

# TRAFFIC CRASH REPORT



<b>CRASH REPORT #</b> 10CR 12 3	<b>CRASH SEVERITY</b> 3 <small>1.FATAL ERROR 3.PDO 2.INJURY 4.UNKNOWN</small>	<b>PRIVATE PROPERTY</b> <input checked="" type="checkbox"/> "X" IF YES	<b>HITS/SKIP</b> 1 <small>1.NOT HITS/SKIP 2.SOLVED 3.UNSOLVED</small>	<b>PHOTOS TAKEN</b> <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"/>
<b>N.C.I.C. #</b> 01313	<b>REPORTING AGENCY</b> WILLIAMSBURG POLICE DEPT		<b># UNITS</b> 2	<b>UNIT ERROR</b> 01 <small>98.ANIMAL 99.UNKNOWN</small>	<b>DATE OF CRASH</b> 3/5/2010

<b>TIME OF CRASH</b> 14:35	<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> 3903076260	<b>LONGITUDE</b> 084035222
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<b>CRASH OCCURRED ON</b> PREFIX: S CRASH LOCATION: FIFTH TYPE LOC: 1	<b>TYPE LOCATION POINT USED</b> 1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE	<b>LOCAL INFORMATION</b> WILLIAMSBURG HIGH SCHOOL
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<b>AT/REFERENCE</b> DIST. REF.	DR	PREFIX	REFERENCE 000500	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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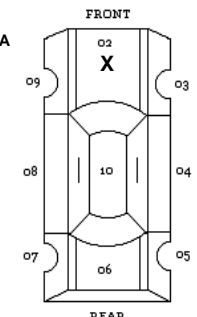
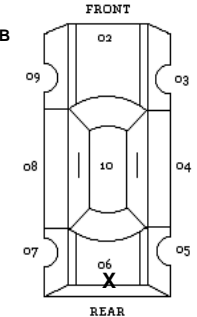
<b>A</b>	UNIT # 01	# OF OCC 2	NAME (LAST, FIRST, MIDDLE) WILSON RICHARD A						
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3735 COBB ROAD WILLIAMSBURG OH 45176									
SOCIAL SECURITY NUMBER		DATE OF BIRTH 02/26/1992		AGE 18	SEX M	HOME PHONE # (513)724-7960		WORK PHONE #	
DL STATE OH	DL # TK759024	LP STATE OH	LP # EMF-2487	INJURED TAKEN BY 1 <small>1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE</small>	TRANSPORTED BY		INJURED TAKEN TO		
OWNER NAME (IF SAME, WRITE 'SAME') ANGELA WILSON			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3735 COBB ROAD WILLIAMSBURG OH 45176						
YEAR 1999	MAKE FORD	MODEL ESCORT	COLOR MAROON	INSURANCE COMPANY STATE FARM	TOWING SERVICE		OWNER PHONE# (513)724-7960		
OFFENSE CHARGED 73.07		OFFENSE DESCRIPTION OPERATOR TO BE IN REASONABLE CONTROL				CITATION # 3511	LOCAL CODE <input checked="" type="checkbox"/> "X" IF YES		

<b>B</b>	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) KEETON KEVIN M						
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3429 CONCORD HENIGGS MILL ROAD WILLIAMSBURG OH 45176									
SOCIAL SECURITY NUMBER		DATE OF BIRTH 09/29/1992		AGE 17	SEX M	HOME PHONE # (513)724-0026		WORK PHONE #	
DL STATE OH	DL # TN809252	LP STATE OH	LP # DMC-2522	INJURED TAKEN BY 1 <small>1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE</small>	TRANSPORTED BY		INJURED TAKEN TO		
OWNER NAME (IF SAME, WRITE 'SAME') BRENT KEETON			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3429 CONCORD HENIGGS MILL ROAD WILLIAMSBURG OH 45176						
YEAR 2005	MAKE KIA	MODEL OTHER	COLOR SILVER	INSURANCE COMPANY STATE FARM	TOWING SERVICE		OWNER PHONE# (513)724-0026		
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> "X" IF YES		

