

OHIO

# TRAFFIC CRASH REPORT

Traffic Crash Report

CRASH REPORT # <b>10MPD 0218</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 1 PPD 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 type="checkbox"/> YES <input type="checkbox"/> NO	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input 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 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>2/5/2010</b>	

TIME OF CRASH <b>06:45</b>	DAY OF WEEK <b>FRI</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40331401</b>	LONGITUDE <b>081552004</b>
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CRASH OCCURRED ON			TYPE LOCATION POINT USED		LOCAL INFORMATION
PREFIX <b>S</b>	CRASH LOCATION <b>CLAY STREET</b>	TYPE LOC <b>1</b>	1 NAMED STREET 2 NUMBERED STREET 3 UNNUMBERED ROUTE		

AT/REFERENCE				REFERENCE POINT USED		
DIST. REF. <b>45 F</b>	DR <b>S</b>	PREFIX	REFERENCE <b>JACKSON STREET</b>	REF POINT <b>02</b>	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	

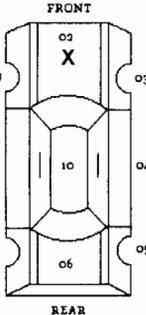
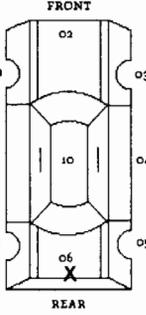
<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>RABER DUANE A</b>				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>11259 TR 71 KILLBUCK OH 44637</b>							
SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>03/10/1991</b>		AGE <b>18</b>	SEX <b>M</b>	HOME PHONE # <b>(330)763-0234</b>	WORK PHONE #
DL STATE <b>OH</b>	DL # <b>TE786374</b>	LP STATE <b>OH</b>	LP # <b>EFW1535</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') <b>ADEN A RABER</b>				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>11259 TR 71 KILLBUCK OH 44637</b>			
YEAR <b>1996</b>	MAKE <b>OLDSMOBILE</b>	MODEL <b>CUTLASS</b>	COLOR <b>RED</b>	INSURANCE COMPANY <b>UNITED OHIO</b>	TOWING SERVICE	OWNER PHONE# <b>(330)763-0234</b>	
OFFENSE CHARGED <b>333.03A</b>		OFFENSE DESCRIPTION <b>ACDA</b>				CITATION # <b>9767</b>	LOCAL CODE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>BAYER HAROLD C</b>				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>2561 TR 86 MILLERSBURG OH 44654</b>							
SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>02/13/1962</b>		AGE <b>47</b>	SEX <b>M</b>	HOME PHONE # <b>(330)674-1047</b>	WORK PHONE # <b>(330)202-4453</b>
DL STATE <b>OH</b>	DL # <b>RU069525</b>	LP STATE <b>OH</b>	LP # <b>AN04CQ</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') <b>BAYER, HAROLD C</b>				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>2561 TR 86 MILLERSBURG OH 44654</b>			
YEAR <b>2005</b>	MAKE <b>JEEP</b>	MODEL <b>OTHER</b>	COLOR <b>BROWN</b>	INSURANCE COMPANY <b>STATE FARM</b>	TOWING SERVICE	OWNER PHONE# <b>(330)674-1047</b>	
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>C</b>	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	
<b>D</b>	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	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
<b>A 01</b> 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) <b>B 04</b> 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SEATER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	<b>A 04</b> 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED 04 SHOULDER AND LAP BELT USED <b>B 04</b> 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	<b>A 1</b> 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	<b>A 4</b> 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	<b>A 1</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	<b>A 1</b> 1 NOT TRAPPED 2 ENTRAPPED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	<b>A 1</b> 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
<input type="checkbox"/> SUPPLEMENT 'X' IF YES						

