

MCS 9-19-96



TRAFFIC CRASH REPORT

CRASH REPORT # 12MPD 1830	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 OH-3 OH-1P OTHER <input type="checkbox"/> <input 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 9/18/2012	

TIME OF CRASH 15:35	DAY OF WEEK TUE	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40324214	LONGITUDE 081552008
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CRASH OCCURRED ON			TYPE LOCATION POINT USED			LOCAL INFORMATION		
PREFIX S	CRASH LOCATION WASHINGTON	TYPE LOC 1	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE					

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	CLAY	02					

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) SHAW JACLYN N				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 9400 TR 560 HOLMESVILLE OH 44633							
SOCIAL SECURITY NUMBER		DATE OF BIRTH 05/02/1980	AGE 32	SEX F	HOME PHONE # (330)763-1318	WORK PHONE #	
DL STATE OH	DL # RN535348	LP STATE OH	LP # EVL3346	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") SHAW, JACLYN N			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 9400 TR 560 HOLMESVILLE OH 44633				
YEAR 2004	MAKE FORD	MODEL OTHER	COLOR SILVER	INSURANCE COMPANY STATE FARM	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) LEE PATRICIA L				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 10838 WEST RIDGE RD ELYRIA OH 44035							
SOCIAL SECURITY NUMBER		DATE OF BIRTH 10/30/1942	AGE 69	SEX F	HOME PHONE # (440)323-3974	WORK PHONE #	
DL STATE OH	DL # RS913746	LP STATE OH	LP # DRL3143	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") LEE, PATRICIA L			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 10838 WEST RIDGE RD ELYRIA OH 44035				
YEAR 2003	MAKE HONDA	MODEL ACCORD	COLOR GREEN	INSURANCE COMPANY NATIONWIDE	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

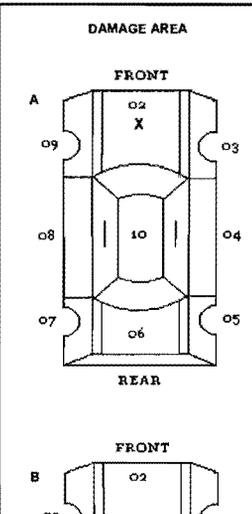
SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
A 01 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS)	A 04 MOTORIST 01 NONE USED 02 SHOULDER BELT 03 LAP BELT ONLY USED 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED	A 1 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	A 1 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	A 1 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 1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
B 01 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SIDE CAR)	B 01 06 HELMET USED 07 RESTRAINT USE UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS	B 1	B 1	B 1	B 1	B 1
C 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	C 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	C	C	C	C	C
D	D	D	D	D	D	D
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT *X IF YES

MOTORIST - 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	<input type="text" value="20"/>	B	<input type="text" value="20"/>
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"/>

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
COLLISION W/PERSON, VEHICLE, OR OBJECT
NOT FIXED
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
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 LIGHT/LUMINARIES SUPPORT
36 UTILITY POLE
37 OTHER POST, POLE OR SUPPORT
38 CULVERT
39 CURB
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

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

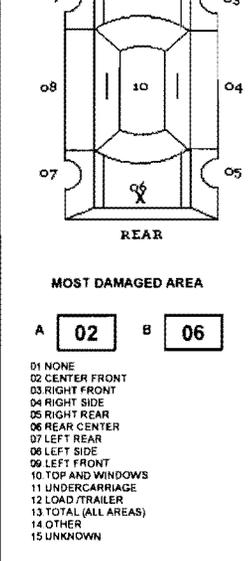
1. NONE
2. BLOOD
3. URINE
4. OTHER

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 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 WRIDER
36 ANIMAL W/BUGGY
37 BICYCLE
38 PEDESTRIAN
39 PEDAL CYCLIST (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/ADDA
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/FALLINGS/PILLING
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 <input type="text" value="1"/> <input type="text" value="2"/>	B <input type="text" value="1"/> <input type="text" value="2"/>

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)

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

01 NOT AN INTERSECTION
02 FOUR-WAY INTERSECTION
03 T-INTERSECTION
04 Y-INTERSECTION
05 TRAFFIC CIRCLE/ROUNABOUT
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 CURB
6. OUTSIDE TRAFFICWAY
7. UNKNOWN

ROAD CONTOUR

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

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

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
4. BREATH
2. BLOOD
5. OTHER
3. URINE

