

OHIO

# TRAFFIC CRASH REPORT

CRASH REPORT # <b>09MPD 2875</b>	CRASH SEVERITY <b>3</b> 1.FATAL ERROR 3.PDO 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> IF YES	HIT/SKIP <b>1</b> 1.NOT HIT/SKIP 2.SOLVED 3.UNSOLVED	PHOTOS TAKEN <input type="checkbox"/> IF YES	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input checked="" 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>12/20/2009</b>	

TIME OF CRASH <b>16:30</b>	DAY OF WEEK <b>SUN</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40322808</b>	LONGITUDE <b>081545808</b>
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CRASH OCCURRED ON		TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>S</b>	CRASH LOCATION <b>WASHINGTON</b>	TYPE LOC <b>1</b>	

AT/REFERENCE		REFERENCE POINT USED
DIST. REF.	DR	PREFIX
		<b>GLEN</b>
		REF POINT <b>02</b>

A	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>SCHLABACH NATHAN LEE</b>
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**8114 TR 323 HOLMESVILLE OH 44637**

SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>12/29/1990</b>	AGE <b>18</b>	SEX <b>M</b>	HOME PHONE # <b>(330)317-8410</b>	WORK PHONE #
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DL STATE <b>OH</b>	DL # <b>TE682322</b>	LP STATE <b>OH</b>	LP # <b>EPM5077</b>	INJURED TAKEN BY <b>1</b> 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE 'SAME') <b>MORGAN L HEFELFINGER</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>8114 TR 323 HOLMESVILLE OH 44637</b>
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YEAR <b>1995</b>	MAKE <b>DODGE</b>	MODEL <b>OTHER</b>	COLOR <b>BLUE</b>	INSURANCE COMPANY <b>FIRST ACCEPTANCE</b>	TOWING SERVICE	OWNER PHONE# <b>(330)347-6413</b>
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OFFENSE CHARGED <b>313.03</b>	OFFENSE DESCRIPTION <b>RED LIGHT VIOLATIONS</b>	CITATION # <b>9673</b>	LOCAL CODE <input checked="" type="checkbox"/> IF YES
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B	UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>MCDOWELL MICHAEL M</b>
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**1073 WOOSTER RD MILLERSBURG OH 44654**

SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>10/30/1963</b>	AGE <b>46</b>	SEX <b>M</b>	HOME PHONE # <b>(330)674-8376</b>	WORK PHONE #
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DL STATE <b>OH</b>	DL # <b>RS295977</b>	LP STATE <b>OH</b>	LP # <b>EOK5910</b>	INJURED TAKEN BY <b>1</b> 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE 'SAME') <b>MCDOWELL, MICHAEL M</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>1073 WOOSTER RD MILLERSBURG OH 44654</b>
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YEAR <b>2009</b>	MAKE <b>FORD</b>	MODEL <b>OTHER</b>	COLOR <b>RED</b>	INSURANCE COMPANY <b>WESTFIELD</b>	TOWING SERVICE <b>FINNEYS TOWING</b>	OWNER PHONE#
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> IF 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 4.OTHER 2.EMS 5.UNKNOWN 3.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 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
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MOTORIST / NON-MOTORIST

OCCUPANT

SEATING POSITION
A <b>01</b> 01.FRONT - LEFT (MC DRIVER)
B <b>01</b> 02.FRONT - MIDDLE
C <input type="checkbox"/> 03.FRONT - RIGHT
D <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.LEEPPER 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.ANTERIOR
<input type="checkbox"/> 15.OTHER
<input type="checkbox"/> 16.NON-MOTORIST
<input type="checkbox"/> 17.UNKNOWN

SAFETY EQUIPMENT
A <b>04</b> MOTORIST
B <b>04</b> 01.NONE USED
C <input type="checkbox"/> 02.SHOLDER BELT ONLY USED
D <input type="checkbox"/> 03.LAP BELT ONLY USED
<input type="checkbox"/> 04.SHOLDER 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.NON-MOTORIST
<input type="checkbox"/> 09.NONE 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
A <b>1</b> 1.NOT-DEPLOYED
B <b>1</b> 2.DEPLOYED - FRONT
C <input type="checkbox"/> 3.DEPLOYED - SIDE
D <input type="checkbox"/> 4.DEPLOYED BOTH FRONT/SIDE
<input type="checkbox"/> 5.NOT APPLICABLE
<input type="checkbox"/> 6.DEPLOYMENT UNKNOWN

