

OHIO

# TRAFFIC CRASH REPORT

CRASH REPORT #  
**10MPD 0027**

CRASH SEVERITY  
**2** 1.FATAL ERROR 3.PDO 2.INJURY 4.UNKNOWN

PRIVATE PROPERTY  
 NO IF YES

HITS/SKIP  
**1** 1.NOT HIT/SKIP 2.SOLVED 3.UNSOLVED

PHOTOS TAKEN  
 YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C. #  
**03801**

REPORTING AGENCY  
**MILLERSBURG POLICE DEPARTMENT**

# UNITS  
**2**

UNIT ERROR  
**01** 98.ANIMAL 99.UNKNOWN

DATE OF CRASH  
**01/04/2010**

TIME OF CRASH  
**13:58**

DAY OF WEEK  
**MON**

CITY/VILLAGE/TOWNSHIP  
**VILLAGE**

NAME (OF CITY, VILLAGE OR TOWNSHIP)  
**MILLERSBURG**

COUNTY #  
**38**

LATITUDE  
**40325805**

LONGITUDE  
**081550507**

CRASH OCCURRED ON

TYPE LOCATION POINT USED

LOCAL INFORMATION

PREFIX  
**S**

CRASH LOCATION  
**S. WASHINGTON ST.**

TYPE LOC  
**1**

1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE

DIST. REF.  
**25 F**

DR  
**S**

PREFIX

REFERENCE  
**S. CLAY ST.**

REF POINT  
**02**

REFERENCE POINT USED  
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

UNIT #  
**A 01**

# OF OCC  
**1**

NAME (LAST, FIRST, MIDDLE)  
**BUTLER KENDEL E.**

ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**4844 T.R. 305 MILLERSBURG OH 44654**

SOCIAL SECURITY NUMBER

DATE OF BIRTH  
**12/22/1985**

AGE  
**24**

SEX  
**F**

HOME PHONE #  
**(330)473-0942**

WORK PHONE #  
**(330)674-9751**

DL STATE  
**OH**

DL #  
**SL002249**

LP STATE  
**OH**

LP #  
**DKS7677**

INJURED TAKEN BY  
**1** 1.NONE 4.OTHER 2.FMS 5.UNKNOWN 3.POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE 'SAME')  
**BUTLER, KENDEL E.**

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**4844 T.R. 305 MILLERSBURG OH 44654**

YEAR  
**2003**

MAKE  
**DODGE**

MODEL  
**OTHER TRUC**

COLOR  
**BLUE**

INSURANCE COMPANY  
**PROGRESSIVE**

TOWING SERVICE

OWNER PHONE#  
**(30)473-0942**

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE  
 YES

UNIT #  
**B 02**

# OF OCC  
**1**

NAME (LAST, FIRST, MIDDLE)  
**STERLING JOHN A.**

ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**8630 S.R. 83 HOLMESVILLE OH 44633**

SOCIAL SECURITY NUMBER

DATE OF BIRTH  
**11/07/1957**

AGE  
**52**

SEX  
**M**

HOME PHONE #  
**(330)390-2030**

WORK PHONE #

DL STATE  
**OH**

DL #  
**SJ627474**

LP STATE  
**OH**

LP #  
**EEF3754**

INJURED TAKEN BY  
**4** 1.NONE 4.OTHER 2.FMS 5.UNKNOWN 3.POLICE

TRANSPORTED BY  
**HOLMES FIRE DISTRICT**

INJURED TAKEN TO  
**JOEL POMERENE HOSPI**

OWNER NAME (IF SAME, WRITE 'SAME')  
**STERLING, JOHN A.**

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**8630 S.R. 83 HOLMESVILLE OH 44633**

YEAR  
**1990**

MAKE  
**HONDA**

MODEL  
**ACCORD**

COLOR  
**BROWN**

INSURANCE COMPANY  
**PROGRESSIVE**

TOWING SERVICE

OWNER PHONE#  
**(330)390-2030**

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE  
 YES

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.FMS 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.FMS 5.UNKNOWN 3.POLICE

