

MM137-24-12



# TRAFFIC CRASH REPORT

|                                     |   |   |  |   |   |
|-------------------------------------|---|---|--|---|---|
| CRASH REPORT #<br><b>12MPD 1389</b> | CRASH SEVERITY<br><b>3</b><br>1 FATAL ERROR 3 PDO<br>2 INJURY 4 UNKNOWN | PRIVATE PROPERTY<br><input checked="" type="checkbox"/> *X IF YES | HIT / SKIP<br><b>1</b><br>1 NOT HIT / SKIP<br>2 SOLVED<br>3 NOT SOLVED | PHOTOS TAKEN<br><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. #<br><b>03801</b>          | REPORTING AGENCY<br><b>MILLERSBURG POLICE DEPARTMENT</b>                | # UNITS<br><b>2</b>   | UNIT ERROR<br><b>01</b><br>98 ANIMAL<br>99 UNKNOWN                     | DATE OF CRASH<br><b>7/20/2012</b>                             |   |

|                               |                           |   |   |                       |                             |                               |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|
| TIME OF CRASH<br><b>17:37</b> | DAY OF WEEK<br><b>FRI</b> | CITY/VILLAGE/TOWNSHIP<br><b>VILLAGE</b> | NAME (OF CITY, VILLAGE OR TOWNSHIP)<br><b>MILLERSBURG</b> | COUNTY #<br><b>38</b> | LATITUDE<br><b>40320309</b> | LONGITUDE<br><b>081550905</b> |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|

|                                   |   |                      |   |  |  |                   |  |  |
|-----------------------------------|---|----------------------|---|--|--|-------------------|--|--|
| CRASH OCCURRED ON                 |   |                      | TYPE LOCATION POINT USED                                |  |  | LOCAL INFORMATION |  |  |
| PREFIX<br><b>PRIVATE PROPERTY</b> | CRASH LOCATION<br><b>PRIVATE PROPERTY</b> | TYPE LOC<br><b>1</b> | 1 NAMED STREET<br>2 NUMBERED STREET<br>3 NUMBERED ROUTE |  |  | <b>WAL MART</b>   |  |  |

|              |     |          |                              |                      |                                |                               |                    |
|--------------|-----|----------|------------------------------|----------------------|--------------------------------|-------------------------------|--------------------|
| AT/REFERENCE |     |          |                              | REFERENCE POINT USED |                                |                               |                    |
| DIST. REF.   | DIR | PREFIX   | REFERENCE                    | REF POINT            | 01 STATE LINE                  | 05 TOWNSHIP BOUNDARY          | 08 DRIVEWAY        |
|              |     | <b>S</b> | <b>001640 WASHINGTON ST.</b> | <b>04</b>            | 02 INTERSECTION OF TWO STREETS | 06 MILE POST                  | 10 STREET OR ROUTE |
|              |     |          |                              |                      | 03 COUNTY LINE                 | 07 CORPORATION LIMIT          | WITHOUT REFERENCE  |
|              |     |          |                              |                      | 04 HOUSE NUMBER                | 08 PLACE NAME WITHOUT REFEREN |                    |

|  |                     |                      |  |  |
|--|---------------------|----------------------|--|--|
| <b>A</b>   | UNIT #<br><b>01</b> | # OF OCC<br><b>1</b> | NAME (LAST, FIRST, MIDDLE)<br><b>RABER JACOB A</b> |  |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>155 W. CARPENTER ST. KILLBUCK OH 44637</b> |                     |                      |  |  |

|                        |                                    |                  |                 |                                      |              |
|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|
| SOCIAL SECURITY NUMBER | DATE OF BIRTH<br><b>02/26/1993</b> | AGE<br><b>19</b> | SEX<br><b>M</b> | HOME PHONE #<br><b>(330)275-2013</b> | WORK PHONE # |
|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|

|                       |                         |                       |                        |   |                |                  |
|-----------------------|-------------------------|-----------------------|------------------------|---|----------------|------------------|
| DL STATE<br><b>OH</b> | DL #<br><b>TX612510</b> | LP STATE<br><b>OH</b> | LP #<br><b>FLJ6781</b> | INJURED TAKEN BY<br><b>1</b><br>1 NONE 4 OTHER<br>2 EMS 5 UNKNOWN<br>3 POLICE | TRANSPORTED BY | INJURED TAKEN TO |
|-----------------------|-------------------------|-----------------------|------------------------|---|----------------|------------------|

