



TRAFFIC CRASH REPORT

CRASH REPORT # 10CR 194	CRASH SEVERITY 3 1.FATAL ERROR 3.PDO 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> *X IF YES	HITSKIP 2 1.NOT HITSKIP 2.SOLVED 3.UNSOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> *X IF YES	OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/>
N.C.I.C. # 05214	REPORTING AGENCY MEDINA TWP. POLICE	# UNITS 1	UNIT ERROR 01 98.ANIMAL 99.UNKNOWN	DATE OF CRASH 9/5/2010	

TIME OF CRASH 23:00	DAY OF WEEK SUN	CITY/VILLAGE/TOWNSHIP TOWNSHIP	NAME (OF CITY, VILLAGE OR TOWNSHIP) MEDINA (TOWNSHIP OF)	COUNTY # 52	LATITUDE 411135894	LONGITUDE 0814800982
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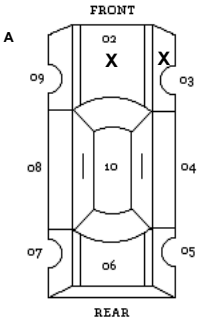
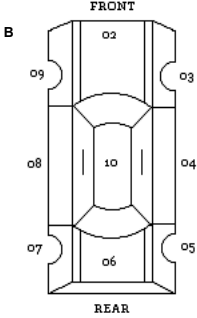
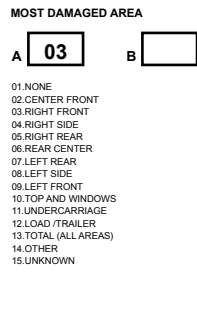
CRASH OCCURRED ON			TYPE LOCATION POINT USED			LOCAL INFORMATION		
PREFIX	CRASH LOCATION HAMILTON	TYPE LOC 1	1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE					
AT/REFERENCE			REFERENCE POINT USED					
DIST. REF.	DR W	PREFIX	REFERENCE 003171	REF POINT 04	01.STATE LINE 02.INTERSECTION OF TWO STREETS 03.COUNTY LINE 04.HOUSE NUMBER			05.TOWNSHIP BOUNDARY 06.MILE POST 07.CORPORATION LIMIT 08.PLACE NAME WITHOUT REFERENCE 09.DRIVEWAY 10.STREET OR ROUTE WITHOUT REFERENCE

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) MONTALVO JEROME				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4001 FOSKET RD MEDINA OH 44256							
SOCIAL SECURITY NUMBER		DATE OF BIRTH 08/10/1991	AGE 19	SEX M	HOME PHONE #		WORK PHONE #
DL STATE OH	DL # TN584552	LP STATE OH	LP # DNE6366	INJURED TAKEN BY 1 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE		TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') THE CHURCH OF THE LION OF JUDA			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1278 HOOKSETT RD HOOKSETT RD NH 03106				
YEAR 2005	MAKE CHEVROLET	MODEL SUBURBAN	COLOR BLACK	INSURANCE COMPANY GIECO	TOWING SERVICE	OWNER PHONE#	
OFFENSE CHARGED 4511.202		OFFENSE DESCRIPTION OPERATION WITHOUT REASONABLE CONTROL				CITATION # X20318	LOCAL CODE <input type="checkbox"/> *X IF YES

B	UNIT #	# OF OCC	NAME (LAST, FIRST, MIDDLE)				
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		TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME')			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)				
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE#	
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES

C	UNIT #	NAME (LAST, FIRST, MIDDLE)					HOME PHONE#	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)							INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO	
D	UNIT #	NAME (LAST, FIRST, MIDDLE)					HOME PHONE#	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)							INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO	

