

# TRAFFIC CRASH REPORT



<b>CRASH REPORT #</b> 10CR 10 03	<b>CRASH SEVERITY</b> 3 1.FATAL ERROR 3.PDO 2.INJURY 4.UNKNOWN	<b>PRIVATE PROPERTY</b> <input type="checkbox"/> *X IF YES	<b>HITS/SKIP</b> 1 1.NOT HITS/SKIP 2.SOLVED 3.UNSOLVED	<b>PHOTOS TAKEN</b> X *X IF YES	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>N.C.I.C. #</b> 01313	<b>REPORTING AGENCY</b> WILLIAMSBURG POLICE DEPT		<b># UNITS</b> 2	<b>UNIT ERROR</b> 01 98.ANIMAL 99.UNKNOWN	<b>DATE OF CRASH</b> 3/5/2010

<b>TIME OF CRASH</b> 19:40	<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> 3903196200	<b>LONGITUDE</b> 0840318172
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<b>CRASH OCCURRED ON</b> PREFIX W	<b>CRASH LOCATION</b> WEST MAIN STREET	<b>TYPE LOC</b> 1	<b>TYPE LOCATION POINT USED</b> 1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE	<b>LOCAL INFORMATION</b>
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<b>AT/REFERENCE</b> DIST. REF. E	DR W	PREFIX W	REFERENCE 000430	REF POINT 04	<b>REFERENCE POINT USED</b> 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
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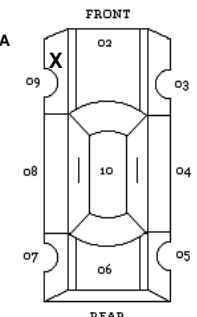
MOTORIST / NON-MOTORIST

<b>A</b>	<b>UNIT #</b> 01	<b># OF OCC</b> 1	<b>NAME (LAST, FIRST, MIDDLE)</b> TINE ANTHONY C			<b>ADDRESS (STREET, CITY, STATE, ZIP-CODE)</b> 13082 STATE ROUTE 774 BETHEL OH 45106	
<b>SOCIAL SECURITY NUMBER</b>		<b>DATE OF BIRTH</b> 07/31/1983		<b>AGE</b> 26	<b>SEX</b> M	<b>HOME PHONE #</b> (937)515-3234	<b>WORK PHONE #</b>
<b>DL STATE</b> OH	<b>DL #</b> SC145878	<b>LP STATE</b> OH	<b>LP #</b> T211227	<b>INJURED TAKEN BY</b> 1 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	<b>TRANSPORTED BY</b>		<b>INJURED TAKEN TO</b>
<b>OWNER NAME (IF SAME, WRITE 'SAME')</b> ANTHONY TINE				<b>OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)</b> 13082 STATE ROUTE 774 BETHEL OH 45106			
<b>YEAR</b> 1996	<b>MAKE</b> FORD	<b>MODEL</b> RANGER	<b>COLOR</b> GREY	<b>INSURANCE COMPANY</b> ALLSTATE	<b>TOWING SERVICE</b>	<b>OWNER PHONE#</b> (937)515-3234	
<b>OFFENSE CHARGED</b>		<b>OFFENSE DESCRIPTION</b>				<b>CITATION #</b>	<b>LOCAL CODE</b> <input type="checkbox"/> *X IF YES

<b>B</b>	<b>UNIT #</b> 02	<b># OF OCC</b> 1	<b>NAME (LAST, FIRST, MIDDLE)</b> SHAFER BRENT			<b>ADDRESS (STREET, CITY, STATE, ZIP-CODE)</b> 121 CONCORD SQUARE WILLIAMSBURG OH 45176	
<b>SOCIAL SECURITY NUMBER</b>		<b>DATE OF BIRTH</b> 09/01/1965		<b>AGE</b> 44	<b>SEX</b> M	<b>HOME PHONE #</b>	<b>WORK PHONE #</b>
<b>DL STATE</b> OH	<b>DL #</b> NW558928	<b>LP STATE</b> OH	<b>LP #</b> EOP 6705	<b>INJURED TAKEN BY</b> 1 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	<b>TRANSPORTED BY</b>		<b>INJURED TAKEN TO</b>
<b>OWNER NAME (IF SAME, WRITE 'SAME')</b> BRENT SHAFER				<b>OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)</b> 121 CONCORD SQUARE WILLIAMSBURG OH 45176			
<b>YEAR</b> 2007	<b>MAKE</b> NISSAN (DATS	<b>MODEL</b> PICKUP	<b>COLOR</b> BLACK	<b>INSURANCE COMPANY</b> U.S.A.A.	<b>TOWING SERVICE</b>	<b>OWNER PHONE#</b> (513)252-7138	
<b>OFFENSE CHARGED</b>		<b>OFFENSE DESCRIPTION</b>				<b>CITATION #</b>	<b>LOCAL CODE</b> <input type="checkbox"/> *X IF YES

