

TRAFFIC CRASH REPORT



| | | | | | |
|-----------------------------------|---|--|--|--|--|
| CRASH REPORT # 08CR 262 | CRASH SEVERITY 3 1.FATAL ERROR 3.PDO 2.INJURY 4.UNKNOWN | PRIVATE PROPERTY <input type="checkbox"/> *X IF YES | HIT/SKIP 3 1.NOT HIT/SKIP 2.SOLVED 3.UNSOLVED | PHOTOS TAKEN <input 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 2 | UNIT ERROR 02 98.ANIMAL 99.UNKNOWN | DATE OF CRASH 1/10/2008 | |

| | | | | | | |
|-------------------------------|---------------------------|--------------------------------------|---|-----------------------|-----------------------------|-------------------------------|
| TIME OF CRASH 17:00 | DAY OF WEEK THU | CITY/VILLAGE/TOWNSHIP CITY | NAME (OF CITY, VILLAGE OR TOWNSHIP) CAMBRIDGE | COUNTY # 30 | LATITUDE 40001545 | LONGITUDE 081343355 |
|-------------------------------|---------------------------|--------------------------------------|---|-----------------------|-----------------------------|-------------------------------|

| | | | | |
|--------|------------------------------------|----------------------|---|-------------------|
| PREFIX | CRASH LOCATION SOUTHGATE | TYPE LOC 1 | TYPE LOCATION POINT USED 1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE | LOCAL INFORMATION |
|--------|------------------------------------|----------------------|---|-------------------|

| | | | | | |
|------------|----|--------|----------------------------|------------------------|---|
| DIST. REF. | DR | PREFIX | REFERENCE 002250 | REF POINT 10 | 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 |
|------------|----|--------|----------------------------|------------------------|---|

| | | | |
|----------|---------------------|----------------------|--|
| A | UNIT # 01 | # OF OCC 1 | NAME (LAST, FIRST, MIDDLE) LANNING GILLIAN R |
|----------|---------------------|----------------------|--|

ADDRESS (STREET, CITY, STATE, ZIP-CODE)
1825 BLOOMFIELD RD. NEW CONCORD OH 43762

| | | | | | |
|------------------------|------------------------------------|------------------|-----------------|--------------|--------------|
| SOCIAL SECURITY NUMBER | DATE OF BIRTH 07/22/1987 | AGE 20 | SEX F | HOME PHONE # | WORK PHONE # |
|------------------------|------------------------------------|------------------|-----------------|--------------|--------------|

| | | | | | | |
|-----------------------|-------------------------|-----------------------|------------------------|---|----------------|------------------|
| DL STATE OH | DL # SU274480 | LP STATE OH | LP # DNR2478 | INJURED TAKEN BY 1 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE | TRANSPORTED BY | INJURED TAKEN TO |
|-----------------------|-------------------------|-----------------------|------------------------|---|----------------|------------------|

| | |
|---|--|
| OWNER NAME (IF SAME, WRITE 'SAME') JAMES MCCULLEY | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1825 BLOOMFIELD RD. NEW CONCORD OH 43762 |
|---|--|

| | | | | | | |
|---------------------|--------------------------|-------------------------|-----------------------|-------------------|----------------|--------------|
| YEAR 1996 | MAKE CHEVROLET | MODEL BERETTA | COLOR WHITE | INSURANCE COMPANY | TOWING SERVICE | OWNER PHONE# |
|---------------------|--------------------------|-------------------------|-----------------------|-------------------|----------------|--------------|

| | | | |
|-----------------|---------------------|------------|--|
| OFFENSE CHARGED | OFFENSE DESCRIPTION | CITATION # | LOCAL CODE <input type="checkbox"/> *X IF YES |
|-----------------|---------------------|------------|--|

| | | | |
|----------|---------------------|----------------------|---|
| B | UNIT # 02 | # OF OCC 1 | NAME (LAST, FIRST, MIDDLE) UNKNOWN DRIVER |
|----------|---------------------|----------------------|---|

ADDRESS (STREET, CITY, STATE, ZIP-CODE)

| | | | | | |
|------------------------|-----------------------------|-----|-----------------|--------------|--------------|
| SOCIAL SECURITY NUMBER | DATE OF BIRTH / / | AGE | SEX U | HOME PHONE # | WORK PHONE # |
|------------------------|-----------------------------|-----|-----------------|--------------|--------------|

| | | | | | | |
|----------|------|----------|------|---|----------------|------------------|
| DL STATE | DL # | LP STATE | LP # | INJURED TAKEN BY 5 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE | TRANSPORTED BY | INJURED TAKEN TO |
|----------|------|----------|------|---|----------------|------------------|

| | |
|---|---|
| OWNER NAME (IF SAME, WRITE 'SAME') CLIFFORD CLARK III | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 519 LONG ST. UNKNOWN CAMBRIDGE OH 43725 |
|---|---|

| | | | | | | |
|---------------------|---------------------------|-------------------------|----------------------|-------------------|----------------|--------------|
| YEAR 1988 | MAKE OLDSMOBILE | MODEL UNKNOWN | COLOR GREY | 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)

| | | | | | | |
|----------|--------|----------------------------|-------------|---------------|-----|-----|
| D | UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE# | DATE OF BIRTH | AGE | SEX |
|----------|--------|----------------------------|-------------|---------------|-----|-----|

