

011413 2012



TRAFFIC CRASH REPORT

CRASH REPORT # 13MPD 0045	CRASH SEVERITY 3 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> X X IF YES	HIT / SKIP 1 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED	PHOTOS TAKEN <input type="checkbox"/> X IF YES	OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/>
N.C.I.C. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	# UNITS 2	UNIT ERROR 01 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 1/12/2013	

TIME OF CRASH 13:10	DAY OF WEEK SAT	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40320204	LONGITUDE 081550905
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CRASH OCCURRED ON			TYPE LOCATION POINT USED			LOCAL INFORMATION		
PREFIX PRIVATE PROPERTY	CRASH LOCATION WAL MART	TYPE LOC 1	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE					

AT/REFERENCE				REFERENCE POINT USED			
DIST. REF.	DIR	PREFIX	REFERENCE	REF POINT	01 STATE LINE	05 TOWNSHIP BOUNDARY	09 DRIVEWAY
		S	001640 S WASHINGTON STREET	04	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	

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) COAKLEY JUDY L			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 590 SOUTH MAIN STREET KILLBUCK OH 44637						
SOCIAL SECURITY NUMBER		DATE OF BIRTH 11/05/1946	AGE 66	SEX F	HOME PHONE # (330)276-2791	WORK PHONE #
DL STATE OH	DL # RL609126	LP STATE OH	LP # FES7522	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") COAKLEY, JOHN D.			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 590 SOUTH MAIN STREET KILLBUCK OH 44637			
YEAR 2002	MAKE LINCOLN	MODEL OTHER	COLOR BLUE	INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE	OWNER PHONE # (330)276-2791
OFFENSE CHARGED	OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> X IF YES

B	UNIT # 02	# OF OCC 0	NAME (LAST, FIRST, MIDDLE)			
ADDRESS (STREET, CITY, STATE, ZIP-CODE)						
SOCIAL SECURITY NUMBER		DATE OF BIRTH //	AGE	SEX	HOME PHONE #	WORK PHONE #
DL STATE	DL #	LP STATE OH	LP # FMY8568	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") BROWN, SCOTTIE L.			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 6525 TR 346 MILLERSBURG OH 44654			
YEAR 2006	MAKE FORD	MODEL OTHER	COLOR WHITE	INSURANCE COMPANY TROY MILLER AGE	TOWING SERVICE	OWNER PHONE # (330)674-7058
OFFENSE CHARGED	OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> X 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	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 01 FRONT LEFT (MC DRIVER) 02 FRONT MIDDLE 03 FRONT RIGHT 04 SECOND LEFT (MC PASS) 05 SECOND MIDDLE 06 SECOND RIGHT 07 THIRD LEFT (MC PASSENGER/SIDE CAR) 08 THIRD MIDDLE 09 THIRD RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	04 MOTORIST 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED 06 HELMET USED 07 RESTRAINT USE UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	1 1 NOT DEPLOYED 2 DEPLOYED FRONT 3 DEPLOYED SIDE FRONT/SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	4 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	1 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT X IF YES

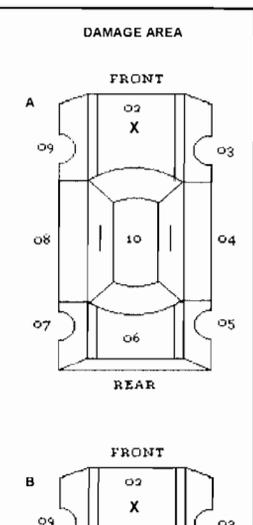
MOTORIST / NON-MOTORIST

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 HOADWAY
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 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	B
1 <input type="text" value="21"/>	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/ROLL-OVER
02 FIRE/EXPLOSION
03 IMMERSION
04 JACKKNIFE
05 CARGO/EQUIPMENT LOSS OR SHIP
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
14 COLLISION WITH PERSON, VEHICLE, OR OBJECT
15 NOT FIELD
16 PEDESTRIAN
17 RAILWAY VEHICLE (IE 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 OVERHEAD STRUCTURE
28 BRIDGE PIER OR ABUTMENT
29 BRIDGE RAIL
30 GUARDRAIL FACT
31 GUARDRAIL END
32 MEDIAN BARRIER
33 HIGHWAY TRAFFIC SIGN POST
34 OVERHEAD SIGN POST
35 LIGHT LUMINAIRE 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, FUNNEL, 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 CROSSINGS
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
16 OPERATIVE, MISSING, OBSERVED
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