<b>C</b>	<b>UNIT #</b>	<b>NAME (LAST, FIRST, MIDDLE)</b>			<b>HOME PHONE#</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>SEX</b>
<b>ADDRESS (STREET, CITY, STATE, ZIP-CODE)</b>				<b>INJURED TAKEN BY</b> <input type="checkbox"/> 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	<b>TRANSPORTED BY</b>		<b>INJURED TAKEN TO</b>	
<b>D</b>	<b>UNIT #</b>	<b>NAME (LAST, FIRST, MIDDLE)</b>			<b>HOME PHONE#</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>SEX</b>
<b>ADDRESS (STREET, CITY, STATE, ZIP-CODE)</b>				<b>INJURED TAKEN BY</b> <input type="checkbox"/> 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	<b>TRANSPORTED BY</b>		<b>INJURED TAKEN TO</b>	

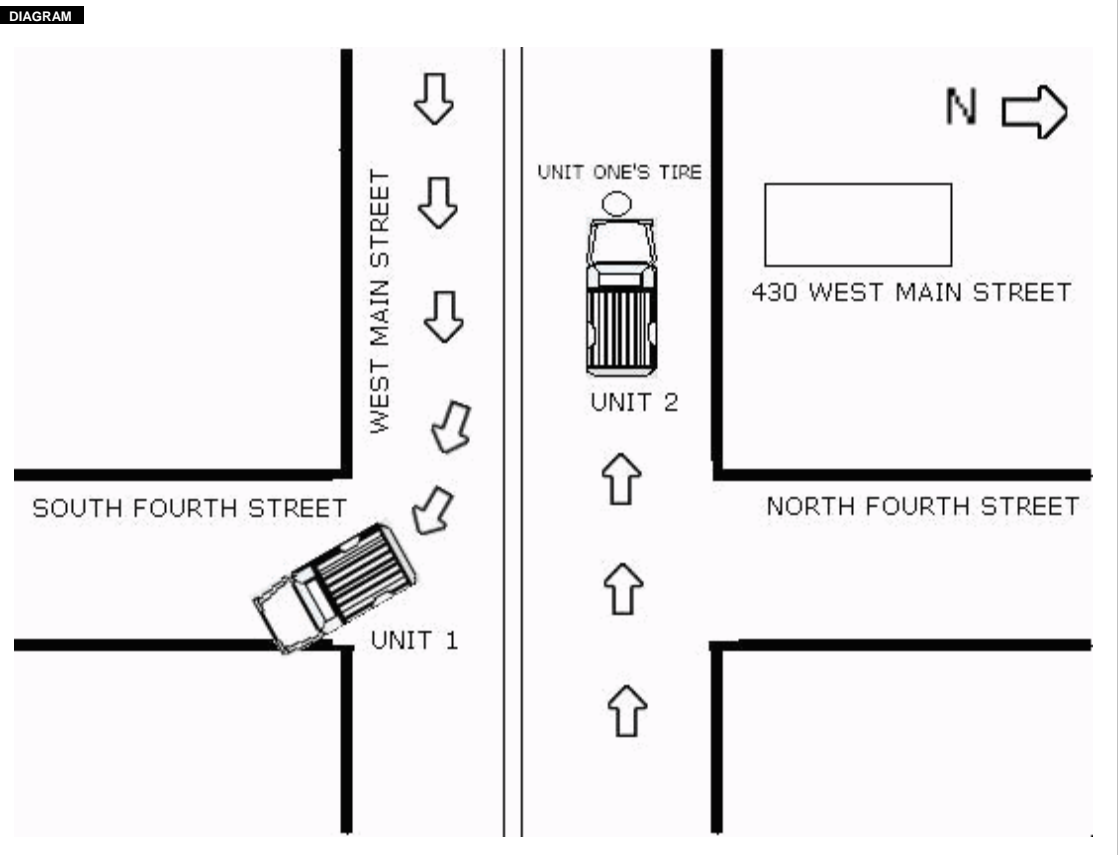
<b>SEATING POSITION</b> A 01 01.FRONT - LEFT (MC DRIVER) 02.FRONT - MIDDLE 03.FRONT - RIGHT 04.SECOND - LEFT (MC PASS) 05.SECOND - MIDDLE 06.SECOND - RIGHT 07.THIRD - LEFT (MC PASSENGER/SIDE CAR) 08.THIRD - MIDDLE 09.THIRD - RIGHT 10.SLEEPER SECTION OF CAB 11.ENCLOSED CARGO AREA 12.UNENCLOSED CARGO AREA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

