

TRAFFIC CRASH REPORT

CRASH REPORT # 10CR 25 07	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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # 01313	REPORTING AGENCY WILLIAMSBURG POLICE DEPT	# UNITS 2	UNIT ERROR 98.ANIMAL 99.UNKNOWN 01	DATE OF CRASH 7/1/2010	

TIME OF CRASH 17:00	DAY OF WEEK THU	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) WILLIAMSBURG	COUNTY # 13	LATITUDE 3903152319	LONGITUDE 0840310758
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CRASH OCCURRED ON			TYPE LOCATION POINT USED			LOCAL INFORMATION			
PREFIX	CRASH LOCATION CONCORD	TYPE LOC 1	1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE						
AT/REFERENCE			REFERENCE POINT USED						
DIST. REF.	DR	PREFIX	REFERENCE	REF POINT 08	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) HOLLINS CATHY J.			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 133 CONCORD SQUARE WILLIAMSBURG OH 45176						
SOCIAL SECURITY NUMBER		DATE OF BIRTH 04/15/1967	AGE 43	SEX F	HOME PHONE # (513)532-1148	WORK PHONE #
DL STATE OH	DL # RJ390880	LP STATE OH	LP # EMV2500	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') SAME			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)			
YEAR 2005	MAKE DODGE	MODEL OTHER TRUC	COLOR BLUE	INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE	OWNER PHONE#
OFFENSE CHARGED		OFFENSE DESCRIPTION			CITATION #	LOCAL CODE <input type="checkbox"/> 'X' IF YES

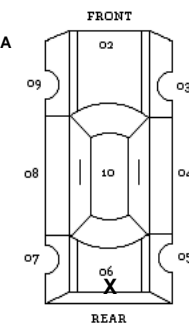
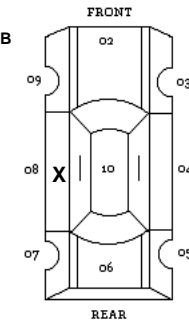
B	UNIT # 02	# OF OCC 0	NAME (LAST, FIRST, MIDDLE) UNOCCUPIED PARKED			
ADDRESS (STREET, CITY, STATE, ZIP-CODE)						
SOCIAL SECURITY NUMBER		DATE OF BIRTH / /	AGE	SEX	HOME PHONE #	WORK PHONE #
DL STATE	DL #	LP STATE	LP # EXQ8875	INJURED TAKEN BY 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE <input type="checkbox"/>	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') PAULA M. WILSON			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 119 CONCORD SQUARE WILLIAMSBURG OH 45176			
YEAR 2004	MAKE CHEVROLET	MODEL CAVALIER	COLOR WHITE	INSURANCE COMPANY STATE AUTOMOBILI	TOWING SERVICE	OWNER PHONE# (513)407-3765
OFFENSE CHARGED		OFFENSE DESCRIPTION			CITATION #	LOCAL CODE <input type="checkbox"/> 'X' IF YES

C	UNIT #	NAME (LAST, FIRST, MIDDLE) COSTELLO JOHN L.			HOME PHONE# (513)518-0921	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 127 CONCORD SQUARE WILLIAMSBURG OH 45176						INJURED TAKEN BY 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE <input type="checkbox"/>	TRANSPORTED BY	INJURED TAKEN TO
D	UNIT #	NAME (LAST, FIRST, MIDDLE) HOH ERIN			HOME PHONE# (513)910-8790	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 113 CONCORD SQUARE WILLIAMSBURG OH 45176						INJURED TAKEN BY 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE <input type="checkbox"/>	TRANSPORTED BY	INJURED TAKEN TO

SEATING POSITION A 01 B 16 C D BLANK FOR WITNESS	SAFETY EQUIPMENT A 14 B 13 C D	AIR BAG A 1 B 1 C D	AIR BAG SWITCH A 4 B 4 C D	EJECTION A 1 B 1 C D	TRAPPED A 1 B 1 C D	INJURIES A 1 B 1 C D SUPPLEMENT 'X' IF YES
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MOTORIST / NON-MOTORIST