|   |  |
|---|--|
| OWNER NAME (IF SAME, WRITE "SAME")<br><b>RABER, JACOB A</b> | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>155 W CARPENTER ST KILLBUCK OH 44637</b> |
|---|--|

|                     |                         |                          |                     |                                   |                |               |
|---------------------|-------------------------|--------------------------|---------------------|-----------------------------------|----------------|---------------|
| YEAR<br><b>1998</b> | MAKE<br><b>CHEVROLE</b> | MODEL<br><b>CAVALIER</b> | COLOR<br><b>RED</b> | INSURANCE COMPANY<br><b>GEICO</b> | TOWING SERVICE | OWNER PHONE # |
|---------------------|-------------------------|--------------------------|---------------------|-----------------------------------|----------------|---------------|

|                 |                     |            |  |
|-----------------|---------------------|------------|--|
| OFFENSE CHARGED | OFFENSE DESCRIPTION | CITATION # | LOCAL CODE<br><input type="checkbox"/> *X IF YES |
|-----------------|---------------------|------------|--|

|  |                     |                      |   |  |
|--|---------------------|----------------------|---|--|
| <b>B</b>   | UNIT #<br><b>02</b> | # OF OCC<br><b>1</b> | NAME (LAST, FIRST, MIDDLE)<br><b>KELLING ERMA M</b> |  |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>3780 TR 90 KILLBUCK OH 44637</b> |                     |                      |   |  |

|                        |                                    |                  |                 |                                      |              |
|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|
| SOCIAL SECURITY NUMBER | DATE OF BIRTH<br><b>07/22/1967</b> | AGE<br><b>44</b> | SEX<br><b>F</b> | HOME PHONE #<br><b>(330)231-4984</b> | WORK PHONE # |
|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|

|                       |                         |                       |                        |   |                |                  |
|-----------------------|-------------------------|-----------------------|------------------------|---|----------------|------------------|
| DL STATE<br><b>OH</b> | DL #<br><b>RH682860</b> | LP STATE<br><b>OH</b> | LP #<br><b>DWT4055</b> | INJURED TAKEN BY<br><b>1</b><br>1 NONE 4 OTHER<br>2 EMS 5 UNKNOWN<br>3 POLICE | TRANSPORTED BY | INJURED TAKEN TO |
|-----------------------|-------------------------|-----------------------|------------------------|---|----------------|------------------|

|  |  |
|--|--|
| OWNER NAME (IF SAME, WRITE "SAME")<br><b>KELLING, ERMA M</b> | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>3780 TR 90 KILLBUCK OH 44637</b> |
|--|--|

|                     |                      |                     |                        |  |                |                                       |
|---------------------|----------------------|---------------------|------------------------|--|----------------|---------------------------------------|
| YEAR<br><b>2008</b> | MAKE<br><b>MAZDA</b> | MODEL<br><b>RX3</b> | COLOR<br><b>MAROON</b> | INSURANCE COMPANY<br><b>STATE FARM</b> | TOWING SERVICE | OWNER PHONE #<br><b>(330)231-4984</b> |
|---------------------|----------------------|---------------------|------------------------|--|----------------|---------------------------------------|

|                 |                     |            |  |
|-----------------|---------------------|------------|--|
| OFFENSE CHARGED | OFFENSE DESCRIPTION | CITATION # | LOCAL CODE<br><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<br><input type="checkbox"/> 1 NONE 4 OTHER<br>2 EMS 5 UNKNOWN<br>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<br><input type="checkbox"/> 1 NONE 4 OTHER<br>2 EMS 5 UNKNOWN<br>3 POLICE | TRANSPORTED BY | INJURED TAKEN TO |     |

