

OHIO

TRAFFIC CRASH REPORT

Ohio 1 (Rev. 1/99)

Traffic Crash Report

CRASH REPORT # 09MPD 2265	CRASH SEVERITY 2 1.FATAL, 2.FDO, 3.INJURY, 4.UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> YES	HIT/SKIP 1 1.NOT HIT/SKIP, 2.SOLVED, 3.UNSOLVED	PHOTOS TAKEN <input type="checkbox"/> YES	OH-1 OH-3 OH-1P OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	# UNITS 2	UNIT ERROR 01 1.ANIMAL, 2.UNKNOWN	DATE OF CRASH 09/29/2009	

TIME OF CRASH 09:05	DAY OF WEEK TUE	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40331409	LONGITUDE 081550301
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PREFIX W	CRASH LOCATION W. JACKSON ST.	TYPE LOC 1	TYPE LOCATION POINT USED 1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE	LOCAL INFORMATION
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DIST. REF. 35 F	DR W	PREFIX S	REFERENCE S. CLAY 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.PLAZE NAME WITH (OR) REFERENCE	09.DRIVEWAY 10.STREET OR ROUTE WITHOUT REFERENCE
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A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) SMITH HELEN I
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)
14257 S.R. 520 GLENMONT OH 44628

SOCIAL SECURITY NUMBER	DATE OF BIRTH 04/10/1929	AGE 80	SEX F	HOME PHONE # (330)377-4572	WORK PHONE # (330)231-3302
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DL STATE OH	DL # RN030232	LP STATE OH	LP # EX47ME	INJURED TAKEN BY 1 1.NONE, 2.OTHER, 3.EMS, 4.UNKNOWN, 5.POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE 'SAME') SMITH, HELEN I	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 14257 S.R. 520 GLENMONT OH 44628
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YEAR 1999	MAKE SUBARU	MODEL LEGACY	COLOR GREEN	INSURANCE COMPANY GMAC INSURANCE	TOWING SERVICE	OWNER PHONE # (330)377-4572
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES
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B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) DALTON LONNIE L
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)
219 WALNUT COURT LOUDONVILLE OH 44842

SOCIAL SECURITY NUMBER	DATE OF BIRTH 05/07/1950	AGE 59	SEX M	HOME PHONE # (419)948-0182	WORK PHONE #
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DL STATE OH	DL # RV079379	LP STATE OH	LP # 455XYK	INJURED TAKEN BY 1 1.NONE, 2.OTHER, 3.EMS, 4.UNKNOWN, 5.POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE 'SAME') DALTON, LONNIE L	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 219 WALNUT COURT LOUDONVILLE OH 44842
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YEAR 2002	MAKE FORD	MODEL ESCORT	COLOR RED	INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE	OWNER PHONE # (419)948-0182
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES
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C	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)

INJURED TAKEN BY <input type="checkbox"/> 1.NONE, 2.OTHER, 3.EMS, 4.UNKNOWN, 5.POLICE	TRANSPORTED BY	INJURED TAKEN TO
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D	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)

INJURED TAKEN BY <input type="checkbox"/> 1.NONE, 2.OTHER, 3.EMS, 4.UNKNOWN, 5.POLICE	TRANSPORTED BY	INJURED TAKEN TO
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SEATING POSITION

A	01	01.FRONT - LEFT (MC DRIVER)
B	01	02.FRONT - MIDDLE
C		03.FRONT - RIGHT
D		04.REAR (1) - LEFT (MC PASS)
		05.REAR (2) - MIDDLE
		06.REAR (3) - RIGHT
		07.THIRD - LEFT (MC PASSENGER/BIKE CAR)
		08.THIRD - MIDDLE
		09.THIRD - RIGHT
		10.BEFORE SECTION OF CAB
		11.ENCLOSED CARGO AREA
		12.ENCLOSED CARGO AREA
		13.EXTENDING UNIT
		14.EXTERRR
		15.OTHER
		16.NON-MOTORIST
		17.UNKNOWN

