

# TRAFFIC CRASH REPORT



Local Report # \* 2012012209

CRASH SEVERITY 3  
1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY \*

HIT/SKIP 1  
1 Not Hit/Skip  
2 SOLVED  
3 UNSOLVED

PHOTOS TAKEN \*

OH-2  OH-3  OH-1P  OTHER

N.C.I.C.S. # 57130

REPORTING AGENCY \* VANDALIA DIVISION OF POLICE

# UNITS 02

UNIT ERROR 01  
98 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH \* 03192012

TIER OF CRASH 1707

DAY OF WEEK MON

CITY \* X VILLAGE \* TWP \*

NAME (OF CITY, VILLAGE OR TOWNSHIP) \* VANDALIA

COUNTY # \* 57

LATITUDE 39:53:30.34

LONGITUDE 084:11:54.79

CRASH OCCURRED ON PREFIX CRASH LOCATION 45 N DIXIE DR VANDALIA, OH 45377

TYPE LOC 1

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

LOCAL INFORMATION

ADJ REFERENCE DIST REFERENCE 1 F S ORCHARD LN

REF POINT 02

REFERENCE POINT USED  
01 STATE LINE  
02 INTERSECTION 2 STREETS  
03 COUNTY LINE

04 HOUSE NUMBER  
05 TOWNSHIP BOUNDARY  
06 MILE POST  
07 CORPORATION LIMIT

08 PLACE NAME W/O REFERENCE  
09 DRIVEWAY  
10 STREET OR ROUTE W/O REFERENCE

**Motorist/Non-Motorist**

UNIT # A 0101 NAME (LAST, FIRST, MIDDLE) MCLEAN JR, JAMES, M

Address (STREET, CITY, STATE, ZIP CODE) 114 E SPRING ST, EATON, OH 45320

DATE OF BIRTH 03191991 AGE 21 SEX M HOME PHONE # (937) 733-2935 WORK PHONE #

DL STATE OH DL # TC729223 LP STATE OH LP # FMN5539 INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") SAME, ADDRESS (STREET, CITY, STATE, ZIP CODE) 114 E SPRING ST, EATON, OH 45320

YEAR 1998 MAKE Chevrolet MODEL Malibu COLOR GREEN INSURANCE COMPANY TOWING SERVICE OWNER PHONE # (937) 733-2935

OFFENSE CHARGED 434.03A OFFENSE DESCRIPTION ASSURED CLEAR DISTANCE STATION # 95538 LOCAL CASE? X

**Motorist/Non-Motorist**

UNIT # B 0201 NAME (LAST, FIRST, MIDDLE) MCLAUGHLIN, DOROTHY, A

Address (STREET, CITY, STATE, ZIP CODE) 215 HELKE RD, VANDALIA, OH 45377

DATE OF BIRTH 10241951 AGE 60 SEX F HOME PHONE # (937) 890-3698 WORK PHONE # (937) 267-3906

DL STATE OH DL # RM316903 LP STATE OH LP # EWD2637 INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") SAME, ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR 2007 MAKE Chrysler MODEL Caravan/Grand COLOR RED INSURANCE COMPANY CINCINNATI INSURANCE TOWING SERVICE OWNER PHONE # (937) 890-3698

OFFENSE CHARGED OFFENSE DESCRIPTION STATION # LOCAL CASE? X

**Occupant**

UNIT # C 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

UNIT # D 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

01 FRONT - LEFT (MC DRIVER)	04 A	1 A	1 A	1 A	1 A	1 A	1 A
02 FRONT - MIDDLE	04 B	1 B	2	2	2	2	2
03 FRONT - RIGHT	04 C	C	3	3	3	3	3
04 SECOND - LEFT (MC PASS)	04 D	D	4	4	4	4	4
05 SECOND - MIDDLE			5	5	5	5	5
06 SECOND - RIGHT			6	6	6	6	6
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							