<b>C</b>	UNIT # 01	NAME (LAST, FIRST, MIDDLE) SIMPSON JACOB		HOME PHONE# (513)203-3413		DATE OF BIRTH 10/08/1991	AGE 18	SEX M	
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 202 SAVANNAH CIRCLE BATAVIA OH 45103				INJURED TAKEN BY 1 <small>1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE</small>	TRANSPORTED BY		INJURED TAKEN TO		
<b>D</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)		HOME PHONE#		DATE OF BIRTH	AGE	SEX	
ADDRESS (STREET, CITY, STATE, ZIP-CODE)				INJURED TAKEN BY <small>1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE</small>	TRANSPORTED BY		INJURED TAKEN TO		

<b>SEATING POSITION</b> A 01 B 01 C 03 D BLANK FOR WITNESS	<b>SAFETY EQUIPMENT</b> A 04 B 04 C 04 D	<b>AIR BAG</b> A 1 B 1 C 1 D	<b>AIR BAG SWITCH</b> A 1 B 1 C 1 D	<b>EJECTION</b> A 1 B 1 C 1 D	<b>TRAPPED</b> A 1 B 1 C 1 D	<b>INJURIES</b> A 1 B 1 C 1 D SUPPLEMENT "X" IF YES
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MOTORIST / NON-MOTORIST / OCCUPANT

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b>  A <input type="text" value="02"/> B <input type="text" value="06"/>	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="01"/> B <input type="text" value="11"/> <p><b>MOTORIST</b></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 <b>NON-MOTORIST</b> 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	<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> 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 <b>COLLISION W/PERSON, VEHICLE, OR OBJECT - NOT FIXED</b> 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 <b>COLLISION WITH FIXED OBJECT</b> 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	<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="0"/> B <input type="text" value="0"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1.NONE GIVEN  2.TEST REFUSED  3.TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  4.TEST GIVEN, RESULTS KNOWN  5.RESULTS, RESULTS UNKNOWN  6.UNKNOWN</p>	
<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=""/> <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 TRAFFIC WAY  14.SHARED USE PATHS OR TRAILS  15.UNKNOWN</p>	 <b>MOST DAMAGED AREA</b> A <input type="text" value="02"/> B <input type="text" value="06"/> <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>	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="13"/> B <input type="text" value="01"/> <p><b>MOTORIST</b></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 <b>NON-MOTORIST</b> 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	<b>TRAFFIC CONTROL</b> A <input type="text" value="02"/> B <input type="text" value="02"/> <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, OBSCURED  17.NOT REPORTED</p>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1.NONE  2.BLOOD  3.URINE  4.OTHER</p>				
<b>TYPE OF UNIT</b> A <input type="text" value="02"/> B <input type="text" value="02"/> <p><b>MOTORIST</b></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 <b>NON-MOTORIST</b> 35.ANIMAL W/RIDER 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	<b>POINT OF IMPACT</b> A <input type="text" value="02"/> B <input type="text" value="06"/> <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>	<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>DIRECTION</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <b>FROM