

# OHIO TRAFFIC CRASH REPORT

Local Report # *		Crash Severity		Private Property		Hit / Skip		Photos Taken		OH-2		OH-3		OH-1P		OTHER	
09-406		3 1 Fatal 3 PDO 2 Injury 4 Unknown		X If Yes		1 1 Not Hit / Skip 2 Solved 3 Unsolved		X If Yes									
N.C.I.C. # *		Reporting Agency *		# Units		Unit Error		Date of Crash *									
08301		Franklin Police Department		01		01 98 = Animal 99 = Unknown		12252009									
Time of Crash		Day of Week		City *		Village *		TWP *		Name (Of City, Village or Township) *		County # *		Latitude		Longitude	
1217		FRI		X						Franklin		83					

<b>CRASH OCCURRED ON</b>			<b>Type Location Point Used</b>			<b>LOCAL INFORMATION</b>		
Prefix Crash Location			Type Loc			1 Named Street 3 Numbered Route 2 Numbered Street		
FRANKLIN TRENTON RD			1					
<b>AT / REFERENCE</b>			<b>Reference Point Used</b>			04 House Number 08 Place Name W/O Reference		
Dist Reference DR Prefix Reference			Ref Point			01 State Line 05 Township Boundary 09 Driveway 02 Intersection 2 Streets 06 Mile Post 10 Street or Route W/O Reference 03 County Line 07 Corporation Limit		
			08					

Unit #		# of Occ.		Name (Last, First, Middle)	
A 01 01				SANTOS SUMMER BROOKE	
Address (Street, City, State, Zip Code)					
7315 PINWOOD DR Franklin OH 45005-0000					
Social Security Number		Date of Birth		Age	
		01171990		19	
Sex		Home Phone #		Work Phone #	
F		(513) 465-5266			
DL State DL #		LP State LP #		Injured Taken By	
OH TS403168		OH EYF5553		1 None 4 Other 2 EMS 5 Unknown 3 Police	
Owner Name (if same, write "SAME")		Address (Street, City, State, Zip Code)			
COPPOCK DAVE		7315 PINWOOD DR CARLISLE OH 45005-0000			
Year		Make		Model	
1998		CHEV		CAM	
Color		Insurance Company		Towing Service	
BLK		Acceptance Insurance			
Owner Phone #					
(513) 393-3670					

Motorist / Non-Motorist

Unit #		# of Occ.		Name (Last, First, Middle)	
B					
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	
				1 None 4 Other 2 EMS 5 Unknown 3 Police	
Owner Name (if same, write "SAME")		Address (Street, City, State, Zip Code)			
Year		Make		Model	
Color		Insurance Company		Towing Service	
Owner Phone #					
Offense Charged		Offense Description		Citation #	
Local Code? 'X' If Yes					

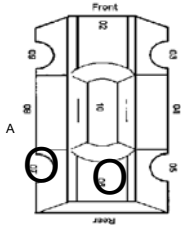
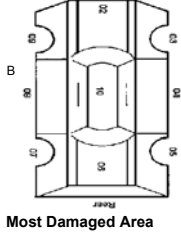
Unit #		# of Occ.		Name (Last, First, Middle)	
C					
Address (Street, City, State, Zip Code)					
Social Security Number		Date of Birth		Age	
Sex		Home Phone #		Work Phone #	
DL State DL #		LP State LP #		Injured Taken By	
				1 None 4 Other 2 EMS 5 Unknown 3 Police	
Owner Name (if same, write "SAME")		Address (Street, City, State, Zip Code)			
Year		Make		Model	
Color		Insurance Company		Towing Service	
Owner Phone #					
Offense Charged		Offense Description		Citation #	
Local Code? 'X' If Yes					

