

MCB 9-4-12

# OHIO TRAFFIC CRASH REPORT

	CRASH REPORT # <b>12MPD 1707</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 PDD 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> X *X IF YES	HIT / SKIP <b>1</b> 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> X *X IF YES	OH-2 <input checked="" type="checkbox"/> X OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/>
	N.C.I.C. # <b>03801</b>	REPORTING AGENCY <b>MILLERSBURG POLICE DEPARTMENT</b>	# UNITS <b>1</b>	UNIT ERROR <b>01</b> 08 ANIMAL 09 UNKNOWN	DATE OF CRASH <b>9/1/2012</b>	

TIME OF CRASH <b>18:35</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>40320701</b>	LONGITUDE <b>081545807</b>
-------------------------------	---------------------------	---	---	-----------------------	-----------------------------	-------------------------------

CRASH OCCURRED ON		TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>S</b>	CRASH LOCATION <b>WASHINGTON</b>	TYPE LOC <b>1</b> 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	<b>JITTERS COFFEE HOUSE</b>

A / REFERENCE		REFERENCE POINT USED	
DIST. REF.	DIR	PREFIX	REFERENCE
		<b>S</b>	<b>001545 WASHINGTON</b>
		REF POINT	<b>04</b>

<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>BROWN STEVEN B</b>
----------	---------------------	----------------------	---

ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**3683 TR 124 MILLERSBURG OH 44654**

SOCIAL SECURITY NUMBER <b>270-98-1589</b>	DATE OF BIRTH <b>08/07/1994</b>	AGE <b>18</b>	SEX <b>M</b>	HOME PHONE # <b>(330)275-4552</b>	WORK PHONE #
--	------------------------------------	------------------	-----------------	--------------------------------------	--------------

DL STATE <b>OH</b>	DL # <b>TS214854</b>	LP STATE <b>OH</b>	LP # <b>DKS8052</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
-----------------------	-------------------------	-----------------------	------------------------	---	----------------	------------------

OWNER NAME (IF SAME, WRITE "SAME") <b>MARVIN D. MILLER</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>3683 TR 124 MILLERSBURG OH 44654</b>
---	--

YEAR <b>2008</b>	MAKE <b>DODGE</b>	MODEL <b>NOT STAT</b>	COLOR <b>SILVER</b>	INSURANCE COMPANY <b>PROGRESSIVE</b>	TOWING SERVICE	OWNER PHONE # <b>(330)473-3292</b>
---------------------	----------------------	--------------------------	------------------------	---	----------------	---------------------------------------

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

<b>B</b>	UNIT #	# OF OCC	NAME (LAST, FIRST, MIDDLE)
----------	--------	----------	----------------------------

ADDRESS (STREET, CITY, STATE, ZIP-CODE)

SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #
------------------------	---------------	-----	-----	--------------	--------------

DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
----------	------	----------	------	---	----------------	------------------

OWNER NAME (IF SAME, WRITE "SAME")	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)
------------------------------------	---

YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
------	------	-------	-------	-------------------	----------------	---------------

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 <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 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 <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
---	----------------	------------------

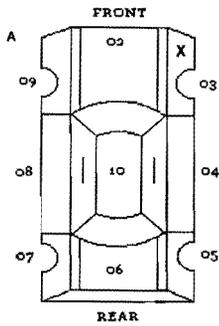
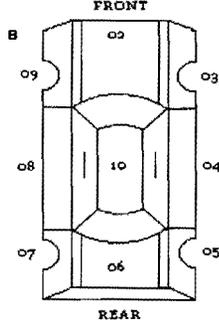
<b>SEATING POSITION</b> <b>A</b> <input type="checkbox"/> <b>01</b> 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	<b>SAFETY EQUIPMENT</b> <b>A</b> <input type="checkbox"/> <b>04</b> MOTORIST 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 08 MOTORIST 09 NONE USED 10 HELMET USED 11 PROTECTIVE PADS 12 REFLECTIVE CLOTHING 13 LIGHTING 14 OTHER 15 UNKNOWN	<b>AIR BAG</b> <b>A</b> <input type="checkbox"/> <b>1</b> 1 NOT-DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	<b>AIR BAG SWITCH</b> <b>A</b> <input type="checkbox"/> <b>1</b> 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	<b>EJECTION</b> <b>A</b> <input type="checkbox"/> <b>1</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	<b>TRAPPED</b> <b>A</b> <input type="checkbox"/> <b>1</b> 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	<b>INJURIES</b> <b>A</b> <input type="checkbox"/> <b>1</b> 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
--	---	---	---	---	---	---

