

# TRAFFIC CRASH REPORT



<b>CRASH REPORT #</b> <b>08CR 1369</b>	<b>CRASH SEVERITY</b> <input checked="" type="checkbox"/> 1.FATAL ERROR 3.PDO <input type="checkbox"/> 2.INJURY 4.UNKNOWN	<b>PRIVATE PROPERTY</b> <input type="checkbox"/> *X IF YES	<b>HIT/SKIP</b> <input checked="" type="checkbox"/> 1.NOT HIT/SKIP <input type="checkbox"/> 2.SOLVED <input type="checkbox"/> 3.UNSOLVED	<b>PHOTOS TAKEN</b> <input type="checkbox"/> *X IF YES	<b>OH-2 OH-3 OH-1P OTHER</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>N.C.I.C. #</b> <b>03001</b>	<b>REPORTING AGENCY</b> <b>CAMBRIDGE POLICE DEPARTMENT</b>		<b># UNITS</b> <b>2</b>	<b>UNIT ERROR</b> <input checked="" type="checkbox"/> 02 <small>98.ANIMAL 99.UNKNOWN</small>	<b>DATE OF CRASH</b> <b>2/21/2008</b>

<b>TIME OF CRASH</b> <b>17:00</b>	<b>DAY OF WEEK</b> <b>THU</b>	<b>CITY/VILLAGE/TOWNSHIP</b> <b>CITY</b>	<b>NAME (OF CITY, VILLAGE OR TOWNSHIP)</b> <b>CAMBRIDGE</b>	<b>COUNTY #</b> <b>30</b>	<b>LATITUDE</b> <b>39585056</b>	<b>LONGITUDE</b> <b>081430519</b>
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<b>CRASH OCCURRED ON</b> <b>PREFIX</b> <b>SOUTHGATE</b>	<b>CRASH LOCATION</b> <b>SOUTHGATE</b>	<b>TYPE LOC</b> <b>1</b>	<b>TYPE LOCATION POINT USED</b> <small>1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE</small>	<b>LOCAL INFORMATION</b> <b>K-MART EXPRESS</b>
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<b>AT/REFERENCE</b> <b>DIST. REF.</b>	<b>DR</b>	<b>PREFIX</b>	<b>REFERENCE</b> <b>061690</b>	<b>REF POINT</b> <b>04</b>	<b>REFERENCE POINT USED</b> <small>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</small>
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MOTORIST / NON-MOTORIST

