

12-03-12
740



TRAFFIC CRASH REPORT

CRASH REPORT # 12MPD 2257	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 <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 11/30/2012	

TIME OF CRASH 15:20	DAY OF WEEK FRI	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40323609	LONGITUDE 081550007
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CRASH OCCURRED ON PREFIX S CRASH LOCATION WASHINGTON STREET TYPE LOC 1	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION
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DIST. REF. 1 M	DIR N	PREFIX	REFERENCE GLEN DRIVE	REF POINT 02	REFERENCE POINT USED 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
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MOTORIST / NON-MOTORIST

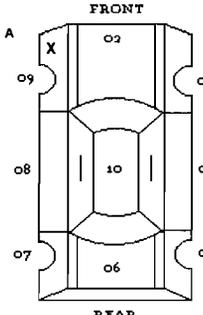
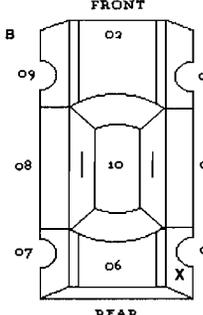
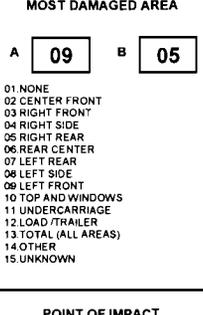
A UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) MULLETT LUELLA M				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7498 MARION RD. NEWARK OH 43055						
SOCIAL SECURITY NUMBER	DATE OF BIRTH 06/20/1943	AGE 69	SEX F	HOME PHONE # (740)403-8727	WORK PHONE #	
DL STATE OH	DL # RP511780	LP STATE OH	LP # FB05TG	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") MULLETT, EUGENE		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7498 MARION RD. NEWARK OH 43055				
YEAR 2002	MAKE HONDA	MODEL ACCORD	COLOR BLACK	INSURANCE COMPANY OHIO WISLER MEN	TOWING SERVICE	OWNER PHONE # (740)745-2025
OFFENSE CHARGED 333.03A	OFFENSE DESCRIPTION ACDA	CITATION # 11251	LOCAL CODE <input checked="" type="checkbox"/> *X IF YES			

B UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) TOWNER DARYL L				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 9964 TR 301 MILLERSBURG OH 44654						
SOCIAL SECURITY NUMBER	DATE OF BIRTH 07/12/1971	AGE 41	SEX M	HOME PHONE # (330)674-3255	WORK PHONE #	
DL STATE OH	DL # RN533114	LP STATE OH	LP # FGE1555	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") TOWNER, DARYL L		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 9964 TR 301 MILLERSBURG OH 44654				
YEAR 2006	MAKE SUBARU	MODEL OTHER	COLOR RED	INSURANCE COMPANY AMERICAN COMME	TOWING SERVICE	OWNER PHONE # (330)674-3255
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES			