BLANK FOR WITNESS

SAFETY EQUIPMENT

A	04	MOTORIST 01.NONE USED 02.SHOULDER BELT ONLY USED 03.LAP BELT ONLY USED 04.SHOULDER AND LAP BELT USED
B	04	05.CHILD SAFETY SEAT USED 06.HELMET USED 07.RESTRAINT USE UNKNOWN
C		NON-MOTORIST 08.NONE USED 09.HELMET USED 10.PROTECTIVE PAINT
D		11.REFLECTIVE CLOTHING 12.GITTING 13.OTHER 14.UNKNOWN

AIR BAG

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		
D		

AIR BAG SWITCH

A	1	1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION
B	1	5.CHILD SAFETY SEAT
C		
D		

EJECTION

A	1	1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN
B	1	
C		
D		

TRAPPED

A	1	1.NOT TRAPPED 2.EJECTED BY MECHANICAL MEANS 3.FERRED BY NON-MECHANICAL MEANS 4.UNKNOWN
B	1	
C		
D		

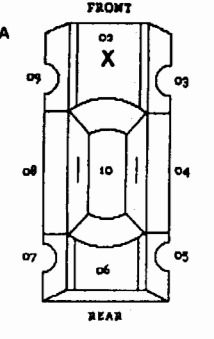
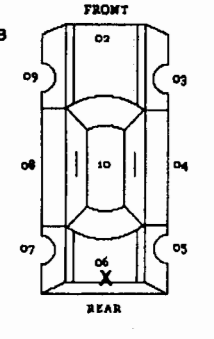
INJURIES

A	1	1.NO INJURY 2.Possible
B	2	3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN
C		
D		

