



TRAFFIC CRASH REPORT

CRASH REPORT # 11MPD 1421	CRASH SEVERITY 3 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY X *X IF YES	HIT / SKIP 3 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED	PHOTOS TAKEN <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. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	# UNITS 2	UNIT ERROR 01 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 07/31/2011	

TIME OF CRASH 14:30	DAY OF WEEK SUN	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40320304	LONGITUDE 081550809
-------------------------------	---------------------------	---	---	-----------------------	-----------------------------	-------------------------------

CRASH OCCURRED ON		TYPE LOCATION POINT USED		LOCAL INFORMATION	
PREFIX PRIVATE PROPERTY	CRASH LOCATION PRIVATE PROPERTY	TYPE LOC 1	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	WAL-MART	

AT REFERENCE			REFERENCE POINT USED		
DIST. REF.	DIR	PREFIX	REFERENCE	REF POINT	01 STATE LINE 02 INTERSECTION OF TWO STREETS 03 COUNTY LINE 04 HOUSE NUMBER
		S	001640 WASHINGTON	04	05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME WITHOUT REFEREN 09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE

MOTORIST / NON-MOTORIST

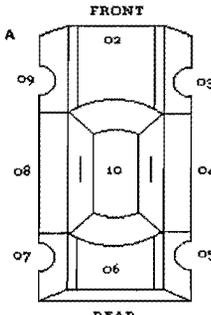
A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) UNKNOWN DRIVER		
ADDRESS (STREET, CITY, STATE, ZIP-CODE)					
SOCIAL SECURITY NUMBER		DATE OF BIRTH //	AGE	SEX U	HOME PHONE #
DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY 5 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN	TRANSPORTED BY
OWNER NAME (IF SAME, WRITE "SAME") UNKNOWN			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) UNKNOWN UNKNOWN UNKNOWN		
YEAR 0	MAKE UNKNOWN	MODEL UNKNOWN	COLOR	INSURANCE COMPANY NOT SHOWN	TOWING SERVICE
OFFENSE CHARGED		OFFENSE DESCRIPTION			CITATION #
LOCAL CODE <input type="checkbox"/> *X IF YES					

B	UNIT # 02	# OF OCC 0	NAME (LAST, FIRST, MIDDLE) UNOCCUPIED PARKED		
ADDRESS (STREET, CITY, STATE, ZIP-CODE)					
SOCIAL SECURITY NUMBER		DATE OF BIRTH //	AGE	SEX	HOME PHONE #
DL STATE	DL #	LP STATE OH	LP # CDQ2718	INJURED TAKEN BY 1 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN	TRANSPORTED BY
OWNER NAME (IF SAME, WRITE "SAME") ALVIN E RABER			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 6152 SR 515 MILLERSBURG OH 44654		
YEAR 1999	MAKE PONTIAC	MODEL GRAND PRI	COLOR BROWN	INSURANCE COMPANY HUMMEL	TOWING SERVICE
OFFENSE CHARGED		OFFENSE DESCRIPTION			CITATION #
LOCAL CODE <input type="checkbox"/> *X IF YES					

OCCUPANT

C	UNIT #	NAME (LAST, FIRST, MIDDLE)			HOME PHONE #	DATE OF BIRTH	AGE	SEX
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
D	UNIT #	NAME (LAST, FIRST, MIDDLE)			HOME PHONE #	DATE OF BIRTH	AGE	SEX
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

