

TRAFFIC CRASH REPORT

CRASH REPORT # 10CR 3 01	CRASH SEVERITY 1.FATAL ERROR 3.PDO 2.INJURY 4.UNKNOWN 3	PRIVATE PROPERTY X IF YES <input checked="" type="checkbox"/>	HIT/SKIP 1.NOT HIT/SKIP 2.SOLVED 3.UNSOLVED 1	PHOTOS TAKEN X IF YES <input checked="" type="checkbox"/>	OH-2 OH-3 OH-1P OTHER <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # 01313	REPORTING AGENCY WILLIAMSBURG POLICE DEPT	# UNITS 3	UNIT ERROR 98.ANIMAL 99.UNKNOWN 01	DATE OF CRASH 1/21/2010	

TIME OF CRASH 19:14	DAY OF WEEK THU	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) WILLIAMSBURG	COUNTY # 13	LATITUDE 3903523944	LONGITUDE 0840339848
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CRASH OCCURRED ON			TYPE LOCATION POINT USED		LOCAL INFORMATION	
PREFIX ALLSTAR	CRASH LOCATION	TYPE LOC 1	1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE			

AT/REFERENCE				REFERENCE POINT USED			
DIST. REF.	DR	PREFIX	REFERENCE 004227	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 2	NAME (LAST, FIRST, MIDDLE) HESS M. LAVERNE					
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 2310 LILLIE BELL LANE #234 WILLIAMSBURG OH 45176								
SOCIAL SECURITY NUMBER		DATE OF BIRTH 12/31/1927	AGE 82	SEX F	HOME PHONE #		WORK PHONE #	
DL STATE OH	DL # RU156817	LP STATE OH	LP # 441XHV	INJURED TAKEN BY 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE 1		TRANSPORTED BY	INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE 'SAME') HESS, M. LAVERNE				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 2310 LILLIE BELL LANE #234 WILLIAMSBURG OH 45176				
YEAR 2002	MAKE FORD	MODEL TAURUS	COLOR BLACK	INSURANCE COMPANY CINCINNATI INSURA	TOWING SERVICE	OWNER PHONE#		
OFFENSE CHARGED 71.12E		OFFENSE DESCRIPTION EXPIRED OPERATORS LICENSE < 6 MNTHS				CITATION # 4108	LOCAL CODE <input checked="" 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 # DSM8357	INJURED TAKEN BY 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE		TRANSPORTED BY	INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE 'SAME') GOLIGHTLY, JEAN M.				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 172 KERMIT AVENUE WILLIAMSBURG OH 45176				
YEAR 2003	MAKE FORD	MODEL OTHER	COLOR SILVER	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE# (513)724-7683		
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> X IF YES	

C	UNIT # 01	NAME (LAST, FIRST, MIDDLE) HIGHFIELD MARILYNN D.			HOME PHONE# (513)724-2916	DATE OF BIRTH 06/27/1937	AGE 72	SEX F
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 2912 OLD STATE ROUTE 32 WILLIAMSBURG OH 45176					INJURED TAKEN BY 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE 1	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 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO	

SEATING POSITION A 01 B C 03 D BLANK FOR WITNESS	SAFETY EQUIPMENT A 04 B C 04 D	AIR BAG A 1 B C 1 D	AIR BAG SWITCH A 1 B C 1 D	EJECTION A 1 B C 1 D	TRAPPED A 1 B C 1 D	INJURIES A 1 B C 1 D
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.EXTRICATED 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

