



UNIT NUMBERS  
01 02

NON-MOTORIST LOCATION  
A B

- 01 MARKED CROSSWALK AT INTERSECTION  
02 STRIPED/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 SHOULDER USE PATHS OR TRAILS  
15 UNKNOWN

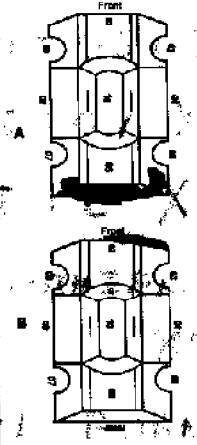
TYPE OF UNIT  
03 06

- 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 (BOSTAL)  
13 TRACTOR/SEMI-TRAILER  
14 TRACTOR/DOUBLE SHORT  
15 TRACTOR/DOUBLE LONG  
16 FIFTH WHEEL OR CONVERTER DOLLY  
17 TRACTOR/TRIPLES  
18 MOTORCYCLE  
19 MOTORBIKE/MOYLE  
20 SCHOOL BUS  
21 CHURCH BUS  
22 POLICE BUS  
23 OTHER BUS  
24 POLICE VEHICLE  
25 FIRE TRUCK  
26 AMBULANCE/VEHICLE  
27 TAXI  
28 MOTOR HOME  
29 TRAILER  
30 FARM VEHICLE  
31 FARM EQUIPMENT  
32 SNOWMOBILE  
33 CONSTRUCTION EQUIPMENT  
34 ALL OTHERS
- NON-MOTORIST**  
35 ANIMAL W/BLIND  
36 ANIMAL W/BLIND  
37 BICYCLE  
38 PEDESTRIAN  
39 PEDALCYCLIST  
40 SKATER  
41 OTHER-NON MOTORIST  
42 UNKNOWN

IN EMERGENCY RESPONSE  
1 No  
2 Yes  
3 UNKNOWN

DAMAGE SCALE  
4 2  
1 NONE  
2 NON-FUNCTIONAL DAMAGE  
3 FUNCTIONAL DAMAGE  
4 DEBILITATING DAMAGE  
5 SEVERE  
6 UNKNOWN

DAMAGE AREA



MOST DAMAGED AREA  
06 03

- 01 NONE  
02 CENTER FRONT  
03 FRONT FRONT  
04 RIGHT SIDE  
05 FRONT/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

POINT OF IMPACT  
06 03

- 01 NONE  
02 CENTER FRONT  
03 FRONT FRONT  
04 RIGHT SIDE  
05 FRONT/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  
4 3  
1. NON-CONTACT  
2. NON-COLLISION  
3. STRUCK  
4. STRUCK  
5. BOTH STRUCK AND STRUCK  
6. UNKNOWN

STRUCK VEHICLE:  
OVERRIDE / UNDERRIDE  
1A 1B

- 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

PRE-CRASH ACTIONS  
11A 01B

- 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 "BRAKING"  
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

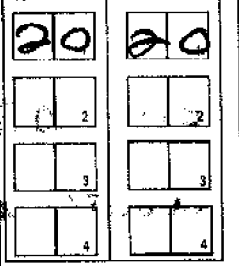
CONTRIBUTING CIRCUMSTANCES  
01 08

- MOTORIST**  
01 None  
02 REAR END TO REAR  
03 REAR END LIGHT, ON 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  
10 DROVE OFF-ROAD  
11 IMPROPER PASSING  
12 STOPPED ON PARKED ILLICITLY  
13 OPERATING VEHICLE IN EBRATIO, BECKLESS, CARELESS, NEGLIGENCE OR ADOPTED UNLAWFUL  
14 ATTEMPTING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-RESPONSIVE ROADWAY, ETC)  
15 FAILURE TO CONTROL  
16 VISION OBSTRUCTION  
17 DRIVER DISTRACTION  
18 FATIGUE/ASLEEP  
19 OPERATING DEFECTIVE EQUIPMENT  
20 LOAD SHIFTER/FALLING/SPELLING  
21 OTHER IMPROPER ACTION  
22 UNKNOWN
- NON-MOTORIST**  
23 None  
24 IMPROPER CROSSING  
25 DARTING  
26 LIVES AND/OR ILLICITLY IN ROADWAY  
27 FAILURE TO YIELD RIGHT OF WAY  
28 NOT VISIBLE (DARK CLOTHING)  
29 INATTENTIVE  
30 FAILURE TO CLEAR TRAFFIC SIGNAL, SIGNALS, OR CROSSING  
31 WRONG SIDE OF THE ROAD  
32 OTHER  
33 UNKNOWN

