



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>10MPD 0072</b>	CRASH SEVERITY <b>2</b> 1 FATAL ERROR 3 FPD 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO	HIT/SKIP <b>1</b> 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # <b>03801</b>	REPORTING AGENCY <b>MILLERSBURG POLICE DEPARTMENT</b>	# UNITS <b>2</b>	UNIT ERROR <b>01</b> 98 ANNUAL 99 UNKNOWN	DATE OF CRASH <b>01/11/2010</b>	

TIME OF CRASH <b>09:25</b>	DAY OF WEEK <b>MON</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40331430</b>	LONGITUDE <b>081552040</b>
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>S</b>	CRASH LOCATION <b>CLAY ST</b>	TYPE LOC <b>1</b>
REFERENCE POINT USED		LOCAL INFORMATION
DIST. REF. <b>15 F</b>	DR <b>S</b>	PREFIX <b>E</b>
REFERENCE <b>JACKSON ST</b>	REF POINT <b>02</b>	

UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>WEAVER DAVID P</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>8828 ELY RD APPLECREEK OH 44606</b>		
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>10/11/1977</b>	AGE <b>32</b>
SEX <b>M</b>	HOME PHONE # <b>(330)234-4262</b>	WORK PHONE #
DL STATE <b>OH</b>	DL # <b>RL679867</b>	LP STATE <b>OH</b>
LP # <b>PVE4334</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY
OWNER NAME (IF SAME, WRITE 'SAME') <b>JJ SHETLER TRUCKING LTD</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>17440 ARNEY RD NAVARRE OH 44606</b>
YEAR <b>1998</b>	MAKE <b>WESTERN STAR</b>	MODEL <b>OTHER TRUC</b>
COLOR <b>BLUE</b>	INSURANCE COMPANY <b>NATIONAL CASULA</b>	TOWING SERVICE
OWNER PHONE # <b>(330)309-8717</b>		
OFFENSE CHARGED <b>333.03A</b>	OFFENSE DESCRIPTION <b>ACDA</b>	CITATION # <b>9680</b>
LOCAL CODE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>HERSHBERGER KATELYN B</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>4976 CR 172 SUGARCREEK OH 44681</b>		
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>07/25/1992</b>	AGE <b>17</b>
SEX <b>F</b>	HOME PHONE # <b>(330)852-4898</b>	WORK PHONE #
DL STATE <b>OH</b>	DL # <b>TL168032</b>	LP STATE <b>OH</b>
LP # <b>EKB8567</b>	INJURED TAKEN BY <b>2</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY <b>HOLMES FIRE DISTRICT</b>
OWNER NAME (IF SAME, WRITE 'SAME') <b>CRAIG HERSHBERGER</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>4976 CR 172 SUGARCREEK OH 44681</b>
YEAR <b>2003</b>	MAKE <b>FORD</b>	MODEL <b>OTHER</b>
COLOR <b>RED</b>	INSURANCE COMPANY <b>HUMMELL INSURAN</b>	TOWING SERVICE <b>EMMONS TOWING</b>
OWNER PHONE # <b>(330)852-4898</b>		
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #
LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO		

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
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		

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LOCAL CODE		

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
<b>A 01</b>	<b>A 04</b>	<b>A 5</b>	<b>A 1</b>	<b>A 1</b>	<b>A 1</b>	<b>A 1</b>
<b>B 01</b>	<b>B 04</b>	<b>B 1</b>	<b>B 1</b>	<b>B 1</b>	<b>B 1</b>	<b>B 3</b>

