

MR012212



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>12MPD 2398</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 <b>X</b> *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. # <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>12/20/2012</b>	

TIME OF CRASH <b>14:57</b>	DAY OF WEEK <b>THU</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40331502</b>	LONGITUDE <b>081551103</b>
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CRASH OCCURRED ON			TYPE LOCATION POINT USED			LOCAL INFORMATION		
PREFIX <b>W</b>	CRASH LOCATION <b>JACKSON ST.</b>	TYPE LOC <b>1</b>	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE					

AT/REFERENCE					REFERENCE POINT USED									
DIST. REF. <b>20 F</b>	DIR <b>W</b>	PREFIX <b>S</b>	REFERENCE <b>MAD ANTHONY ST.</b>	REF POINT <b>02</b>	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

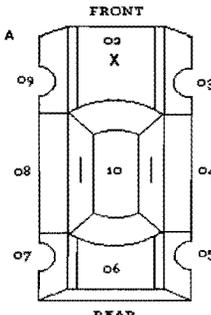
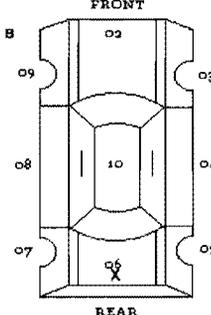
<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>SPRANG DEBORAH J.</b>		ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>13871 TR 471 LAKEVILLE OH 44638</b>									
SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>09/30/1970</b>		AGE <b>42</b>	SEX <b>F</b>	HOME PHONE # <b>(330)231-0751</b>			WORK PHONE #					
DL STATE <b>OH</b>	DL # <b>RL608693</b>	LP STATE <b>OH</b>	LP # <b>FBZ3184</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>SPRANG, DEBORAH J.</b>					OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>13871 TR 471 LAKEVILLE OH 44638</b>									
YEAR <b>2008</b>	MAKE <b>MAZDA</b>	MODEL <b>OTHER</b>	COLOR <b>BLACK</b>	INSURANCE COMPANY <b>PROGRESSIVE</b>			TOWING SERVICE			OWNER PHONE # <b>(330)231-0751</b>				
OFFENSE CHARGED <b>333.03A</b>		OFFENSE DESCRIPTION <b>ACDA</b>						CITATION # <b>11257</b>			LOCAL CODE <input checked="" type="checkbox"/> *X* IF YES			

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>STUTZMAN MELANIE J.</b>		ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>4525 TR 271 MILLERSBURG OH 44654</b>									
SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>11/25/1980</b>		AGE <b>32</b>	SEX <b>F</b>	HOME PHONE # <b>(330)231-3003</b>			WORK PHONE #					
DL STATE <b>OH</b>	DL # <b>RQ424432</b>	LP STATE <b>OH</b>	LP # <b>EDM6028</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>STUTZMAN, SHELDON J.</b>					OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>4525 TR 271 MILLERSBURG OH 44654</b>									
YEAR <b>2002</b>	MAKE <b>CHRYSLER</b>	MODEL <b>OTHER</b>	COLOR <b>GOLD</b>	INSURANCE COMPANY <b>ERIE INSURANCE</b>			TOWING SERVICE			OWNER PHONE # <b>(330)231-3003</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		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		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  BLANK FOR WITNESS	<b>SAFETY EQUIPMENT</b> <b>A</b> <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 CHILD SAFETY SEAT USED <input type="checkbox"/> 06 HELMET USED <input type="checkbox"/> 07 RESTRAINT USE UNKNOWN <input type="checkbox"/> 08 NON-MOTORIST <input type="checkbox"/> 09 NONE USED <input type="checkbox"/> 10 HELMET USED <input type="checkbox"/> 11 PROTECTIVE PADS <input type="checkbox"/> 12 REFLECTIVE CLOTHING <input type="checkbox"/> 13 LIGHTING <input type="checkbox"/> 14 UNKNOWN	<b>AIR BAG</b> <b>A</b> <input type="checkbox"/> 1 NOT-DEPLOYED <input type="checkbox"/> 2 DEPLOYED - FRONT <input type="checkbox"/> 3 DEPLOYED - SIDE <input type="checkbox"/> 4 DEPLOYED BOTH FRONT/SIDE <b>B</b> <input type="checkbox"/> 5 NOT APPLICABLE <input type="checkbox"/> 6 DEPLOYMENT UNKNOWN	<b>AIR BAG SWITCH</b> <b>A</b> <input type="checkbox"/> 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 <b>B</b> <input type="checkbox"/> 5 UNKNOWN POSITION	<b>EJECTION</b> <b>A</b> <input type="checkbox"/> 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 <b>B</b> <input type="checkbox"/> 6 UNKNOWN	<b>TRAPPED</b> <b>A</b> <input type="checkbox"/> 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 <b>B</b> <input type="checkbox"/> 5 UNKNOWN	<b>INJURIES</b> <b>A</b> <input type="checkbox"/> 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  <input type="checkbox"/> SUPPLEMENT *X* IF YES
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MOTORIST / NON-MOTORIST OCCUPANT