ALCOHOL TEST RESULT
A
B

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

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

SUPPLEMENT 'X' IF YES

LOCAL REPORT #
12MPD 1830

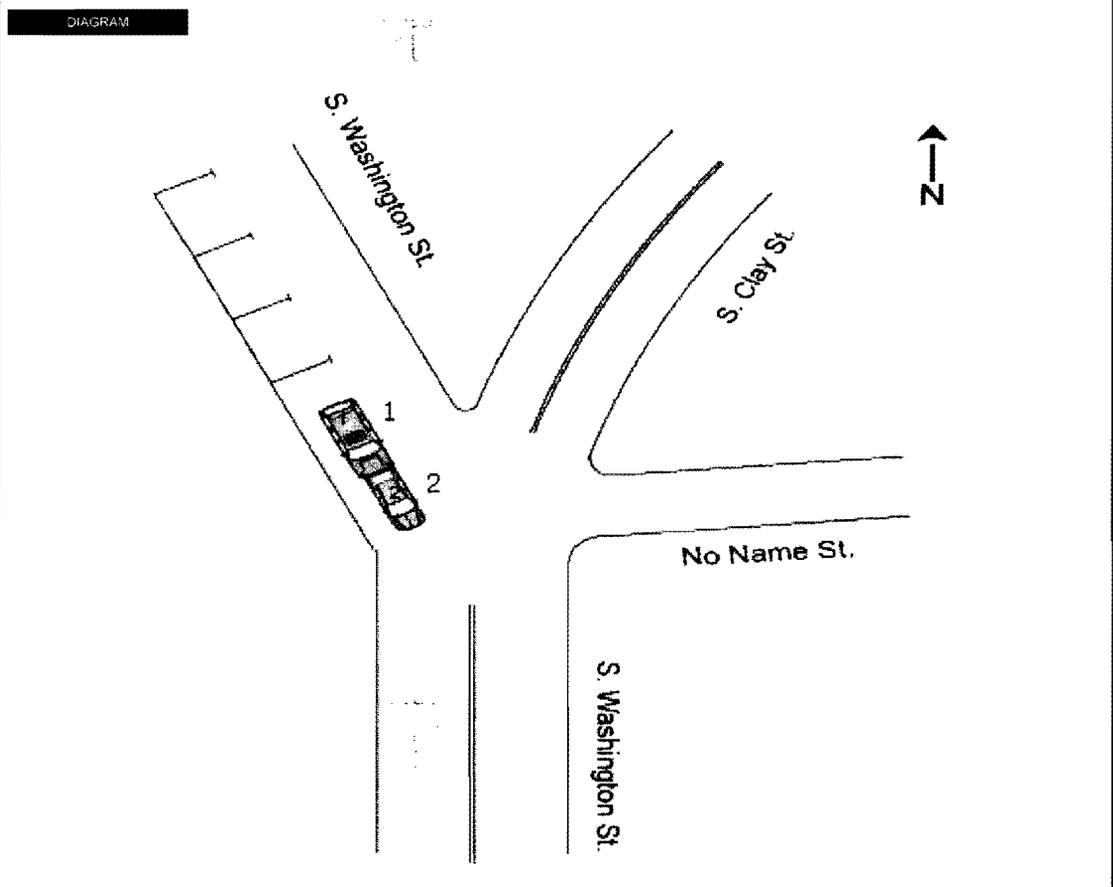
SUPPLEMENT 'X' IF YES

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NARRATIVE

UNIT 2 WAS STOPPED AT THE STOP SIGN FOR THE LISTED INTERSECTION. UNIT 1 WAS STOPPED BEHIND UNIT 2. UNIT 1 INDICATED THAT UNIT 2 BEGAN TO PULL AWAY FROM THE STOP SIGN. SHE STATES THAT SHE BEGAN TO ALSO PULL AWAY WHEN UNIT 2 ABRUPTLY STOPPED, AT WHICH POINT SHE STRUCK UNIT 2 IN THE REAR. UNIT 1 RECEIVED LIGHT FRONT END DAMAGE, UNIT 2 RECEIVED HEAVY REAR END DAMAGE BUT WAS ABLE TO BE DRIVEN AWAY FROM SCENE SAFELY.

MANNER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 2 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	SCHOOL BUS RELATED <input checked="" type="checkbox"/> 1 1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN
WEATHER <input checked="" type="checkbox"/> 02 01. CLEAR 02. CLOUDY 03. FOG/SMOG/SMOKE 04. RAIN 05. SLEET/HAUL (FREEZING RAIN OR DRIZZLE) 06. SNOW 07. SEVERE CROSSWINDS 08. BLOWING SAND/SOIL/DIRT/SNOW 09. OTHER 10. UNKNOWN	WORK ZONE RELATED <input checked="" type="checkbox"/> 1 1. NO 2. YES 3. UNKNOWN
LIGHT CONDITIONS PRIMARY <input checked="" type="checkbox"/> 1 SECONDARY <input type="checkbox"/> 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	TYPE OF WORK ZONE <input type="checkbox"/> 1. LANE CLOSURE 2. LANE SHIFT/CROSSOVER 3. WORK ON SHOULDER OR MEDIAN 4. INTERMITTENT OR MOVING WORK 5. OTHER
LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1. BEFORE THE FIRST WORK ZONE WARNING SIGN 2. ADVANCE WARNING AREA 3. TRANSITION AREA 4. ACTIVITY AREA	WORKERS PRESENT <input type="checkbox"/> 1. NO 2. YES 3. UNKNOWN



TRUCK/BUS UNIT # <input type="text"/>	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: 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
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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
CARGO BODY TYPE <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"/> 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	WEIGHT (GVWR) <input type="checkbox"/> 1. LESS/EQUAL 10,000 <input type="checkbox"/> 2. 10,001 - 26,000 <input type="checkbox"/> 3. MORE THAN 26,000	CDL CLASS <input type="checkbox"/> 1. CLASS A 2. CLASS B 3. CLASS C 4. CLASS D 5. CLASS E	HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1. NO 2. YES 3. UNKNOWN	HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> 1. NO 2. YES 3. NOT APPLICABLE			

POLICE ACTION

DATE CRASH REPORTED 9/18/2012	TIME REC CALL 15:40	DISPATCH 15:40	ARRIVED 15:41	CLEARED 16:10	OTHER 40	TOTAL MINUTES 70
OFFICER'S NAME PTL. JUSTIN ESTILL	BADGE # 113	CHECKED BY	DATE REPORT FILED 9/18/2012			
REPORT TAKEN BY <input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST <input type="checkbox"/> 3 UNKNOWN	REPORT TAKEN AT <input checked="" type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER	<input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT # 12MPD 1830			