

MM039-11-12



TRAFFIC CRASH REPORT

CRASH REPORT # 12MPD 1763	CRASH SEVERITY 3 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> *X IF YES	HIT / SKIP 3 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> *X IF YES	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <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 9/8/2012	

TIME OF CRASH 13:08	DAY OF WEEK SAT	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40322802	LONGITUDE 081545975
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CRASH OCCURRED ON			TYPE LOCATION POINT USED			LOCAL INFORMATION		
PREFIX	CRASH LOCATION	TYPE LOC	1 NAMED STREET	2 NUMBERED STREET	3 NUMBERED ROUTE	SAVE-N-SERVE		
	PRIVATE PROPERTY	1						

AT/REFERENCE					REFERENCE POINT USED									
DIST. REF.	DIR	PREFIX	REFERENCE	REF POINT	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
		S	001108 WASHINGTON ST.	04										

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) UNKNOWN DRIVER	
ADDRESS (STREET, CITY, STATE, ZIP-CODE)				

SOCIAL SECURITY NUMBER	DATE OF BIRTH //	AGE	SEX U	HOME PHONE #	WORK PHONE #	
DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY 5 1 NONE 2 EMS 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") UNKNOWN			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) UNKNOWN UNKNOWN UNKNOWN			
YEAR 0	MAKE UNKNOWN	MODEL UNKNOWN	COLOR SILVER	INSURANCE COMPANY NOT SHOWN	TOWING SERVICE	OWNER PHONE #

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES
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B	UNIT # 02	# OF OCC 0	NAME (LAST, FIRST, MIDDLE) UNOCCUPIED PARKED	
ADDRESS (STREET, CITY, STATE, ZIP-CODE)				

SOCIAL SECURITY NUMBER	DATE OF BIRTH //	AGE	SEX	HOME PHONE #	WORK PHONE #	
DL STATE	DL #	LP STATE OH	LP # CSQ9158	INJURED TAKEN BY <input type="checkbox"/> 1 NONE 2 EMS 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") KASSOR, CHARLES J.			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 5742 RENIE RD. BELLVILLE OH 44813			
YEAR 2001	MAKE FORD	MODEL F-SERIES P	COLOR RED	INSURANCE COMPANY ERIE	TOWING SERVICE	OWNER PHONE # (614)306-9861

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES
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C	UNIT #	NAME (LAST, FIRST, MIDDLE) STROUSE GARY	HOME PHONE # (330)473-7461	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7349 SR 39 MILLERSBURG OH 44654			INJURED TAKEN BY <input type="checkbox"/> 1 NONE 2 EMS 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	

D	UNIT #	NAME (LAST, FIRST, MIDDLE) STROUSE CAROL	HOME PHONE # (330)674-9833	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7349 SR 39 MILLERSBURG OH 44654			INJURED TAKEN BY <input type="checkbox"/> 1 NONE 2 EMS 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
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A 01 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	A 07 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 NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	A 6 1 NOT-DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	A 4 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	A 5 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	A 1 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	A 6 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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BLANK FOR WITNESS	<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
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 MIXED USE PATHS OR TRAILS
15 UNKNOWN

TYPE OF UNIT

A B

MOTORIST

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, 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 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

ACTION

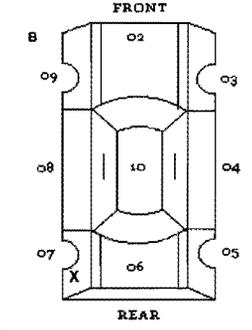
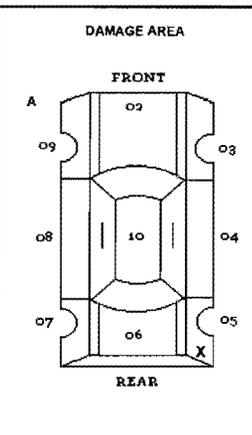
A B

1. NON-CONTACT
2. NON-COLLISION
3. STRIKING
4. STRUCK
5. BOTH STRIKING AND STRUCK
6. UNKNOWN

DAMAGE SCALE

A B

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

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

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

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 (ACOA)
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

