

113012
2012

OHIO TRAFFIC CRASH REPORT

| | | | | | |
|-------------------------------------|---|--|--|---------------------------------------|---|
| CRASH REPORT # 12MPD 2250 | 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 X *X IF YES | OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <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 11/29/2012 | |

| | | | | | | |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|
| TIME OF CRASH 14:12 | DAY OF WEEK THU | CITY/VILLAGE/TOWNSHIP VILLAGE | NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG | COUNTY # 38 | LATITUDE 40332705 | LONGITUDE 081550203 |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|

| | | | | | |
|--------------------|-----------------------------------|--------------------------|---|-------------------|--|
| CRASH OCCURRED ON | | TYPE LOCATION POINT USED | | LOCAL INFORMATION | |
| PREFIX N | CRASH LOCATION CLAY ST. | TYPE LOC 1 | 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE | | |

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|--------------|-----|--------|-----------------------------|------------------------|--|
| AT REFERENCE | | | REFERENCE POINT USED | | |
| DIST. REF. | DIR | PREFIX | REFERENCE UHL ST. | 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) WENGERD CARY A. |
|----------|---------------------|----------------------|--|

ADDRESS (STREET, CITY, STATE, ZIP-CODE)
381 UHL ST. APT. A MILLERSBURG OH 44654

| | | | | | |
|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|
| SOCIAL SECURITY NUMBER | DATE OF BIRTH 06/20/1957 | AGE 55 | SEX M | HOME PHONE # (330)473-6130 | WORK PHONE # |
|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|

| | | | | | | |
|-----------------------|-------------------------|-----------------------|------------------------|---|----------------|------------------|
| DL STATE OH | DL # RS295383 | LP STATE OH | LP # EPY2603 | INJURED TAKEN BY 1 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN | TRANSPORTED BY | INJURED TAKEN TO |
|-----------------------|-------------------------|-----------------------|------------------------|---|----------------|------------------|

| | |
|---|---|
| OWNER NAME (IF SAME, WRITE "SAME") WENGERD, CARY A. | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 381 UHL ST. APT. A MILLERSBURG OH 44654 |
|---|---|

| | | | | | | |
|---------------------|-------------------------|--------------------------|------------------------|---------------------------------------|----------------|---------------------------------------|
| YEAR 1999 | MAKE OLDSMOBI | MODEL SILHOUET | COLOR SILVER | INSURANCE COMPANY SAFE AUTO | TOWING SERVICE | OWNER PHONE # (330)473-6130 |
|---------------------|-------------------------|--------------------------|------------------------|---------------------------------------|----------------|---------------------------------------|

| | | | |
|----------------------------------|--|----------------------------|---|
| OFFENSE CHARGED 331.19 | OFFENSE DESCRIPTION STOP SIGN VIOLATIONS | CITATION # 11250 | LOCAL CODE <input checked="" type="checkbox"/> *X IF YES |
|----------------------------------|--|----------------------------|---|

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|----------|---------------------|----------------------|---|
| B | UNIT # 02 | # OF OCC 1 | NAME (LAST, FIRST, MIDDLE) ARMOUR BURNETTA E. |
|----------|---------------------|----------------------|---|

ADDRESS (STREET, CITY, STATE, ZIP-CODE)
291 N. MONROE ST. MILLERSBURG OH 44654

| | | | | | |
|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|
| SOCIAL SECURITY NUMBER | DATE OF BIRTH 11/20/1978 | AGE 34 | SEX F | HOME PHONE # (330)763-4092 | WORK PHONE # |
|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|

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|-----------------------|-------------------------|-----------------------|------------------------|---|----------------|------------------|
| DL STATE OH | DL # TU490727 | LP STATE OH | LP # FCP7978 | INJURED TAKEN BY 1 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN | TRANSPORTED BY | INJURED TAKEN TO |
|-----------------------|-------------------------|-----------------------|------------------------|---|----------------|------------------|

| | |
|--|--|
| OWNER NAME (IF SAME, WRITE "SAME") ARMOUR, BURNETTA E. | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 291 N. MONROE ST. MILLERSBURG OH 44654 |
|--|--|

| | | | | | | |
|---------------------|-------------------------|-----------------------|---------------------|---|----------------|---------------------------------------|
| YEAR 2001 | MAKE CHRYSLER | MODEL OTHER | COLOR RED | INSURANCE COMPANY HABRUN'S INSURA | TOWING SERVICE | OWNER PHONE # (330)763-4092 |
|---------------------|-------------------------|-----------------------|---------------------|---|----------------|---------------------------------------|

| | | | |
|-----------------|---------------------|------------|--|
| 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 |
|----------|--------|----------------------------|--------------|---------------|-----|-----|