MOTORIST / NON-MOTORIST / OCCUPANT

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b> A 	<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>B</td></tr> <tr><td>1 <input type="text" value="20"/></td><td>1 <input type="text" value="20"/></td></tr> <tr><td>2 <input type="text"/></td><td>2 <input type="text"/></td></tr> <tr><td>3 <input type="text"/></td><td>3 <input type="text"/></td></tr> <tr><td>4 <input type="text"/></td><td>4 <input type="text"/></td></tr> </table>	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"/>	<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	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"/>																				
<b>NON-MOTORIST LOCATION</b> A <input type="text"/>	B 	<b>MOTORIST</b> 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 DIVERTED 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 APPROXING 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 LOSS OR SHIFT 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) 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 <b>COLLISION W/PERSON, VEHICLE, OR SUBJECT NOT LISTED</b> 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 <b>COLLISION WITH FIXED OBJECT</b> 25 IMPACT ATTENTOR CRASH CUSHION 26 BRIDGE/OVERHEAD STRUCTURE (ENGINE) 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GROUND RAIL FACE 31 GROUND END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT TOWER/ARCH SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 MARKMENT 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="04"/> B <input type="text" value="04"/>	<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="04"/> B <input type="text" value="06"/>	<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>DIRECTION</b> <table border="1"> <tr><td>FROM</td><td>TO</td><td>FROM</td><td>TO</td></tr> <tr><td>A <input type="text" value="2"/></td><td>A <input type="text" value="1"/></td><td>B <input type="text" value="2"/></td><td>B <input type="text" value="1"/></td></tr> </table>	FROM	TO	FROM	TO	A <input type="text" value="2"/>	A <input type="text" value="1"/>	B <input type="text" value="2"/>	B <input type="text" value="1"/>	<b>CONDITION</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<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>A <input type="text" value="1"/></td><td>B <input type="text" value="1"/></td><td>B <input type="text" value="1"/></td></tr> </table>	1	2	1	2	A <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text" value="1"/>	B <input type="text" value="1"/>
FROM	TO	FROM	TO																		
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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 '9' SELECTED ABOVE</b> A <input type="text"/>	<b>FIRST 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>TYPE OF INTERSECTION</b> <input type="text" value="01"/>																
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text" value="2"/>	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text" value="4"/>	<b>VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE</b> A <input type="text"/>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> 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="2"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE</b> A <input type="text"/>	<b>SPEED DETECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<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>A <input type="text" value="01"/></td><td>B <input type="text"/></td></tr> </table>	PRIMARY	SECONDARY	A <input type="text" value="01"/>	B <input type="text"/>												
PRIMARY	SECONDARY																				
A <input type="text" value="01"/>	B <input type="text"/>																				
<b>SUPPLEMENT 'X' IF YES</b>			<b>LOCAL REPORT #</b> <b>10MPD 0218</b>																		

**NARRATIVE**

UNIT NUMBER ONE WAS NORTHBOUND ON CLAY STREET WHEN HE FAILED TO STOP IN TIME AND STRUCK UNIT NUMBER TWO IN THE REAR END. UNIT NUMBER TWO WAS STOPPED FOR A RED LIGHT.

<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 SIDESWIPES SAME DIRECTION                  8 SIDESWIPES 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 style="text-align: center;">Turn lane</p> <p style="text-align: center;">North</p> <p style="text-align: center;">#2</p> <p style="text-align: center;">#1</p> <p style="text-align: center;">▲</p> <p style="text-align: center;">South Clay street</p>
<p><b>WEATHER</b></p> <p><b>02</b></p> <p>01 CLEAR                  02 CLOUDY                  03 FOG/SMOG/SMOKE                  04 RAIN                  05 SLUET 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>SECONDARY</b></p> <p><b>4</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)**

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US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
<b>CARGO BODY TYPE</b> <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 PASSENGER 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 AIR TO TRANSPORTER <input type="checkbox"/> 11 GARHAGE REEFER <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN		<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	<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 D <input type="checkbox"/> 5 CLASS E	<b>HAZARDOUS MATERIALS</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<b>HAZARDOUS MATERIALS REEFER</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE		

<b>POLICE ACTION</b>						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
2/5/2010	06:50	06:50	06:50	07:03	30	43
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED		
PTL. KIM HERMAN		101		2/5/2010		
REPORT TAKEN BY	REPORT TAKEN AT			<input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT #	
<b>1</b> 1 POLICE AGENCY 2 MOTORIST	<b>1</b> 1 SCENE 2 STATION 3 OTHER				<b>10MPD 0218</b>	