BLANK FOR WITNESS

SUPPLEMENT \*X IF YES

MOTORIST / NON-MOTORIST

OCCUPANT

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="01"/> B <input type="text"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr> <td>A</td> <td><input type="text" value="35"/></td> <td>B</td> <td><input type="text"/></td> </tr> <tr> <td>1</td> <td><input type="text"/></td> <td>1</td> <td><input type="text"/></td> </tr> <tr> <td>2</td> <td><input type="text"/></td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>3</td> <td><input type="text"/></td> <td>3</td> <td><input type="text"/></td> </tr> <tr> <td>4</td> <td><input type="text"/></td> <td>4</td> <td><input type="text"/></td> </tr> </table>	A	<input type="text" value="35"/>	B	<input type="text"/>	1	<input type="text"/>	1	<input type="text"/>	2	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>	4	<input type="text"/>	<b>POSTED SPEED</b> A <input type="text" value="0"/> B <input type="text"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/>
A	<input type="text" value="35"/>	B	<input type="text"/>																						
1	<input type="text"/>	1	<input type="text"/>																						
2	<input type="text"/>	2	<input type="text"/>																						
3	<input type="text"/>	3	<input type="text"/>																						
4	<input type="text"/>	4	<input type="text"/>																						
<b>NON-MOTORIST LOCATION</b> A <input type="text"/> B <input type="text"/>		<b>MOTORIST</b> 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 CUTTING/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 UPTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO/EQUIPMENT LDSS DR 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 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 <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/LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 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="01"/> B <input type="text"/>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/>																				
<b>TYPE OF UNIT</b> A <input type="text" value="06"/> B <input type="text"/>	<b>MOST DAMAGED AREA</b> A <input type="text" value="03"/> B <input type="text"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="15"/> B <input type="text"/>	<b>TYPE OF INTERSECTION</b> A <input type="text" value="01"/> B <input type="text"/>	<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="1"/> <input type="text" value="2"/></td> <td>B</td> <td><input type="text"/></td> </tr> </table>	FROM	TO	FROM	TO	A	<input type="text" value="1"/> <input type="text" value="2"/>	B	<input type="text"/>	<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</td> <td><input type="text" value="1"/> <input type="text" value="1"/></td> <td>B</td> <td><input type="text"/></td> </tr> </table>	1	2	1	2	A	<input type="text" value="1"/> <input type="text" value="1"/>	B	<input type="text"/>				
FROM	TO	FROM	TO																						
A	<input type="text" value="1"/> <input type="text" value="2"/>	B	<input type="text"/>																						
1	2	1	2																						
A	<input type="text" value="1"/> <input type="text" value="1"/>	B	<input type="text"/>																						
<b>MOTORIST</b> 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, 5 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 <b>NON-MOTORIST</b> 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	<b>POINT OF IMPACT</b> A <input type="text" value="03"/> B <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text"/>	<b>CONDITION</b> A <input type="text" value="1"/> B <input type="text"/>	<b>OCCURRENCE</b> A <input type="text" value="6"/> B <input type="text"/>																				
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ROAD CONTOUR</b> A <input type="text" value="1"/> B <input type="text"/>																				
<b>DAMAGE SCALE</b> A <input type="text" value="3"/> B <input type="text"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>SPEED DETECTED</b> A <input type="text" value="2"/> B <input type="text"/>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> <table border="1"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> </tr> <tr> <td>A <input type="text" value="01"/></td> <td><input type="text"/></td> </tr> </table>	PRIMARY	SECONDARY	A <input type="text" value="01"/>	<input type="text"/>																
PRIMARY	SECONDARY																								
A <input type="text" value="01"/>	<input type="text"/>																								
<b>DAMAGE SCALE</b> A <input type="text" value="3"/> B <input type="text"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>SPEED</b> A <input type="text" value="10"/> B <input type="text"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/>																				
<input type="text"/> SUPPLEMENT 'X' IF YES				<b>LOCAL REPORT #</b> 12MPD 1707																					