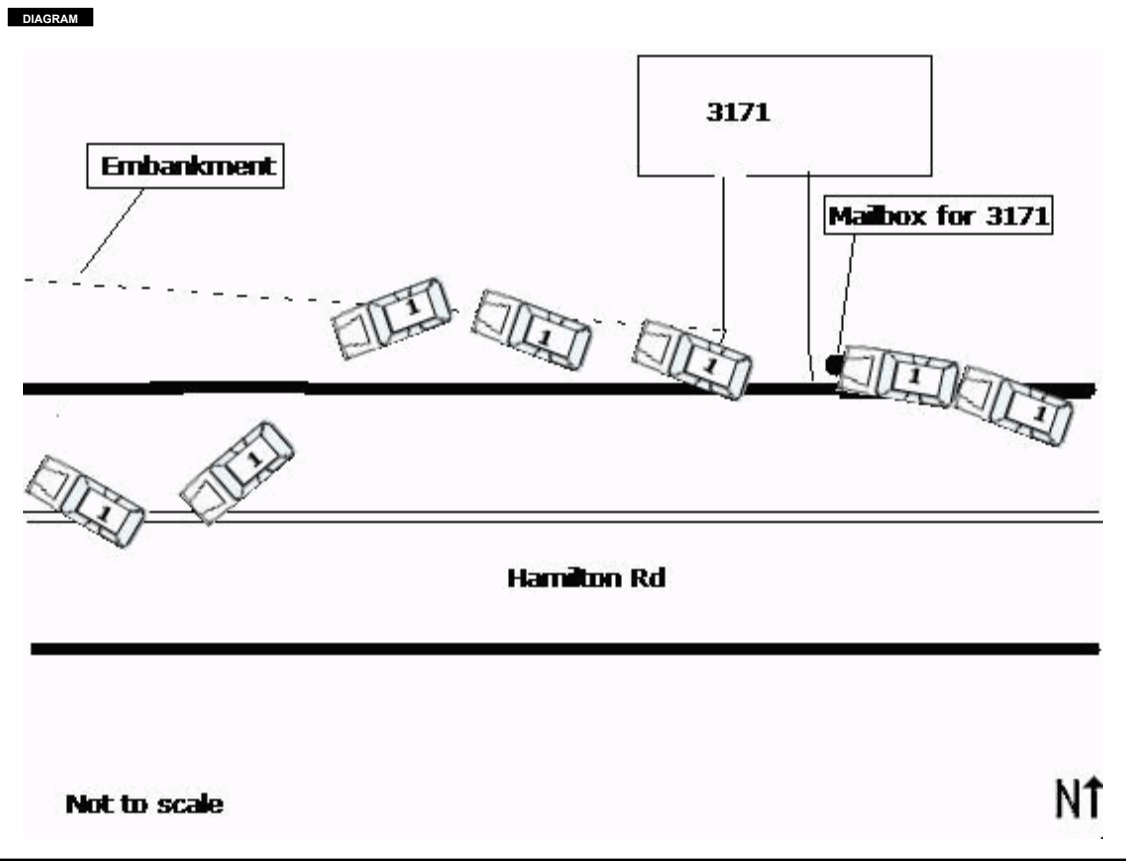
SEATING POSITION A 01 01.FRONT - LEFT (MC DRIVER) 02.FRONT - MIDDLE 03.FRONT - RIGHT 04.SECOND - LEFT (MC PASSE) 05.SECOND - MIDDLE 06.SECOND - RIGHT 07.THIRD - LEFT (MC PASSENGER/SIDE CAR) 08.THIRD - MIDDLE 09.THIRD - RIGHT 10.SLEEPER SECTION OF CAB 11.ENCLOSED CARGO AREA 12.UNENCLOSED CARGO AREA BLANK FOR WITNESS 13.TRAILING UNIT 14.EXTERIOR 15.OTHER 16.NON-MOTORIST 17.UNKNOWN	SAFETY EQUIPMENT A 07 MOTORIST 01.NONE USED 02.SHoulder BELT ONLY USED 03.LAP BELT ONLY USED 04.SHoulder AND LAP BELT USED 05.CHILD SAFETY SEAT USED 06.HELMET USED 07.RESTRAINT USE UNKNOWN NON-MOTORIST 08.NONE USED 09.HELMET USED 10.PROTECTIVE PADS 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN	AIR BAG A 1 1.NOT DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT/SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN	AIR BAG SWITCH A 4 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION	EJECTION A 1 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN	TRAPPED A 1 1.NOT TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN	INJURIES A 6 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN				
							<input type="checkbox"/> SUPPLEMENT *X IF YES			