SUPPLEMENT 'X' IF YES

MOTORIST / NON-MOTORIST

OCCUPANT

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA A  B 	PRE-CRASH ACTIONS A <input type="text" value="01"/> B <input type="text" value="11"/>	SEQUENCE OF EVENTS <table border="1"> <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>	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"/>	POSTED SPEED A <input type="text" value="25"/> B <input type="text" value="25"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/>
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"/>														
NON-MOTORIST LOCATION 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 ROADWAY 06 NOT IN ROADWAY 07 SIDEWALK (NOT ON SIDEWALK) OR (LAND) 08 SIDEWALK 09 WITHIN 10 FEET OF ROADWAY (BUT NOT SIDEWALK, MEDIAN, SIDEWALK, OR LAND) 10 BEYOND 10 FEET OF ROADWAY (WITHOUT TRAFFICWAY) 11 ON TRIDE TRAFFICWAY 12 HAZARDOUS PATHS OR TRAILS 13 UNKNOWN</p>	TYPE OF UNIT A <input type="text" value="04"/> B <input type="text" value="02"/> <p>MOTORIST 01 BI-COMPACT 02 COMPACT 03 MID-SIZED 04 FULL-SIZE 05 SIMILAR 06 HEAVY TRUCK 07 PICKUP 08 PASSENGER VAN 09 SINGLE UNIT TRUCK, 2 AXLES & TIRES 10 SINGLE UNIT TRUCK, 3 OR MORE AXLES 11 TRUCK TRAILER 12 TRUCK TRAILER (HEAVY) 13 TRACTOR-SEMI TRAILER 14 TRACTOR-TRAILER - SHORT 15 TRACTOR TRAILER - LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR TRIPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 SCHOOL BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/EMERGENCY 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 CONSTRUCTION EQUIPMENT 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL - WALKER 36 ANIMAL - WALKER 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLE (BICYCLE, TRICYCLE, QUADRICYCLE, PEDAL CAR) 40 SKATER 41 OTHER NON-MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN</p>	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="08"/> B <input type="text" value="01"/> <p>MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 WROTE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY (ACD) 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/SLEEP 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 NOY VEHICLE, (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER 31 WALKING SIDE OF THE ROAD 32 OTHER 33 UNKNOWN</p>	NON-COLLISION 01 OVER TURN ROLL-OVER 02 FIRE/EXPLOSION 03 DUMPER 04 JACKKNIFE 05 CHANGED EQUIPMENT LOSS OR SHIFT 06 EQUIPMENT FAILURE (DOWN TIRE, BRAKE FAILURE, ETC.) 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CRUISE MEDIAN-CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE OR OBJECT, NOT FIXED 14 PEDESTRIAN 15 BICYCLE 16 RAILWAY VEHICLE (EG 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 ATTEMPT-ATV CRASH CIRCUMSTANCES 27 BRIDGE (OVERHEAD STRUCTURE) 28 BRIDGE PIER OR SUPPORT 29 BRIDGE RAIL 30 FORWARD-FACE 31 FORWARD-FEND 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT PILLAR/SIGNS SUPPORT 36 utility pole 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAIL BOX 44 OTHER FIXED OBJECT/WALL, BUILDING, TUNNEL, ETC.) 45 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	TRAFFIC CONTROL A <input type="text" value="01"/> B <input type="text" value="04"/> <p>01 NO CONTROL 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSINGS 08 RAILROAD FLASHERS 09 RAILROAD GATE 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAYMENT MARKINGS 13 CROSSWALK LINES 14 WALK-DON'T WALK 15 TRAFFIC CONTROL DEVICE 16 IMPERATIVE, MISSING, OBLSCURED 17 OTHER 18 NOT REPORTED</p>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE 2 BLOOD 3 URINE 4 OTHER</p>										
TYPE OF INTERSECTION <input type="text" value="02"/> <p>01 NOT AN INTERSECTION 02 ROADWAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDABOUT 06 FLYING, OR MORE 07 RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY 11 RAILWAY GRADE CROSSING 12 HAZARDOUS PATHS OR TRAILS 13 UNKNOWN</p>	POINT OF IMPACT 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>	VEHICLE DEFECT CODE ONLY IF #0* SELECTED ABOVE 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 TRAILER 10 REDUCED TRAILER BRAKE ACCIDENT 11 OTHER DEFECTS 12 NO DEFECTS</p>	FIRST HARMFUL EVENT 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>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE 2 YET ALCOHOL SUSPECTED 3 YES - BLOOD NOT IMPAIRED 4 YES - DRUG SUSPECTED 5 YES - ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN</p>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNRELIABLE 4 TEST GIVEN, RESULT UNKNOWN 5 TEST GIVEN, RESULT UNKNOWN 6 UNKNOWN</p>										
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NO 2 YES 3 UNKNOWN</p>	ACTION A <input type="text" value="3"/> B <input type="text" value="4"/> <p>1 NON-CONTACT 2 NON-COLLISION 3 STRUCK 4 STRUCK 5 MOTOR STRUCK AND STRUCK 6 UNKNOWN</p>	VEHICLE DEFECT CODE ONLY IF #0* SELECTED ABOVE 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 TRAILER 10 REDUCED TRAILER BRAKE ACCIDENT 11 OTHER DEFECTS 12 NO DEFECTS</p>	MOST HARMFUL EVENT 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>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NONE 2 BLOOD 3 URINE</p>	ROAD CONTOUR <input type="text" value="1"/> <p>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN</p>										
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/> <p>1 NONE 2 NON-FUNCTIONAL 3 MINOR DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN</p>	STRIKING VEHICLE OVERRIDE/UNDERIDE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1 NO UNDERIDE OR OVERRIDE 2 UNDERIDE, COMPARTMENT INTRUSION 3 UNDERIDE, NO COMPARTMENT INTRUSION 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 5 CROSSIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN IF UNDERIDE OR OVERRIDE</p>	VEHICLE DEFECT CODE ONLY IF #0* SELECTED ABOVE 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 TRAILER 10 REDUCED TRAILER BRAKE ACCIDENT 11 OTHER DEFECTS 12 NO DEFECTS</p>	SPEED DETECTED A <input type="text" value="2"/> B <input type="text" value="1"/> <p>1 STATED 2 ESTIMATED</p>	ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/> <p>1 NONE 2 BLOOD 3 URINE</p>	ROAD CONDITIONS <table border="1"> <tr><th>PRIMARY</th><th>SECONDARY</th></tr> <tr><td><input type="text" value="01"/></td><td><input type="text"/></td></tr> </table> <p>01 DRY 02 WET 03 SLUSH 04 ICE 05 SAND/MUD DIRT/DIRT/GRAVEL 06 WATER (STANDING, MOVING) 07 FLOODING 08 DEBRIS 09 PIT, HOLE, HUMP, 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"/>														
<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT # 09MPD 2265													

NARRATIVE

UNIT 1 WAS EASTBOUND ON W. JACKSON ST. AND FAILED TO STOP IN TIME BEFORE REAR ENDING UNIT 2 WHO WAS ALSO WESTBOUND IN FRONT OF HER AND STOPPED FOR A RED TRAFFIC LIGHT.

