

OHIO

TRAFFIC CRASH REPORT

1-31-12

CRASH REPORT # 12MPD 0167	CRASH SEVERITY 3 1 FATAL ERROR 3 PDD 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input checked="" 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 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 01/31/2012	

TIME OF CRASH 11:30	DAY OF WEEK TUE	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40323624	LONGITUDE 081545866
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CRASH OCCURRED ON			TYPE LOCATION POINT USED			LOCAL INFORMATION		
PREFIX PRIVATE PROPERTY	CRASH LOCATION PRIVATE PROPERTY	TYPE LOC 1	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE			EAST OF CHICAGO PIZZA		

AT/REFERENCE				REFERENCE POINT USED			
DIST. REF.	DIR	PREFIX	REFERENCE	REF POINT	01 STATE LINE	05 TOWNSHIP BOUNDARY	09 DRIVEWAY
		S	000960 WASHINGTON	04	02 INTERSECTION OF TWO STREETS	06 MILE POST	10 STREET OR ROUTE WITHOUT REFERENCE
					03 COUNTY LINE	07 CORPORATION LIMIT	
					04 HOUSE NUMBER	08 PLACE NAME WITHOUT REFEREN	

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) KLINK CARL J				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 125 ENON RD. NEW GALILEE PA 16141							
SOCIAL SECURITY NUMBER		DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #	
		11/13/1970	41	M	(724)513-9786	(724)899-4402	
DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY		TRANSPORTED BY	INJURED TAKEN TO
PA	22592899	IN	269486	1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE			
OWNER NAME (IF SAME, WRITE "SAME") PENKSE TRUCK LEASING			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4000 CLINE AVE EAST CHICAGO IN 46312				
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #	
2007	FREIGHTLI	NOT STAT	WHITE	NATIONAL FIRE INS		(724)899-4402	
OFFENSE CHARGED		OFFENSE DESCRIPTION			CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES	

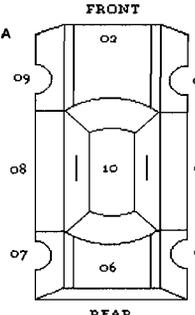
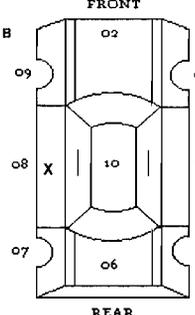
B	UNIT # 02	# OF OCC 0	NAME (LAST, FIRST, MIDDLE) UNOCCUPIED PARKED				
ADDRESS (STREET, CITY, STATE, ZIP-CODE)							
SOCIAL SECURITY NUMBER		DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #	
		/ /					
DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY		TRANSPORTED BY	INJURED TAKEN TO
		OH	FAP1541	<input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE			
OWNER NAME (IF SAME, WRITE "SAME") NORRIS, DONALD L.			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 101 LAKEVIEW DR. APT C14 MILLERSBURG OH 44654				
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #	
1996	PONTIAC	BONNEVILLE	GREEN	MOTORISTS MUTU		(330)275-2235	
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		TRANSPORTED BY		INJURED TAKEN TO
				<input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE				
D	UNIT #	NAME (LAST, FIRST, MIDDLE)		HOME PHONE #	DATE OF BIRTH	AGE	SEX	
ADDRESS (STREET, CITY, STATE, ZIP-CODE)								
				INJURED TAKEN BY		TRANSPORTED BY		INJURED TAKEN TO
				<input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE				