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text"/>	DAMAGE AREA  A <input type="text"/> B <input type="text"/>	PRE-CRASH ACTIONS A <input type="text" value="01"/> B <input type="text"/> <p>MOTORIST</p> 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 OR STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING OR CROSSING SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING OR LEAVING VEHICLE 20 PLAYING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	SEQUENCE OF EVENTS <table style="width:100%;"> <tr> <td style="width:50%;"> A 1 <input type="text" value="08"/> 2 <input type="text" value="43"/> 3 <input type="text" value="40"/> 4 <input type="text" value="10"/> </td> <td style="width:50%;"> B 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> </td> </tr> </table> <p>NON-COLLISION</p> 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/DOE EQUIPMENT LOSS OR SHIFT 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 SEPARATION OF UNITS 08 RAN OF 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 PEDACYCLE 16 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 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 RAIL 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 EMBARKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT(WALL, BUILDING, TUNNEL ETC) 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	A 1 <input type="text" value="08"/> 2 <input type="text" value="43"/> 3 <input type="text" value="40"/> 4 <input type="text" value="10"/>	B 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	POSTED SPEED A <input type="text" value="55"/> B <input type="text"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text"/> <p>1. NONE GIVEN 2. TEST REFUSED 3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4. TEST GIVEN, RESULTS KNOWN 5. GIVEN, RESULTS UNKNOWN 6. UNKNOWN</p>		
A 1 <input type="text" value="08"/> 2 <input type="text" value="43"/> 3 <input type="text" value="40"/> 4 <input type="text" value="10"/>	B 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>								
NON-MOTORIST LOCATION A <input type="text"/> B <input type="text"/> <p>01 MARKED CROSSWALK AT INTERSECTION 02 AT INTERSECTION BUT NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT ON SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (BUT NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN</p>	 A <input type="text"/> B <input type="text"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="15"/> B <input type="text"/> <p>MOTORIST</p> 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/YACDA 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 NON-MOTORIST 22 NONE 23 IMPROPER CROSSING 24 DARTING 25 LYING AND/OR ILLEGALLY IN ROADWAY 26 FAILURE TO YIELD RIGHT OF WAY 27 NOT VISIBLE (DARK CLOTHING) 28 INATTENTIVE 29 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER 30 WRONG SIDE OF THE ROAD 31 OTHER 32 OTHER 33 UNKNOWN	SEQUENCE OF EVENTS A <input type="text"/> B <input type="text"/> <p>01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/DOE EQUIPMENT LOSS OR SHIFT 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 SEPARATION OF UNITS 08 RAN OF 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 PEDACYCLE 16 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 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 RAIL 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 EMBARKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT(WALL, BUILDING, TUNNEL ETC) 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN </p>	TRAFFIC CONTROL A <input type="text" value="12"/> B <input type="text"/> <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 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16 OTHER 17 NOT REPORTED</p>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text"/> <p>1. NONE 2. BLOOD 3. URINE 4. OTHER</p>				
TYPE OF UNIT A <input type="text" value="06"/> B <input type="text"/> <p>MOTORIST</p> 01 SUB-COMPACT 02 COMPACT 03 MID SIZED 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 OR MORE 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 WRIDDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER NON MOTORIST (WHEELCHAIR, ETC) 42 UNKNOWN	 A <input type="text" value="03"/> B <input type="text"/> <p>MOST DAMAGED AREA</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	CONTRIBUTING CIRCUMSTANCES <input type="text" value="15"/> B <input type="text"/> <p>MOTORIST</p> 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/YACDA 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 NON-MOTORIST 22 NONE 23 IMPROPER CROSSING 24 DARTING 25 LYING AND/OR ILLEGALLY IN ROADWAY 26 FAILURE TO YIELD RIGHT OF WAY 27 NOT VISIBLE (DARK CLOTHING) 28 INATTENTIVE 29 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER 30 WRONG SIDE OF THE ROAD 31 OTHER 32 OTHER 33 UNKNOWN	SEQUENCE OF EVENTS A <input type="text"/> B <input type="text"/> <p>01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/DOE EQUIPMENT LOSS OR SHIFT 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 SEPARATION OF UNITS 08 RAN OF 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 PEDACYCLE 16 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 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 RAIL 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 EMBARKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT(WALL, BUILDING, TUNNEL ETC) 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN </p>	DIRECTION <table style="width:100%;"> <tr> <td style="width:50%;"> FROM TO A <input type="text" value="3"/> <input type="text" value="4"/> </td> <td style="width:50%;"> FROM TO B <input type="text"/> <input type="text"/> </td> </tr> </table> <p>1. NORTH 2. SOUTH 3. EAST 4. WEST 5. NORTHEAST 6. NORTHWEST 7. SOUTHEAST 8. SOUTHWEST 9. UNKNOWN</p>	FROM TO A <input type="text" value="3"/> <input type="text" value="4"/>	FROM TO B <input type="text"/> <input type="text"/>	DRUG TEST 1 & 2 RESULT <table style="width:100%;"> <tr> <td style="width:50%;"> 1 2 A <input type="text" value="1"/> <input type="text" value="1"/> </td> <td style="width:50%;"> 1 2 B <input type="text"/> <input type="text"/> </td> </tr> </table> <p>1. NONE 2. MARIJUANA 3. COCAINE 4. OPIATES 5. AMPHETAMINES 6. PCP 7. OTHER 8. UNKNOWN AT TIME OF REPORTING</p>	1 2 A <input type="text" value="1"/> <input type="text" value="1"/>	1 2 B <input type="text"/> <input type="text"/>