MANNER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 2 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	SCHOOL BUS RELATED <input checked="" type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN	DIAGRAM
WEATHER <input checked="" type="checkbox"/> 02 01 CLEAR 02 CLOUDY 03 FOG/SMOG/SMOKE 04 RAIN 05 SLEET/ICE (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SEVERE CRISP WIND 08 WINDY 09 SAND/DIRT/ASH/SNOW 10 UNKNOWN	WORK ZONE RELATED <input checked="" type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN	
LIGHT CONDITIONS PRIMARY <input checked="" type="checkbox"/> 1 SECONDARY <input type="checkbox"/> 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - ROADWAY NOT LIGHTED 6 DARK - UNKNOWN ROADWAY LIGHTING 7 CLARE 8 OTHER 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/REMOVE 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT OR MOVING WORK 5 OTHER	
LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE THE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	WORKERS PRESENT <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN	

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 RVN DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER	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
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COMPANY (FROM SHIPPING PAPERS)

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"/> (NOT APPLICABLE) 02 HW (16-18 INCL) (DRNG DRIVER) 03 VAN/ENCLD BOX 04 GRN/CHPS/GRVZL		05 P/LE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER		10 A1 TO TRANSPORTER 11 GARBAGE REFRY 12 OTHER 13 UNKNOWN		WEIGHT (GVWR) <input type="checkbox"/> 11,000-15,000 <input type="checkbox"/> 15,000-25,000 <input type="checkbox"/> 25,000-30,000 <input type="checkbox"/> 30,000-40,000 <input type="checkbox"/> 40,000-50,000 <input type="checkbox"/> 50,000-60,000 <input type="checkbox"/> 60,000-70,000 <input type="checkbox"/> 70,000-80,000 <input type="checkbox"/> 80,000-90,000 <input type="checkbox"/> 90,000-100,000 <input type="checkbox"/> 100,000-110,000 <input type="checkbox"/> 110,000-120,000 <input type="checkbox"/> 120,000-130,000 <input type="checkbox"/> 130,000-140,000 <input type="checkbox"/> 140,000-150,000 <input type="checkbox"/> 150,000-160,000 <input type="checkbox"/> 160,000-170,000 <input type="checkbox"/> 170,000-180,000 <input type="checkbox"/> 180,000-190,000 <input type="checkbox"/> 190,000-200,000 <input type="checkbox"/> 200,000-210,000 <input type="checkbox"/> 210,000-220,000 <input type="checkbox"/> 220,000-230,000 <input type="checkbox"/> 230,000-240,000 <input type="checkbox"/> 240,000-250,000 <input type="checkbox"/> 250,000-260,000 <input type="checkbox"/> 260,000-270,000 <input type="checkbox"/> 270,000-280,000 <input type="checkbox"/> 280,000-290,000 <input type="checkbox"/> 290,000-300,000 <input type="checkbox"/> 300,000-310,000 <input type="checkbox"/> 310,000-320,000 <input type="checkbox"/> 320,000-330,000 <input type="checkbox"/> 330,000-340,000 <input type="checkbox"/> 340,000-350,000 <input type="checkbox"/> 350,000-360,000 <input type="checkbox"/> 360,000-370,000 <input type="checkbox"/> 370,000-380,000 <input type="checkbox"/> 380,000-390,000 <input type="checkbox"/> 390,000-400,000 <input type="checkbox"/> 400,000-410,000 <input type="checkbox"/> 