SUPPLEMENT
X IF YES

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="02"/> B <input type="text" value="10"/>	SEQUENCE OF EVENTS <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td>1 <input type="text" value="21"/></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="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"/>	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"/>
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-MOTORIST LOCATION A <input type="text"/>		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.APPROACHING OR LEAVING VEHICLE 20.PLAYING OR WORKING ON VEHICLE 21.STANDING 22.OTHER 23.UNKNOWN	NON-COLLISION 01.OVERTURN/ROLL/OVER 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 OF 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.PEDALCYCLE 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.EMBANKMENT 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	TRAFFIC CONTROL A <input type="text" value="01"/> B <input type="text"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text"/>										
TYPE OF UNIT A <input type="text" value="03"/> B <input type="text" value="02"/>		CONTRIBUTING CIRCUMSTANCES A <input type="text" value="21"/> B <input type="text" value="01"/>	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 OTHER 31.WRONG SIDE OF THE ROAD 32.OTHER 33.UNKNOWN	DIRECTION FROM TO A <input type="text" value="9"/> <input type="text" value="9"/> B <input type="text"/>	DRUG TEST 1 & 2 RESULT <table border="1"> <tr> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>A <input type="text" value="1"/></td> <td>A <input type="text" value="1"/></td> <td>B <input type="text"/></td> <td>B <input type="text"/></td> </tr> </table>	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	2	1	2												
A <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text"/>	B <input type="text"/>												
MOTORIST 01.SUB-COMPACT 02.COMPACT 03.MID SIZED 04.FULL SIZE 05.MINIVAN 06.SPOT 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/RIDER 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	MOST DAMAGED AREA A <input type="text" value="05"/> B <input type="text" value="02"/>	VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE A <input type="text"/>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	CONDITION A <input type="text" value="1"/> B <input type="text"/>	TYPE OF INTERSECTION <input type="text" value="01"/>										
POINT OF IMPACT A <input type="text" value="05"/> B <input type="text" value="02"/>	ACTION A <input type="text" value="3"/> B <input type="text" value="4"/>	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 <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text"/>	OCURRENCE <input type="text" value="6"/>										
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/>	STRIKING VEHICKE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	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	SPEED DETECTED A <input type="text"/>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text"/>	ROAD CONTOUR <input type="text" value="1"/>										
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text"/>	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	SPEED A <input type="text" value="0"/> B <input type="text" value="0"/>	ALCOHOL TEST RESULT A <input type="text"/>	ROAD CONDITION PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/>										
<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT # 10CR 3 01													

NARRATIVE

UNIT 2 AND UNIT 3 WERE PARKED IN THE PARKING LOT OF 4227 ALLSTAR DRIVE. UNIT 1 WAS ATTEMPTING TO LEAVE THE PARKING LOT AND STRUCK BOTH UNITS 2 AND 3.

<p>MANNER OF COLLISION OR IMPACT</p> <p><input checked="" type="checkbox"/> 1</p> <p>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</p>	<p>SCHOOL BUS RELATED</p> <p><input checked="" type="checkbox"/> 1</p> <p>1.NO 2.YES, DIRECTLY INVOLVED 3.YES, INDIRECTLY INVOLVED 4.UNKNOWN</p>	<p>DIAGRAM</p>
<p>WEATHER</p> <p><input checked="" type="checkbox"/> 04</p> <p>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</p>	<p>WORK ZONE RELATED</p> <p><input checked="" type="checkbox"/> 1</p> <p>1.NO 2.YES, 3.UNKNOWN</p>	
<p>LIGHT CONDITIONS</p> <p>PRIMARY <input checked="" type="checkbox"/> SECONDARY <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> 4</p> <p>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</p>	<p>TYPE OF WORK ZONE</p> <p><input type="checkbox"/></p> <p>1.LANE CLOSURE 2.LANE SHIFT/CROSSOVER 3.WORK ON SHOULDER OR MEDIAN 4.INTERMITTENT OR MOVING WORK 5.OTHER</p>	
<p>LOC ATION OF CRASH IN WORK ZONE</p> <p><input type="checkbox"/></p> <p>1.BEFORE THE FIRST WORK ZONE WARNING SIGN 2.ADVANCE WARNING AREA 3.TRANSITION AREA 4.ACTIVITY AREA</p>	<p>WORKERS PRESENT</p> <p><input type="checkbox"/></p> <p>1.NO 2.YES, 3.UNKNOWN</p>	

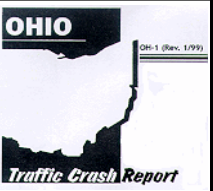
TRUCK/BUS	<p>UNIT # <input type="text"/></p>	<p>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.</p>
		<p>THE CRASH RESULTED 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.</p>

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
<p>CARGO BODY TYPE</p> <p><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</p>		<p>05.POLE 06.CARGO TANK 07.FLATBED 08.DUMP 09.CONCRETE MIXER</p>	<p>10.AUTO TRANSPORTER 11.GARBAGE/REFUSE 12.OTHER 13.UNKNOWN</p>	<p>WEIGHT (GVWR)</p> <p><input type="checkbox"/> 1.LESS/EQUAL 10,000 <input type="checkbox"/> 2.10,001 - 26,000 <input type="checkbox"/> 3.MORE THAN 26,000</p>	<p>CDL CLASS</p> <p><input type="checkbox"/></p> <p>1.CLASS A 2.CLASS B 3.CLASS C 4.CLASS D 5.CLASS E</p>	<p>HAZARDOUS MATERIALS</p> <p><input type="checkbox"/> 1.NO <input type="checkbox"/> 2.YES <input type="checkbox"/> 3.UNKNOWN</p>	<p>HAZARDOUS MATERIALS RFI FASED</p> <p><input type="checkbox"/> 1.NO 4.UNKNOWN <input type="checkbox"/> 2.YES <input type="checkbox"/> 3.NOT APPLICABLE</p>