FROM TO A <input type="text" value="3"/> <input type="text" value="4"/>	FROM TO B <input type="text"/> <input type="text"/>								
1 2 A <input type="text" value="1"/> <input type="text" value="1"/>	1 2 B <input type="text"/> <input type="text"/>								
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text"/> <p>1. NO 2. YES 3. UNKNOWN</p>	POINT OF IMPACT A <input type="text" value="04"/> B <input type="text"/> <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>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> <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 ACCIDENT 11. OTHER DEFECTS 12. NO DEFECTS</p>	SEQUENCE OF EVENTS A <input type="text"/> B <input type="text"/> <p>01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/DOE EQUIPMENT LOSS OR SHIFT 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 SEPARATION OF UNITS 08 RAN OF 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 PEDACYCLE 16 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 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 RAIL 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 EMBARKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT(WALL, BUILDING, TUNNEL ETC) 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN </p>	CONDITION A <input type="text" value="1"/> B <input type="text"/> <p>1. APPARENTLY NORMAL 2. PHYSICAL IMPAIRMENT 3. EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4. ILLNESS 5. FELL ASLEEP, FAINTED, FATIGUED, ETC 6. UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7. OTHER 8. UNKNOWN</p>	TYPE OF INTERSECTION <input type="text" value="01"/> <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 11. RAILWAY GRADE CROSSING 12. SHARED-USE PATHS OR TRAILS 13. UNKNOWN</p>				
DAMAGE SCALE A <input type="text" value="4"/> B <input type="text"/> <p>1. NONE 2. NON-FUNCTIONAL 3. FUNCTIONAL DAMAGE 4. DISABLING DAMAGE 5. SEVERE 6. UNKNOWN</p>	ACTION A <input type="text" value="3"/> B <input type="text"/> <p>1. NON-CONTACT 2. NON-COLLISION 3. STRIKING 4. STRUCK 5. BOTH STRIKING AND STRUCK 6. UNKNOWN</p>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> <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 ACCIDENT 11. OTHER DEFECTS 12. NO DEFECTS</p>	SEQUENCE OF EVENTS A <input type="text"/> B <input type="text"/> <p>01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/DOE EQUIPMENT LOSS OR SHIFT 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 SEPARATION OF UNITS 08 RAN OF 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 PEDACYCLE 16 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 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 RAIL 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 EMBARKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT(WALL, BUILDING, TUNNEL ETC) 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN </p>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text"/> <p>1. NONE 2. YES ALCOHOL SUSPECTED 3. YES - HBD NOT IMPAIRED 4. YES - DRUGS SUSPECTED 5. YES - ALCOHOL AND DRUGS SUSPECTED 6. UNKNOWN</p>	OCURRENCE <input type="text" value="2"/> <p>1. ON ROADWAY 2. ON SHOULDER 3. IN MEDIAN 4. ON ROADSIDE 5. ON GORE 6. OUTSIDE TRAFFICWAY 7. UNKNOWN</p>				
DAMAGE SCALE A <input type="text" value="4"/> B <input type="text"/> <p>1. NONE 2. NON-FUNCTIONAL 3. FUNCTIONAL DAMAGE 4. DISABLING DAMAGE 5. SEVERE 6. UNKNOWN</p>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text"/> <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 IF UNDERRIDE OR OVERRIDE</p>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> <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 ACCIDENT 11. OTHER DEFECTS 12. NO DEFECTS</p>	SEQUENCE OF EVENTS A <input type="text" value="55"/> B <input type="text"/> <p>01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/DOE EQUIPMENT LOSS OR SHIFT 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 SEPARATION OF UNITS 08 RAN OF 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 PEDACYCLE 16 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 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 RAIL 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 EMBARKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT(WALL, BUILDING, TUNNEL ETC) 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN </p>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text"/> <p>1. NONE GIVEN 2. TEST REFUSED 3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4. TEST GIVEN, RESULTS KNOWN 5. TEST GIVEN, RESULTS UNKNOWN 6. UNKNOWN</p>	ROAD CONTOUR <input type="text" value="2"/> <p>1. STRAIGHT LEVEL 2. STRAIGHT GRADE 3. CURVE LEVEL 4. CURVE GRADE 5. UNKNOWN</p>				
DAMAGE SCALE A <input type="text" value="4"/> B <input type="text"/> <p>1. NONE 2. NON-FUNCTIONAL 3. FUNCTIONAL DAMAGE 4. DISABLING DAMAGE 5. SEVERE 6. UNKNOWN</p>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text"/> <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 IF UNDERRIDE OR OVERRIDE</p>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> <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 ACCIDENT 11. OTHER DEFECTS 12. NO DEFECTS</p>	SEQUENCE OF EVENTS A <input type="text" value="55"/> B <input type="text"/> <p>01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/DOE EQUIPMENT LOSS OR SHIFT 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 SEPARATION OF UNITS 08 RAN OF 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 PEDACYCLE 16 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 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 RAIL 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 EMBARKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT(WALL, BUILDING, TUNNEL ETC) 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN </p>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text"/> <p>1. NONE 2. BLOOD 3. URINE 4. BREATH 5. OTHER</p>	ROAD CONDITIONS <table style="width:100%;"> <tr> <td style="width:50%;"> PRIMARY <input type="text" value="01"/> </td> <td style="width:50%;"> SECONDARY <input type="text"/> </td> </tr> </table> <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</p>	PRIMARY <input type="text" value="01"/>	SECONDARY <input type="text"/>		
PRIMARY <input type="text" value="01"/>	SECONDARY <input type="text"/>								
<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT # <input type="text" value="10CR"/> <input type="text" value="194"/>							

