

OHIO TRAFFIC CRASH REPORT

Local Report # *		Crash Severity		Private Property		Hit / Skip		Photos Taken		OH-2		OH-3		OH-1P		OTHER	
10-011		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		01072010									
Time of Crash		Day of Week		City *		Village *		TWP *		Name (Of City, Village or Township) *		County # *		Latitude		Longitude	
1243		THU		X						Franklin		83					

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

Unit #		# of Occ.		Name (Last, First, Middle)	
A 01 02				CONLEY MICHAEL D	
Address (Street, City, State, Zip Code)					
2205 WHITTIER MIDDLETOWN OH 45042					

Social Security Number		Date of Birth		Age		Sex		Home Phone #		Work Phone #	
		12281985		24		M		(513) 424-0846			
DL State DL #		LP State LP #		Injured Taken By		1 None 4 Other 2 EMS 5 Unknown 3 Police		Transported By		Injured Taken To	
OH SC764197		OH DWE									

Owner Name (if same, write "SAME")				Address (Street, City, State, Zip Code)									
CONLEY TERRI L				2205 WHITTIER ST MIDDLETOWN OH 45042									
Year		Make		Model		Color		Insurance Company		Towing Service		Owner Phone #	
2002		CHEV		CAV		RED		Hartford Insurance					

Offense Charged		Offense Description		Citation #		Local Code? 'X' if Yes	

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		Transported By		Injured Taken To	

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	

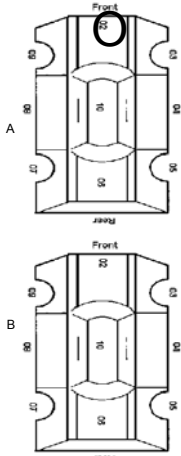
Unit #		# of Occ.		Name (Last, First, Middle)		Home Phone #		Date of Birth		Age		Sex	
C 01				WISEMAN RACHEL M				10181987		22		F	
Address (Street, City, State, Zip Code)						Injured Taken By		Transported By		Injured Taken To			
152 SLATE HILL RD GREENFIELD OH 45123						1 None 4 Other 2 EMS 5 Unknown 3 Police							

Unit #		# of Occ.		Name (Last, First, Middle)		Home Phone #		Date of Birth		Age		Sex	
D													
Address (Street, City, State, Zip Code)						Injured Taken By		Transported By		Injured Taken To			
						1 None 4 Other 2 EMS 5 Unknown 3 Police							

01 Seating Position		04 Safety Equipment Motorist		1 Air Bag		4 Air Bag Switch		1 Ejection		1 Trapped		1 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		08 Non Used											
09 Third - Right		09 Helmet Used											
10 Sleeper Section Of Cab		10 Protective Pads											
11 Enclosed Cargo Area		11 Reflective Clothing											
12 Unenclosed Cargo Area		12 Lighting											
13 Trailing Unit		13 Other											
14 Exterior		14 Unknown											
15 Other													
16 Non-Motorist													
17 Unknown													
												Supplement * 'X' if Yes	