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="01"/> B <input type="text" value="11"/> <b>MOTORIST</b> 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 <b>NON-MOTORIST</b> 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	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="20"/></td> <td><input type="text" value="20"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <b>NON-COLLISION</b> 01 OVER TURN/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 MEDIUM CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION WITH FIXED OBJECT OR OBJECT NOT FIXED 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 ATTENUATOR/CRASH CUSHION 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 MAIL BOX 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	<input type="text" value="20"/>	<input type="text" value="20"/>	<input type="text"/>	<b>POSTED SPEED</b> A <input type="text" value="25"/> B <input type="text" value="25"/>	<b>DRUG TEST STATUS</b> 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																
<input type="text" value="20"/>	<input type="text" value="20"/>																
<input type="text"/>	<input type="text"/>																
<input type="text"/>	<input type="text"/>																
<input type="text"/>	<input type="text"/>																
<input type="text"/>	<input type="text"/>																
<b>NON-MOTORIST LOCATION</b> A <input type="text"/>		<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="08"/> B <input type="text" value="01"/> <b>MOTORIST</b> 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 DRIVER ACTION 22 UNKNOWN <b>NON-MOTORIST</b> 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 SIGNALS OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	<b>TRAFFIC CONTROL</b> 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	<b>TRAFFIC CONTROL</b> A <input type="text" value="12"/> B <input type="text" value="12"/>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NONE 2 BLOOD 3 URINE 4 OTHER												
<b>TYPE OF UNIT</b> A <input type="text" value="06"/> B <input type="text" value="05"/> <b>MOTORIST</b> 01 SUB-COMPACT 02 COMPACT 03 MID SIZED 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL VAN 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 <b>NON-MOTORIST</b> 35 ANIMAL W/DRIVER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDES. TRAIN 39 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER NON-MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN	<b>MOST DAMAGED AREA</b> A <input type="text" value="02"/> B <input type="text" value="06"/> 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	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>FIRST HARMFUL EVENT</b> 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)	<b>DIRECTION</b> FROM TO FROM TO A <input type="text" value="4"/> <input type="text" value="3"/> B <input type="text" value="4"/> <input type="text" value="3"/> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN	<b>DRUG TEST 1 &amp; 2 RESULT</b> A <input type="text" value="1"/> <input type="text" value="1"/> B <input type="text" value="1"/> <input type="text" value="1"/> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPiates 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING												
<b>POINT OF IMPACT</b> A <input type="text" value="02"/> B <input type="text" value="06"/> 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	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text" value="4"/> 1 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>MOST HARMFUL EVENT</b> 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)	<b>CONDITION</b> 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	<b>TYPE OF INTERSECTION</b> <input type="text" value="01"/> 01 NOT AN INTERSECTION 02 FOUR-WAY IN INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDABOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY 11 RAILWAY GRADE CROSSING 12 SHARED-USE PATHS OR TRAILS 13 UNKNOWN												
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NO 2 YES 3 UNKNOWN	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> 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	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>SPEED DETECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/> 1 STATED 2 ESTIMATED	<b>ALCOHOL/DRUG SUSPECTED</b> 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	<b>ROAD CONTOUR</b> <input type="text" value="2"/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN												
<b>DAMAGE SCALE</b> 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	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="02"/> 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	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>SPEED</b> A <input type="text" value="5"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST STATUS</b> 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	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/>												
<b>DAMAGE SCALE</b> 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		<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>SPEED</b> A <input type="text" value="5"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/>												
		<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>SPEED</b> A <input type="text" value="5"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/>												
		<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>SPEED</b> A <input type="text" value="5"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/>												
		<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>SPEED</b> A <input type="text" value="5"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/>												
		<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>SPEED</b> A <input type="text" value="5"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/>												
		<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>SPEED</b> A <input type="text" value="5"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/>												
		<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>SPEED</b> A <input type="text" value="5"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/>												
		<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>SPEED</b> A <input type="text" value="5"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/>												
		<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>SPEED</b> A <input type="text" value="5"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/>												
		<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>SPEED</b> A <input type="text" value="5"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/>												
		<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>SPEED</b> A <input type="text" value="5"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/>												
		<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>SPEED</b> A <input type="text" value="5"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/>												
		<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>SPEED</b> A <input type="text" value="5"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/>												
		<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>SPEED</b> A <input type="text" value="5"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/>												
		<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>SPEED</b> A <input type="text" value="5"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/>												
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SUPPLEMENT 'X' IF YES  
 LOCAL REPORT # 12MPD 2398

