

10-03-11 JMS



TRAFFIC CRASH REPORT

| | | | | | |
|-------------------------------------|---|--|--|--|--|
| CRASH REPORT # 11MPD 1842 | CRASH SEVERITY 3 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN | PRIVATE PROPERTY <input type="checkbox"/> *X IF YES | HIT / SKIP 1 1 NOT HIT / SKIP 2 2 SOLVED 3 3 NOT SOLVED | PHOTOS TAKEN <input type="checkbox"/> *X IF YES | OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| N.C.I.C. # 03801 | REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT | # UNITS 2 | UNIT ERROR 01 99 ANIMAL 99 UNKNOWN | DATE OF CRASH 09/30/2011 | |

| | | | | | | |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|
| TIME OF CRASH 14:45 | DAY OF WEEK FRI | CITY/VILLAGE/TOWNSHIP VILLAGE | NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG | COUNTY # 38 | LATITUDE 40323400 | LONGITUDE 081550001 |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|

| | | | | |
|---|-------------------------------------|----------------------|---|-------------------|
| CRASH OCCURRED ON PREFIX S | CRASH LOCATION WASHINGTON | TYPE LOC 1 | TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE | LOCAL INFORMATION |
|---|-------------------------------------|----------------------|---|-------------------|

| | | | | | |
|----------------------------|-----|--------------------|---------------------------------------|------------------------|--|
| AT/REFERENCE DIST. REF. | DIR | PREFIX S | REFERENCE 000996 WASHINGTON | 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 |
|----------------------------|-----|--------------------|---------------------------------------|------------------------|--|

| | | | |
|--|---------------------|----------------------|--|
| A | UNIT # 01 | # OF OCC 1 | NAME (LAST, FIRST, MIDDLE) KANDEL LEANNA W |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) 102 S TAYLOR ST HOLMESVILLE OH 44633 | | | |

| | | | | | |
|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|
| SOCIAL SECURITY NUMBER | DATE OF BIRTH 05/28/1985 | AGE 26 | SEX F | HOME PHONE # (330)763-4668 | WORK PHONE # |
|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|

| | | | | | | |
|-----------------------|-------------------------|-----------------------|------------------------|---|----------------|------------------|
| DL STATE OH | DL # SH161951 | LP STATE OH | LP # EKS2370 | INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE | TRANSPORTED BY | INJURED TAKEN TO |
|-----------------------|-------------------------|-----------------------|------------------------|---|----------------|------------------|

| | |
|--|--|
| OWNER NAME (IF SAME, WRITE "SAME") RUSSEL KANDEL | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 102 S TAYLOR ST MILLERSBURG OH 44633 |
|--|--|

| | | | | | | |
|---------------------|-----------------------|-----------------------|-----------------------|--|----------------|---------------------------------------|
| YEAR 2001 | MAKE TOYOTA | MODEL OTHER | COLOR GREEN | INSURANCE COMPANY 21ST CENTURY | TOWING SERVICE | OWNER PHONE # (330)763-4668 |
|---------------------|-----------------------|-----------------------|-----------------------|--|----------------|---------------------------------------|

| | | | |
|-----------------|---------------------|------------|--|
| OFFENSE CHARGED | OFFENSE DESCRIPTION | CITATION # | LOCAL CODE <input type="checkbox"/> *X IF YES |
|-----------------|---------------------|------------|--|

| | | | |
|--|---------------------|----------------------|--|
| B | UNIT # 02 | # OF OCC 1 | NAME (LAST, FIRST, MIDDLE) CROSKY VIRGINIA A |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) 335 JAMES ST FALLS CHURCH VA 22046 | | | |

| | | | | | |
|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|
| SOCIAL SECURITY NUMBER | DATE OF BIRTH 01/31/1964 | AGE 47 | SEX F | HOME PHONE # (703)282-4314 | WORK PHONE # |
|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|

| | | | | | | |
|-----------------------|--------------------------|-----------------------|---------------------|---|----------------|------------------|
| DL STATE VA | DL # T69633995 | LP STATE OH | LP # OV 2 | INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE | TRANSPORTED BY | INJURED TAKEN TO |
|-----------------------|--------------------------|-----------------------|---------------------|---|----------------|------------------|

