

ML09-12-12



TRAFFIC CRASH REPORT

CRASH REPORT # 12MPD 1808	CRASH SEVERITY 3 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> *X IF YES	HIT / SKIP 2 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> *X IF YES	OH-2 <input type="checkbox"/> OH-3 <input checked="" type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
N.C.I.C. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	# UNITS 1	UNIT ERROR 01 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 9/15/2012	

TIME OF CRASH 16:46	DAY OF WEEK SAT	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40324107	LONGITUDE 081550704
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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	BEST HOUSING TRAILER COURT		
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
000800 S. WASHINGTON ST.				04										

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) COHN MYRA A.	
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 800 S. WASHINGTON ST. LOT 82 MILLERSBURG OH 44654				

SOCIAL SECURITY NUMBER	DATE OF BIRTH 03/20/1955	AGE 57	SEX F	HOME PHONE # (330)275-8740	WORK PHONE #
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DL STATE OH	DL # TK273907	LP STATE OH	LP # EKB8683	INJURED TAKEN BY 1 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME") COHN, MYRA A.	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 800 S. WASHINGTON ST. LOT 82 MILLERSBURG OH 44654
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YEAR 2000	MAKE PONTIAC	MODEL GRAND PRI	COLOR SILVER	INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE	OWNER PHONE # (330)275-8740
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES
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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 #
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DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY <input type="checkbox"/> 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME")	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)
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YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	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) STILTNER RUSSELL		HOME PHONE # (330)473-6027	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 800 S. WASHINGTON ST. LOT 72 MILLERSBURG OH 44654					INJURED TAKEN BY <input type="checkbox"/> 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO

D	UNIT #	NAME (LAST, FIRST, MIDDLE) FRESHOUR JESSICA		HOME PHONE # (330)473-6321	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 800 S. WASHINGTON ST. LOT 221 MILLERSBURG OH 44654					INJURED TAKEN BY <input type="checkbox"/> 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO

SEATING POSITION A <input checked="" 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 PASSENGER) <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 checked="" type="checkbox"/> 04 MOTORIST <input type="checkbox"/> 01 NONE USED <input type="checkbox"/> 02 SHOULDER BELT ONLY USED <input type="checkbox"/> 03 LAP BELT ONLY USED <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 NON-MOTORIST <input type="checkbox"/> 09 NONE USED <input type="checkbox"/> 10 HELMET USED <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 checked="" type="checkbox"/> 1 NOT-DEPLOYED <input type="checkbox"/> 2 DEPLOYED - FRONT <input type="checkbox"/> 3 DEPLOYED - SIDE <input type="checkbox"/> 4 DEPLOYED BOTH FRONT/SIDE <input type="checkbox"/> 5 NOT APPLICABLE <input type="checkbox"/> 6 DEPLOYMENT UNKNOWN B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	AIR BAG SWITCH A <input checked="" type="checkbox"/> 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"/> C <input type="checkbox"/> D <input type="checkbox"/>	EJECTION A <input checked="" type="checkbox"/> 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"/> C <input type="checkbox"/> D <input type="checkbox"/>	TRAPPED A <input checked="" type="checkbox"/> 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"/> C <input type="checkbox"/> D <input type="checkbox"/>	INJURIES A <input checked="" type="checkbox"/> 1 NO INJURY <input type="checkbox"/> 2 POSSIBLE <input type="checkbox"/> 3 NON-INCAPACITATING <input type="checkbox"/> 4 INCAPACITATING <input type="checkbox"/> 5 FATAL INJURY <input type="checkbox"/> 6 UNKNOWN B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
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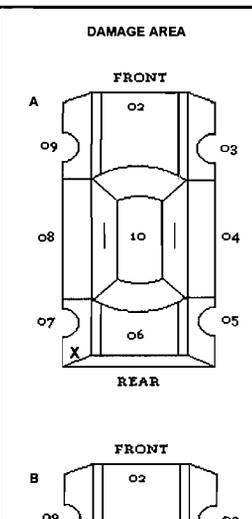
SUPPLEMENT *X IF YES

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 MARKED 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	<input type="text" value="42"/>	B	<input type="text"/>
1	<input type="text"/>	1	<input type="text"/>
2	<input type="text" value="45"/>	2	<input type="text"/>
3	<input type="text" value="45"/>	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 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 HIGHWAY TRAFFIC SIGN POST
32 OVERHEAD SIGN POST
33 LIGHT/LUMINARIES SUPPORT
34 UTILITY POLE
35 OTHER POST, POLE OR SUPPORT
36 CURB
37 DITCH
38 EMBARKMENT
39 FENCE
40 MAILBOX
41 TREE
42 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.)
43 WORK ZONE MAINTENANCE EQUIPMENT
44 UNKNOWN FIXED OBJECT
45 OTHER
46 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 INOPERATIVE, MISSING, OBSCURED
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