VEHICLE DEFECT  
Code Only if "15" SELECTED ABOVE  
A B

- 01 TURN SIGNALS  
02 HEAD LAMPS  
03 TAIL LAMPS  
04 BRAKES  
05 STEERING  
06 TIRE BLOWOUT  
07 WORK ON BACK TIRE  
08 TRAILER EQUIPMENT DEFECTIVE  
09 MOTOR TROUBLE  
10 DISABLED FROM PRIOR CRASH  
11 OTHER DEFECTS

SEQUENCE OF EVENTS  
A B  
20 20



- NON-COLLISION**  
01 OVERTURN/Rollover  
02 FIRE/EXPLOSION  
03 HARBORING  
04 JACKKNEE  
05 CARGO/EQUIPMENT LOSS/SHIFT  
06 EQUIPMENT FAILURE  
07 SEPARATION OF UNITS  
08 RAN OFF ROAD FRONT  
09 RAN OFF ROAD LEFT  
10 CROSS MEDIAN/CENTERLINE  
11 DOWNHILL RUNAWAY  
12 OTHER NON-COLLISION  
13 UNKNOWN NON-COLLISION
- COLLISION BY PERSON, VEHICLE, OR OBJECT, NOT FIXED**  
14 PEDESTRIAN  
15 PEDALCYCLIST  
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 HARMFUL 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/CANOPY POST  
35 LIGHT/ILLUMINATION SUPPORT  
36 UTILITY POLE  
37 OTHER POST, POLE OR SUPPORT  
38 CURB/VENT  
39 CURB  
40 DITCH  
41 EMBANKMENT  
42 FENCE  
43 MEDIAN  
44 TREE  
45 OTHER FIXED OBJECT  
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

SPEED  
00 A  
25 B

POSTED SPEED  
35 35

TRAFFIC CONTROL  
12 12

- 01 NO CONTROL  
02 STOP SIGN  
03 YIELD SIGN  
04 TRAFFIC SIGNAL  
05 TRAFFIC FLASHERS  
06 SCHOOL ZONE  
07 RAILROAD CROSSINGS  
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, OBLSCURED  
16 OTHER

DIRECTION  
FROM TO FROM TO  
24 24

- 1 NORTH  
2 SOUTH  
3 EAST  
4 WEST  
5 NORTHEAST  
6 NORTHWEST  
7 SOUTHEAST  
8 SOUTHWEST  
9 UNKNOWN

CONDITION  
A B  
1 APPARENTLY NORMAL  
2 PHYSICAL IMPAIRMENT  
3 BIPEDAL  
4 BICYCLE  
5 FELL ASLEEP, FARTIED, 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 - HED NOT IMPAIRED  
4 YES - DRUGS SUSPECTED  
5 YES - ALCOHOL/DRUGS SUSPECTED  
6 UNKNOWN

ALCOHOL TEST STATUS  
A B  
1 NONE  
2 TEST REFUSED  
3 TEST GIVEN, CONTAMINATED SAMPLE/UNRELIABLE  
4 TEST GIVEN, RESULTS KNOWN  
5 TEST GIVEN, RESULTS UNKNOWN  
6 UNKNOWN

ALCOHOL TEST TYPE  
A B  
1 NONE  
2 BLOOD  
3 URINE  
4 BREATH  
5 OTHER

ALCOHOL TEST RESULT  
A B

DRUG TEST STATUS  
1 1B

- 1 NONE  
2 TEST REFUSED  
3 TEST GIVEN, CONTAMINATED SAMPLE/UNRELIABLE  
4 TEST GIVEN, RESULTS KNOWN  
5 TEST GIVEN, RESULTS UNKNOWN  
6 UNKNOWN

