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JUL



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>13MPD 0072</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 PDD 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 <input type="checkbox"/> *X IF YES	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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>1/16/2013</b>	

TIME OF CRASH <b>20:00</b>	DAY OF WEEK <b>WED</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40331908</b>	LONGITUDE <b>081550203</b>
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CRASH OCCURRED ON			TYPE LOCATION POINT USED			
PREFIX <b>N</b>	CRASH LOCATION <b>CLAY</b>	TYPE LOC <b>1</b>	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE			LOCAL INFORMATION

AT/REFERENCE				REFERENCE POINT USED					
DIST. REF.	DIR <b>W</b>	PREFIX <b>E</b>	REFERENCE <b>CLINTON</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

MOTORIST / NON-MOTORIST

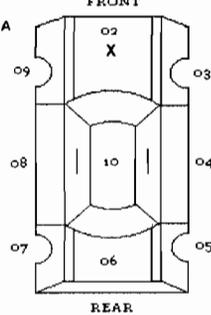
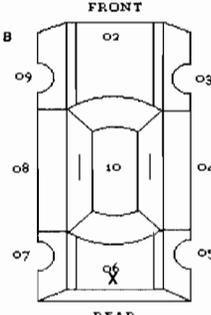
<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>RABER ANDRE E</b>			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>2190 SR 93 BALTIC OH 43804</b>						
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>12/22/1994</b>	AGE <b>18</b>	SEX <b>M</b>	HOME PHONE # <b>(330)852-4581</b>	WORK PHONE #	
DL STATE <b>OH</b>	DL # <b>TU360073</b>	LP STATE <b>OH</b>	LP # <b>FNP1408</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>RABER, RUBY K</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>2190 SR 93 BALTIC OH 43804</b>			
YEAR <b>2001</b>	MAKE <b>FORD</b>	MODEL <b>EXP</b>	COLOR <b>BLUE</b>	INSURANCE COMPANY <b>HABRAUN</b>	TOWING SERVICE <b>D&amp;S TOWING</b>	OWNER PHONE # <b>(330)852-4581</b>
OFFENSE CHARGED <b>333.03A</b>	OFFENSE DESCRIPTION <b>ACDA</b>	CITATION # <b>11267</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>YERRIAN CORY L</b>			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>388 HICKORY ST MILLERSBURG OH 44654</b>						
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>11/05/1992</b>	AGE <b>20</b>	SEX <b>M</b>	HOME PHONE # <b>(330)844-5418</b>	WORK PHONE #	
DL STATE <b>OH</b>	DL # <b>TK274160</b>	LP STATE <b>OH</b>	LP # <b>FMY8728</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>YERRIAN, CORY L</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>388 HICKORY ST MILLERSBURG OH 44654</b>			
YEAR <b>2003</b>	MAKE <b>HONDA</b>	MODEL <b>ACCORD</b>	COLOR <b>GREY</b>	INSURANCE COMPANY <b>PROGRESSIVE</b>	TOWING SERVICE <b>K &amp; N TOWING</b>	OWNER PHONE #
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES			

OCCUPANT

<b>C</b>	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	
<b>D</b>	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	

