

MRB1-4-13



TRAFFIC CRASH REPORT

| | | | | | |
|-------------------------------------|--|--|--|------------------------------------|---|
| CRASH REPORT # 12MPD 2446 | 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 OH-3 OH-1P OTHER <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <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 12/27/2012 | |

| | | | | | | |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|
| TIME OF CRASH 15:10 | DAY OF WEEK THU | CITY/VILLAGE/TOWNSHIP VILLAGE | NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG | COUNTY # 38 | LATITUDE 40331003 | LONGITUDE 081545805 |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|

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

| | | | | | | |
|--------------|------------|-----|--------------------|----------------------------------|------------------------|--|
| AT/REFERENCE | DIST. REF. | DIR | PREFIX E | REFERENCE E. ADAMS ST. | 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 |
|--------------|------------|-----|--------------------|----------------------------------|------------------------|--|

| | | | | | | |
|--|------------------------------------|--------------------------|---|--|---|------------------|
| A | UNIT # 01 | # OF OCC 2 | NAME (LAST, FIRST, MIDDLE) SALVAIL RONALD M. | | ADDRESS (STREET, CITY, STATE, ZIP-CODE) 250 E. MCCONKEY ST. SHREVE OH 44676 | |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH 11/13/1972 | AGE 40 | SEX M | HOME PHONE # (330)465-0773 | WORK PHONE # (330)674-4333 | |
| DL STATE OH | DL # RN030374 | LP STATE OH | LP # PFA3824 | 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") EMMONS TOWING | | | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 9559 SR 39 MILLERSBURG OH 44654 | | | |
| YEAR 2005 | MAKE CHEVROLE | MODEL OTHER TR | COLOR WHITE | INSURANCE COMPANY JONES & WENNER I | TOWING SERVICE (330)674-4333 | OWNER PHONE # |
| OFFENSE CHARGED | OFFENSE DESCRIPTION | CITATION # | LOCAL CODE <input type="checkbox"/> *X IF YES | | | |

| | | | | | | |
|--|------------------------------------|-----------------------|---|--|---|---------------------------------------|
| B | UNIT # 02 | # OF OCC 3 | NAME (LAST, FIRST, MIDDLE) HOFFEE LINDA KAY | | ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7274 MILLERSBURG RD. WOOSTER OH 44691 | |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH 11/24/1953 | AGE 59 | SEX F | HOME PHONE # (330)464-4828 | WORK PHONE # | |
| DL STATE OH | DL # RT861668 | LP STATE OH | LP # FRB9048 | 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") HOFFEE, LINDA KAY | | | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7274 MILLERSBURG RD. WOOSTER OH 44691 | | | |
| YEAR 2006 | MAKE TOYOTA | MODEL OTHER | COLOR WHITE | INSURANCE COMPANY STATE FARM | TOWING SERVICE K & N TOWING | OWNER PHONE # (330)464-4828 |
| OFFENSE CHARGED | OFFENSE DESCRIPTION | CITATION # | LOCAL CODE <input type="checkbox"/> *X IF YES | | | |

| | | | | | | | |
|--|---------------------|---|--|--|------------------------------------|------------------|-----------------|
| C | UNIT # 01 | NAME (LAST, FIRST, MIDDLE) YODER BRANDIE M. | | HOME PHONE # (330)275-4869 | DATE OF BIRTH 08/26/1984 | AGE 28 | SEX F |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) 101 LAKEVIEW DR. APT. A54 MILLERSBUIG OH 44654 | | | | INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE | TRANSPORTED BY | INJURED TAKEN TO | |
| D | UNIT # 02 | NAME (LAST, FIRST, MIDDLE) HOFFEE KELLY A. | | HOME PHONE # (330)464-2424 | DATE OF BIRTH 10/13/1975 | AGE 37 | SEX F |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) 253 S. CLAY ST. MILLERSBURG OH 44654 | | | | INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE | TRANSPORTED BY | INJURED TAKEN TO | |

| | | | | | | |
|--|--|---|---|---|--|---|
| SEATING POSITION | SAFETY EQUIPMENT | AIR BAG | AIR BAG SWITCH | EJECTION | TRAPPED | INJURIES |
| A 01 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) B 01 06 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) C 03 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA D 03 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN | A 04 MOTORIST 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED B 04 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED C 04 08 HELMET USED 07 RESTRAINT USE UNKNOWN NON-MOTORIST D 04 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN | A 1 1 NOT-DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/SIDE B 1 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN C 1 D 1 | A 1 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION B 1 C 1 D 1 | A 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN B 1 C 1 D 1 | A 1 1 NOT TRAPPED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN B 1 C 1 D 1 | A 1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN B 1 C 1 D 1 |
| BLANK FOR WITNESS | | | | | | |
| | | | | | | <input type="checkbox"/> SUPPLEMENT *X IF YES |

