

06 2712 744



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>12MPD 1189</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 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. # <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>6/22/2012</b>	

TIME OF CRASH <b>11:15</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>40315400</b>	LONGITUDE <b>081550900</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>TRACTORY SUPPLY COMPANY</b>
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DIST. REF.	DIR	PREFIX	REFERENCE	REF POINT	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
		<b>S</b>	<b>001720 WASHINGTON</b>	<b>04</b>			

MOTORIST / NON-MOTORIST

<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>0</b>	NAME (LAST, FIRST, MIDDLE)		ADDRESS (STREET, CITY, STATE, ZIP-CODE)		
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>//</b>	AGE	SEX	HOME PHONE #	WORK PHONE #		
DL STATE	DL #	LP STATE <b>OH</b>	LP # <b>BA36NN</b>	INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE "SAME") <b>WALTER SACHARTSCHUK</b>				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>8189 TR 562 HOLMESVILLE OH 44633</b>			
YEAR <b>1994</b>	MAKE <b>FORD</b>	MODEL <b>F-SERIES P</b>	COLOR <b>MAROON</b>	INSURANCE COMPANY <b>STATE FARM</b>	TOWING SERVICE	OWNER PHONE # <b>(330)695-4892</b>	
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)		ADDRESS (STREET, CITY, STATE, ZIP-CODE)		
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>//</b>	AGE	SEX	HOME PHONE #	WORK PHONE #		
DL STATE	DL #	LP STATE <b>OH</b>	LP # <b>PHP1274</b>	INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE "SAME") <b>ABB LEASING COMPANY</b>				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>3720 GREENBRIAR DRIVE ZANESVILLE OH 43701</b>			
YEAR <b>2011</b>	MAKE <b>FORD</b>	MODEL <b>VAN</b>	COLOR <b>WHITE</b>	INSURANCE COMPANY <b>STATE AUTO INSU</b>	TOWING SERVICE	OWNER PHONE # <b>(740)454-0136</b>	
OFFENSE CHARGED	OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> "X" IF YES	

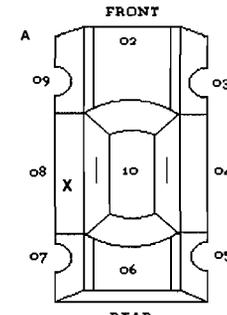
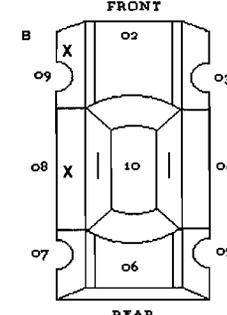
OCCUPANT

<b>C</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)		HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)				INJURED TAKEN BY 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 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	

SEATING POSITION A <b>15</b> 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) B <b>15</b> 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) C 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA D 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	SAFETY EQUIPMENT A <b>13</b> 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED B <b>13</b> 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED C 06 HELMET USED 07 RESTRAINT USE UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS D 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 B <b>1</b> C D	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 B <b>4</b> C D	EJECTION A <b>1</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN B <b>1</b> C D	TRAPPED A <b>1</b> 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN B <b>1</b> C D	INJURIES A <b>1</b> 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN B <b>1</b> C D
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BLANK FOR WITNESS