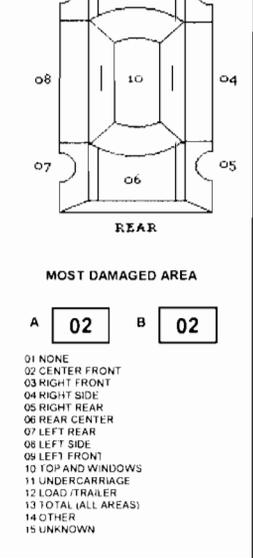
DRUG TEST 1 & 2 RESULT
A B

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 SUBCOMPACT
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 TRUCK 6 TIRES
11 SINGLE UNIT TRUCK 3 OR MORE AXLES
12 TRUCK/TRAILER
13 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 W/ RIDER
36 ANIMAL W/ BUGGY
37 BICYCLE
38 PEDESTRIAN
39 PEDAL CYCLIST (BICYCLE TRICYCLE, UNICYCLE, HILDAI CAR)
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/AGDA
09 IMPROPER LANE CHANGE/DRIVE 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/ALLUNG/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 OR CHICKER
31 WRONG SIDE OF THE ROAD
32 OTHER
33 UNKNOWN

DIRECTION

FROM TO	FROM TO
A <input type="text" value="4"/> <input type="text" value="3"/>	B <input type="text" value="3"/> <input type="text" value="4"/>

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 (IE G. DEPRESSED, ANGRY, DISTURBED)
4 ILLNESS
5 FELL ASLEEP, FAINTED, FATIGUED, ETC.
6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
7 OTHER
8 UNKNOWN

ALCOHOL/DRUG SUSPECTED
A B

1 NONE
2 YES ALCOHOL SUSPECTED
3 YES BUT 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

TYPE OF INTERSECTION

01 NOT AN INTERSECTION
02 FOUR-WAY INTERSECTION
03 T-INTERSECTION
04 Y-INTERSECTION
05 TRAFFIC CIRCLE/ROUNDOABOUT
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 STRICKING
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 TEST TYPE
A B

1 NONE
2 BLOOD
3 URINE

ALCOHOL TEST RESULT
A

ROAD CONDITIONS
PRIMARY SECONDARY

01 DRY
02 WET
03 SNOW
04 ICE
05 SAND/MUD/DIRT/OIL/GRAVEL
06 WATER (STANDING/MOVING)
07 SLUSH
08 DEBRIS
09 RUTS/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

DAMAGE SCALE
A B

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

SPEED DETECTED
A B

1 STATED
2 ESTIMATED

SPEED
A B

LOCAL REPORT #

SUPPLEMENT 'X' IF YES

NARRATIVE

UNIT NUMBER ONE WAS EASTBOUND ENTERING A PARKING SPACE IN THE WAL MART PARKING LOT WHEN SHE DIDN'T STOP IN TIME AND STRUCK UNIT NUMBER TWO WHICH WAS PARKED IN A PARKING SPACE WHICH WAS DIRECTLY AHEAD OF THE SPACE WHICH SHE WAS PULLING INTO.

<p>MANNER OF COLLISION OR IMPACT</p> <p>3</p> <p>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWIPE SAME DIRECTION 8 SIDESWIPE OPPOSITE DIRECTION 9 UNKNOWN</p>	<p>SCHOOL BUS RELATED</p> <p>1</p> <p>1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN</p>	<p>DIAGRAM</p>
<p>WEATHER</p> <p>02</p> <p>01 CLEAR 02 CLOUDY 03 FOG/SMOG/SMOKE 04 RAIN 05 SLEET/HAIL (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND/SOIL/DIRT/SNOW 09 OTHER 10 UNKNOWN</p>	<p>WORK ZONE RELATED</p> <p>1</p> <p>1 NO 2 YES 3 UNKNOWN</p>	
<p>LIGHT CONDITIONS</p> <p>PRIMARY 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 M/DIAP 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"/>	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS OR A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD OR A BUS DESIGNED FOR AT LEAST 8 PERSONS INCLUDING DRIVER	A THE CRASH RESULTED IN ONE OF THE FOLLOWING A FATALITY OR AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT OR D AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER
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COMPANY (FROM SHIPPING PAPERS)	COMPANY PHONE
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ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
CARGO BODY TYPE <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 GRAIN/CHIPS/GRAVEL/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 <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN			WEIGHT (GVWR) <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	CDL CLASS <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	HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE	

POLICE ACTION

DATE CRASH REPORTED 1/12/2013	TIME REC CALL 13:21	DISPATCH 13:21	ARRIVED 13:28	CLEARED 13:41	OTHER 30	TOTAL MINUTES 50
OFFICER'S NAME CAPT. KIM HERMAN		BADGE # 101	CHECKED BY	DATE REPORT FILED 1/12/2013		
REPORT TAKEN BY 1 1 POLICE AGENCY 2 MOTORIST 3 UNKNOWN	REPORT TAKEN AT 1 1 SCENL 2 STATION 3 OTHER	SUPPLEMENT 'X' IF YES <input type="checkbox"/>		LOCAL REPORT # 13MPD 0045		