

11-24-12



TRAFFIC CRASH REPORT

CRASH REPORT # 12MPD 2220	CRASH SEVERITY 3 1 FATAL ERROR 3 FDO 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 1	UNIT ERROR 98 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 11/22/2012	

TIME OF CRASH 06:45	DAY OF WEEK THU	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40321402	LONGITUDE 081545902
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CRASH OCCURRED ON			TYPE LOCATION POINT USED			LOCAL INFORMATION		
PREFIX S	CRASH LOCATION S. WASHINGTON ST.	TYPE LOC 1	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE			1372 S. WASHINGTON ST.		

AT/REFERENCE					REFERENCE POINT USED				
DIST. REF. 850 F	DIR N	PREFIX	REFERENCE C.R. 58	REF POINT 02	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				

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) ROCKWELL GENE R.
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)
800 S. WASHINGTON ST. LOT 107 MILLERSBURG OH 44654

SOCIAL SECURITY NUMBER	DATE OF BIRTH 05/07/1953	AGE 59	SEX M	HOME PHONE # (330)464-4004	WORK PHONE #
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DL STATE OH	DL # RS058507	LP STATE OH	LP # BV25AD	INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME") ROCKWELL, GENE R.	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 800 S. WASHINGTON ST. LOT 107 MILLERSBURG OH 44654
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YEAR 2011	MAKE FORD	MODEL OTHER	COLOR RED	INSURANCE COMPANY STATE FARM	TOWING SERVICE	OWNER PHONE # (330)464-4004
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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)
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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 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	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)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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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
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D	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)

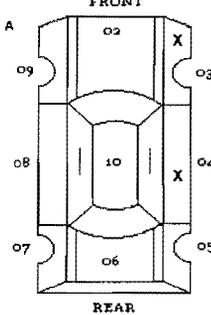
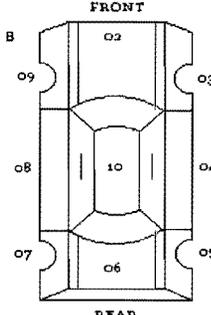
INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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SEATING POSITION A <input type="checkbox"/> 01 FRONT - LEFT (MC DRIVER) <input type="checkbox"/> 02 FRONT - MIDDLE <input type="checkbox"/> 03 FRONT - RIGHT <input type="checkbox"/> 04 SECOND - LEFT (MC PASS) <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	SAFETY EQUIPMENT A <input type="checkbox"/> 01 MOTORIST <input type="checkbox"/> 02 NONE USED <input type="checkbox"/> 03 SHOULDER BELT ONLY USED <input type="checkbox"/> 04 LAP BELT ONLY USED <input type="checkbox"/> 05 SHOULDER AND LAP BELT USED <input type="checkbox"/> 06 CHILD SAFETY SEAT USED <input type="checkbox"/> 07 HELMET USED <input type="checkbox"/> 08 RESTRAINT USE UNKNOWN <input type="checkbox"/> 09 NON-MOTORIST <input type="checkbox"/> 10 NONE USED <input type="checkbox"/> 11 HELMET USED <input type="checkbox"/> 12 PROTECTIVE PADS <input type="checkbox"/> 13 REFLECTIVE CLOTHING <input type="checkbox"/> 14 LIGHTING <input type="checkbox"/> 15 OTHER <input type="checkbox"/> 16 UNKNOWN	AIR BAG A <input type="checkbox"/> 1 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	AIR BAG SWITCH A <input type="checkbox"/> 1 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	EJECTION A <input type="checkbox"/> 1 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	TRAPPED A <input type="checkbox"/> 1 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	INJURIES A <input type="checkbox"/> 1 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
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BLANK FOR WITNESS

