

MCB7-9-12

<b>OHIO</b> <small>OH-1 (Rev. 1/99)</small>	<h1 style="margin:0;">TRAFFIC CRASH REPORT</h1>								
	CRASH REPORT # <b>12MPD 1250</b>	CRASH SEVERITY <b>2</b> <small>1 FATAL ERROR 3 FOG 2 INJURY 4 UNKNOWN</small>	PRIVATE PROPERTY <input type="checkbox"/> *X IF YES	HIT / SKIP <b>1</b> <small>1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED</small>	PHOTOS TAKEN <b>X</b> <small>*X IF YES</small>	OH-2	OH-3	OH-1P	OTHER
N.C.I.C. # <b>03801</b>		REPORTING AGENCY <b>MILLERSBURG POLICE DEPARTMENT</b>			# UNITS <b>2</b>		UNIT ERROR <b>01</b> <small>98 ANIMAL 99 UNKNOWN</small>		DATE OF CRASH <b>6/30/2012</b>

TIME OF CRASH <b>12:42</b>	DAY OF WEEK <b>SAT</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40331208</b>	LONGITUDE <b>081550205</b>
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CRASH OCCURRED ON			TYPE LOCATION POINT USED			LOCAL INFORMATION		
PREFIX <b>S</b>	CRASH LOCATION <b>CLAY ST.</b>	TYPE LOC <b>1</b>	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE					

AT/REFERENCE					REFERENCE POINT USED				
DIST. REF.	DIR	PREFIX	REFERENCE <b>COURT ST.</b>	REF POINT <b>02</b>	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				

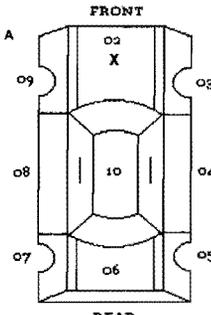
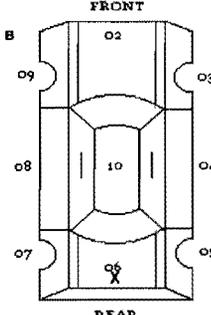
<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>SUTTON JENNIFER L.</b>						
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>423 HEBRON ST. APT. B MILLERSBURG OH 44654</b>									
SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>01/27/1986</b>		AGE <b>26</b>	SEX <b>F</b>	HOME PHONE # <b>(330)473-7834</b>		WORK PHONE #	
DL STATE <b>OH</b>	DL # <b>SK973335</b>	LP STATE <b>OH</b>	LP # <b>FLJ6746</b>	INJURED TAKEN BY <b>1</b> <small>1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE</small>		TRANSPORTED BY		INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE "SAME") <b>SUTTON, JENNIFER L.</b>				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>423 HEBRON ST. APT. B MILLERSBURG OH 44654</b>					
YEAR <b>1993</b>	MAKE <b>GMC</b>	MODEL <b>JIMMY S-15</b>	COLOR <b>GREEN</b>	INSURANCE COMPANY <b>PROGRESSIVE</b>		TOWING SERVICE		OWNER PHONE # <b>(330)473-7834</b>	
OFFENSE CHARGED <b>333.03A</b>		OFFENSE DESCRIPTION <b>ACDA</b>				CITATION # <b>11036</b>		LOCAL CODE <input checked="" type="checkbox"/> *X IF YES	

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>MILLER ELLA</b>						
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>105 BRAMBLY HEDGE DR. MILLERSBURG OH 44654</b>									
SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>02/04/1930</b>		AGE <b>82</b>	SEX <b>F</b>	HOME PHONE # <b>(330)674-1197</b>		WORK PHONE #	
DL STATE <b>OH</b>	DL # <b>RT070185</b>	LP STATE <b>OH</b>	LP # <b>AD74TX</b>	INJURED TAKEN BY <b>1</b> <small>1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE</small>		TRANSPORTED BY		INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE "SAME") <b>MILLER, ELLA</b>				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>105 BRAMBLY HEDGE DR. MILLERSBURG OH 44654</b>					
YEAR <b>1998</b>	MAKE <b>TOYOTA</b>	MODEL <b>CAMRY</b>	COLOR <b>TAN</b>	INSURANCE COMPANY <b>STATE FARM</b>		TOWING SERVICE		OWNER PHONE # <b>(330)674-1197</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		TRANSPORTED BY		INJURED TAKEN TO		
				<input type="checkbox"/>						
				<small>1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE</small>						
<b>D</b>	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"/>						
				<small>1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE</small>						

