

MWB 8-20-11

# TRAFFIC CRASH REPORT



CRASH REPORT # <b>11MPD 1580</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <b>X</b> *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 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OTHER <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> 99 ANIMAL 98 UNKNOWN	DATE OF CRASH <b>08/23/2011</b>	

TIME OF CRASH <b>18:45</b>	DAY OF WEEK <b>TUE</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40320206</b>	LONGITUDE <b>081550909</b>
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CRASH OCCURRED ON		TYPE LOCATION POINT USED		LOCAL INFORMATION	
PREFIX <b>S</b>	CRASH LOCATION <b>PRIVATE PROPERTY</b>	TYPE LOC <b>1</b>	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	<b>WAL MART LOT</b>	

AT/REFERENCE			REFERENCE POINT USED				
DIST. REF.	DIR	PREFIX	REFERENCE	REF POINT	1 STATE LINE 2 INTERSECTION OF TWO STREETS 3 COUNTY LINE 4 HOUSE NUMBER	66 TOWNSHIP BOUNDARY 67 MILE POST 68 CORPORATION LIMIT 69 PLACE NAME WITHOUT REFEREN	70 DRIVEWAY 71 STREET OR ROUTE WITHOUT REFERENCE
		<b>S</b>	<b>001640 S. WASHINGTON ST.</b>	<b>04</b>			

MOTORIST / NON-MOTORIST

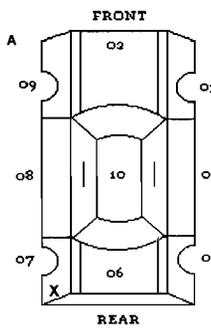
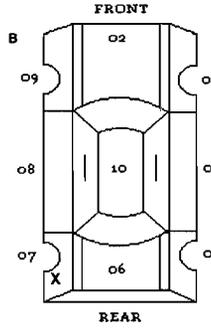
<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>2</b>	NAME (LAST, FIRST, MIDDLE) <b>SPENCER ANDREA M.</b>				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>5542 T.R. 466 LAKEVILLE OH 44638</b>							
SOCIAL SECURITY NUMBER		DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #	
		<b>03/06/1973</b>	<b>38</b>	<b>F</b>	<b>(330)378-5011</b>	<b>(330)275-0435</b>	
DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY		TRANSPORTED BY	INJURED TAKEN TO
<b>OH</b>	<b>RU070128</b>	<b>OH</b>	<b>DAS4319</b>	<b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE			
OWNER NAME (IF SAME, WRITE "SAME")			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)				
<b>SPENCER, WILLARD E.</b>			<b>5542 T.R. 466 LAKEVILLE OH 44638</b>				
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #	
<b>2004</b>	<b>PONTIAC</b>	<b>GRAND AM</b>	<b>BLUE</b>	<b>PROGRESSIVE</b>		<b>(330)378-5011</b>	
OFFENSE CHARGED		OFFENSE DESCRIPTION			CITATION #	LOCAL CODE	
						<input type="checkbox"/> *X IF YES	

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>3</b>	NAME (LAST, FIRST, MIDDLE) <b>ANIELSKI VICTORIA</b>				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>17150 ALEXANDER RD. WALNUT HILLS OH 44146</b>							
SOCIAL SECURITY NUMBER		DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #	
		<b>09/30/1993</b>	<b>17</b>	<b>F</b>	<b>(440)786-8008</b>	<b>(440)829-2202</b>	
DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY		TRANSPORTED BY	INJURED TAKEN TO
<b>OH</b>	<b>TR462422</b>	<b>OH</b>	<b>CCW9499</b>	<b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE			
OWNER NAME (IF SAME, WRITE "SAME")			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)				
<b>ANIELSKI, MARLENE B.</b>			<b>17150 ALEXANDER RD. WALNUT HILLS OH 44146</b>				
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #	
<b>1999</b>	<b>HONDA</b>	<b>ACCORD</b>	<b>GREY</b>	<b>STATE FARM</b>		<b>(440)786-8008</b>	
OFFENSE CHARGED		OFFENSE DESCRIPTION			CITATION #	LOCAL CODE	
						<input type="checkbox"/> *X IF YES	