SEATING POSITION

SAFETY EQUIPMENT

AIR BAG

AIR BAG SWITCH

EJECTION

TRAPPED

INQUIRIES

Supplement \* X if Yes

UNIT NUMBERS  

01	02
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NON-MOTORIST LOCATION  

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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 PATH OR TRAILS  
 15 UNKNOWN

TYPE OF UNIT  

03	05
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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, 8 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 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/RODER  
 36 ANIMAL W/BUGGY  
 37 BICYCLE  
 38 PEDESTRIAN  
 39 PEDALCYCLIST  
 40 SKATER  
 41 OTHER-NON MOTORIST  
 42 UNKNOWN

IN EMERGENCY RESPONSE  

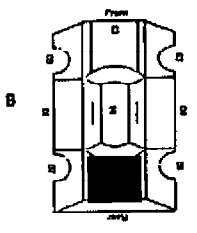
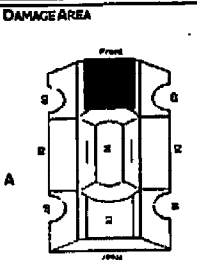
1	1
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1 NO  
 2 YES  
 3 UNKNOWN

DAMAGE SCALE  

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



MOST DAMAGED AREA  

02	06
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POINT OF IMPACT  

02	06
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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 WINDOW  
 11 UNDERCARRIAGE  
 12 LOAD/TRAILER  
 13 TOTAL (ALL AREAS)  
 14 OTHER  
 15 UNKNOWN

ACTION  

3	4
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1 NON-CONTACT  
 2 NON-COLLISION  
 3 STRUCK  
 4 STRUCK  
 5 BOTH STRIKING AND STRUCK  
 6 UNKNOWN

STRUCK VEHICLE:  
 OVERRIDE/ UNDERIDE  

1	1
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1 NO UNDERIDE OR OVERRIDE  
 2 UNDERIDE, COMPARTMENT INTRUSION  
 3 UNDERIDE, NO COMPARTMENT INTRUSION  
 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN  
 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT  
 6 OVERRIDE, OTHER VEHICLE  
 7 UNKNOWN

PRE-CRASH ACTIONS  

01	11
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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

CONTRIBUTING CIRCUMSTANCES  

08	01
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MOTORIST  
 01 NONE  
 02 FAILURE TO YIELD  
 03 RAN RED LIGHT, OR STOP SIGN  
 04 EXCEEDED SPEED LIMIT  
 05 UNLAW 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

VEHICLE DEFECT  
 CODE ONLY IF "19"  
 SELECTED ABOVE  

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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

SEQUENCE OF EVENTS  

20	20

NON-COLLISION  
 01 OVERTURN/ROLLOVER  
 02 FIRE/EXPLOSION  
 03 BOMBRODN  
 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  
 14 COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED  
 15 PEDESTRIAN  
 16 PEDALCYCLE  
 17 RAILWAY VEHICLE  
 18 ANIMAL - FARM  
 19 ANIMAL - DEER  
 20 MOTOR VEHICLE IN TRANSPORT  
 21 PARKED MOTOR VEHICLE  
 22 WORK ZONE MAINTENANCE EQUIPMENT  
 23 OTHER MOVABLE OBJECT  
 24 UNKNOWN MOVABLE 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/ILLUMINARIET SUPPORT  
 36 UTILITY POLE  
 37 OTHER POST, POLE OR SUPPORT  
 38 CULVERT  
 39 CURB  
 40 DITCH  
 41 EMBANKMENT  
 42 FENCE  
 43 MALBOX  
 44 TREE  
 45 OTHER FIXED OBJECT  
 46 WORK ZONE MAINTENANCE EQUIPMENT  
 47 UNKNOWN FIXED OBJECT  
 48 OTHER  
 49 UNKNOWN

FIRST HARMFUL EVENT  

1	1
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OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

MOST HARMFUL EVENT  

1	1
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OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

SPEED DETECTED  

1	1
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1 STATED  
 2 ESTIMATED SPEED

