

119 11-14-11



# TRAFFIC CRASH REPORT

<b>CRASH REPORT #</b> 11MPD 2115	<b>CRASH SEVERITY</b> 3 1.FATAL ERROR 3.PDO 2.INJURY 4.UNKNOWN	<b>PRIVATE PROPERTY</b> X *X IF YES	<b>HIT / SKIP</b> 1 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED	<b>PHOTOS TAKEN</b> X *X IF YES	<b>OH-2 OH-3 OH-1P OTHER</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>N.C.I.C. #</b> 03801	<b>REPORTING AGENCY</b> MILLERSBURG POLICE DEPARTMENT		<b># UNITS</b> 2	<b>UNIT ERROR</b> 01 98 ANIMAL 99 UNKNOWN	<b>DATE OF CRASH</b> 11/11/2011

<b>TIME OF CRASH</b> 14:20	<b>DAY OF WEEK</b> FRI	<b>CITY/VILLAGE/TOWNSHIP</b> VILLAGE	<b>NAME (OF CITY, VILLAGE OR TOWNSHIP)</b> MILLERSBURG	<b>COUNTY #</b> 38	<b>LATITUDE</b> 40331499	<b>LONGITUDE</b> 081541599
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<b>CRASH OCCURRED ON</b>	<b>TYPE LOC</b> 1	<b>TYPE LOCATION POINT USED</b> 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	<b>LOCAL INFORMATION</b> FRIENDS FOR FRIENDS
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<b>AT REFERENCE</b>	<b>REFERENCE POINT USED</b>
<b>DIST. REF.</b> 001287 MASSILLON	<b>REF POINT</b> 04

<b>UNIT #</b> 01	<b># OF OCC</b> 1	<b>NAME (LAST, FIRST, MIDDLE)</b> RINGLER PHILIP D
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**ADDRESS (STREET, CITY, STATE, ZIP-CODE)**  
101 LAKEVIEW DR APT F39 MILLERSBURG OH 44654

<b>SOCIAL SECURITY NUMBER</b>	<b>DATE OF BIRTH</b> 09/05/1944	<b>AGE</b> 67	<b>SEX</b> M	<b>HOME PHONE #</b> (330)473-8307	<b>WORK PHONE #</b>
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<b>DL STATE</b> OH	<b>DL #</b> RP004201	<b>LP STATE</b> OH	<b>LP #</b> FCP8020	<b>INJURED TAKEN BY</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	<b>TRANSPORTED BY</b>	<b>INJURED TAKEN TO</b>
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<b>OWNER NAME (IF SAME, WRITE "SAME")</b> RINGLER, ROBERT L. SR	<b>OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)</b> 101 LAKEVIEW DR APT D22 MILLERSBURG OH 44654
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<b>YEAR</b> 2003	<b>MAKE</b> FORD	<b>MODEL</b> RANGER	<b>COLOR</b> GOLD	<b>INSURANCE COMPANY</b> WAYNE MUTUAL	<b>TOWING SERVICE</b>	<b>OWNER PHONE #</b> (330)473-8307
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<b>OFFENSE CHARGED</b>	<b>OFFENSE DESCRIPTION</b>	<b>CITATION #</b>	<b>LOCAL CODE</b> <input type="checkbox"/> *X IF YES
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<b>UNIT #</b> 02	<b># OF OCC</b> 0	<b>NAME (LAST, FIRST, MIDDLE)</b> UNOCCUPIED PARKED
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**ADDRESS (STREET, CITY, STATE, ZIP-CODE)**