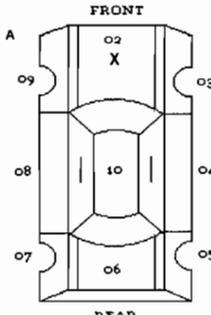
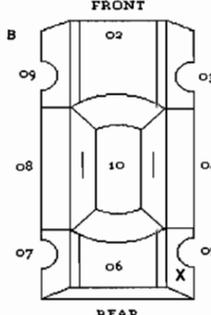
| | | | |
|---|--|----------------|------------------|
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) | INJURED TAKEN BY <input type="checkbox"/> 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN | TRANSPORTED BY | INJURED TAKEN TO |
|---|--|----------------|------------------|

| | | | | | | |
|----------|--------|----------------------------|--------------|---------------|-----|-----|
| 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 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN | TRANSPORTED BY | INJURED TAKEN TO |
|---|--|----------------|------------------|

| | | | | | | |
|---|---|---|---|--|---|---|
| SEATING POSITION A <input type="checkbox"/> 01 FRONT - LEFT (MC DRIVER) B <input type="checkbox"/> 02 FRONT - MIDDLE C <input type="checkbox"/> 03 FRONT - RIGHT D <input type="checkbox"/> 04 SECOND - LEFT (MC PASS) E <input type="checkbox"/> 05 SECOND - MIDDLE F <input type="checkbox"/> 06 SECOND - RIGHT G <input type="checkbox"/> 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) H <input type="checkbox"/> 08 THIRD - MIDDLE I <input type="checkbox"/> 09 THIRD - RIGHT J <input type="checkbox"/> 10 SLEEPER SECTION OF CAB K <input type="checkbox"/> 11 ENCLOSED CARGO AREA L <input type="checkbox"/> 12 UNENCLOSED CARGO AREA M <input type="checkbox"/> 13 TRAILING UNIT N <input type="checkbox"/> 14 EXTERIOR O <input type="checkbox"/> 15 OTHER P <input type="checkbox"/> 16 NON-MOTORIST Q <input type="checkbox"/> 17 UNKNOWN BLANK FOR WITNESS | SAFETY EQUIPMENT A <input type="checkbox"/> 04 MOTORIST B <input type="checkbox"/> 04 MOTORIST ONLY USED C <input type="checkbox"/> 04 LAP BELT ONLY USED D <input type="checkbox"/> 04 SHOULDER AND LAP BELT USED E <input type="checkbox"/> 06 CHILD SAFETY SEAT USED F <input type="checkbox"/> 06 HELMET USED G <input type="checkbox"/> 07 RESTRAINT USE UNKNOWN H <input type="checkbox"/> 09 NON-MOTORIST OR NONE USED I <input type="checkbox"/> 09 HELMET USED J <input type="checkbox"/> 10 PROTECTIVE PADS K <input type="checkbox"/> 11 REFLECTIVE CLOTHING L <input type="checkbox"/> 12 LIGHTING M <input type="checkbox"/> 13 OTHER N <input type="checkbox"/> 14 UNKNOWN | AIR BAG A <input type="checkbox"/> 1 NOT-DEPLOYED B <input type="checkbox"/> 1 DEPLOYED - FRONT C <input type="checkbox"/> 1 DEPLOYED - SIDE FRONT/SIDE D <input type="checkbox"/> 1 NOT APPLICABLE E <input type="checkbox"/> 1 DEPLOYMENT UNKNOWN | AIR BAG SWITCH A <input type="checkbox"/> 1 ON-OFF SWITCH NOT PRESENT B <input type="checkbox"/> 1 SWITCH IN ON POSITION C <input type="checkbox"/> 1 SWITCH IN OFF POSITION D <input type="checkbox"/> 1 UNKNOWN POSITION | EJECTION A <input type="checkbox"/> 1 NOT EJECTED B <input type="checkbox"/> 1 TOTALLY EJECTED C <input type="checkbox"/> 1 PARTIALLY EJECTED D <input type="checkbox"/> 1 NOT APPLICABLE E <input type="checkbox"/> 1 UNKNOWN | TRAPPED A <input type="checkbox"/> 1 NOT TRAPPED B <input type="checkbox"/> 1 EXTRICATED BY MECHANICAL MEANS C <input type="checkbox"/> 1 FREED BY NON-MECHANICAL MEANS D <input type="checkbox"/> 1 UNKNOWN | INJURIES A <input type="checkbox"/> 1 NO INJURY B <input type="checkbox"/> 1 POSSIBLE C <input type="checkbox"/> 1 NON-INCAPACITATING D <input type="checkbox"/> 1 INCAPACITATING E <input type="checkbox"/> 1 FATAL INJURY F <input type="checkbox"/> 1 UNKNOWN SUPPLEMENT *X IF YES |
|---|---|---|---|--|---|---|