TO</b>  A <input type="text" value="4"/> <input type="text" value="3"/> </td> <td style="width:50%;"> <b>FROM TO</b>  B <input type="text" value="4"/> <input type="text" value="3"/> </td> </tr> </table> <p>1.NORTH  2.SOUTH  3.EAST  4.WEST  5.NORTHWEST  6.NORTHWEST  7.SOUTHWEST  8.SOUTHWEST  9.UNKNOWN</p>	<b>FROM TO</b> A <input type="text" value="4"/> <input type="text" value="3"/>	<b>FROM TO</b> B <input type="text" value="4"/> <input type="text" value="3"/>	<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> <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="1"/> 2 <input type="text" value="1"/>
<b>FROM TO</b> A <input type="text" value="4"/> <input type="text" value="3"/>	<b>FROM TO</b> B <input type="text" value="4"/> <input type="text" value="3"/>							
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"/> <p>1.NO  2.YES  3.UNKNOWN</p>	<b>ACTION</b> 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>	<b>MOST 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 MOST HARMFUL EVENT (1-4)</p>	<b>CONDITION</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <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>	<b>TYPE OF INTERSECTION</b> <input type="text" value="02"/> <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>				
<b>DAMAGE SCALE</b> A <input type="text" value="3"/> B <input type="text" value="2"/> <p>1.NONE  2.NON-FUNCTIONAL  3.FUNCTIONAL DAMAGE  4.DISABLING DAMAGE  5.SEVERE  6.UNKNOWN</p>	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="3"/> B <input type="text" value=""/> <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>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> 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>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <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>	<b>OCURRENCE</b> <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>				
<b>DAMAGE AREA</b> A <input type="text" value="3"/> B <input type="text" value="2"/>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <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>	<b>SPEED DETECTED</b> A <input type="text" value=""/> B <input type="text" value=""/> <p>1.STATED  2.ESTIMATED</p>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1.NONE  4.BREATH  2.BLOOD  5.OTHER  3.URINE</p>	<b>ROAD CONTOUR</b> <input type="text" value="2"/> <p>1.STRAIGHT LEVEL  2.STRAIGHT GRADE  3.CURVE LEVEL  4.CURVE GRADE  5.UNKNOWN</p>				
<b>DAMAGE SCALE</b> A <input type="text" value="3"/> B <input type="text" value="2"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text" value=""/> B <input type="text" value=""/>	<b>SPEED</b> A <input type="text" value="0"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text" value=""/> B <input type="text" value=""/>	<b>ROAD CONDITIONS</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <b>PRIMARY</b>  <input type="text" value="01"/> </td> <td style="width:50%;"> <b>SECONDARY</b>  <input type="text" value="02"/> </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>	<b>PRIMARY</b> <input type="text" value="01"/>	<b>SECONDARY</b> <input type="text" value="02"/>		
<b>PRIMARY</b> <input type="text" value="01"/>	<b>SECONDARY</b> <input type="text" value="02"/>							
<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>		<b>LOCAL REPORT #</b> 10CR 12 3						

