

062112 JMD



TRAFFIC CRASH REPORT

CRASH REPORT # 12MPD 1172	CRASH SEVERITY 3 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> X *X IF YES	HIT / SKIP 2 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. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	# UNITS 2	UNIT ERROR 01 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 06/19/2012	

TIME OF CRASH 10:00	DAY OF WEEK TUE	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40331107	LONGITUDE 081553006
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CRASH OCCURRED ON			TYPE LOCATION POINT USED			LOCAL INFORMATION		
PREFIX	CRASH LOCATION	TYPE LOC	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE					
	PRIVATE PROPERTY	1						

AT/REFERENCE				REFERENCE POINT USED			
DIST. REF.	DIR	PREFIX	REFERENCE	REF POINT	01 STATE LINE	06 TOWNSHIP BOUNDARY	09 DRIVEWAY
		S	000090 S CLAY STREET	04	02 INTERSECTION OF TWO STREETS	07 CORPORATION LIMIT	10 STREET OR ROUTE WITHOUT REFERENCE
					03 COUNTY LINE	08 PLACE NAME WITHOUT REFEREN	
					04 HOUSE NUMBER		

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) LANE MARSHALL L
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)
363 HICKORY STREET MILLERSBURG OH 44654

SOCIAL SECURITY NUMBER	DATE OF BIRTH 05/07/1947	AGE 65	SEX M	HOME PHONE # (330)674-1715	WORK PHONE #
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DL STATE OH	DL # RY410450	LP STATE OH	LP # 843XJL	INJURED TAKEN BY 1 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME") LANE, MARSHALL L	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 363 HICKORY STREET MILLERSBURG OH 44654
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YEAR 2002	MAKE TOYOTA	MODEL CAMRY	COLOR MAROON	INSURANCE COMPANY STATE FARM	TOWING SERVICE	OWNER PHONE # (330)674-1715
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES
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B	UNIT # 02	# OF OCC 0	NAME (LAST, FIRST, MIDDLE)
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)

SOCIAL SECURITY NUMBER	DATE OF BIRTH //	AGE	SEX	HOME PHONE #	WORK PHONE #
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DL STATE	DL #	LP STATE OH	LP # FLJ6917	INJURED TAKEN BY 1 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME") BRANDON L MILLER	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7919 SR516 NW DUNDEE OH 44624
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YEAR 2007	MAKE HONDA	MODEL OTHER	COLOR WHITE	INSURANCE COMPANY STATE FARM	TOWING SERVICE	OWNER PHONE #
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES
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C	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)

INJURED TAKEN BY <input type="checkbox"/>	TRANSPORTED BY	INJURED TAKEN TO
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D	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)

INJURED TAKEN BY <input type="checkbox"/>	TRANSPORTED BY	INJURED TAKEN TO
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SEATING POSITION A <input type="checkbox"/> 01 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT B <input type="checkbox"/> 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT C <input type="checkbox"/> 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 A <input type="checkbox"/> 14 MOTORIST 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED B <input type="checkbox"/> 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED C <input type="checkbox"/> 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 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 B <input type="checkbox"/>	AIR BAG SWITCH A <input type="checkbox"/> 4 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION B <input type="checkbox"/>	EJECTION A <input type="checkbox"/> 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN B <input type="checkbox"/>	TRAPPED A <input type="checkbox"/> 1 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN B <input type="checkbox"/>	INJURIES A <input type="checkbox"/> 1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN B <input type="checkbox"/>
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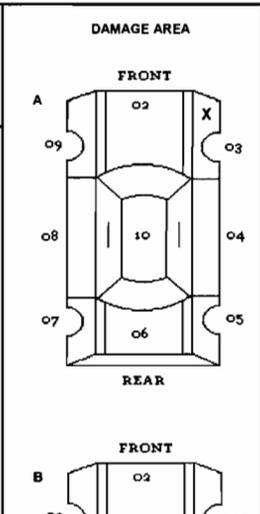
<input type="checkbox"/> SUPPLEMENT *X IF YES

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 APPLYING OR WORKING ON VEHICLE
 21 STANDING
 22 OTHER
 23 UNKNOWN

SEQUENCE OF EVENTS

A	<input type="text" value="21"/>	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/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 FIRED
 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/LUMINARIES SUPPORT
 36 UTILITY POLE
 37 OTHER POST, POLE OR SUPPORT
 38 CURB
 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 WALK/DONT WALK
 15 TRAFFIC CONTROL DEVICE
 16 OPERATIVE, MISSING, OBTSCURED
 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