MOTORIST / NON-MOTORIST OCCUPANT

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|---|---|-----------------------------------|-----------------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|--|---------|---------|---|---|---|---|---|---|---|----------------------------------|--------------------------------|----------------------------------|--------------------------------|---------|-----------|-----------------------------------|-----------------------------------|
| <p>UNIT NUMBERS</p> <p>A <input type="text" value="01"/> B <input type="text" value="02"/></p> <p>NON-MOTORIST LOCATION</p> <p>A <input type="text"/> B <input type="text"/></p> <p>01 MARKED CROSSWALK AT INTERSECTION 02 AT INTERSECTION BUT NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT ON SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (BUT NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN</p> <p>TYPE OF UNIT</p> <p>A <input type="text" value="09"/> B <input type="text" value="06"/></p> <p>MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 09 SINGLE UNIT TRUCK, 2 AXLES 10 TIRE 11 SINGLE UNIT TRUCK, 3 OR MORE AXLES 12 TRUCK/TRAILER 13 TRUCK TRACTOR (BOBTAIL) 14 TRACTOR/SEMI-TRAILER 15 TRACTOR/DOUBLE - SHORT 16 TRACTOR/DOUBLE - LONG 17 FIFTH WHEEL OR CONVERTER DOLLY 18 TRACTOR/TRIPLES 19 MOTORCYCLE 20 MOTORIZED BICYCLE 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 WRIBBER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER NON MOTORIST (WHEELCHAIR, ETC) 42 UNKNOWN</p> | <p>DAMAGE AREA</p> <p>FRONT</p> <p>REAR</p> <p>MOST DAMAGED AREA</p> <p>A <input type="text" value="05"/> B <input type="text" value="02"/></p> <p>POINT OF IMPACT</p> <p>A <input type="text" value="05"/> B <input type="text" value="02"/></p> <p>ACTION</p> <p>A <input type="text" value="4"/> B <input type="text" value="3"/></p> <p>STRIKING VEHICLE OVERRIDE/UNDERRIDE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>DAMAGE SCALE</p> <p>A <input type="text" value="2"/> B <input type="text" value="4"/></p> | <p>PRE-CRASH ACTIONS</p> <p>A <input type="text" value="01"/> B <input type="text" value="01"/></p> <p>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 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</p> <p>CONTRIBUTING CIRCUMSTANCES</p> <p>A <input type="text" value="02"/> B <input type="text" value="01"/></p> <p>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/ADDA 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 SIGNALS, SIGNALS OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN</p> <p>VEHICLE DEFECT CODE ONLY IF '1' SELECTED ABOVE</p> <p>A <input type="text"/> B <input type="text"/></p> <p>01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS 12 NO DEFECTS</p> | <p>SEQUENCE OF EVENTS</p> <table style="width:100%;"> <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> <p>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/ENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/PERSON, VEHICLE, 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 AT TENANT OR CRASH CUSHION 27 BRIDGE OVERHEAD STRUCTURE 28 BRIDGE PIER OR ABUTMENT 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 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN</p> <p>FIRST HARMFUL EVENT</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p> <p>MOST HARMFUL EVENT</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p> <p>SPEED DETECTED</p> <p>A <input type="text" value="2"/> B <input type="text" value="2"/></p> <p>1 STATED 2 ESTIMATED</p> <p>SPEED</p> <p>A <input type="text" value="10"/> B <input type="text" value="25"/></p> | 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"/> | <p>POSTED SPEED</p> <p>A <input type="text" value="25"/> B <input type="text" value="25"/></p> <p>TRAFFIC CONTROL</p> <p>A <input type="text" value="02"/> B <input type="text" value="01"/></p> <p>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 WALKDON'T WALK 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSERVED 16 OTHER 17 NOT REPORTED 18 UNKNOWN</p> <p>DIRECTION</p> <table style="width:100%;"> <tr> <td>FROM TO</td> <td>FROM TO</td> </tr> <tr> <td>A <input type="text" value="4"/> <input type="text" value="3"/></td> <td>B <input type="text" value="2"/> <input type="text" value="1"/></td> </tr> </table> <p>1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN</p> <p>CONDITION</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>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</p> <p>ALCOHOL/DRUG SUSPECTED</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE 2 YES ALCOHOL SUSPECTED 3 YES-HBD NOT IMPAIRED 4 YES-DRUGS SUSPECTED 5 YES-ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN</p> <p>ALCOHOL TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p> <p>ALCOHOL TEST TYPE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER</p> <p>ALCOHOL TEST RESULT</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p> | FROM TO | FROM TO | A <input type="text" value="4"/> <input type="text" value="3"/> | B <input type="text" value="2"/> <input type="text" value="1"/> | <p>DRUG TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p> <p>DRUG TEST TYPE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE 2 BLOOD 3 URINE 4 OTHER</p> <p>DRUG TEST 1 & 2 RESULT</p> <table style="width:100%;"> <tr> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>A <input type="text" value="1"/></td> <td><input type="text" value="1"/></td> <td>B <input type="text" value="1"/></td> <td><input type="text" value="1"/></td> </tr> </table> <p>1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING</p> <p>TYPE OF INTERSECTION</p> <p>A <input type="text" value="02"/></p> <p>01 NOT AN INTERSECTION 02 FOUR-WAY 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</p> <p>OCCURRENCE</p> <p>A <input type="text" value="1"/></p> <p>1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN</p> <p>ROAD CONTOUR</p> <p>A <input type="text" value="1"/></p> <p>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN</p> <p>ROAD CONDITIONS</p> <table style="width:100%;"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> </tr> <tr> <td>A <input type="text" value="07"/></td> <td>B <input type="text" value="02"/></td> </tr> </table> <p>01 DRY 02 WET 03 SNOW 04 ICE 05 SAND/MUD/DIRT/OIL/GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN</p> | 1 | 2 | 1 | 2 | A <input type="text" value="1"/> | <input type="text" value="1"/> | B <input type="text" value="1"/> | <input type="text" value="1"/> | PRIMARY | SECONDARY | A <input type="text" value="07"/> | B <input type="text" value="02"/> |
| 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"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM TO | FROM TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A <input type="text" value="4"/> <input type="text" value="3"/> | B <input type="text" value="2"/> <input type="text" value="1"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A <input type="text" value="1"/> | <input type="text" value="1"/> | B <input type="text" value="1"/> | <input type="text" value="1"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRIMARY | SECONDARY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A <input type="text" value="07"/> | B <input type="text" value="02"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <p>SUPPLEMENT 'X' IF YES</p> <p><input type="checkbox"/></p> <p>LOCAL REPORT #</p> <p>12MPD 2446</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |

NARRATIVE

UNIT 1 WAS EASTBOUND ON E. ADAMS ST. AND STOPPED FOR STOP SIGN AT S. MONROE ST. AND FAILED TO SEE UNIT 2 APPROACHING AND TRAVELING NORTHBOUND ON S. MONROE ST. AND CONTINUED THROUGH THE INTERSECTION INTO THE PATH OF UNIT 2 AND THEY COLLIDED AS A RESULT OF UNIT 1 FAILING TO YIELD FROM THE STOP SIGN.

| | | |
|---|---|-----------------------|
| <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>WORK ZONE RELATED</p> <p>1</p> <p>1 NO 2 YES 3 UNKNOWN</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>LIGHT CONDITIONS</p> <p>PRIMARY 1 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>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 # | <input type="text"/> | <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> |
| A | N | 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 |
| D | D | |

| | |
|---------------------------------------|----------------------|
| COMPANY (FROM SHIPPING PAPERS) | COMPANY PHONE |
|---------------------------------------|----------------------|

ADDRESS (STREET, CITY, ST, ZIP CODE)

| | | | | | | | |
|---|--|---|------------------------------------|--|---------------------|------------------|--------------|
| US DOT | ICC MC | PUCO | TRAILER LP ST. | TRAILER LP YEAR | TRAILER LP # | PLACARD # | # DIA |
| CARGO BODY TYPE | WEIGHT (GVWR) | CDL CLASS | HAZARDOUS MATERIALS PLACARD | HAZARDOUS MATERIALS RELEASED | | | |
| 01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BODY 04 GRAIN/CHIPS/GRAVEL/WN 05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN | 1 LESS/EQUAL 10,000 2 10,001 - 26,000 3 MORE THAN 26,000 | 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E | 1 NO 2 YES 3 UNKNOWN | 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN | | | |

POLICE ACTION

| | | | | | | |
|----------------------------|------------------------|------------------------------|-------------------|-----------------------|--------------------------|----------------------|
| DATE CRASH REPORTED | TIME REC CALL | DISPATCH | ARRIVED | CLEARED | OTHER | TOTAL MINUTES |
| 12/27/2012 | 15:12 | 15:12 | 15:14 | 15:47 | 60 | 95 |
| OFFICER'S NAME | | BADGE # | CHECKED BY | | DATE REPORT FILED | |
| PTL. W. TODD BOOTH | | 104 | | | 12/27/2012 | |
| REPORT TAKEN BY | REPORT TAKEN AT | SUPPLEMENT 'X' IF YES | | LOCAL REPORT # | | |
| 1 | 1 | <input type="checkbox"/> | | 12MPD 2446 | | |