<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"/> 04 MOTORIST <input type="checkbox"/> 01 NONE USED <input type="checkbox"/> 02 SHOULDER BELT ONLY USED <input type="checkbox"/> 03 LAP BELT ONLY USED <b>B</b> <input type="checkbox"/> 04 SHOULD 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	<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 <input type="checkbox"/> 5 NOT APPLICABLE <input type="checkbox"/> 6 DEPLOYMENT UNKNOWN  <b>B</b> <input type="checkbox"/> 1  <b>C</b> <input type="checkbox"/>  <b>D</b> <input type="checkbox"/>	<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"/> 1  <b>C</b> <input type="checkbox"/>  <b>D</b> <input type="checkbox"/>	<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"/> 1  <b>C</b> <input type="checkbox"/>  <b>D</b> <input type="checkbox"/>	<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"/> 1  <b>C</b> <input type="checkbox"/>  <b>D</b> <input type="checkbox"/>	<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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<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b>  <b>FRONT</b> A <input type="text" value="09"/> B <input type="text" value="03"/> <input type="text" value="02"/> X <input type="text" value="08"/> <input type="text" value="10"/> <input type="text" value="07"/> <input type="text" value="06"/> <b>REAR</b> <input type="text" value="04"/> <input type="text" value="05"/>	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="01"/> B <input type="text" value="11"/> <p><b>MOTORIST</b></p> 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 style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;">A</td> <td style="width:50%; border-right: 1px solid black;">B</td> </tr> <tr> <td style="border-right: 1px solid black;">1 <input type="text" value="20"/></td> <td style="border-right: 1px solid black;">1 <input type="text" value="20"/></td> </tr> <tr> <td style="border-right: 1px solid black;">2 <input type="text"/></td> <td style="border-right: 1px solid black;">2 <input type="text"/></td> </tr> <tr> <td style="border-right: 1px solid black;">3 <input type="text"/></td> <td style="border-right: 1px solid black;">3 <input type="text"/></td> </tr> <tr> <td style="border-right: 1px solid black;">4 <input type="text"/></td> <td style="border-right: 1px solid black;">4 <input type="text"/></td> </tr> </table> <p><b>NON-COLLISION</b></p> 01 OVERTURN/ROLOVER 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/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION WITH PERSON, VEHICLE, OR OBJECT NOT FIRED 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 OVERHEAD STRUCTURE 28 BRIDGE PIER OR ABUTMENT 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIUM 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 MAILBOX 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	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"/>	<b>POSTED SPEED</b> A <input type="text" value="25"/> B <input type="text" value="0"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <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>
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"/>														
<b>NON-MOTORIST LOCATION</b> A <input type="text"/> B <input type="text"/> <p>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</p>	 <b>FRONT</b> A <input type="text" value="09"/> B <input type="text" value="03"/> <input type="text" value="08"/> <input type="text" value="10"/> <input type="text" value="07"/> <input type="text" value="06"/> <b>REAR</b> <input type="text" value="04"/> <input type="text" value="05"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="08"/> B <input type="text" value="01"/> <p><b>MOTORIST</b></p> 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/CAUDA 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/FALLING/SPILLING 21 OTHER IMPROPER 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 SIGNS, 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"/> <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, OBSCURED  16 OTHER  17 NOT REPORTED  18 UNKNOWN</p>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE  2 BLOOD  3 URINE  4 OTHER</p>											
<b>TYPE OF UNIT</b> A <input type="text" value="06"/> B <input type="text" value="03"/> <p><b>MOTORIST</b></p> 01 SUB COMPACT 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 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 WHEEL OR CONVERTER DOLLY 18 TRACTOR/TRIPLES 19 MOTORCYCLE 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 WRECKER 36 ANIMAL WRECKGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER-NON MOTORIST (WHEEL CHAIR, ETC.) 42 UNKNOWN	<b>MOST DAMAGED AREA</b> A <input type="text" value="02"/> B <input type="text" value="06"/> <p>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</p>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/> <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>	<b>DIRECTION</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;">FROM TO</td> <td style="width:50%; border-right: 1px solid black;">FROM TO</td> </tr> <tr> <td style="border-right: 1px solid black;">A <input type="text" value="1"/> <input type="text" value="2"/></td> <td style="border-right: 1px solid black;">B <input type="text" value="1"/> <input type="text" value="3"/></td> </tr> </table> <p>1 NORTH  2 SOUTH  3 EAST  4 WEST  5 NORTH/EAST  6 NORTH/WEST  7 SOUTHEAST  8 SOUTHWEST  9 UNKNOWN</p>	FROM TO	FROM TO	A <input type="text" value="1"/> <input type="text" value="2"/>	B <input type="text" value="1"/> <input type="text" value="3"/>	<b>DRUG TEST 1 &amp; 2 RESULT</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;">1</td> <td style="width:50%; border-right: 1px solid black;">2</td> </tr> <tr> <td style="border-right: 1px solid black;">A <input type="text" value="1"/> <input type="text" value="1"/></td> <td style="border-right: 1px solid black;">B <input type="text" value="1"/> <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>	1	2	A <input type="text" value="1"/> <input type="text" value="1"/>	B <input type="text" value="1"/> <input type="text" value="1"/>			
FROM TO	FROM TO														
A <input type="text" value="1"/> <input type="text" value="2"/>	B <input type="text" value="1"/> <input type="text" value="3"/>														
1	2														
A <input type="text" value="1"/> <input type="text" value="1"/>	B <input type="text" value="1"/> <input type="text" value="1"/>														
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NO  2 YES  3 UNKNOWN</p>	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text" value="4"/> <p>1 NON-CONTACT  2 NON-COLLISION  3 STRICKING  4 STRUCK  5 BOTH STRICKING AND STRUCK  6 UNKNOWN</p>	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE  2 YES ALCOHOL SUSPECTED  3 YES-HRD NOT IMPAIRED  4 YES-DRUGS SUSPECTED  5 YES-ALCOHOL AND DRUGS SUSPECTED  6 UNKNOWN</p>	<b>OCCURRENCE</b> <input type="text" value="1"/> <p>1 ON ROADWAY  2 ON SHOULDER  3 IN MEDIAN  4 ON ROADSIDE  5 ON GORE  6 OUTSIDE TRAFFICWAY  7 UNKNOWN</p>											
<b>DAMAGE SCALE</b> A <input type="text" value="3"/> B <input type="text" value="4"/> <p>1 NONE  2 NON-FUNCTIONAL  3 FUNCTIONAL DAMAGE  4 DISABLING DAMAGE  5 SEVERE  6 UNKNOWN</p>	<b>STRIKING VEHICLE OVERRIDE/UNDERRIE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NO UNDERRIE OR OVERRIDE  2 UNDERRIE - COMPARTMENT INTRUSION  3 UNDERRIE, NO COMPARTMENT INTRUSION  4 UNDERRIE - COMPARTMENT INTRUSION UNKNOWN  5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT  6 OVERRIDE, OTHER VEHICLE  7 UNKNOWN IF UNDERRIE OR OVERRIDE</p>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <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>	<b>ROAD CONTOUR</b> <input type="text" value="1"/> <p>1 STRAIGHT LEVEL  2 STRAIGHT GRADE  3 CURVE LEVEL  4 CURVE GRADE  5 UNKNOWN</p>											
<b>LOCAL REPORT #</b> <input type="text" value="13MPD 0072"/>	<b>SUPPLEMENT 'X' IF YES</b> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE  2 BLOOD  3 URINE  4 BREATH  5 OTHER</p>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;">PRIMARY</td> <td style="width:50%; border-right: 1px solid black;">SECONDARY</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="text" value="01"/></td> <td style="border-right: 1px solid black;"><input type="text"/></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>	PRIMARY	SECONDARY	<input type="text" value="01"/>	<input type="text"/>							
PRIMARY	SECONDARY														
<input type="text" value="01"/>	<input type="text"/>														