|   |
|---|
| SEATING POSITION  |
| A <b>01</b><br>01 FRONT - LEFT (MC DRIVER)<br>02 FRONT - MIDDLE<br>03 FRONT - RIGHT<br>04 SECOND - LEFT (MC PAS)  |
| B <b>01</b><br>05 SECOND - MIDDLE<br>06 SECOND - RIGHT<br>07 THIRD - LEFT (MC PASSENGER/SIDE CAR)<br>08 THIRD - MIDDLE<br>09 THIRD - RIGHT<br>10 SLEEPER SECTION OF CAB<br>11 ENCLOSED CARGO AREA<br>12 UNENCLOSED CARGO AREA<br>13 TRAILING UNIT<br>14 EXTERIOR<br>15 OTHER<br>16 NON-MOTORIST<br>17 UNKNOWN |
| BLANK FOR WITNESS   |

|  |
|--|
| SAFETY EQUIPMENT   |
| A <b>14</b><br>01 NONE USED<br>02 SHOULDER BELT ONLY USED<br>03 LAP BELT ONLY USED   |
| B <b>14</b><br>04 SHOULDER AND LAP BELT USED<br>05 CHILD SAFETY SEAT USED<br>06 HELMET USED<br>07 RESTRAINT USE UNKNOWN<br>08 NONE USED<br>09 HELMET USED<br>10 PROTECTIVE PADS<br>11 REFLECTIVE CLOTHING<br>12 LIGHTING<br>13 OTHER<br>14 UNKNOWN |

|   |
|---|
| AIR BAG   |
| A <b>1</b><br>1 NOT-DEPLOYED<br>2 DEPLOYED - FRONT<br>3 DEPLOYED - SIDE<br>4 DEPLOYED BOTH FRONT/SIDE<br>5 NOT APPLICABLE<br>6 DEPLOYMENT UNKNOWN |
| B <b>1</b>  |
| C   |
| D   |

|  |
|--|
| AIR BAG SWITCH   |
| A <b>4</b><br>1 ON-OFF SWITCH NOT PRESENT<br>2 SWITCH IN ON POSITION<br>3 SWITCH IN OFF POSITION<br>4 UNKNOWN POSITION |
| B <b>4</b>   |
| C  |
| D  |

|  |
|--|
| EJECTION   |
| A <b>1</b><br>1 NOT EJECTED<br>2 TOTALLY EJECTED<br>3 PARTIALLY EJECTED<br>4 NOT APPLICABLE<br>5 UNKNOWN |
| B <b>1</b>   |
| C  |
| D  |

|   |
|---|
| TRAPPED   |
| A <b>1</b><br>1 NOT TRAPPED<br>2 EXTRICATED BY MECHANICAL MEANS<br>3 FREED BY NON-MECHANICAL MEANS<br>4 UNKNOWN |
| B <b>1</b>  |
| C   |
| D   |

|  |
|--|
| INJURIES   |
| A <b>1</b><br>1 NO INJURY<br>2 POSSIBLE<br>3 NON-INCAPACITATING<br>4 INCAPACITATING<br>5 FATAL INJURY<br>6 UNKNOWN |
| B <b>1</b>   |
| C  |
| D  |
| <input type="checkbox"/> SUPPLEMENT *X IF YES  |

MOTORIST / NON-MOTORIST

OCCUPANT

**UNIT NUMBERS**

A  B

**NON-MOTORIST LOCATION**

A  B

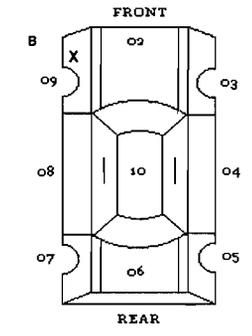
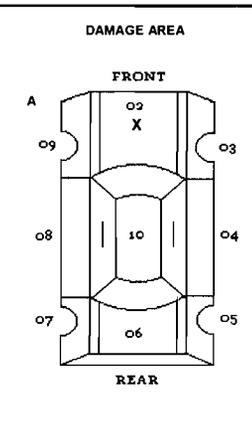
01 MARKED CROSSWALK AT INTERSECTION  
02 AT INTERSECTION BUT NO CROSSWALK  
03 NON-INTERSECTION CROSSWALK  
04 DRIVEWAY ACCESS CROSSWALK  
05 IN ROADWAY  
06 NOT IN ROADWAY  
07 MEDIAN (BUT NOT ON SHOULDER)  
08 ISLAND  
09 SHOULDER  
10 SIDEWALK  
11 WITHIN 10 FEET OF ROADWAY (BUT NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)  
12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)  
13 OUTSIDE TRAFFICWAY  
14 SHARED USE PATHS OR TRAILS  
15 UNKNOWN