Motorist / Non-Motorist

Occupant

Unit Numbers <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">01</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div>	Damage Area 	Pre-Crash Actions <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">01</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div>	Sequence Of Events <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">A</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">B</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">20</td> <td style="border: 1px solid black; padding: 2px; text-align: center;"> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;"> </td> <td style="border: 1px solid black; padding: 2px; text-align: center;"> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;"> </td> <td style="border: 1px solid black; padding: 2px; text-align: center;"> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;"> </td> <td style="border: 1px solid black; padding: 2px; text-align: center;"> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;"> </td> <td style="border: 1px solid black; padding: 2px; text-align: center;"> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;"> </td> <td style="border: 1px solid black; padding: 2px; text-align: center;"> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;"> </td> <td style="border: 1px solid black; padding: 2px; text-align: center;"> </td> </tr> </table>	A	B	20														Posted Speed <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">45</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div>	Drug Test Status <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div>
A	B																				
20																					
Non-Motorist Location <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div>	Most Damaged Area <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">02</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div>	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/Stopped In Traffic 12 Driverless 13 Other 14 Unknown Non-Motorist 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	Non-Collision 01 Overtum/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 Collision w/ Person, Vehicle, Or Object Not Fixed 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 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 Embankment 42 Fence 43 Mailbox 44 Tree 45 Other Fixed Object 46 Work Zone Maintenance Equipment 47 Unknown Fixed Object 48 Other 49 Unknown	Traffic Control <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">12</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div>	Drug Test Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div>																
Type Of Unit <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">03</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div>	Contributing Circumstances <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">15</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div>	Point Of Impact <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">02</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div>	Condition <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div>	Direction <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">From</td> <td style="border: 1px solid black; padding: 2px;">To</td> <td style="border: 1px solid black; padding: 2px;">From</td> <td style="border: 1px solid black; padding: 2px;">To</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">4</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">3</td> <td style="border: 1px solid black; padding: 2px; text-align: center;"> </td> <td style="border: 1px solid black; padding: 2px; text-align: center;"> </td> </tr> </table>	From	To	From	To	4	3			Drug Test 1&2 Result <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">A</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">B</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">1</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">2</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;"> </td> <td style="border: 1px solid black; padding: 2px; text-align: center;"> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;"> </td> <td style="border: 1px solid black; padding: 2px; text-align: center;"> </td> </tr> </table>	A	B	1	2				
From	To	From	To																		
4	3																				
A	B																				
1	2																				
Motorist 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 Non-Motorist 35 Animal W/Rider 36 Animal W/Buggy 37 Bicycle 38 Pedestrian 39 Pedalcyclist 40 Skater 41 Other-Non Motorist 42 Unknown	Action <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">3</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div>	Striking Vehicle: Override/ Underride <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div>	Alcohol/Drug Suspected <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div>	Alcohol Test Status <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div>	Occurrence <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">4</div>																
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Damage Scale <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">2</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div>	Striking Vehicle: Override/ Underride <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div>	Most Harmful Event <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div>	Alcohol/Drug Suspected <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div>	Alcohol Test Status <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div>	Road Conditions <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">Primary</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">Secondary</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">03</td> <td style="border: 1px solid black; padding: 2px; text-align: center;"> </td> </tr> </table>	Primary	Secondary	03													
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03																					
Damage Scale 01 None 02 Non-Functional Damage 03 Functional Damage 04 Disabling Damage 05 Severe 06 Unknown	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	Of the Sequence of Events - Which one is the First Harmful Event (1-4) Most Harmful Event <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div>	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	1 None 2 Test Refused 3 Test Given, Contaminated Sample/Unusable 4 Test Given, Results Known 5 Test Given, Results Unknown 6 Unknown	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																
Damage Scale 01 None 02 Non-Functional Damage 03 Functional Damage 04 Disabling Damage 05 Severe 06 Unknown	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	Of the Sequence of Events - Which One is the Most Harmful event (1-4) Speed Detected <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div>	1 None 2 Blood 3 Urine 4 Breath 5 Other	Alcohol Test Result <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div>	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																
Damage Scale 01 None 02 Non-Functional Damage 03 Functional Damage 04 Disabling Damage 05 Severe 06 Unknown	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	Speed <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">30</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div>	Alcohol Test Result <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div>	Supplement * 'X' if Yes <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"> </div>	Local Report # * <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;">10-011</div>																

Narrative

Unit #1 was E.B. on 2nd St. when the operator swerved to avoid a second vehicle and lost control on the snow covered roadway. Unit #1 went off of the right side of the roadway onto the property of 1400 E. 2nd St., traveled over a curb and struck a fire hydrant.