SPEED  

025	
000	

POSTED SPEED  

35	35
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TRAFFIC CONTROL  

12	12
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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

DIRECTION  
 FROM TO FROM TO  

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

CONDITION  

1	1
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1 APPARENTLY NORMAL  
 2 PHYSICAL IMPAIRMENT  
 3 EMOTIONAL  
 4 ILLNESS  
 5 FELL ASLEEP, FAYTIED, FATIGUED, ETC  
 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL  
 7 OTHER  
 8 UNKNOWN

ALCOHOL/DRUG SUSPECTED  

1	1
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1 NONE  
 2 YES - ALCOHOL SUSPECTED  
 3 YES - HSD NOT IMPAIRED  
 4 YES - DRUGS SUSPECTED  
 5 YES - ALCOHOL / DRUGS SUSPECTED  
 6 UNKNOWN

ALCOHOL TEST STATUS  

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

ALCOHOL TEST TYPE  

1	1
---	---

1 NONE  
 2 BLOOD  
 3 URINE  
 4 BREATH  
 5 OTHER

ALCOHOL TEST RESULT  

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DRUG TEST STATUS  

1	1
---	---

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

DRUG TEST TYPE  

1	1
---	---

1 NONE  
 2 BLOOD  
 3 URINE  
 4 OTHER

DRUG TEST 1&2 RESULT  

1	1	1	1
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1 NONE  
 2 MARIJUANA  
 3 COCAINE  
 4 OPATES  
 5 AMPHETAMINES  
 6 PCP  
 7 OTHER  
 8 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION  

03
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01 NOT AN INTERSECTION  
 02 FOUR-WAY INTERSECTION  
 03 T-INTERSECTION  
 04 Y-INTERSECTION  
 05 TRAFFIC CIRCLE/ROUNDBOUT  
 06 FIVE-POINT, OR MORE  
 07 ON RAMP  
 08 OFF RAMP  
 09 CROSSOVER  
 10 DRIVEWAY ACCESS  
 11 RAILWAY GRADE CROSSING  
 12 SHARED-USE PATH OR TRAIL  
 13 UNKNOWN