SUPPLEMENT "X" IF YES

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b>   <b>MOST DAMAGED AREA</b> A <input type="text" value="08"/> B <input type="text" value="08"/>	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="12"/> 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 style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;">A <input type="text" value="11"/></td> <td style="width:50%;">B <input type="text" value="21"/></td> </tr> <tr> <td style="border-right: 1px solid black;">2 <input type="text" value="21"/></td> <td>2 <input type="text"/></td> </tr> <tr> <td style="border-right: 1px solid black;">3 <input type="text"/></td> <td>3 <input type="text"/></td> </tr> <tr> <td style="border-right: 1px solid black;">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/PERSON, VEHICLE, OR OBJECT NOT FIXED</b> 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 25. COLLISION WITH FIXED OBJECT 26. IMPACT ATTENUATOR/CRASH CUSHION 27. BRIDGE OVERHEAD STRUCTURE 28. BRIDGE PIER OR ABUTMENT 29. BRIDGE PARAPET 30. GUARDRAIL FACE 31. GUARDRAIL END 32. MEDIUM 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	A <input type="text" value="11"/>	B <input type="text" value="21"/>	2 <input type="text" value="21"/>	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>TRAFFIC CONTROL</b> A <input type="text" value="12"/> B <input type="text" value="12"/>  <b>DIRECTION</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;">FROM TO A <input type="text" value="6"/> <input type="text" value="7"/></td> <td style="width:50%;">FROM TO B <input type="text" value="6"/> <input type="text" value="7"/></td> </tr> </table>  <b>CONDITION</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	FROM TO A <input type="text" value="6"/> <input type="text" value="7"/>	FROM TO B <input type="text" value="6"/> <input type="text" value="7"/>	<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>  <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>  <b>DRUG TEST 1 &amp; 2 RESULT</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;">A <input type="text" value="1"/> <input type="text" value="1"/></td> <td style="width:50%;">B <input type="text" value="1"/> <input type="text" value="1"/></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>  <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>  <b>OCCURRENCE</b> <input type="text" value="6"/> <p>1. ON ROADWAY  2. ON SHOULDER  3. IN MEDIAN  4. ON ROADSIDE  5. ON GORE  6. OUTSIDE TRAFFICWAY  7. UNKNOWN</p>	A <input type="text" value="1"/> <input type="text" value="1"/>	B <input type="text" value="1"/> <input type="text" value="1"/>
A <input type="text" value="11"/>	B <input type="text" value="21"/>																
2 <input type="text" value="21"/>	2 <input type="text"/>																
3 <input type="text"/>	3 <input type="text"/>																
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FROM TO A <input type="text" value="6"/> <input type="text" value="7"/>	FROM TO B <input type="text" value="6"/> <input type="text" value="7"/>																
A <input type="text" value="1"/> <input type="text" value="1"/>	B <input type="text" value="1"/> <input type="text" value="1"/>																
<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 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</p>  <b>TYPE OF UNIT</b> A <input type="text" value="07"/> B <input type="text" value="08"/> <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, 8 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 <b>NON-MOTORIST</b> 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 (WHEELCHAIR, ETC) 42. UNKNOWN	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="11"/> 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>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>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>MOST HARMFUL EVENT</b> A <input type="text" value="2"/> B <input type="text" value="1"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>  <b>SPEED DETECTED</b> A <input type="text" value="2"/> B <input type="text" value="1"/> <p>1. STATED  2. ESTIMATED</p>  <b>SPEED</b> A <input type="text" value="2"/> B <input type="text" value="0"/>	<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-HD NOT IMPAIRED  4. YES-DRUGS SUSPECTED  5. YES-ALCOHOL AND DRUGS SUSPECTED  6. UNKNOWN</p>  <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>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. NONE  4. BREATH  2. BLOOD  5. OTHER  3. URINE</p>  <b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<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>  <b>ROAD CONDITIONS</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;">PRIMARY <input type="text" value="01"/></td> <td style="width:50%;">SECONDARY <input type="text"/></td> </tr> </table> <p>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</p>	PRIMARY <input type="text" value="01"/>	SECONDARY <input type="text"/>										
PRIMARY <input type="text" value="01"/>	SECONDARY <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>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>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text" value="3"/> <p>1. NONE  2. NON-FUNCTIONAL  3. FUNCTIONAL DAMAGE  4. DISABLING DAMAGE  5. SEVERE  6. UNKNOWN</p>	<b>LOCAL REPORT #</b> <input type="text" value="12MPD 1189"/>													

**NARRATIVE**

**UNIT #1 WAS PARKED, THEN BUMPED INTO GEAR BY ANIMAL IN THE CAB OF THE TRUCK WHICH THEN CRASHED INTO UNIT #2 IN THE SAME PARKING LOT.**

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>6</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 SAND/SOIL/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</b>	<p><b>UNIT #</b></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><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>
<b>ADDRESS (STREET, CITY, ST. ZIP CODE)</b>	

<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>	<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>	<b>WEIGHT (GVWR)</b>	<p>1 LESS/EQUAL 10,000                  2 10,001 - 26,000                  3 MORE THAN 26,000</p>	<b>CDL CLASS</b>	<p>1 CLASS A                  2 CLASS B                  3 CLASS C                  4 CLASS D                  5 CLASS E</p>	<b>HAZARDOUS MATERIALS PLACARD</b>	<b>HAZARDOUS MATERIALS RELEASED</b>
<p>01 NOT APPLICABLE                  02 BUS (8-15 INCLUDING DRIVER)                  03 VAN/ENCLOSED BOX                  04 GRANCHIPS/GRAVEL W/</p>						<p>1 NO                  2 YES                  3 UNKNOWN</p>	<p>1 NO 4 UNKNOWN                  2 YES                  3 NOT APPLICABLE</p>	

<b>POLICE ACTION</b>							
<b>DATE CRASH REPORTED</b>	<b>TIME REG CALL</b>	<b>DISPATCH</b>	<b>ARRIVED</b>	<b>CLEARED</b>	<b>OTHER</b>	<b>TOTAL MINUTES</b>	
06/22/2012	11:22	11:22	11:25	11:48	0	26	
<b>OFFICER'S NAME</b>			<b>BADGE #</b>		<b>CHECKED BY</b>		<b>DATE REPORT FILED</b>
PTL. KEVIN BROWN			108				06/23/2012
<b>REPORT TAKEN BY</b>		<b>REPORT TAKEN AT</b>		<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>		<b>LOCAL REPORT #</b>	
1 POLICE AGENCY 2 MOTORIST 3 UNKNOWN		1 SCENE 2 STATION 3 OTHER				12MPD 1189	