01 FRONT - LEFT (MC DRIVER)	MOTORIST	1 NOT DEPLOYED	1 ON-OFF SWITCH NOT PRESENT	1 NOT EJECTED	1 NOT TRAPPED	1 NO INJURY
02 FRONT - MIDDLE	01 NONE USED	2 DEPLOYED - FRONT	2 SWITCH IN ON POSITION	2 TOTALLY EJECTED	2 EXTRICATED BY MECHANICAL MEANS	2 POSSIBLE
03 FRONT - RIGHT	02 SHOULDER BELT ONLY USED	3 DEPLOYED - SIDE	3 SWITCH IN OFF POSITION	3 PARTIALLY EJECTED	3 FREED BY NON-MECHANICAL MEANS	3 MINOR CAPACITATING
04 SECOND - LEFT (MC PASS)	03 LAP BELT ONLY USED	4 DEPLOYED BOTH FRONT/SIDE	4 UNKNOWN POSITION	4 NOT APPLICABLE	4 UNKNOWN	4 INCAPACITATING
05 SECOND - MIDDLE	04 SHIRT/SLIDER AND LAP BELT USED	5 NOT APPLICABLE		5 UNKNOWN		5 FATAL INJURY
06 SECOND - RIGHT	05 CHILD SAFETY SEAT USED	6 DEPLOYMENT UNKNOWN				6 UNKNOWN
07 THIRD - LEFT (MC PASS/NEAR SIDE CAB)	06 HELMET USED					
08 THIRD - MIDDLE	07 RESTRAINT USE UNKNOWN					
09 THIRD - RIGHT	08 NONE USED					
10 SEATER SECTION OF CAB	09 HELMET USED					
11 ENCLOSED CARGO AREA	10 PROTECTIVE PADS					
12 UNENCLOSED CARGO AREA	11 REFLECTIVE					
13 TRAILING UNIT	12 LIGHTING					
14 EXTERIOR	13 OTHER					
15 OTHER	14 UNKNOWN					
16 NON-REFLECTIVE						
17 UNKNOWN						

BLANK FOR WITNESS	SUPPLEMENT 'X' IF YES
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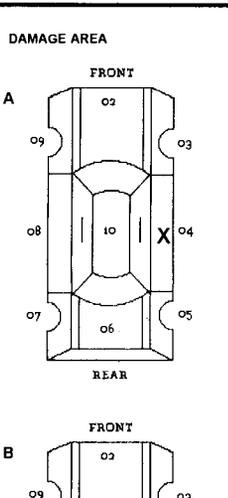
MOTORIST / NON-MOTORIST

OCCUPANT

**UNIT NUMBERS**  
 A  B

**NON-MOTORIST LOCATION**  
 A  B

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



**PRE-CRASH ACTIONS**  
 A  B

**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 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**

A	B
1 <input type="text" value="20"/>	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"/>

**NON-COLLISION**  
 01 OVERTURN ROLL-OVER  
 02 FIRE EXPLOSION  
 03 IMMERSION  
 04 JACKKNIFE  
 05 CARGO EQUIPMENT LOSS OR SHED  
 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.)  
 07 SEPARATION OF AXLES  
 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 FINED  
 14 PEDESTRIAN  
 15 PEDALCYCLE  
 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  
 25 COLLISION W/ LIT/LED OBJECT  
 26 IMPACT WITH MOTOR OR SMALL CUSHION  
 26 BRIDGE OVERHEAD STRUCTURE  
 27 BRIDGE PIER OR ABUTMENT  
 28 BRIDGE PARAPET  
 29 BRIDGE RAIL  
 30 GARDRAIL FACE  
 31 GARDRAIL END  
 32 MEDIAN BARRIER  
 33 HIGHWAY TRAFFIC SIGN POST  
 34 OVERHEAD SIGN POST  
 35 LIGHT LUMINAIRIES SIGN POST  
 36 UTILITY POLE  
 37 OTHER POST, POLE OR SIGNPOST  
 38 CURB  
 39 CURB  
 40 OTHER  
 41 EMBARKMENT  
 42 FENCE  
 43 MAIL BOX  
 44 TREE  
 45 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.)  
 46 WORK ZONE MAINTENANCE EQUIPMENT  
 47 UNKNOWN FIXED OBJECT  
 48 OTHER  
 49 UNKNOWN

**POSTED SPEED**  
 A  B

**TRAFFIC CONTROL**  
 A  B

01 NO CONTROL  
 02 STOP SIGN  
 03 YIELD SIGN  
 04 TRAFFIC SIGNAL  
 05 TRAFFIC LIGHTS  
 06 SCHOOL ZONE  
 07 RAILROAD CROSSINGS  
 08 RAILROAD LIGHTS  
 09 RAILROAD GATES  
 10 CONSTRUCTION BARRICADE  
 11 POLICE OFFICER  
 12 ADEQUATE MARKINGS  
 13 CROSSWALK LINES  
 14 WALK/DONT WALK  
 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBTURED  
 16 OTHER  
 17 NOT REPORTED