OCCURRENCE  

1
---

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

ROAD CONTOUR  

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

ROAD CONDITIONS  
 PRIMARY  

01
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 SECONDARY  

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

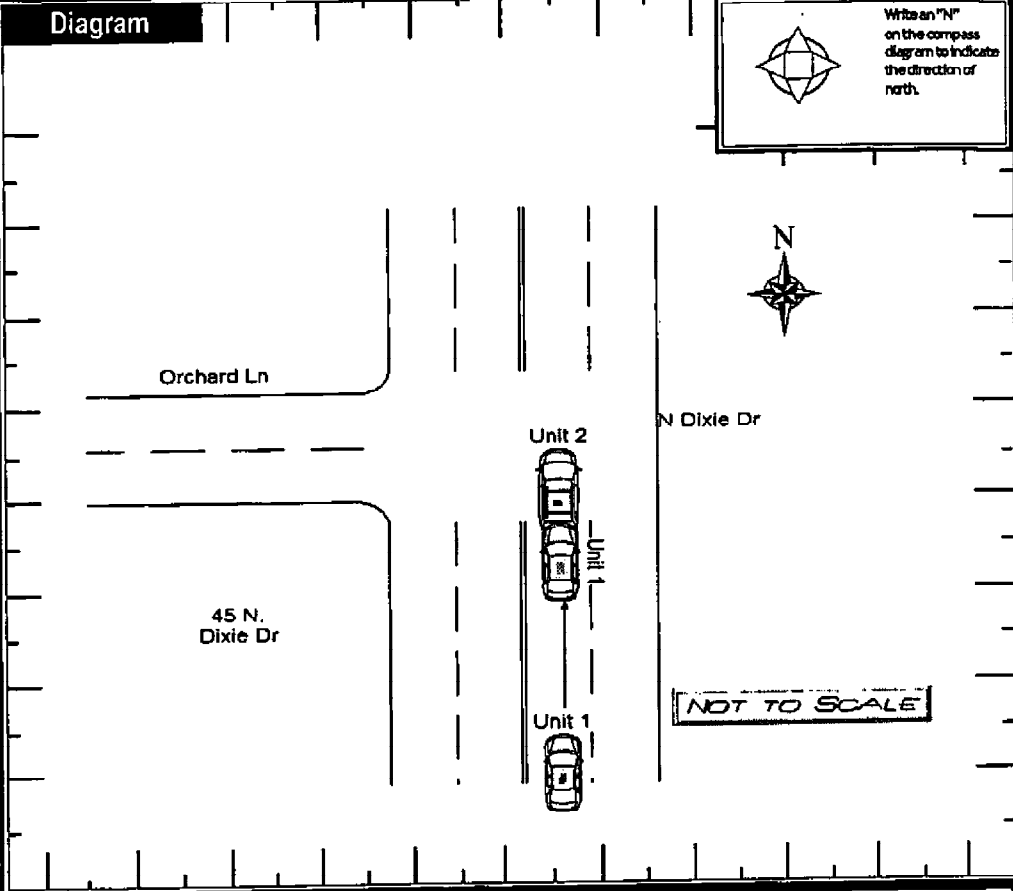
REPORT # \*  
 LOCAL REPORT # \*  

2	0	1	2	0	1	2	2	0	9
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**Narrative**

Unit 2 was traveling northbound on N Dixie Dr stopped to turn left (westbound) onto Orchard Ln. While stopped for oncoming traffic. Unit 2 was rear ended by Unit 1 while traveling behind her northbound on N Dixie Dr. No injuries were stated.

<b>MANNER OF COLLISION OR IMPACT</b> <input type="checkbox"/> 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT <input checked="" 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	<b>SCHOOL BUS RELATED</b> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>WEATHER</b> <input checked="" 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	<b>WORK ZONE RELATED</b> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>LIGHT CONDITIONS</b> PRIMARY <input checked="" type="checkbox"/> 1 SECONDARY <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<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
	<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3



<b>Truck/Bus</b> UNIT # <input type="checkbox"/> <input type="checkbox"/>	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 MATERIAL PLACARD; OR A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.	A THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING: A FATALITY; OR AN INJURY REQUIRING TRANSPORTATION FOR 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) _____ COMPANY PHONE _____		
US DOT _____ ICC MC _____ PUCO _____ TRAILER LP ST. _____ TRAILER LP YEAR _____ TRAILER LP # _____ PLACARD # _____ # D.S. _____		
<b>CARGO BODY TYPE</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/CRIP/GRAVEL <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <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	<b>Weight (GVWR)</b> <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 28,000 <input type="checkbox"/> 3 MORE THAN 28,000	<b>CDL Class</b> <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
<b>Hazardous Materials Placard</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<b>Hazardous Material Released</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN	