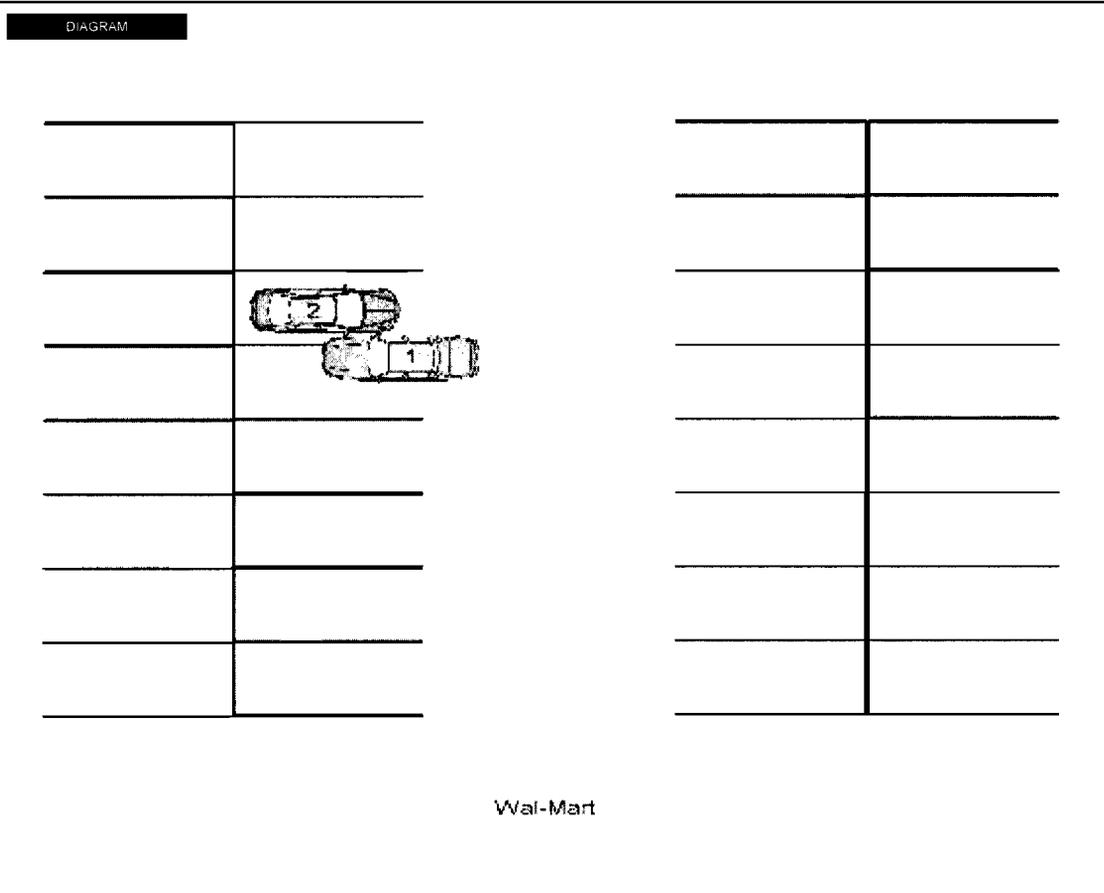
SEATING POSITION 01 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING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