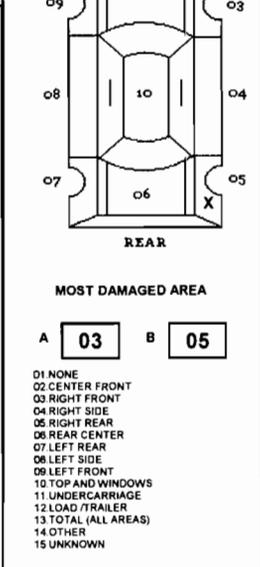
1 NONE
 2 BLOOD
 3 URINE
 4 OTHER

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, 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 W/RIDER
 36 ANIMAL W/BUGGY
 37 BICYCLE
 38 PEDESTRIAN
 39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)
 40 SKATER
 41 OTHER-NON MOTORIST (WHEEL CHAIR, 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 UNLAWFUL SPEED
 06 IMPROPER TURN
 07 LEFT OF CENTER
 08 FOLLOWED TOO CLOSELY/CDA
 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 <input type="text" value="6"/> <input type="text" value="2"/>	B <input type="text" value="5"/> <input type="text" value="8"/>

1 NORTH
 2 SOUTH
 3 EAST
 4 WEST
 5 NORTHEAST
 6 NORTHWEST
 7 SOUTHWEST
 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-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

ALCOHOL TEST RESULT
 A

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 CORE
 6 OUTSIDE TRAFFICWAY
 7 UNKNOWN

ROAD CONTOUR

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

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/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

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

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

LOCAL REPORT #

SUPPLEMENT 'X' IF YES

NARRATIVE

UNIT NUMBER ONE WAS ATTEMPTING TO TURN AROUND IN THE PRESBYTERIAN CHURCH PARKING LOT ON SOUTH CLAY STREET WHEN HE STRUCK UNIT NUMBER TWO WHICH WAS PARKED IN A PARKING SPACE. UNIT NUMBER ONE THEN LEFT THE SCENE WITHOUT REPORTING THE CRASH BUT WAS LATER CONTACTED AT HIS RESIDENCE WHERE HE ADVISED THAT HE DIDN'T REALIZE THAT HE HAD STRUCK UNIT NUMBER TWO.

<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 style="font-size: 24px; font-weight: bold;">Presbyterian Church Parking Lot</p>					
<p>WEATHER</p> <p>01</p> <p>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</p>	<p>WORK ZONE RELATED</p> <p>1</p> <p>1 NO 2 YES 3 UNKNOWN</p>						
<p>LIGHT CONDITIONS</p> <p>PRIMARY <input type="checkbox"/> 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 #</p> <p><input type="text"/></p>		<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>COMPANY (FROM SHIPPING PAPERS)</p> <p><input type="text"/></p>		<p>COMPANY PHONE</p> <p><input type="text"/></p>					
<p>ADDRESS (STREET, CITY, ST, ZIP CODE)</p> <p><input type="text"/></p>							
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 (8-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAIN/CHIPS/GRAVEL/LWN</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>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"/></p> <p>1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E</p>	<p>HAZARDOUS MATERIALS PLACARD</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	<p>HAZARDOUS MATERIALS RELEASED</p> <p><input type="checkbox"/></p> <p>1 NO 4 UNKNOWN 2 YES 3 NOT APPLICABLE</p>
<p>POLICE ACTION</p>							
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES	
06/19/2012	10:03	10:03	10:05	10:20	90	107	
<p>OFFICER'S NAME</p> <p>PTL. KIM HERMAN</p>		<p>BADGE #</p> <p>101</p>	<p>CHECKED BY</p> <p><input type="text"/></p>			<p>DATE REPORT FILED</p> <p>06/19/2012</p>	
<p>REPORT TAKEN BY</p> <p>1</p> <p>1 POLICE AGENCY 2 MOTORIST 3 UNKNOWN</p>		<p>REPORT TAKEN AT</p> <p>1</p> <p>1 SCENE 2 STATION 3 OTHER</p>			<p>SUPPLEMENT 'X' IF YES</p> <p><input type="checkbox"/></p>		<p>LOCAL REPORT #</p> <p>12MPD 1172</p>