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b>  <b>MOST DAMAGED AREA</b> A <input type="text" value="04"/> B <input type="text" value="02"/>	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="01"/> B <input type="text" value="01"/> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01.MOVEMENTS ESSENTIALLY STRAIGHT AHEAD</li> <li>02.BACKING</li> <li>03.CHANGING LANES</li> <li>04.OVERTAKING/PASSING</li> <li>05.TURNING RIGHT</li> <li>06.TURNING LEFT</li> <li>07.MAKING U-TURN</li> <li>08.ENTERING TRAFFIC LANE</li> <li>09.LEAVING TRAFFIC LANE</li> <li>10.PARKED</li> <li>11.SLOWING OR STOPPED IN TRAFFIC</li> <li>12.DRIVERLESS</li> <li>13.OTHER</li> <li>14.UNKNOWN</li> </ol> <p><b>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>15.ENTRING OR CROSSING SPECIFIED LOCATION</li> <li>16.WALKING, RUNNING, JOGGING, PLAYING, CYCLING</li> <li>17.WORKING</li> <li>18.PUSHING VEHICLE</li> <li>19.APPROCHING OR LEAVING VEHICLE</li> <li>20.PLAYING OR WORKING ON VEHICLE</li> <li>21.STANDING</li> <li>22.OTHER</li> <li>23.UNKNOWN</li> </ol>	<b>SEQUENCE OF EVENTS</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <b>A</b>  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>B</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><b>NON-COLLISION</b></p> <ol style="list-style-type: none"> <li>01.OVERTURN/ROLLOVER</li> <li>02.FIRE/EXPLOSION</li> <li>03.IMMERSION</li> <li>04.JACKKNIFE</li> <li>05.CARGO EQUIPMENT LOSS OR SHIFT</li> <li>06.EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)</li> <li>07.SEPARATION OF UNITS</li> <li>08.RAN OFF ROAD RIGHT</li> <li>09.RAN OFF ROAD LEFT</li> <li>10.CROSS MEDIAN/CENTERLINE</li> <li>11.DOWNHILL RUNAWAY</li> <li>12.OTHER NON-COLLISION</li> <li>13.UNKNOWN NON-COLLISION</li> </ol> <p><b>COLLISION W/PERSON, VEHICLE, OR OBJECT - NOT FIXED</b></p> <ol style="list-style-type: none"> <li>14.PEDESTRIAN</li> <li>15.PEDACYCLE</li> <li>16.RAILWAY VEHICLE (E.G. TRAIN, ENGINE)</li> <li>17.ANIMAL - FARM</li> <li>18.ANIMAL - DEER</li> <li>19.ANIMAL - OTHER</li> <li>20.MOTOR VEHICLE IN TRANSPORT</li> <li>21.PARKED MOTOR VEHICLE</li> <li>22.WORK ZONE MAINTENANCE EQUIPMENT</li> <li>23.OTHER MOVABLE OBJECT</li> <li>24.UNKNOWN MOVABLE OBJECT</li> <li>25.IMPACTION ATTENUATOR/CRASH CUSHION</li> <li>26.BRIDGE OVERHEAD STRUCTURE</li> <li>27.BRIDGE PIER OR ABUTMENT</li> <li>28.BRIDGE PARAPET</li> <li>29.BRIDGE RAIL</li> <li>30.GUARDRAIL FACE</li> <li>31.GUARDRAIL END</li> <li>32.MEDIAN BARRIER</li> <li>33.HIGHWAY TRAFFIC SIGN POST</li> <li>34.OVERHEAD SIGN POST</li> <li>35.LIGHT LUMINARIES SUPPORT</li> <li>36.UTILITY POLE</li> <li>37.OTHER POST, POLE OR SUPPORT</li> <li>38.CULVERT</li> <li>39.CURB</li> <li>40.DITCH</li> <li>41.EMBARKMENT</li> <li>42.FENCE</li> <li>43.MAILBOX</li> <li>44.TREE</li> <li>45.OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC)</li> <li>46.WORK ZONE MAINTENANCE EQUIPMENT</li> <li>47.UNKNOWN FIXED OBJECT</li> <li>48.OTHER</li> <li>49.UNKNOWN</li> </ol>	<b>A</b> 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	<b>B</b> 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	<b>POSTED SPEED</b> A <input type="text" value="25"/> B <input type="text" value="25"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> <li>1.NONE GIVEN</li> <li>2.TEST REFUSED</li> <li>3.TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE</li> <li>4.TEST GIVEN, RESULTS KNOWN</li> <li>5.TEST GIVEN, RESULTS UNKNOWN</li> <li>6.UNKNOWN</li> </ol>
<b>A</b> 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	<b>B</b> 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>						