**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, 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

**NON-MOTORIST**  
35 ANIMAL W/RIDER  
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



**MOST DAMAGED AREA**

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

**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  
8 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

**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 PLAYING OR WORKING ON VEHICLE  
21 STANDING  
22 OTHER  
23 UNKNOWN

**CONTRIBUTING CIRCUMSTANCES**

A  B

**MOTORIST**  
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/YACDA  
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/SLEEP  
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

**VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE**

A  B

01. TURN SIGNALS  
02. HEAD LAMPS  
03. TAIL LAMPS  
04. BRAKES  
05. STEERING  
08. 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

**SEQUENCE OF EVENTS**

|   |   |                                 |   |   |                                 |
|---|---|---------------------------------|---|---|---------------------------------|
| A | 1 | <input type="text" value="20"/> | B | 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"/>            |

**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 WITH PERSON, VEHICLE, OR OBJECT**  
NOT FIXED  
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 LIGHTNING ROD SUPPORT  
36 UTILITY POLE  
37 OTHER POST, POLE OR SUPPORT  
38 CULVERT  
39 CONCRETE 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

**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

**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 WALKDON'T WALK  
15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED  
16 OTHER  
17 NOT REPORTED  
18 UNKNOWN

**DIRECTION**

|      |   |      |   |
|------|---|------|---|
| FROM | TO  | FROM | TO  |
| A    | <input type="text" value="4"/> <input type="text" value="3"/> | B    | <input type="text" value="2"/> <input type="text" value="1"/> |

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

B

**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                              | 1                              | 2                              | B                              | 1                              | 2                              |
| <input type="text" value="1"/> |

1. NONE  
2. MARIJUANA  
3. COCAINE  
4. OPiates  
5. AMPHETAMINES  
6. PCP  
7. OTHER  
8. UNKNOWN AT TIME OF REPORTING

**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 GORE  
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

**ROAD CONDITIONS**

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

**SUPPLEMENT 'X' IF YES**

**LOCAL REPORT #**  
**12MPD 1389**

**NARRATIVE**

**UNIT 01 WAS PULLING OUT OF PARKING SPACE, AS UNIT 02 WAS DRIVING BY, UNIT 01 STRUCK UNIT 02 ON THE FRONT LEFT SIDE.**

|  |   |                       |
|--|---|-----------------------|
| <p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>6</b></p> <p>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT<br/>                 2 REAR-END<br/>                 3 HEAD-ON<br/>                 4 REAR-TO-REAR<br/>                 5 BACKING<br/>                 6 ANGLE<br/>                 7 SIDESWIPE SAME DIRECTION<br/>                 8 SIDESWIPE OPPOSITE DIRECTION<br/>                 9 UNKNOWN</p>                                       | <p><b>SCHOOL BUS RELATED</b></p> <p><b>1</b></p> <p>1 NO<br/>                 2 YES, DIRECTLY INVOLVED<br/>                 3 YES, INDIRECTLY INVOLVED<br/>                 4 UNKNOWN</p>   | <p><b>DIAGRAM</b></p> |
| <p><b>WEATHER</b></p> <p><b>02</b></p> <p>01 CLEAR<br/>                 02 CLOUDY<br/>                 03 FOG/SMOG/SMOKE<br/>                 04 RAIN<br/>                 05 SLEET/HAIL (FREEZING RAIN OR DRIZZLE)<br/>                 06 SNOW<br/>                 07 SEVERE CROSSWINDS<br/>                 08 BLOWING SAND/SOIL/DIRT/SNOW<br/>                 09 OTHER<br/>                 10 UNKNOWN</p>   | <p><b>WORK ZONE RELATED</b></p> <p><b>1</b></p> <p>1 NO<br/>                 2 YES<br/>                 3 UNKNOWN</p>   |                       |
| <p><b>LIGHT CONDITIONS</b></p> <p><b>PRIMARY</b> <input checked="" type="checkbox"/> <b>SECONDARY</b> <input type="checkbox"/></p> <p>1 DAYLIGHT<br/>                 2 DAWN<br/>                 3 DUSK<br/>                 4 DARK - LIGHTED ROADWAY<br/>                 5 DARK - ROADWAY NOT LIGHTED<br/>                 6 DARK - UNKNOWN ROADWAY LIGHTING<br/>                 7 GLARE<br/>                 8 OTHER<br/>                 9 UNKNOWN</p> | <p><b>TYPE OF WORK ZONE</b></p> <p><input type="checkbox"/></p> <p>1 LANE CLOSURE<br/>                 2 LANE SHIFT/CROSSOVER<br/>                 3 WORK ON SHOULDER OR MEDIAN<br/>                 4 INTERMITTENT OR MOVING WORK<br/>                 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<br/>                 2 ADVANCE WARNING AREA<br/>                 3 TRANSITION AREA<br/>                 4 ACTIVITY AREA</p>  | <p><b>WORKERS PRESENT</b></p> <p><input type="checkbox"/></p> <p>1 NO<br/>                 2 YES<br/>                 3 UNKNOWN</p>   |                       |