TRANSPORTED BY

INJURED TAKEN TO

MOTORIST / NON-MOTORIST

OCCUPANT

### SEATING POSITION

- A  01 01.FRONT - LEFT (MC DRIVER)
- B  01 02.FRONT - MIDDLE
- C  01 03.FRONT - RIGHT
- D  01 04.SECOND - LEFT (MC PASS)
- A  01 05.SECOND - MIDDLE
- B  01 06.SECOND - RIGHT
- C  01 07.THIRD - LEFT (MC PASSENGER/SIDE CAR)
- D  01 08.THIRD - MIDDLE
- A  01 09.THIRD - RIGHT
- B  01 10.SLEEPER SECTION OF CAB
- C  01 11.ENCLOSED CARGO AREA
- D  01 12.UNENCLOSED CARGO AREA
- A  01 13.TRAILING UNIT
- B  01 14.EXTERIOR
- C  01 15.OTHER
- D  01 16.NON-MOTORIST
- A  01 17.UNKNOWN

### SAFETY EQUIPMENT

- A  04 MOTORIST
- B  04 01.NONE USED
- C  04 02.SHOLDER BELT ONLY USED
- D  04 03.LAP BELT ONLY USED
- A  04 04.SHOLDER AND LAP BELT USED
- B  04 05.CHILD SAFETY SEAT USED
- C  04 06.HELMET USED
- D  04 07.RST/ABNT USE (UNKNOWN)
- A  04 NON-MOTORIST
- B  04 08.NONE USED
- C  04 09.HELMET USED
- D  04 10.PROTECTIVE PADS
- A  04 11.REFLECTIVE CLOTHING
- B  04 12.LIGHTING
- C  04 13.OTHER
- D  04 14.UNKNOWN

### AIR BAG

- A  1 1.NOT-DEPLOYED
- B  1 2.DEPLOYED - FRONT
- C  1 3.DEPLOYED - SIDE
- D  1 4.DEPLOYED BOTH FRONT/SIDE
- A  1 5.NOT APPLICABLE
- B  1 6.DEPLOYMENT UNKNOWN

### AIR BAG SWITCH

- A  1 1.ON-OFF SWITCH NOT PRESENT
- B  1 2.SWITCH IN ON POSITION
- C  1 3.SWITCH IN OFF POSITION
- D  1 4.UNKNOWN POSITION

### EJECTION

- A  1 1.NOT EJECTED
- B  1 2.TOTALLY EJECTED
- C  1 3.PARTIALLY EJECTED
- D  1 4.NOT APPLICABLE
- A  1 5.UNKNOWN

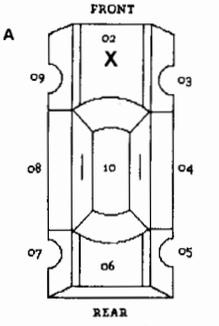
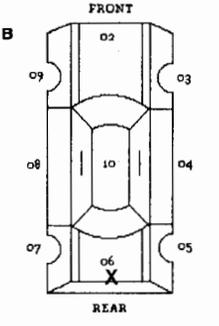
### TRAPPED

- A  1 1.NOT TRAPPED
- B  1 2.ENTRAPPED BY MECHANICAL MEANS
- C  1 3.FREED BY NON-MECHANICAL MEANS
- D  1 4.UNKNOWN

### INJURIES

- A  1 1.NO INJURY
- B  1 2.POSSIBLE
- C  1 3.NON-INCAPACITATING
- D  1 4.INCAPACITATING
- A  1 5.FATAL INJURY
- B  1 6.UNKNOWN

