

MCB11-20-12



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>12MPD 2194</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> *X IF YES	HIT / SKIP <b>1</b> 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 checked="" type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # <b>03801</b>	REPORTING AGENCY <b>MILLERSBURG POLICE DEPARTMENT</b>	# UNITS <b>2</b>	UNIT ERROR <b>01</b> 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>11/16/2012</b>	

TIME OF CRASH <b>16:47</b>	DAY OF WEEK <b>FRI</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40325804</b>	LONGITUDE <b>081550506</b>
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CRASH OCCURRED ON PREFIX <b>S</b> CRASH LOCATION <b>WASHINGTON ST.</b> TYPE LOC <b>1</b>	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION
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AT REFERENCE DIST. REF. DIR PREFIX REFERENCE REF POINT <b>S CLAY ST. 02</b>	REFERENCE POINT USED 01 STATE LINE 05 TOWNSHIP BOUNDARY 09 DRIVEWAY 02 INTERSECTION OF TWO STREETS 06 MILE POST 10 STREET OR ROUTE 03 COUNTY LINE 07 CORPORATION LIMIT WITHOUT REFERENCE 04 HOUSE NUMBER 08 PLACE NAME WITHOUT REFEREN
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<b>A</b> UNIT # <b>01</b> # OF OCC <b>5</b> NAME (LAST, FIRST, MIDDLE) <b>GRAHAM BARBRA J.</b>	ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>7178 TR 319 APT. B MILLERSBURG OH 44654</b>
SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE # <b>04/18/1981 31 F (330)674-9169</b>	
DL STATE DL # LP STATE LP # INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO <b>OH RR382257 OH FOF1510 1 1 NONE 4 OTHER 5 UNKNOWN</b>	
OWNER NAME (IF SAME, WRITE "SAME") OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>GRAHAM, BARBRA J. 7178 TR 319 APT. B MILLERSBURG OH 44654</b>	
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE # <b>2002 FORD TAURUS SILVER GAIC (THE GENERA (330)674-9169</b>	
OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE <b>333.03A ACDA 11189 X</b>	

<b>B</b> UNIT # <b>02</b> # OF OCC <b>1</b> NAME (LAST, FIRST, MIDDLE) <b>LAURIHA FRAN E.</b>	ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>214 S. WASHINGTON ST. MILLERSBURG OH 44654</b>
SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE # <b>11/03/1969 43 F (330)231-4883</b>	
DL STATE DL # LP STATE LP # INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO <b>OH RS296992 OH DKS8645 1 1 NONE 4 OTHER 5 UNKNOWN</b>	
OWNER NAME (IF SAME, WRITE "SAME") OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>LAURIHA, FRAN E. 214 S. WASHINGTON ST. MILLERSBURG OH 44654</b>	
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE # <b>2006 JEEP CHEROKE SILVER STATE FARM (330)231-4883</b>	
OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE <b>ACDA 11189 X</b>	

<b>C</b> UNIT # <b>01</b> NAME (LAST, FIRST, MIDDLE) <b>SUMMERS HAILEY M.</b>	HOME PHONE # <b>(330)231-1237</b>	DATE OF BIRTH <b>04/20/2000</b>	AGE <b>12</b>	SEX <b>F</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>646 ELM ST. MILLERSBURG OH 44654</b>	INJURED TAKEN BY <b>1 1 NONE 4 OTHER 5 UNKNOWN</b>	TRANSPORTED BY	INJURED TAKEN TO	
<b>D</b> UNIT # <b>01</b> NAME (LAST, FIRST, MIDDLE) <b>HOUGH COLTON J.</b>	HOME PHONE # <b>(330)674-9169</b>	DATE OF BIRTH <b>06/14/2001</b>	AGE <b>11</b>	SEX <b>M</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>7178 TR 319 APT. B MILLERSBURG OH 44654</b>	INJURED TAKEN BY <b>1 1 NONE 4 OTHER 5 UNKNOWN</b>	TRANSPORTED BY	INJURED TAKEN TO	