SEATING POSITION		SAFETY EQUIPMENT		AIR BAG		AIR BAG SWITCH		EJECTION		TRAPPED		INJURIES	
01	01 FRONT - LEFT (MC DRIVER)	04	MOTORIST 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED	1	1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE FRONT/SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	4	1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	1	1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	1	1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	1	1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
	02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS)		04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED 06 HELMET USED 07 RESTRAINT USED UNKNOWN 08 NON-MOTORIST 09 NONE USED 10 HELMET USED										
	05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SIDE CAR)		10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN										
	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													<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="05"/> B <input type="text" value="10"/>	SEQUENCE OF EVENTS <table border="1"> <tr> <td>A</td> <td><input type="text" value="21"/></td> <td>B</td> <td><input type="text" value="20"/></td> </tr> <tr> <td>1</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>2</td> <td></td> <td>3</td> <td></td> </tr> <tr> <td>3</td> <td></td> <td>4</td> <td></td> </tr> </table>	A	<input type="text" value="21"/>	B	<input type="text" value="20"/>	1		2		2		3		3		4		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=""/>
A	<input type="text" value="21"/>	B	<input type="text" value="20"/>																		
1		2																			
2		3																			
3		4																			
NON-MOTORIST LOCATION A <input type="text" value=""/> B <input type="text" value=""/>		MOTORIST 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING UP 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	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 14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 15 PEDESTRIAN 16 PEDALCYCLE 17 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 18 ANIMAL - FARM 19 ANIMAL - DEER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT 25 COLLISION WITH FIXED OBJECT 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="01"/> B <input type="text" value="01"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value=""/>																
TYPE OF UNIT A <input type="text" value="13"/> B <input type="text" value="03"/>	MOST DAMAGED AREA A <input type="text" value="12"/> B <input type="text" value="08"/>	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="06"/> 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="2"/> <input type="text" value="3"/></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="2"/> <input type="text" value="3"/>	B <input type="text" value="1"/> <input type="text" value="2"/>	CONDITION A <input type="text" value="1"/> B <input type="text" value=""/>	DRUG TEST 1 & 2 RESULT A <input type="text" value="1"/> <input type="text" value="1"/> B <input type="text" value=""/> <input type="text" value=""/>												
FROM TO	FROM TO																				
A <input type="text" value="2"/> <input type="text" value="3"/>	B <input type="text" value="1"/> <input type="text" value="2"/>																				
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 WRIDDER 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	POINT OF IMPACT A <input type="text" value="12"/> B <input type="text" value="08"/>	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, 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 <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=""/>	TYPE OF INTERSECTION <input type="text" value="01"/>																
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/>	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" value=""/> B <input type="text" value=""/>	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=""/>	OCCURRENCE <input type="text" value="6"/>																
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="3"/>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text" value=""/> B <input type="text" value=""/>	SPEED DETECTED A <input type="text" value="2"/> B <input type="text" value="2"/>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value=""/>	ROAD CONTOUR <input type="text" value="2"/>																
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="3"/>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text" value=""/> B <input type="text" value=""/>	SPEED A <input type="text" value="2"/> B <input type="text" value="0"/>	ALCOHOL TEST RESULT A <input type="text" value=""/> B <input type="text" value=""/>	ROAD CONDITIONS PRIMARY <input type="text" value="01"/> SECONDARY <input type="text" value=""/>																
				ALCOHOL TEST RESULT A <input type="text" value=""/> B <input type="text" value=""/>	LOCAL REPORT # 12MPD 0167																

SUPPLEMENT 'X' IF YES

NARRATIVE

UNIT 1 WAS MAKING A SHARP RIGHT HAND TURN AROUND THE BUILDING AT THE LISTED LOCATION. THE LEFT REAR CORNER OF THE TRAILER STRUCK UNIT 2 IN THE LEFT SIDE AS THE TRAILER TURNED THE CORNER. UNIT 2 RECEIVED SIGNIFICANT DAMAGE TO THE LEFT SIDE. UNIT 1 RECEIVED A SCRATCH ON THE LEFT REAR OF THE TRAILER.

<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 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</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="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>N A FATALITY, OR</p> <p>D 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	
<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/GRAVE/ IWN</p>			<p>WEIGHT (GVWR)</p> <p><input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 28,000 <input type="checkbox"/> 3 MORE THAN 28,000</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 <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE</p>								

POLICE ACTION							
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES	
01/31/2012	11:35	11:35	11:39	11:58	30	53	
OFFICER'S NAME		BADGE #	CHECKED BY		DATE REPORT FILED		
PTL. JUSTIN ESTILL		113			01/31/2012		
REPORT TAKEN BY		REPORT TAKEN AT		<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT #	
1 POLICE AGENCY 2 MOTORIST 3 UNKNOWN		1 SCENE 2 STATION 3 OTHER				12MPD 0167	