<input type="checkbox"/> SUPPLEMENT *X IF YES

MOTORIST / NON-MOTORIST OCCUPANT

<p>UNIT NUMBERS</p> <p>A <input type="text" value="01"/> B <input type="text"/></p>	<p>DAMAGE AREA</p> <p style="text-align: center;">FRONT</p>  <p style="text-align: center;">REAR</p> <p style="text-align: center;">FRONT</p>  <p style="text-align: center;">REAR</p> <p style="text-align: center;">MOST DAMAGED AREA</p> <p>A <input type="text" value="04"/> B <input type="text"/></p>	<p>PRE-CRASH ACTIONS</p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <p>MOTORIST</p> <ol style="list-style-type: none"> 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 <p>NON-MOTORIST</p> <ol style="list-style-type: none"> 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 	<p>SEQUENCE OF EVENTS</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <p>A <input type="text" value="18"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p> </td> <td style="width:50%;"> <p>B <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p> </td> </tr> </table> <p>NON-COLLISION</p> <ol style="list-style-type: none"> 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 W/PERSON, VEHICLE, OR OBJECT NOT FIRED 15 PEDESTRIAN 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 25 COLLISION WITH FIXED OBJECT 26 IMPACT AT TENNIS OR CRASH CUSHION 27 BRIDGE OVERHEAD STRUCTURE 28 BRIDGE PIER OR ABUTMENT 29 BRIDGE PARAPET 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 	<p>A <input type="text" value="18"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p>	<p>B <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p>	<p>POSTED SPEED</p> <p>A <input type="text" value="35"/> B <input type="text"/></p> <p>TRAFFIC CONTROL</p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <ol style="list-style-type: none"> 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 	<p>DRUG TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> 1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 GIVEN, RESULTS UNKNOWN 6 UNKNOWN <p>DRUG TEST TYPE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> 1 NONE 2 BLOOD 3 URINE 4 OTHER <p>DRUG TEST 1 & 2 RESULT</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <p>A <input type="text" value="1"/> <input type="text" value="1"/></p> </td> <td style="width:50%;"> <p>B <input type="text"/></p> </td> </tr> </table> <ol style="list-style-type: none"> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING 	<p>A <input type="text" value="1"/> <input type="text" value="1"/></p>	<p>B <input type="text"/></p>
<p>A <input type="text" value="18"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p>	<p>B <input type="text"/></p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p>								
<p>A <input type="text" value="1"/> <input type="text" value="1"/></p>	<p>B <input type="text"/></p>								
<p>NON-MOTORIST LOCATION</p> <p>A <input type="text"/> B <input type="text"/></p> <ol style="list-style-type: none"> 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 	<p>TYPE OF UNIT</p> <p>A <input type="text" value="02"/> B <input type="text"/></p> <p>MOTORIST</p> <ol style="list-style-type: none"> 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 <p>NON-MOTORIST</p> <ol style="list-style-type: none"> 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 	<p>CONTRIBUTING CIRCUMSTANCES</p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <p>MOTORIST</p> <ol style="list-style-type: none"> 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/CADDA 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 <p>NON-MOTORIST</p> <ol style="list-style-type: none"> 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 	<p>DIRECTION</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <p>FROM TO</p> <p>A <input type="text" value="1"/> <input type="text" value="2"/></p> </td> <td style="width:50%;"> <p>FROM TO</p> <p>B <input type="text"/></p> </td> </tr> </table> <ol style="list-style-type: none"> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN 	<p>FROM TO</p> <p>A <input type="text" value="1"/> <input type="text" value="2"/></p>	<p>FROM TO</p> <p>B <input type="text"/></p>	<p>CONDITION</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> 1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL (E.G. OPPRESSED, ANGRY, DISTURBED) 4 ILLNESS 5 FELL ASLEEP, FAINTED, FATIGUED, ETC 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN 			
<p>FROM TO</p> <p>A <input type="text" value="1"/> <input type="text" value="2"/></p>	<p>FROM TO</p> <p>B <input type="text"/></p>								
<p>POINT OF IMPACT</p> <p>A <input type="text" value="04"/> B <input type="text"/></p> <ol style="list-style-type: none"> 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 	<p>ACTION</p> <p>A <input type="text" value="4"/> B <input type="text"/></p> <ol style="list-style-type: none"> 1 NON-CONTACT 2 NON-COLLISION 3 STRICKING 4 STRUCK 5 BOTH STRICKING AND STRUCK 6 UNKNOWN 	<p>FIRST HARMFUL EVENT</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	<p>ALCOHOL/DRUG SUSPECTED</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> 1 NONE 2 YES ALCOHOL SUSPECTED 3 YES-HBD NOT IMPAIRED 4 YES-DRUGS SUSPECTED 5 YES-ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN 	<p>OCCURRENCE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN 					
<p>IN EMERGENCY RESPONSE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> 1 NO 2 YES 3 UNKNOWN 	<p>STRIKING VEHICLE OVERRIDE/UNDERRIDE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> 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 	<p>MOST HARMFUL EVENT</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<p>ALCOHOL TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> 1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN 	<p>ROAD CONTOUR</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN 					
<p>DAMAGE SCALE</p> <p>A <input type="text" value="3"/> B <input type="text"/></p> <ol style="list-style-type: none"> 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN 	<p>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</p> <p>A <input type="text"/> B <input type="text"/></p> <ol style="list-style-type: none"> 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 	<p>SPEED DETECTED</p> <p>A <input type="text" value="2"/> B <input type="text"/></p> <ol style="list-style-type: none"> 1 STATED 2 ESTIMATED 	<p>ALCOHOL TEST TYPE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> 1 NONE 4 BREATH 2 BLOOD 3 URINE 5 OTHER 	<p>ROAD CONDITIONS</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <p>PRIMARY</p> <p>A <input type="text" value="01"/> B <input type="text"/></p> </td> <td style="width:50%;"> <p>SECONDARY</p> <p>B <input type="text"/></p> </td> </tr> </table> <ol style="list-style-type: none"> 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 	<p>PRIMARY</p> <p>A <input type="text" value="01"/> B <input type="text"/></p>	<p>SECONDARY</p> <p>B <input type="text"/></p>			
<p>PRIMARY</p> <p>A <input type="text" value="01"/> B <input type="text"/></p>	<p>SECONDARY</p> <p>B <input type="text"/></p>								
			<p>SPEED</p> <p>A <input type="text" value="30"/> B <input type="text"/></p>	<p>ALCOHOL TEST RESULT</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	<p>LOCAL REPORT #</p> <p>12MPD 2220</p>				
			<p><input type="checkbox"/> SUPPLEMENT 'X' IF YES</p>						

