

TRAFFIC CRASH REPORT



CRASH REPORT # 08CR 1042	CRASH SEVERITY <input checked="" type="checkbox"/> 1.FATAL ERROR 3.PDO <input type="checkbox"/> 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> *X IF YES	HIT/SKIP <input checked="" type="checkbox"/> 1 NOT HIT/SKIP <input type="checkbox"/> 2 SOLVED <input type="checkbox"/> 3 UNSOLVED	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. # 03001	REPORTING AGENCY CAMBRIDGE POLICE DEPARTMENT		# UNITS 1	UNIT ERROR <input checked="" type="checkbox"/> 99 *X IF 99.UNKNOWN	DATE OF CRASH 2/8/2008

TIME OF CRASH 14:16	DAY OF WEEK FRI	CITY/VILLAGE/TOWNSHIP CITY	NAME (OF CITY, VILLAGE OR TOWNSHIP) CAMBRIDGE	COUNTY # 30	LATITUDE 40014082	LONGITUDE 081335377
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CRASH OCCURRED ON PREFIX E	CRASH LOCATION WHEELING	TYPE LOC 1	TYPE LOCATION POINT USED 1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE	LOCAL INFORMATION
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AT/REFERENCE DIST. REF.	DR	PREFIX S	REFERENCE 0023	REF POINT 02	REFERENCE POINT USED 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

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) MODOCK MARK A			ADDRESS (STREET, CITY, STATE, ZIP-CODE) 59247 CHRISTIAN HILL RD. CAMBRIDGE OH 43725		
SOCIAL SECURITY NUMBER		DATE OF BIRTH 11/21/1963		AGE 44	SEX M	HOME PHONE # (740)685-2304		WORK PHONE #
DL STATE OH	DL # QA065702	LP STATE OH	LP # DZL8883	INJURED TAKEN BY <input checked="" type="checkbox"/> 1.NONE 4.OTHER <input type="checkbox"/> 2.EMS 5.UNKNOWN <input type="checkbox"/> 3.POLICE	TRANSPORTED BY UNITED AMBULANCE		INJURED TAKEN TO SEORMC	
OWNER NAME (IF SAME, WRITE 'SAME') STEVE MODOCK JR.				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 59247 CHRISTIAN HILL RD. CAMBRIDGE OH 43725				
YEAR 1999	MAKE JEEP	MODEL CHEROKEE	COLOR GREY	INSURANCE COMPANY		TOWING SERVICE SCHICK'S TOWING	OWNER PHONE# (740)685-2304	
OFFENSE CHARGED		OFFENSE DESCRIPTION					CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES

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

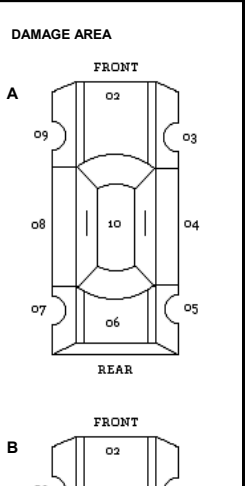
C	UNIT #	NAME (LAST, FIRST, MIDDLE)			HOME PHONE#		DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)				INJURED TAKEN BY <input type="checkbox"/> 1.NONE 4.OTHER <input type="checkbox"/> 2.EMS 5.UNKNOWN <input type="checkbox"/> 3.POLICE	TRANSPORTED BY		INJURED TAKEN TO		
D	UNIT #	NAME (LAST,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

SEATING POSITION 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.RAILING UNIT 14.EXTERIOR 15.OTHER 16.NON-MOTORIST 17.UNKNOWN BLANK FOR WITNESS	SAFETY EQUIPMENT 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	AIR BAG 1.NOT-DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN	AIR BAG SWITCH 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION	EJECTION 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN	TRAPPED 1.NOT TRAPPED 2.EXTRACTED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN	INJURIES 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN
A <input checked="" type="checkbox"/> 01	A <input checked="" type="checkbox"/> 04	A <input checked="" type="checkbox"/> 4	A <input checked="" type="checkbox"/> 1	A <input checked="" type="checkbox"/> 1	A <input checked="" type="checkbox"/> 3	A <input checked="" type="checkbox"/> 3
B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>
C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>
D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>
						<input type="checkbox"/> SUPPLEMENT *X IF YES