<b>SEATING POSITION</b> A <b>01</b> 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) B <b>01</b> 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 D <b>04</b> 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	<b>SAFETY EQUIPMENT</b> A <b>04</b> 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED B <b>04</b> 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED 06 HELMET USED C <b>04</b> 07 RESTRAINT USE UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED D <b>04</b> 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	<b>AIR BAG</b> A <b>1</b> 1 NOT-DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN B <b>1</b> C <b>1</b> D <b>5</b>	<b>AIR BAG SWITCH</b> A <b>1</b> 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION B <b>1</b> C <b>1</b> D <b>1</b>	<b>EJECTION</b> A <b>1</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN B <b>1</b> C <b>1</b> D <b>1</b>	<b>TRAPPED</b> A <b>1</b> 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN B <b>1</b> C <b>1</b> D <b>1</b>	<b>INJURIES</b> A <b>1</b> 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN B <b>1</b> C <b>1</b> D <b>1</b>
BLANK FOR WITNESS						
<input type="checkbox"/> SUPPLEMENT *X IF YES						

MOTORIST / NON-MOTORIST OCCUPANT

# TRAFFIC CRASH REPORT - OCCUPANT ADDENDUM

OH-1-P

LOCAL REPORT # <b>12MPD 2194</b>	N.C.I.C. # <b>03801</b>	REPORTING AGENCY <b>MILLERSBURG POLICE DEPARTMENT</b>	DATE OF CRASH <b>11/16/2012</b>
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<b>1</b>	UNIT # <b>01</b>	NAME (LAST, FIRST, MIDDLE) <b>GRAHAM BRAYDON R.</b>	HOME PHONE # <b>(330)674-9169</b>	DATE OF BIRTH <b>09/21/2006</b>	AGE <b>6</b>	SEX <b>M</b>
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ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>7178 TR 319 APT. B MILLERSBURG OH 44654</b>	INJURED TAKEN BY <b>1</b> <small>1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE</small>	TRANSPORTED BY	INJURED TAKEN TO
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<b>2</b>	UNIT # <b>01</b>	NAME (LAST, FIRST, MIDDLE) <b>GRAHAM KIERSTEN S.</b>	HOME PHONE # <b>(330)674-9169</b>	DATE OF BIRTH <b>11/21/2007</b>	AGE <b>4</b>	SEX <b>F</b>
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ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>7178 TR 319 APT. B MILLERSBURG OH 44654</b>	INJURED TAKEN BY <b>1</b> <small>1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE</small>	TRANSPORTED BY	INJURED TAKEN TO
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<b> </b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)	INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO
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<b> </b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)	INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO
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<b> </b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)	INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO
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<b> </b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)	INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO
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<b> </b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)	INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO
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<p><b>SEATING POSITION</b></p> <p>1 <input type="checkbox"/> <b>05</b> 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 2 <input type="checkbox"/> <b>06</b> 04 SECOND - LEFT (MC PASSENGER) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER) 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</p> <p>BLANK FOR WITNESS</p>	<p><b>SAFETY EQUIPMENT</b></p> <p>1 <input type="checkbox"/> <b>04</b> 01 MOTORIST 02 NONE USED 03 SHOULDER BELT ONLY USED 2 <input type="checkbox"/> <b>04</b> 03 LAP BELT ONLY USED 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED 06 HELMET USED 07 RESTRAINT USE UNKNOWN <u>NON-MOTORIST</u> 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN</p>	<p><b>AIR BAG</b></p> <p>1 <input type="checkbox"/> <b>5</b> 1. NOT-DEPLOYED 2. DEPLOYED - FRONT 3. DEPLOYED - SIDE 4. DEPLOYED BOTH FRONT/SIDE 5. NOT APPLICABLE 6. DEPLOYMENT UNKNOWN</p> <p>2 <input type="checkbox"/> <b>5</b></p>	<p><b>AIR BAG SWITCH</b></p> <p>1 <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</p> <p>2 <input type="checkbox"/> <b>1</b></p>	<p><b>EJECTION</b></p> <p>1 <input type="checkbox"/> <b>1</b> 1. NOT EJECTED 2. PARTIALLY EJECTED 3. FULLY EJECTED 4. NOT APPLICABLE 5. UNKNOWN</p> <p>2 <input type="checkbox"/> <b>1</b></p>	<p><b>TRAPPED</b></p> <p>1 <input type="checkbox"/> <b>1</b> 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN</p> <p>2 <input type="checkbox"/> <b>1</b></p>	<p><b>INJURIES</b></p> <p>1 <input type="checkbox"/> <b>1</b> 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN</p> <p>2 <input type="checkbox"/> <b>1</b></p>
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**UNIT NUMBERS**

