

TRAFFIC CRASH REPORT



CRASH REPORT #
 1 0 - 0 2 6

CRASH SEVERITY
 2 1 FATAL 3 PDO
 2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
 YES
 NO

HIT/SKIP
 1 NOT HIT/SKIP
 2 SOLVED
 3 UNSOLVED

PHOTOS TAKEN
 YES
 NO

OH-2 OH-3 OH-1P OTHER

REPORTING AGENCY #
 0 5 7 2 4

REPORTING AGENCY
 BUTLER TOWNSHIP POLICE DEPT.

UNITS
 0 1

UNIT ERROR
 0 1
 98 = ANIMAL
 99 = UNKNOWN

DATE OF CRASH #
 0 2 1 2 2 0 1 0

PRECEDENCE
 0 7 2 5

DAY OF WEEK
 F R I

CITY VILLAGE TWP
 CITY
 VILLAGE
 TWP

NAME (OF CITY, VILLAGE OR TOWNSHIP)
 BUTLER (TOWNSHIP OF)

COUNTY #
 5 7

LATITUDE
 LONGITUDE

CRASH LOCATION
 PREFIX CRASH LOCATION
 MARTINDALE ROAD

TYPE LOC
 1

TYPE LOCATION POINT USED
 1 NAMEG STREET 3 NUMBERED ROUTE
 2 NUMBERED STREET

LOCAL INFORMATION
 10-043-082

AT REFERENCE
 DIST REFERENCE DR PREFIX REFERENCE
 300F N 681

REFERENCE POINT USED
 0 4

01 STATE LINE
 02 INTERSECTION 2 STREETS 06 MILE PO
 03 COUNTY LINE

DRIVER # 0 1
 NAME (LAST, FIRST, MIDDLE) SCHNEIDER JOSHUA B

ADDRESS (STREET, CITY, STATE, ZIP CODE)
 117 LIGHTNER LANE UNION OH 45322

DATE OF BIRTH 0 1 3 0 1 9 8 7
 AGE 2 3
 SEX M
 HOME PHONE # 937-832-0638

DL STATE OH
 LP STATE OH LP# DNZ7444
 INJURED TAKEN BY 1 NONE 4 OTHER
 2 EMS 5 UNKNOWN
 3 POLICE

OWNER NAME (IF SAME, WRITE "SAME") SAME
 ADDRESS (STREET, CITY, STATE, ZIP CODE) 117 LIGHTNER LANE UNION OH 45322

YEAR 2 0 0 2 MAKE FORD MODEL MUSTANG GT COLOR DK BLUE INSURANCE COMPANY STATE FARM
 TOWING SERVICE ENGLEWOOD TOWING OWNER PHONE # 937-832-0638

OFFENSE CHARGED 4511.202 OFFENSE DESCRIPTION FAILURE TO CONTROL CITATION # 3 8 6 4 0

NAME (LAST, FIRST, MIDDLE)
 ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH
 AGE
 SEX
 HOME PHONE #
 WORK PHONE #

DL STATE
 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 #

NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

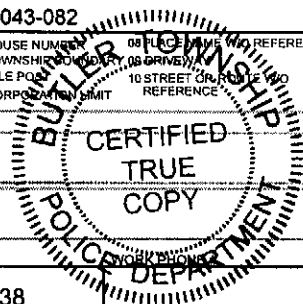
ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

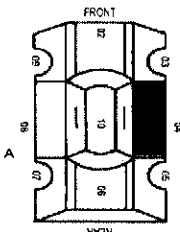
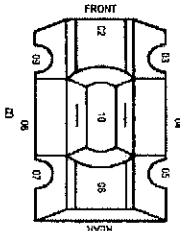
ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

