

MRB27-12



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>12MPD 0207</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> "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 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> 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>02/06/2012</b>	

TIME OF CRASH <b>10:05</b>	DAY OF WEEK <b>MON</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40304242</b>	LONGITUDE <b>081541022</b>
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CRASH OCCURRED ON PREFIX <b>PRIVATE PROPERTY</b>	TYPE LOC <b>1</b>	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION <b>KILLBUCK SAVINGS BANK</b>
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AT/REFERENCE DIST. REF. <b>N</b>	DIR <b>N</b>	PREFIX <b>000181</b>	REFERENCE <b>WASHINGTON</b>	REF POINT <b>04</b>	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
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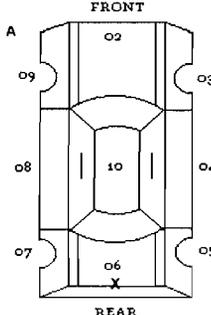
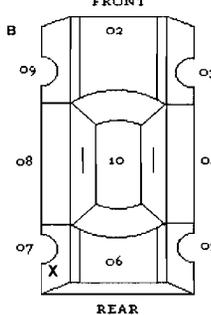
<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>LAWHEAD WILMA J</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>153 E JACKSON ST MILLERSBURG OH 44654</b>			
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>01/07/1927</b>	AGE <b>85</b>	SEX <b>F</b>
HOME PHONE # <b>(330)674-5588</b>	WORK PHONE #		
DL STATE <b>OH</b>	DL # <b>RQ164147</b>	LP STATE <b>OH</b>	LP # <b>AD24TX</b>
INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME") <b>LAWHEAD, WILMA J</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>153 E JACKSON ST MILLERSBURG OH 44654</b>	
YEAR <b>1991</b>	MAKE <b>CHEVROLE</b>	MODEL <b>CAVALIER</b>	COLOR <b>WHITE</b>
INSURANCE COMPANY <b>MOTORISTS MUTU</b>	TOWING SERVICE	OWNER PHONE #	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> "X" IF YES

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>0</b>	NAME (LAST, FIRST, MIDDLE) <b>UNOCCUPIED PARKED</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>//</b>	AGE	SEX
HOME PHONE #	WORK PHONE #		
DL STATE <b>OH</b>	DL #	LP STATE <b>OH</b>	LP # <b>AD47TN</b>
INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME") <b>MILLER, TERRY L</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>13913 TR 472 LAKEVILLE OH 44638</b>	
YEAR <b>2007</b>	MAKE <b>FORD</b>	MODEL <b>F-SERIES P</b>	COLOR <b>MAROON</b>
INSURANCE COMPANY <b>MOTORISTS MUTU</b>	TOWING SERVICE	OWNER PHONE # <b>(419)827-2189</b>	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> "X" IF YES

<b>C</b>	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			
<b>D</b>	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 A <b>01</b> 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	SAFETY EQUIPMENT A <b>04</b> MOTORIST 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED 04 SHOULDER AND LAP BELT USED 05 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 A <b>1</b> 1. NOT-DEPLOYED 2. DEPLOYED - FRONT 3. DEPLOYED - SIDE 4. DEPLOYED BOTH FRONT/SIDE 5. NOT APPLICABLE 6. DEPLOYMENT UNKNOWN	AIR BAG SWITCH A <b>1</b> 1. ON-OFF SWITCH NOT PRESENT 2. SWITCH IN ON POSITION 3. SWITCH IN OFF POSITION 4. UNKNOWN POSITION	EJECTION A <b>1</b> 1. NOT EJECTED 2. TOTALLY EJECTED 3. PARTIALLY EJECTED 4. NOT APPLICABLE 5. UNKNOWN	TRAPPED A <b>1</b> 1. NOT TRAPPED 2. EXTRICATED BY MECHANICAL MEANS 3. FREED BY NON-MECHANICAL MEANS 4. UNKNOWN	INJURIES A <b>1</b> 1. NO INJURY 2. POSSIBLE 3. NON-INCAPACITATING 4. INCAPACITATING 5. FATAL INJURY 6. UNKNOWN
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT "X" IF YES