OCCUPANT

<b>C</b>	UNIT # <b>01</b>	NAME (LAST, FIRST, MIDDLE) <b>SPENCER KEVEN A.</b>		HOME PHONE # <b>(330)378-5011</b>	DATE OF BIRTH <b>03/30/1995</b>	AGE <b>16</b>	SEX <b>M</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>5542 T.R. 466 LAKEVILLE OH 44638</b>				INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	
<b>D</b>	UNIT # <b>02</b>	NAME (LAST, FIRST, MIDDLE) <b>ZEMBA DAVID M.</b>		HOME PHONE # <b>(440)546-0754</b>	DATE OF BIRTH <b>05/13/1993</b>	AGE <b>18</b>	SEX <b>M</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>4573 HARRIS RD. BROADVIEW HEIGHTS OH 44147</b>				INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	

<b>SEATING POSITION</b> <b>A</b> <input type="checkbox"/> <b>01</b> 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASSENGER) <b>B</b> <input type="checkbox"/> <b>01</b> 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SIDE CAB) 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> <b>A</b> <input type="checkbox"/> <b>04</b> 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 NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS <b>B</b> <input type="checkbox"/> <b>04</b> 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	<b>AIR BAG</b> <b>A</b> <input type="checkbox"/> <b>1</b> 1 NOT-DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN <b>B</b> <input type="checkbox"/> <b>1</b> <b>C</b> <input type="checkbox"/> <b>1</b> <b>D</b> <input type="checkbox"/> <b>1</b>	<b>AIR BAG SWITCH</b> <b>A</b> <input type="checkbox"/> <b>1</b> 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION <b>B</b> <input type="checkbox"/> <b>1</b> <b>C</b> <input type="checkbox"/> <b>1</b> <b>D</b> <input type="checkbox"/> <b>1</b>	<b>EJECTION</b> <b>A</b> <input type="checkbox"/> <b>1</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN <b>B</b> <input type="checkbox"/> <b>1</b> <b>C</b> <input type="checkbox"/> <b>1</b> <b>D</b> <input type="checkbox"/> <b>1</b>	<b>TRAPPED</b> <b>A</b> <input type="checkbox"/> <b>1</b> 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN <b>B</b> <input type="checkbox"/> <b>1</b> <b>C</b> <input type="checkbox"/> <b>1</b> <b>D</b> <input type="checkbox"/> <b>1</b>	<b>INJURIES</b> <b>A</b> <input type="checkbox"/> <b>1</b> 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN  <input type="checkbox"/> SUPPLEMENT *X IF YES
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<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><b>PRE-CRASH ACTIONS</b></p> <p>A <input type="text" value="02"/> B <input type="text" value="11"/></p> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD</li> <li>02 BRAKING</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</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</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> </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 PEDICYCLE</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 IMPACT ATTENUATOR/CRASH CUSHION</li> <li>26 BRIDGE OVERHEAD STRUCTURE</li> <li>27 BRIDGE PIER OR ABUTMENT</li> <li>28 BRIDGE PARAPET</li> <li>29 BRIDGE RAIL</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 CULVERT</li> <li>39 CURB</li> <li>40 DITCH</li> <li>41 EMBANKMENT</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</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</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>POSTED SPEED</b></p> <p>A <input type="text" value="0"/> B <input type="text" value="0"/></p> <p><b>TRAFFIC CONTROL</b></p> <p>A <input type="text" value="01"/> B <input type="text" value="01"/></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> <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>A</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</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>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 NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 RED USE PATHS OR TRAILS 15 UNKNOWN</p>		<p><b>CONTRIBUTING CIRCUMSTANCES</b></p> <p>A <input type="text" value="10"/> B <input type="text" value="01"/></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/SLEEP</li> <li>19 OPERATING DEFECTIVE EQUIPMENT</li> <li>20 LOAD SHIFTING/FALLING/SPILLING</li> <li>21 OTHER IMPROPER ACTION</li> <li>22 UNKNOWN</li> <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="3"/> <input type="text" value="8"/></p> </td> <td style="width:50%;"> <p>FROM TO</p> <p>B <input type="text" value="1"/> <input type="text" value="2"/></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="3"/> <input type="text" value="8"/></p>	<p>FROM TO</p> <p>B <input type="text" value="1"/> <input type="text" value="2"/></p>	<p><b>DRUG TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></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>FROM TO</p> <p>A <input type="text" value="3"/> <input type="text" value="8"/></p>	<p>FROM TO</p> <p>B <input type="text" value="1"/> <input type="text" value="2"/></p>						
<p><b>TYPE OF UNIT</b></p> <p>A <input type="text" value="02"/> B <input type="text" value="02"/></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/DOUBLE - 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/RIDER</li> <li>36 ANIMAL W/BUGGY</li> <li>37 BICYCLE</li> <li>38 PEDESTRIAN</li> <li>39 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)</li> <li>40 SKATER</li> <li>41 OTHER, NON MOTORIST (WHEELCHAIR, ETC.)</li> <li>42 UNKNOWN</li> </ol>	<p><b>MOST DAMAGED AREA</b></p> <p>A <input type="text" value="07"/> B <input type="text" value="07"/></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> <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 OR TROUBLE</li> <li>10 DISABLED FROM PRIOR ACCIDENT</li> <li>11 OTHER DEFECTS</li> <li>12 NO DEFECTS</li> </ol>	<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>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> <ol style="list-style-type: none"> <li>1 NONE</li> <li>2 MARIJUANA</li> <li>3 COCAINE</li> <li>4 OPIATES</li> <li>5 AMPHETAMINES</li> <li>6 PCP</li> <li>7 OTHER</li> <li>8 UNKNOWN AT TIME OF REPORTING</li> </ol>	<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>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>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>POINT OF IMPACT</b></p> <p>A <input type="text" value="07"/> B <input type="text" value="07"/></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>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>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>DAMAGE SCALE</b></p> <p>A <input type="text" value="2"/> 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>ACTION</b></p> <p>A <input type="text" value="3"/> B <input type="text" value="4"/></p> <p>1 NON-CONTACT 2 NON-COLLISION 3 STRICKING 4 STRUCK 5 BOTH STRICKING AND STRUCK 6 UNKNOWN</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>OCURRENCE</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>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>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>SPEED DETECTED</b></p> <p>A <input type="text" value="2"/> 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</p>	<p><b>ROAD CONDITIONS</b></p> <p>PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/></p> <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>SUPPLEMENT 'X' IF YES</b></p> <p><input type="text"/></p>	<p><b>LOCAL REPORT #</b></p> <p><b>11MPD 1580</b></p>						