OCCUPANT

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 A <input type="checkbox"/> 01 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) B <input type="checkbox"/> 01 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION DF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN BLANK FOR WITNESS	SAFETY EQUIPMENT A <input type="checkbox"/> 01 MOTORIST 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED B <input type="checkbox"/> 04 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED 06 HELMET USED 07 RESTRAINT USE UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN C <input type="checkbox"/> D <input type="checkbox"/>	AIR BAG A <input type="checkbox"/> 1 1 NOT-DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 8 DEPLOYMENT UNKNOWN B <input type="checkbox"/> 1 C <input type="checkbox"/> D <input type="checkbox"/>	AIR BAG SWITCH A <input type="checkbox"/> 4 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION B <input type="checkbox"/> 4 C <input type="checkbox"/> D <input type="checkbox"/>	EJECTION A <input type="checkbox"/> 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN B <input type="checkbox"/> 1 C <input type="checkbox"/> D <input type="checkbox"/>	TRAPPED A <input type="checkbox"/> 1 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN B <input type="checkbox"/> 1 C <input type="checkbox"/> D <input type="checkbox"/>	INJURIES A <input type="checkbox"/> 1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN B <input type="checkbox"/> 1 C <input type="checkbox"/> D <input type="checkbox"/> <input type="checkbox"/> SUPPLEMENT *X IF YES
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UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA  FRONT REAR	PRE-CRASH ACTIONS A <input type="text" value="01"/> B <input type="text" value="01"/>	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>	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"/>		
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"/> B <input type="text"/> 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	 FRONT REAR	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. APPROCHING OR LEAVING VEHICLE 20. PLAYING OR WORKING ON VEHICLE 21. STANDING 22. OTHER 23. UNKNOWN	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 FIRED 14. PEDESTRIAN 15. PEDICYCLE 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	TRAFFIC CONTROL A <input type="text" value="12"/> 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 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 TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> 1. NONE 2. BLOOD 3. URINE 4. OTHER												
TYPE OF UNIT A <input type="text" value="03"/> B <input type="text" value="06"/> 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 06. TIRES 10. SINGLE UNIT TRUCK, 3 OR MORE AXLES 11. TRUCK/TRAILER 12. TRUCK TRACTOR (BOBTAIL) 13. TRACTOR/SEM-TRAILER 14. TRACTOR/DOUBLE - SHORT 15. TRACTOR/DOUBLE - LONG 16. FIFTH WHEEL OR CONVERTER DOLLY 17. TRACTOR/TRIPLES 18. MOTORCYCLE 19. MOTORIZED BICYCLE 20. SCHOOL BUS 21. CHURCH BUS 22. PUBLIC BUS 23. OTHER BUS 24. POLICE VEHICLE 25. FIRE TRUCK 26. AMBULANCE/RESCUE 27. TAXI 28. MOTOR HOME 29. TRAIN 30. FARM VEHICLE 31. FARM EQUIPMENT 32. SNOWMOBILE 33. CONSTRUCTION EQUIPMENT 34. ALL OTHERS NON-MOTORIST 35. ANIMAL, WRIDER 36. ANIMAL W/BUGGY 37. BICYCLE 38. PEDESTRIAN 39. PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40. SKATER 41. OTHER-NON MOTORIST (WHEELCHAIR, ETC.) 42. UNKNOWN	 FRONT REAR	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="08"/> 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/ACDA 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	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 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	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><input type="text" value="1"/></td> <td><input type="text" value="1"/></td> <td><input type="text"/></td> <td><input type="text" value="1"/></td> <td><input type="text" value="1"/></td> <td><input type="text"/></td> </tr> </table>	A	1	2	B	1	2	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text"/>
A	1	2	B	1	2												
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text"/>												
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="09"/> 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"/> B <input type="text"/> 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	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)	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/> 1. NONE 2. YES ALCOHOL SUSPECTED 3. YES HB NOT IMPAIRED 4. YES-DRUGS SUSPECTED 5. YES-ALCOHOL AND DRUGS SUSPECTED 6. 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	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		SPEED DETECTED A <input type="text" value="2"/> B <input type="text" value="2"/> 1. STATED 2. ESTIMATED	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="1"/> 1. STRAIGHT LEVEL 2. STRAIGHT GRADE 3. CURVE LEVEL 4. CURVE GRADE 5. 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	ROAD CONDITIONS PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/> 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		SPEED A <input type="text" value="30"/> B <input type="text" value="2"/>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> 1. NONE 4. BREATH 2. BLOOD 5. OTHER 3. URINE	ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/>												
				SUPPLEMENT 'X' IF YES <input type="text"/>	LOCAL REPORT # 12MPD 2257												

NARRATIVE

UNIT NUMBER TWO WAS SOUTHBOUND ON WASHINGTON STREET WHEN HE HAD CAME TO A STOP IN TRAFFIC BUT OBSERVED THAT UNIT NUMBER ONE WAS APPROACHING HIS REAR AND DIDN' T APPEAR TO BE STOPPING. UNIT NUMBER TWO THEN BEGAN MOVING FORWARD TO ATTEMPT TO AVOID THE CRASH BUT UNIT NUMBER ONE STILL STRUCK UNIT NUMBER TWO IN THE REAR END. THE DRIVER OF UNIT NUMBER ONE ADVISED THAT SHE HAD FALLEN ASLEEP.

<p>MANNER OF COLLISION OR IMPACT</p> <p>4</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>02</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 <input checked="" type="checkbox"/> SECONDARY <input type="checkbox"/></p> <p>1</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>WORKERS PRESENT</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	

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	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
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CARGO BODY TYPE	05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER	10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	WEIGHT (GVWR)	1 LESS/EQUAL 10,000 2 10,001 - 26,000 3 MORE THAN 26,000	CDL CLASS	1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	HAZARDOUS MATERIALS PLACARD	HAZARDOUS MATERIALS RELEASED
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POLICE ACTION						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
11/30/2012	15:23	15:23	15:26	15:43	45	65
OFFICER'S NAME		BADGE #	CHECKED BY		DATE REPORT FILED	
CAPT. KIM HERMAN		101			11/30/2012	
REPORT TAKEN BY	REPORT TAKEN AT				SUPPLEMENT 'X' IF YES	LOCAL REPORT #
1	1				<input type="checkbox"/>	12MPD 2257