

06-22-12

OHIO

# TRAFFIC CRASH REPORT

OH-1 (Rev. 1/99)

Traffic Crash Report

CRASH REPORT # <b>12MPD 1185</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> X "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 OH-3 OH-1P OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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>06/21/2012</b>	

TIME OF CRASH <b>13:18</b>	DAY OF WEEK <b>THU</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40323700</b>	LONGITUDE <b>081544801</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
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AT/REFERENCE DIST. REF.	DIR	PREFIX	REFERENCE <b>001098 GLEN DRIVE</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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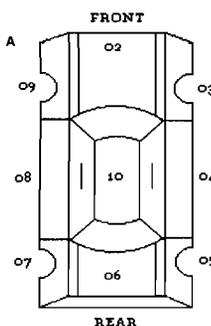
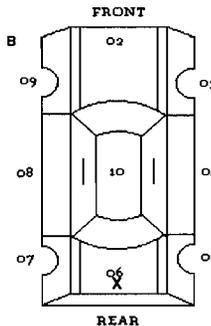
<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>BARBER JOY L</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>3683 TR 124 MILLERSBURG OH 44654</b>			
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>01/01/1970</b>	AGE <b>42</b>	SEX <b>F</b>
HOME PHONE # <b>(330)439-3480</b>	WORK PHONE #		
DL STATE <b>OH</b>	DL # <b>RU069788</b>	LP STATE <b>OH</b>	LP # <b>ETP6643</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>MARVIN D MILLER</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>3683 TR 124 MILLERSBURG OH 44654</b>	
YEAR <b>2000</b>	MAKE <b>FORD</b>	MODEL <b>VAN</b>	COLOR <b>BLUE</b>
INSURANCE COMPANY <b>TRUSTGARD INSUR</b>	TOWING SERVICE	OWNER PHONE # <b>(330)473-3271</b>	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> "X" IF YES

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>KAUFFMAN ELMO M</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>POST OFFICE BOX 128 APT 63 WALNUT CREEK OH 44687</b>			
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>03/11/1927</b>	AGE <b>85</b>	SEX <b>M</b>
HOME PHONE # <b>(330)893-2834</b>	WORK PHONE #		
DL STATE <b>OH</b>	DL # <b>RL609677</b>	LP STATE <b>OH</b>	LP # <b>BA44NH</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>KAUFFMAN, ELMO M</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>POST OFFICE BOX 128 APT 63 WALNUT CREEK OH 44687</b>	
YEAR <b>2000</b>	MAKE <b>TOYOTA</b>	MODEL <b>CAMRY</b>	COLOR <b>WHITE</b>
INSURANCE COMPANY <b>OHIO AUTO INSUR</b>	TOWING SERVICE	OWNER PHONE #	
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> 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 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>4</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

