

MILLERSBURG 1-2-13



TRAFFIC CRASH REPORT

CRASH REPORT # 12MPD 2452	CRASH SEVERITY 3 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> *IF YES	HIT / SKIP 2 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> *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 99 ANIMAL 96 UNKNOWN	DATE OF CRASH 12/28/2012	

TIME OF CRASH 10:45	DAY OF WEEK FRI	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40324103	LONGITUDE 081550006
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CRASH OCCURRED ON		TYPE LOCATION POINT USED		LOCAL INFORMATION
PREFIX PRIVATE PROPERTY	CRASH LOCATION PRIVATE PROPERTY	TYPE LOC 1	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	TOBACCO HUT

AT/REFERENCE			REFERENCE POINT USED			
DIST. REF.	DIR	PREFIX	REFERENCE	REF POINT	01 STATE LINE 05 TOWNSHIP BOUNDARY 09 DRIVEWAY 02 INTERSECTION OF TWO STREETS 06 MILE POST 10 STREET OR ROUTE 03 COUNTY LINE 07 CORPORATION LIMIT WITHOUT REFERENCE 04 HOUSE NUMBER 08 PLACE NAME WITHOUT REFEREN	
		S	000815 WASHINGTON ST.	04		

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) BEATTY RONALD D.			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 6350 TR 107 MILLERSBURG OH 44654						
SOCIAL SECURITY NUMBER		DATE OF BIRTH 11/15/1933	AGE 79	SEX M	HOME PHONE # (330)674-5644	WORK PHONE #
DL STATE OH	DL # RL609340	LP STATE OH	LP # ETP6439	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") BEATTY, RONALD D.			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 6350 TR 107 MILLERSBURG OH 44654			
YEAR 2000	MAKE CHEVROLE	MODEL BLAZER 69	COLOR BROWN	INSURANCE COMPANY THE HARTFORD	TOWING SERVICE	OWNER PHONE # (330)674-5644
OFFENSE CHARGED	OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> *IF YES

B	UNIT # 02	# OF OCC 0	NAME (LAST, FIRST, MIDDLE) UNOCCUPIED PARKED			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 6350 TR 107 MILLERSBURG OH 44654						
SOCIAL SECURITY NUMBER		DATE OF BIRTH //	AGE	SEX	HOME PHONE #	WORK PHONE #
DL STATE	DL #	LP STATE OH	LP # FGE1772	INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME") FLEMING, JOLEEN M. L.			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 314 S. CLAY ST. MILLERSBURG OH 44654			
YEAR 1998	MAKE CHRYSLER	MODEL OTHER	COLOR GOLD	INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE	OWNER PHONE # (330)231-2863
OFFENSE CHARGED	OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> *IF YES

C	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			INJURED TAKEN BY <input type="checkbox"/> 1 NONE 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	