AIR BAG SWITCH
A <b>1</b> 1.ON-OFF SWITCH NOT PRESENT
B <b>1</b> 2.SWITCH IN ON POSITION
C <input type="checkbox"/> 3.SWITCH IN OFF POSITION
D <input type="checkbox"/> 4.UNKNOWN POSITION

EJECTION
A <b>1</b> 1.NOT EJECTED
B <b>1</b> 2.TOTALLY EJECTED
C <input type="checkbox"/> 3.PARTIALLY EJECTED
D <input type="checkbox"/> 4.NOT APPLICABLE
<input type="checkbox"/> 5.UNKNOWN

TRAPPED
A <b>1</b> 1.NOT TRAPPED
B <b>1</b> 2.ENTRAPPED BY MECHANICAL MEANS
C <input type="checkbox"/> 3.FREED BY NON-MECHANICAL MEANS
D <input type="checkbox"/> 4.UNKNOWN

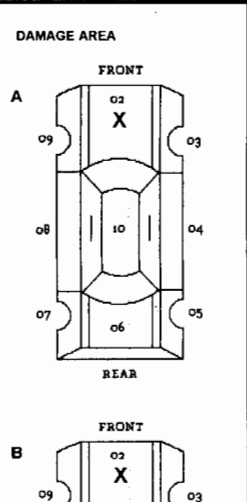
INJURIES
A <b>1</b> 1.NO INJURY
B <b>1</b> 2.POSSIBLE
C <input type="checkbox"/> 3.UNION-INCAPACITATING
D <input type="checkbox"/> 4.INCAPACITATING
<input type="checkbox"/> 5.FATAL INJURY
<input type="checkbox"/> 6.UNKNOWN

SUPPLEMENT 'X' IF YES

**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 NOT SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)  
 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)  
 13 OTHER SIDE 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 APPROXIMATING 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="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-COLLISION**  
 01 RETURN ROLL/OVER  
 02 FIRE/EXPLOSION  
 03 IMMERSION  
 04 JACKKNIFE  
 05 CAR/OBJECT/PERSON ON SHOULDER  
 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.)  
 07 SEPARATION OF WHEELS  
 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 W/PERSON, VEHICLE OR OBJECT NOTIFIED  
 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 PARAPET  
 30 GUARDRAIL FACE  
 31 GUARDRAIL END  
 32 MEDIA BARRIER  
 33 HIGHWAY TRAFFIC SIGN POST  
 34 OVERHEAD SIGN POST  
 35 LIGHT TOWER/ILLUMINARIES SUPPORT  
 36 UTILITY POLE  
 37 OTHER POST, POLE OR SUPPORT  
 38 CULVERT  
 39 CURB  
 40 UTILITY  
 41 FENCE  
 42 FENCE  
 43 MAIL BOX  
 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 WALK/DONT WALK  
 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED  
 16 OTHER  
 17 NOT REPORTED

**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

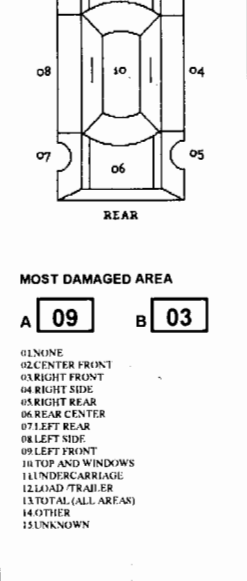
**DRUG TEST 1 & 2 RESULT**  
 A   B

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 SUB-COMPACT  
 02 COMPACT  
 03 MID-SIZED  
 04 FULL-SIZED  
 05 MINIVAN  
 06 SPORT UTILITY VEHICLE  
 07 PICKUP  
 08 PANEL VAN  
 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/DRUM/ROLL-ON SHORT  
 15 TRACTOR/DRUM/ROLL-ON LONG  
 16 FIFTH WHEEL OR CONVERTER DOLLY  
 17 TRACTOR TRIPLES  
 18 MOTORCYCLE  
 19 MOTORCYCLED 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/DRIVER  
 36 ANIMAL W/O DRIVER  
 37 BICYCLE  
 38 PEDESTRIAN  
 39 PEDALCYCLIST (BICYCLE, TRICYCLE, INCYCLE, PEDAL 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/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 IN ATTENTION  
 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 SIGNS, SIGNALS OR OFFICER  
 31 WRONG SIDE OF THE ROAD  
 32 OTHER  
 33 UNKNOWN

