



**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

**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. PANEL/VAN  
09. SINGLE UNIT TRUCK; 2 AXLES, 8 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 W/ RIDER  
36. ANIMAL W/ BUGGY  
37. BICYCLE  
38. PEDESTRIAN  
39. PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)  
40. SKATER  
41. OTHER-NON MOTORIST (WHEELCHAIR, ETC.)  
42. UNKNOWN

**DAMAGE AREA**

**FRONT**  
A  B

**REAR**  
A  B

**MOST DAMAGED AREA**  
A  B

**POINT OF IMPACT**  
A  B

**ACTION**  
A  B

**STRIKING VEHICLE OVERRIDE/UNDERRIDE**  
A  B

**DAMAGE SCALE**  
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

01. NON-CONTACT  
02. NON-COLLISION  
03. STRICKING  
04. STRUCK  
05. BOTH STRICKING AND STRUCK  
06. UNKNOWN

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

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

**PRE-CRASH ACTIONS**  
A  B

**CONTRIBUTING CIRCUMSTANCES**  
A  B

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

**SEQUENCE OF EVENTS**  
A  B

**FIRST HARMFUL EVENT**  
A  B

**MOST HARMFUL EVENT**  
A  B

**SPEED DETECTED**  
A  B

**SPEED**  
A  B

**POSTED SPEED**  
A  B

**TRAFFIC CONTROL**  
A  B

**DIRECTION**  
A  B  C  D

**CONDITION**  
A  B

**ALCOHOL/DRUG SUSPECTED**  
A  B

**ALCOHOL TEST STATUS**  
A  B

**ALCOHOL TEST TYPE**  
A  B

**ALCOHOL TEST RESULT**  
A  B

**SUPPLEMENT 'X' IF YES**

**DRUG TEST STATUS**  
A  B

**DRUG TEST TYPE**  
A  B

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

**TYPE OF INTERSECTION**

**OCCURRENCE**

**ROAD CONTOUR**

**ROAD CONDITIONS**  
PRIMARY  SECONDARY

**LOCAL REPORT #**  
**13MPD 0046**

**DRUG TEST STATUS**  
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**  
1. NONE  
2. BLOOD  
3. URINE  
4. OTHER

**DRUG TEST 1 & 2 RESULT**  
1. NONE  
2. MARIJUANA  
3. COCAINE  
4. OPiates  
5. AMPHETAMINES  
6. PCP  
7. OTHER  
8. UNKNOWN AT TIME OF REPORTING

**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

**ROAD CONDITIONS**  
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

**LOCAL REPORT #**  
**13MPD 0046**

**NARRATIVE**

**UNIT NUMBER ONE WAS ATTEMPTING TO ENTER EAST JACKSON STREET FROM A PARKING SPACE OFF THE NORTH SIDE OF THE ROADWAY WHEN SHE STRUCK UNIT NUMBER TWO IN THE REAR WHEEL AREA ON IT'S PASSENGERS SIDE. UNIT NUMBER TWO WAS WESTBOUND ON JACKSON STREET WHEN THIS OCCURRED.**

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

|                         |                      |   |  |
|-------------------------|----------------------|---|--|
| <b>TRUCK/BUS UNIT #</b> | <input type="text"/> | <p>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:<br/>                 A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR<br/>                 A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR<br/>                 A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER</p> | <p><b>A</b> THE CRASH RESULTED IN ONE OF THE FOLLOWING:<br/>                 A FATALITY; OR<br/>                 AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT; OR<br/>                 AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.</p> |
|-------------------------|----------------------|---|--|

|                                       |                      |
|---------------------------------------|----------------------|
| <b>COMPANY (FROM SHIPPING PAPERS)</b> | <b>COMPANY PHONE</b> |
|---------------------------------------|----------------------|

**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> |
|---------------|---------------|-------------|-----------------------|------------------------|---------------------|------------------|--------------|

|  |   |  |   |  |
|--|---|--|---|--|
| <b>CARGO BODY TYPE</b>   | <b>WEIGHT (GVWR)</b>  | <b>CDL CLASS</b>   | <b>HAZARDOUS MATERIALS PLACARD</b>  | <b>HAZARDOUS MATERIALS RELEASED</b>  |
| <input type="checkbox"/> 01 NOT APPLICABLE<br><input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER)<br><input type="checkbox"/> 03 VAN/ENCLOSED BOX<br><input type="checkbox"/> 04 GRAIN/CHIPS/GRAVEL/LWN<br><input type="checkbox"/> 05 POLE<br><input type="checkbox"/> 06 CARGO TANK<br><input type="checkbox"/> 07 FLATBED<br><input type="checkbox"/> 08 DUMP<br><input type="checkbox"/> 09 CONCRETE MIXER<br><input type="checkbox"/> 10 AUTO TRANSPORTER<br><input type="checkbox"/> 11 GARBAGE/REFUSE<br><input type="checkbox"/> 12 OTHER<br><input type="checkbox"/> 13 UNKNOWN | <input type="checkbox"/> 1 LESS/EQUAL 10,000<br><input type="checkbox"/> 2 10,001 - 26,000<br><input type="checkbox"/> 3 MORE THAN 26,000 | <input type="checkbox"/> 1 CLASS A<br><input type="checkbox"/> 2 CLASS B<br><input type="checkbox"/> 3 CLASS C<br><input type="checkbox"/> 4 CLASS D<br><input type="checkbox"/> 5 CLASS E | <input type="checkbox"/> 1 NO<br><input type="checkbox"/> 2 YES<br><input type="checkbox"/> 3 UNKNOWN | <input type="checkbox"/> 1 NO<br><input type="checkbox"/> 2 YES<br><input type="checkbox"/> 3 NOT APPLICABLE<br><input type="checkbox"/> 4 UNKNOWN |

**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> |
| 1/12/2013                  | 13:59                | 14:02           | 14:08          | 14:38          | 45           | 81                   |

|                       |                |                   |                          |
|-----------------------|----------------|-------------------|--------------------------|
| <b>OFFICER'S NAME</b> | <b>BADGE #</b> | <b>CHECKED BY</b> | <b>DATE REPORT FILED</b> |
| CAPT. KIM HERMAN      | 101            |                   | 1/12/2013                |

|  |   |                              |                       |
|--|---|------------------------------|-----------------------|
| <b>REPORT TAKEN BY</b>   | <b>REPORT TAKEN AT</b>  | <b>SUPPLEMENT 'X' IF YES</b> | <b>LOCAL REPORT #</b> |
| <input type="checkbox"/> 1<br>1 POLICE AGENCY<br>2 MOTORIST<br>3 UNKNOWN | <input type="checkbox"/> 1<br>1 SCENE<br>2 STATION<br>3 OTHER | <input type="checkbox"/>     | 13MPD 0046            |