<b>SEATING POSITION</b> <b>A</b> <input checked="" type="checkbox"/> 01 FRONT - LEFT (MC DRIVER) <b>B</b> <input checked="" type="checkbox"/> 02 FRONT - MIDDLE <input type="checkbox"/> 03 FRONT - RIGHT <input type="checkbox"/> 04 SECOND - LEFT (MC PASS) <input type="checkbox"/> 05 SECOND - MIDDLE <input type="checkbox"/> 06 SECOND - RIGHT <input type="checkbox"/> 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) <input type="checkbox"/> 08 THIRD - MIDDLE <input type="checkbox"/> 09 THIRD - RIGHT <input type="checkbox"/> 10 SLEEPER SECTION OF CAB <input type="checkbox"/> 11 ENCLOSED CARGO AREA <input type="checkbox"/> 12 UNENCLOSED CARGO AREA <input type="checkbox"/> 13 TRAILING UNIT <input type="checkbox"/> 14 EXTERIOR <input type="checkbox"/> 15 OTHER <input type="checkbox"/> 16 NON-MOTORIST <input type="checkbox"/> 17 UNKNOWN  BLANK FOR WITNESS	<b>SAFETY EQUIPMENT</b> <b>A</b> <input checked="" type="checkbox"/> 04 MOTORIST <input type="checkbox"/> 01 NONE USED <input type="checkbox"/> 02 SHOULDER BELT ONLY USED <input type="checkbox"/> 03 LAP BELT ONLY USED <b>B</b> <input checked="" type="checkbox"/> 04 SHOULDER AND LAP BELT USED <input type="checkbox"/> 05 CHILD SAFETY SEAT USED <input type="checkbox"/> 06 HELMET USED <input type="checkbox"/> 07 RESTRAINT USE UNKNOWN <input type="checkbox"/> 08 MOTORIST NON-MOTORIST <input type="checkbox"/> 09 NONE USED <input type="checkbox"/> 10 HELMET USED <input type="checkbox"/> 11 PROTECTIVE PADS <input type="checkbox"/> 12 REFLECTIVE CLOTHING <input type="checkbox"/> 13 LIGHTING <input type="checkbox"/> 14 UNKNOWN	<b>AIR BAG</b> <b>A</b> <input checked="" type="checkbox"/> 1 1 NOT DEPLOYED <input type="checkbox"/> 2 DEPLOYED - FRONT <input type="checkbox"/> 3 DEPLOYED - SIDE <input type="checkbox"/> 4 DEPLOYED BOTH FRONT/SIDE <input type="checkbox"/> 5 NOT APPLICABLE <input type="checkbox"/> 6 DEPLOYMENT UNKNOWN  <b>B</b> <input checked="" type="checkbox"/> 1 1 ON-OFF SWITCH NOT PRESENT <input type="checkbox"/> 2 SWITCH IN ON POSITION <input type="checkbox"/> 3 SWITCH IN OFF POSITION <input type="checkbox"/> 4 UNKNOWN POSITION	<b>AIR BAG SWITCH</b> <b>A</b> <input checked="" type="checkbox"/> 1 1 ON-OFF SWITCH NOT PRESENT <input type="checkbox"/> 2 SWITCH IN ON POSITION <input type="checkbox"/> 3 SWITCH IN OFF POSITION <input type="checkbox"/> 4 UNKNOWN POSITION	<b>EJECTION</b> <b>A</b> <input checked="" type="checkbox"/> 1 1 NOT EJECTED <input type="checkbox"/> 2 TOTALLY EJECTED <input type="checkbox"/> 3 PARTIALLY EJECTED <input type="checkbox"/> 4 NOT APPLICABLE <input type="checkbox"/> 5 UNKNOWN  <b>B</b> <input checked="" type="checkbox"/> 1 1 NOT TRAPPED <input type="checkbox"/> 2 EXTRICATED BY MECHANICAL MEANS <input type="checkbox"/> 3 FREED BY NON-MECHANICAL MEANS <input type="checkbox"/> 4 UNKNOWN	<b>TRAPPED</b> <b>A</b> <input checked="" type="checkbox"/> 1 1 NOT TRAPPED <input type="checkbox"/> 2 EXTRICATED BY MECHANICAL MEANS <input type="checkbox"/> 3 FREED BY NON-MECHANICAL MEANS <input type="checkbox"/> 4 UNKNOWN  <b>B</b> <input checked="" type="checkbox"/> 1 1 NOT TRAPPED <input type="checkbox"/> 2 EXTRICATED BY MECHANICAL MEANS <input type="checkbox"/> 3 FREED BY NON-MECHANICAL MEANS <input type="checkbox"/> 4 UNKNOWN	<b>INJURIES</b> <b>A</b> <input checked="" type="checkbox"/> 1 1 NO INJURY <input type="checkbox"/> 2 POSSIBLE <input type="checkbox"/> 3 NON-INCAPACITATING <input type="checkbox"/> 4 INCAPACITATING <input type="checkbox"/> 5 FATAL INJURY <input type="checkbox"/> 6 UNKNOWN  <b>B</b> <input checked="" type="checkbox"/> 2 2 POSSIBLE <input type="checkbox"/> 3 NON-INCAPACITATING <input type="checkbox"/> 4 INCAPACITATING <input type="checkbox"/> 5 FATAL INJURY <input type="checkbox"/> 6 UNKNOWN  <input type="checkbox"/> SUPPLEMENT *X IF YES
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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>FRONT</b> 09 03 08 04 07 05 <b>REAR</b>	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="01"/> B <input type="text" value="11"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="20"/></td> <td><input type="text" value="20"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	A	B	<input type="text" value="20"/>	<input type="text" value="20"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>POSTED SPEED</b> A <input type="text" value="25"/> B <input type="text" value="25"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>										
A	B																								
<input type="text" value="20"/>	<input type="text" value="20"/>																								
<input type="text"/>	<input type="text"/>																								
<input type="text"/>	<input type="text"/>																								