MOTORIST / NON-MOTORIST OCCUPANT

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|--|--|-----------------------------------|---|---|---|------------------------|------------------------|------------------------|--------------------------------|--|--|--------------------------------|--------------------------------|
| UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/> | DAMAGE AREA  | PRE-CRASH ACTIONS A <input type="text" value="01"/> B <input type="text" value="01"/> 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 <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td>1 <input type="text" value="20"/></td> <td>1 <input type="text" value="20"/></td> </tr> <tr> <td>2 <input type="text"/></td> <td>2 <input type="text"/></td> </tr> <tr> <td>3 <input type="text"/></td> <td>3 <input type="text"/></td> </tr> <tr> <td>4 <input type="text"/></td> <td>4 <input type="text"/></td> </tr> </table> 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 LEFT 09 RAN OFF ROAD RIGHT 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 PEDALCYCLE 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 CURB 39 DITCH 40 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 | A | B | 1 <input type="text" value="20"/> | 1 <input type="text" value="20"/> | 2 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 4 <input type="text"/> | POSTED SPEED A <input type="text" value="35"/> B <input type="text" value="35"/> | DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 GIVEN, RESULTS UNKNOWN 6 UNKNOWN | | |
| A | B | | | | | | | | | | | | | | | | |
| 1 <input type="text" value="20"/> | 1 <input type="text" value="20"/> | | | | | | | | | | | | | | | | |
| 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-MOTORIST LOCATION A <input type="text"/> |  | CONTRIBUTING CIRCUMSTANCES A <input type="text" value="02"/> B <input type="text" value="01"/> 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/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 | TRAFFIC CONTROL A <input type="text" value="02"/> B <input type="text" value="12"/> 01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSINGS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALKDON'T WALK 15 TRAFFIC CONTROL DEVICE (NONOPERATIVE, MISSING, OBSCURED) 16 OTHER 17 NOT REPORTED 18 UNKNOWN | DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NONE 2 BLOOD 3 URINE 4 OTHER | DRUG TEST 1 & 2 RESULT <table border="1"> <tr> <td>A</td> <td>1</td> <td>2</td> <td>B</td> <td>1</td> <td>2</td> </tr> <tr> <td>A</td> <td><input type="text" value="1"/></td> <td><input type="text" value="1"/></td> <td>B</td> <td><input type="text" value="1"/></td> <td><input type="text" value="1"/></td> </tr> </table> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPiates 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING | A | 1 | 2 | B | 1 | 2 | A | <input type="text" value="1"/> | <input type="text" value="1"/> | B | <input type="text" value="1"/> | <input type="text" value="1"/> |
| A | 1 | 2 | B | 1 | 2 | | | | | | | | | | | | |
| A | <input type="text" value="1"/> | <input type="text" value="1"/> | B | <input type="text" value="1"/> | <input type="text" value="1"/> | | | | | | | | | | | | |
| TYPE OF UNIT A <input type="text" value="05"/> B <input type="text" value="03"/> 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 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 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER-NON MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN | MOST DAMAGED AREA A <input type="text" value="02"/> B <input type="text" value="05"/> 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 <input type="text"/> | FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) | DIRECTION <table border="1"> <tr> <td>FROM TO</td> <td>FROM TO</td> </tr> <tr> <td>A <input type="text" value="1"/> <input type="text" value="2"/></td> <td>B <input type="text" value="2"/> <input type="text" value="1"/></td> </tr> </table> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN | FROM TO | FROM TO | A <input type="text" value="1"/> <input type="text" value="2"/> | B <input type="text" value="2"/> <input type="text" value="1"/> | TYPE OF INTERSECTION <input type="text" value="03"/> 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 | | | | | | | | |
| FROM TO | FROM TO | | | | | | | | | | | | | | | | |
| A <input type="text" value="1"/> <input type="text" value="2"/> | B <input type="text" value="2"/> <input type="text" value="1"/> | | | | | | | | | | | | | | | | |
| IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NO 2 YES 3 UNKNOWN | POINT OF IMPACT A <input type="text" value="02"/> B <input type="text" value="05"/> 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 | ACTION A <input type="text" value="3"/> B <input type="text" value="4"/> 1 NON-CONTACT 2 NON-COLLISION 3 STRICKING 4 STRUCK 5 BOTH STRICKING AND STRUCK 6 UNKNOWN | MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) | CONDITION A <input type="text" value="1"/> B <input type="text" value="1"/> 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 | OCCURRENCE <input type="text" value="1"/> 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN | | | | | | | | | | | | |
| DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/> 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN | STRIKING VEHICLE OVERRIDE/UNDERIDE A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NO UNDERIDE OR OVERRIDE 2 UNDERIDE, COMPARTMENT INTRUSION 3 UNDERIDE, NO COMPARTMENT INTRUSION 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN IF UNDERIDE OR OVERRIDE | SPEED DETECTED A <input type="text" value="1"/> B <input type="text" value="1"/> 1 STATED 2 ESTIMATED | ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/> 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 <input type="text" value="1"/> B <input type="text" value="1"/> 1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN | ROAD CONTOUR <input type="text" value="3"/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN | | | | | | | | | | | | |
| DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/> 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN | ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER | SPEED A <input type="text" value="5"/> B <input type="text" value="15"/> | ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/> | ROAD CONDITIONS <table border="1"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> </tr> <tr> <td><input type="text" value="01"/></td> <td><input type="text"/></td> </tr> </table> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND/MUD/I.R.T./OIL/GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN | PRIMARY | SECONDARY | <input type="text" value="01"/> | <input type="text"/> | LOCAL REPORT # <input type="text" value="12MPD 2250"/> | | | | | | | | |
| PRIMARY | SECONDARY | | | | | | | | | | | | | | | | |
| <input type="text" value="01"/> | <input type="text"/> | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> SUPPLEMENT 'X' IF YES | | | | LOCAL REPORT # 12MPD 2250 | | | | | | | | | | | | | |