**NARRATIVE**

**UNIT #1 WAS PULLING INTO PARKING SPACE AND STRUCK CEMENT BASE FOR LIGHT POLE CAUSING DAMAGE TO VEHICLE. NO APPARENT DAME TO THE POLE OE CEMENT BASE OTHER THAN PAINT TRANSFER ON CEMENT BASE.**

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>1</b></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><b>SCHOOL BUS RELATED</b></p> <p><b>1</b></p> <p>1. NO                  2. YES, DIRECTLY INVOLVED                  3. YES, INDIRECTLY INVOLVED                  4. UNKNOWN</p>	<p><b>DIAGRAM</b></p> <div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <div style="position: absolute; top: 10%; left: 50%; transform: translate(-50%, -50%);">1545 S Washington St</div> <div style="position: absolute; top: 35%; left: 10%;"> </div> <div style="position: absolute; top: 35%; left: 80%;"> </div> <div style="position: absolute; top: 50%; left: 40%;"> <div style="border: 1px solid black; width: 100%; height: 100%; display: flex; justify-content: space-between;"> <div style="width: 10%;"></div> </div> </div> </div>
<p><b>WEATHER</b></p> <p><b>02</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><b>1</b></p> <p>1. NO                  2. YES                  3. UNKNOWN</p>	
<p><b>LIGHT CONDITIONS</b></p> <p>PRIMARY <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 CLARE                  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>	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	A THE CRASH RESULTED IN ONE OF THE FOLLOWING N A FATALITY OR D 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>
---------------------------------------	----------------------

**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>	05. POLE 06. CARGO TANK 07. FLATBED 08. DUMP 09. CONCRETE MIXER	10. AUTO TRANSPORTER 11. GARBAGE/REFUSE 12. OTHER 13. UNKNOWN	<b>WEIGHT (GVWR)</b>	1. LESS/EQUAL 10,000 2. 10,001 - 26,000 3. MORE THAN 26,000	<b>CDL CLASS</b>	1. CLASS A 2. CLASS B 3. CLASS C 4. CLASS D 5. CLASS E	<b>HAZARDOUS MATERIALS PLACARD</b>	1. NO 2. YES 3. UNKNOWN	<b>HAZARDOUS MATERIALS RELEASED</b>	1. NO 2. YES 3. NOT APPLICABLE
------------------------	---	--	----------------------	---	------------------	--	------------------------------------	-------------------------------	-------------------------------------	--------------------------------------

<b>POLICE ACTION</b>						
<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>
9/1/2012	18:38	18:38	18:43	19:14	0	36
<b>OFFICER'S NAME</b>			<b>BADGE #</b>	<b>CHECKED BY</b>	<b>DATE REPORT FILED</b>	
PTL. JEFFREY S. LAY			109		9/1/2012	
<b>REPORT TAKEN BY</b>	<b>REPORT TAKEN AT</b>	<b>SUPPLEMENT 'X' IF YES</b>			<b>LOCAL REPORT #</b>	
1 1. POLICE AGENCY 2. MOTORIST 3. UNKNOWN	1 1. SCENE 2. STATION 3. OTHER	<input type="checkbox"/>			12MPD 1707	