**NARRATIVE**

**UNIT #2 WAS STOPPED WAITING TO TURN LEFT ON N. CLAY ST. ONTO E. CLINTON ST. UNIT #1 FAILED TO STOP FOR UNIT #2 STRIKING IT IN THE REAR END. BOTH UNITS HAD TO BE TOWED FROM CRASH SCENE; UNIT #2 FOR DISABLING REAR END DAMAGE AND UNIT #1 BECAUSE OF APPARENT RADIATOR LEAK.**

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><input checked="" type="checkbox"/> <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><input checked="" type="checkbox"/> <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><input checked="" type="checkbox"/> <b>01</b></p> <p>01 CLEAR          02 CLOUDY          03 FOG/SMOG/SMOKE          04 RAIN          05 SLEET/RAIL (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><input checked="" type="checkbox"/> <b>1</b></p> <p>1 NO          2 YES          3 UNKNOWN</p>	
<p><b>LIGHT CONDITIONS</b></p> <p><b>PRIMARY</b> <input checked="" type="checkbox"/> <b>4</b>    <b>SECONDARY</b> <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 MEDIAN          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</b>	<p><b>UNIT #</b></p> <p><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 8 PERSONS, INCLUDING DRIVER</p>
	<p><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</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	
<p><b>CARGO BODY TYPE</b></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 GRAIN/CHIPS/GRAVEL/WN  <input type="checkbox"/> 05 PDE  <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</p>			<p><b>WEIGHT (GVWR)</b></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><b>CDL CLASS</b></p> <p><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 F</p>		<p><b>HAZARDOUS MATERIALS PLACARD</b></p> <p><input type="checkbox"/> 1 NO  <input type="checkbox"/> 2 YES  <input type="checkbox"/> 3 UNKNOWN</p>	
<p><b>CARGO BODY TYPE</b></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 GRAIN/CHIPS/GRAVEL/WN  <input type="checkbox"/> 05 PDE  <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</p>			<p><b>HAZARDOUS MATERIALS RELEASED</b></p> <p><input type="checkbox"/> 1 NO  <input type="checkbox"/> 2 YES  <input type="checkbox"/> 3 NOT APPLICABLE</p>					

<b>POLICE ACTION</b>							
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES	
1/16/2013	20:03	20:04	20:07	21:08	0	64	
OFFICER'S NAME		BADGE #	CHECKED BY		DATE REPORT FILED		
PTL. JEFFREY S. LAY		109			1/16/2013		
REPORT TAKEN BY		REPORT TAKEN AT		SUPPLEMENT 'X' IF YES		LOCAL REPORT #	
<input checked="" type="checkbox"/> 1		<input checked="" type="checkbox"/> 1		<input type="checkbox"/>		13MPD 0072	