Occupant

Unit #		# of Occ.		Name (Last, First, Middle)	
D					
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	
				1 None 4 Other 2 EMS 5 Unknown 3 Police	
Owner Name (if same, write "SAME")		Address (Street, City, State, Zip Code)			
Year		Make		Model	
Color		Insurance Company		Towing Service	
Owner Phone #					
Offense Charged		Offense Description		Citation #	
Local Code? 'X' If Yes					

Unit #		# of Occ.		Name (Last, First, Middle)	
E					
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	
				1 None 4 Other 2 EMS 5 Unknown 3 Police	
Owner Name (if same, write "SAME")		Address (Street, City, State, Zip Code)			
Year		Make		Model	
Color		Insurance Company		Towing Service	
Owner Phone #					
Offense Charged		Offense Description		Citation #	
Local Code? 'X' If Yes					

<b>01</b> Seating Position		<b>04</b> Safety Equipment Motorist		<b>1</b> Air Bag		<b>4</b> Air Bag Switch		<b>1</b> Ejection		<b>1</b> Trapped		<b>1</b> Injuries	
01 Front - Left ( MC Driver)		01 None Used		1 Not Deployed		1 Not Present		1 Not Ejected		1 Not Trapped		1 No Injury	
02 Front - Middle		02 Shoulder Belt Only		2 Deployed-Front		2 In On Position		2 Totally Ejected		2 Extricated By Mechanical Means		2 Possible	
03 Front - Right		03 Lap Belt Only		3 Deployed-Side		3 In Off Position		3 Partially Ejected		3 Freed BY Non-Mechanical Means		3 Non-Incapacitating	
04 Second - Left ( MC Pass)		04 Shoulder /Lap Belt		4 Deployed Both Front/Side		4 Unknown		4 Not Applicable		4 Unknown		4 Incapacitating	
05 Second - Middle		05 Child Safety Seat		5 Not Applicable				5 Unknown				5 Fatal Injury	
06 Second - Right		06 MC Helmet Used		6 Unknown								6 Unknown	
07 Third - Left		07 Use Unknown											
08 Third - Middle		<b>Non-Motorist</b>											
09 Third - Right		08 Non Used											
10 Sleeper Section Of Cab		09 Helmet Used											
11 Enclosed Cargo Area		10 Protective Pads											
12 Unenclosed Cargo Area		11 Reflective Clothing											
13 Trailing Unit		12 Lighting											
14 Exterior		13 Other											
15 Other		14 Unknown											
16 Non-Motorist													
17 Unknown													
												Supplement * 'X' if Yes	

