

# TRAFFIC CRASH REPORT



CRASH REPORT # <b>10CR 6 02</b>	CRASH SEVERITY <b>3</b> <small>1.FATAL/ERROR 3.PDO 2.INJURY 4.UNKNOWN</small>	PRIVATE PROPERTY <input type="checkbox"/> *X IF YES	HITS/SKIP <b>1</b> <small>1.NOT HITS/SKIP 2.SOLVED 3.UNSOLVED</small>	PHOTOS TAKEN <input checked="" 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>01313</b>	REPORTING AGENCY <b>WILLIAMSBURG POLICE DEPT</b>	# UNITS <b>2</b>	UNIT ERROR <b>01</b> <small>98.ANIMAL 99.UNKNOWN</small>	DATE OF CRASH <b>2/12/2010</b>	

TIME OF CRASH <b>10:10</b>	DAY OF WEEK <b>FRI</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>WILLIAMSBURG</b>	COUNTY # <b>13</b>	LATITUDE <b>3903121251</b>	LONGITUDE <b>0840308543</b>
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CRASH OCCURRED ON		TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>S</b>	CRASH LOCATION <b>SECOND</b>	TYPE LOC <b>1</b>	
		<small>1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE</small>	

AT/REFERENCE				REFERENCE POINT USED			
DIST. REF. <b>77 F</b>	DR <b>S</b>	PREFIX	REFERENCE <b>MAIN</b>	REF POINT <b>02</b>	<small>01.STATE LINE 02.INTERSECTION OF TWO STREETS 03.COUNTY LINE 04.HOUSE NUMBER</small>		<small>05.TOWNSHIP BOUNDARY 06.MILE POST 07.CORPORATION LIMIT 08.PLACE NAME WITHOUT REFERENCE 09.DRIVEWAY 10.STREET OR ROUTE WITHOUT REFERENCE</small>

MOTORIST / NON-MOTORIST

<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>2</b>	NAME (LAST, FIRST, MIDDLE) <b>BUTTS BRENDA S</b>			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>15040 STATE ROUTE 68 MT ORAB OH 45154</b>						
SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>11/05/1960</b>	AGE <b>49</b>	SEX <b>F</b>	HOME PHONE # <b>(513)628-6315</b>	WORK PHONE #
DL STATE <b>OH</b>	DL # <b>RP734776</b>	LP STATE <b>OH</b>	LP # <b>EPB-1001</b>	INJURED TAKEN BY <b>1</b> <small>1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE</small>	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') <b>WILLARD E. BUTTS</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>15040 STATE ROUTE 286 MT. ORAB OH 45154</b>			
YEAR <b>1997</b>	MAKE <b>FORD</b>	MODEL <b>F-SERIES PIC</b>	COLOR <b>BLACK</b>	INSURANCE COMPANY <b>WESTERN RESERVE</b>	TOWING SERVICE	OWNER PHONE# <b>(513)628-6315</b>
OFFENSE CHARGED	OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>0</b>	NAME (LAST, FIRST, MIDDLE) <b>UNOCCUPIED PARKED</b>			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>OH</b>						
SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>/ /</b>	AGE	SEX	HOME PHONE # <b>(602)821-7586</b>	WORK PHONE #
DL STATE	DL #	LP STATE <b>AZ</b>	LP # <b>34L N88</b>	INJURED TAKEN BY <input type="checkbox"/> <small>1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE</small>	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') <b>ASHLEY S. LEVIN</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>185 WEST MAIN STREET WILLIAMSBURG OH 45176</b>			
YEAR <b>2007</b>	MAKE <b>TOYOTA</b>	MODEL <b>OTHER</b>	COLOR <b>SILVER</b>	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE# <b>(602)821-7586</b>
OFFENSE CHARGED	OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES

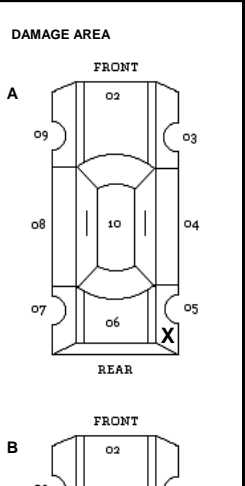
<b>C</b>	UNIT # <b>01</b>	NAME (LAST, FIRST, MIDDLE) <b>LYTLE DONALD F</b>		HOME PHONE# <b>(513)628-6315</b>	DATE OF BIRTH <b>12/01/1979</b>	AGE <b>30</b>	SEX <b>M</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>15040 STATE ROUTE 68 MT. ORAB OH 45154</b>				INJURED TAKEN BY <b>1</b> <small>1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE</small>	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"/> <small>1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE</small>	TRANSPORTED BY	INJURED TAKEN TO	

