

11KUS88-12

OHIO

# TRAFFIC CRASH REPORT

One-Step (Rev. 1/99)

Traffic Crash Report

CRASH REPORT # <b>12MPD 1485</b>	CRASH SEVERITY <b>2</b> 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> *X IF YES	HIT / SKIP <b>1</b> 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED	PHOTOS TAKEN <b>X</b> *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> 08 ANIMAL 09 UNKNOWN	DATE OF CRASH <b>8/3/2012</b>	

TIME OF CRASH <b>16:20</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>40331502</b>	LONGITUDE <b>081550904</b>
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CRASH OCCURRED ON PREFIX <b>W</b>	CRASH LOCATION <b>JACKSON STREET</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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DIST. REF. <b>70 F</b>	DIR <b>E</b>	PREFIX	REFERENCE <b>MAD ANTHONY STREET</b>	REF POINT <b>02</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>CLAYTON WESLEY J</b>
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**425 SOUTH WASHINGTON ST. APT B MILLERSBURG OH 44654**

SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>03/21/1992</b>	AGE <b>20</b>	SEX <b>M</b>	HOME PHONE # <b>(330)473-7835</b>	WORK PHONE #
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DL STATE <b>WV</b>	DL # <b>F609495</b>	LP STATE <b>WV</b>	LP # <b>DVX686</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME") <b>CLAYTON, WESLEY J</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>425 SOUTH WASHINGTON ST. APT B MILLERSBURG OH 44654</b>
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YEAR <b>1992</b>	MAKE <b>CHEVROLE</b>	MODEL <b>CAPRICE</b>	COLOR <b>BLUE</b>	INSURANCE COMPANY <b>GIECO</b>	TOWING SERVICE	OWNER PHONE # <b>(330)473-7835</b>
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OFFENSE CHARGED <b>333.03A</b>	OFFENSE DESCRIPTION <b>ACDA</b>	CITATION # <b>11132</b>	LOCAL CODE <input checked="" type="checkbox"/> *X IF YES
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<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>2</b>	NAME (LAST, FIRST, MIDDLE) <b>GREEN NATHAN A</b>
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**19 S 3RD STREET DENNISON OH 44621**

SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>09/19/1984</b>	AGE <b>27</b>	SEX <b>M</b>	HOME PHONE # <b>(740)922-2979</b>	WORK PHONE #
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DL STATE <b>OH</b>	DL # <b>SQ027036</b>	LP STATE <b>OH</b>	LP # <b>FAH4999</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME") <b>COURTNEY CORPMAN</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>19 SOUTH 3RD STREET DENNISON OH 44621</b>
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YEAR <b>1997</b>	MAKE <b>JEEP</b>	MODEL <b>OTHER</b>	COLOR <b>SILVER</b>	INSURANCE COMPANY <b>NATIONWIDE</b>	TOWING SERVICE	OWNER PHONE # <b>(740)922-2979</b>
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OFFENSE CHARGED <b>4510.12A</b>	OFFENSE DESCRIPTION <b>NO OPERATORS LICENSE</b>	CITATION # <b>11131</b>	LOCAL CODE <input type="checkbox"/> *X IF YES
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<b>C</b>	UNIT # <b>02</b>	NAME (LAST, FIRST, MIDDLE) <b>WHITTEN SCOTT A</b>	HOME PHONE # <b>(740)922-2582</b>	DATE OF BIRTH <b>04/12/1984</b>	AGE <b>28</b>	SEX <b>M</b>
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**3970 ROXFORD CHURCH RD SE DENNISON OH 44621**

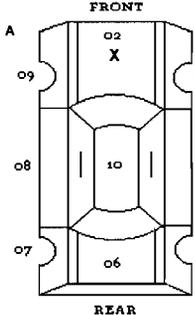
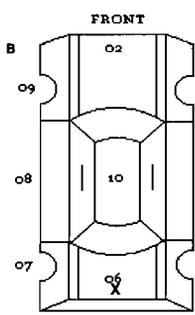
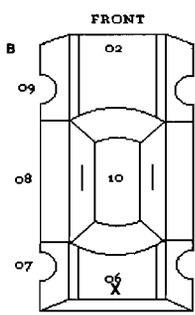
INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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<b>D</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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ADDRESS (STREET, CITY,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

INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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<b>SEATING POSITION</b> A <input type="checkbox"/> 01 01 FRONT - LEFT (MC DRIVER) B <input type="checkbox"/> 01 02 FRONT - MIDDLE C <input type="checkbox"/> 03 03 SECOND - LEFT (MC PASS) D <input type="checkbox"/> 01 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 BLANK FOR WITNESS	<b>SAFETY EQUIPMENT</b> A <input type="checkbox"/> 04 MOTORIST B <input type="checkbox"/> 14 01 NONE USED C <input type="checkbox"/> 14 02 SHOULDER BELT ONLY USED D <input type="checkbox"/> 14 03 LAP BELT ONLY USED 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED 06 HELMET USED 07 RESTRAINT USE UNKNOWN 08 HELMET USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	<b>AIR BAG</b> A <input type="checkbox"/> 1 1 NOT DEPLOYED B <input type="checkbox"/> 1 2 DEPLOYED - FRONT C <input type="checkbox"/> 1 3 DEPLOYED - SIDE D <input type="checkbox"/> 1 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	<b>AIR BAG SWITCH</b> A <input type="checkbox"/> 4 1 ON-OFF SWITCH NOT PRESENT B <input type="checkbox"/> 4 2 SWITCH IN ON POSITION C <input type="checkbox"/> 4 3 SWITCH IN OFF POSITION D <input type="checkbox"/> 4 4 UNKNOWN POSITION	<b>EJECTION</b> A <input type="checkbox"/> 1 1 NOT EJECTED B <input type="checkbox"/> 1 2 TOTALLY EJECTED C <input type="checkbox"/> 1 3 PARTIALLY EJECTED D <input type="checkbox"/> 1 4 NOT APPLICABLE 5 UNKNOWN	<b>TRAPPED</b> A <input type="checkbox"/> 1 1 NO TRAPPED B <input type="checkbox"/> 1 2 EXTRICATED BY MECHANICAL MEANS C <input type="checkbox"/> 1 3 FREED BY NON-MECHANICAL MEANS D <input type="checkbox"/> 1 4 UNKNOWN	<b>INJURIES</b> A <input type="checkbox"/> 1 1 NO INJURY B <input type="checkbox"/> 1 2 POSSIBLE C <input type="checkbox"/> 3 3 NON-INCAPACITATING D <input type="checkbox"/> 1 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN SUPPLEMENT *X IF YES
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<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="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> </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"/>	<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"/>																								
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<input type="text"/>	<input type="text"/>																								
<b>NON-MOTORIST LOCATION</b> A <input type="text"/>		<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 APPROXIMATING OR LEAVING VEHICLE 20 PLAYING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	<b>NON-COLLISION</b> 01 COLLISION/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 NOT FIXED</b> 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 IMMOVABLE 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/TUMBLINERIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAIL BOX 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="04"/> B <input type="text" value="06"/>		<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="08"/> B <input type="text" value="01"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="4"/></td> <td><input type="text" value="3"/></td> </tr> <tr> <td><input type="text" value="4"/></td> <td><input type="text" value="3"/></td> </tr> </table>	A	B	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="3"/>	<b>DIRECTION</b> <table border="1"> <tr> <td>FROM TO</td> <td>FROM TO</td> </tr> <tr> <td>A <input type="text" value="4"/></td> <td>B <input type="text" value="3"/></td> </tr> <tr> <td><input type="text" value="3"/></td> <td><input type="text" value="4"/></td> </tr> </table>	FROM TO	FROM TO	A <input type="text" value="4"/>	B <input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<b>DRUG TEST 1 &amp; 2 RESULT</b> <table border="1"> <tr> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>A <input type="text" value="1"/></td> <td>B <input type="text" value="1"/></td> <td><input type="text" value="1"/></td> <td><input type="text" value="1"/></td> </tr> </table>	1	2	1	2	A <input type="text" value="1"/>	B <input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
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<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, 8 TIRES 10 SINGLE UNIT TRUCK, 3 OR MORE AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOB/TAIL) 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/DRIVER 36 ANIMAL W/BUDDY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER NON-MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN	<b>MOST DAMAGED AREA</b> A <input type="text" value="02"/> B <input type="text" value="06"/>	<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/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, SUPPLY 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>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="01"/>																				
<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>FIRST HARMFUL EVENT</b> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) 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="3"/> B <input type="text" value="2"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERIDE</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="2"/> 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="2"/>																				
<b>NON-MOTORIST LOCATION</b> A <input type="text"/>	<b>POINT OF IMPACT</b> A <input type="text" value="02"/> B <input type="text" value="06"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>SPEED</b> A <input type="text" value="10"/> 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> PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/>																				
<b>SUPPLEMENT 'X' IF YES</b> <input type="checkbox"/>			<b>LOCAL REPORT #</b> <b>12MPD 1485</b>																						