UNIT NUMBERS
A B

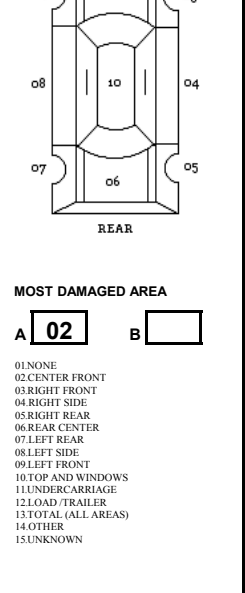
NON-MOTORIST LOCATION
A B

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 TRAFFICWAY)
13.OUTSIDE TRAFFICWAY
14.SHARED USE PATHS OR TRAILS
15.UNKNOWN



TYPE OF UNIT
A B

MOTORIST
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 (BOBTAL)
13.TRACTOR/SEMI-TRAILER
14.TRACTOR/DOUBLE - SHORT
15.TRACTOR DOUBLE - LONG
16.FIFTH WHEEL OR CONVERTER DOLLY
17.TRACTOR/TRIPLES
18.MOTORCYCLE
19.MOTORIZED BICYCLE
20.SCHOOL BUS
21.CHURCH BUS
22.PUBLIC BUS
23.OTHER BUS
24.POLICE VEHICLE
25.FIRE TRUCK
26.AMBULANCE/RESCUE
27.TAXI
28.MOTOR HOME
29.TRAIN
30.FARM VEHICLE
31.FARM EQUIPMENT
32.SNOWMOBILE
33.CONSTRUCTION EQUIPMENT
34.ALL OTHERS
NON-MOTORIST
35.ANIMAL W/DRIVER
36.ANIMAL W/BUGGY
37.BICYCLE
38.PEDALSTRAN
39.PEDALCYLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)
40.SKATER
41.OTHER-NON MOTORIST (WHEELCHAIR, ETC)
42.UNKNOWN



POINT OF IMPACT
A B

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

ACTION
A B

1.NON-CONTACT
2.NON-COLLISION
3.STRIKING
4.STRUCK
5.BOTH STRICKING AND STRUCK
6.UNKNOWN

IN EMERGENCY RESPONSE
A B

1.NO
2.YES
3.UNKNOWN

STRIKING VEHICLE OVERRIDE/UNDERIDE
A B

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

DAMAGE SCALE
A B

1.NONE
2.NON-FUNCTIONAL
3.FUNCTIONAL DAMAGE
4.DISABLING DAMAGE
5.SEVERE
6.UNKNOWN

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE
A B

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

PRE-CRASH ACTIONS
A B

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.APPROCHING OR LEAVING VEHICLE
20.PLAYING OR WORKING ON VEHICLE
21.STANDING
22.OTHER
23.UNKNOWN

CONTRIBUTING CIRCUMSTANCES
A B

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 MROPER ACTION
22.UNKNOWN
NON-MOTORIST
23.NONE
24.IMPROPER CROSSING
25.DARTING
26.LYING AND/OR ILLEGALLY IN ROADWAY
27.FAILURE TO YIELD RIGHT OF WAY
28.NOT VISIBLE (DARK CLOTHING)
29.INATTENTIVE
30.FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER
31.WRONG SIDE OF THE ROAD
32.OTHER
33.UNKNOWN

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE
A B

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

SEQUENCE OF EVENTS

A	B
1 <input type="text" value="08"/>	1 <input type="text"/>
2 <input type="text" value="37"/>	2 <input type="text"/>
3 <input type="text"/>	3 <input type="text"/>
4 <input type="text"/>	4 <input type="text"/>