**NARRATIVE**

**UNIT 1 WAS BACKING FROM A PARKING SPACE IN A PRIVATE LOT INTO THE SIDE OF UNIT 2 WHO HAD PASSED AND WAS STOPPED BEHIND HER.**

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>5</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> <div style="text-align: right; margin-right: 20px;"> </div>	
<p><b>WEATHER</b></p> <p><b>02</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>WORK ZONE RELATED</b></p> <p><b>1</b></p> <p>1 NO                  2 YES                  3 UNKNOWN</p>		
<p><b>LIGHT CONDITIONS</b></p> <p><b>PRIMARY</b> <b>1</b> <b>SECONDARY</b> <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>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>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"/>	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 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 <b>N</b> <b>D</b>
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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>			
<b>CARGO BODY TYPE</b>			<b>WEIGHT (GVWR)</b>		<b>CDL CLASS</b>		<b>HAZARDOUS MATERIALS PLACARD</b>		<b>HAZARDOUS MATERIALS RELEASED</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/GRAV/FWLN <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"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000		<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		<input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN		<input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN	

<b>POLICE ACTION</b>							
<b>DATE CRASH REPORTED</b>	<b>TIME REC CALL</b>	<b>DISPATCH</b>	<b>ARRIVED</b>	<b>CLEARED</b>	<b>OTHER</b>	<b>TOTAL MINUTES</b>	
08/23/2011	18:48	18:55	18:56	19:15	30	50	
<b>OFFICER'S NAME</b>			<b>BADGE #</b>	<b>CHECKED BY</b>		<b>DATE REPORT FILED</b>	
PTL. W. TODD BOOTH			104			08/23/2011	
<b>REPORT TAKEN BY</b>		<b>REPORT TAKEN AT</b>		<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>		<b>LOCAL REPORT #</b>	
<input type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST <input type="checkbox"/> 3 UNKNOWN		<input type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER				11MPD 1580	