<b>NON-MOTORIST LOCATION</b> A <input type="text" value=""/> B <input type="text" value=""/> <ol style="list-style-type: none"> <li>01.MARKED CROSSWALK AT INTERSECTION</li> <li>02.AT INTERSECTION BUT NO CROSSWALK</li> <li>03.NON-INTERSECTION CROSSWALK</li> <li>04.DRIVEWAY ACCESS CROSSWALK</li> <li>05.IN ROADWAY</li> <li>06.NOT IN ROADWAY</li> <li>07.MEDIAN (BUT NOT ON SHOULDER)</li> <li>08.ISLAND</li> <li>09.SHOULDER</li> <li>10.SIDEWALK</li> <li>11.WITHIN 10 FEET OF ROADWAY (BUT NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)</li> <li>12.BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)</li> <li>13.OUTSIDE TRAFFICWAY</li> <li>14.SHARED USE PATHS OR TRAILS</li> <li>15.UNKNOWN</li> </ol>	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="19"/> B <input type="text" value="01"/> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01.NONE</li> <li>02.FAILURE TO YIELD</li> <li>03.RAN RED LIGHT, OR STOP SIGN</li> <li>04.EXCEEDED SPEED LIMIT</li> <li>05.UNSAFE SPEED</li> <li>06.IMPROPER TURN</li> <li>07.LEFT OF CENTER</li> <li>08.FOLLOWED TOO CLOSELY/ACDA</li> <li>09.IMPROPER LANE CHANGE/DROVE OFF ROAD/IMPROPER PASSING</li> <li>10.IMPROPER BACKING</li> <li>11.IMPROPER START FROM PARKED POSITION</li> <li>12.STOPPED OR PARKED ILLEGALLY</li> <li>13.OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER</li> <li>14.SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)</li> <li>15.FAILURE TO CONTROL</li> <li>16.VISION OBSTRUCTION</li> <li>17.DRIVER INATTENTION</li> <li>18.FATIGUE/ASLEEP</li> <li>19.OPERATING DEFECTIVE EQUIPMENT</li> <li>20.LOAD SHIFTING/FALLING/SPILLING</li> <li>21.OTHER IMROPER ACTION</li> <li>22.UNKNOWN</li> </ol> <p><b>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>23.NONE</li> <li>24.IMPROPER CROSSING</li> <li>25.DARTING</li> <li>26.LYING AND/OR ILLEGALLY IN ROADWAY</li> <li>27.FAILURE TO YIELD RIGHT OF WAY</li> <li>28.NOT VISIBLE (DARK CLOTHING)</li> <li>29.INATTENTIVE</li> <li>30.FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER</li> <li>31.WRONG SIDE OF THE ROAD</li> <li>32.OTHER</li> <li>33.UNKNOWN</li> </ol>	<b>TRAFFIC CONTROL</b> A <input type="text" value="01"/> B <input type="text" value="01"/> <ol style="list-style-type: none"> <li>01.NO CONTROLS</li> <li>02.STOP SIGN</li> <li>03.YIELD SIGN</li> <li>04.TRAFFIC SIGNAL</li> <li>05.TRAFFIC FLASHERS</li> <li>06.SCHOOL ZONE</li> <li>07.RAILROAD CROSSBUCKS</li> <li>08.RAILROAD FLASHERS</li> <li>09.RAILROAD GATES</li> <li>10.CONSTRUCTION BARRICADE</li> <li>11.POLICE OFFICER</li> <li>12.PAVEMENT MARKINGS</li> <li>13.CROSSWALK LINES</li> <li>14.WALK/DON'T WALK</li> <li>15.TRAFFIC CONTROL DEVICE</li> <li>16.OPERATIVE, MISSING, OBSERVED</li> <li>17.NOT REPORTED</li> </ol>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> <li>1.NONE</li> <li>2.BLOOD</li> <li>3.URINE</li> <li>4.OTHER</li> </ol>				
<b>TYPE OF UNIT</b> A <input type="text" value="07"/> B <input type="text" value="07"/> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01.SUB-COMPACT</li> <li>02.COMPACT</li> <li>03.MID SIZED</li> <li>04.FULL SIZE</li> <li>05.MINIVAN</li> <li>06.SPORT UTILITY VEHICLE</li> <li>07.PICKUP</li> <li>08.PANELVAN</li> <li>09.SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES</li> <li>10.SINGLE UNIT TRUCK; 3 OR MORE AXLES</li> <li>11.TRUCK-TRAILER</li> <li>12.TRUCK TRACTOR (BOBTAL)</li> <li>13.TRACTOR/SEMI-TRAILER</li> <li>14.TRACTOR/DOUBLE - SHORT</li> <li>15.TRACTOR DOUBLE - LONG</li> <li>16.FIFTH WHEEL OR CONVERTER DOLLY</li> <li>17.TRACTOR/TRIPLES</li> <li>18.MOTORCYCLE</li> <li>19.MOTORIZED BICYCLE</li> </ol> <p><b>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>20.SCHOOL BUS</li> <li>21.CHURCH BUS</li> <li>22.PUBLIC BUS</li> <li>23.OTHER BUS</li> <li>24.POLICE VEHICLE</li> <li>25.FIRE TRUCK</li> <li>26.AMBULANCE/RESCUE</li> <li>27.TAXI</li> <li>28.MOTOR HOME</li> <li>29.TRAIN</li> <li>30.FARM VEHICLE</li> <li>31.FARM EQUIPMENT</li> <li>32.SNOWMOBILE</li> <li>33.CONSTRUCTION EQUIPMENT</li> <li>34.ALL OTHERS</li> <li>35.ANIMAL W/DRIVER</li> <li>36.ANIMAL W/BUGGY</li> <li>37.BICYCLE</li> <li>38.PEDESTRIAN</li> <li>39.PEDALCYLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)</li> <li>40.SKATER</li> <li>41.OTHER-NON