<b>A</b>	<b>UNIT #</b> <b>01</b>	<b># OF OCC</b> <b>1</b>	<b>NAME (LAST, FIRST, MIDDLE)</b> <b>DUNN STEVEN W.</b>			<b>ADDRESS (STREET, CITY, STATE, ZIP-CODE)</b> <b>57 PLEASANT STREET WINTERSVILLE OH 43953</b>		
<b>SOCIAL SECURITY NUMBER</b>		<b>DATE OF BIRTH</b> <b>06/21/1959</b>		<b>AGE</b> <b>48</b>	<b>SEX</b> <b>M</b>	<b>HOME PHONE #</b> <b>(740)264-9391</b>		<b>WORK PHONE #</b>
<b>DL STATE</b> <b>OH</b>	<b>DL #</b> <b>RK403211</b>	<b>LP STATE</b> <b>OH</b>	<b>LP #</b> <b>EFY3601</b>	<b>INJURED TAKEN BY</b> <input checked="" type="checkbox"/> 1.NONE 4.OTHER <input type="checkbox"/> 2.EMS 5.UNKNOWN <input type="checkbox"/> 3.POLICE		<b>TRANSPORTED BY</b>		<b>INJURED TAKEN TO</b>
<b>OWNER NAME (IF SAME, WRITE 'SAME')</b> <b>SAME</b>				<b>OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)</b> <b>57 PLEASANT STREET WINTERSVILLE OH 43953</b>				
<b>YEAR</b> <b>2007</b>	<b>MAKE</b> <b>NISSAN (DATS)</b>	<b>MODEL</b> <b>MAXIMA</b>	<b>COLOR</b> <b>SILVER</b>	<b>INSURANCE COMPANY</b> <b>NATIONWIDE</b>	<b>TOWING SERVICE</b>	<b>OWNER PHONE#</b>		
<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> <b>02</b>	<b># OF OCC</b> <b>1</b>	<b>NAME (LAST, FIRST, MIDDLE)</b> <b>HARTLEY DEBORAH J</b>			<b>ADDRESS (STREET, CITY, STATE, ZIP-CODE)</b> <b>221 ELM LN OLD WASHINGTON OH 43768</b>		
<b>SOCIAL SECURITY NUMBER</b>		<b>DATE OF BIRTH</b> <b>09/03/1972</b>		<b>AGE</b> <b>35</b>	<b>SEX</b> <b>F</b>	<b>HOME PHONE #</b> <b>(740)489-5522</b>		<b>WORK PHONE #</b>
<b>DL STATE</b> <b>OH</b>	<b>DL #</b> <b>RS292008</b>	<b>LP STATE</b> <b>OH</b>	<b>LP #</b> <b>DE76EQ</b>	<b>INJURED TAKEN BY</b> <input checked="" type="checkbox"/> 1.NONE 4.OTHER <input type="checkbox"/> 2.EMS 5.UNKNOWN <input type="checkbox"/> 3.POLICE		<b>TRANSPORTED BY</b>		<b>INJURED TAKEN TO</b>
<b>OWNER NAME (IF SAME, WRITE 'SAME')</b> <b>SAME</b>				<b>OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)</b> <b>221 ELM LN OLD WASHINGTON OH 43768</b>				
<b>YEAR</b> <b>2003</b>	<b>MAKE</b> <b>GMC</b>	<b>MODEL</b> <b>OTHER</b>	<b>COLOR</b> <b>WHITE</b>	<b>INSURANCE COMPANY</b> <b>PROGRESSIVE</b>	<b>TOWING SERVICE</b>	<b>OWNER PHONE#</b>		
<b>OFFENSE CHARGED</b>		<b>OFFENSE DESCRIPTION</b>				<b>CITATION #</b> <b>55644</b>		<b>LOCAL CODE</b> <input checked="" type="checkbox"/> *X IF YES

OCCUPANT

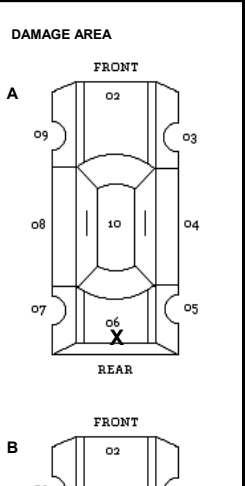
<b>C</b>	<b>UNIT #</b> <input type="checkbox"/>	<b>NAME (LAST, FIRST, MIDDLE)</b>			<b>HOME PHONE#</b>		<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>SEX</b>
<b>ADDRESS (STREET, CITY, STATE, ZIP-CODE)</b>				<b>INJURED TAKEN BY</b> <input type="checkbox"/> 1.NONE 4.OTHER <input type="checkbox"/> 2.EMS 5.UNKNOWN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

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

**UNIT NUMBERS**  
 A  B

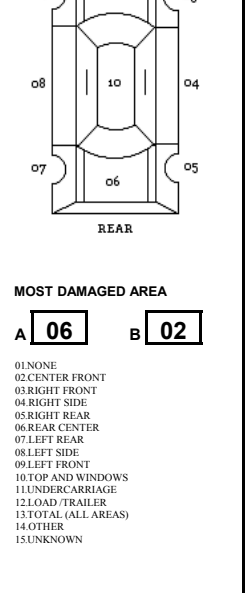
**NON-MOTORIST LOCATION**  
 A  B

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.PEDALCYCLIST (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/UNDERRIDE**  
 A  B

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

**DAMAGE SCALE**  
 A  B

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

**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

**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="20"/>	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-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  
 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**