NON-COLLISION
01.OVERTURN/ROLLOVER
02.FIRE/EXPLOSION
03.IMMERSION
04.JACKKNIFE
05.CARGO/EQUIPMENT LOSS OR SHIFT
06.EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)
07.SEPARATION OF UNITS
08.RAN OFF ROAD RIGHT
09.RAN OFF ROAD LEFT
10.CROSS MEDIAN/CENTERLINE
11.DOWNHILL RUNAWAY
12.OTHER NON-COLLISION
13.UNKNOWN NON-COLLISION
COLLISION W/PERSON, VEHICLE, OR OBJECT - NOT FIXED
14.PEDESTRIAN
15.PEDACYCLE
16.RAILWAY VEHICLE (E.G. TRAIN, ENGINE)
17.ANIMAL - FARM
18.ANIMAL - DEER
19.ANIMAL - OTHER
20.MOTOR VEHICLE IN TRANSPORT
21.PARKED MOTOR VEHICLE
22.WORK ZONE MAINTENANCE EQUIPMENT
23.OTHER MOVABLE OBJECT
24.UNKNOWN MOVABLE OBJECT
COLLISION WITH FIXED OBJECT
25.IMPACT ATTENUATOR/CRASH CUSHION
26.BRIDGE OVERHEAD STRUCTURE
27.BRIDGE PIER OR ABUTMENT
28.BRIDGE PARAPET
29.BRIDGE RAIL
30.GUARDRAIL FACE
31.GUARDRAIL END
32.MEDIAN BARRIER
33.HIGHWAY TRAFFIC SIGN POST
34.OVERHEAD SIGN POST
35.LIGHT/LUMINARIES SUPPORT
36.UTILITY POLE
37.OTHER POST, POLE OR SUPPORT
38.CULVERT
39.CURB
40.DITCH
41.EMBARKMENT
42.FENCE
43.MAILBOX
44.TREE
45.OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL ETC)
46.WORK ZONE MAINTENANCE EQUIPMENT
47.UNKNOWN FIXED OBJECT
48.OTHER
49.UNKNOWN

FIRST HARMFUL EVENT
A B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

MOST HARMFUL EVENT
A B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

SPEED DETECTED
A B

1.STATED
2.ESTIMATED

SPEED
A B

POSTED SPEED
A B

TRAFFIC CONTROL
A B

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

DIRECTION
FROM TO FROM TO
A B

1.NORTH
2.SOUTH
3.EAST
4.WEST
5.NORTH EAST
6.NORTHWEST
7.SOUTHEAST
8.SOUTHWEST
9.UNKNOWN

CONDITION
A B

1.APARENTLY 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

ALCOHOL/DRUG SUSPECTED
A B

1.NONE
2.YES ALCOHOL SUSPECTED
3.YES - HBD NOT IMPAIRED
4.YES - DRUGS SUSPECTED
5.YES - ALCOHOL AND DRUGS SUSPECTED
6.UNKNOWN

ALCOHOL TEST STATUS
A B

1.NONE GIVEN
2.TEST REFUSED
3.TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
4.TEST GIVEN, RESULTS KNOWN
5.TEST GIVEN, RESULTS UNKNOWN
6.UNKNOWN

ALCOHOL TEST TYPE
A B

1.NONE 4.BREATH
2.BLOOD 5.OTHER
3.URINE

ALCOHOL TEST RESULT
A

B

DRUG TEST STATUS
A B

1.NONE GIVEN
2.TEST REFUSED
3.TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
4.TEST GIVEN, RESULTS KNOWN
5.GIVEN, RESULTS UNKNOWN
6.UNKNOWN

DRUG TEST TYPE
A B

1.NONE
2.BLOOD
3.URINE
4.OTHER

DRUG TEST 1 & 2 RESULT
1 2 1 2
A B

1.NONE
2.MARIJUANA
3.COCAINE
4.OPIATES
5.AMPHETAMINES
6.PCP
7.OTHER
8.UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION
A B

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

ROAD CONTOUR
A B

11.STRAIGHT LEVEL
2.STRAIGHT GRADE
3.CURVE LEVEL
4.CURVE GRADE
5.UNKNOWN

ROAD CONDITIONS
PRIMARY SECONDARY

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

SUPPLEMENT 'X' IF YES

LOCAL REPORT # **08CR 1042**

NARRATIVE

UNIT # 1 HAD A MEDICAL PROBLEM CAUSING HIM TO GO OFF THE ROADWAY STRIKING OHIO STATE UTILITY POLE # AB4.