DRUG TEST TYPE  
A B  
1 NONE  
2 BLOOD  
3 URINE  
4 OTHER

DRUG TEST 1&2 RESULT  
A B  
1 NONE  
2 MARIJUANA  
3 COCAINE  
4 OTHERS  
5 AMPHETAMINES  
6 PCP  
7 OTHER  
8 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION  
01  
01 NOT AN INTERSECTION  
02 FOUR-WAY INTERSECTION  
03 T-INTERSECTION  
04 Y-INTERSECTION  
05 TRAFFIC CIRCLES/ROUNDOUT  
06 FIVE-POINT, OR MORE  
07 ON RAMP  
08 OFF RAMP  
09 CROSSOVER  
10 DRIVEWAY/ACCESS  
11 RAILWAY GRADE CROSSING  
12 SHOULDER USE PATHS OR TRAILS  
13 UNKNOWN

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

ROAD CONTOUR  
2  
1 STRAIGHT LEVEL  
2 STRAIGHT GRADE  
3 CURVE LEVEL  
4 CURVE GRADE

ROAD CONDITIONS  
PRIMARY SECONDARY  
01 01  
01 DRY  
02 WET  
03 SNOW  
04 ICE  
05 SAND, MUD, DIRT, OIL, GRAVEL  
06 WATER (STANDING, FLOWING)  
07 SLOSH  
08 DEBRIS  
09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT \*\*  
10 OTHER  
11 UNKNOWN  
\*\*SECONDARY ROAD CONDITIONS ONLY

SUPPLEMENT # 'K' IF YES LOCAL REPORT # #  
09-036369

UNIT #1 STATED THAT HE WAS TRAVELING WEST BOUND ON E. MIDLOTHIAN BLVD. IN THE RIGHT LANE AND WHEN HE WAS IN FRONT OF 806 E. MIDLOTHIAN BLVD., HE WAS GOING TO TURN RIGHT AND PULL INTO THE MAZE PARKING, WHEN SUDDENLY, UNIT #1 WAS STRUCK FROM BEHIND BY UNIT #2. UNIT #2 STATED THAT SHE WAS TRAVELING WEST BOUND ON E. MIDLOTHIAN BLVD IN THE RIGHT LANE, HAD SEEN UNIT #1, TRIED TO STOP, BUT HAD STRUCK UNIT #1 ON HIS REAR BUMPER AREA.

<b>MANNER OF COLLISION OR IMPACT</b> <input checked="" type="checkbox"/> 2 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWIP, SAME DIRECTION 8 SIDESWIP, OPPOSITE DIRECTION 9 UNKNOWN	<b>SCHOOL BUS RELATED</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN	<b>WORK ZONE RELATED</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 1 NO 2 YES 3 UNKNOWN	<b>WEATHER</b> <input checked="" type="checkbox"/> 02 <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 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	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/ MOVING WORK 5 OTHER	<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 1 NO 2 YES 3 UNKNOWN	<p>Write an "N" on the compass diagram to indicate the direction of north.</p>

E. MIDLOTHIAN BLVD.

E. MIDLOTHIAN BLVD.  
806 E. MIDLOTHIAN BLVD.

<b>UNIT #</b> <input type="checkbox"/> <input type="checkbox"/>	<b>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:</b> 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 9 PERSONS, INCLUDING DRIVER.	<b>AND</b>	<b>THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:</b> A FATALITY; OR AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENEING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
<b>COMPANY (FROM SHIPPING PAPERS)</b>		<b>COMPANY PHONE</b>	
<b>Address (Street, City, St, Zip Code)</b>			

US DOT	ICC MC	PLCD	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	HAZ
<b>CARGO BODY TYPE</b> <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAIN/CHIPS/GRAVEL	<input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP	<input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	<b>Weight (GVWR)</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 1 LESS/EQUAL 10,000 2 10,001 - 26,000 3 MORE THAN 26,000	<b>CDL Class</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	<b>Hazardous Materials Placard</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 1 NO 2 YES 3 UNKNOWN	<b>Hazardous Materials Released</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN	

**Police Action**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
06092009	2231	2244	2301	2344		60
OFFICER'S NAME #	BADGE #	CHECKED BY	DATE REPORT FILED #			
PATROLMAN WILLIAM BAILEY	906	[Signature]	06102009			
REPORT TAKEN BY	1 POLICE AGENCY 2 MOTORIST	REPORT TAKEN AT	1 SCENE 2 STATION 3 OTHER	SUPPLEMENT #	LOCAL REPORT #	
	1	1	1	09-036369		