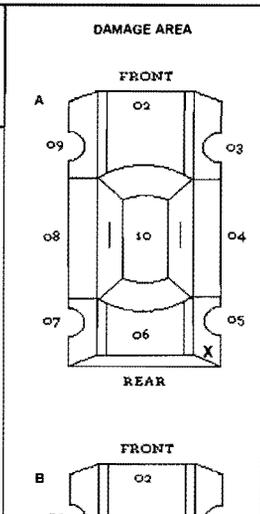
SEATING POSITION <input checked="" type="checkbox"/> 01 01 FRONT - LEFT (MC DRIVER) <input type="checkbox"/> 02 02 FRONT - MIDDLE <input type="checkbox"/> 03 03 FRONT - RIGHT <input type="checkbox"/> 04 04 SECOND - LEFT (MC PASS) <input type="checkbox"/> 05 05 SECOND - MIDDLE <input type="checkbox"/> 06 06 SECOND - RIGHT <input type="checkbox"/> 07 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) <input type="checkbox"/> 08 08 THIRD - MIDDLE <input type="checkbox"/> 09 09 THIRD - RIGHT <input type="checkbox"/> 10 10 SLEEPER SECTION OF CAB <input type="checkbox"/> 11 11 ENCLOSED CARGO AREA <input type="checkbox"/> 12 12 UNENCLOSED CARGO AREA <input type="checkbox"/> 13 13 TRAILING UNIT <input type="checkbox"/> 14 14 EXTERIOR <input type="checkbox"/> 15 15 OTHER <input type="checkbox"/> 16 16 NON-MOTORIST <input type="checkbox"/> 17 17 UNKNOWN BLANK FOR WITNESS	SAFETY EQUIPMENT <input checked="" type="checkbox"/> 04 MOTORIST <input type="checkbox"/> 01 NONE USED <input type="checkbox"/> 02 SHOULDER BELT ONLY USED <input type="checkbox"/> 03 LAP BELT ONLY USED <input type="checkbox"/> 04 SHOULDER AND LAP BELT 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 NONE USED <input type="checkbox"/> 09 HELMET USED <input type="checkbox"/> 10 PROTECTIVE PADS <input type="checkbox"/> 11 REFLECTIVE CLOTHING <input type="checkbox"/> 12 LIGHTING <input type="checkbox"/> 13 OTHER <input type="checkbox"/> 14 UNKNOWN	AIR BAG <input checked="" type="checkbox"/> 1 1 NOT-DEPLOYED <input type="checkbox"/> 2 2 DEPLOYED - FRONT <input type="checkbox"/> 3 3 DEPLOYED - SIDE <input type="checkbox"/> 4 4 DEPLOYED BOTH FRONT/SIDE <input type="checkbox"/> 5 5 NOT APPLICABLE <input type="checkbox"/> 6 6 DEPLOYMENT UNKNOWN	AIR BAG SWITCH <input checked="" type="checkbox"/> 1 1 ON-OFF SWITCH NOT PRESENT <input type="checkbox"/> 2 2 SWITCH IN ON POSITION <input type="checkbox"/> 3 3 SWITCH IN OFF POSITION <input type="checkbox"/> 4 4 UNKNOWN POSITION <input type="checkbox"/> 5 5 UNKNOWN POSITION	EJECTION <input checked="" type="checkbox"/> 1 1 NOT EJECTED <input type="checkbox"/> 2 2 TOTALLY EJECTED <input type="checkbox"/> 3 3 PARTIALLY EJECTED <input type="checkbox"/> 4 4 NOT APPLICABLE <input type="checkbox"/> 5 5 UNKNOWN	TRAPPED <input checked="" type="checkbox"/> 1 1 NOT TRAPPED <input type="checkbox"/> 2 2 EXTRICATED BY MECHANICAL MEANS <input type="checkbox"/> 3 3 FREED BY NON-MECHANICAL MEANS <input type="checkbox"/> 4 4 UNKNOWN	INJURIES <input checked="" type="checkbox"/> 1 1 NO INJURY <input type="checkbox"/> 2 2 POSSIBLE <input type="checkbox"/> 3 3 NON-INCAPACITATING <input type="checkbox"/> 4 4 INCAPACITATING <input type="checkbox"/> 5 5 FATAL INJURY <input type="checkbox"/> 6 6 UNKNOWN <input type="checkbox"/> SUPPLEMENT *IF YES
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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 FROM 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 DRIVERLESS
 13 OTHER
 14 UNKNOWN
NON-MOTORIST
 15 ENTERING OR CROSSING SPECIFIED LOCATION
 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING
 17 WORKING
 18 PUSHING VEHICLE
 19 APPROACHING OR LEAVING VEHICLE
 20 PLAYING OR WORKING ON VEHICLE
 21 STANDING
 22 OTHER
 23 UNKNOWN

SEQUENCE OF EVENTS

A	<input type="text" value="21"/>	B	<input type="text" value="20"/>
1		1	
2		2	
3		3	
4		4	

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.)
COLLISION WITH 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 WITH PERSON, VEHICLE, OR OBJECT
 NOT FIXED
 14 PEDESTRIAN
 15 BICYCLE
 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 AT TENUATOR/CRASH CUSHION
 26 BRIDGE OVERHEAD STRUCTURE
 27 BRIDGE PIER OR ABUTMENT
 28 BRIDGE PARAPET
 29 BRIDGE RAIL
 30 GUARDRAIL FACE
 31 GUARDRAIL END
 32 MEDIAN BARRIER
 33 HIGHWAY TRAFFIC SIGN POST
 34 OVERHEAD SIGN POST
 35 LIGHT/LUMINARIES SUPPORT
 36 UTILITY POLE
 37 OTHER POST POLE OR SUPPORT
 38 CURB
 39 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 WALKDON'T 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

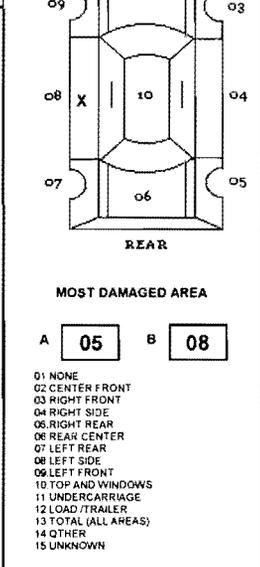
1 NONE
 2 BLOOD
 3 URINE
 4 OTHER

DRUG TEST 1 & 2 RESULT
 A B

1 NONE
 2 MARIJUANA
 3 COCAINE
 4 OPATES
 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 SIZE
 04 FULL SIZE
 05 MINIVAN
 06 SPORT UTILITY VEHICLE
 07 PICKUP
 08 PANELVAN
 09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES
 10 SINGLE UNIT TRUCK, 3 OR MORE AXLES
 11 TRUCK/TRAILER
 12 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
NON-MOTORIST
 35 ANIMAL RIDER
 36 ANIMAL W/BUGGY
 37 BICYCLE
 38 PEDESTRIAN
 39 PEDALCYCLIST (BICYCLE, TRI-CYCLE, UNICYCLE, PEDAL CAR)
 40 SKATER
 41 OTHER-NON MOTORIST (WHEEL CHAIR, 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
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 OF OFFICER
 31 WRONG SIDE OF THE ROAD
 32 OTHER
 33 UNKNOWN