POLICE ACTION							
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES	
1/21/2010	19:14	19:14	19:14	19:48	0	34	
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED			
OFC. J. BEATTY		4W17	4W85	1/21/2010			
REPORT TAKEN BY	REPORT TAKEN AT			SUPPLEMENT 'X' IF YES	LOCAL REPORT #		
<input checked="" type="checkbox"/> 1 1.POLICE AGENCY 2.MOTORIST	<input checked="" type="checkbox"/> 1 1.SCENE 2.STATION 3.OTHER			<input type="checkbox"/>	10CR 3 01		



TRAFFIC CRASH REPORT

CRASH REPORT # 10CR 3 01	CRASH SEVERITY 1.FATAL ERROR 3.PDO 2.INJURY 4.UNKNOWN 3	PRIVATE PROPERTY <input checked="" type="checkbox"/> 'X' IF YES	HIT/SKIP 1.NOT HIT/SKIP 2.SOLVED 3.UNSOLVED 1	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. # 01313	REPORTING AGENCY WILLIAMSBURG POLICE DEPT	# UNITS 3	UNIT ERROR 98.ANIMAL 99.UNKNOWN 01	DATE OF CRASH 1/21/2010	

TIME OF CRASH 19:14	DAY OF WEEK THU	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) WILLIAMSBURG	COUNTY # 13	LATITUDE 3903523944	LONGITUDE 0840339848
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CRASH OCCURRED ON			TYPE LOCATION POINT USED			LOCAL INFORMATION		
PREFIX ALLSTAR	CRASH LOCATION	TYPE LOC 1	1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE					

AT/REFERENCE				REFERENCE POINT USED				
DIST. REF.	DR	PREFIX	REFERENCE 004227	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 # 03	# OF OCC 0	NAME (LAST, FIRST, MIDDLE) UNOCCUPIED PARKED					
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)

SOCIAL SECURITY NUMBER	DATE OF BIRTH //	AGE	SEX	HOME PHONE #	WORK PHONE #
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DL STATE	DL #	LP STATE	LP # UNIT 5	INJURED TAKEN BY 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE <input type="checkbox"/>	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE 'SAME') VILLAGE OF WILLIAMSBURG			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 107 WEST MAIN STREET WILLIAMSBURG OH 45176			
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YEAR 2007	MAKE FORD	MODEL CROWN VICT	COLOR WHITE	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE# (513)724-6107
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> 'X' IF YES
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B	UNIT #	# OF OCC	NAME (LAST, FIRST, MIDDLE)					
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)

SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #
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DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE <input type="checkbox"/>	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE 'SAME')			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)			
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YEAR	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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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 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE <input type="checkbox"/>	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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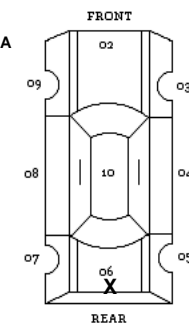
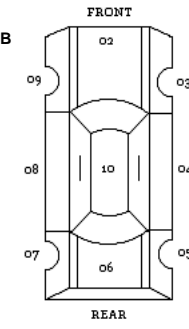
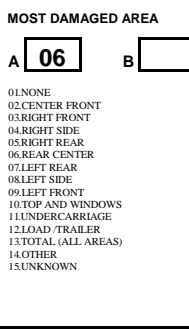
ADDRESS (STREET, CITY, STATE, ZIP-CODE)