SEQUENCE OF EVENTS

A B

1 2
3 4

NON-COLLISION
01 OVERTURN/ROLL OVER
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 WITH PERSON, VEHICLE, OR OBJECT NOT FIXED
15 PEDESTRIAN
16 PEDALCYCLE
17 RAILWAY VEHICLE (E.G. TRAIN, ENGINE)
18 ANIMAL - FARM
19 ANIMAL - DEER
20 ANIMAL - OTHER
21 MOTOR VEHICLE IN TRANSPORT
22 PARKED MOTOR VEHICLE
23 WORK ZONE MAINTENANCE EQUIPMENT
24 OTHER MOVABLE OBJECT
25 UNKNOWN MOVABLE OBJECT
26 COLLISION WITH FIXED OBJECT
27 IMPACT ATTENUATOR/CRASH CUSHION
28 BRIDGE OVERHEAD STRUCTURE
29 BRIDGE PIER OR ABUTMENT
30 BRIDGE PARAPET
31 BRIDGE RAIL
32 GUARDRAIL FACE
33 GUARDRAIL END
34 MEDIAN BARRIER
35 HIGHWAY TRAFFIC SIGN POST
36 OVERHEAD SIGN POST
37 LIGHT/LUMINARIES SUPPORT
38 UTILITY POLE
39 OTHER POST, POLE OR SUPPORT
40 CURB
41 DITCH
42 EMBARKMENT
43 FENCE
44 MAIL BOX
45 TREE
46 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL ETC)
47 WORK ZONE MAINTENANCE EQUIPMENT
48 UNKNOWN FIXED OBJECT
49 OTHER
50 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 WALKDOWN WALK
15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
16 OTHER
17 NOT REPORTED
18 UNKNOWN

DIRECTION

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

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 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 B

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 CROSSOVER
09 DRIVEWAY
10 RAILWAY GRADE CROSSING
11 SHARED-USE PATHS OR TRAILS
12 UNKNOWN

OCCURRENCE

A B

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

ROAD CONTOUR

A B

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 DESRS
09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT
10 OTHER
11 UNKNOWN

SUPPLEMENT 'X' IF YES

LOCAL REPORT #

12MPD 1763

NARRATIVE

UNIT 02 WAS PARKED IN A PARKING SPACE IN THE LOT FOR SAVE-N-SERVE. UNIT 01, AN UNKNOWN VEHICLE, BACKED UP FROM A PARKING SPACE ACROSS FROM UNIT 02, AND UNIT 01 BACKED INTO UNIT 02. TWO WITNESSES OBSERVED THE MALE DRIVER AND FEMALE PASSENGER GET OUT OF UNIT 01, PICK UP PIECES FROM THEIR BROKEN RIGHT TAILLIGHT, AND LEAVE THE SCENE. THE WITNESSES DESCRIBED THE VEHICLE OF UNIT 01 AS A SILVER HATCHBACK, AND THAT IT WAS POSSIBLY A PONTIAC. THEY ALSO GAVE A LICENSE PLATE NUMBER; HOWEVER, THE VEHICLE THAT LICENSE PLATE NUMBER WAS REGISTERED TO DID NOT MATCH THE DESCRIPTION OF THE VEHICLE GIVEN BY THE WITNESSES.

<p>MANNER OF COLLISION OR IMPACT</p> <p><input checked="" type="checkbox"/> 1</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;">Save-n-Serve 1108 S. Washington St. Millersburg, OH 44654</p>
<p>WEATHER</p> <p><input checked="" type="checkbox"/> 02</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 checked="" type="checkbox"/> 1</p> <p>1. NO 2. YES 3. UNKNOWN</p>	
<p>LIGHT CONDITIONS</p> <p>PRIMARY <input checked="" type="checkbox"/> 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>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>WORKERS PRESENT</p> <p><input type="checkbox"/></p> <p>1. NO 2. YES 3. UNKNOWN</p>	

TRUCK/BUS UNIT #	<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 A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER</p>
		<p>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</p>

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	
<p>CARGO BODY TYPE</p> <p><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</p>			<p>WEIGHT (GVWR)</p> <p><input type="checkbox"/> 1. LESS/EQUAL 10,000 <input type="checkbox"/> 2. 10,001 - 26,000 <input type="checkbox"/> 3. MORE THAN 26,000</p>		<p>CDL CLASS</p> <p><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</p>		<p>HAZARDOUS MATERIALS PLACARD</p> <p><input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. UNKNOWN</p>	
<p>HAZARDOUS MATERIALS RELEASED</p> <p><input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. NOT APPLICABLE <input type="checkbox"/> 4. UNKNOWN</p>								

POLICE ACTION

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
9/8/2012	13:12	13:25	13:28	13:58	0	33
OFFICER'S NAME		BADGE #	CHECKED BY		DATE REPORT FILED	
PTL. KEVIN BROWN		108			9/8/2012	
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 1763		