

081312



TRAFFIC CRASH REPORT

CRASH REPORT # 12MPD 1487	CRASH SEVERITY 3 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> *X IF YES	HIT / SKIP 1 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED	PHOTOS TAKEN <input 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. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	# UNITS 2	UNIT ERROR 01 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 8/3/2012	

TIME OF CRASH 16:32	DAY OF WEEK FRI	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40332285	LONGITUDE 081551072
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CRASH OCCURRED ON		TYPE LOCATION POINT USED		LOCAL INFORMATION	
PREFIX S	CRASH LOCATION WASHINGTON ST	TYPE LOC 1	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE		

AT/REFERENCE			REFERENCE POINT USED		
DIST. REF.	DIR	PREFIX	REFERENCE	REF POINT	
		S	001640 WASHINGTON ST	04	

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) YODER JOSHUA L
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)
4925 TR 312 MILLERSBURG OH 44654

SOCIAL SECURITY NUMBER	DATE OF BIRTH 05/23/1990	AGE 22	SEX M	HOME PHONE # (330)275-0993	WORK PHONE #
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DL STATE OH	DL # TC858836	LP STATE OH	LP # PVR3348	INJURED TAKEN BY 1 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") SIDLE TRANSIT SERVICE	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 5454 N CROWNHILL RD ORRVILLE OH 44667
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YEAR 2003	MAKE KENWORT	MODEL NOT STAT	COLOR SILVER	INSURANCE COMPANY WESTFIELD INSUR	TOWING SERVICE	OWNER PHONE # (330)683-2807
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OFFENSE CHARGED 333.03A	OFFENSE DESCRIPTION ACDA	CITATION # 11072	LOCAL CODE <input type="checkbox"/> *X IF YES
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B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) STALEY MELODY A
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)
824 DEPOT ST GLENMONT OH 44628

SOCIAL SECURITY NUMBER	DATE OF BIRTH 08/17/1990	AGE 21	SEX F	HOME PHONE # (330)600-0554	WORK PHONE #
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DL STATE OH	DL # TC860581	LP STATE OH	LP # FMC5699	INJURED TAKEN BY 1 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") STALEY, MELODY A	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 824 DEPOT ST GLENMONT OH 44628
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YEAR 1998	MAKE NISSAN (D)	MODEL OTHER	COLOR BLACK	INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE	OWNER PHONE #
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES
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C	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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D	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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SEATING POSITION A <input type="checkbox"/> 01 FRONT - LEFT (MC DRIVER) <input type="checkbox"/> 02 FRONT - MIDDLE <input type="checkbox"/> 03 FRONT - RIGHT B <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	SAFETY EQUIPMENT A <input type="checkbox"/> 08 MOTORIST <input type="checkbox"/> 01 NONE USED <input type="checkbox"/> 02 SHOULDER BELT ONLY USED <input type="checkbox"/> 03 LAP BELT ONLY USED B <input 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 NONE USED <input type="checkbox"/> 09 HELMET USED <input type="checkbox"/> 10 PROTECTIVE PADS <input type="checkbox"/> 11 REFLECTIVE CLOTHING <input type="checkbox"/> 12 LIGHTING <input type="checkbox"/> 13 OTHER <input type="checkbox"/> 14 UNKNOWN	AIR BAG A <input type="checkbox"/> 1 1. NOT-DEPLOYED <input type="checkbox"/> 2 DEPLOYED - FRONT <input type="checkbox"/> 3 DEPLOYED - SIDE <input type="checkbox"/> 4 DEPLOYED BOTH FRONTSIDE B <input type="checkbox"/> 1 5. NOT APPLICABLE <input type="checkbox"/> 6 DEPLOYMENT UNKNOWN C <input type="checkbox"/>	AIR BAG SWITCH A <input 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 <input type="checkbox"/>	EJECTION A <input 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 <input type="checkbox"/>	TRAPPED A <input 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 <input type="checkbox"/>	INJURIES A <input type="checkbox"/> 1 1. NO INJURY <input type="checkbox"/> 2 POSSIBLE TING <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

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 (BUT NOT IN SHOULDER)
06. ISLAND
07. SHOULDER
08. SIDEWALK
09. WITHIN 10 FEET OF ROADWAY (BUT NOT SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)
10. BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
11. OUTSIDE TRAFFICWAY
12. SHARED USE PATHS OR TRAILS
13. 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

IN EMERGENCY RESPONSE

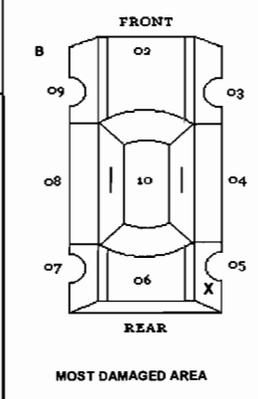
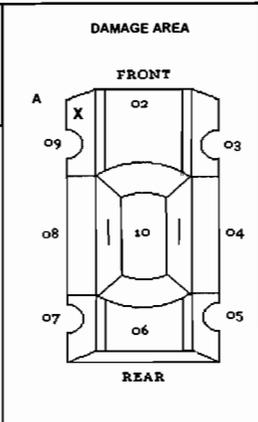
A B