<b>SEATING POSITION</b> 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	<b>SAFETY EQUIPMENT</b> 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	<b>AIR BAG</b> 1.NOT DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN	<b>AIR BAG SWITCH</b> 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION	<b>EJECTION</b> 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN	<b>TRAPPED</b> 1.NOT TRAPPED 2.EXTRACTED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN	<b>INJURIES</b> 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN	
<b>A</b>	<b>01</b>	<b>A</b>	<b>07</b>	<b>A</b>	<b>1</b>	<b>A</b>	<b>1</b>
<b>B</b>		<b>B</b>		<b>B</b>		<b>B</b>	
<b>C</b>	<b>03</b>	<b>C</b>	<b>07</b>	<b>C</b>	<b>1</b>	<b>C</b>	<b>1</b>
<b>D</b>		<b>D</b>		<b>D</b>		<b>D</b>	
<input type="checkbox"/> 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 NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)  
 12.BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFIC WAY)  
 13.OUTSIDE TRAFFIC WAY  
 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.ENTRING 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  
 22.OTHER  
 23.UNKNOWN

- SEQUENCE OF EVENTS**
- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| A                                 | B                                 |
| 1 <input type="text" value="21"/> | 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.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  
 09.RAN OFF ROAD LEFT  
 10.CROSS MEDIAN/CENTERLINE  
 11.DOWNHILL RUNAWAY  
 12.OTHER NON-COLLISION  
 13.UNKNOWN NON-COLLISION  
 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  
 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

**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 CROSSINGS  
 08.RAILROAD FLASHERS  
 09.RAILROAD GATES  
 10.CONSTRUCTION BARRICADE  
 11.POLICE OFFICER  
 12.PAVEMENT MARKINGS  
 13.CROSSWALK LINES  
 14.WALK/DON'T WALK  
 15.TRAFFIC CONTROL DEVICE  
 16.OPERATIVE, MISSING, OBSCURED  
 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

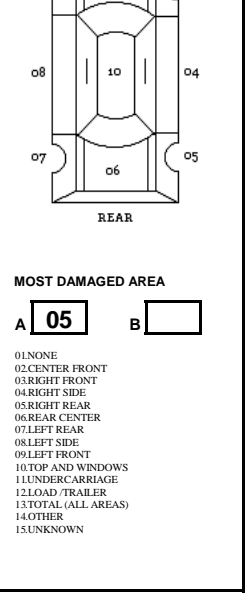
1.NONE  
 2.BLOOD  
 3.URINE  
 4.OTHER

**DRUG TEST 1 & 2 RESULT**

1	2	1	2
A <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text"/>	B <input type="text"/>

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 SIZE  
 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/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/DRIVER  
 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



- TYPE OF INTERSECTION**  
 A  B
- 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

**DIRECTION**  
 FROM TO FROM TO  
 A   B

1.NORTH  
 2.SOUTH  
 3.EAST  
 4.WEST  
 5.NORTH EAST  
 6.NORTH WEST  
 7.SOUTH EAST  
 8.SOUTH WEST  
 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)

**ALCOHOL/DRUG SUSPECTED**  
 A  B

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

**ROAD CONTOUR**  
 A  B

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

**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, BUMPS, UNEVEN PAVEMENT  
 10.OTHER  
 11.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 '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

**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

**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  
 4.BREATH  
 2.BLOOD  
 5.OTHER  
 3.URINE

**ALCOHOL TEST RESULT**  
 A

B

**LOCAL REPORT #**  
 10CR 6 02

**DAMAGE SCALE**  
 A  B

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

**STRIKING VEHICLE OVERRIDE/UNDERRIDE**  
 A  B

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

**SUPPLEMENT 'X' IF YES**

**LOCAL REPORT #**  
 10CR 6 02

**NARRATIVE**

UNIT #1 BACKED OUT OF THE PARKING LOT OF 209 WEST MAIN STREET AND STRUCK UNIT #2 WHICH WAS LEGALLY PARKED ON S. SECOND STREET.