<b>Unit Numbers</b> <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/>	<b>Damage Area</b> 	<b>Pre-Crash Actions</b> <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/>	<b>Sequence Of Events</b> <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="42"/></td> <td><input type="text" value=""/></td> </tr> <tr> <td><input type="text" value=""/></td> <td><input type="text" value=""/></td> </tr> <tr> <td><input type="text" value=""/></td> <td><input type="text" value=""/></td> </tr> <tr> <td><input type="text" value=""/></td> <td><input type="text" value=""/></td> </tr> <tr> <td><input type="text" value=""/></td> <td><input type="text" value=""/></td> </tr> </table>	A	B	<input type="text" value="42"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<b>Posted Speed</b> <input type="text" value="35"/> <input type="text" value=""/> <input type="text" value=""/>	<b>Drug Test Status</b> <input type="text" value="1"/> <input type="text" value=""/>
A	B																
<input type="text" value="42"/>	<input type="text" value=""/>																
<input type="text" value=""/>	<input type="text" value=""/>																
<input type="text" value=""/>	<input type="text" value=""/>																
<input type="text" value=""/>	<input type="text" value=""/>																
<input type="text" value=""/>	<input type="text" value=""/>																
<b>Non-Motorist Location</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <p>01 Marked Crosswalk At Intersection  02 Intersection/ No Crosswalk  03 Non-Intersection Crosswalk  04 Driveway Access Crosswalk  05 In Roadway  06 Not In Roadway  07 Median (But Not Shoulder)  08 Island  09 Shoulder  10 Sidewalk  11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)  12 Beyond 10 Feet Of Roadway (Within Trafficway)  13 Outside Trafficway  14 Shared Use Paths Or Trails  15 Unknown</p>		<b>Motorist</b> 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/Stopped In Traffic 12 Driverless 13 Other 14 Unknown <b>Non-Motorist</b> 15 Entering/Crossing In Specified Location 16 Walking, Running, Jogging, Playing, Cycling 17 Working 18 Pushing Vehicle 19 Approaching/Leaving Vehicle 20 Playing/Working On Vehicle 21 Standing 22 Other 23 Unknown	<b>Non-Collision</b> 01 Overturn/Rollover 02 Fire/Explosion 03 Immersion 04 Jackknife 05 Cargo/Equipment Loss/Shift 06 Equipment Failure 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 Pedalcycle 16 Railway Vehicle 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 Embankment 42 Fence 43 Mailbox 44 Tree 45 Other Fixed Object 46 Work Zone Maintenance Equipment 47 Unknown Fixed Object 48 Other 49 Unknown	<b>Traffic Control</b> <input type="text" value="12"/> <input type="text" value=""/> <input type="text" value=""/> <p>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/Don't Walk Signal  15 Traffic Control Device Inoperative, Missing, Obscured  16 Other</p>	<b>Drug Test Type</b> <input type="text" value="1"/> <input type="text" value=""/> <p>1 None  2 Test Refused  3 Test Given, Contaminated Sample/Unusable  4 Test Given, Results Known  5 Test Given, Results Unknown  6 Unknown</p> <b>Drug Test Type</b> <input type="text" value="1"/> <input type="text" value=""/> <p>1 None  2 Blood  3 Urine  4 Other</p>												
<b>Type Of Unit</b> <input type="text" value="03"/> <input type="text" value=""/> <input type="text" value=""/> <p><b>Motorist</b>  01 Sub-Compact  02 Compact  03 Mid Size  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+ Axles  11 Truck/Trailer  12 Truck Tractor (Bobtail)  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 Pedalcyclist  40 Skater  41 Other-Non Motorist  42 Unknown</p>	<input type="text" value="06"/> <input type="text" value=""/> <input type="text" value=""/> <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="15"/> <input type="text" value=""/> <input type="text" value=""/> <p><b>Motorist</b>  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 Improper 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</p>	<b>Condition</b> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <p>1 North  2 South  3 East  4 West  5 Northeast  6 Northwest  7 Southeast  8 Southwest  9 Unknown</p>	<b>Direction</b> From To From To <input type="text" value="21"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <p>1 North  2 South  3 East  4 West  5 Northeast  6 Northwest  7 Southeast  8 Southwest  9 Unknown</p>	<b>Drug Test 1&amp;2 Result</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <p>1 None  2 Marijuana  3 Cocaine  4 Opiates  5 Amphetamines  6 PCP  7 Other  8 Unknown at Time Of Reporting</p>												