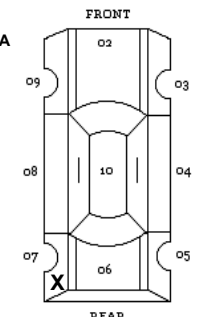
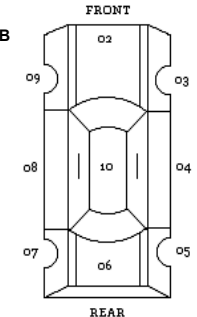
ADDRESS (STREET, CITY, STATE, ZIP-CODE)

| | | | | | | |
|---|---|---|---|---|--|---|
| 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 |
|---|---|---|---|---|--|---|

SUPPLEMENT *X IF YES

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="15"/> | PRE-CRASH ACTIONS A <input type="text" value="11"/> B <input type="text" value="01"/> <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 ENTERING OR CROSSING SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING 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/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 | 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="35"/> B <input type="text" value="35"/> | DRUG TEST STATUS 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. 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 (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN</p> | TYPE OF UNIT A <input type="text" value="04"/> B <input type="text" value="04"/> <p>MOTORIST</p> 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/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 | CONTRIBUTING CIRCUMSTANCES <input type="text" value="01"/> B <input type="text" value="08"/> <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 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 | 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="2"/> </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="2"/> | FROM TO B <input type="text" value="1"/> <input type="text" value="2"/> | DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. NONE 2. BLOOD 3. URINE 4. OTHER</p> | | |
| FROM TO A <input type="text" value="1"/> <input type="text" value="2"/> | FROM TO B <input type="text" value="1"/> <input type="text" value="2"/> | | | | | | | |
| IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. NO 2. YES 3. UNKNOWN</p> | POINT OF IMPACT A <input type="text" value="07"/> B <input type="text" value="03"/> <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> | VEHICLE DEFECT CODE ONLY IF '19' 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> | 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> | ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="6"/> <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> | DRUG TEST 1 & 2 RESULT <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> 1 2 A <input type="text" value="1"/> <input type="text" value="1"/> </td> <td style="width:50%;"> 1 2 B <input type="text" value="1"/> <input type="text" value="1"/> </td> </tr> </table> <p>1. NONE 2. MARIJUANA 3. COCAINE 4. OPATIES 5. AMPHETAMINES 6. PCP 7. OTHER 8. UNKNOWN AT TIME OF REPORTING</p> | 1 2 A <input type="text" value="1"/> <input type="text" value="1"/> | 1 2 B <input type="text" value="1"/> <input type="text" value="1"/> | |
| 1 2 A <input type="text" value="1"/> <input type="text" value="1"/> | 1 2 B <input type="text" value="1"/> <input type="text" value="1"/> | | | | | | | |
| DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="6"/> <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> | 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> | SPEED DETECTED A <input type="text" value=""/> B <input type="text" value=""/> <p>1. STATED 2. ESTIMATED</p> | ALCOHOL TEST STATUS 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> | ROAD CONTOUR <input type="text" value="1"/> <p>1. STRAIGHT LEVEL 2. STRAIGHT GRADE 3. CURVE LEVEL 4. CURVE GRADE 5. UNKNOWN</p> | | | |
| DAMAGE AREA  A <input type="text" value="07"/> B <input type="text" value="15"/> | ACTION A <input type="text" value="4"/> B <input type="text" value="3"/> <p>1. NON-CONTACT 2. NON-COLLISION 3. STRIKING 4. STRUCK 5. BOTH STRICKING AND STRUCK 6. UNKNOWN</p> | ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. NONE 4. BREATH 2. BLOOD 5. OTHER 3. URINE</p> | 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="02"/> </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="02"/> | SECONDARY <input type="text" value=""/> | SUPPLEMENT 'X' IF YES <input type="checkbox"/> | LOCAL REPORT # 08CR 262 |
| PRIMARY <input type="text" value="02"/> | SECONDARY <input type="text" value=""/> | | | | | | | |

NARRATIVE

UNIT 1 STATED THAT SHE WAS SOUTH BOUND ON SOUTHGATE PKWY AND WAS STOPPED IN TRAFFIC WHEN UNIT 2 FAILED TO STOP IN TIME AND STRUCK THE LEFT REAR OF HER VEHICLE AND THEN LEFT THE AREA. OFFICERS HAVE BEEN UNABLE TO MAKE CONTACT WITH THE SUSPECTED DRIVER.

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

DIAGRAM

WEATHER

04
 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

VEHICLES MOVED

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 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.

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

POLICE ACTION

| | | | | | | |
|---|--|---|-------------------------|-----------------------------------|---------------------------------------|----------------------------|
| DATE CRASH REPORTED 1/10/2008 | TIME REC CALL 17:00 | DISPATCH 17:00 | ARRIVED 17:00 | CLEARED 17:10 | OTHER 30 | TOTAL MINUTES 40 |
| OFFICER'S NAME PTL SAM WILLIAMS | | BADGE # 32 | CHECKED BY | | DATE REPORT FILED 1/10/2008 | |
| REPORT TAKEN BY 1 1. POLICE AGENCY 2. MOTORIST | REPORT TAKEN AT 2 1. SCENE 2. STATION 3. OTHER | <input type="checkbox"/> SUPPLEMENT 'X' IF YES | | LOCAL REPORT # 08CR 262 | | |