**MANNER OF COLLISION OR IMPACT**

**5**  
 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**

**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

**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

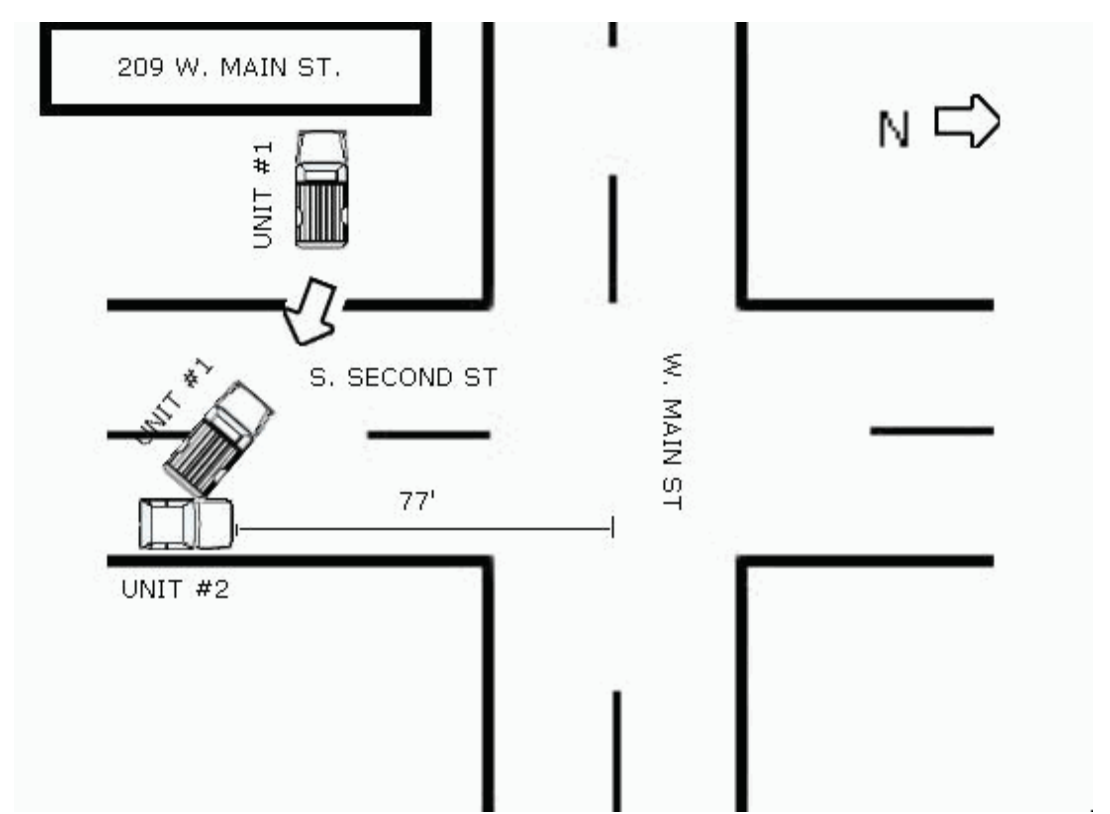
**LIGHT CONDITIONS**

**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 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.

**COMPANY (FROM SHIPPING PAPERS)**

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

**POLICE ACTION**

<b>DATE CRASH REPORTED</b> 2/12/2010	<b>TIME REC CALL</b> 10:16	<b>DISPATCH</b> 10:17	<b>ARRIVED</b> 10:37	<b>CLEARED</b> 11:10	<b>OTHER</b> 0	<b>TOTAL MINUTES</b> 53
<b>OFFICER'S NAME</b> SGT R. RUEHRWEIN		<b>BADGE #</b> 4W85	<b>CHECKED BY</b> 4W85		<b>DATE REPORT FILED</b> 2/12/2010	
<b>REPORT TAKEN BY</b> <b>1</b> 1. POLICE AGENCY 2. MOTORIST	<b>REPORT TAKEN AT</b> <b>1</b> 1. SCENE 2. STATION 3. OTHER	<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>		<b>LOCAL REPORT #</b> 10CR 6 02		