410,000-420,000 <input type="checkbox"/> 420,000-430,000 <input type="checkbox"/> 430,000-440,000 <input type="checkbox"/> 440,000-450,000 <input type="checkbox"/> 450,000-460,000 <input type="checkbox"/> 460,000-470,000 <input type="checkbox"/> 470,000-480,000 <input type="checkbox"/> 480,000-490,000 <input type="checkbox"/> 490,000-500,000 <input type="checkbox"/> 500,000-510,000 <input type="checkbox"/> 510,000-520,000 <input type="checkbox"/> 520,000-530,000 <input type="checkbox"/> 530,000-540,000 <input type="checkbox"/> 540,000-550,000 <input type="checkbox"/> 550,000-560,000 <input type="checkbox"/> 560,000-570,000 <input type="checkbox"/> 570,000-580,000 <input type="checkbox"/> 580,000-590,000 <input type="checkbox"/> 590,000-600,000 <input type="checkbox"/> 600,000-610,000 <input type="checkbox"/> 610,000-620,000 <input type="checkbox"/> 620,000-630,000 <input type="checkbox"/> 630,000-640,000 <input type="checkbox"/> 640,000-650,000 <input type="checkbox"/> 650,000-660,000 <input type="checkbox"/> 660,000-670,000 <input type="checkbox"/> 670,000-680,000 <input type="checkbox"/> 680,000-690,000 <input type="checkbox"/> 690,000-700,000 <input type="checkbox"/> 700,000-710,000 <input type="checkbox"/> 710,000-720,000 <input type="checkbox"/> 720,000-730,000 <input type="checkbox"/> 730,000-740,000 <input type="checkbox"/> 740,000-750,000 <input type="checkbox"/> 750,000-760,000 <input type="checkbox"/> 760,000-770,000 <input type="checkbox"/> 770,000-780,000 <input type="checkbox"/> 780,000-790,000 <input type="checkbox"/> 790,000-800,000 <input type="checkbox"/> 800,000-810,000 <input type="checkbox"/> 810,000-820,000 <input type="checkbox"/> 820,000-830,000 <input type="checkbox"/> 830,000-840,000 <input type="checkbox"/> 840,000-850,000 <input type="checkbox"/> 850,000-860,000 <input type="checkbox"/> 860,000-870,000 <input type="checkbox"/> 870,000-880,000 <input type="checkbox"/> 880,000-890,000 <input type="checkbox"/> 890,000-900,000 <input type="checkbox"/> 900,000-910,000 <input type="checkbox"/> 910,000-920,000 <input type="checkbox"/> 920,000-930,000 <input type="checkbox"/> 930,000-940,000 <input type="checkbox"/> 940,000-950,000 <input type="checkbox"/> 950,000-960,000 <input type="checkbox"/> 960,000-970,000 <input type="checkbox"/> 970,000-980,000 <input type="checkbox"/> 980,000-990,000 <input type="checkbox"/> 990,000-1,000,000 <input type="checkbox"/> 1,000,000-1,010,000 <input type="checkbox"/> 1,010,000-1,020,000 <input type="checkbox"/> 1,020,000-1,030,000 <input type="checkbox"/> 1,030,000-1,040,000 <input type="checkbox"/> 1,040,000-1,050,000 <input type="checkbox"/> 1,050,000-1,060,000 <input type="checkbox"/> 1,060,000-1,070,000 <input type="checkbox"/> 1,070,000-1,080,000 <input type="checkbox"/> 1,080,000-1,090,000 <input type="checkbox"/> 1,090,000-1,100,000 <input type="checkbox"/> 1,100,000-1,110,000 <input type="checkbox"/> 1,110,000-1,120,000 <input type="checkbox"/> 1,120,000-1,130,000 <input type="checkbox"/> 1,130,000-1,140,000 <input type="checkbox"/> 1,140,000-1,150,000 <input type="checkbox"/> 1,150,000-1,160,000 <input type="checkbox"/> 1,160,000-1,170,000 <input type="checkbox"/> 1,170,000-1,180,000 <input type="checkbox"/> 1,180,000-1,190,000 <input type="checkbox"/> 1,190,000-1,200,000 <input