MANNER OF COLLISION OR IMPACT

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

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

02
 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

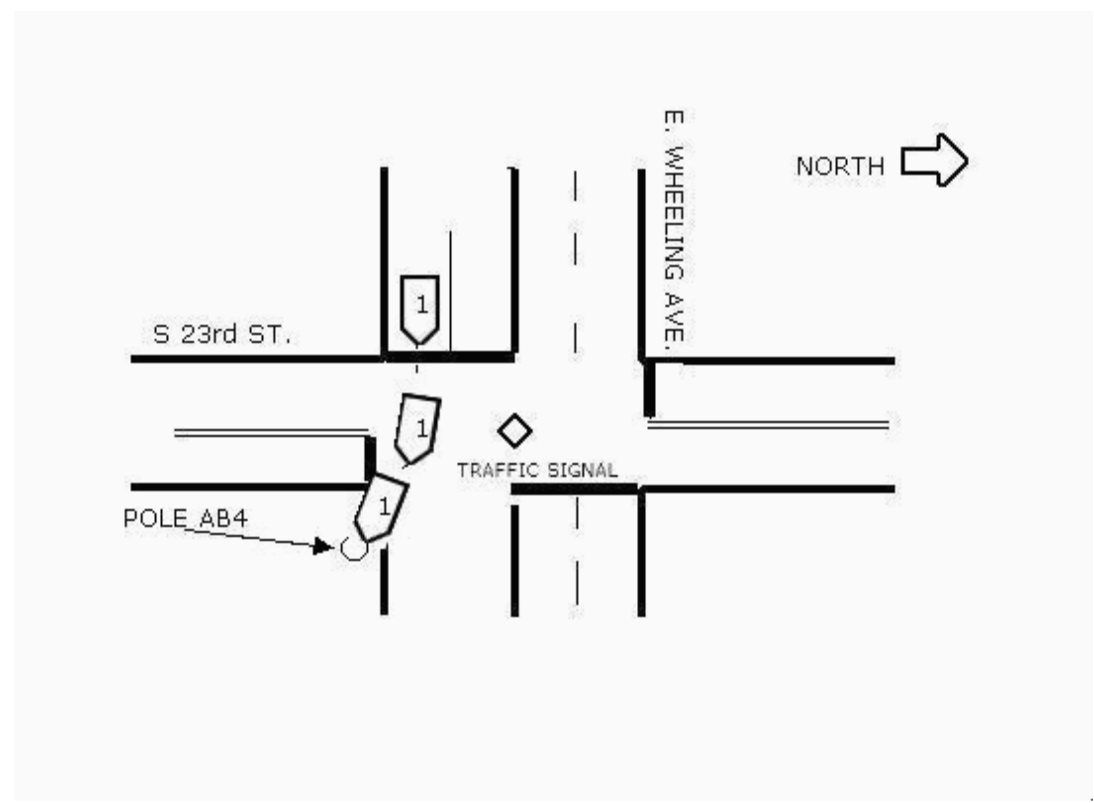
LIGHT CONDITIONS

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.

COMPANY (FROM SHIPPING PAPERS)

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
CARGO BODY TYPE	05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER	10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	WEIGHT (GVWR)	CDL CLASS	1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	HAZARDOUS MATERIALS	HAZARDOUS MATERIALS RFI FASFD
<input type="checkbox"/>	01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAIN/CHIPS/GRAVEL		1 LESS THAN 10,000 2 10,001 - 26,000 3 MORE THAN 26,000	<input type="checkbox"/>	1 NO 2 YES 3 UNKNOWN	<input type="checkbox"/>	1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN

POLICE ACTION

DATE CRASH REPORTED 2/8/2008	TIME REC CALL 14:16	DISPATCH 14:16	ARRIVED 14:18	CLEARED 14:44	OTHER 20	TOTAL MINUTES 48
OFFICER'S NAME PTL CHRISTIAN PORTOCARRERO		BADGE # 22	CHECKED BY 30	DATE REPORT FILED 2/8/2008		
REPORT TAKEN BY 1 POLICE AGENCY 2 MOTORIST	REPORT TAKEN AT 1 SCENE 2 STATION 3 OTHER	<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT # 08CR 1042		