MOTORIST / NON-MOTORIST OCCUPANT

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="02"/> B <input type="text" value="10"/> <p><b>MOTORIST</b></p> 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 <b>NON-MOTORIST</b> 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	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td>1 <input type="text" value="21"/></td> <td>1 <input type="text" value="20"/></td> </tr> <tr> <td>2 <input type="text"/></td> <td>2 <input type="text"/></td> </tr> <tr> <td>3 <input type="text"/></td> <td>3 <input type="text"/></td> </tr> <tr> <td>4 <input type="text"/></td> <td>4 <input type="text"/></td> </tr> </table> <p><b>NON-COLLISION</b></p> 01 OVERTURN/OVERLOVER 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 <b>COLLISION W/PERSON, VEHICLE, OR OBJECT</b> NOT FIXED 14 PEDESTRIAN 15 PEDICYCLE 16 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOV'G VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT <b>COLLISION WITH FIXED OBJECT</b> 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 39 DITCH 40 EMBARKMENT 41 FENCE 42 MAILBOX 43 TREE 44 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL ETC.) 45 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	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"/>	<b>POSTED SPEED</b> A <input type="text" value="0"/> B <input type="text" value="0"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/>						
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"/>																				
<b>NON-MOTORIST LOCATION</b> A <input type="text"/> B <input type="text"/> <p>01 MARKED CROSSWALK AT INTERSECTION  02 AT INTERSECTION BUT NO CROSSWALK  03 NON-INTERSECTION CROSSWALK  04 DRIVEWAY ACCESS  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</p>	<b>DAMAGE AREA</b>  <p><b>MOST DAMAGED AREA</b></p> A <input type="text" value="01"/> B <input type="text" value="07"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="10"/> B <input type="text" value="01"/> <p><b>MOTORIST</b></p> 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 <b>NON-MOTORIST</b> 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	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	<b>TRAFFIC CONTROL</b> A <input type="text" value="01"/> B <input type="text"/>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/>																
<b>TYPE OF UNIT</b> A <input type="text" value="03"/> B <input type="text" value="07"/> <p><b>MOTORIST</b></p> 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 TRIPLE 11 SINGLE UNIT TRUCK, 3 OR MORE AXLES 12 TRUCK/TRAILER 13 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 <b>NON-MOTORIST</b> 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	<b>POINT OF IMPACT</b> A <input type="text" value="06"/> B <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/> <p>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</p>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<b>DIRECTION</b> <table border="1"> <tr> <td>FROM TO</td> <td>FROM TO</td> </tr> <tr> <td>A <input type="text" value="3"/> <input type="text" value="4"/></td> <td>B <input type="text" value="3"/> <input type="text" value="4"/></td> </tr> </table> <p>1 NORTH  2 SOUTH  3 EAST  4 WEST  5 NORTHEAST  6 NORTHWEST  7 SOUTHEAST  8 SOUTHWEST  9 UNKNOWN</p>	FROM TO	FROM TO	A <input type="text" value="3"/> <input type="text" value="4"/>	B <input type="text" value="3"/> <input type="text" value="4"/>	<b>DRUG TEST 1 &amp; 2 RESULT</b> <table border="1"> <tr> <td>A</td> <td>1</td> <td>2</td> <td>B</td> <td>1</td> <td>2</td> </tr> <tr> <td><input type="text" value="1"/></td> <td><input type="text" value="1"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>1 NONE  2 MARIJUANA  3 COCAINE  4 OPIATES  5 AMPHETAMINES  6 PCP  7 OTHER  8 UNKNOWN AT TIME OF REPORTING</p>	A	1	2	B	1	2	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FROM TO	FROM TO																				
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A	1	2	B	1	2																
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NO  2 YES  3 UNKNOWN</p>	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text" value="4"/> <p>1 NON-CONTACT  2 NON-COLLISION  3 STRICKING  4 STRUCK  5 BOTH STRICKING AND STRUCK  6 UNKNOWN</p>	<b>SPEED</b> A <input type="text" value="5"/> B <input type="text" value="0"/> <p>1 STATED  2 ESTIMATED</p>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text"/>	<b>CONDITION</b> A <input type="text" value="1"/> B <input type="text"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="01"/> <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>																
<b>DAMAGE SCALE</b> A <input type="text" value="3"/> B <input type="text" value="2"/> <p>1 NONE  2 NON-FUNCTIONAL  3 FUNCTIONAL DAMAGE  4 DISABLING DAMAGE  5 SEVERE  6 UNKNOWN</p>	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>OCCURRENCE</b> <input type="text" value="1"/> <p>1 ON ROADWAY  2 ON SHOULDER  3 IN MEDIAN  4 ON ROADSIDE  5 ON GORE  6 OUTSIDE TRAFFICWAY  7 UNKNOWN</p>																	
<b>LOCAL REPORT #</b> <input type="text" value="12MPD 0207"/>	<b>LOCAL REPORT #</b> <input type="text" value="12MPD 0207"/>																				