NARRATIVE

**UNIT 01 WAS STOPPED AT THE STOP SIGN ON UHL ST. WAITING TO GO STRAIGHT TO GO SOUTHBOUND ON N. CLAY ST.
 UNIT 02 WAS STOPPED IN AN ALLEY TO THE SOUTHEAST OF UNIT 01. UNIT 02 PULLED OUT ONTO N. CLAY ST.
 AND WAS TRAVELING NORTHBOUND. UNIT 01 DID NOT SEE THAT UNIT 02 HAD PULLED OUT AND WAS ON N. CLAY ST.
 AS A RESULT UNIT 01 PULLED OUT FROM THE STOP SIGN STRIKING UNIT 02 IN THE RIGHT REAR.**

| | | |
|--|---|-----------------------|
| <p>MANNER OF COLLISION OR IMPACT</p> <p>6</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>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>WORK ZONE RELATED</p> <p>1</p> <p>1 NO 2 YES 3 UNKNOWN</p> | |
| <p>LIGHT CONDITIONS</p> <p>PRIMARY SECONDARY</p> <p>1 <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>TRUCK/BUS</p> <p>UNIT #</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> | |

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

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| <p>US DOT</p> <p><input type="text"/></p> | <p>ICC MC</p> <p><input type="text"/></p> | <p>PUCO</p> <p><input type="text"/></p> | <p>TRAILER LP ST.</p> <p><input type="text"/></p> | <p>TRAILER LP YEAR</p> <p><input type="text"/></p> | <p>TRAILER LP #</p> <p><input type="text"/></p> | <p>PLACARD #</p> <p><input type="text"/></p> | <p># DIA</p> <p><input type="text"/></p> |
| <p>CARGO BODY TYPE</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 W/ N</p> | <p>05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER</p> | <p>10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN</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 4 UNKNOWN <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE</p> | |

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| <p>POLICE ACTION</p> | | | | | | | |
| <p>DATE CRASH REPORTED</p> <p>11/29/2012</p> | <p>TIME REC CALL</p> <p>14:14</p> | <p>DISPATCH</p> <p>14:17</p> | <p>ARRIVED</p> <p>14:19</p> | <p>CLEARED</p> <p>14:58</p> | <p>OTHER</p> <p>0</p> | <p>TOTAL MINUTES</p> <p>41</p> | |
| <p>OFFICER'S NAME</p> <p>PTL. KEVIN BROWN</p> | | <p>BADGE #</p> <p>108</p> | <p>CHECKED BY</p> <p><input type="text"/></p> | | <p>DATE REPORT FILED</p> <p>11/29/2012</p> | | |
| <p>REPORT TAKEN BY</p> <p>1</p> <p>1 POLICE AGENCY 2 MOTORIST 3 UNKNOWN</p> | <p>REPORT TAKEN AT</p> <p>1</p> <p>1 SCENE 2 STATION 3 OTHER</p> | <p>SUPPLEMENT 'X' IF YES</p> <p><input type="checkbox"/></p> | | <p>LOCAL REPORT #</p> <p>12MPD 2250</p> | | | |