

TRAFFIC CRASH REPORT



CRASH REPORT # 10CR 11 03	CRASH SEVERITY 3 1.FATAL ERROR 3.PDO 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> *X IF YES	HITS/SKIP 1 1.NOT HITS/SKIP 2.SOLVED 3.UNSOLVED	PHOTOS TAKEN X *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. # 01313	REPORTING AGENCY WILLIAMSBURG POLICE DEPT		# UNITS 2	UNIT ERROR 99 98.ANIMAL 99.UNKNOWN	DATE OF CRASH 3/7/2010

TIME OF CRASH 11:53	DAY OF WEEK SUN	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) WILLIAMSBURG	COUNTY # 13	LATITUDE 3903136738	LONGITUDE 0840300374
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX N	CRASH LOCATION FRONT	TYPE LOC 1
		1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE

AT/REFERENCE	REFERENCE POINT USED
DIST. REF.	DR
PREFIX	REFERENCE 000155
REF POINT 04	
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) DALEY JOANN H.			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1945 AMIOTT LANE MOUNT ORAB OH 45154						
SOCIAL SECURITY NUMBER	DATE OF BIRTH 05/21/1940	AGE 69	SEX F	HOME PHONE # (937)444-1073	WORK PHONE #	
DL STATE OH	DL # RH414552	LP STATE OH	LP # BHP6983	INJURED TAKEN BY 1 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') DALEY, JOANN H.			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1945 AMIOTT LANE MOUNT ORAB OH 45154			
YEAR 1999	MAKE CHEVROLET	MODEL LUMINA	COLOR GOLD	INSURANCE COMPANY NATIONWIDE	TOWING SERVICE	OWNER PHONE# (937)444-1073
OFFENSE CHARGED	OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES

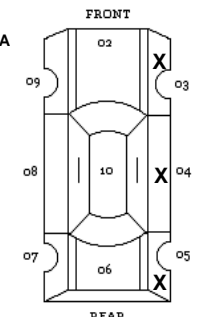
B	UNIT # 02	# OF OCC 0	NAME (LAST, FIRST, MIDDLE) UNOCCUPIED PARKED			
ADDRESS (STREET, CITY, STATE, ZIP-CODE)						
SOCIAL SECURITY NUMBER	DATE OF BIRTH / /	AGE	SEX	HOME PHONE #	WORK PHONE #	
DL STATE	DL #	LP STATE OH	LP # EVS6108	INJURED TAKEN BY <input type="checkbox"/> 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') BURT, RONALD L. II			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 155 NORTH FRONT STREET #2 WILLIAMSBURG OH 45176			
YEAR 2004	MAKE KIA	MODEL OTHER	COLOR BLUE	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE# (513)536-7218
OFFENSE CHARGED	OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES

C	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	
D	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	

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
A <input type="checkbox"/> 01 B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	A <input type="checkbox"/> 04 B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	A <input type="checkbox"/> 1 B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	A <input type="checkbox"/> 1 B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	A <input type="checkbox"/> 1 B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	A <input type="checkbox"/> 1 B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	A <input type="checkbox"/> 1 B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
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	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	1.NOT DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT/SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN	1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION	1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN	1.NOT TRAPPED 2.EXTRACTED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN	1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN
BLANK FOR WITNESS						<input type="checkbox"/> 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 <input type="text" value="03"/> B <input type="text" value="02"/>	PRE-CRASH ACTIONS A <input type="text" value="01"/> B <input type="text" value="10"/> <p>MOTORIST</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 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 <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> A 1 <input type="text" value="21"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/> </td> <td style="width:50%;"> B 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/> </td> </tr> </table> <p>NON-COLLISION</p> 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 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	A 1 <input type="text" value="21"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	B 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	POSTED SPEED A <input type="text" value="0"/> B <input type="text" value="0"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value=""/> <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 1 <input type="text" value="21"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	B 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>						
NON-MOTORIST LOCATION A <input type="text" value=""/> B <input type="text" value=""/> <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.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 TRAFFICWAY 14.SHARED USE PATHS OR TRAILS 15.UNKNOWN</p>	TYPE OF UNIT A <input type="text" value="03"/> B <input type="text" value="02"/> <p>MOTORIST</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, 6 TIRES 10.SINGLE UNIT TRUCK; 3 OR MORE AXLES 11.TRUCK-TRAILER 12.TRUCK TRACTOR (BOBTAL) 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.PEDALCYLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40.SKATER 41.OTHER-NON MOTORIST (WHEELCHAIR, ETC) 42.UNKNOWN	CONTRIBUTING CIRCUMSTANCES <input type="text" value="17"/> B <input type="text" value="21"/> <p>MOTORIST</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/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 IMROPER 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	TRAFFIC CONTROL A <input type="text" value="01"/> B <input type="text" value=""/> <p>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, OBSERVED 17.NOT REPORTED</p>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value=""/> <p>1.NONE 2.BLOOD 3.URINE 4.OTHER</p>			
POINT OF IMPACT A <input type="text" value="03"/> B <input type="text" value="08"/> <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>	MOST DAMAGED AREA A <input type="text" value="03"/> B <input type="text" value="08"/> <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 '19' SELECTED ABOVE A <input type="text" value=""/> B <input type="text" value=""/> <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>	DIRECTION FROM TO A <input type="text" value="1"/> <input type="text" value="2"/> B <input type="text" value=""/> <input type="text" value=""/> FROM TO B <input type="text" value=""/> <input type="text" value=""/> <p>1.NORTH 2.SOUTH 3.EAST 4.WEST 5.NORTH EAST 6.NORTHWEST 7.SOUTHEAST 8.SOUTHWEST 9.UNKNOWN</p>	DRUG TEST 1 & 2 RESULT <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> 1 <input type="text" value="1"/> 2 <input type="text" value="1"/> </td> <td style="width:50%;"> 1 <input type="text" value=""/> 2 <input type="text" value=""/> </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 <input type="text" value="1"/> 2 <input type="text" value="1"/>	1 <input type="text" value=""/> 2 <input type="text" value=""/>	TYPE OF INTERSECTION <input type="text" value="01"/> <p>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</p>
1 <input type="text" value="1"/> 2 <input type="text" value="1"/>	1 <input type="text" value=""/> 2 <input type="text" value=""/>						
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.STRIKING 4.STRUCK 5.BOTH STRIKING AND STRUCK 6.UNKNOWN</p>	SPEED DETECTED A <input type="text" value=""/> B <input type="text" value="2"/> <p>1.STATED 2.ESTIMATED</p>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value=""/> <p>1.NONE 2.YES ALCOHOL SUSPECTED 3.YES - HBD NOT IMPAIRED 4.YES - DRUGS SUSPECTED 5.YES - ALCOHOL AND DRUGS SUSPECTED 6.UNKNOWN</p>	OCURRENCE <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>	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.FUNCTIONAL DAMAGE 4.DISABLING DAMAGE 5.SEVERE 6.UNKNOWN</p>	STRIKING VEHICKE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>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</p>	SPEED A <input type="text" value="0"/> B <input type="text" value="0"/>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value=""/> <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>	ROAD CONDITIONS PRIMARY <input type="text" value="01"/> SECONDARY <input type="text" value=""/> <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>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value=""/> <p>1.NONE 4.BREATH 2.BLOOD 5.OTHER 3.URINE</p>		
			ALCOHOL TEST RESULT A <input type="text" value=""/> B <input type="text" value=""/>	SUPPLEMENT 'X' IF YES <input type="checkbox"/> LOCAL REPORT # 10CR 11 03			