MOTORIST/NON-MOTORIST

Occupant



SEATING POSITION 0 1 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 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	SAFETY EQUIPMENT 0 4 MOTORIST 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER/LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 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 A 1 NOT-DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	AIR BAG SWITCH 1 A 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	EJECTION 1 A 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED 1 A 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES 2 A 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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UNIT NUMBERS <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 01 </div>	DAMAGE AREA 	PRE-CRASH ACTIONS <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 01 </div>	SEQUENCE OF EVENTS <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; text-align: center;">0 9</td><td style="width:50%; text-align: center;"> </td></tr> <tr><td style="text-align: center;">4 4</td><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;">4 4</td><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;"> </td><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;"> </td><td style="text-align: center;"> </td></tr> </table>	0 9		4 4		4 4						POSTED SPEED <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 45 </div>	DRUG TEST STATUS <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 1 </div>
0 9															
4 4															
4 4															
NON-MOTORIST LOCATION <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> </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 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 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: flex; justify-content: space-around;"> 12 </div>	DRUG TEST TYPE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 1 </div>										
TYPE OF UNIT <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 03 </div>	MOST DAMAGED AREA <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 04 </div>	CONTRIBUTING CIRCUMSTANCES <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 15 </div>	DIRECTION <table border="1" style="width:100%; border-collapse: collapse;"> <tr><th>FROM TO</th><th>FROM TO</th></tr> <tr><td style="text-align: center;">1 2</td><td style="text-align: center;"> </td></tr> </table>	FROM TO	FROM TO	1 2		DRUG TEST 1&2 RESULT <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; text-align: center;"> </td><td style="width:50%; text-align: center;"> </td></tr> </table>			TYPE OF INTERSECTION <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 01 </div>				
FROM TO	FROM TO														
1 2															
MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 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 SHOWMOBILE 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	POINT OF IMPACT <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 03 </div>	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 IMPROPER 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	CONDITION <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 1 </div>	ALCOHOL/DRUG SUSPECTED <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 1 </div>	ALCOHOL/DRUG SUSPECTED <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 1 </div>										
IN EMERGENCY RESPONSE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> </div>	ACTION <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> </div>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> </div>	FIRST HARMFUL EVENT <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 2 </div>	ALCOHOL TEST STATUS <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 1 </div>	ALCOHOL TEST STATUS <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 1 </div>										
DAMAGE SCALE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 5 </div>	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 1 </div>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> </div>	OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1 - 4) <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 3 </div>	ALCOHOL TEST TYPE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 1 </div>	ALCOHOL TEST TYPE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 1 </div>										
01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	1 NO UNDERSIDE OR OVERRIDE 2 UNDERSIDE, COMPARTMENT INTRUSION 3 UNDERSIDE, NO COMPARTMENT INTRUSION 4 UNDERSIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN	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	OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1 - 4) <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 1 </div>	1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL/ DRUGS SUSPECTED 6 UNKNOWN	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN										
SPEED DETECTED <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 1 </div>	ALCOHOL TEST RESULT <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> </div>	SPEED <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 040 </div>	ALCOHOL TEST RESULT <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> </div>	ROAD CONTOUR <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 2 </div>	ROAD CONTOUR <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 2 </div>										
SPEED <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> </div>	ALCOHOL TEST RESULT <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> </div>	SPEED <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> </div>	ALCOHOL TEST RESULT <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> </div>	1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE	1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE										
SUPPLEMENTAL NOTES <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> </div>	LOCAL INCIDENT # <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10-026 </div>	ROAD CONDITIONS <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 02 </div>	ROAD CONDITIONS <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 02 </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	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										

Narrative

UNIT #1 WAS TRAVELING SOUTH ON MARTINDALE ROAD IN THE SOUTHBOUND TRAVEL LANE AND WHEN AT APPROXIMATELY 300 FEET NORTH OF 681 MARTINDALE ROAD, UNIT #1 LOST CONTROL OF THE VEHICLE, DROVE OFF THE LEFT SIDE OF THE ROAD, STRUCK A TREE, AND THEN STRUCK A SECOND TREE.

Diagram

**SEE OH-2
FOR DIAGRAM**

MANNER OF COLLISION OR IMPACT <input type="checkbox"/> 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT <input type="checkbox"/> 2 REAR-END <input type="checkbox"/> 3 HEAD-ON <input type="checkbox"/> 4 REAR-TO-REAR <input type="checkbox"/> 5 BACKING <input type="checkbox"/> 6 ANGLE <input type="checkbox"/> 7 SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 8 SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 9 UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES, DIRECTLY INVOLVED <input type="checkbox"/> 3 YES, INDIRECTLY INVOLVED <input type="checkbox"/> 4 UNKNOWN
WEATHER <input type="checkbox"/> 01 CLEAR <input type="checkbox"/> 02 CLOUDY <input type="checkbox"/> 03 FOG, SMOG, SMOKE <input type="checkbox"/> 04 RAIN <input type="checkbox"/> 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) <input type="checkbox"/> 06 SNOW <input type="checkbox"/> 07 SEVERE CROSSWINDS <input type="checkbox"/> 08 BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> 09 OTHER <input type="checkbox"/> 10 UNKNOWN	WORK ZONE RELATED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN
LIGHT CONDITIONS PRIMARY: <input type="checkbox"/> 1 DAYLIGHT <input type="checkbox"/> 2 DAWN <input type="checkbox"/> 3 DUSK <input type="checkbox"/> 4 DARK - LIGHTED ROADWAY <input type="checkbox"/> 5 DARK - NOT LIGHTED <input type="checkbox"/> 6 DARK - UNKNOWN LIGHTING <input type="checkbox"/> 7 GLARE <input type="checkbox"/> 8 OTHER <input type="checkbox"/> 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE <input type="checkbox"/> 2 LANE SHIFT/CROSSOVER <input type="checkbox"/> 3 WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 INTERMITTENT MOVING WORK <input type="checkbox"/> 5 OTHER
LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE <input type="checkbox"/> 2 ADVANCE WARNING AREA <input type="checkbox"/> 3 TRANSITION AREA <input type="checkbox"/> 4 ACTIVITY AREA	WORKERS PRESENT <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN

Truck/Bus

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH 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.
COMPANY (FROM SHIPPING PAPERS) ADDRESS (STREET, CITY, ST, ZIP CODE)	COMPANY PHONE