INJURED TAKEN BY 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE <input type="checkbox"/>	TRANSPORTED BY	INJURED TAKEN TO
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SEATING POSITION A <input type="checkbox"/> 01.FRONT - LEFT (MC DRIVER) B <input type="checkbox"/> 02.FRONT - MIDDLE C <input type="checkbox"/> 03.FRONT - RIGHT D <input type="checkbox"/> 04.SECOND - LEFT (MC PASS) E <input type="checkbox"/> 05.SECOND - MIDDLE F <input type="checkbox"/> 06.SECOND - RIGHT G <input type="checkbox"/> 07.THIRD - LEFT (MC PASSENGER SIDE CAR) H <input type="checkbox"/> 08.THIRD - MIDDLE I <input type="checkbox"/> 09.THIRD - RIGHT J <input type="checkbox"/> 10.SLEEPER SECTION OF CAB K <input type="checkbox"/> 11.ENCLOSED CARGO AREA L <input type="checkbox"/> 12.UNENCLOSED CARGO AREA M <input type="checkbox"/> 13.TRAILING UNIT N <input type="checkbox"/> 14.EXTERIOR O <input type="checkbox"/> 15.OTHER P <input type="checkbox"/> 16.NON-MOTORIST Q <input type="checkbox"/> 17.UNKNOWN BLANK FOR WITNESS	SAFETY EQUIPMENT A <input type="checkbox"/> MOTORIST B <input type="checkbox"/> 01.NONE USED C <input type="checkbox"/> 02.SHOULDER BELT ONLY USED D <input type="checkbox"/> 03.LAP BELT ONLY USED E <input type="checkbox"/> 04.SHOULDER AND LAP BELT USED F <input type="checkbox"/> 05.CHILD SAFETY SEAT USED G <input type="checkbox"/> 06.HELMET USED H <input type="checkbox"/> 07.RESTRAINT USE UNKNOWN I <input type="checkbox"/> NON-MOTORIST J <input type="checkbox"/> 08.NONE USED K <input type="checkbox"/> 09.HELMET USED L <input type="checkbox"/> 10.PROTECTIVE PADS M <input type="checkbox"/> 11.REFLECTIVE CLOTHING N <input type="checkbox"/> 12.LIGHTING O <input type="checkbox"/> 13.OTHER P <input type="checkbox"/> 14.UNKNOWN	AIR BAG A <input type="checkbox"/> 1.NOT DEPLOYED B <input type="checkbox"/> 2.DEPLOYED - FRONT C <input type="checkbox"/> 3.DEPLOYED - SIDE D <input type="checkbox"/> 4.DEPLOYED BOTH FRONT SIDE E <input type="checkbox"/> 5.NOT APPLICABLE F <input type="checkbox"/> 6.DEPLOYMENT UNKNOWN	AIR BAG SWITCH A <input type="checkbox"/> 1.ON-OFF SWITCH NOT PRESENT B <input type="checkbox"/> 2.SWITCH IN ON POSITION C <input type="checkbox"/> 3.SWITCH IN OFF POSITION D <input type="checkbox"/> 4.UNKNOWN POSITION	EJECTION A <input type="checkbox"/> 1.NOT EJECTED B <input type="checkbox"/> 2.TOTALLY EJECTED C <input type="checkbox"/> 3.PARTIALLY EJECTED D <input type="checkbox"/> 4.NOT APPLICABLE E <input type="checkbox"/> 5.UNKNOWN	TRAPPED A <input type="checkbox"/> 1.NOT TRAPPED B <input type="checkbox"/> 2.EXTRICATED BY MECHANICAL MEANS C <input type="checkbox"/> 3.FREED BY NON-MECHANICAL MEANS D <input type="checkbox"/> 4.UNKNOWN	INJURIES A <input type="checkbox"/> 1.NO INJURY B <input type="checkbox"/> 2.POSSIBLE C <input type="checkbox"/> 3.NON-INCAPACITATING D <input type="checkbox"/> 4.INCAPACITATING E <input type="checkbox"/> 5.FATAL INJURY F <input type="checkbox"/> 6.UNKNOWN
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SUPPLEMENT 'X' IF YES