MOTORIST (WHEELCHAIR, ETC)</li> <li>42.UNKNOWN</li> </ol>	<b>POINT OF IMPACT</b> A <input type="text" value="03"/> B <input type="text" value="02"/> <ol style="list-style-type: none"> <li>01.NONE</li> <li>02.CENTER FRONT</li> <li>03.RIGHT FRONT</li> <li>04.RIGHT SIDE</li> <li>05.RIGHT REAR</li> <li>06.REAR CENTER</li> <li>07.LEFT REAR</li> <li>08.LEFT SIDE</li> <li>09.LEFT FRONT</li> <li>10.TOP AND WINDOWS</li> <li>11.UNDERCARRIAGE</li> <li>12.LOAD /TRAILER</li> <li>13.TOTAL (ALL AREAS)</li> <li>14.OTHER</li> <li>15.UNKNOWN</li> </ol>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> <li>1.NONE</li> <li>2.YES ALCOHOL SUSPECTED</li> <li>3.YES - HBD NOT IMPAIRED</li> <li>4.YES - DRUGS SUSPECTED</li> <li>5.YES - ALCOHOL AND DRUGS SUSPECTED</li> <li>6.UNKNOWN</li> </ol>	<b>DRUG TEST 1 &amp; 2 RESULT</b> <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="1"/> 2 <input type="text" value="1"/> </td> </tr> </table> <ol style="list-style-type: none"> <li>1.NONE</li> <li>2.MARIJUANA</li> <li>3.COCAINE</li> <li>4.OPIATES</li> <li>5.AMPHETAMINES</li> <li>6.PCP</li> <li>7.OTHER</li> <li>8.UNKNOWN AT TIME OF REPORTING</li> </ol>	1 <input type="text" value="1"/> 2 <input type="text" value="1"/>	1 <input type="text" value="1"/> 2 <input type="text" value="1"/>		
1 <input type="text" value="1"/> 2 <input type="text" value="1"/>	1 <input type="text" value="1"/> 2 <input type="text" value="1"/>						
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> <li>1.NO</li> <li>2.YES</li> <li>3.UNKNOWN</li> </ol>	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text" value="4"/> <ol style="list-style-type: none"> <li>1.NON-CONTACT</li> <li>2.NON-COLLISION</li> <li>3.STRIKING</li> <li>4.STRUCK</li> <li>5.BOTH STRIKING AND STRUCK</li> <li>6.UNKNOWN</li> </ol>	<b>FIRST HARMFUL EVENT</b> 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>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> <li>1.NONE GIVEN</li> <li>2.TEST REFUSED</li> <li>3.TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE</li> <li>4.TEST GIVEN, RESULTS KNOWN</li> <li>5.TEST GIVEN, RESULTS UNKNOWN</li> <li>6.UNKNOWN</li> </ol>				
<b>DAMAGE SCALE</b> A <input type="text" value="3"/> B <input type="text" value="2"/> <ol style="list-style-type: none"> <li>1.NONE</li> <li>2.NON-FUNCTIONAL</li> <li>3.FUNCTIONAL DAMAGE</li> <li>4.DISABLING DAMAGE</li> <li>5.SEVERE</li> <li>6.UNKNOWN</li> </ol>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text" value="11"/> B <input type="text" value=""/> <ol style="list-style-type: none"> <li>01.TURN SIGNALS</li> <li>02.HEAD LAMPS</li> <li>03.TAIL LAMPS</li> <li>04.BRAKES</li> <li>05.STEERING</li> <li>06.TIRE BLOWOUT</li> <li>07.WORN OR SLICK TIRES</li> <li>08.TRAILER EQUIPMENT DEFECTIVE</li> <li>09.MOTOR TROUBLE</li> <li>10.DISABLED FROM PRIOR ACCIDENT</li> <li>11.OTHER DEFECTS</li> <li>12.NO DEFECTS</li> </ol>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="5"/> B <input type="text" value="5"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> <li>1.NONE</li> <li>4.BREATH</li> <li>2.BLOOD</li> <li>5.OTHER</li> <li>3.URINE</li> </ol>				
<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> <li>1.NO UNDERRIDE OR OVERRIDE</li> <li>2.UNDERRIDE, COMPARTMENT INTRUSION</li> <li>3.UNDERRIDE, NO COMPARTMENT INTRUSION</li> <li>4.UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN</li> <li>5.OVERRIDE, MOTOR VEHICLE IN TRANSPORT</li> <li>6.OVERRIDE, OTHER VEHICLE</li> <li>7.UNKNOWN IF UNDERRIDE OR OVERRIDE</li> </ol>	<b>SPEED DETECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <ol style="list-style-type: none"> <li>1.STATED</li> <li>2.ESTIMATED</li> </ol>	<b>SPEED</b> A <input type="text" value="30"/> B <input type="text" value="15"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text" value=""/> B <input type="text" value=""/>				
<b>SUPPLEMENT 'X' IF YES</b>		<b>LOCAL REPORT #</b> 10CR 10 03					

