

081312 sm



TRAFFIC CRASH REPORT

CRASH REPORT # 12MPD 1546	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 96 ANIMAL 99 UNKNOWN	DATE OF CRASH 8/10/2012	

TIME OF CRASH 11:34	DAY OF WEEK FRI	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40331573	LONGITUDE 081544348
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CRASH OCCURRED ON PREFIX E	CRASH LOCATION JACKSON ST	TYPE LOC 1	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION
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AT/REFERENCE DIST. REF. 500 F	DIR W	PREFIX	REFERENCE BRAMBLY HEDGE DR	REF POINT 02	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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A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) WEEKLY SIERRA L	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 5324 CR 626 MILLERSBURG OH 44654		
SOCIAL SECURITY NUMBER	DATE OF BIRTH 10/09/1993	AGE 18	SEX F	HOME PHONE # (330)231-8680	WORK PHONE #	
DL STATE OH	DL # TS707763	LP STATE OH	LP # EFT8406	INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME") WEEKLY, PAUL J			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 5324 CR 626 MILLERSBURG OH 44654			
YEAR 1998	MAKE JEEP	MODEL CHEROKE	COLOR WHITE	INSURANCE COMPANY MOTORIST MUTUA	TOWING SERVICE	OWNER PHONE #
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES			

B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) FAHEY JUNE MARIE	ADDRESS (STREET, CITY, STATE, ZIP-CODE) RR 4 BOX 1334 SALEM WV 26426		
SOCIAL SECURITY NUMBER	DATE OF BIRTH 03/19/1968	AGE 44	SEX F	HOME PHONE # (304)783-4670	WORK PHONE #	
DL STATE WV	DL # E377414	LP STATE WV	LP # 1JX506	INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME") FAHEY, JUNE MARIE			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) RR 4 BOX 1334 SALEM WV 26426			
YEAR 2012	MAKE HONDA	MODEL OTHER	COLOR GREY	INSURANCE COMPANY LIBERTY MUTUAL	TOWING SERVICE	OWNER PHONE #
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES			

C	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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	
D	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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	

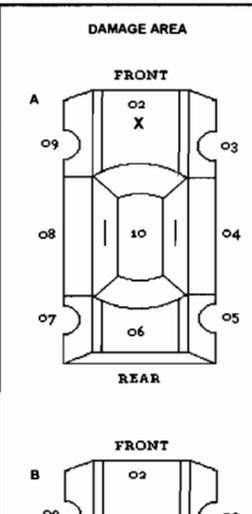
SEATING POSITION A 01 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) B 01 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA D 01 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 18 NON-MOTORIST 17 UNKNOWN	SAFETY EQUIPMENT A 04 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED 06 HELMET USED 07 RESTRAINT USE UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG A 1 1 NOT-DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN B 1 C <input type="checkbox"/> D <input type="checkbox"/>	AIR BAG SWITCH A 1 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN 5 UNKNOWN B 1 C <input type="checkbox"/> D <input type="checkbox"/>	EJECTION A 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN B 1 C <input type="checkbox"/> D <input type="checkbox"/>	TRAPPED A 1 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN B 1 C <input type="checkbox"/> D <input type="checkbox"/>	INJURIES A 1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN B 1 C <input type="checkbox"/> D <input type="checkbox"/>
BLANK FOR WITNESS						<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



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

SEQUENCE OF EVENTS

A	B
1 <input type="text" value="20"/>	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
14. COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED
15. PEDESTRIAN
16. PEDACYCLE
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. 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. MEDIAN BARRIER
33. HIGHWAY TRAFFIC SIGN POST
34. OVERHEAD SIGN POST
35. LIGHT/LUMINARIES SUPPORT
36. UTILITY POLE
37. OTHER POST, POLE OR SUPPORT
38. CURB
39. CURB
40. EMBARKMENT
41. EMBARKMENT
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

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

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

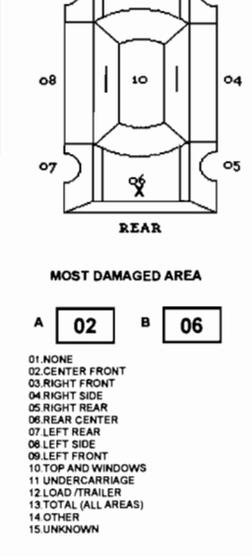
DRUG TEST 1 & 2 RESULT
A B

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

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. PANEL VAN
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. 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 WRIDER
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



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/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

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

DIRECTION
FROM TO FROM TO
A B

1. NORTH
2. SOUTH
3. EAST
4. WEST
5. NORTHEAST
6. NORTHWEST
7. SOUTHEAST
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

FIRST HARMFUL EVENT
A B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

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

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

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. STRIKING
4. STRUCK
5. BOTH STRIKING AND STRUCK
6. 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 SLICK TIRES
08. TRAILER EQUIPMENT DEFECTIVE
09. MOTOR TROUBLE
10. DISABLED FROM PRIOR ACCIDENT
11. OTHER DEFECTS
12. NO DEFECTS

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

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

ROAD CONTOUR

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

ROAD CONDITIONS
PRIMARY SECONDARY

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

IN EMERGENCY RESPONSE
A B

1. NO
2. YES
3. UNKNOWN

STRIKING VEHICLE OVERRIDE/VEHICLE
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

DAMAGE SCALE
A B

1. NONE
2. NON-FUNCTIONAL
3. FUNCTIONAL DAMAGE
4. DISABLING DAMAGE
5. SEVERE
6. UNKNOWN

SPEED
A B

ALCOHOL TEST RESULT
A
B

SUPPLEMENT 'X' IF YES

LOCAL REPORT #
12MPD 1546

NARRATIVE

UNITS 1 AND 2 WERE WESTBOUND ON E. JACKSON ST. UNIT 2 CAME TO A STOP IN TRAFFIC. UNIT 1 FAILED TO MAINTAIN AN ASSURED CLEAR DISTANCE AHEAD AND STRUCK UNIT 2 IN THE REAR. THE DRIVER OF UNIT 1 INDICATED THAT SHE HAD LOOKED AT SOMETHING OFF OF THE ROADWAY AND WHEN SHE LOOKED BACK, UNIT 2 WAS STOPPED.

<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 style="text-align: center;">E Jackson St</p>
<p>WEATHER</p> <p><input checked="" type="checkbox"/> 04</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>WORK ZONE RELATED</p> <p><input type="checkbox"/> 1</p> <p>1 NO 2 YES 3 UNKNOWN</p>	
<p>TYPE OF WORK ZONE</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>LOCATION OF CRASH IN WORK ZONE</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>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 CLARE 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 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	
ADDRESS (STREET, CITY, ST, ZIP CODE)			

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
CARGO BODY TYPE		WEIGHT (GVWR)		CDL CLASS		HAZARDOUS MATERIALS PLACARD	
<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"/> 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	
<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 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE	

POLICE ACTION							
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES	
8/10/2012	11:35	11:35	11:35	11:58	55	78	
OFFICER'S NAME		BADGE #	CHECKED BY		DATE REPORT FILED		
PTL. JUSTIN ESTILL		113			8/10/2012		
REPORT TAKEN BY		REPORT TAKEN AT		<input type="checkbox"/> 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 1. SCENE <input type="checkbox"/> 2 2. STATION <input type="checkbox"/> 3 3. OTHER				12MPD 1546	