SUPPLEMENT 'X' IF YES

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="01"/> B <input type="text" value="11"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>A</td><td>1</td><td><input type="text" value="20"/></td><td>B</td><td>1</td><td><input type="text" value="20"/></td></tr> <tr><td></td><td>2</td><td><input type="text"/></td><td></td><td>2</td><td><input type="text"/></td></tr> <tr><td></td><td>3</td><td><input type="text"/></td><td></td><td>3</td><td><input type="text"/></td></tr> <tr><td></td><td>4</td><td><input type="text"/></td><td></td><td>4</td><td><input type="text"/></td></tr> </table>	A	1	<input type="text" value="20"/>	B	1	<input type="text" value="20"/>		2	<input type="text"/>		2	<input type="text"/>		3	<input type="text"/>		3	<input type="text"/>		4	<input type="text"/>		4	<input type="text"/>	<b>POSTED SPEED</b> A <input type="text" value="25"/> B <input type="text" value="25"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>
A	1	<input type="text" value="20"/>	B	1	<input type="text" value="20"/>																								
	2	<input type="text"/>		2	<input type="text"/>																								
	3	<input type="text"/>		3	<input type="text"/>																								
	4	<input type="text"/>		4	<input type="text"/>																								
<b>NON-MOTORIST LOCATION</b> A <input type="text"/> B <input type="text"/>		<b>MOTORIST</b> 01 MOVEMENT 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 <b>NON-MOTORIST</b> 15 ENTERING OR CROSSING SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROXICING OR LEAVING VEHICLE 20 PLAYING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	<b>NON-COLLISION</b> 01 OVERTURN, ROLL OVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO/EQUIPMENT LOOS OR SHIFT 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 SEPARATION OF UNITS 08 RAMP OR ROAD RIGHT 09 RAMP OFF ROAD LEFT 10 CROSS MEDIAN CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION <b>COLLISION W/ PERSON, VEHICLE, OR OBJECT, NOT LINED</b> 14 PEDESTRIAN 15 PEDICYCLE 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 <b>COLLISION WITH FIXED OBJECT</b> 25 IMPACT ATTENTION FOR 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 TOWER/TRAFFIC SUPPORT 36 utility pole 37 OTHER POINT, POLE, OR SUPPORT 38 CUTAWAY 39 CURB 40 DITCH 41 EMBANKMENT 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	<b>TRAFFIC CONTROL</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>																								
<b>TYPE OF UNIT</b> A <input type="text" value="07"/> B <input type="text" value="02"/>	<b>MOST DAMAGED AREA</b> A <input type="text" value="02"/> B <input type="text" value="06"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="08"/> B <input type="text" value="01"/>	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>DIRECTION</b> <table border="1"> <tr><td>FROM TO</td><td>FROM TO</td></tr> <tr><td>A <input type="text" value="1"/> <input type="text" value="2"/></td><td>B <input type="text" value="1"/> <input type="text" value="2"/></td></tr> </table>	FROM TO	FROM TO	A <input type="text" value="1"/> <input type="text" value="2"/>	B <input type="text" value="1"/> <input type="text" value="2"/>	<b>DRUG TEST 1 &amp; 2 RESULT</b> <table border="1"> <tr><td>1</td><td>2</td><td>1</td><td>2</td></tr> <tr><td>A <input type="text" value="1"/></td><td><input type="text" value="1"/></td><td>B <input type="text" value="1"/></td><td><input type="text" value="1"/></td></tr> </table>	1	2	1	2	A <input type="text" value="1"/>	<input type="text" value="1"/>	B <input type="text" value="1"/>	<input type="text" value="1"/>												
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<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>POINT OF IMPACT</b> A <input type="text" value="02"/> B <input type="text" value="06"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>OCURRENCE</b> <input type="text" value="1"/>																								
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text" value="3"/>	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text" value="4"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>SPEED DETECTED</b> A <input type="text" value="2"/> B <input type="text" value="1"/>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ROAD CONTOUR</b> <input type="text" value="1"/>																								
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text" value="3"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>SPEED</b> A <input type="text" value="10"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ROAD CONDITIONS</b> <table border="1"> <tr><td>PRIMARY</td><td>SECONDARY</td></tr> <tr><td><input type="text" value="02"/></td><td><input type="text"/></td></tr> </table>	PRIMARY	SECONDARY	<input type="text" value="02"/>	<input type="text"/>																				
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<b>SUPPLEMENT 'X' IF YES</b>		<b>LOCAL REPORT #</b> 10MPD 0027																											