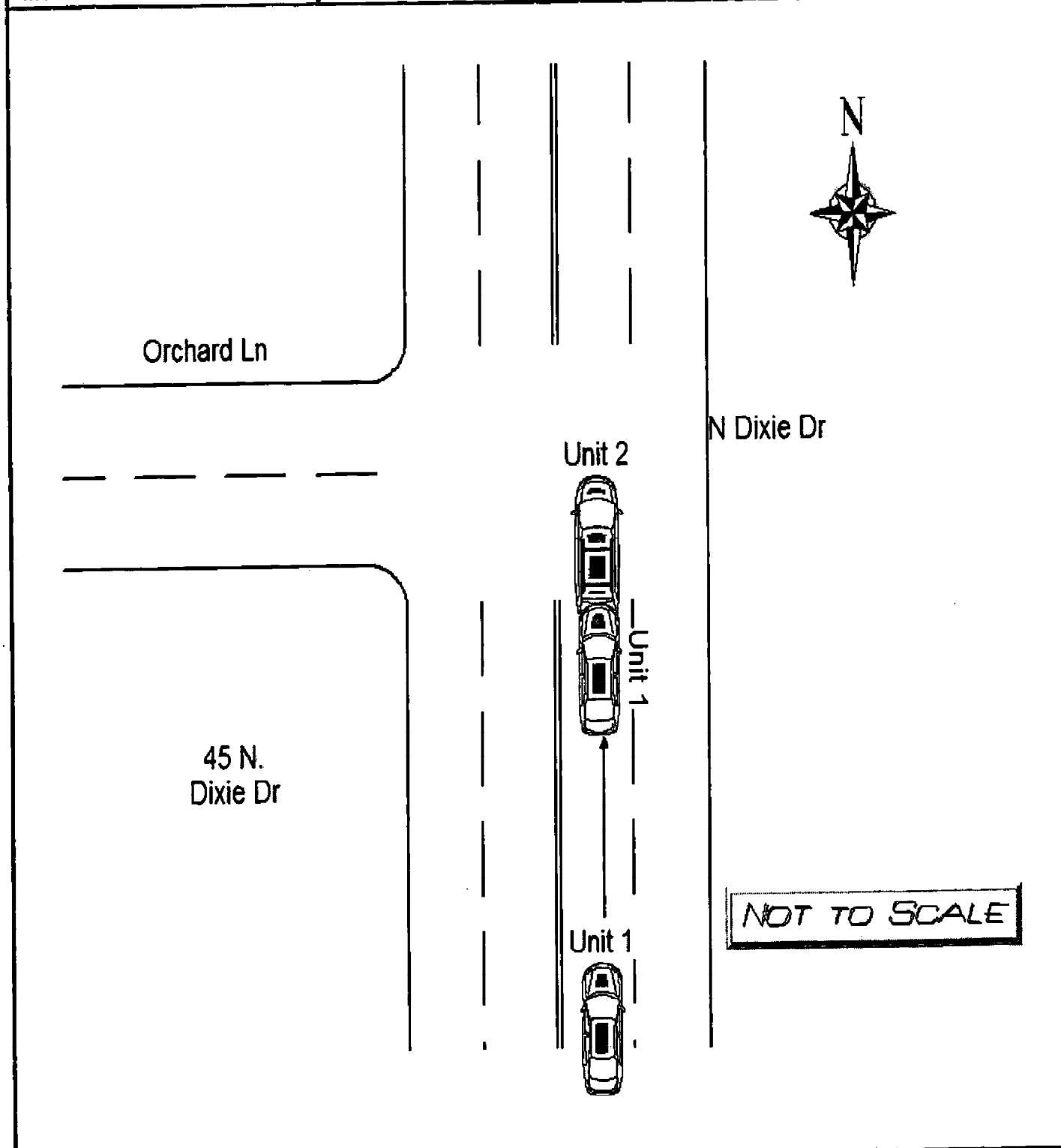
**Police Action**

DATE CRASH REPORTED: 03192012    T. (R) (R) CALL: 1708    DISPATCH: 1708    ARRIVED: 1709    CLEARED: 1900    OTHER: 0000    TOTAL MINUTES: 0111

OFFICER'S NAME: Phillip Shafer    BADGE #: 172    CHECKED BY: Gary Jackson    DATE REPORT FILED #: 03192012

REPORT TAKEN BY:  1 POLICE AGENCY     2 MOTORIST    REPORT TAKEN AT:  1 SCENE     2 STATION     3 OTHER    SUPPLEMENT # "K" IF YES: \_\_\_\_\_    LOCAL REPORT # #: 2012012209

LOCAL REPORT NUMBER 2012012209	REPORTING AGENCY VANDALIA DIVISION OF POLICE	DATE OF CRASH M 3   D 19   Y 2012
IN COUNTY OF MONTGOMERY	CRASH LOCATION 45 N DIXIE DR VANDALIA, OH 45377	



OFFICER'S SIGNATURE X Phillip Shafer	BADGE NUMBER 172
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