

119 11-7-11



TRAFFIC CRASH REPORT

CRASH REPORT # 11MPD 2065	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 SOLVED 3 NOT SOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> *X IF YES	OH-2 <input type="checkbox"/> OH-3 <input checked="" 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 11/02/2011	

TIME OF CRASH 16:30	DAY OF WEEK WED	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40331502	LONGITUDE 081545804
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX N CRASH LOCATION MONROE	TYPE LOC 1 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	

AT REFERENCE	REFERENCE POINT USED
DIST. REF. E DIR E PREFIX E REFERENCE JACKSON	REF POINT 02 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

MOTORIST / NON-MOTORIST

A UNIT # 01 # OF OCC 1 NAME (LAST, FIRST, MIDDLE) MARTIN BRENDA FEATHERSTON
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4225N COMMANCE DRIVE CARROLLTON TX 75010
SOCIAL SECURITY NUMBER 05/23/1957 DATE OF BIRTH 54 AGE F SEX (330)403-3050 HOME PHONE #
DL STATE TX DL # 00217898 LP STATE TX LP # ADDIO INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME") MARTIN, BRENDA FEATHERSTON OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4225N COMMANCE DRIVE CARROLLTON TX 75010
YEAR 2006 MAKE MERCEDE MODEL 350 SL COLOR SILVER INSURANCE COMPANY ALL STATE TOWING SERVICE OWNER PHONE # (330)403-3050
OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE <input type="checkbox"/> *X IF YES

B UNIT # 02 # OF OCC 1 NAME (LAST, FIRST, MIDDLE) ROHRER A MARK
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7386 CR 623 MILLERSBURG OH 44654
SOCIAL SECURITY NUMBER 02/13/1933 DATE OF BIRTH 78 AGE M SEX (330)231-8086 HOME PHONE #
DL STATE OH DL # RU069128 LP STATE OH LP # 5AMR INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME") ROHRER FAMILY TRUST OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7386 CR 623 MILLERSBURG OH 44654
YEAR 2002 MAKE BUICK MODEL CENTURY COLOR BLUE INSURANCE COMPANY ERIE TOWING SERVICE OWNER PHONE # (330)231-8088
OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE <input type="checkbox"/> *X IF YES

OCCUPANT

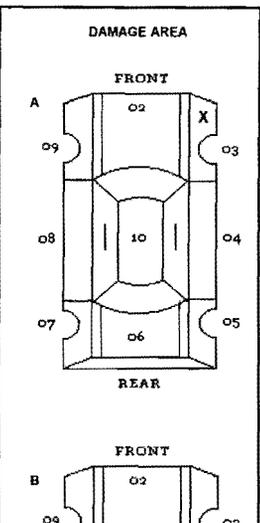
C UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE) INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO
D UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
ADDRESS (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 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 BLANK FOR WITNESS	SAFETY EQUIPMENT 04 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 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG 1 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	AIR BAG SWITCH 1 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	EJECTION 1 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 1 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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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
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 (BUT IN 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 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 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	<input type="text"/>	1	<input type="text"/>
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-COLLISION
01 OVERTURN/OVERFLOWER
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 OF 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 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/LUMINARY'S SUPPORT
36 UTILITY POLE
37 OTHER POST, POLE OR SUPPORT
38 CURB
39 CURVE
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

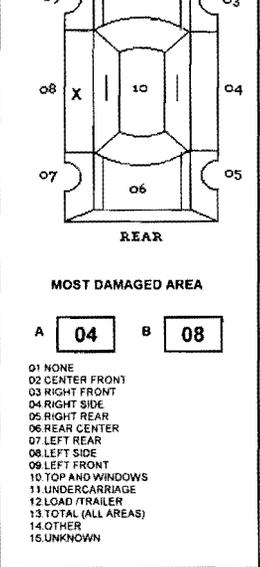
1 NONE
2 BLOOD
3 URINE
4 OTHER

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 PANELVAN
09 SINGLE UNIT TRUCK, 2 AXLES
10 TRUCKS
11 SINGLE UNIT TRUCK, 3 OR MORE AXLES
12 TRUCK/TRAILER
13 TRUCK TRACTOR (BOBTAIL)
14 TRACTOR/SEMI-TRAILER
15 TRACTOR/DOUBLE - SHORT
16 TRACTOR DOUBLE - LONG
17 FIFTH WHEEL OR CONVERTER DOLLY
18 TRACTOR/TRIPLES
19 MOTORCYCLE
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 PEDALCYCLIST (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/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, SUPPLRY 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

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)

DIRECTION

FROM TO	FROM TO
A <input type="text" value="1"/> <input type="text" value="2"/>	B <input type="text" value="1"/> <input type="text" value="2"/>

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

TYPE OF INTERSECTION
A

01 NOT AN INTERSECTION
02 FOUR-WAY INTERSECTION
03 T-INTERSECTION
04 Y-INTERSECTION
05 TRAFFIC CIRCLE/ROUNDOABOUT
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
A

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

STRIKING VEHICLE OVERRIDE/UNDERIDE
A B

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

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

SPEED DETECTED
A B

1 STATED
2 ESTIMATED

SPEED
A B

ALCOHOL/DRUG SUSPECTED
A B

1 NONE
2 YES ALCOHOL SUSPECTED
3 YES-HBD 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

ROAD CONTOUR
A

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

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

ALCOHOL TEST RESULT
A
B

ALCOHOL TEST RESULT
A
B

SUPPLEMENT 'X' IF YES

LOCAL REPORT #
11MPD 2065

NARRATIVE

UNIT #2 WAS STOPPED FOR A RED LIGHT. UNIT #1 PULLED PARTIALLY UP BESIDE UNIT #2 AS IF THERE WAS A LEFT TURN LANE, WHICH THERE IS NOT. UNIT #2 STARTED TO GO WHEN THE LIGHT TURNED GREEN UNIT #1 ALSO WENT WHEN THE LIGHT TURNED GREEN. UNIT #1 STRUCK THE SIDE OF UNIT #2

<p>MANNER OF COLLISION OR IMPACT</p> <p>7</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 SAND/SOIL/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>TRUCK/BUS</p> <p>UNIT # <input type="text"/></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>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING</p> <p>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>A N D</p>	<p>THE CRASH RESULTED IN ONE OF THE FOLLOWING</p> <p>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>CARGO BODY TYPE</p> <p><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/LWN <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</p>	<p>10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN</p>	<p>WEIGHT (GVWR)</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>CDL CLASS</p> <p><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</p>	<p>HAZARDOUS MATERIALS PLACARD</p> <p><input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN</p>	<p>HAZARDOUS MATERIALS RELEASED</p> <p><input type="checkbox"/> 1 NO 4 UNKNOWN <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE</p>
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POLICE ACTION						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
11/02/2011	16:33	16:33	16:34	16:58	0	25
OFFICER'S NAME		BADGE #	CHECKED BY		DATE REPORT FILED	
CAPT. SCOTT AKINS		103			11/02/2011	
REPORT TAKEN BY	REPORT TAKEN AT		<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT # 11MPD 2065	
1	1					