1. NO
2. YES
3. UNKNOWN

DAMAGE SCALE

A B

1. NONE
2. NON-FUNCTIONAL
3. FUNCTIONAL DAMAGE
4. DISABLING DAMAGE
5. SEVERE
6. 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
6. 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. 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/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
06. TIRE BLOWOUT
07. WORN OR SLIPPY TIRES
08. TRAILER EQUIPMENT DEFECTIVE
09. MOTOR TROUBLE
10. DISABLED FROM PRIOR ACCIDENT
11. OTHER DEFECTS
12. NO DEFECTS

SEQUENCE OF EVENTS

A B

1 2 3 4

NON-COLLISION
01. OVERTURN/ROLLOVER
02. FIRE/EXPLOSION
03. IMMERSION
04. JACKKNIFE
05. CARGO/EQUIPMENT LOSS OR SHIFT
06. EQUIPMENT FAILURE (BLOW 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 W/PERSON, VEHICLE, OR OBJECT NOT FIXED
14. PEDESTRIAN
15. PEDALCYCLE
16. RAILWAY VEHICLE (E.G. TRAIN, ENGINE)
17. ANIMAL - FARM
18. ANIMAL - DEER
19. ANIMAL - OTHER
20. MOTOR VEHICLE IN TRANSPORT
21. PARKED MOTOR VEHICLE
22. WORK ZONE MAINTENANCE EQUIPMENT
23. OTHER MOVABLE OBJECT
24. UNKNOWN MOVABLE OBJECT
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. UNKNOWN FIXED SUPPORT
36. UTILITY POLE
37. OTHER POST, POLE OR SUPPORT
38. CULTVERT
39. UNKNOWN
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. WALK/DONT WALK
15. TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
16. OTHER
17. NOT REPORTED
18. UNKNOWN

DIRECTION

FROM TO FROM TO

A B

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. TEST GIVEN, RESULTS UNKNOWN
6. UNKNOWN

DRUG TEST TYPE

A B

1. NONE
2. BLOOD
3. URINE
4. OTHER

DRUG TEST 1 & 2 RESULT

A B

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

TYPE OF INTERSECTION

A

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

A

1. ON ROADWAY
2. ON SHOULDER
3. IN MEDIAN
4. ON ROADSIDE
5. ON GORE
6. OUTSIDE TRAFFICWAY
7. UNKNOWN

ROAD CONTOUR

A

1. STRAIGHT LEVEL
2. STRAIGHT GRADE
3. CURVE LEVEL
4. CURVE GRADE
5. UNKNOWN

ROAD CONDITIONS

PRIMARY SECONDARY

DRUG TEST TYPE

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 1487

NARRATIVE

UNIT 2 WAS STOPPED AT A TRAFFIC SIGNAL ON S. WASHINGTON ST. UNIT 1 WAS SOUTHBOUND, APPROACHING THAT SIGNAL. AS THE TRAFFIC SIGNAL CHANGED TO GREEN AND UNIT 2 BEGAN TO PULL AWAY, UNIT 1 NOTICED THAT HE WAS APPROACHING FASTER THAN ANTICIPATED. UNIT 1 TOOK EVASIVE ACTION, ATTEMPTING TO SWERVE TO THE RIGHT AROUND UNIT 2, BUT STRUCK THE RIGHT REAR WITH HIS LEFT FRONT.

<p>MANNER OF COLLISION OR IMPACT</p> <p><input checked="" type="checkbox"/> 2</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>SCHOOL BUS RELATED</p> <p><input checked="" type="checkbox"/> 1</p> <p>1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN</p>	<p>DIAGRAM</p>
<p>WEATHER</p> <p><input checked="" type="checkbox"/> 01</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>LIGHT CONDITIONS</p> <p>PRIMARY <input checked="" type="checkbox"/> 1 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>WORKERS PRESENT</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>		

TRUCK/BUS UNIT #	<input type="text"/>	A	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
		N	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

COMPANY (FROM SHIPPING PAPERS)	COMPANY PHONE
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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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CARGO BODY TYPE	05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER	10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	WEIGHT (GVWR)	CDL CLASS	HAZARDOUS MATERIALS PLACARD	HAZARDOUS MATERIALS RELEASED
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

POLICE ACTION							
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES	
8/3/2012	16:32	16:42	16:45	17:46	60	124	
OFFICER'S NAME		BADGE #	CHECKED BY		DATE REPORT FILED		
PTL. JUSTIN ESTILL		113			8/3/2012		
REPORT TAKEN BY	REPORT TAKEN AT	<input type="checkbox"/> SUPPLEMENT 'X' IF YES			LOCAL REPORT #		
<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 1				12MPD 1487		