NARRATIVE

UNIT 1 WAS SOUTHBOUND ON S. WASHINGTON ST. AND WAS STRUCK IN THE RIGHT SIDE BY A DEER CROSSING THE STREET.

MANNER OF COLLISION OR IMPACT

- 1**
- 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

- 1**
- 1 NO
 - 2 YES - DIRECTLY INVOLVED
 - 3 YES - INDIRECTLY INVOLVED
 - 4 UNKNOWN

WORK ZONE RELATED

- 1**
- 1 NO
 - 2 YES
 - 3 UNKNOWN

TYPE OF WORK ZONE

-
- 1 LANE CLOSURE
 - 2 LANE SHIFT/CROSSOVER
 - 3 WORK ON SHOULDER OR MEDIAN
 - 4 INTERMITTENT OR MOVING WORK
 - 5 OTHER

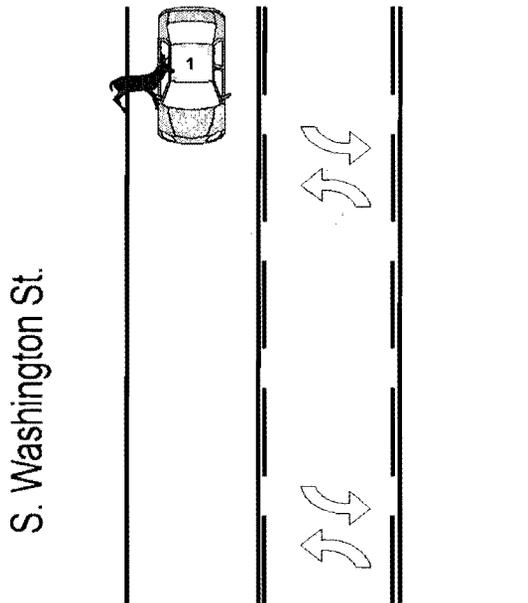
LOCATION OF CRASH IN WORK ZONE

-
- 1 BEFORE THE FIRST WORK ZONE WARNING SIGN
 - 2 ADVANCE WARNING AREA
 - 3 TRANSITION AREA
 - 4 ACTIVITY AREA

WORKERS PRESENT

-
- 1 NO
 - 2 YES
 - 3 UNKNOWN

DIAGRAM



WEATHER

- 01**
- 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

LIGHT CONDITIONS

PRIMARY SECONDARY

- 2**
- 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

TRUCK/BUS

UNIT #

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

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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

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
CARGO BODY TYPE	05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER	10 AUTO TRANSPORTER 11 GARAGE/REFUSE 12 OTHER 13 UNKNOWN	WEIGHT (GVWR)	CDL CLASS	1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	HAZARDOUS MATERIALS PLACARD	HAZARDOUS MATERIALS RELEASED
<input type="checkbox"/>	01 NOT APPLICABLE 02 BUS (8-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAIN/CHIPS/GRAVEL/WN		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			1 LESS/EQUAL 10,000 2 10,001 - 26,000 3 MORE THAN 26,000			1 NO 2 YES 3 UNKNOWN	1 NO 4 UNKNOWN 2 YES 3 NOT APPLICABLE

POLICE ACTION

DATE CRASH REPORTED 11/22/2012	TIME REC CALL 06:52	DISPATCH 06:52	ARRIVED 06:52	CLEARED 07:00	OTHER 30	TOTAL MINUTES 38
OFFICER'S NAME PTL. W. TODD BOOTH		BADGE # 104	CHECKED BY		DATE REPORT FILED 11/22/2012	
REPORT TAKEN BY 1 POLICE AGENCY 2 MOTOR/ST 3 UNKNOWN	REPORT TAKEN AT 1 SCENE 2 STATION 3 OTHER	<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT # 12MPD 2220		