NARRATIVE

UNIT 1 WHILE TRAVELING WEST ON HAMILTON RD, RAN OFF ROAD RIGHT STRIKING A MAILBOX LOCATED AT 3171 HAMILTON. UNIT 1 CONTINUED RIGHT INTO THE DITCH WHERE IT STRUCK THE SIDE OF THE DRIVEWAY AND CULVERT PIPE. AFTER STRIKING THE PIPE THE VEHICLE CONTINUED INTO THE OTHER SIDE OF THE DITCH WHERE UNIT 1 TRAVELED UP A 5 TO 6 FOOT EMBANKMENT BEFORE TURNING AND TRAVELING BACK INTO THE DITCH. THE MOMENTUM FROM TRAVELING BACK TO THE DITCH PROPELLED UNIT 1 ONTO THE ROADWAY SCRAPING THE REAR END HOUSING AND GAUGING THE ROADWAY. UNIT 1 TRAVELED LEFT OF CENTER CAUSING SKID MARKS BEFORE THE DRIVER REGAINED CONTROL. UNIT 1 FAILED TO STOP TO REPORT THE ACCIDENT AND DROVE TO HIS HOUSE. THE PASSENGER SIDE TIRE WAS OFF OF THE RIM AND LEAVING BLACK MARKS THE ENTIRE WAY LEADING TO THE DRIVE AND THE RIM WAS WORN DOWN ABOUT TWO INCHES CAUSING GAUGES IN THE ROADWAY LEADING ALL THE WAY FROM THE SCENE TO UNIT 1'S HOUSE.

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



TRUCK/BUS UNIT # <input type="text"/>	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.	THE CRASH RESULTED IN ONE OF THE FOLLOWING A FATALITY; OR AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT, OR AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER
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COMPANY (FROM SHIPPING PAPERS) _____

ADDRESS (STREET, CITY, ST, ZIP CODE) _____

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
CARGO BODY TYPE <input type="checkbox"/> 01. NOT APPLICABLE <input type="checkbox"/> 02. BUS (8-15 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 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	WEIGHT (GVWR) <input type="checkbox"/> 1. LESS/EQUAL 10,000 <input type="checkbox"/> 2. 10,001 - 26,000 <input type="checkbox"/> 3. MORE THAN 26,000	CDL CLASS <input type="checkbox"/>	<input type="checkbox"/> 1. CLASS A <input type="checkbox"/> 2. CLASS B <input type="checkbox"/> 3. CLASS C <input type="checkbox"/> 4. CLASS D <input type="checkbox"/> 5. CLASS E	HAZARDOUS MATERIALS <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. UNKNOWN	HAZARDOUS MATERIALS RFI # <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 9/6/2010	TIME REC CALL 11:11	DISPATCH 11:11	ARRIVED 11:25	CLEARED 11:35	OTHER 50	TOTAL MINUTES 74
OFFICER'S NAME OFFICER JESSE BYNUM		BADGE # 1518	CHECKED BY 1508	DATE REPORT FILED 9/6/2010		
REPORT TAKEN BY <input checked="" type="checkbox"/> 1. POLICE AGENCY <input type="checkbox"/> 2. MOTORIST	REPORT TAKEN AT <input checked="" type="checkbox"/> 1. SCENE <input type="checkbox"/> 2. STATION <input type="checkbox"/> 3. OTHER	SUPPLEMENT 'X' IF YES <input type="checkbox"/>		LOCAL REPORT # 10CR 194		