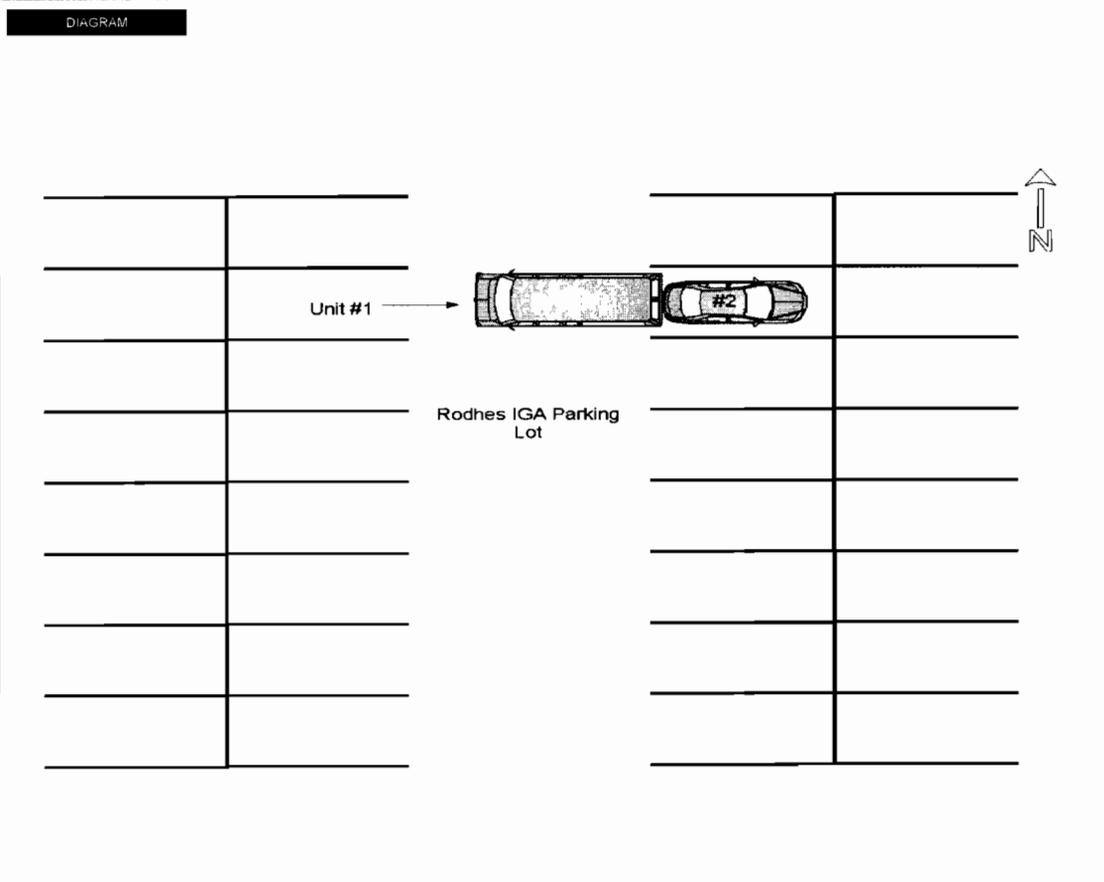
MOTORIST / NON-MOTORIST OCCUPANT

<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/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 <b>COLLISION W/PERSON, VEHICLE, OR OBJECT</b> 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 <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/ILLUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 39 DITCH 40 EMBANKMENT 41 FENCE 42 MAILBOX 43 TREE 44 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL ETC.) 45 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 46 OTHER 48 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" value="1"/> <p>1 NONE GIVEN  2 TEST REFUSED  3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  4 TEST GIVEN, RESULTS KNOWN  5 GIVEN, RESULTS UNKNOWN  6 UNKNOWN</p>																
A	B																														
1 <input type="text" value="21"/>	1 <input type="text" value="20"/>																														
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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>DAMAGE AREA</b>  <p><b>MOST DAMAGED AREA</b></p> A <input type="text" value="01"/> B <input type="text" value="06"/> <p>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</p>	<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 PARKED 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>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>	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>TRAFFIC CONTROL</b> A <input type="text" value="12"/> B <input type="text" value="12"/> <p>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</p>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE  2 BLOOD  3 URINE  4 OTHER</p>																
A	B																														
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3 <input type="text"/>	3 <input type="text"/>																														
4 <input type="text"/>	4 <input type="text"/>																														
<b>TYPE OF UNIT</b> A <input type="text" value="08"/> B <input type="text" value="03"/> <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 PANEL/VAN 09 SINGLE UNIT TRUCK; 2 AXLES 10 TIRES 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 <b>NON-MOTORIST</b> 36 ANIMAL WRIDER 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" value="06"/> <p>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</p>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<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>	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>DIRECTION</b> <table border="1"> <tr> <td>FROM TO</td> <td>FROM TO</td> </tr> <tr> <td>A <input type="text" value="4"/> <input type="text" value="3"/></td> <td>B <input type="text" value="4"/> <input type="text" value="3"/></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="4"/> <input type="text" value="3"/>	B <input type="text" value="4"/> <input type="text" value="3"/>	<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" value="1"/></td> <td><input type="text" value="1"/></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" value="1"/>	<input type="text" value="1"/>	<input type="text"/>
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<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 STRUCK  4 STRUCK  5 BOTH STRICKING AND STRUCK  6 UNKNOWN</p>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<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>	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>CONDITION</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>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</p>	<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/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</p>																
A	B																														
1 <input type="text" value="21"/>	1 <input type="text" value="20"/>																														
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<b>DAMAGE SCALE</b> A <input type="text" value="1"/> 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" value="1"/> <p>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</p>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<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>	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>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE  2 YES ALCOHOL SUSPECTED  3 YES-HBD NOT IMPAIRED  4 YES-DRUGS SUSPECTED  5 YES-ALCOHOL AND DRUGS SUSPECTED  6 UNKNOWN</p>	<b>OCCURRENCE</b> <input type="text" value="1"/> <p>1 ON ROADWAY  2 ON SHOULDER  3 IN MEDIAN  4 ON ROADSIDE  5 ON GRAD  6 OUTSIDE TRAFFICWAY  7 UNKNOWN</p>																
A	B																														
1 <input type="text" value="21"/>	1 <input type="text" value="20"/>																														
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<b>DAMAGE SCALE</b> A <input type="text" value="1"/> 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" value="1"/> <p>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</p>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<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>	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>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE GIVEN  2 TEST REFUSED  3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  4 TEST GIVEN, RESULTS KNOWN  5 TEST GIVEN, RESULTS UNKNOWN  6 UNKNOWN</p>	<b>ROAD CONTOUR</b> <input type="text" value="1"/> <p>1 STRAIGHT LEVEL  2 STRAIGHT GRADE  3 CURVE LEVEL  4 CURVE GRADE  5 UNKNOWN</p>																
A	B																														
1 <input type="text" value="21"/>	1 <input type="text" value="20"/>																														
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A	B																														
1 <input type="text" value="21"/>	1 <input type="text" value="20"/>																														
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PRIMARY	SECONDARY																														
<input type="text" value="01"/>	<input type="text"/>																														
				<b>ALCOHOL TEST RESULT</b> A <input type="text"/>	<b>LOCAL REPORT #</b> <b>12MPD 1185</b>																										
				<input type="checkbox"/> SUPPLEMENT 'X' IF YES																											

