONE MAINTENANCE EQUIPMENT</li> <li>23 OTHER MOVABLE OBJECT</li> <li>24 UNKNOWN MOVABLE OBJECT</li> <li>25 COLLISION WITH FIXED OBJECT</li> <li>26 IMPACT ATTENUATOR/CRASH CUSHION</li> <li>27 BRIDGE OVERHEAD STRUCTURE</li> <li>28 BRIDGE PIER OR ABUTMENT</li> <li>29 BRIDGE PARAPET</li> <li>30 GUARDRAIL FACE</li> <li>31 GUARDRAIL END</li> <li>32 MEDIAN BARRIER</li> <li>33 HIGHWAY TRAFFIC SIGN POST</li> <li>34 OVERHEAD SIGN POST</li> <li>35 LIGHT/LUMINARIES SUPPORT</li> <li>36 UTILITY POLE</li> <li>37 OTHER POST, POLE OR SUPPORT</li> <li>38 CURB</li> <li>39 CURB</li> <li>40 CURB</li> <li>41 EMBARKMENT</li> <li>42 FENCE</li> <li>43 MAILBOX</li> <li>44 TREE</li> <li>45 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.)</li> <li>46 WORK ZONE MAINTENANCE EQUIPMENT</li> <li>47 UNKNOWN FIXED OBJECT</li> <li>48 OTHER</li> <li>49 UNKNOWN</li> </ol>	<p>A <input type="text" value="20"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p>	<p>B <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p>	<p><b>POSTED SPEED</b></p> <p>A <input type="text" value="35"/> B <input type="text"/></p> <p><b>TRAFFIC CONTROL</b></p> <p>A <input type="text" value="12"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>01 NO CONTROLS</li> <li>02 STOP SIGN</li> <li>03 YIELD SIGN</li> <li>04 TRAFFIC SIGNAL</li> <li>05 TRAFFIC FLASHERS</li> <li>06 SCHOOL ZONE</li> <li>07 RAILROAD CROSSBUCKS</li> <li>08 RAILROAD FLASHERS</li> <li>09 RAILROAD GATES</li> <li>10 CONSTRUCTION BARRICADE</li> <li>11 POLICE OFFICER</li> <li>12 PAVEMENT MARKINGS</li> <li>13 CROSSWALK LINES</li> <li>14 WALKDON'T WALK</li> <li>15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED</li> <li>16 OTHER</li> <li>17 NOT REPORTED</li> <li>18 UNKNOWN</li> </ol>	<p><b>DRUG TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <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> <p><b>DRUG TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1 NONE</li> <li>2 BLOOD</li> <li>3 URINE</li> <li>4 OTHER</li> </ol> <p><b>DRUG TEST 1 &amp; 2 RESULT</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border-right: 1px solid black;"> <p>A <input type="text" value="1"/></p> </td> <td style="width:25%; border-right: 1px solid black;"> <p><input type="text" value="1"/></p> </td> <td style="width:25%; border-right: 1px solid black;"> <p>B <input type="text"/></p> </td> <td style="width:25%;"> <p><input type="text"/></p> </td> </tr> </table> <ol style="list-style-type: none"> <li>1 NONE</li> <li>2 MARIJUANA</li> <li>3 COCAINE</li> <li>4 OPATES</li> <li>5 AMPHETAMINES</li> <li>6 PCP</li> <li>7 OTHER</li> <li>8 UNKNOWN AT TIME OF REPORTING</li> </ol>	<p>A <input type="text" value="1"/></p>	<p><input type="text" value="1"/></p>	<p>B <input type="text"/></p>	<p><input type="text"/></p>
<p>A <input type="text" value="20"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p>	<p>B <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p>										
<p>A <input type="text" value="1"/></p>	<p><input type="text" value="1"/></p>	<p>B <input type="text"/></p>	<p><input type="text"/></p>								
<p><b>NON-MOTORIST LOCATION</b></p> <p>A <input type="text"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>01 MARKED CROSSWALK AT INTERSECTION</li> <li>02 AT INTERSECTION BUT NO CROSSWALK</li> <li>03 NON-INTERSECTION CROSSWALK</li> <li>04 DRIVEWAY ACCESS CROSSWALK</li> <li>05 IN ROADWAY</li> <li>06 NOT IN ROADWAY</li> <li>07 MEDIAN (BUT NOT ON SHOULDER)</li> <li>08 ISLAND</li> <li>09 SHOULDER</li> <li>10 SIDEWALK</li> <li>11 WITHIN 10 FEET OF ROADWAY (BUT NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)</li> <li>12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)</li> <li>13 OUTSIDE TRAFFICWAY</li> <li>14 SHARED USE PATHS OR TRAILS</li> <li>15 UNKNOWN</li> </ol>	<p><b>TYPE OF UNIT</b></p> <p>A <input type="text" value="07"/> B <input type="text"/></p> <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/DRAWN - SHORT</li> <li>15 TRACTOR DOUBLE - LONG</li> <li>16 FIFTH 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 TRAIN</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 W/DRIVER</li> <li>36 ANIMAL W/BUGGY</li> <li>37 BICYCLE</li> <li>38 PEDALCYCLIST (BICYCLE TRICYCLE, UNICYCLE, PEDAL CAR)</li> <li>39 SKATER</li> <li>40 OTHER NON MOTORIST (WHEELCHAIR, ETC.)