<input type="text"/>	<input type="text"/>																								
<b>NON-MOTORIST LOCATION</b> A <input type="text"/>	 <b>FRONT</b> 09 03 08 04 07 05 <b>REAR</b>	<b>MOTORIST</b> 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>NON-COLLISION</b> 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 FIRED 15 PEDESTRIAN 16 BICYCLE 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 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 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	<b>TRAFFIC CONTROL</b> A <input type="text" value="12"/> B <input type="text" value="12"/>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>																				
<b>TYPE OF UNIT</b> A <input type="text" value="06"/> B <input type="text" value="04"/>	<b>MOST DAMAGED AREA</b> A <input type="text" value="02"/> B <input type="text" value="06"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="08"/> B <input type="text" value="01"/>	<b>MOTORIST</b> 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/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 <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>DIRECTION</b> <table border="1"> <tr> <td>FROM</td> <td>TO</td> <td>FROM</td> <td>TO</td> </tr> <tr> <td>A</td> <td><input type="text" value="2"/></td> <td>B</td> <td><input type="text" value="1"/></td> </tr> </table>	FROM	TO	FROM	TO	A	<input type="text" value="2"/>	B	<input type="text" value="1"/>	<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></td> <td><input type="text" value="1"/></td> <td><input type="text" value="1"/></td> <td></td> <td><input type="text" value="1"/></td> <td><input type="text" value="1"/></td> </tr> </table>	A	1	2	B	1	2		<input type="text" value="1"/>	<input type="text" value="1"/>		<input type="text" value="1"/>	<input type="text" value="1"/>
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	<input type="text" value="1"/>	<input type="text" value="1"/>		<input type="text" value="1"/>	<input type="text" value="1"/>																				
<b>MOTORIST</b> 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 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 FTTH 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>POINT OF IMPACT</b> A <input type="text" value="02"/> B <input type="text" value="06"/>	<b>MOTORIST</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	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>CONDITION</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="03"/>																				
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text" value="4"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>OCCURRENCE</b> <input type="text" value="1"/>																				
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text" value="2"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>SPEED DETECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ROAD CONTOUR</b> <input type="text" value="1"/>																				
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text" value="2"/>	<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text" value="2"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>SPEED</b> A <input type="text" value="15"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ROAD CONDITIONS</b> <table border="1"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> </tr> <tr> <td><input type="text" value="01"/></td> <td><input type="text"/></td> </tr> </table>	PRIMARY	SECONDARY	<input type="text" value="01"/>	<input type="text"/>																
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<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text" value="2"/>	<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text" value="2"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>SPEED</b> A <input type="text" value="15"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ROAD CONDITIONS</b> 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																				
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text" value="2"/>	<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text" value="2"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>SPEED</b> A <input type="text" value="15"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/>	<b>LOCAL REPORT #</b> <input type="text" value="12MPD 1250"/>																				
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text" value="2"/>	<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text" value="2"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>SUPPLEMENT 'X' IF YES</b> <input type="text"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/>	<b>LOCAL REPORT #</b> <input type="text" value="12MPD 1250"/>																				