**NARRATIVE**

**UNIT NUMBER ONE WAS BACKING EASTBOUND OUT OF A PARKING SPACE AT RODHES IGA, WHEN SHE STRUCK UNIT NUMBER 2 WHICH WAS PARKED IN A PARKING SPACE.**

<b>MANNER OF COLLISION OR IMPACT</b> <input checked="" type="checkbox"/> <b>5</b> 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	<b>SCHOOL BUS RELATED</b> <input checked="" type="checkbox"/> <b>1</b> 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
<b>WEATHER</b> <input checked="" type="checkbox"/> <b>01</b> 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	<b>WORK ZONE RELATED</b> <input checked="" type="checkbox"/> <b>1</b> 1 NO 2 YES 3 UNKNOWN
<b>LIGHT CONDITIONS</b> PRIMARY <input checked="" type="checkbox"/> <b>1</b> SECONDARY <input type="checkbox"/> 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	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT OR MOVING WORK 5 OTHER
<b>TRUCK/BUS</b> UNIT # <input type="text"/>	<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 BEFORE THE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA
<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN	<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN



<b>THE CRASH INVOLVED ONE, OR MORE OF THE FOLLOWING</b> 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	<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
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<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>PUCO</b>	<b>TRAILER LP ST.</b>	<b>TRAILER LP YEAR</b>	<b>TRAILER LP #</b>	<b>PLACARD #</b>	<b># DIA</b>
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<b>CARGO BODY TYPE</b> <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	<input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	<b>CDL CLASS</b> <input type="checkbox"/> 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	<b>HAZARDOUS MATERIALS PLACARD</b> <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN	<b>HAZARDOUS MATERIALS RELEASED</b> <input type="checkbox"/> 1 NO 2 YES 3 NOT APPLICABLE
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<b>POLICE ACTION</b>							
<b>DATE CRASH REPORTED</b> 06/21/2012	<b>TIME REC CALL</b> 13:23	<b>DISPATCH</b> 13:23	<b>ARRIVED</b> 13:28	<b>CLEARED</b> 13:48	<b>OTHER</b> 40	<b>TOTAL MINUTES</b> 65	
<b>OFFICER'S NAME</b> PTL. KIM HERMAN		<b>BADGE #</b> 101	<b>CHECKED BY</b>		<b>DATE REPORT FILED</b> 06/21/2012		
<b>REPORT TAKEN BY</b> 1 POLICE AGENCY 2 MOTORIST 3 UNKNOWN	<b>REPORT TAKEN AT</b> 1 SCENE 2 STATION 3 OTHER	<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>		<b>LOCAL REPORT #</b> 12MPD 1185			