**DRUG TEST STATUS**  
 A  B

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

**DRUG TEST TYPE**  
 A  B

1 NONE  
 2 BLOOD  
 3 URINE  
 4 OTHER

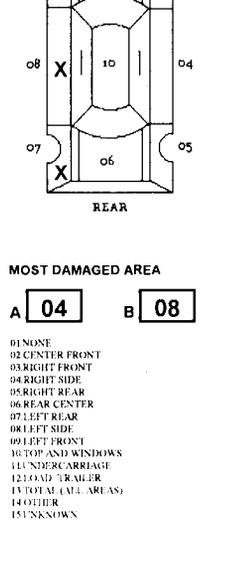
**DRUG TEST 1 & 2 RESULT**

A	1	2	B	1	2
	<input type="text" value="1"/>	<input type="text" value="1"/>		<input type="text" value="1"/>	<input type="text" value="1"/>

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

**TYPE OF UNIT**  
 A  B

**MOTORIST**  
 01 MULTICOMPACT  
 02 COMPACT  
 03 MID-SIZE  
 04 FULL-SIZE  
 05 MINIVAN  
 06 MOTORCYCLE  
 07 TRUCK  
 08 TRUCK  
 09 TRUCK  
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 100 TRUCK



**CONTRIBUTING CIRCUMSTANCES**  
 A  B

**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  
 23 NON-MOTORIST  
 24 NONE  
 25 IMPROPER CROSSING  
 26 PARKING  
 27 IN AND/OR ILLEGALLY IN ROADWAY  
 28 FAILURE TO YIELD RIGHT OF WAY  
 29 INATTENTIVE  
 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER  
 31 WRONG SIDE OF THE ROAD  
 32 OTHER  
 33 UNKNOWN

**DIRECTION**

FROM TO	FROM TO
A <input type="text" value="2"/> <input type="text" value="1"/>	B <input type="text" value="2"/> <input type="text" value="1"/>

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

**CONDITION**  
 A  B

1 APPARENTLY NORMAL  
 2 PHYSICAL IMPAIRMENT  
 3 EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)  
 4 ILLNESS  
 5 PHYSICALLY FAINTED, FATIGUED, ETC.  
 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL  
 7 OTHER  
 8 UNKNOWN

**TYPE OF INTERSECTION**

01 NOT AN INTERSECTION  
 02 T-ROADWAY INTERSECTION  
 03 Y-INTERSECTION  
 04 T-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

**OCCURRENCE**

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

**POINT OF IMPACT**  
 A  B

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

**ACTION**  
 A  B

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

**VEHICLE DEFECT CODE ONLY IF 19' SELECTED ABOVE**  
 A  B

01 TURN SIGNALS  
 02 HEAD LAMPS  
 03 TAIL LAMPS  
 04 BRAKES  
 05 STEERING  
 06 FIRE BLOWN T  
 07 WORN OR STICK TIRES  
 08 TRAILER EQUIPMENT DEFECTIVE  
 09 MOTOR TROUBLE  
 10 DISABLED FROM PRIOR ACCIDENT  
 11 OTHER DEFECTS  
 12 NO DEFECTS

**FIRST HARMFUL EVENT**  
 A  B

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

**ALCOHOL/DRUG SUSPECTED**  
 A  B

1 NONE  
 2 YES ALCOHOL SUSPECTED  
 3 YES - BLOOD NOT IMPAIED  
 4 YES - DRUGS SUSPECTED  
 5 YES - ALCOHOL AND DRUGS SUSPECTED  
 6 UNKNOWN

**ROAD CONTOUR**

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

**IN EMERGENCY RESPONSE**  
 A  B

1 NO  
 2 YES  
 3 UNKNOWN

**STRIKING VEHICLE OVERRIDE/UNDERRIDE**  
 A  B

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

**SPEED DETECTED**  
 A  B

1 STATED  
 2 ESTIMATED

**MOST HARMFUL EVENT**  
 A  B

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

**ALCOHOL TEST STATUS**  
 A  B

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

**ROAD CONDITIONS**

PRIMARY	SECONDARY
<input type="text" value="03"/>	<input type="text"/>

01 DRY  
 02 WET  
 03 SNOW  
 04 ICE  
 05 SAND/MUD/DIRT/OIL/GRASS  
 06 WATER STANDING/MOVING  
 07 SLUSH  
 08 DEBRIS  
 09 RUT HOLES, BUMP, UNEVEN PAVEMENT  
 10 OTHER  
 11 UNKNOWN