| | |
|---|---|
| OWNER NAME (IF SAME, WRITE "SAME") MARY JANE CROSKY | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 2829 SR 83 MILLERSBURG OH 44654 |
|---|---|

| | | | | | | |
|---------------------|-------------------------|------------------------|-----------------------|------------------------------------|----------------|---------------------------------------|
| YEAR 2001 | MAKE CHEVROLE | MODEL IMPALA | COLOR GREEN | INSURANCE COMPANY GRANGE | TOWING SERVICE | OWNER PHONE # (330)674-0881 |
|---------------------|-------------------------|------------------------|-----------------------|------------------------------------|----------------|---------------------------------------|

| | | | |
|-----------------|---------------------|------------|--|
| OFFENSE CHARGED | OFFENSE DESCRIPTION | CITATION # | LOCAL CODE <input type="checkbox"/> *X IF YES |
|-----------------|---------------------|------------|--|

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

BLANK FOR WITNESS

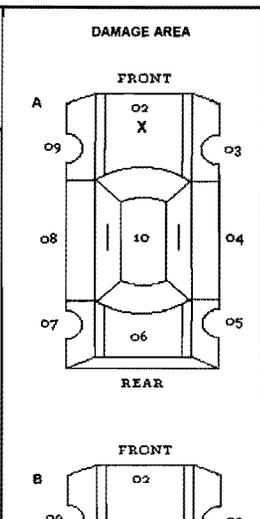
SUPPLEMENT *X IF YES

MOTORIST / NON-MOTORIST / OCCUPANT

UNIT NUMBERS
A B

NON-MOTORIST LOCATION
A B

01 MARKED CROSSWALK AT INTERSECTION
02 AT INTERSECTION BUT NO CROSSWALK
03 NON-INTERSECTION CROSSWALK
04 DRIVEWAY ACCESS CROSSWALK
05 IN ROADWAY (BUT NO SHOULDER, MEDIAN, OR 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



PRE-CRASH ACTIONS
A B

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 BLOWING 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 APPROCHING OR LEAVING VEHICLE
20 PLAYING OR WORKING ON VEHICLE
21 STANDING
22 OTHER
23 UNKNOWN

SEQUENCE OF EVENTS

| | | | |
|---|---------------------------------|---|---------------------------------|
| A | <input type="text" value="20"/> | B | <input type="text" value="20"/> |
| 1 | | 1 | |
| 2 | | 2 | |
| 3 | | 3 | |
| 4 | | 4 | |

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 PEDAL CYCLE
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

POSTED SPEED
A B

TRAFFIC CONTROL
A B

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

DRUG TEST STATUS
A B

1 NONE GIVEN
2 TEST REFUSED
3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
4 TEST GIVEN, RESULTS KNOWN
5 GIVEN, RESULTS UNKNOWN
6 UNKNOWN

DRUG TEST TYPE
A B

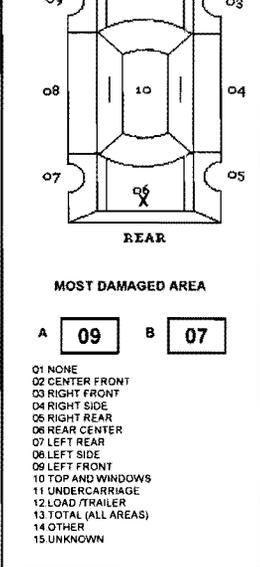
1 NONE
2 BLOOD
3 URINE
4 OTHER

DRUG TEST 1 & 2 RESULT
A B

1 NONE
2 MARIJUANA
3 COCAINE
4 OPiates
5 AMPHETAMINES
6 PCP
7 OTHER
8 UNKNOWN AT TIME OF REPORTING

TYPE OF UNIT
A B

MOTORIST
01 SUB-COMPACT
02 COMPACT
03 MID SIZED
04 FULL SIZE
05 MINIVAN
06 SPORT UTILITY VEHICLE
07 PICKUP
08 PANEL VAN
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 WRIDER
36 ANIMAL W/BUGGY
37 BICYCLE
38 PEDESTRIAN
39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)
40 SKATER
41 OTHER-NON MOTORIST (WHEELCHAIR, ETC.)
42 UNKNOWN