<b>In Emergency Response</b> <input type="text" value=""/> <input type="text" value=""/> <p>1 No  2 Yes  3 Unknown</p>	<b>Point Of Impact</b> <input type="text" value="04"/> <input type="text" value=""/> <input type="text" value=""/> <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>Vehicle Defect Code Only If '19' Selected Above</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <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 Crash  11 Other Defects</p>	<b>First Harmful Event</b> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>	<b>Condition</b> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <p>1 Apparently Normal  2 Physical Impairment  3 Emotional  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="01"/> <input type="text" value=""/> <input type="text" value=""/> <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/Access  11 Railway Grade Crossing  12 Shared-Use Paths Or Trails  13 Unknown</p>												
<b>Damage Scale</b> <input type="text" value="3"/> <input type="text" value=""/> <input type="text" value=""/> <p>1 None  2 Non-Functional Damage  3 Functional Damage  4 Disabling Damage  5 Severe  6 Unknown</p>	<b>Action</b> <input type="text" value="3"/> <input type="text" value=""/> <input type="text" value=""/> <p>1 Non-Contact  2 Non-Collision  3 Striking  4 Struck  5 Both Striking And Struck  6 Unknown</p>	<b>Striking Vehicle: Override/ Underride</b> <input type="text" value="1"/> <input type="text" value=""/> <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</p>	<b>Most Harmful Event</b> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	<b>Alcohol/Drug Suspected</b> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <p>1 None  2 Yes-Alcohol Suspected  3 Yes-HBD Not Impaired  4 Yes-Drugs Suspected  5 Yes-Alcohol / Drugs Suspected  6 Unknown</p>	<b>Occurrence</b> <input type="text" value="6"/> <input type="text" value=""/> <input type="text" value=""/> <p>1 On Roadway  2 On Shoulder  3 In Median  4 On Roadside  5 On Gore  6 Outside Trafficway  7 Unknown</p>												
<b>Striking Vehicle: Override/ Underride</b> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/>	<b>Striking Vehicle: Override/ Underride</b> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/>	<b>Striking Vehicle: Override/ Underride</b> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/>	<b>Speed Detected</b> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <p>1 Stated  2 Estimated Speed</p>	<b>Alcohol Test Status</b> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <p>1 None  2 Test Refused  3 Test Given, Contaminated Sample/Unusable  4 Test Given, Results Known  5 Test Given, Results Unknown  6 Unknown</p>	<b>Road Contour</b> <input type="text" value="4"/> <input type="text" value=""/> <input type="text" value=""/> <p>1 Straight Level  2 Straight Grade  3 Curve Level  4 Curve Grade</p>												
			<b>Speed</b> <input type="text" value="35"/> <input type="text" value=""/> <input type="text" value=""/>	<b>Alcohol Test Type</b> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <p>1 None  2 Blood  3 Urine  4 Breath  5 Other</p>	<b>Road Conditions</b> Primary <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Secondary <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <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  ** Secondary Road Conditions ONLY</p>												
				<b>Alcohol Test Result</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>Supplement * 'X' if Yes</b> <input type="text" value=""/> <b>Local Report # *</b> <input type="text" value="09-406"/>												