**NARRATIVE**

**UNIT NUMBER TWO WAS STOPPED IN EASTBOUND TRAFFIC ON WEST JACKSON STREET WHEN UNIT NUMBER ONE FAILED TO STOP AND STRUCK UNIT NUMBER TWO IN THE REAR END.**

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><input checked="" type="checkbox"/> <b>2</b></p> <p>1. NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT          2. REAR-END          3. HEAD-ON          4. REAR-TO-REAR          5. BACKING          6. SINGLE          7. SIDESWIPE SAME DIRECTION          8. SIDESWIPE OPPOSITE DIRECTION          9. UNKNOWN</p>	<p><b>SCHOOL BUS RELATED</b></p> <p><input checked="" type="checkbox"/> <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><input checked="" type="checkbox"/> <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><input checked="" type="checkbox"/> <b>1</b></p> <p>1. NO          2. YES          3. UNKNOWN</p>	
<p><b>LIGHT CONDITIONS</b></p> <p>PRIMARY <input checked="" type="checkbox"/> <b>1</b>    SECONDARY <input type="checkbox"/></p> <p>1. DAYLIGHT          2. DAWN          3. DUSK          4. DARK - LIGHTED ROADWAY          5. DARK - ROADWAY NOT LIGHTED          6. DARK - UNKNOWN ROADWAY LIGHTING          7. GLARE          8. OTHER          9. UNKNOWN</p>	<p><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 UNIT #</b>	<input type="text"/>	<p>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:          A. TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR          N. A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR          D. A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER</p>	<p>A. THE CRASH RESULTED IN ONE OF THE FOLLOWING:          A. A FATALITY; OR          N. AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT; OR          D. AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER</p>
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<b>COMPANY (FROM SHIPPING PAPERS)</b>	<b>COMPANY PHONE</b>
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**ADDRESS (STREET, CITY, ST, ZIP CODE)**

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA	
<b>CARGO BODY TYPE</b>			<b>WEIGHT (GVWR)</b>		<b>CDL CLASS</b>		<b>HAZARDOUS MATERIALS PLACARD</b>	<b>HAZARDOUS MATERIALS RELEASED</b>
<input type="checkbox"/> 01. NOT APPLICABLE <input type="checkbox"/> 02. BUS (6-15 INCLUDING DRIVER) <input type="checkbox"/> 03. VAN/CLOSER 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			<input type="checkbox"/> 1. LESS/EQUAL 10,000 <input type="checkbox"/> 2. 10,001 - 25,000 <input type="checkbox"/> 3. MORE THAN 25,000		<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	<input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. NOT APPLICABLE <input type="checkbox"/> 4. UNKNOWN

<b>POLICE ACTION</b>							
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES	
8/7/2012	16:23	16:23	16:30	17:16	40	93	
OFFICER'S NAME			BADGE #	CHECKED BY	DATE REPORT FILED		
CAPT. KIM HERMAN			101		8/7/2012		
REPORT TAKEN BY		REPORT TAKEN AT		SUPPLEMENT 'X' IF YES		LOCAL REPORT #	
<input checked="" type="checkbox"/> 1. POLICE AGENCY <input type="checkbox"/> 2. MOTORIST <input type="checkbox"/> 3. UNKNOWN		<input checked="" type="checkbox"/> 1. SCENE <input type="checkbox"/> 2. STATION <input type="checkbox"/> 3. OTHER		<input type="checkbox"/>		12MPD 1485	