**NARRATIVE**

**UNIT 01 AND UNIT 02 WERE STOPPED IN TRAFFIC ON W. JACKSON ST. UNIT 02 STARTED TO MOVE, BUT THEN HAD TO STOP DUE TO THE TRAFFIC IN FRONT OF HER STOPPING. UNIT 01 SAW THAT UNIT 02 HAD STARTED TO MOVE, LOOKED DOWN, AND DID NOT REALIZE THAT UNIT 02 HAD STOPPED AGAIN. AS A RESULT UNIT 01 STRUCK UNIT 02 IN THE REAR.**

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>2</b></p> <p>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT                  2 REAR-END                  3 HEAD-ON                  4 REAR-TO-REAR                  5 BACKING                  6 ANGLE                  7 SIDESWIPE SAME DIRECTION                  8 SIDESWIPE OPPOSITE DIRECTION                  9 UNKNOWN</p>	<p><b>SCHOOL BUS RELATED</b></p> <p><b>1</b></p> <p>1 NO                  2 YES, DIRECTLY INVOLVED                  3 YES, INDIRECTLY INVOLVED                  4 UNKNOWN</p>	<p><b>DIAGRAM</b></p>
<p><b>WEATHER</b></p> <p><b>04</b></p> <p>01 CLEAR                  02 CLOUDY                  03 FOG/SMOG/SMOKE                  04 RAIN                  05 SLEET/HAIL (FREEZING RAIN OR DRIZZLE)                  06 SNOW                  07 SEVERE CROSSWINDS                  08 BLOWING SAND/SOIL/DIRT/SNOW                  09 OTHER                  10 UNKNOWN</p>	<p><b>WORK ZONE RELATED</b></p> <p><b>1</b></p> <p>1 NO                  2 YES                  3 UNKNOWN</p>	
<p><b>LIGHT CONDITIONS</b></p> <p>PRIMARY <b>1</b> SECONDARY <input type="checkbox"/></p> <p>1 DAYLIGHT                  2 DAWN                  3 DUSK                  4 DARK - LIGHTED ROADWAY                  5 DARK - ROADWAY NOT LIGHTED                  6 DARK - UNKNOWN ROADWAY LIGHTING                  7 GLARE                  8 OTHER                  9 UNKNOWN</p>	<p><b>TYPE OF WORK ZONE</b></p> <p><input type="checkbox"/></p> <p>1 LANE CLOSURE                  2 LANE SHIFT/CROSSOVER                  3 WORK ON SHOULDER OR MEDIUM                  4 INTERMITTENT OR MOVING WORK                  5 OTHER</p>	
<p><b>LOCATION OF CRASH IN WORK ZONE</b></p> <p><input type="checkbox"/></p> <p>1 BEFORE THE FIRST WORK ZONE WARNING SIGN                  2 ADVANCE WARNING AREA                  3 TRANSITION AREA                  4 ACTIVITY AREA</p>	<p><b>WORKERS PRESENT</b></p> <p><input type="checkbox"/></p> <p>1 NO                  2 YES                  3 UNKNOWN</p>	

<b>TRUCK/BUS UNIT #</b>	<input type="text"/>	<b>A</b>	THE CRASH RESULTED IN ONE OF THE FOLLOWING: A FATALITY, OR AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT, OR AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER
<b>N</b>		<b>N</b>	
<b>D</b>		<b>D</b>	

<b>COMPANY (FROM SHIPPING PAPERS)</b>	<b>COMPANY PHONE</b>
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**ADDRESS (STREET, CITY, ST, ZIP CODE)**

<b>US DOT</b>	<b>ICC MC</b>	<b>PUCO</b>	<b>TRAILER LP ST.</b>	<b>TRAILER LP YEAR</b>	<b>TRAILER LP #</b>	<b>PLACARD #</b>	<b># DIA</b>
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<b>CARGO BODY TYPE</b>	05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER	10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	<b>WEIGHT (GVWR)</b>	1 LESS/EQUAL 10,000 2 10,001 - 26,000 3 MORE THAN 26,000	<b>CDL CLASS</b>	1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	<b>HAZARDOUS MATERIALS PLACARD</b>	1 NO 2 YES 3 UNKNOWN	<b>HAZARDOUS MATERIALS RELEASED</b>	1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN
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**POLICE ACTION**

<b>DATE CRASH REPORTED</b>	<b>TIME REC CALL</b>	<b>DISPATCH</b>	<b>ARRIVED</b>	<b>CLEARED</b>	<b>OTHER</b>	<b>TOTAL MINUTES</b>
12/20/2012	14:58	14:59	15:02	15:32	0	33
<b>OFFICER'S NAME</b>		<b>BADGE #</b>	<b>CHECKED BY</b>		<b>DATE REPORT FILED</b>	
PTL. KEVIN BROWN		108			12/20/2012	
<b>REPORT TAKEN BY</b>	<b>REPORT TAKEN AT</b>	<b>SUPPLEMENT 'X' IF YES</b>			<b>LOCAL REPORT #</b>	
1	1	<input type="checkbox"/>			12MPD 2398	