A  B

**NON-MOTORIST LOCATION**

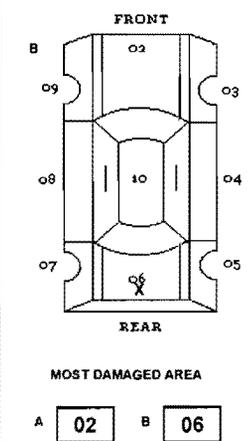
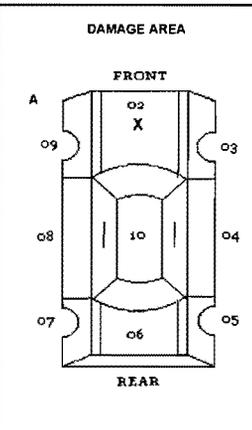
A  B

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

**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 W/DRIVER  
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



**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

**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 (CDA)  
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

**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

**SEQUENCE OF EVENTS**

A  B

1  1   
2  2   
3  3   
4  4

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

**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 WALK/DON'T WALK  
15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED  
16 OTHER  
17 NOT REPORTED  
18 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

**ALCOHOL/DRUG SUSPECTED**

A  B

1 NONE  
2 YES ALCOHOL SUSPECTED  
3 YES-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

01 NOT AN INTERSECTION  
02 FOUR-WAY INTERSECTION  
03 T-INTERSECTION  
04 Y-INTERSECTION  
05 TRAFFIC CIRCLE/ROUNDABOUT  
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