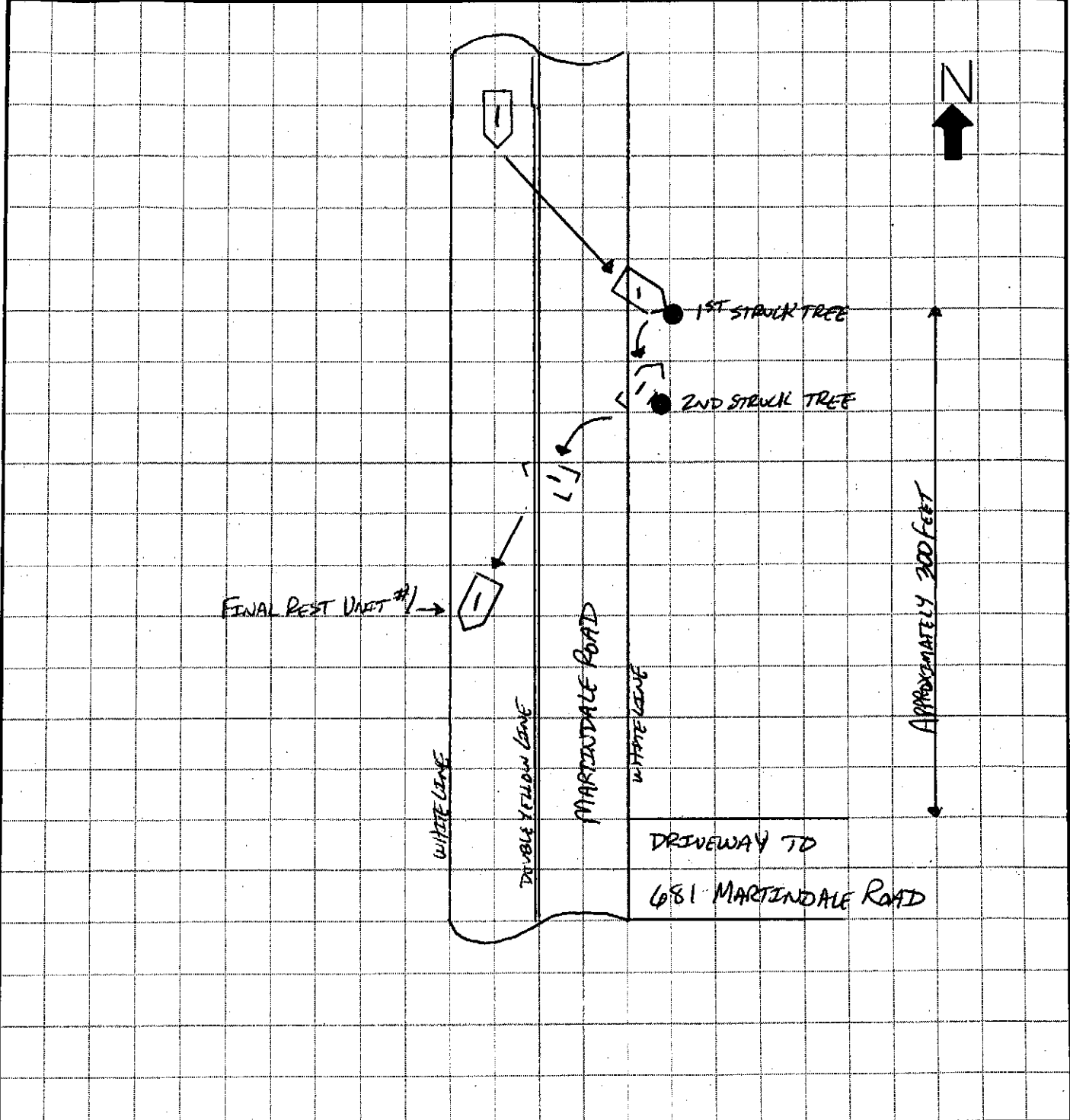
US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
CARGO BODY TYPE	01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAIN/CHIPS/GRAVEL	05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP	09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	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 Materials Released 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN

Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
0 2 1 2 2 0 1 0	0 7 2 5	0 7 2 8	0 7 4 1	0 8 3 7	0 0 3 0	9 9
OFFICER'S NAME *	BADGE # *	CHECKED BY	DATE REPORT FILED*			
SERGEANT M. MORGAN	5	SERGEANT T. STANLEY	0 2 1 2 2 0 1 0			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT A * X IF YES	LOCAL REPORT # *			
1 1 POLICE AGENCY 2 MOTORIST	1 1 SCENE 2 STATION 3 OTHER		1 0 - 0 2 6			



LOCAL REPORT NUMBER 10-026	REPORTING AGENCY BUTLER TOWNSHIP POLICE DEPT.	DATE OF CRASH M 02 D 12 Y 10
IN COUNTY OF MONTGOMERY	CRASH LOCATION MARTINDALE RD. AT 300 FEET NORTH OF 681 MARTINDALE RD.	



Not To Scale

OFFICER'S SIGNATURE X SGT. M. D. Morgan #5	BADGE NUMBER 5
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