**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

**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)

**SPEED DETECTED**  
 A  B

1 STATED  
 2 ESTIMATED

**SPEED**  
 A  B

**TYPE OF INTERSECTION**

01 NOT AN INTERSECTION  
 02 FOUR-WAY INTERSECTION  
 03 T-INTERSECTION  
 04 Y-INTERSECTION  
 05 TRAFFIC CIRCLE/ROUNDABOUT  
 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 OTHER SIDE 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 STRIKING  
 4 STRUCK  
 5 BOTH STRIKING AND STRUCK  
 6 UNKNOWN

**VEHICLE DEFECT CODE ONLY IF '1' SELECTED ABOVE**  
 A  B

01 TURN SIGNALS  
 02 HEAD LAMPS  
 03 TAIL LAMPS  
 04 BRAKES  
 05 STEERING  
 06 TIRE BLOWOUT  
 07 WORK OR SLICK TIRES  
 08 TRAILER EQUIPMENT DEFECTIVE  
 09 MOTOR TROUBLE  
 10 DISABLED FROM PRIOR ACCIDENT  
 11 OTHER DEFECTS  
 12 NO DEFECTS

**ALCOHOL/DRUG SUSPECTED**  
 A  B

1 NONE  
 2 YES ALCOHOL SUSPECTED  
 3 YES - HBH 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 BREATH  
 3 BLOOD  
 4 URINE

**ALCOHOL TEST RESULT**  
 A

B

**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 RUT, HOLES, RIMPS, UNEVEN PAVEMENT  
 10 OTHER  
 11 UNKNOWN

**IN EMERGENCY RESPONSE**  
 A  B

1 NO  
 2 YES  
 3 UNKNOWN

**DAMAGE SCALE**  
 A  B

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

**STRIKING VEHICLE OVERRIDE/UNDERIDE**  
 A  B

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

**SUPPLEMENT 'X' IF YES**

**LOCAL REPORT #**  
 09MPD 2875

**NARRATIVE**

UNIT # 1 WAS NORTHBOUND ON SOUTH WASHINGTON STREET. UNIT # 2 WAS SOUTHBOUND TURNING LEFT ONTO GLEN DRIVE OFF OF SOUTH WASHINGTON STREET. UNIT # 2 STARTED TO MAKE THE LEFT TURN AFTER THE LIGHT CHANGED RED. UNIT # 1 RAN THE RED LIGHT. UNIT #1 STRUCK UNIT # 2

**MANNER OF COLLISION OR IMPACT**

- 6**
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**

- 1**
1. NO
  2. YES, DIRECTLY INVOLVED
  3. YES, INDIRECTLY INVOLVED
  4. UNKNOWN

**WORK ZONE RELATED**

- 1**
1. NO
  2. YES
  3. UNKNOWN

**WEATHER**

- 02**
01. CLEAR
  02. CLOUDY
  03. FOG/SMOG/SMOKE
  04. RAIN
  05. SHEET HAIL (FREEZING RAIN OR DRIZZLE)
  06. SNOW
  07. SEVERE CROSSWINDS
  08. HOWLING SANDSTORM/DIRT/SNOW
  09. OTHER
  10. UNKNOWN