**NARRATIVE**

THE DRIVER OF UNIT #1 WAS OPERATING HIS VEHICLE IN AN ERRATIC AND UNSAFE MANNER IN THE PARKING LOT OF THE HIGH SCHOOL. UNIT #1 APPROACHED UNIT #2 WHICH WAS STOPPED AT THE STOP SIGN. THE DRIVER OF UNIT #1 HIT THE BRAKES AND STARTED TO SKID THROUGH A WATER SLICK AND SLID 56' INTO UNIT #2 PUSHING UNIT #2 THROUGH THE INTERSECTION.

**MANNER OF COLLISION OR IMPACT**

**2**

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**

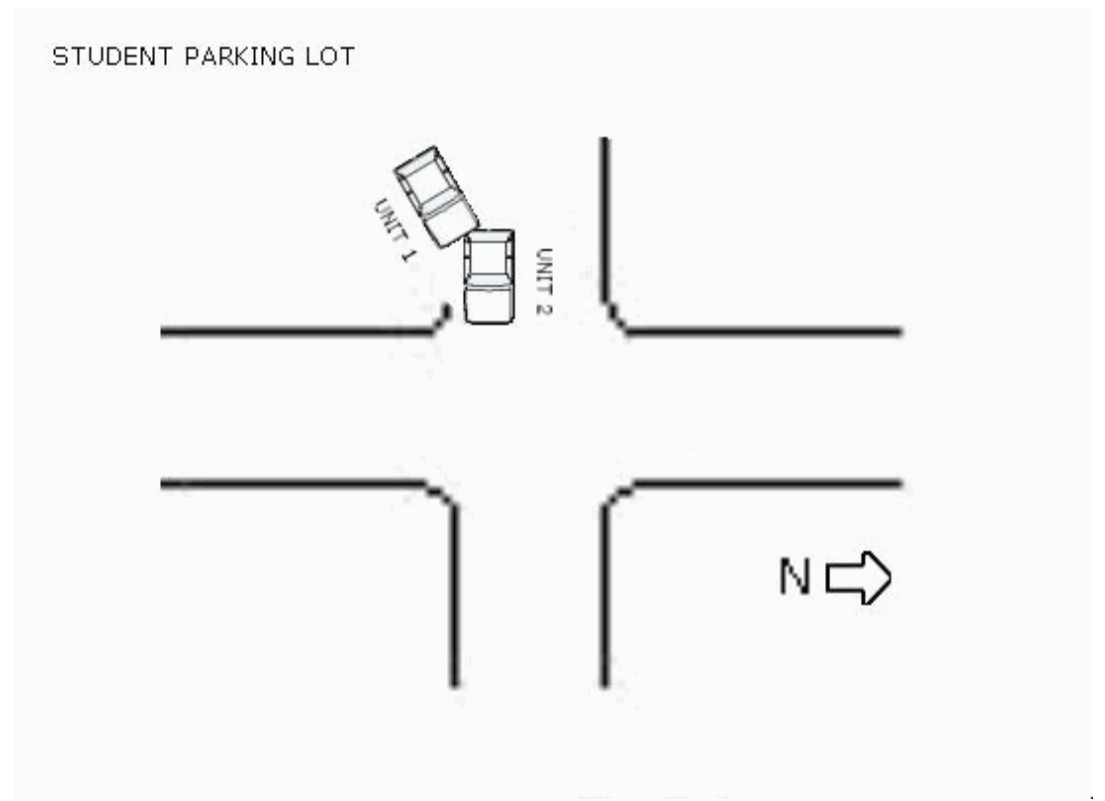
**1**

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)**

<b>US DOT</b>	<b>ICC MC</b>	<b>PUCO</b>	<b>TRAILER LP ST.</b>	<b>TRAILER LP YEAR</b>	<b>TRAILER LP #</b>	<b>PLACARD #</b>	<b># DIA</b>							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
<b>CARGO BODY TYPE</b>	<input type="text"/>	05. POLE 06. CARGO TANK 07. FLATBED 08. DUMP 09. CONCRETE MIXER	<b>WEIGHT (GVWR)</b>	<input type="text"/>	1. LESS-EQUAL 10,000 2. 10,001 - 26,000 3. MORE THAN 26,000	<b>CDL CLASS</b>	<input type="text"/>	1. CLASS A 2. CLASS B 3. CLASS C 4. CLASS D 5. CLASS E	<b>HAZARDOUS MATERIALS</b>	<input type="text"/>	1. NO 2. YES 3. UNKNOWN	<b>HAZARDOUS MATERIALS RFI FASFD</b>	<input type="text"/>	1. NO 2. YES 3. NOT APPLICABLE 4. UNKNOWN

**POLICE ACTION**

<b>DATE CRASH REPORTED</b>	<b>TIME REC CALL</b>	<b>DISPATCH</b>	<b>ARRIVED</b>	<b>CLEARED</b>	<b>OTHER</b>	<b>TOTAL MINUTES</b>
3/5/2010	14:40	14:40	14:45	15:30	0	50
<b>OFFICER'S NAME</b>	<b>BADGE #</b>	<b>CHECKED BY</b>	<b>DATE REPORT FILED</b>			
SGT R. RUEHRWEIN	4W85	4W85	3/5/2010			
<b>REPORT TAKEN BY</b>	<b>REPORT TAKEN AT</b>	<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>	<b>LOCAL REPORT #</b>			
1. POLICE AGENCY 2. MOTORIST	1. SCENE 2. STATION 3. OTHER	<input type="checkbox"/>	10CR 12 3			