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

**ROAD CONTOUR**

A

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

**ACTION**

A  B

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

**STRIKING VEHICLE OVERRIDE/UNDERRIDE**

A  B

**DAMAGE SCALE**

A  B

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

**DAMAGE SCALE**

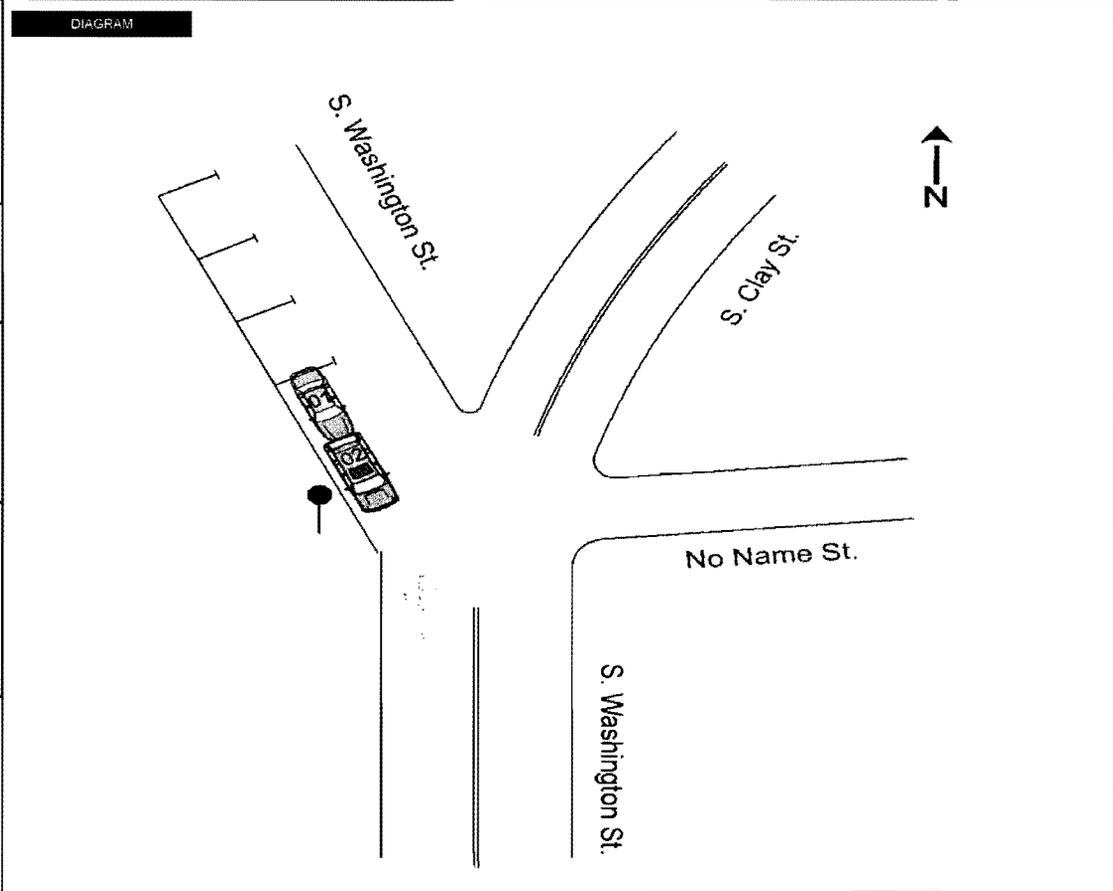
A  B

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  
8 UNKNOWN

**NARRATIVE**

**UNIT 02 WAS STOPPED AT THE STOP SIGN ON S. WASHINGTON ST. AT THE INTERSECTION OF S. CLAY ST. UNIT 01 WAS TRAVELING SOUTHBOUND ON S. WASHINGTON ST. AND INITIALLY STOPPED BEHIND UNIT 02. HOWEVER, HER ATTENTION WAS DIVERTED TO SOMETHING ELSE BY ONE OF HER PASSENGERS, AND SHE THOUGHT THAT UNIT 02 HAD PULLED AWAY FROM THE STOP SIGN, SO SHE STARTED TO MOVE. UNIT 02 WAS STILL AT THE STOP SIGN, AND AS A RESULT UNIT 01 STRUCK UNIT 02 IN THE REAR.**

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>2</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>WEATHER</b></p> <p><b>01</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 SANDS/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><b>PRIMARY</b> <b>1</b> <b>SECONDARY</b> <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><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 M/DIADN                  4. INTERMITTENT OR MOVING WORK                  5. OTHER</p>
<p><b>TRUCK/BUS</b></p> <p><b>UNIT #</b></p> <p><input type="text"/></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>	<p><b>DIAGRAM</b></p>



<p><b>TRUCK/BUS</b></p> <p><b>UNIT #</b></p> <p><input type="text"/></p>	<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><b>A</b> 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>
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<b>COMPANY (FROM SHIPPING PAPERS)</b>	<b>COMPANY PHONE</b>
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**ADDRESS (STREET, CITY, ST, ZIP CODE)**

<b>US DOT</b>	<b>ICC MC</b>	<b>PUCO</b>	<b>TRAILER LP ST.</b>	<b>TRAILER LP YEAR</b>	<b>TRAILER LP #</b>	<b>PLACARD #</b>	<b># DIA</b>
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<p><b>CARGO BODY TYPE</b></p> <p><input type="checkbox"/> 01 NOT APPLICABLE  <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER)  <input type="checkbox"/> 03 VAN/ENCLOSED BOX  <input type="checkbox"/> 04 GRAIN/CHIPS/GRAVEL/WN</p>	<p><b>05 POLE</b>  <input type="checkbox"/> 06 CARGO TANK  <input type="checkbox"/> 07 FLATBED  <input type="checkbox"/> 08 DUMP  <input type="checkbox"/> 09 CONCRETE MIXER</p>	<p><b>10 AUTO TRANSPORTER</b>  <input type="checkbox"/> 11 GARBAGE/REFUSE  <input type="checkbox"/> 12 OTHER  <input type="checkbox"/> 13 UNKNOWN</p>	<p><b>WEIGHT (GVWR)</b></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><b>CDL CLASS</b></p> <p><input type="checkbox"/></p> <p>1. CLASS A                  2. CLASS B                  3. CLASS C                  4. CLASS D                  5. CLASS E</p>	<p><b>HAZARDOUS MATERIALS PLACARD</b></p> <p><input type="checkbox"/></p> <p>1. NO                  2. YES                  3. UNKNOWN</p>	<p><b>HAZARDOUS MATERIALS RELEASED</b></p> <p><input type="checkbox"/></p> <p>1. NO 4. UNKNOWN                  2. YES                  3. NOT APPLICABLE</p>
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<b>POLICE ACTION</b>						
<b>DATE CRASH REPORTED</b> 11/16/2012	<b>TIME REC CALL</b> 16:49	<b>DISPATCH</b> 16:55	<b>ARRIVED</b> 16:58	<b>CLEARED</b> 17:39	<b>OTHER</b> 0	<b>TOTAL MINUTES</b> 44
<b>OFFICER'S NAME</b> PTL. KEVIN BROWN		<b>BADGE #</b> 108	<b>CHECKED BY</b>		<b>DATE REPORT FILED</b> 11/16/2012	
<b>REPORT TAKEN BY</b> <b>1</b>	<b>REPORT TAKEN AT</b> <b>1</b>	<b>SUPPLEMENT 'X' IF YES</b> <input type="checkbox"/>		<b>LOCAL REPORT #</b> 12MPD 2194		