NARRATIVE

UNIT 2 WAS LEGALLY PARKED ON NORTH FRONT STREET, HOWEVER THE REAR DRIVER'S SIDE DOOR WAS OPEN INTO THE LANE OF TRAFFIC. UNIT 1 WAS TRAVELING SOUTHBOUND ON NORTH FRONT STREET AND STRUCK THE OPEN DOOR OF UNIT 2.

MANNER OF COLLISION OR IMPACT

7

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

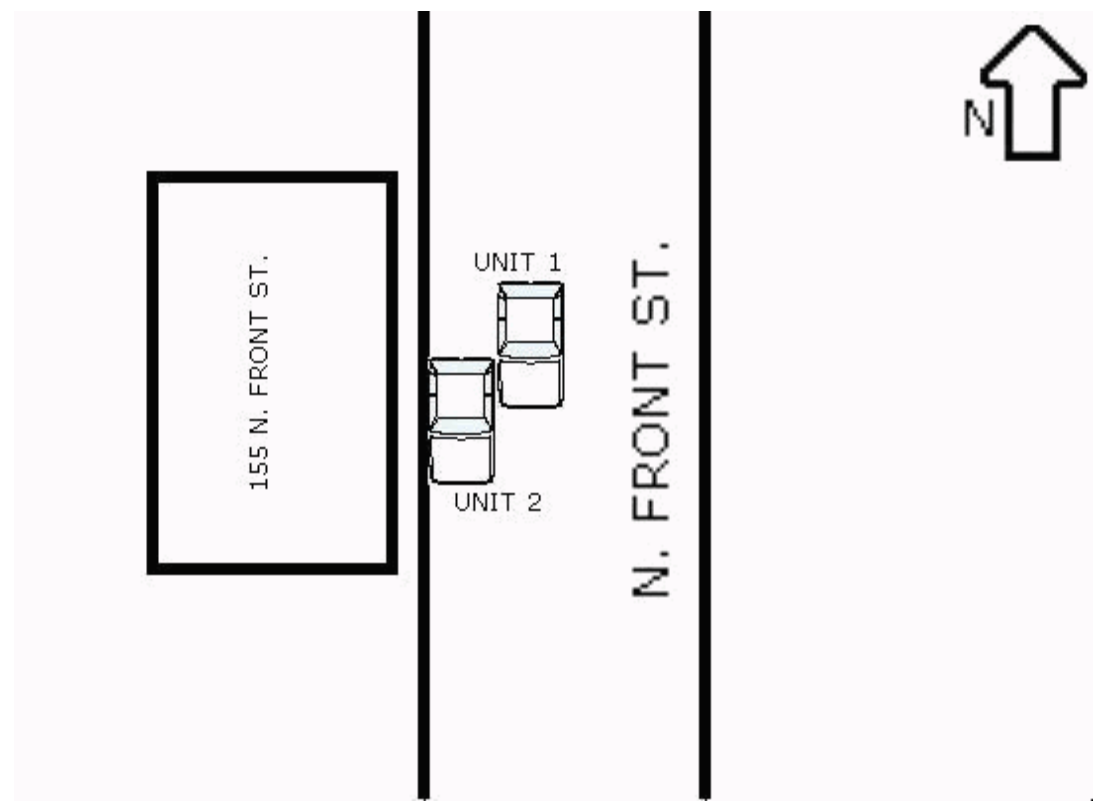
1

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.

A
N
D

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

POLICE ACTION

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
3/7/2010	11:53	11:53	12:07	12:25	0	32
OFFICER'S NAME	BADGE #	CHECKED BY	DATE REPORT FILED			
OF. J. BEATTY	4W17	4W85	3/7/2010			
REPORT TAKEN BY	REPORT TAKEN AT	<input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT #			
1. POLICE AGENCY 2. MOTORIST	1. SCENE 2. STATION 3. OTHER		10CR 11 03			