

MXD 12-10-12



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>12MPD 2312</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 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. # <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>12/7/2012</b>	

TIME OF CRASH <b>08:47</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>40325803</b>	LONGITUDE <b>081550504</b>
-------------------------------	---------------------------	-----------------------------------------	-----------------------------------------------------------	-----------------------	-----------------------------	-------------------------------

CRASH OCCURRED ON			TYPE LOCATION POINT USED			LOCAL INFORMATION		
PREFIX <b>S</b>	CRASH LOCATION <b>WASHINGTON STREET</b>	TYPE LOC <b>1</b>	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE					

AT/REFERENCE				REFERENCE POINT USED					
DIST. REF.	DIR	PREFIX	REFERENCE	REF POINT	01 STATE LINE 02 INTERSECTION OF TWO STREETS 03 COUNTY LINE 04 HOUSE NUMBER			05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME WITHOUT REFEREN	09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE
		<b>S</b>	<b>CLAY STREET</b>	<b>02</b>					

<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>EICHER KENDRA D</b>	
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>5787 TR 265 MILLERSBURG OH 44654</b>				

SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>12/27/1994</b>	AGE <b>17</b>	SEX <b>F</b>	HOME PHONE # <b>(330)473-0519</b>	WORK PHONE #
------------------------	------------------------------------	------------------	-----------------	--------------------------------------	--------------

DL STATE <b>OH</b>	DL # <b>TU487143</b>	LP STATE <b>OH</b>	LP # <b>FQD1747</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
-----------------------	-------------------------	-----------------------	------------------------	----------------------------------------------------------------------------	----------------	------------------

OWNER NAME (IF SAME, WRITE "SAME") <b>EICHER, SAMUEL J</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>5787 TR 265 MILLERSBURG OH 44654</b>
---------------------------------------------------------------	------------------------------------------------------------------------------------------

YEAR <b>2001</b>	MAKE <b>FORD</b>	MODEL <b>F-SERIES P</b>	COLOR <b>WHITE</b>	INSURANCE COMPANY <b>HABRUN</b>	TOWING SERVICE	OWNER PHONE # <b>(330)674-0050</b>
---------------------	---------------------	----------------------------	-----------------------	------------------------------------	----------------	---------------------------------------

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES
-----------------	---------------------	------------	--------------------------------------------------

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>REED BARBARA A</b>	
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>5923 CR 333 MILLERSBURG OH 44654</b>				

SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>03/15/1943</b>	AGE <b>69</b>	SEX <b>F</b>	HOME PHONE # <b>(330)674-1319</b>	WORK PHONE #
------------------------	------------------------------------	------------------	-----------------	--------------------------------------	--------------

DL STATE <b>OH</b>	DL # <b>RU206671</b>	LP STATE <b>OH</b>	LP # <b>DA37SH</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
-----------------------	-------------------------	-----------------------	-----------------------	----------------------------------------------------------------------------	----------------	------------------

OWNER NAME (IF SAME, WRITE "SAME") <b>REED, BARBARA A</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>5923 CR 333 MILLERSBURG OH 44654</b>
--------------------------------------------------------------	------------------------------------------------------------------------------------------

YEAR <b>2006</b>	MAKE <b>KIA</b>	MODEL <b>SPORTAGE</b>	COLOR <b>BLACK</b>	INSURANCE COMPANY <b>AUTO OWNERS</b>	TOWING SERVICE	OWNER PHONE # <b>(330)674-1319</b>
---------------------	--------------------	--------------------------	-----------------------	-----------------------------------------	----------------	---------------------------------------

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES
-----------------	---------------------	------------	--------------------------------------------------

<b>C</b>	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
-----------------------------------------	--	--	--------------------------------------------------------------------------------------------	----------------	------------------

<b>D</b>	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
-----------------------------------------	--	--	--------------------------------------------------------------------------------------------	----------------	------------------

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

BLANK FOR WITNESS	<input type="checkbox"/> SUPPLEMENT *X IF YES
-------------------	-----------------------------------------------