<b>SOCIAL SECURITY NUMBER</b>	<b>DATE OF BIRTH</b> / /	<b>AGE</b>	<b>SEX</b>	<b>HOME PHONE #</b>	<b>WORK PHONE #</b>
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<b>DL STATE</b>	<b>DL #</b>	<b>LP STATE</b> OH	<b>LP #</b> DRX4900	<b>INJURED TAKEN BY</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	<b>TRANSPORTED BY</b>	<b>INJURED TAKEN TO</b>
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<b>OWNER NAME (IF SAME, WRITE "SAME")</b> TISH, PAMELA E	<b>OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)</b> 32130 SR 60 KILLBUCK OH 44637
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<b>YEAR</b> 2005	<b>MAKE</b> PONTIAC	<b>MODEL</b> OTHER	<b>COLOR</b> WHITE	<b>INSURANCE COMPANY</b> PROGRESSIVE	<b>TOWING SERVICE</b>	<b>OWNER PHONE #</b> (330)600-0365
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<b>OFFENSE CHARGED</b>	<b>OFFENSE DESCRIPTION</b>	<b>CITATION #</b>	<b>LOCAL CODE</b> <input type="checkbox"/> *X IF YES
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<b>UNIT #</b>	<b>NAME (LAST, FIRST, MIDDLE)</b>	<b>HOME PHONE #</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>SEX</b>
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<b>ADDRESS (STREET, CITY, STATE, ZIP-CODE)</b>	<b>INJURED TAKEN BY</b> <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	<b>TRANSPORTED BY</b>	<b>INJURED TAKEN TO</b>
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<b>UNIT #</b>	<b>NAME (LAST, FIRST, MIDDLE)</b>	<b>HOME PHONE #</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>SEX</b>
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<b>ADDRESS (STREET, CITY, STATE, ZIP-CODE)</b>	<b>INJURED TAKEN BY</b> <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	<b>TRANSPORTED BY</b>	<b>INJURED TAKEN TO</b>
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<b>SEATING POSITION</b>	<b>SAFETY EQUIPMENT</b>	<b>AIR BAG</b>	<b>AIR BAG SWITCH</b>	<b>EJECTION</b>	<b>TRAPPED</b>	<b>INJURIES</b>
A <input type="checkbox"/> 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	A <input type="checkbox"/> 04 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 MOTORIST 09 NONE USED 10 HELMET USED 11 PROTECTIVE PADS 12 REFLECTIVE CLOTHING 13 LIGHTING 14 UNKNOWN	A <input type="checkbox"/> 1 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	A <input type="checkbox"/> 1 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	A <input type="checkbox"/> 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	A <input type="checkbox"/> 1 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	A <input type="checkbox"/> 1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN

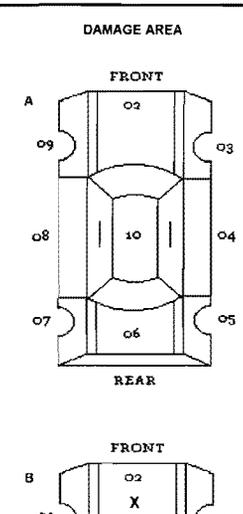
**BLANK FOR WITNESS**  **SUPPLEMENT 'X' IF YES**

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  
 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 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**

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-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 CURB/VERT  
 39 CURB  
 40 DITCH  
 41 EMBARKMENT  
 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 WALK/DONT 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