CONTRIBUTING CIRCUMSTANCES
A B

MOTORIST
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/CAD
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

DIRECTION
FROM TO FROM TO
A B

1 NORTH
2 SOUTH
3 EAST
4 WEST
5 NORTHEAST
6 NORTHWEST
7 SOUTHEAST
8 SOUTHWEST
9 UNKNOWN

CONDITION
A B

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

ALCOHOL/DRUG SUSPECTED
A B

1 NONE
2 YES ALCOHOL SUSPECTED
3 YES-HBO NOT IMPAIRED
4 YES-DRUGS SUSPECTED
5 YES-ALCOHOL AND DRUGS SUSPECTED
6 UNKNOWN

ALCOHOL TEST STATUS
A B

1 NONE GIVEN
2 TEST REFUSED
3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
4 TEST GIVEN, RESULTS KNOWN
5 TEST GIVEN, RESULTS UNKNOWN
6 UNKNOWN

ALCOHOL TEST TYPE
A B

1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

TYPE OF INTERSECTION

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

OCCURRENCE

1 ON ROADWAY
2 ON SHOULDER
3 IN MEDIAN
4 ON ROADSIDE
5 ON GORE
6 OUTSIDE TRAFFICWAY
7 UNKNOWN

ROAD CONTOUR

1 STRAIGHT LEVEL
2 STRAIGHT GRADE
3 CURVE LEVEL
4 CURVE GRADE
5 UNKNOWN

POINT OF IMPACT
A B

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

ACTION
A B

1 NON-CONTACT
2 NON-COLLISION
3 STRICKING
4 STRUCK
5 BOTH STRICKING AND STRUCK
6 UNKNOWN

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE
A B

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

FIRST HARMFUL EVENT
A B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

MOST HARMFUL EVENT
A B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

SPEED DETECTED
A B

1 STATED
2 ESTIMATED

SPEED
A B

ALCOHOL TEST RESULT
A
B

ROAD CONDITIONS
PRIMARY SECONDARY

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

IN EMERGENCY RESPONSE
A B

1 NO
2 YES
3 UNKNOWN

DAMAGE SCALE
A B

1 NONE
2 NON-FUNCTIONAL
3 FUNCTIONAL DAMAGE
4 DISABLING DAMAGE
5 SEVERE
6 UNKNOWN

STRIKING VEHICLE OVERRIDE/UNDERRIDE
A B

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

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE
A B

SUPPLEMENT 'X' IF YES

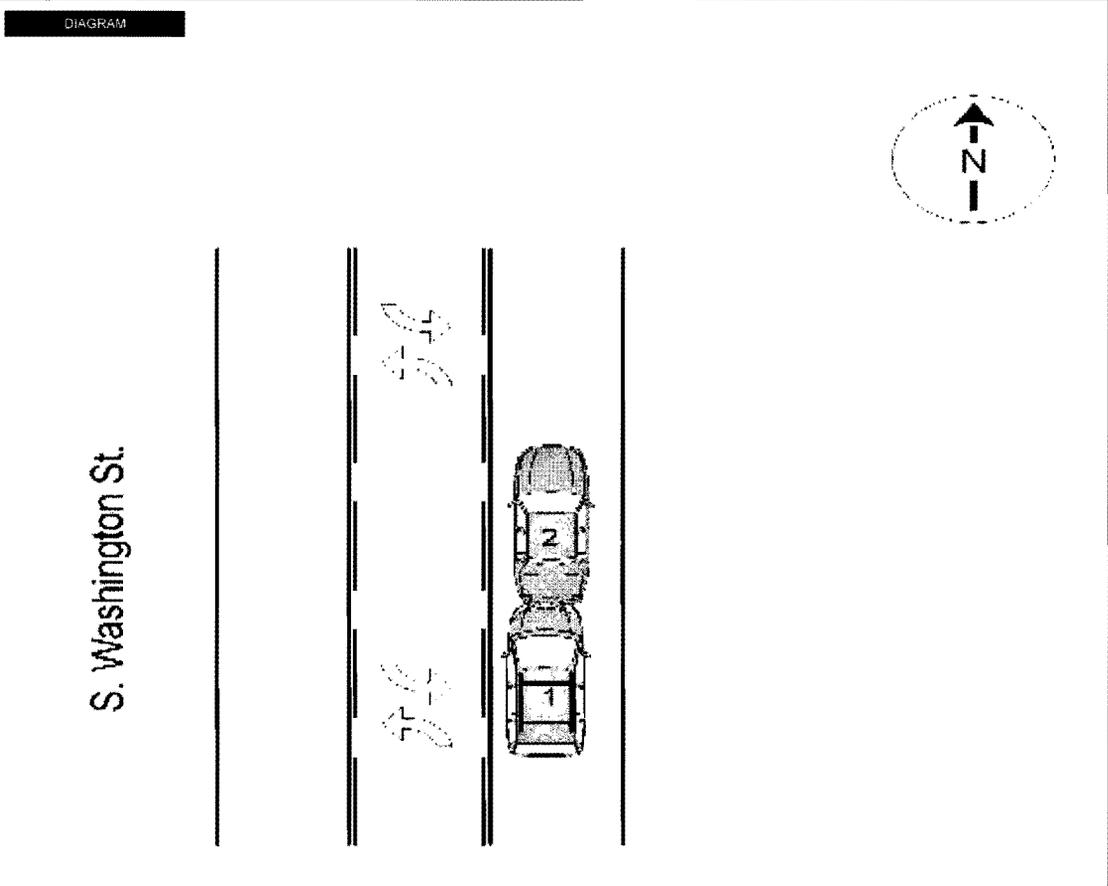
LOCAL REPORT #
11MPD 1842

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NARRATIVE

UNIT #1 AND UNIT #2 WERE SOUTHBOUND ON SOUTH WASHINGTON STREET. UNIT #2 STOPPED FOR TRAFFIC. UNIT #1 DID NOT GET STOPPED IN TIME. UNIT #1 STRUCK UNIT #2 IN THE REAR END.