**DAMAGE SCALE**  
 A  B

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

**VEHICLE DEFECT CODE ONLY IF 19' SELECTED ABOVE**  
 A  B

01 TURN SIGNALS  
 02 HEAD LAMPS  
 03 TAIL LAMPS  
 04 BRAKES  
 05 STEERING  
 06 FIRE BLOWN T  
 07 WORN OR STICK TIRES  
 08 TRAILER EQUIPMENT DEFECTIVE  
 09 MOTOR TROUBLE  
 10 DISABLED FROM PRIOR ACCIDENT  
 11 OTHER DEFECTS  
 12 NO DEFECTS

**SPEED**  
 A  B

**SPEED**  
 A  B

**ALCOHOL TEST TYPE**  
 A  B

1 NONE  
 2 BLOOD  
 3 URINE  
 4 BREATH  
 5 OTHER  
 6 OTHER

**ALCOHOL TEST RESULT**  
 A  B

SUPPLEMENT 'X' IF YES

LOCAL REPORT #  
**10MPD 0072**

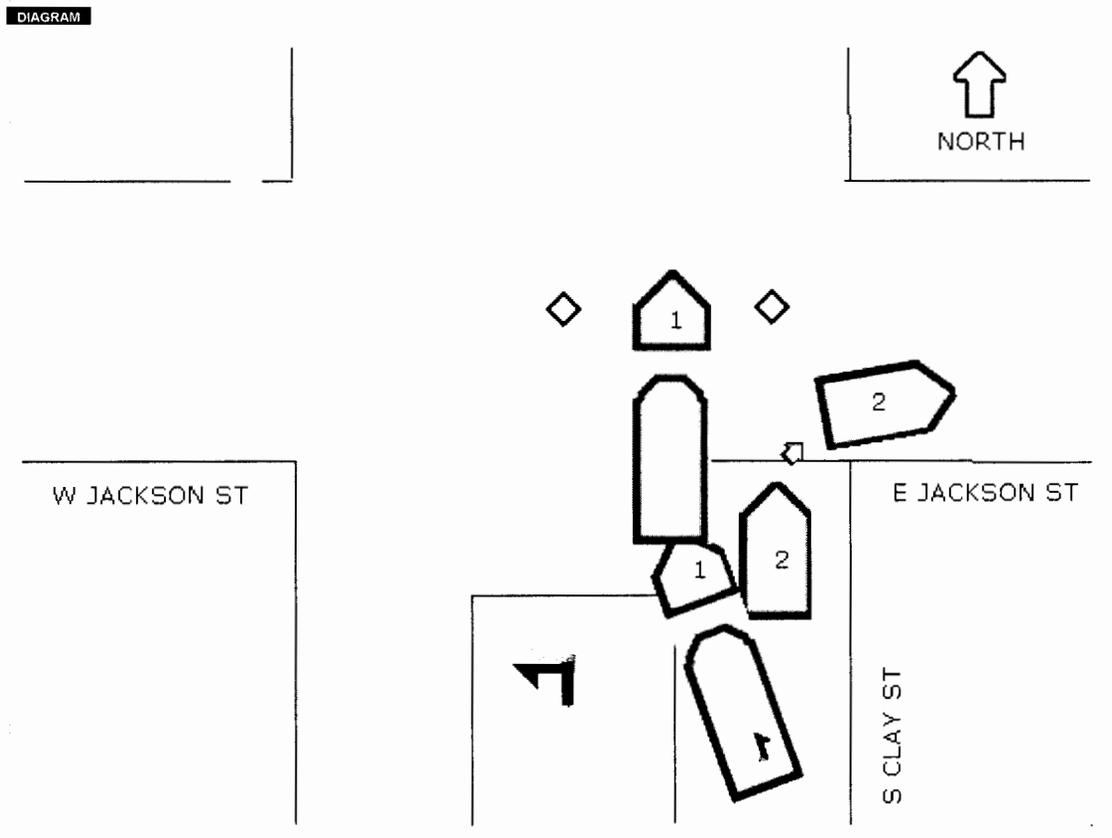
**NARRATIVE**

UNIT 2 STOPPED AT THE TRAFFIC SIGNAL AT SOUTH CLAY STREET. UNIT 1 COULD NOT GET STOPPED IN TIME AND REARENDED UNIT 2.