**NARRATIVE**  
**UNIT 01 WAS TRAVELING NORTHBOUND ON S. CLAY ST. AND FAILED TO MAINTAIN AN ASSURED CLEAR DISTANCE FROM UNIT 02, WHO WAS STOPPED IN TRAFFIC. AS A RESULT UNIT 01 REAR ENDED UNIT 02**

<b>MANNER OF COLLISION OR IMPACT</b> <input checked="" type="checkbox"/> <b>2</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>DIAGRAM</b> 
<b>WEATHER</b> <input checked="" type="checkbox"/> <b>01</b> 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	<b>WORK ZONE RELATED</b> <input checked="" type="checkbox"/> <b>1</b> 1 NO 2 YES 3 UNKNOWN	
<b>LIGHT CONDITIONS</b> <b>PRIMARY</b> <input checked="" type="checkbox"/> <b>1</b> <b>SECONDARY</b> <input type="checkbox"/> 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	<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>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>TRUCK/BUS</b>	<b>UNIT #</b> <input type="text"/>	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
		<b>A</b> THE CRASH RESULTED IN ONE OF THE FOLLOWING <b>N</b> A FATALITY; OR <b>D</b> 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

<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>	
<b>CARGO BODY TYPE</b>			<b>WEIGHT (GVWR)</b>		<b>CDL CLASS</b>		<b>HAZARDOUS MATERIALS PLACARD</b>	
<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/WN <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 GARBA GE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN			<input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000		<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		<input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	
							<b>HAZARDOUS MATERIALS RELEASED</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE	

<b>POLICE ACTION</b>							
<b>DATE CRASH REPORTED</b> 6/30/2012	<b>TIME REC CALL</b> 12:44	<b>DISPATCH</b> 12:44	<b>ARRIVED</b> 12:50	<b>CLEARED</b> 13:13	<b>OTHER</b> 0	<b>TOTAL MINUTES</b> 29	
<b>OFFICER'S NAME</b> PTL. KEVIN BROWN		<b>BADGE #</b> 108	<b>CHECKED BY</b>			<b>DATE REPORT FILED</b> 6/30/2012	
<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST <input type="checkbox"/> 3 UNKNOWN		<b>REPORT TAKEN AT</b> <input checked="" type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER			<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>		<b>LOCAL REPORT #</b> 12MPD 1250