</li> <li>42 UNKNOWN</li> </ol>	<p><b>CONTRIBUTING CIRCUMSTANCES</b></p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <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>	<p><b>DIRECTION</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <p>FROM TO</p> <p>A <input type="text" value="2"/> <input type="text" value="1"/></p> </td> <td style="width:50%;"> <p>FROM TO</p> <p>B <input type="text"/></p> </td> </tr> </table> <ol style="list-style-type: none"> <li>1 NORTH</li> <li>2 SOUTH</li> <li>3 EAST</li> <li>4 WEST</li> <li>5 NORTHEAST</li> <li>6 NORTHWEST</li> <li>7 SOUTHEAST</li> <li>8 SOUTHWEST</li> <li>9 UNKNOWN</li> </ol>	<p>FROM TO</p> <p>A <input type="text" value="2"/> <input type="text" value="1"/></p>	<p>FROM TO</p> <p>B <input type="text"/></p>	<p><b>CONDITION</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1 APPARENTLY NORMAL</li> <li>2 PHYSICAL IMPAIRMENT</li> <li>3 EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)</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>	<p><b>TYPE OF INTERSECTION</b></p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>01 NOT AN INTERSECTION</li> <li>02 FOUR-WAY INTERSECTION</li> <li>03 T-INTERSECTION</li> <li>04 Y-INTERSECTION</li> <li>05 TRAFFIC CIRCLE/ROUNDABOUT</li> <li>06 FIVE-POINT, OR MORE</li> <li>07 ON RAMP</li> <li>08 OFF RAMP</li> <li>09 CROSSOVER</li> <li>10 DRIVEWAY</li> <li>11 RAILWAY GRADE CROSSING</li> <li>12 SHARED-USE PATHS OR TRAILS</li> <li>13 UNKNOWN</li> </ol>				
<p>FROM TO</p> <p>A <input type="text" value="2"/> <input type="text" value="1"/></p>	<p>FROM TO</p> <p>B <input type="text"/></p>										
<p><b>POINT OF IMPACT</b></p> <p>A <input type="text" value="06"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>01 NONE</li> <li>02 CENTER FRONT</li> <li>03 RIGHT FRONT</li> <li>04 RIGHT SIDE</li> <li>05 RIGHT REAR</li> <li>06 REAR CENTER</li> <li>07 LEFT REAR</li> <li>08 LEFT SIDE</li> <li>09 LEFT FRONT</li> <li>10 TOP AND WINDOWS</li> <li>11 UNDERCARRIAGE</li> <li>12 LOAD /TRAILER</li> <li>13 TOTAL (ALL AREAS)</li> <li>14 OTHER</li> <li>15 UNKNOWN</li> </ol>	<p><b>ACTION</b></p> <p>A <input type="text" value="4"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1 NON-CONTACT</li> <li>2 NON-COLLISION</li> <li>3 STRUCK</li> <li>4 STRUCK</li> <li>5 BOTH STRUCK AND STRUCK</li> <li>6 UNKNOWN</li> </ol>	<p><b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b></p> <p>A <input type="text"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>01 TURN SIGNALS</li> <li>02 HEAD LAMPS</li> <li>03 TAIL LAMPS</li> <li>04 BRAKES</li> <li>05 STEERING</li> <li>06 TIRE BLOWOUT</li> <li>07 WORN OR SLICK TIRES</li> <li>08 TRAILER EQUIPMENT DEFECTIVE</li> <li>09 MOTOR TROUBLE</li> <li>10 DISABLED FROM PRIOR ACCIDENT</li> <li>11 OTHER DEFECTS</li> <li>12 NO DEFECTS</li> </ol>	<p><b>FIRST HARMFUL EVENT</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	<p><b>ALCOHOL/DRUG SUSPECTED</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <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>	<p><b>ALCOHOL TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <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>	<p><b>ROAD CONTOUR</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1 STRAIGHT LEVEL</li> <li>2 STRAIGHT GRADE</li> <li>3 CURVE LEVEL</li> <li>4 CURVE GRADE</li> <li>5 UNKNOWN</li> </ol>					