**MANNER OF COLLISION OR IMPACT**  
**2**  
 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT  
 2 REAR-END  
 3 HEAD-ON  
 4 REAR-TO-REAR  
 5 BACKING  
 6 SINGLE  
 7 SIDESWIP SAME DIRECTION  
 8 SIDESWIP OPPOSITE DIRECTION  
 9 UNKNOWN

**SCHOOL BUS RELATED**  
**1**  
 1 NO  
 2 YES, DIRECTLY INVOLVED  
 3 YES, INDIRECTLY INVOLVED  
 4 UNKNOWN

**WORK ZONE RELATED**  
**1**  
 1 NO  
 2 YES  
 3 UNKNOWN



**WEATHER**  
**06**  
 01 CLEAR  
 02 CLOUDY  
 03 FOG/SMOG/SMOKE  
 04 RAIN  
 05 SLEET/HAIL (FREEZING RAIN OR DRIZZLE)  
 06 SNOW  
 07 SEVERE CROSSWINDS  
 08 HAIL/BLIZZARD  
 09 OTHER  
 10 UNKNOWN

**TYPE OF WORK ZONE**  
  
 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**  
  
 1 BEFORE THE FIRST WORK ZONE WARNING SIGN  
 2 ADVANCE WARNING AREA  
 3 TRANSITION AREA  
 4 ACTIVITY AREA

**LIGHT CONDITIONS**  
**PRIMARY SECONDARY**  
**1**   
 1 DAYLIGHT  
 2 DAWN  
 3 DUSK  
 4 DARK - LIGHTED ROADWAY  
 5 DARK - ROADWAY NOT LIGHTED  
 6 DARK - UNKNOWN ROADWAY LIGHTING  
 7 GARAGE  
 8 OTHER  
 9 UNKNOWN

**WORKERS PRESENT**  
  
 1 NO  
 2 YES  
 3 UNKNOWN

**TRUCK/BUS UNIT #**  
**01**

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.

**COMPANY (FROM SHIPPING PAPERS)**  
**JJ SHETLER TRUCKING LTD**

**ADDRESS (STREET, CITY, ST, ZIP CODE)**  
**17440 ARNEY RD NAVARRE OH 44606**

<b>US DOT</b> 1230723	<b>ICC MC</b>	<b>PUCO</b> 00154391	<b>TRAILER LP ST.</b> OH	<b>TRAILER LP YEAR</b> 2004	<b>TRAILER LP #</b> TND4375	<b>PLACARD #</b>	<b># DIA</b>
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<b>CARGO BODY TYPE</b> <b>07</b> 01 NOT APPLICABLE 02 BUS (9-15 SEATING DRIVER) 03 VAN ENCLOSED BOX 04 GRAIN CHIPS GRAVEL 05 PILE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER	<b>10 AUTO TRANSPORTER</b> 11 GARIBAGE REFUSE 12 OTHER 13 UNKNOWN	<b>WEIGHT (GVWR)</b> <b>3</b> 1 LESS EQUAL 10,000 2 10,001 - 26,000 3 MORE THAN 26,000	<b>CDL CLASS</b> <b>1</b> 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	<b>HAZARDOUS MATERIALS</b> <b>1</b> 1 NO 2 YES 3 UNKNOWN	<b>HAZARDOUS MATERIALS RELEASED</b> <b>3</b> 1 NO 2 YES 3 NOT APPLICABLE
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**POLICE ACTION**

<b>DATE CRASH REPORTED</b> 0V1V2010	<b>TIME REC CALL</b> 09:26	<b>DISPATCH</b> 09:26	<b>ARRIVED</b> 09:34	<b>CLEARED</b> 10:26	<b>OTHER</b> 0	<b>TOTAL MINUTES</b> 60
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<b>OFFICER'S NAME</b> PTL. BRADLEY J. MCCLUGGAGE II	<b>BADGE #</b> 117	<b>CHECKED BY</b>	<b>DATE REPORT FILED</b> 0V1V2010
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<b>REPORT TAKEN BY</b> <b>1</b> 1 POLICE AGENCY 2 MOTORIST	<b>REPORT TAKEN AT</b> <b>1</b> 1 AGENCY 2 STATION 3 OTHER	<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>	<b>LOCAL REPORT #</b> 10MPD 0072
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