

081911 *z*



TRAFFIC CRASH REPORT

CRASH REPORT # 11MPD 1533	CRASH SEVERITY 3 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY X *X IF YES	HIT / SKIP 1 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED	PHOTOS TAKEN X *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 8/17/2011	

TIME OF CRASH 15:06	DAY OF WEEK WED	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40320309	LONGITUDE 081550707
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CRASH OCCURRED ON PREFIX CRASH LOCATION PRIVATE PROPERTY	TYPE LOC 1	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION WAL-MART
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AT/REFERENCE DIST. REF. S	DIR S	PREFIX S	REFERENCE 001640 WASHINGTON ST.	REF POINT 04	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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A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) HOTHAM SHIRLEY D.	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 47967 TR 204 COSHOCTON OH 43812
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SOCIAL SECURITY NUMBER	DATE OF BIRTH 01/31/1957	AGE 54	SEX F	HOME PHONE # (740)622-1203	WORK PHONE #
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DL STATE OH	DL # RU069022	LP STATE OH	LP # EU45GB	INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME") HOTHAM, RANDALL	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 47967 TR 204 COSHOCTON OH 43812
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YEAR 2005	MAKE JEOP	MODEL OTHER	COLOR TAN	INSURANCE COMPANY OHIO MUTUAL	TOWING SERVICE	OWNER PHONE # (740)622-1203
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES
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B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) PROPERT SARAH E.	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 8859 CR 292 MILLERSBURG OH 44654
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SOCIAL SECURITY NUMBER	DATE OF BIRTH 08/12/1958	AGE 53	SEX F	HOME PHONE # (330)473-2045	WORK PHONE #
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DL STATE OH	DL # RF136155	LP STATE OH	LP # EKS1735	INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME") PROPERT, SARAH E.	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 8859 CR 292 MILLERSBURG OH 44654
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YEAR 2004	MAKE HONDA	MODEL ACCORD	COLOR GREEN	INSURANCE COMPANY UNITED OHIO	TOWING SERVICE	OWNER PHONE # (330)473-2045
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES
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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 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	

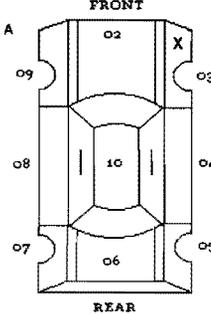
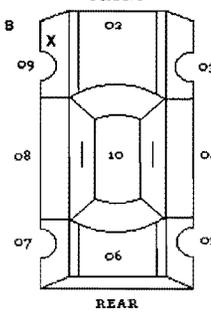
D	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	

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

MOTORIST / NON-MOTORIST

OCCUPANT

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="06"/> B <input type="text" value="01"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>1 <input type="text" value="20"/></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>	A	B	1 <input type="text" value="20"/>	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"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/>
A	B														
1 <input type="text" value="20"/>	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"/>		MOTORIST 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 PARKING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	NON-COLLISION 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 FIXED 14 PEDESTRIAN 15 PEDALCYCLE 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 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	TRAFFIC CONTROL A <input type="text" value="12"/> B <input type="text" value="12"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>										
TYPE OF UNIT A <input type="text" value="06"/> B <input type="text" value="03"/>	MOST DAMAGED AREA A <input type="text" value="03"/> B <input type="text" value="09"/>	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="02"/> B <input type="text" value="01"/>	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="2"/></td><td>B <input type="text" value="1"/> <input type="text" value="2"/></td></tr> </table>	FROM TO	FROM TO	A <input type="text" value="3"/> <input type="text" value="2"/>	B <input type="text" value="1"/> <input type="text" value="2"/>	CONDITION A <input type="text" value="1"/> B <input type="text" value="1"/>	DRUG TEST 1 & 2 RESULT <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	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="1"/> <input type="text" value="2"/>														
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"/>														
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/>	POINT OF IMPACT A <input type="text" value="03"/> B <input type="text" value="09"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="01"/>										
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/>	ACTION A <input type="text" value="3"/> B <input type="text" value="4"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/>	OCURRENCE <input type="text" value="6"/>										
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/>	STRIKING VEHICLE OVERRIDE/UNDERIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	SPEED DETECTED A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="1"/>										
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/>	STRIKING VEHICLE OVERRIDE/UNDERIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	SPEED A <input type="text" value="15"/> B <input type="text" value="15"/>	ALCOHOL TEST RESULT A <input type="text"/> 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>	PRIMARY	SECONDARY	<input type="text" value="01"/>	<input type="text"/>						
PRIMARY	SECONDARY														
<input type="text" value="01"/>	<input type="text"/>														

SUPPLEMENT 'X' IF YES

LOCAL REPORT #
11MPD 1533

NARRATIVE

UNIT 01 WAS TRAVELING ACROSS THE WAL-MART PARKING LOT AND ATTEMPTED TO TURN LEFT INTO A LANE. UNIT 02 WAS TRAVELING SOUTHBOUND IN A DESIGNATED TRAVEL AREA. UNIT 01 DID NOT SEE UNIT 02 COMING, FAILED TO YIELD, AND STRUCK UNIT 02 IN THE FRONT LEFT SIDE.

<p>MANNER OF COLLISION OR IMPACT</p> <p>6</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>SCHOOL BUS RELATED</p> <p>1</p> <p>1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN</p>	<p>DIAGRAM</p>
<p>WEATHER</p> <p>01</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 SANDS/DIRT/SNOW 09 OTHER 10 UNKNOWN</p>	<p>WORK ZONE RELATED</p> <p>1</p> <p>1 NO 2 YES 3 UNKNOWN</p>	
<p>LIGHT CONDITIONS</p> <p>PRIMARY 1 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>TYPE OF WORK ZONE</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>LOCATION OF CRASH IN WORK ZONE</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>WORKERS PRESENT</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	

TRUCK/BUS UNIT #	<input type="checkbox"/>	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	A N D	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
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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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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
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POLICE ACTION						
DATE CRASH REPORTED 8/17/2011	TIME REC CALL 15:08	DISPATCH 15:09	ARRIVED 15:16	CLEARED 15:31	OTHER 0	TOTAL MINUTES 22
OFFICER'S NAME PTL. KEVIN BROWN		BADGE # 108	CHECKED BY	DATE REPORT FILED 8/17/2011		
REPORT TAKEN BY 1 1 POLICE AGENCY 2 MOTORIST 3 UNKNOWN	REPORT TAKEN AT 1 1 SCENE 2 STATION 3 OTHER	SUPPLEMENT 'X' IF YES <input type="checkbox"/>		LOCAL REPORT # 11MPD 1533		