| | |
|---|---|
| MANNER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 2 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 <input checked="" type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN |
| WEATHER <input checked="" type="checkbox"/> 04 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 <input checked="" type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN |
| LIGHT CONDITIONS PRIMARY <input checked="" type="checkbox"/> 1 SECONDARY <input type="checkbox"/> 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - ROADWAY NOT LIGHTED 6 DARK - UNKNOWN ROADWAY LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN | 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 |
| 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 |



| | | |
|---|--|---|
| TRUCK/BUS UNIT # <input type="text"/> | THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS, OR A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD, OR A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER | A 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 (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAIN/CHIPS/GRAVEL/WN | 05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER | 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN | 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 2. CLASS B 3. CLASS C 4. CLASS D 5. CLASS E | HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1. NO 2. YES 3. UNKNOWN | HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> 1. NO 2. YES 3. NOT APPLICABLE |
|--|--|--|---|--|---|---|

| | | | | | | | |
|--|---|---|-------------------------|-------------------------------------|--|----------------------------|--|
| POLICE ACTION | | | | | | | |
| DATE CRASH REPORTED 09/30/2011 | TIME REC CALL 14:47 | DISPATCH 14:47 | ARRIVED 14:52 | CLEARED 15:04 | OTHER 0 | TOTAL MINUTES 17 | |
| OFFICER'S NAME CAPT. SCOTT AKINS | | BADGE # 103 | CHECKED BY | | DATE REPORT FILED 09/30/2011 | | |
| REPORT TAKEN BY 1 POLICE AGENCY 2 MOTORIST 3 UNKNOWN | REPORT TAKEN AT 1 SCENE 2 STATION 3 OTHER | <input type="checkbox"/> SUPPLEMENT 'X' IF YES | | LOCAL REPORT # 11MPD 1842 | | | |