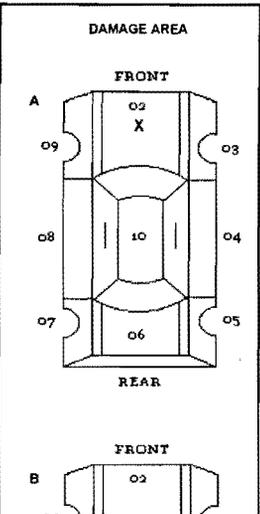
MOTORIST / NON-MOTORIST

OCCUPANT

**UNIT NUMBERS**  
A  B

**NON-MOTORIST LOCATION**  
A  B

01 MARKED CROSSWALK AT INTERSECTION  
02 AT INTERSECTION BUT NO CROSSWALK  
03 NON-INTERSECTION CROSSWALK  
04 DRIVEWAY ACCESS CROSSWALK  
05 IN ROADWAY  
06 NOT IN ROADWAY  
07 MEDIAN (BUT NOT ON SHOULDER)  
08 ISLAND  
09 SHOULDER  
10 SIDEWALK  
11 WITHIN 10 FEET OF ROADWAY (BUT NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)  
12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)  
13 OUTSIDE TRAFFICWAY  
14 SHARED USE PATHS OR TRAILS  
15 UNKNOWN



**PRE-CRASH ACTIONS**  
A  B

**MOTORIST**  
01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD  
02 BACKING  
03 CHANGING LANES  
04 OVERTAKING/PASSING  
05 TURNING RIGHT  
06 TURNING LEFT  
07 MAKING U-TURN  
08 ENTERING TRAFFIC LANE  
09 LEAVING TRAFFIC LANE  
10 PARKED  
11 SLOWING OR STOPPED IN TRAFFIC  
12 DRIVER/LESS  
13 OTHER  
14 UNKNOWN  
15 ENTERING OR CROSSING SPECIFIED LOCATION  
16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING  
17 WORKING  
18 PUSHING VEHICLE  
19 APPROACHING OR LEAVING VEHICLE  
20 PLAYING OR WORKING ON VEHICLE  
21 STANDING  
22 OTHER  
23 UNKNOWN

**SEQUENCE OF EVENTS**

A	1	<input type="text" value="20"/>	B	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-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 ATTENTION/CRASH CUSHION  
26 BRIDGE OVERHEAD STRUCTURE  
27 BRIDGE PIER OR ABUTMENT  
28 BRIDGE PARAPET  
29 BRIDGE RAIL  
30 GUARDRAIL FACE  
31 GUARDRAIL END  
32 MEDIAN BARRIER  
33 HIGHWAY TRAFFIC SIGN POST  
34 OVERHEAD SIGN POST  
35 LIGHT/LUMINARIES SUPPORT  
36 UTILITY POLE  
37 OTHER POST, POLE OR SUPPORT  
38 CULVERT  
39 CURB  
40 DITCH  
41 EMBANKMENT  
42 FENCE  
43 MAILBOX  
44 TREE  
45 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.)  
46 WORK ZONE MAINTENANCE EQUIPMENT  
47 UNKNOWN FIXED OBJECT  
48 OTHER  
49 UNKNOWN

**POSTED SPEED**  
A  B

**TRAFFIC CONTROL**  
A  B

01 NO CONTROLS  
02 STOP SIGN  
03 YIELD SIGN  
04 TRAFFIC SIGNAL  
05 TRAFFIC FLASHERS  
06 SCHOOL ZONE  
07 RAILROAD CROSSBUCKS  
08 RAILROAD FLASHERS  
09 RAILROAD GATES  
10 CONSTRUCTION BARRICADE  
11 POLICE OFFICER  
12 PAVEMENT MARKINGS  
13 CROSSWALK LINES  
14 WALK/BIKE WALK  
15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED  
16 OTHER  
17 NOT REPORTED  
18 UNKNOWN

**DRUG TEST STATUS**  
A  B

1 NONE GIVEN  
2 TEST REFUSED  
3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  
4 TEST GIVEN, RESULTS KNOWN  
5 GIVEN, RESULTS UNKNOWN  
6 UNKNOWN