<p><b>IN EMERGENCY RESPONSE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1 NO</li> <li>2 YES</li> <li>3 UNKNOWN</li> </ol>	<p><b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1 NO UNDERRIDE OR OVERRIDE</li> <li>2 UNDERRIDE, COMPARTMENT INTRUSION</li> <li>3 UNDERRIDE, NO COMPARTMENT INTRUSION</li> <li>4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN</li> <li>5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT</li> <li>6 OVERRIDE, OTHER VEHICLE</li> <li>7 UNKNOWN IF UNDERRIDE OR OVERRIDE</li> </ol>	<p><b>ALCOHOL TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <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>	<p><b>ALCOHOL TEST RESULT</b></p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	<p><b>ROAD CONDITIONS</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <p><b>PRIMARY</b></p> <p>A <input type="text" value="01"/> B <input type="text"/></p> </td> <td style="width:50%;"> <p><b>SECONDARY</b></p> <p><input type="text"/></p> </td> </tr> </table> <ol style="list-style-type: none"> <li>01 DRY</li> <li>02 WET</li> <li>03 SNOW</li> <li>04 ICE</li> <li>05 SAND/MUD/DIRT/OIL/GRAVEL</li> <li>06 WATER (STANDING, MOVING)</li> <li>07 SLUSH</li> <li>08 DEBRIS</li> <li>09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT</li> <li>10 OTHER</li> <li>11 UNKNOWN</li> </ol>	<p><b>PRIMARY</b></p> <p>A <input type="text" value="01"/> B <input type="text"/></p>	<p><b>SECONDARY</b></p> <p><input type="text"/></p>					
<p><b>PRIMARY</b></p> <p>A <input type="text" value="01"/> B <input type="text"/></p>	<p><b>SECONDARY</b></p> <p><input type="text"/></p>										
<p><b>DAMAGE SCALE</b></p> <p>A <input type="text" value="2"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1 NONE</li> <li>2 NON-FUNCTIONAL</li> <li>3 FUNCTIONAL DAMAGE</li> <li>4 DISABLING DAMAGE</li> <li>5 SEVERE</li> <li>6 UNKNOWN</li> </ol>	<p><input type="text"/> SUPPLEMENT 'X' IF YES</p>		<p>LOCAL REPORT #</p> <p><b>11MPD 1408</b></p>								

**NARRATIVE**

**BOTH UNIT 02 AND UNIT 03 WERE STOPPED IN TRAFFIC ON S. WASHINGTON ST. UNIT 01 WAS TRAVELING NORTHBOUND ON S. WASHINGTON ST. AND FAILED TO MAINTAIN AN ASSURED CLEAR DISTANCE FROM UNIT 02, AND STRUCK UNIT 02 IN THE REAR. AS A RESULT THAT PUSHED UNIT 02 INTO THE REAR OF UNIT 03.**

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

<b>TRUCK/BUS UNIT #</b>	<input type="checkbox"/>	<p>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</p>	<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>
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COMPANY (FROM SHIPPING PAPERS)	COMPANY PHONE
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ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
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<p><b>CARGO BODY TYPE</b></p> <p><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 CRAIN/CHIPS/GRAVEL/WN</p>	<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>	<p><b>WEIGHT (GVWR)</b></p> <p><input type="checkbox"/> 1 LESS/EQUAL 10,000  <input type="checkbox"/> 2 10,001 - 26,000  <input type="checkbox"/> 3 MORE THAN 26,000</p>	<p><b>CDL CLASS</b></p> <p><input type="checkbox"/></p> <p>1 CLASS A                  2 CLASS B                  3 CLASS C                  4 CLASS D                  5 CLASS E</p>	<p><b>HAZARDOUS MATERIALS PLACARD</b></p> <p><input type="checkbox"/></p> <p>1 NO                  2 YES                  3 UNKNOWN</p>	<p><b>HAZARDOUS MATERIALS RELEASED</b></p> <p><input type="checkbox"/></p> <p>1 NO 4 UNKNOWN                  2 YES 2 YES                  3 NOT APPLICABLE 3 NOT APPLICABLE</p>
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<b>POLICE ACTION</b>							
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES	
7/29/2011	14:08	14:08	14:09	14:58	0	50	
OFFICER'S NAME		BADGE #	CHECKED BY		DATE REPORT FILED		
PTL. KEVIN BROWN		108			7/29/2011		
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT 'X' IF YES			LOCAL REPORT #		
<b>1</b> 1 POLICE AGENCY 2 MOTORIST 3 UNKNOWN	<b>1</b> 1 SCENE 2 STATION 3 OTHER	<input type="checkbox"/>			11MPD 1408		