**TYPE OF WORK ZONE**

- 
1. LANE CLOSURE
  2. LANE SHIFT/CROSSOVER
  3. WORK ON SHOULDER OR MEDIAN
  4. INTERMITTENT OR MOVING WORK
  5. OTHER

**LOCATION OF CRASH IN WORK ZONE**

- 
1. BEFORE THE FIRST WORK ZONE WARNING SIGN
  2. ADVANCE WARNING AREA
  3. TRANSITION AREA
  4. ACTIVITY AREA

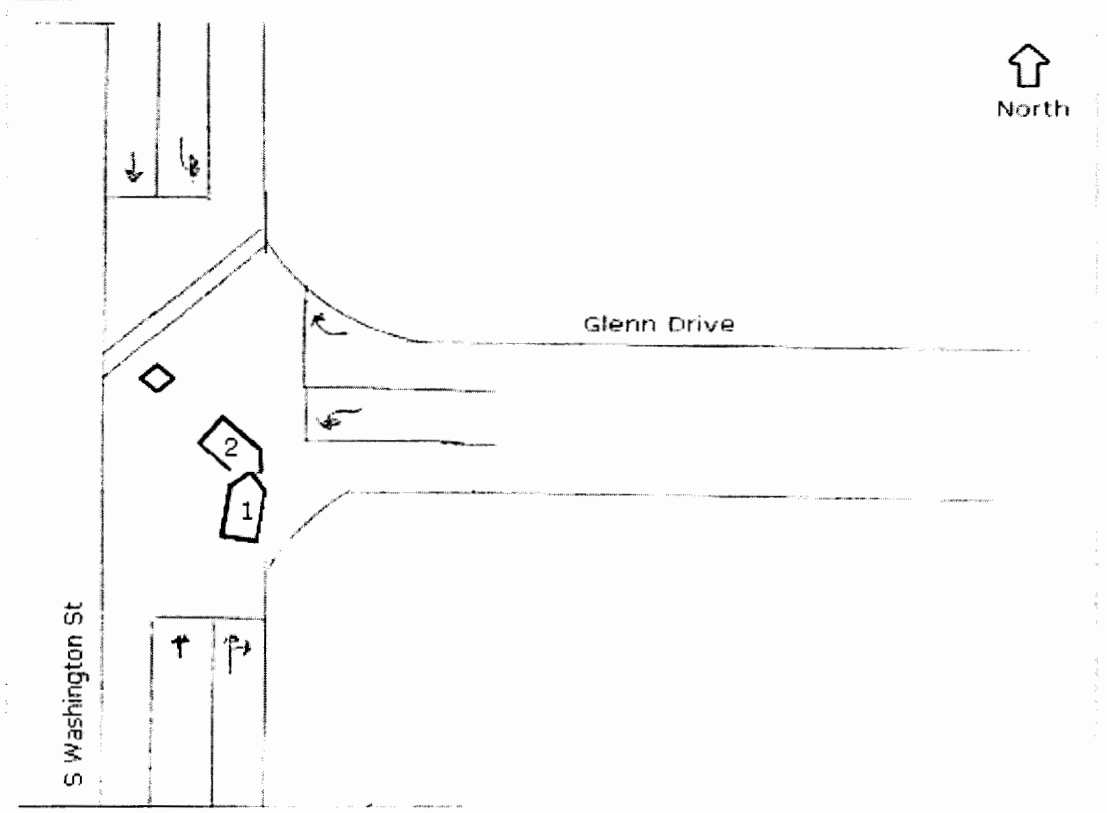
**LIGHT CONDITIONS**

- PRIMARY**  **SECONDARY**
- 1**
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

**WORKERS PRESENT**

- 
1. NO
  2. YES
  3. UNKNOWN

**DIAGRAM**



**TRUCK/BUS UNIT #**

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.

THE CRASH RESULTED IN ONE OF THE FOLLOWING:  
 A A FATALITY; OR  
 N 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.

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
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<b>CARGO BODY TYPE</b> <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCL. DRIVING DRIVER) <input type="checkbox"/> 03 VAN (ENCL. DRIVING DRIVER) <input type="checkbox"/> 04 GRAIN CHIPS GRAVEL <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	<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 1. LESS/EQUAL 10,000 <input type="checkbox"/> 2. 10,001 - 26,000 <input type="checkbox"/> 3. MORE THAN 26,000	<b>CDL CLASS</b> <input type="checkbox"/>	<b>HAZARDOUS MATERIALS</b> <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. UNKNOWN	<b>HAZARDOUS MATERIALS REFI FASEN</b> <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. NOT APPLICABLE
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**POLICE ACTION**

DATE CRASH REPORTED <b>12/20/2009</b>	TIME REC CALL <b>16:35</b>	DISPATCH <b>16:35</b>	ARRIVED <b>16:38</b>	CLEARED <b>17:20</b>	OTHER <b>0</b>	TOTAL MINUTES <b>45</b>
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OFFICER'S NAME <b>CAPT. SCOTT AKINS</b>	BADGE # <b>103</b>	CHECKED BY	DATE REPORT FILED <b>12/20/2009</b>
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REPORT TAKEN BY <b>1</b> 1. POLICE AGENCY 2. MOTORIST	REPORT TAKEN AT <b>1</b> 1. SCENE 2. STATION 3. OTHER	SUPPLEMENT 'X' IF YES <input type="checkbox"/>	LOCAL REPORT # <b>09MPD 2875</b>
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