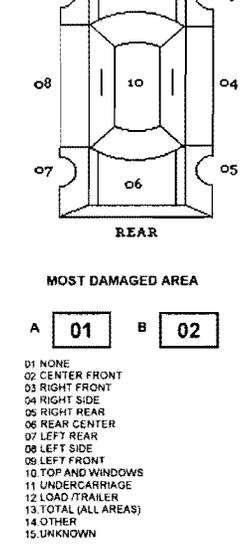
1 NONE  
 2 BLOOD  
 3 URINE  
 4 OTHER

**DRUG TEST 1 & 2 RESULT**  
 A   B

1 NONE  
 2 MARIJUANA  
 3 COCAINE  
 4 OPATES  
 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 TIRIS  
 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 MOTORIZED BICYCLE  
 21 SCHOOL BUS  
 22 CHURCH BUS  
 23 PUBLIC BUS  
 24 OTHER BUS  
 25 POLICE VEHICLE  
 26 FIRE TRUCK  
 27 AMBULANCE/RESCUE  
 28 TAXI  
 29 MOTOR HOME  
 30 TRAIN  
 31 FARM VEHICLE  
 32 FARM EQUIPMENT  
 33 SNOWMOBILE  
 34 CONSTRUCTION EQUIPMENT  
 35 ALL OTHERS  
**NON-MOTORIST**  
 36 ANIMAL WRIDDER  
 37 ANIMAL W/BUGGY  
 38 BICYCLE  
 39 PEDESTRIAN  
 40 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)  
 41 SKATER  
 42 OTHER-NON MOTORIST (WHEELCHAIR, ETC)  
 43 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 IN ROADWAY  
 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

**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   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

**TYPE OF INTERSECTION**

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

**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

**IN EMERGENCY RESPONSE**  
 A  B

1 NO  
 2 YES  
 3 UNKNOWN

**ACTION**  
 A  B

1 NON-CONTACT  
 2 NON-COLLISION  
 3 STRUCK  
 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

**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

**DAMAGE SCALE**  
 A  B

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

**ALCOHOL TEST TYPE**  
 A  B

1 NONE  
 2 BLOOD  
 3 URINE  
 4 BREATH  
 5 OTHER

**ALCOHOL TEST RESULT**  
 A   
 B

SUPPLEMENT 'X' IF YES

LOCAL REPORT # **11MPD 2115**

**NARRATIVE**

**UNIT 1 WAS BACKING FROM A PARKED POSITION AT THE LISTED ADDRESS. UNIT 1 BACKED INTO UNIT 2, WHICH WAS PARKED BEHIND AND ACROSS THE AISLE. UNIT 2 RECEIVED DAMAGE TO THE FRONT BUMPER AND FRONT GRILL. UNIT 1 RECEIVED NO OBVIOUS VISIBLE DAMAGE.**

<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>
<p><b>WEATHER</b></p> <p><b>01</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 SANDS/OIL/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="text"/>	<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 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>

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><b>CARGO BODY TYPE</b></p> <p><input type="checkbox"/> 01 NOT APPLICABLE                  02 BUS (9-15 INCLUDING DRIVER)                  03 VAN/ENCLOSED BOX                  04 GRAIN/CHIPS/GRAVEL/WN</p>	<p>05 POLE                  06 CARGO TANK                  07 FLATBED                  08 DUMP                  09 CONCRETE MIXER</p>	<p>10 AUTO TRANSPORTER                  11 GARBAGE/REFUSE                  12 OTHER                  13 UNKNOWN</p>	<p><b>WEIGHT (GVWR)</b></p> <p><input type="checkbox"/> 1 LESS/EQUAL 10,000                  2 10,001 - 26,000                  3 MORE THAN 26,000</p>	<p><b>CDL CLASS</b></p> <p><input type="checkbox"/></p> <p>1 CLASS A                  2 CLASS B                  3 CLASS C                  4 CLASS D                  5 CLASS E</p>	<p><b>HAZARDOUS MATERIALS PLACARD</b></p> <p><input type="checkbox"/> 1 NO                  2 YES                  3 UNKNOWN</p>	<p><b>HAZARDOUS MATERIALS RELEASED</b></p> <p><input type="checkbox"/> 1 NO 4 UNKNOWN                  2 YES 2 YES                  3 NOT APPLICABLE 3 NOT APPLICABLE</p>
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**POLICE ACTION**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
11/11/2011	14:24	14:27	14:35	14:46	25	44
OFFICER'S NAME	BADGE #	CHECKED BY	DATE REPORT FILED			
PTL. JUSTIN ESTILL	113		11/11/2011			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT 'X' IF YES	LOCAL REPORT #			
<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	<input type="checkbox"/>	11MPD 2115			