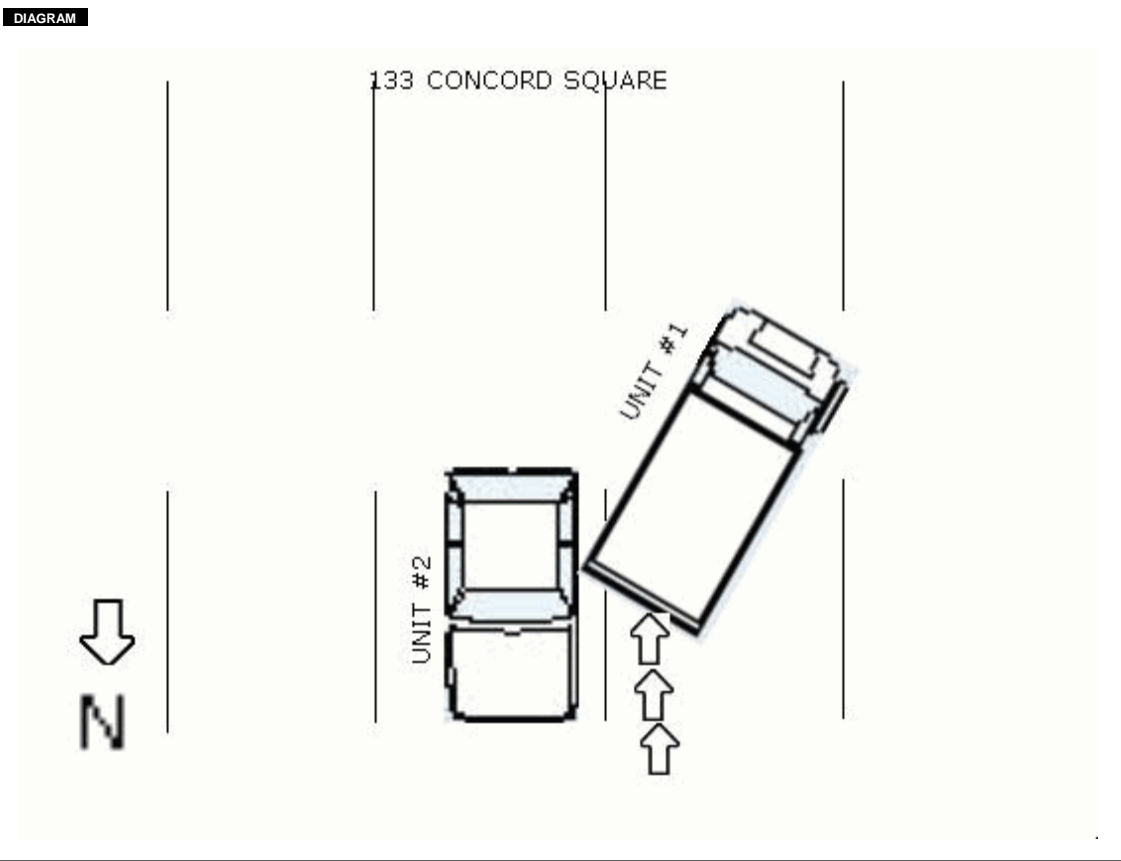
OCCUPANT

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA  A <input type="text" value="07"/> B <input type="text" value="08"/>	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.ENTRNG 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="20"/> 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/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 1 <input type="text" value="20"/> 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="20"/> 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 (WHEN TRAFFIC WAY) 13.OUTSIDE TRAFFICWAY 14.SHARED USE PATHS OR TRAILS 15.UNKNOWN</p>	 MOST DAMAGED AREA A <input type="text" value="07"/> 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>	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="17"/> B <input type="text" value="01"/> <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" value="01"/> B <input type="text" value="01"/> <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" value="1"/> B <input type="text" value=""/> <p>1.NONE 2.BLOOD 3.URINE 4.OTHER</p>				
TYPE OF UNIT A <input type="text" value="07"/> B <input type="text" value="02"/> <p>MOTORIST</p> 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	POINT OF IMPACT A <input type="text" value="07"/> 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>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	DIRECTION <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> FROM TO A <input type="text" value="1"/> <input type="text" value="8"/> </td> <td style="width:50%;"> FROM TO B <input type="text" value="1"/> <input type="text" value="2"/> </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 A <input type="text" value="1"/> <input type="text" value="8"/>	FROM TO B <input type="text" value="1"/> <input type="text" value="2"/>	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=""/>
FROM TO A <input type="text" value="1"/> <input type="text" value="8"/>	FROM TO B <input type="text" value="1"/> <input type="text" value="2"/>							
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.STRIUCK 5.BOTH STRICKING AND STRUCK 6.UNKNOWN</p>	MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	CONDITION A <input type="text" value="1"/> B <input type="text" value=""/> <p>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</p>	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>				
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>	VEHICLE DEFECT CODE ONLY IF '9' 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>	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>	OCCURRENCE <input type="text" value="6"/> <p>1.ON ROADWAY 2.ON SHOULDER 3.IN MEDIAN 4.ON ROADSIDE 5.ON GORE 6.OUTSIDE TRAFFICWAY 7.UNKNOWN</p>				
SPEED DETECTED A <input type="text" value=""/> B <input type="text" value="2"/> <p>1.STATED 2.ESTIMATED</p>	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>	SPEED A <input type="text" value="0"/> B <input type="text" value="0"/>	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>	ROAD CONTOUR <input type="text" value="5"/> <p>11.STRAIGHT LEVEL 2.STRAIGHT GRADE 3.CURVE LEVEL 4.CURVE GRADE 5.UNKNOWN</p>				