MOTORIST / NON-MOTORIST

UNIT NUMBERS A <input type="text" value="03"/> B <input type="text"/>	DAMAGE AREA  A <input type="text"/> B <input type="text"/>	PRE-CRASH ACTIONS A <input type="text" value="10"/> B <input type="text"/> <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 15.NON-MOTORIST 16.ENTRANCE OR CROSSING SPECIFIED LOCATION 17.WALKING, RUNNING, JOGGING, PLAYING, CYCLING 18.PUSHING VEHICLE 19.APPROACHING OR LEAVING VEHICLE 20.PLAYING OR WORKING ON VEHICLE 21.STANDING 22.OTHER 23.UNKNOWN	SEQUENCE OF EVENTS <table style="width:100%;"> <tr> <td style="width:50%;">A <input type="text" value="20"/></td> <td style="width:50%;">B <input type="text"/></td> </tr> <tr> <td>1 <input type="text"/></td> <td>1 <input type="text"/></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> <p>NON-COLLISION</p> 01.OVERTURN/ROLL-OVER 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 OF 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.PEDALCYCLE 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.EMBANKMENT 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 <input type="text" value="20"/>	B <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	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="0"/> B <input type="text"/>	DRUG TEST STATUS A <input type="text"/> B <input type="text"/> <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 <input type="text" value="20"/>	B <input type="text"/>														
1 <input type="text"/>	1 <input type="text"/>														
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.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 (WHICH TRAFFICWAY) 13.OUTSIDE TRAFFICWAY 14.SHARED USE PATHS OR TRAILS 15.UNKNOWN</p>	 A <input type="text"/> B <input type="text"/>	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="01"/> B <input type="text"/> <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 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 OTHER 31.WRONG SIDE OF THE ROAD 32.OTHER 33.UNKNOWN	TRAFFIC CONTROL A <input type="text"/> B <input type="text"/> <p>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 16.OPERATIVE, MISSING, OBSCURED 17.NOT REPORTED</p>	DRUG TEST TYPE A <input type="text"/> B <input type="text"/> <p>1.NONE 2.BLOOD 3.URINE 4.OTHER</p>											
TYPE OF UNIT A <input type="text" value="04"/> B <input type="text"/> <p>MOTORIST</p> 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/RIDER 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	 A <input type="text" value="06"/> B <input type="text"/> <p>MOST DAMAGED AREA</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	VEHICLE DEFECT CODE ONLY IF '19' 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 TROUBLE 10.DISABLED FROM PRIOR ACCIDENT 11.OTHER DEFECTS 12.NO DEFECTS</p>	DIRECTION <table style="width:100%;"> <tr> <td style="width:50%;">FROM TO</td> <td style="width:50%;">FROM TO</td> </tr> <tr> <td>A <input type="text"/></td> <td>B <input type="text"/></td> </tr> </table> <p>1.NORTH 2.SOUTH 3.EAST 4.WEST 5.NORTHEAST 6.NORTHWEST 7.SOUTHEAST 8.SOUTHWEST 9.UNKNOWN</p>	FROM TO	FROM TO	A <input type="text"/>	B <input type="text"/>	DRUG TEST 1 & 2 RESULT <table style="width:100%;"> <tr> <td style="width:50%;">1 <input type="text"/></td> <td style="width:50%;">1 <input type="text"/></td> </tr> <tr> <td>2 <input type="text"/></td> <td>2 <input type="text"/></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"/>	1 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>			
FROM TO	FROM TO														
A <input type="text"/>	B <input type="text"/>														
1 <input type="text"/>	1 <input type="text"/>														
2 <input type="text"/>	2 <input type="text"/>														
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text"/> <p>1.NO 2.YES 3.UNKNOWN</p>	POINT OF IMPACT A <input type="text" value="06"/> B <input type="text"/> <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>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	ALCOHOL/DRUG SUSPECTED A <input type="text"/> B <input type="text"/> <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>	TYPE OF INTERSECTION A <input type="text" value="01"/> B <input type="text"/> <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>											
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text"/> <p>1.NONE 2.NON-FUNCTIONAL 3.FUNCTIONAL DAMAGE 4.DISABLING DAMAGE 5.SEVERE 6.UNKNOWN</p>	ACTION A <input type="text" value="4"/> B <input type="text"/> <p>1.NON-CONTACT 2.NON-COLLISION 3.STRUCKING 4.STRUCK 5.BOTH STRICKING AND STRUCK 6.UNKNOWN</p>	MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	ALCOHOL TEST STATUS A <input type="text"/> B <input type="text"/> <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 CONTOUR A <input type="text" value="1"/> B <input type="text"/> <p>11.STRAIGHT LEVEL 2.STRAIGHT GRADE 3.CURVE LEVEL 4.CURVE GRADE 5.UNKNOWN</p>											
DAMAGE AREA A <input type="text" value="1"/> B <input type="text"/> <p>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</p>	STRIKING VEHICLE OVERRIDE/UNDERIDE A <input type="text" value="1"/> B <input type="text"/> <p>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</p>	SPEED DETECTED A <input type="text" value="2"/> B <input type="text"/> <p>1.STATED 2.ESTIMATED</p>	ALCOHOL TEST TYPE A <input type="text"/> B <input type="text"/> <p>1.NONE 4.BREATH 2.BLOOD 5.OTHER 3.URINE</p>	ROAD CONDITION A <input type="text" value="02"/> B <input type="text"/> <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>											
SUPPLEMENT 'X' IF YES <input type="checkbox"/>		LOCAL REPORT # 10CR 3 01													