|                         |                      |   |
|-------------------------|----------------------|---|
| <b>TRUCK/BUS UNIT #</b> | <input type="text"/> | <p>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:<br/>                 A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR<br/>                 A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR<br/>                 A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER</p>                                   |
|                         |                      | <p><b>A</b> THE CRASH RESULTED IN ONE OF THE FOLLOWING:<br/>                 A FATALITY; OR<br/>                 AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT; OR<br/>                 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> |
|---------------------------------------|----------------------|

**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> | <input type="checkbox"/> | 01 NOT APPLICABLE<br>02 BUS (8-15 INCLUDING DRIVER)<br>03 VAN/ENCLOSED BOX<br>04 RAIN/CHIPS/GRAVEL/WN | 05 POLE<br>06 CARGO TANK<br>07 FLATBED<br>08 DUMP<br>09 CONCRETE MIXER | 10 AUTO TRANSPORTER<br>11 GARBAGE/REFUSE<br>12 OTHER<br>13 UNKNOWN | <b>WEIGHT (GVWR)</b> | <input type="checkbox"/> | 1 LESS/EQUAL 10,000<br>2 10,001 - 26,000<br>3 MORE THAN 26,000 | <b>CDL CLASS</b> | <input type="checkbox"/> | 1 CLASS A<br>2 CLASS B<br>3 CLASS C<br>4 CLASS D<br>5 CLASS E | <b>HAZARDOUS MATERIALS PLACARD</b> | <input type="checkbox"/> | 1 NO<br>2 YES<br>3 UNKNOWN | <b>HAZARDOUS MATERIALS RELEASED</b> | <input type="checkbox"/> | 1 NO<br>2 YES<br>3 NOT APPLICABLE<br>4 UNKNOWN |
|------------------------|--------------------------|---|--|--|----------------------|--------------------------|--|------------------|--------------------------|---|------------------------------------|--------------------------|----------------------------|-------------------------------------|--------------------------|--|

**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>  |
| 7/20/2012                           | 17:40                | 17:40                               | 17:43          | 18:01                        | 0            | 21                    |
| <b>REPORT TAKEN BY</b>              |                      | <b>REPORT TAKEN AT</b>              |                | <b>DATE REPORT FILED</b>     |              | <b>LOCAL REPORT #</b> |
| IP11. Joshua Leighty                |                      | 1 SCENE<br>2 STATION<br>3 OTHER     |                | 7/20/2012                    |              | 12MPD 1389            |
| <b>REPORT TAKEN BY</b>              |                      | <b>REPORT TAKEN AT</b>              |                | <b>SUPPLEMENT 'X' IF YES</b> |              |                       |
| <input checked="" type="checkbox"/> |                      | <input checked="" type="checkbox"/> |                | <input type="checkbox"/>     |              |                       |