SUPPLEMENT 'X' IF YES <input type="checkbox"/>	LOCAL REPORT # 10CR 25 07	ALCOHOL TEST RESULT A <input type="text" value=""/> B <input type="text" value=""/>	ROAD CONDITIONS <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> PRIMARY <input type="text" value="01"/> </td> <td style="width:50%;"> SECONDARY <input type="text" value=""/> </td> </tr> </table> <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>	PRIMARY <input type="text" value="01"/>	SECONDARY <input type="text" value=""/>			
PRIMARY <input type="text" value="01"/>	SECONDARY <input type="text" value=""/>							

NARRATIVE

UNIT #1 BACKED INTO PARKING SPOT BESIDE UNIT#2. UNIT #1 PULLED OUT OF PARKING SPOT TURNING LEFT, AND STRUCK UNIT#2 IN THE DRIVER'S SIDE BACK QUARTER PANEL, WITH THE BUMPER OF HER TRUCK.

MANNER OF COLLISION OR IMPACT <input checked="" 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. SIDESWIPE SAME DIRECTION 8. SIDESWIPE OPPOSITE DIRECTION 9. UNKNOWN	SCHOOL BUS RELATED <input checked="" type="checkbox"/> 1 1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN
WEATHER <input checked="" 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 checked="" type="checkbox"/> 1 1. NO 2. YES 3. UNKNOWN
LIGHT CONDITIONS PRIMARY <input checked="" 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
LOC ATION 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	LOC ATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1. NO 2. YES 3. UNKNOWN



TRUCK/BUS UNIT # <input type="text"/>	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A. TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR N. A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR D. 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.
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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 <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 <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	WEIGHT (GVWR) <input type="checkbox"/> 1. LESS/EQUAL 10,000 <input type="checkbox"/> 2. 10,001 - 26,000 <input type="checkbox"/> 3. MORE THAN 26,000	CDL CLASS <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	HAZARDOUS MATERIALS <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. UNKNOWN	HAZARDOUS MATERIALS RFI FASEFD <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. NOT APPLICABLE <input type="checkbox"/> 4. UNKNOWN			

POLICE ACTION

DATE CRASH REPORTED 7/1/2010	TIME REC CALL 17:00	DISPATCH 17:00	ARRIVED 17:33	CLEARED 17:33	OTHER 0	TOTAL MINUTES 33
OFFICER'S NAME CPL J. ADAMSON	BADGE # 4W75	CHECKED BY 4W85	DATE REPORT FILED 7/1/2010			
REPORT TAKEN BY <input checked="" type="checkbox"/> 1 1. POLICE AGENCY 2. MOTORIST	REPORT TAKEN AT <input checked="" type="checkbox"/> 1 1. SCENE 2. STATION 3. OTHER	SUPPLEMENT 'X' IF YES <input type="checkbox"/>	LOCAL REPORT # 10CR 25 07			