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

**OCCURRENCE**

1.ON ROADWAY  
 2.ON SHOULDER  
 3.IN MEDIAN  
 4.ON ROADSIDE  
 5.ON GORE  
 6.OUTSIDE TRAFFICWAY  
 7.UNKNOWN

**ROAD CONTOUR**

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 1369**

**NARRATIVE**

UNIT #1 WAS SLOWING TO STOP AT A TRAFFIC SIGNAL WHEN UNIT #2 FAILED TO STOP AND RAN IN TO THE REAR OF UNIT #1

**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**

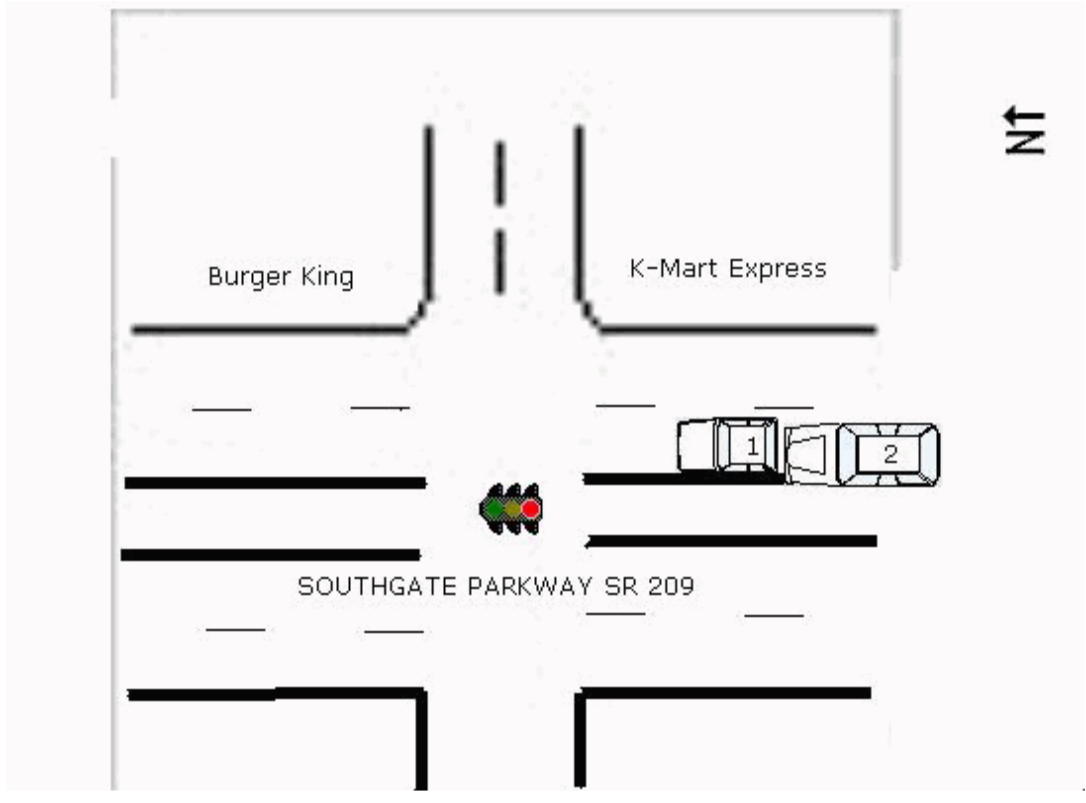
**1**

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.

**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>
<b>CARGO BODY TYPE</b>	05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER	10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	<b>WEIGHT (GVWR)</b>	<b>CDL CLASS</b>	1. CLASS A 2. CLASS B 3. CLASS C 4. CLASS D 5. CLASS E	<b>HAZARDOUS MATERIALS</b>	<b>HAZARDOUS MATERIALS RFI FASFD</b>
<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

**POLICE ACTION**

<b>DATE CRASH REPORTED</b> 2/21/2008	<b>TIME REC CALL</b> 17:00	<b>DISPATCH</b> 17:12	<b>ARRIVED</b> 17:19	<b>CLEARED</b> 17:44	<b>OTHER</b> 0	<b>TOTAL MINUTES</b> 32
<b>OFFICER'S NAME</b> LT ROBERT DAYMUT		<b>BADGE #</b> 59	<b>CHECKED BY</b>		<b>DATE REPORT FILED</b> 2/21/2008	
<b>REPORT TAKEN BY</b> 1 POLICE AGENCY 2 MOTORIST	<b>REPORT TAKEN AT</b> 1 SCENE 2 STATION 3 OTHER	<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>		<b>LOCAL REPORT #</b> 08CR 1369		