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

Weather

06

- 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

Primary: 1
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

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

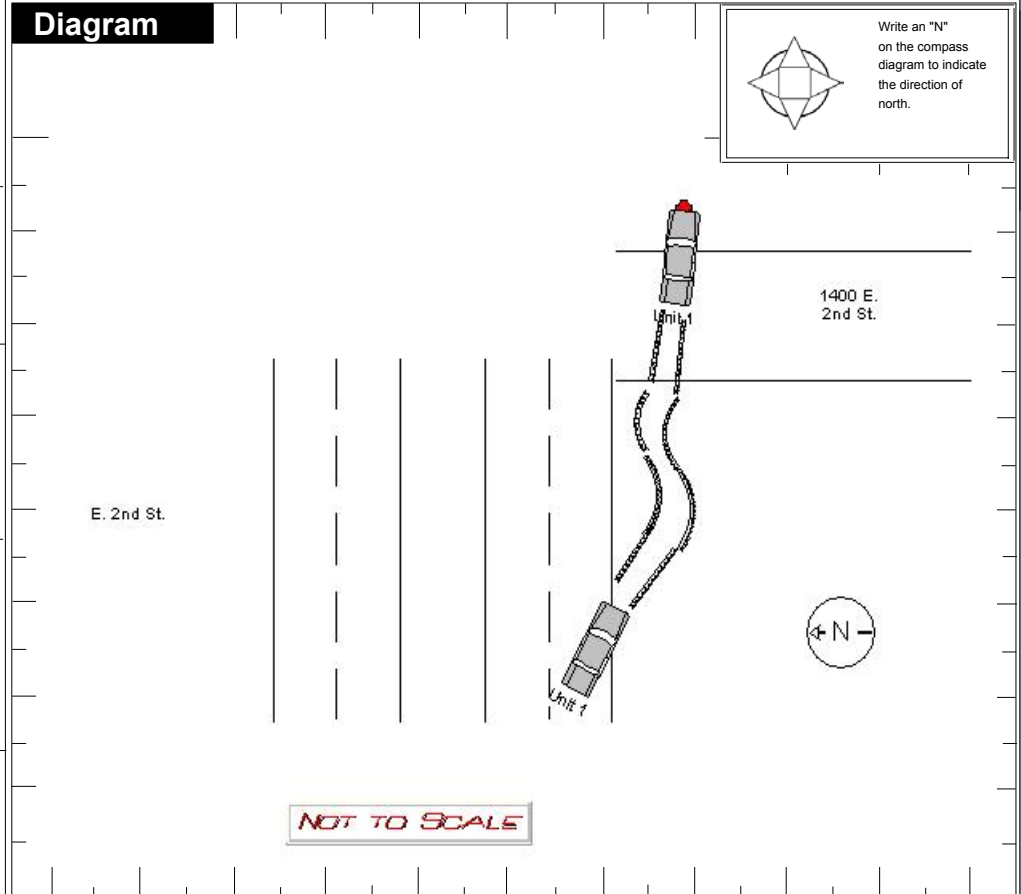
Location Of Crash In

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

Workers Present

- 1 No
- 2 Yes
- 3 Unknown

Diagram



Truck/Bus

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.

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.

Unit #

Company (From Shipping Papers)

Company Phone

Address (Street, City, St, Zip Code)

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

Cargo Body Type

- 01 Not Applicable
- 02 Bus (9-15) Including Driver
- 03 Van/Enclosed Box
- 04 Grain/Chips/Gravel
- 05 Pole
- 06 Cargo Tan
- 07 Flatbed
- 08 Dump
- 09 Concrete Mixer
- 10 Auto Transporter
- 11 Garbage/Refuse
- 12 Other
- 13 Unknown

Weight (GVWR)

- 1 Less/Equal 10,000
- 2 10,001 - 26,000
- 3 More Than 26,000

CDL Class

- 1 Class A
- 2 Class B
- 3 Class C
- 4 Class M
- 5 Class D

Hazardous Materials Placard

- 1 No
- 2 Yes
- 3 Unknown

Hazardous Material Released

- 1 No
- 2 Yes
- 3 Not Applicable
- 4 Unknown

Police Action

Date Crash Reported: 01072010 Time Rec Call: 1243 Dispatch: 1244 Arrived: 1250 Cleared: 1300 Other: 0 Total Minutes: 15

Officer's Name: Cotton, Shannon Badge #: 1F21 Checked By: Warrington, Mark Date Report Filed: 01072010

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 #: 10-011