# Narrative

Unit #1 was traveling N.B. on Franklin Trenton Rd. passing the well fields, when the driver lost control and traveled across the opposite lane of travel. Unit #1 then struck a wooden split rail fence on the roadside.

## Manner Of Collision or Impact

**6**

- 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

## Type of Work Zone

**1**

- 1 Lane Closure
- 2 Lane Shift/Crossover
- 3 Work On Shoulder Or Median
- 4 Intermittent/Moving Work
- 5 Other

## Location Of Crash In

**1**

- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

## Workers Present

**1**

- 1 No
- 2 Yes
- 3 Unknown

## Weather

**01**

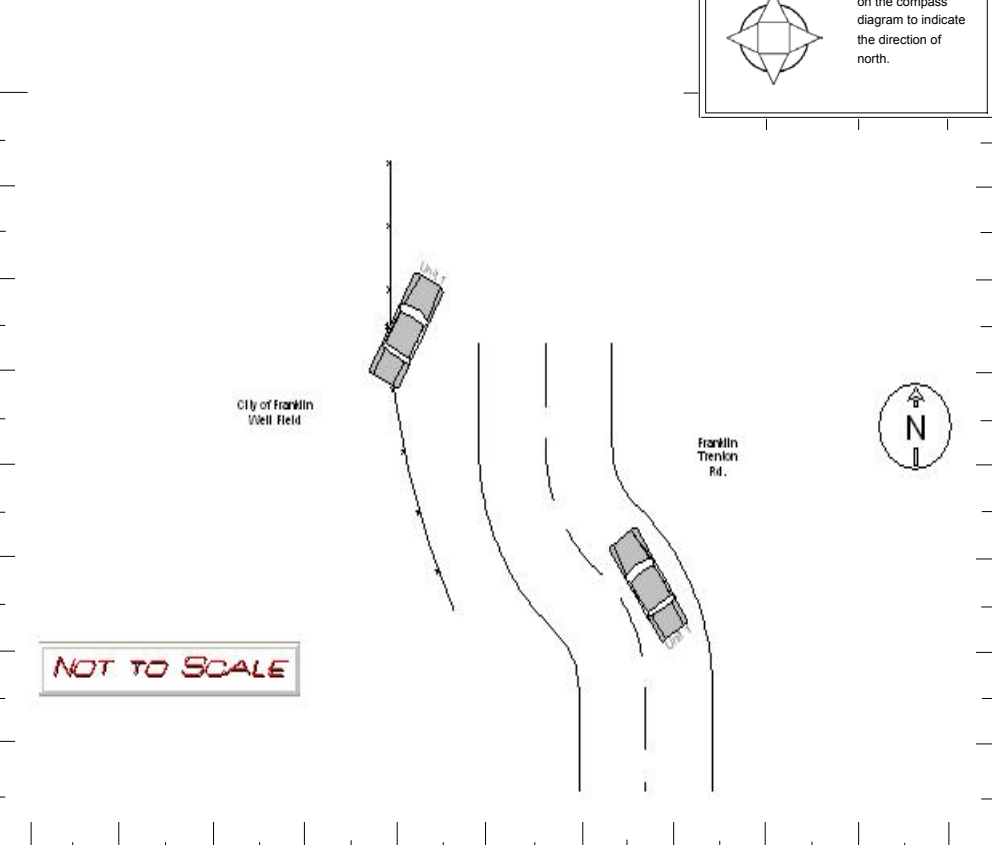
- 01 Clear
- 02 Cloudy
- 03 Fog, Smog, Smoke
- 04 Rain
- 05 Sleet, Hail (Freezing Rain Drizzle)
- 06 Snow
- 07 Severe Crosswinds
- 08 Blowing Sand, Soil, Dirt, Snow
- 09 Other
- 10 Unknown

## Light Conditions

**1** Primary  Secondary

- 1 Daylight
- 2 Dawn
- 3 Dusk
- 4 Dark - Lighted Roadway
- 5 Dark - Not Lighted
- 6 Dark - Unknown Lighting
- 7 Glare
- 8 Other
- 9 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.

Company (From Shipping Papers)  Company Phone

Address (Street, City, St, Zip Code)

**A**  
**N**  
**D**

The crash RESULTED in one or more of the following:  
 A fatality; or  
 An injury requiring transportation for immediate medical treatment; or  
 At least one vehicle was towed due to disabling damage or required intervening assistance before proceeding under its own power.

US DOT  ICC MC  PUCO  Trailer LP St.  Trailer LP Year  Trailer LP #  Placard #  # Dia.

<b>Cargo Body Type</b>	<b>Weight (GVWR)</b>	<b>CDL Class</b>	<b>Hazardous Materials Placard</b>	<b>Hazardous Material Released</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 Tan <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	<input type="checkbox"/> 1 Less/Equal 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 More Than 26,000	<input type="checkbox"/> 1 Class A <input type="checkbox"/> 2 Class B <input type="checkbox"/> 3 Class C <input type="checkbox"/> 4 Class M <input type="checkbox"/> 5 Class D	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 Unknown	<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: **12252009** Time Rec Call: **1217** Dispatch: **1249** Arrived: **1249** Cleared: **1305** Other: **0** Total Minutes: **16**

Officer's Name: **Cotton, Shannon** Badge #: **1F21** Checked By: **Warrington, Mark** Date Report Filed: **12252009**

Report Taken By: **1** 1 Police Agency 2 Motorist Report Taken At: **1** 1 Scene 2 Station 3 Other Supplement:  'X' if Yes Local Report #: **09-406**