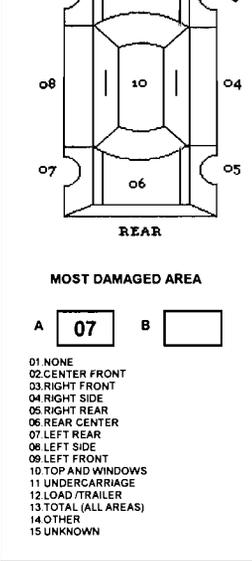
A	<input type="text" value="1"/>	<input type="text" value="1"/>	B	<input type="text"/>	<input type="text"/>
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1 NONE
2 MARIJUANA
3 COCAINE
4 OPiates
5 AMPHETAMINES
6 PCP
7 OTHER
8 UNKNOWN AT TIME OF REPORTING

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 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 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/YACDA
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

DIRECTION
FROM TO FROM TO
A B

1 NORTH
2 SOUTH
3 EAST
4 WEST
5 NORTH/EAST
6 NORTH/WEST
7 SOUTH/EAST
8 SOUTH/WEST
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)

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

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 OFF RAMP
09 CROSSOVER
10 DRIVEWAY
11 RAILWAY GRADE CROSSING
12 SHARED-USE PATHS OR TRAILS
13 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

IN EMERGENCY RESPONSE
A B

1 NO
2 YES
3 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

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

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

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

DAMAGE SCALE
A B

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

ACTION
A B

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

STRIKING VEHICLE OVERRIDE/OVERRIDE
A B

1 NO OVERRIDE OR OVERRIDE
2 OVERRIDE, COMPARTMENT INTRUSION
3 OVERRIDE, NO COMPARTMENT INTRUSION
4 OVERRIDE, COMPARTMENT INTRUSION UNKNOWN
5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT
6 OVERRIDE, OTHER VEHICLE
7 UNKNOWN IF OVERRIDE 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

SPEED DETECTED
A B

1. STATED
2. ESTIMATED

SPEED
A B

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

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

SUPPLEMENT 'X' IF YES

LOCAL REPORT #
12MPD 1808

NARRATIVE

UNIT 01 WAS ATTEMPTING TO LEAVE THE DRIVE FOR LOT 82 AT 800 S. WASHINGTON ST. SHE WANTED TO BACK UP, BUT WENT FORWARD STRIKING A FENCE. SHE THEN STARTED BACKING UP AND STRUCK A MOBILE HOME. AFTER STICKING THE MOBILE HOME SHE CONTINUED TO BACK UP AND ACROSS THE PRIVATE ROAD IN THE TRAILER COURT AND STRUCK A SHED ON ANOTHER LOT. UNIT 01 LEFT THE AREA, AND RETURNED SHORTLY BACK TO HER RESIDENCE AT LOT 82. UNIT 01 STATED THAT SHE DID NOT KNOW THAT SHE STRUCK ANYTHING. SHE SAID THAT SHE SUFFERS FROM MEDICAL PROBLEMS, AND SAID SHE HAD PARKINSON'S DISEASE.

<p>MANNER OF COLLISION OR IMPACT</p> <p>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>1</p> <p>1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN</p>	<p>DIAGRAM</p>
<p>WORK ZONE RELATED</p> <p>1</p> <p>1 NO 2 YES 3 UNKNOWN</p>		
<p>WEATHER</p> <p>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>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>LIGHT CONDITIONS</p> <p>PRIMARY 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>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</p> <p>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</p> <p>N A FATALITY OR</p> <p>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</p>

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
<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	10 AUTO TRANSPORTER	WEIGHT (GVWR)	CDL CLASS	HAZARDOUS MATERIALS PLACARD	HAZARDOUS MATERIALS RELEASED
<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/GRAVELWLN	<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"/> 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 - 28,000 <input type="checkbox"/> 3 MORE THAN 28,000	<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 4 UNKNOWN <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
9/15/2012	16:49	16:49	16:52	17:33	0	44
OFFICER'S NAME		BADGE #	CHECKED BY		DATE REPORT FILED	
PTL. KEVIN BROWN		108			9/15/2012	
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT 'X' IF YES		LOCAL REPORT #		
1 1 POLICE AGENCY 2 MOTORIST 3 UNKNOWN	1 1 SCENE 2 STATION 3 OTHER	<input type="checkbox"/>		12MPD 1808		