**NARRATIVE**

UNIT 2 WAS STOPPED AT A STOP SIGN ON S. WASHINGTON ST. AT THE S. CLAY ST. INTERSECTION AND WHILE STOPPED UNIT 1 DROVE UP BEHIND HIM AND FAILED TO STOP BEFORE REAR ENDING UNIT 2.

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>2</b></p> <p>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</p>	<p><b>SCHOOL BUS RELATED</b></p> <p><b>1</b></p> <p>1 NO                  2 YES, DIRECTLY INVOLVED                  3 YES, INDIRECTLY INVOLVED                  4 UNKNOWN</p>	<p><b>DIAGRAM</b></p>
<p><b>WEATHER</b></p> <p><b>06</b></p> <p>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</p>	<p><b>WORK ZONE RELATED</b></p> <p><b>1</b></p> <p>1 NO                  2 YES                  3 UNKNOWN</p>	
<p><b>LIGHT CONDITIONS</b></p> <p><b>PRIMARY</b> <b>1</b> <b>SECONDARY</b> <input type="checkbox"/></p> <p>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</p>	<p><b>TYPE OF WORK ZONE</b></p> <p><input type="checkbox"/></p> <p>1 LANE CLOSURE                  2 LANE SHIFT/CROSSOVER                  3 WORK ON SHOULDER OR MEDIAN                  4 INTERMITTENT OR MOVING WORK                  5 OTHER</p>	
<p><b>LOC ATION OF CRASH IN WORK ZONE</b></p> <p><input type="checkbox"/></p> <p>1 BEFORE THE FIRST WORK ZONE WARNING SIGN                  2 ADVANCE WARNING AREA                  3 TRANSITION AREA                  4 ACTIVITY AREA</p>	<p><b>WORKERS PRESENT</b></p> <p><input type="checkbox"/></p> <p>1 NO                  2 YES                  3 UNKNOWN</p>	

<b>TRUCK/BUS UNIT #</b>	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 A FATALITY; OR N AN INJURY REQUIRING TRANSPORTATION OR 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
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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				
<b>CARGO BODY TYPE</b> 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		<b>10 AUTO TRANSPORTER</b> 11 GARBAGE REFUSE 12 OTHER 13 UNKNOWN		<b>WEIGHT (GVWR)</b> 1 LESS THAN 10,000 2 10,001 - 26,000 3 MORE THAN 26,000		<b>CDL CLASS</b> 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E		<b>HAZARDOUS MATERIALS</b> 1 NO 2 YES 3 UNKNOWN		<b>HAZARDOUS MATERIALS RELEASED</b> 1 NO 2 YES 3 NOT APPLICABLE	

<b>DATE CRASH REPORTED</b> 01/04/2010		<b>TIME REC CALL</b> 14:00		<b>DISPATCH</b> 14:02		<b>ARRIVED</b> 14:04		<b>CLEARED</b> 14:15		<b>OTHER</b> 30		<b>TOTAL MINUTES</b> 43			
<b>OFFICER'S NAME</b> PTL. W. TODD BOOTH						<b>BADGE #</b> 104			<b>CHECKED BY</b>			<b>DATE REPORT FILED</b> 01/04/2010			
<b>REPORT TAKEN BY</b> 1 POLICE AGENCY 2 MOTORIST				<b>REPORT TAKEN AT</b> 1 SCENE 2 STATION 3 OTHER				<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>				<b>LOCAL REPORT #</b> 10MPD 0027			