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="01"/> B <input type="text" value="10"/> <p>MOTORIST</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 NON-MOTORIST 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	SEQUENCE OF EVENTS <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td>1 <input type="text" value="21"/></td> <td>1 <input type="text" value="20"/></td> </tr> <tr> <td>2 <input type="text"/></td> <td>2 <input type="text"/></td> </tr> <tr> <td>3 <input type="text"/></td> <td>3 <input type="text"/></td> </tr> <tr> <td>4 <input type="text"/></td> <td>4 <input type="text"/></td> </tr> </table> <p>NON-COLLISION</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 MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIRED 14 PEDESTRIAN 15 PEDACYCLE 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 COLLISION WITH FIXED 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 CURB 39 DITCH 40 EMBANKMENT 41 FENCE 42 MAILBOX 43 TREE 44 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) 45 WORK ZONE MAINTENANCE EQUIPMENT 46 UNKNOWN FIXED OBJECT 47 OTHER POST, POLE OR SUPPORT 48 UNKNWGN	A	B	1 <input type="text" value="21"/>	1 <input type="text" value="20"/>	2 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	POSTED SPEED A <input type="text" value="0"/> B <input type="text" value="0"/> TRAFFIC CONTROL A <input type="text" value="01"/> B <input type="text"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text"/>						
A	B																				
1 <input type="text" value="21"/>	1 <input type="text" value="20"/>																				
2 <input type="text"/>	2 <input type="text"/>																				
3 <input type="text"/>	3 <input type="text"/>																				
4 <input type="text"/>	4 <input type="text"/>																				
NON-MOTORIST LOCATION 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 ISLAND 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>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text"/>	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="33"/> B <input type="text" value="01"/> <p>MOTORIST</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/ACDPA 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 NON-MOTORIST 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	DRUG TEST 1 & 2 RESULT <table border="1"> <tr> <td>A</td> <td>1</td> <td>2</td> <td>B</td> <td>1</td> <td>2</td> </tr> <tr> <td>A</td> <td><input type="text" value="1"/></td> <td><input type="text" value="1"/></td> <td>B</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	A	1	2	B	1	2	A	<input type="text" value="1"/>	<input type="text" value="1"/>	B	<input type="text"/>	<input type="text"/>	DIRECTION <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="4"/></td> <td>B <input type="text"/></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	FROM TO	A <input type="text" value="3"/> <input type="text" value="4"/>	B <input type="text"/>	TYPE OF INTERSECTION <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 OFF RAMP 09 CROSSOVER 10 DRIVEWAY 11 RAILWAY GRADE CROSSING 12 SHARED-USE PATHS OR TRAILS 13 UNKNOWN</p>
A	1	2	B	1	2																
A	<input type="text" value="1"/>	<input type="text" value="1"/>	B	<input type="text"/>	<input type="text"/>																
FROM TO	FROM TO																				
A <input type="text" value="3"/> <input type="text" value="4"/>	B <input type="text"/>																				
TYPE OF UNIT A <input type="text"/> B <input type="text" value="04"/> <p>MOTORIST</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 NON-MOTORIST 35 ANIMAL W/RIDER 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	MOST DAMAGED AREA A <input type="text" value="15"/> B <input type="text" value="04"/> <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>	VEHICLE DEFECT CODE ONLY IF "19" SELECTED ABOVE A <input type="text"/> B <input type="text"/>	FIRST HARMFUL EVENT A <input type="text" value="5"/> B <input type="text" value="1"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	CONDITION A <input type="text" value="8"/> B <input type="text"/>	OCCURRENCE <input type="text" value="1"/> <p>1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN</p>																
POINT OF IMPACT A <input type="text" value="04"/> B <input type="text" value="04"/> <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>	ACTION 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 STRUCK AND STRUCK 6 UNKNOWN</p>	VEHICLE DEFECT CODE ONLY IF "19" SELECTED ABOVE A <input type="text"/> B <input type="text"/>	MOST HARMFUL EVENT A <input type="text" value="5"/> B <input type="text" value="1"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="6"/> B <input type="text"/>	ROAD CONTOUR <input type="text" value="1"/> <p>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN</p>																
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NO 2 YES 3 UNKNOWN</p>	STRIKING VEHICLE OVERRIDE/UNDERIDE 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>	VEHICLE DEFECT CODE ONLY IF "19" SELECTED ABOVE A <input type="text"/> B <input type="text"/>	SPEED DETECTED A <input type="text"/> B <input type="text" value="2"/> <p>1 STATED 2 ESTIMATED</p>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text"/>	ROAD CONDITIONS <table border="1"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> </tr> <tr> <td><input type="text" value="01"/></td> <td><input type="text"/></td> </tr> </table> <p>01 DRY 02 WET 03 SNOW 04 ICE 05 SAND/MUD/DIRT/OIL/GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS 09 RUT HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN</p>	PRIMARY	SECONDARY	<input type="text" value="01"/>	<input type="text"/>												
PRIMARY	SECONDARY																				
<input type="text" value="01"/>	<input type="text"/>																				
DAMAGE SCALE A <input type="text" value="6"/> B <input type="text" value="2"/> <p>1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN</p>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text"/>	VEHICLE DEFECT CODE ONLY IF "19" SELECTED ABOVE A <input type="text"/> B <input type="text"/>	SPEED A <input type="text" value="0"/> B <input type="text" value="0"/>	ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/>	LOCAL REPORT # <input type="text" value="11MPD 1421"/>																
SUPPLEMENT 'X' IF YES <input type="text"/>					LOCAL REPORT # 11MPD 1421																

NARRATIVE

UNIT #2 WAS PARKED IN A PARKING SPACE. UNIT #1 WAS PULLING INTO A PARKING SPACE. UNIT #1 STRUCK THE SIDE OF UNIT #2. UNIT #1 THEN LEFT THE SCENE

MANNER OF COLLISION OR IMPACT 8 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		SCHOOL BUS RELATED 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN	
WEATHER 01 01 CLEAR 02 CLOUDY 03 FOG/SMOG/SMOKE 04 RAIN 05 SLEETHAIL (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND/SOIL/DIRT/SNOW 09 OTHER 10 UNKNOWN		WORK ZONE RELATED 1 1 NO 2 YES 3 UNKNOWN	
LIGHT CONDITIONS PRIMARY SECONDARY 1 <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		TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT OR MOVING WORK 5 OTHER	
TRUCK/BUS UNIT # <input type="text"/>		LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE THE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	
		WORKERS PRESENT <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN	



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	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
--	---

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
---------------	---------------	-------------	-----------------------	------------------------	---------------------	------------------	--------------

CARGO BODY TYPE <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	<input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER	<input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	CDL CLASS <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	HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN
--	---	--	---	--	---	---

POLICE ACTION							
DATE CRASH REPORTED 07/31/2011	TIME REC CALL 15:15	DISPATCH 15:15	ARRIVED 15:18	CLEARED 15:26	OTHER 0	TOTAL MINUTES 11	
OFFICER'S NAME CAPT. SCOTT AKINS		BADGE # 103	CHECKED BY			DATE REPORT FILED 07/31/2011	
REPORT TAKEN BY 1 POLICE AGENCY 2 MOTORIST 3 UNKNOWN 1	REPORT TAKEN AT 1 SCENE 2 STATION 3 OTHER 1		<input type="checkbox"/> SUPPLEMENT 'X' IF YES			LOCAL REPORT # 11MPD 1421	