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)

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

IN EMERGENCY RESPONSE
 A B

1 NO
 2 YES
 3 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

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/DRUG SUSPECTED
 A B

1 NONE
 2 YES ALCOHOL SUSPECTED
 3 YES-HBO NOT IMPAIRED
 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

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/MUDDIRT/OIL/GRAVEL
 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

ACTION
 A B

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

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/DRUG SUSPECTED
 A B

1 NONE
 2 YES ALCOHOL SUSPECTED
 3 YES-HBO NOT IMPAIRED
 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

ALCOHOL TEST TYPE
 A B

1 NONE
 2 BLOOD
 3 URINE
 4 BREATH
 5 OTHER

ALCOHOL TEST RESULT
 A
 B

ROAD CONDITIONS
 PRIMARY SECONDARY

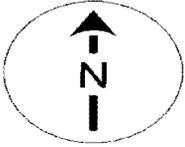
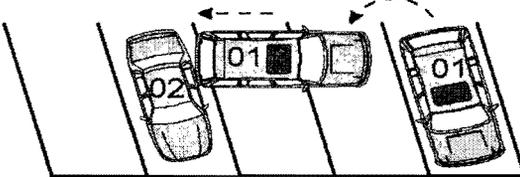
01 DRY
 02 WET
 03 SNOW
 04 ICE
 05 SAND/MUDDIRT/OIL/GRAVEL
 06 WATER (STANDING, MOVING)
 07 SLUSH
 08 DEBRIS
 09 RUT HOLES, BUMPS, UNEVEN PAVEMENT
 10 OTHER
 11 UNKNOWN

SUPPLEMENT 'X' IF YES

LOCAL REPORT #
12MPD 2452

NARRATIVE

UNIT 01 WAS BACKING FROM A PARKING SPACE IN THE LOT FOR TOBACCO HUT AND STRUCK UNIT 02, WHO WAS A PARKED VEHICLE. UNIT 01 THEN LEFT THE SCENE WITHOUT MAKING ANY CONTACT. UNIT 01'S LICENSE PLATE WAS OBTAINED AND WHEN CONTACT WAS MADE WITH HIM HE STATED THAT HE DID NOT REALIZE THAT HE HAD HIT ANOTHER VEHICLE. HE SAID THAT HE THOUGHT HE HAD BACKED INTO A SNOW BANK.

<p>MANNER OF COLLISION OR IMPACT</p> <p><input checked="" type="checkbox"/> 1</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><input checked="" type="checkbox"/> 1</p> <p>1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN</p>	<p>DIAGRAM</p> <div style="text-align: right; margin-bottom: 20px;">  </div> <div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%; text-align: center;"> <p>Tobacco Hut 815 S. Washington St.</p> </div> <div style="text-align: center; margin-top: 20px;">  </div>
<p>WORK ZONE RELATED</p> <p><input checked="" type="checkbox"/> 1</p> <p>1 NO 2 YES 3 UNKNOWN</p>		
<p>WEATHER</p> <p><input checked="" type="checkbox"/> 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>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>LIGHT CONDITIONS</p> <p>PRIMARY <input checked="" type="checkbox"/> 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>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>	

TRUCK/BUS	<p>UNIT # <input type="text"/></p>	<p>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS, OR A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD, OR A BUS DESIGNED FOR AT LEAST 9 PERSONS, INCLUDING DRIVER</p>
		<p>A THE CRASH RESULTED IN ONE OF THE FOLLOWING A FATALITY, OR AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT, OR AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER</p>

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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<p>CARGO BODY TYPE</p> <p><input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAN/CHEP/GRAVEL/WN</p>	<p>05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER</p>	<p>10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN</p>	<p>WEIGHT (GVWR)</p> <p><input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000</p>	<p>CDL CLASS</p> <p><input type="checkbox"/></p> <p>1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E</p>	<p>HAZARDOUS MATERIALS PLACARD</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	<p>HAZARDOUS MATERIALS RELEASED</p> <p><input type="checkbox"/></p> <p>1 NO 4 UNKNOWN 2 YES 3 NOT APPLICABLE</p>
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POLICE ACTION							
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES	
12/28/2012	10:48	10:52	10:56	11:10	37	55	
OFFICER'S NAME		BADGE #	CHECKED BY		DATE REPORT FILED		
PTL. KEVIN BROWN		108			12/28/2012		
REPORT TAKEN BY	REPORT TAKEN AT				SUPPLEMENT 'X' IF YES	LOCAL REPORT #	
<input checked="" type="checkbox"/> 1 2 MOTORIST 3 UNKNOWN	<input checked="" type="checkbox"/> 1 1 SCENE 2 STATION 3 OTHER				<input type="checkbox"/>	12MPD 2452	