**NARRATIVE**

WHILE UNIT ONE WAS TRAVELING EAST BOUND ON WEST MAIN STREET, THE VEHICLE'S FRONT DRIVER SIDE TIRE HAD BROKEN LOOSE FROM THE VEHICLE AND WAS LAYING IN THE ROADWAY AND UNIT WHO WAS TRAVELING WEST ON WEST MAIN STREET WAS UNABLE TO STOP BEFORE THEY STRUCK IT.

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



<b>TRUCK/BUS UNIT #</b> <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 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.
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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
<b>CARGO BODY TYPE</b> <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	<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 1. LESS EQUAL 10,000 <input type="checkbox"/> 2. 10,001 - 26,000 <input type="checkbox"/> 3. MORE THAN 26,000	<b>CDL CLASS</b> <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	<b>HAZARDOUS MATERIALS</b> <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. UNKNOWN	<b>HAZARDOUS MATERIALS RFI FASFD</b> <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 <b>3/5/2010</b>	TIME REC CALL <b>19:46</b>	DISPATCH <b>19:46</b>	ARRIVED <b>19:54</b>	CLEARED <b>20:37</b>	OTHER <b>0</b>	TOTAL MINUTES <b>51</b>
OFFICER'S NAME <b>OFC. T. DAY</b>		BADGE # <b>4W14</b>	CHECKED BY <b>4W85</b>	DATE REPORT FILED <b>3/5/2010</b>		
REPORT TAKEN BY <input checked="" type="checkbox"/> 1. POLICE AGENCY <input type="checkbox"/> 2. MOTORIST	REPORT TAKEN AT <input checked="" type="checkbox"/> 1. SCENE <input type="checkbox"/> 2. STATION <input type="checkbox"/> 3. OTHER	SUPPLEMENT 'X' IF YES <input type="checkbox"/>		LOCAL REPORT # <b>10CR 10 03</b>		