



TRAFFIC CRASH REPORT

OH-1 (Rev. 1/99)

CRASH REPORT # 11CR 9 03	CRASH SEVERITY 3 1.FATAL 3.PDO 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> *X IF YES	HIT / SKIP 1 1.NOT HIT / SKIP 2.SOLVED 3.NOT SOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> *X IF YES	OH-2 <input type="checkbox"/> OH-3 <input checked="" type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
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N.C.I.C. # 01313	REPORTING AGENCY WILLIAMSBURG POLICE DEPT	# UNITS 2	UNIT ERROR 01 98.ANIMAL 99.UNKNOWN	DATE OF CRASH 3/7/2011
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TIME OF CRASH 11:45	DAY OF WEEK MON	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) WILLIAMSBURG	COUNTY # 13	LATITUDE 3903261320	LONGITUDE 0840303084
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX N	CRASH LOCATION WALNUT	TYPE LOC 1
1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE		

DIST. REF.	DIR N	PREFIX N	REFERENCE 000299	REF POINT 04	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 PLACE NAME WITHOUT REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) ABRAMS GARY E
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)
635 HOFFMAN AVENUE WILLIAMSBURG OH 45176

SOCIAL SECURITY NUMBER	DATE OF BIRTH 11/17/1965	AGE 45	SEX M	HOME PHONE #	WORK PHONE # (513)724-2600
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DL STATE OH	DL # RT112852	LP STATE OH	LP # FORKLIFT	INJURED TAKEN BY 1 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")
COMPANY OWNED FORKLIFT

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)

YEAR 0	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES
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B	UNIT # 02	# OF OCC 2	NAME (LAST, FIRST, MIDDLE) DECKER JOHN M
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)
10432 PLEASANT RIDGE ROAD ALEXENDRIA KY 41001

SOCIAL SECURITY NUMBER	DATE OF BIRTH 06/12/1944	AGE 66	SEX M	HOME PHONE #	WORK PHONE #
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DL STATE KY	DL # D92083239	LP STATE KY	LP # 298-FRT	INJURED TAKEN BY 1 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")
JOHN M, DECKER

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)
10432 PLEASANT RIDGE ROAD ALEXENDRIA KY 41001

YEAR 2000	MAKE BUICK	MODEL CENTURY	COLOR TAN / WHI	INSURANCE COMPANY LIBERTY MUTUAL	TOWING SERVICE SEIBERTY	OWNER PHONE # (859)635-3732
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES
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C	UNIT # 02	NAME (LAST, FIRST, MIDDLE) DECKER JAMES A	HOME PHONE # (859)907-5579	DATE OF BIRTH 10/04/1947	AGE 63	SEX M
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)
8085 TOLLGATE ROAD ALEXENDRIA KY 41001

INJURED TAKEN BY 1 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) RICE DAVID	HOME PHONE # (513)724-2600	DATE OF BIRTH	AGE	SEX
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)
3722 MCKEEVER SCHOOLHOUSE ROAD

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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SEATING POSITION A 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 BLANK FOR WITNESS	SAFETY EQUIPMENT A 07 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	AIR BAG A 5 1. NOT-DEPLOYED 2. DEPLOYED - FRONT 3. DEPLOYED - SIDE 4. DEPLOYED BOTH FRONT/SIDE 5. NOT APPLICABLE 6. DEPLOYMENT UNKNOWN	AIR BAG SWITCH A 4 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION	EJECTION A 1 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN	TRAPPED A 1 1.NOT TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN	INJURIES A 1 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN SUPPLEMENT *X IF YES
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MOTORIST - NON-MOTORIST - OCCUPANT

UNIT NUMBERS

A 01 B 02

NON-MOTORIST LOCATION

A 05 B 05

- 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 42 B 03

- MOTORIST
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, 6 TIRES
10. SINGLE UNIT TRUCK; 3 OR MORE AXLES
11. TRUCK/TRAILER
12. TRUCK TRACTOR (BOBTAIL)
13. TRACTOR/SEMI-TRAILER
14. TRACTOR/DRAWER - 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, PEDAL CAR)
40. SKATER
41. OTHER-NON MOTORIST (WHEELCHAIR, ETC)
42. UNKNOWN

IN EMERGENCY RESPONSE

A 1 B 1

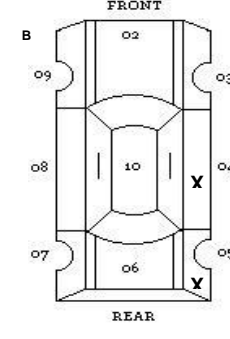
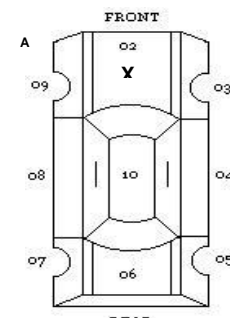
- 1. NO
2. YES
3. UNKNOWN

DAMAGE SCALE

A 1 B 3

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

DAMAGE AREA



MOST DAMAGED AREA

A 01 B 05

- 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

POINT OF IMPACT

A 02 B 05

- 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 4 B 4

- 1. NON-CONTACT
2. NON-COLLISION
3. STRICKING
4. STRUCK
5. BOTH STRICKING AND STRUCK
6. UNKNOWN

STRIKING VEHICLE OVERRIDE/UNDERRIDE

A 1 B 1

- 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

PRE-CRASH ACTIONS

A 07 B 01

- 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. APPROCHING OR LEAVING VEHICLE
20. PLAYING OR WORKING ON VEHICLE
21. STANDING
23. UNKNOWN