type="checkbox"/> 1,200,000-1,210,000 <input type="checkbox"/> 1,210,000-1,220,000 <input type="checkbox"/> 1,220,000-1,230,000 <input type="checkbox"/> 1,230,000-1,240,000 <input type="checkbox"/> 1,240,000-1,250,000 <input type="checkbox"/> 1,250,000-1,260,000 <input type="checkbox"/> 1,260,000-1,270,000 <input type="checkbox"/> 1,270,000-1,280,000 <input type="checkbox"/> 1,280,000-1,290,000 <input type="checkbox"/> 1,290,000-1,300,000 <input type="checkbox"/> 1,300,000-1,310,000 <input type="checkbox"/> 1,310,000-1,320,000 <input type="checkbox"/> 1,320,000-1,330,000 <input type="checkbox"/> 1,330,000-1,340,000 <input type="checkbox"/> 1,340,000-1,350,000 <input type="checkbox"/> 1,350,000-1,360,000 <input type="checkbox"/> 1,360,000-1,370,000 <input type="checkbox"/> 1,370,000-1,380,000 <input type="checkbox"/> 1,380,000-1,390,000 <input type="checkbox"/> 1,390,000-1,400,000 <input type="checkbox"/> 1,400,000-1,410,000 <input type="checkbox"/> 1,410,000-1,420,000 <input type="checkbox"/> 1,420,000-1,430,000 <input type="checkbox"/> 1,430,000-1,440,000 <input type="checkbox"/> 1,440,000-1,450,000 <input type="checkbox"/> 1,450,000-1,460,000 <input type="checkbox"/> 1,460,000-1,470,000 <input type="checkbox"/> 1,470,000-1,480,000 <input type="checkbox"/> 1,480,000-1,490,000 <input type="checkbox"/> 1,490,000-1,500,000 <input type="checkbox"/> 1,500,000-1,510,000 <input type="checkbox"/> 1,510,000-1,520,000 <input type="checkbox"/> 1,520,000-1,530,000 <input type="checkbox"/> 1,530,000-1,540,000 <input type="checkbox"/> 1,540,000-1,550,000 <input type="checkbox"/> 1,550,000-1,560,000 <input type="checkbox"/> 1,560,000-1,570,000 <input 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type="checkbox"/> 1,790,000-1,800,000 <input type="checkbox"/> 1,800,000-1,810,000 <input type="checkbox"/> 1,810,000-1,820,000 <input type="checkbox"/> 1,820,000-1,830,000 <input type="checkbox"/> 1,830,000-1,840,000 <input type="checkbox"/> 1,840,000-1,850,000 <input type="checkbox"/> 1,850,000-1,860,000 <input type="checkbox"/> 1,860,000-1,870,000 <input type="checkbox"/> 1,870,000-1,880,000 <input type="checkbox"/> 1,880,000-1,890,000 <input type="checkbox"/> 1,890,000-1,900,000 <input type="checkbox"/> 1,900,000-1,910,000 <input type="checkbox"/> 1,910,000-1,920,000 <input type="checkbox"/> 1,920,000-1,930,000 <input type="checkbox"/> 1,930,000-1,940,000 <input type="checkbox"/> 1,940,000-1,950,000 <input type="checkbox"/> 1,950,000-1,960,000 <input type="checkbox"/> 1,960,000-1,970,000 <input type="checkbox"/> 1,970,000-1,980,000 <input type="checkbox"/> 1,980,000-1,990,000 <input type="checkbox"/> 1,990,000-2,000,000	HAZARDOUS MATERIAL # <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN <input type="checkbox"/> 4 NOT APPLICABLE	HAZARDOUS MATERIAL # REF # <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN <input type="checkbox"/> 4 NOT APPLICABLE

POLICE ACTION							
DATE CRASH REPORTED 09/29/2009	TIME REC CALL 09:08	DISPATCH 09:08	ARRIVED 09:10	CLEARED 09:25	OTHER 0	TOTAL MINUTES 17	
OFFICER'S NAME PTL. W. TODD BOOTH		BADGE # 104	CHECKED BY		DATE REPORT FILED 09/29/2009		
REPORT TAKEN BY 1 1. POLICE AGENCY 2. MOTORIST	REPORT TAKEN AT 1 1. SCENE 2. STATION 3. OTHER	SUPPLEMENT 'X' IF YES <input type="checkbox"/>			LOCAL REPORT # 09MPD 2265		