**DRUG TEST TYPE**  
A  B

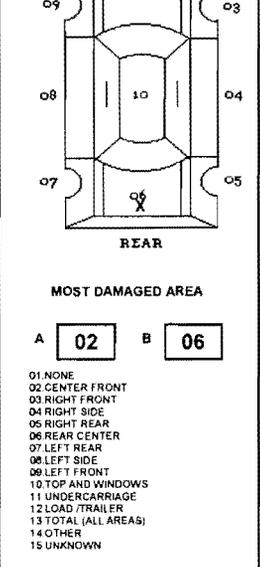
1 NONE  
2 BLOOD  
3 URINE  
4 OTHER

**DRUG TEST 1 & 2 RESULT**  
A   B

1 NONE  
2 MARIJUANA  
3 COCAINE  
4 OPIATES  
5 AMPHETAMINES  
6 PCP  
7 OTHER  
8 UNKNOWN AT TIME OF REPORTING

**TYPE OF UNIT**  
A  B

**MOTORIST**  
01 SUB-COMPACT  
02 COMPACT  
03 MID-SIZED  
04 FULL-SIZE  
05 MINIVAN  
06 SPORT UTILITY VEHICLE  
07 PICKUP  
08 PANELVAN  
09 SINGLE UNIT TRUCK, 2 AXLES  
10 TIRES  
10 SINGLE UNIT TRUCK, 3 OR MORE AXLES  
11 TRUCK/TRAILER  
12 TRUCK TRACTOR (BORTAIL)  
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  
35 NON-MOTORIST  
36 ANIMAL W/DRIVER  
37 ANIMAL W/BUGGY  
38 BICYCLE  
39 PEDESTRIAN  
40 SKATER  
41 OTHER-NON-MOTORIST (WHEELCHAIR, ETC.)  
42 UNKNOWN



**CONTRIBUTING CIRCUMSTANCES**  
A  B

**MOTORIST**  
01 NONE  
02 FAILURE TO YIELD  
03 RAN RED LIGHT OR STOP SIGN  
04 EXCEEDED SPEED LIMIT  
05 UNSAFE SPEED  
06 IMPROPER TURN  
07 LEFT OF CENTER  
08 FOLLOWED TOO CLOSELY/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  
23 NON-MOTORIST  
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

**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/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  
23 NON-MOTORIST  
24 IMPROPER CROSSING  
25 DARTING  
26 LYING AND/OR ILLEGALLY IN ROADWAY  
27 FAILURE TO YIELD RIGHT OF WAY  
28 NOT VISIBLE (DARK CLOTHING)  
29 INATTENTIVE  
30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER  
31 WRONG SIDE OF THE ROAD  
32 OTHER  
33 UNKNOWN

**DIRECTION**  
FROM TO FROM TO  
A   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

**TYPE OF INTERSECTION**

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

**OCCURRENCE**

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

**ROAD CONTOUR**

1 STRAIGHT LEVEL  
2 STRAIGHT GRADE  
3 CURVE LEVEL  
4 CURVE GRADE  
5 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

**ACTION**  
A  B

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

**VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE**  
A  B

01 TURN SIGNALS  
02 HEAD LAMPS  
03 TAIL LAMPS  
04 BRAKES  
05 STEERING  
06 TIRE BLOWOUT  
07 WORN OR SLICK TIRES  
08 TRAILER EQUIPMENT DEFECTIVE  
09 MOTOR TROUBLE  
10 DISABLED FROM PRIOR ACCIDENT  
11 OTHER DEFECTS  
12 NO DEFECTS

**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)

**ALCOHOL/DRUG SUSPECTED**  
A  B

1 NONE  
2 YES ALCOHOL SUSPECTED  
3 YES/HD NOT APPARED  
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

**ROAD CONTOUR**

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/LO/GRVEL  
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

**STRIKING VEHICLE OVERRIDE/UNDERRIDE**  
A  B

1 NO UNDERRIDE OR OVERRIDE  
2 UNDERRIDE, COMPARTMENT INTRUSION  
3 UNDERRIDE, NO COMPARTMENT INTRUSION  
4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN  
5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT  
6 OVERRIDE, OTHER VEHICLE  
7 UNKNOWN IF UNDERRIDE OR OVERRIDE  
8 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

**SPEED DETECTED**  
A  B

1 STATED  
2 ESTIMATED

**SPEED**  
A  B

**ALCOHOL TEST TYPE**  
A  B

1 NONE  
2 BLOOD  
3 URINE  
4 BREATH  
5 OTHER

**ALCOHOL TEST RESULT**  
A   
B

**ROAD CONDITIONS**  
PRIMARY  SECONDARY

01 DRY  
02 WET  
03 SNOW  
04 ICE  
05 SAND/MUD/DIRT/LO/GRVEL  
06 WATER (STANDING, MOVING)  
07 SLUSH  
08 DEBRIS  
09 RUT HOLES, BUMPS, UNEVEN PAVEMENT  
10 OTHER  
11 UNKNOWN

**DAMAGE SCALE**  
A  B

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

**DAMAGE SCALE**  
A  B

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

**VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE**  
A  B

01 TURN SIGNALS  
02 HEAD LAMPS  
03 TAIL LAMPS  
04 BRAKES  
05 STEERING  
06 TIRE BLOWOUT  
07 WORN OR SLICK TIRES  
08 TRAILER EQUIPMENT DEFECTIVE  
09 MOTOR TROUBLE  
10 DISABLED FROM PRIOR ACCIDENT  
11 OTHER DEFECTS  
12 NO DEFECTS