CONTRIBUTING CIRCUMSTANCES

A 33 B 16

- 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 INATTENTION
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

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

SEQUENCE OF EVENTS

A B
1 20 1 20
2
3
4

- NON-COLLISION
01. OVERTURN/Rollover
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
10. CROSS-MEDIA/CENTERLINE
11. DOWN-HILL RUNAWAY
12. OTHER NON-COLLISION
13. UNKNOWN NON-COLLISION
COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED
14. PEDESTRIAN
15. PEDACYCLE
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
COLLISION WITH FIXED OBJECT
25. IMPACT ATTENUATOR/CRASH CUSHION
26. BRIDGE OVERHEAD STRUCTURE
27. BRIDGE PIER OR ABUTMENT
28. BRIDGE PARAPET
29. BRIDGE RAIL
30. GUARDRAIL FACE
31. GUARDRAIL END
32. MEDIAN 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. EMBARKMENT
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

FIRST HARMFUL EVENT

A 5 B 5

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

MOST HARMFUL EVENT

A 5 B 5

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

SPEED DETECTED

A B

- 1. STATED
2. ESTIMATED

SPEED

A 0 B 0

POSTED SPEED

A 0 B 0

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
18. 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 1 B 1

- 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

ALCOHOL/DRUG SUSPECTED

A 1 B 1

- 1. NONE
2. YES, ALCOHOL SUSPECTED
3. YES - HED NOT IMPAIRED
4. YES - DRUGS SUSPECTED
5. YES - ALCOHOL AND DRUGS SUSPECTED
6. UNKNOWN

ALCOHOL TEST STATUS

A 1 B 1

- 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 1 B 1

- 1. NONE
2. BLOOD
3. URINE
4. BREATH
5. OTHER

ALCOHOL TEST RESULT

A B

DRUG TEST STATUS

A 1 B 1

- 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 1 B 1

- 1. NONE
2. BLOOD
3. URINE
4. OTHER

DRUG TEST 1 & 2 RESULT

A 1 1 B 1 1

- 1. NONE
2. MARIJUANA
3. COCAINE
4. OPIATES
5. AMPHETAMINES
6. PCP
7. OTHER
8. UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION

01

- 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

- 1. ON ROADWAY
2. ON SHOULDER
3. IN MEDIAN
4. ON ROADSIDE
5. ON GORE
6. OUTSIDE TRAFFICWAY
7. UNKNOWN

ROAD CONTOUR

1

- 1. STRAIGHT LEVEL
2. STRAIGHT GRADE
3. CURVE LEVEL
4. CURVE GRADE
5. UNKNOWN

ALCOHOL/DRUG SUSPECTED

PRIMARY 01 SECONDARY

- 01. DRY
02. WET
03. SNOW
04. ICE
05. SAND/MUD/DIRT/OIL/GRAVEL
06. WATER (STANDING, MOVING)
07. SLUSH
08. DEBRIS
09. FLUT, HOLES, BUMPS, UNEVEN PAVEMENT
10. OTHER
11. UNKNOWN

SUPPLEMENT 'X' IF YES LOCAL REPORT # 11CR 9 03

NARRATIVE
WHILE UNLOADING UNIT 1 TURNED RIGHT AND SIDESWIPE UNIT 2

MANNER OF COLLISION OR IMPACT <input type="checkbox"/> 8 1. NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2. REAR-END 3. HEAD-ON 4. REAR-TO-REAR 5. BACKING 6. ANGLE 7. SIDE SWIPE SAME DIRECTION 8. SIDE SWIPE OPPOSITE DIRECTION 9. UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> 1 1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN	DIAGRAM
WEATHER <input type="checkbox"/> 01 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	WORK ZONE RELATED <input type="checkbox"/> 3 1. NO 2. YES 3. UNKNOWN	
LIGHT CONDITIONS PRIMARY <input 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. GLARE 8. OTHER 9. UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 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 <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="checkbox"/>	A	THE CRASH RESULTED IN ONE OF THE FOLLOWING: A FATALITY; OR AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR 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
CARGO BODY TYPE			WEIGHT (GVWR)	CDL CLASS	HAZARDOUS MATERIALS PLACARD	HAZARDOUS MATERIALS RELEASED	
<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/LWN <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			<input type="checkbox"/> 1. LESS/EQUAL 10,000 <input type="checkbox"/> 2. 10,001 - 26,000 <input type="checkbox"/> 3. MORE THAN 26,000	<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	<input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. UNKNOWN	<input type="checkbox"/> 1. NO 4. UNKNOWN <input type="checkbox"/> 2. YES 3. NOT APPLICABLE	

POLICE ACTION							
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES	
3/7/2011	11:52	11:52	11:52	13:16	0	84	
OFFICER'S NAME		BADGE #	CHECKED BY		DATE REPORT FILED		
OFC. M. HOENLE		4W16	4W85		3/7/2011		
REPORT TAKEN BY		REPORT TAKEN AT		<input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT #		
<input type="checkbox"/> 1 1. POLICE AGENCY 2. MOTORIST 3. UNKNOWN		<input type="checkbox"/> 1 1. SCENE 2. STATION 3. OTHER			11CR 9 03		