**NARRATIVE**

**UNIT 1 WAS BACKING FROM A PARKED POSITION IN THE PARKING LOT OF THE LISTED BUSINESS. THE DRIVER OF UNIT 1 INDICATES THAT HER CAR WOULD NOT GO, AND THEN "TOOK OFF" IN REVERSE, STRIKING UNIT 2 WHICH WAS PARKED. THERE WERE NO OBVIOUS MECHANICAL DEFECTS TO UNIT 1 THAT WOULD CAUSE THIS. UNIT 1 RECEIVED DAMAGE TO THE REAR CENTER, AND UNIT 2 RECEIVED DAMAGE TO THE LEFT REAR CORNER.**

<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>WORK ZONE RELATED</b></p> <p><b>1</b></p> <p>1 NO                  2 YES                  3 UNKNOWN</p>		
<p><b>WEATHER</b></p> <p><b>01</b></p> <p>01 CLEAR                  02 CLOUDY                  03 FOG/SMOG/SMOKE                  04 RAIN                  05 SLEET/HAUL (FREEZING RAIN OR DRIZZLE)                  06 SNOW                  07 SEVERE CROSSWINDS                  08 BLOWING SAND/SOIL/DIRT/SNOW                  09 OTHER                  10 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>LIGHT CONDITIONS</b></p> <p><b>PRIMARY</b> <input checked="" type="checkbox"/> <b>SECONDARY</b> <input type="checkbox"/></p> <p><b>1</b></p> <p>1 DAYLIGHT                  2 DAWN                  3 DUSK                  4 DARK - LIGHTED ROADWAY                  5 DARK - ROADWAY NOT LIGHTED                  6 DARK - UNKNOWN ROADWAY LIGHTING                  7 CLARE                  8 OTHER                  9 UNKNOWN</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                  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><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</p>

<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>PUCD</b>	<b>TRAILER LP ST.</b>	<b>TRAILER LP YEAR</b>	<b>TRAILER LP #</b>	<b>PLACARD #</b>	<b># DIA</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

**POLICE ACTION**

<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>
02/06/2012	10:11	10:11	10:14	10:36	45	70

<b>OFFICER'S NAME</b>	<b>BADGE #</b>	<b>CHECKED BY</b>	<b>DATE REPORT FILED</b>
PTL. JUSTIN ESTILL	113		02/06/2012

<b>REPORT TAKEN BY</b>	<b>REPORT TAKEN AT</b>	<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>	<b>LOCAL REPORT #</b>
1 1 POLICE AGENCY 2 MOTORIST 3 UNKNOWN	1 1 SCENE 2 STATION 3 OTHER		12MPD 0207