**SPEED DETECTED**  
A  B

1 STATED  
2 ESTIMATED

**SPEED**  
A  B

**ALCOHOL TEST TYPE**  
A  B

1 NONE  
2 BLOOD  
3 URINE  
4 BREATH  
5 OTHER

**ALCOHOL TEST RESULT**  
A   
B

**ROAD CONDITIONS**  
PRIMARY  SECONDARY

01 DRY  
02 WET  
03 SNOW  
04 ICE  
05 SAND/MUD/DIRT/LO/GRVEL  
06 WATER (STANDING, MOVING)  
07 SLUSH  
08 DEBRIS  
09 RUT HOLES, BUMPS, UNEVEN PAVEMENT  
10 OTHER  
11 UNKNOWN

SUPPLEMENT 'X' IF YES

LOCAL REPORT #  
**12MPD 2312**

**NARRATIVE**  
**UNIT NUMBER TWO WAS SOUTHBOUND AND HAD STOPPED AT THE STOP SIGN AT THE CLAY STREET INTERSECTION. UNIT NUMBER TWO MOVED FORWARD BUT STOPPED AGAIN FOR TRAFFIC AT THE STOP SIGN AND WAS THEN STRUCK IN THE REAR END BY UNIT NUMBER ONE WHO WAS ALSO SOUTHBOUND BEHIND UNIT NUMBER TWO.**

<b>MANNER OF COLLISION OR IMPACT</b> <input checked="" type="checkbox"/> <b>2</b> 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	<b>SCHOOL BUS RELATED</b> <input checked="" type="checkbox"/> <b>1</b> 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN	<b>DIAGRAM</b> 					
<b>WEATHER</b> <input checked="" type="checkbox"/> <b>02</b> 01 CLEAR 02 CLOUDY 03 FOG/SMOG/SMOKE 04 RAIN 05 SLEET/HAUL (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND/SOIL/DIRT/SNOW 09 OTHER 10 UNKNOWN	<b>WORK ZONE RELATED</b> <input checked="" type="checkbox"/> <b>1</b> 1 NO 2 YES 3 UNKNOWN						
<b>LIGHT CONDITIONS</b> <b>PRIMARY</b> <input checked="" type="checkbox"/> <b>1</b> <b>SECONDARY</b> <input type="checkbox"/> 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - ROADWAY NOT LIGHTED 6 DARK - UNKNOWN ROADWAY LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT OR MOVING WORK 5 OTHER						
<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 BEFORE THE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA							
<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN							
<b>TRUCK/BUS</b> <b>UNIT #</b> <input type="text"/>		<b>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING</b> 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					
		<b>A</b> THE CRASH RESULTED IN ONE OF THE FOLLOWING <b>N</b> A FATALITY, OR <b>D</b> 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					
<b>COMPANY (FROM SHIPPING PAPERS)</b>		<b>COMPANY PHONE</b>					
<b>ADDRESS (STREET, CITY, ST, ZIP CODE)</b>							
<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>
<b>CARGO BODY TYPE</b> <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (8-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAIN/CHPS/GRAVFI/WN <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER		<b>10 AUTO TRANSPORTER</b> <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN		<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	<b>CDL CLASS</b> <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	<b>HAZARDOUS MATERIALS PLACARD</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<b>HAZARDOUS MATERIALS RELEASED</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN
<b>POLICE ACTION</b>							
<b>DATE CRASH REPORTED</b> <b>12/7/2012</b>	<b>TIME REC CALL</b> <b>08:49</b>	<b>DISPATCH</b> <b>08:49</b>	<b>ARRIVED</b> <b>08:53</b>	<b>CLEARED</b> <b>09:04</b>	<b>OTHER</b> <b>30</b>	<b>TOTAL MINUTES</b> <b>45</b>	
<b>OFFICER'S NAME</b> <b>CAPT. KIM HERMAN</b>		<b>BADGE #</b> <b>101</b>	<b>CHECKED BY</b>		<b>DATE REPORT FILED</b> <b>12/7/2012</b>		
<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST <input type="checkbox"/> 3 UNKNOWN		<b>REPORT TAKEN AT</b> <input checked="" type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER		<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>		<b>LOCAL REPORT #</b> <b>12MPD 2312</b>	