

OHIO

# TRAFFIC CRASH REPORT

CRASH REPORT # <b>10MPD 0260</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> NO IF YES	HIT/SKIP <b>1</b> 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> YES	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>1</b>	UNIT ERROR <b>98</b> 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>02/10/2010</b>	

TIME OF CRASH <b>18:45</b>	DAY OF WEEK <b>WED</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40315270</b>	LONGITUDE <b>081550604</b>
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>S</b>	CRASH LOCATION <b>WASHINGTON ST</b>	TYPE LOC <b>1</b>
1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE		

DIST. REF.	DR	PREFIX <b>S</b>	REFERENCE <b>001720WASHINGTON ST</b>	REF POINT <b>04</b>	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
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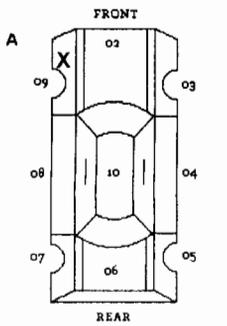
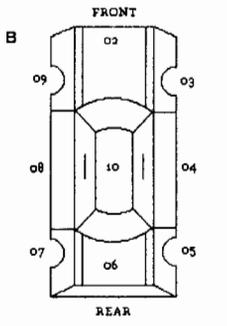
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<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>ZENO, SR JAMES V</b>			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>758 MAXWELL AVE MILLERSBURG OH 44654</b>						
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>10/17/1950</b>	AGE <b>59</b>	SEX <b>M</b>	HOME PHONE # <b>(330)231-9035</b>	WORK PHONE #	
DL STATE <b>OH</b>	DL # <b>RP711072</b>	LP STATE <b>OH</b>	LP # <b>EGZ5230</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>ZENO, SR, JAMES V</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>758 MAXWELL AVE MILLERSBURG OH 44654</b>			
YEAR <b>2008</b>	MAKE <b>CHEVROLET</b>	MODEL <b>NOT STATED</b>	COLOR <b>RED</b>	INSURANCE COMPANY <b>AARP</b>	TOWING SERVICE	OWNER PHONE#
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES			

<b>B</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"/> YES			

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

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="01"/> B <input type="text"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>1 <input type="text" value="18"/></td><td>1 <input type="text"/></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="18"/>	1 <input type="text"/>	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="35"/> B <input type="text"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/>
A	B														
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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 MOVEMENTS ESSENTIALLY STRAIGHT 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 UNKNOWN 14 UNKNOWN 15 ENTERING OR CROSSING SPECIFIED LOCATION 16 MAKING RUNNING LOGGING, LEAVING CYCLING 17 WORKING 18 PUSHER VEHICLE 19 APPROACHING OR LEAVING VEHICLE 20 PLYING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	<b>NON-COLLISION</b> 01 OVERTURN, ROLL-OVER 02 FIRE/EXPLOSION 03 DIMENSION 04 JACKKNIFE 05 CARGO SHIPMENT LOSS OR SHIFT 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) 07 SEPARATION OF UNITS 08 RAN ON ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS-MEDIAN CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER SIGN COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/ PERSON, VEHICLE OR OBJECT, NOT FINED 15 PEDESTRIAN 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 WITH FIXED OBJECT 26 IMPACT ATTENUATOR/CRASH CUSHION 27 BRIDGE OVERHEAD STRUCTURE 28 BRIDGE PIER OR ABUTMENT 29 BRIDGE PARAPET 30 BRIDGE RAIL 31 GUARDRAIL FACE 32 GUARDRAIL END 33 MEDIAN BARRIER 34 HIGHWAY TRAFFIC SIGN POST 35 LIGHT FIXTURE/SIGN SUPPORT 36 TRAFFIC POLE 37 OTHER TRAFFIC POLE OR SUPPORT 38 UTILITY 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 SIGN 44 TREE 45 OTHER FINED OBJECT (WALL, BUILDING, TUNNEL, ETC.) 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNIDENTIFIED 50 UNKNOWN	<b>TRAFFIC CONTROL</b> A <input type="text" value="12"/> B <input type="text"/>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/>										
<b>TYPE OF UNIT</b> A <input type="text" value="03"/> B <input type="text"/>	<b>MOST DAMAGED AREA</b> A <input type="text" value="09"/> B <input type="text"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="01"/> B <input type="text"/>	<b>DIRECTION</b> FROM TO FROM TO A <input type="text" value="2"/> <input type="text" value="1"/> B <input type="text"/> <input type="text"/>	<b>CONDITION</b> A <input type="text" value="1"/> B <input type="text"/>	<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"/></td><td><input type="text"/></td></tr> </table>	1	2	1	2	A <input type="text" value="1"/>	<input type="text" value="1"/>	B <input type="text"/>	<input type="text"/>		
1	2	1	2												
A <input type="text" value="1"/>	<input type="text" value="1"/>	B <input type="text"/>	<input type="text"/>												
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>POINT OF IMPACT</b> A <input type="text" value="02"/> B <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text"/>	<b>OCCURRENCE</b> <input type="text" value="1"/>										
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text"/>	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text"/>	<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"/>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="1"/>										
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERIDE</b> A <input type="text" value="1"/> B <input type="text"/>	<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="1"/> B <input type="text"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/>										
<b>SUPPLEMENT 'X' IF YES</b>			<b>LOCAL REPORT #</b> <b>10MPD 0260</b>												

**NARRATIVE**

UNIT 1 WAS NORTH BOUND ON S WASHINGTON ST AND STRUCK A DEER.

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>1</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 SIDESWIPE SAME DIRECTION 8 SIDESWIPE 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>02</b></p> <p>01 CLEAR 02 CLOUDY 03 FOG/SMOG/SMOKE 04 RAIN 05 SLEET/HAIL (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 STRIKE CROSSWINDS 08 BLOWING SAND/SLUSH/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 MIDDLE 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>	<p>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10000 POUNDS, OR A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD, OR A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.</p>	<p>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.</p>
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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			
<p><b>CARGO BODY TYPE</b></p> <p><input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN ENCLOSED BODY <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</p>			<p><b>WEIGHT (GVWR)</b></p> <p><input type="checkbox"/> 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 20,000 <input type="checkbox"/> 3 MORE THAN 20,000</p>		<p><b>CDL CLASS</b></p> <p><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</p>		<p><b>HAZARDOUS MATERIALS</b></p> <p><input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN</p>		<p><b>HAZARDOUS MATERIALS REFUSED</b></p> <p><input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE</p>	

<b>DATE CRASH REPORTED</b> 02/11/2010		<b>TIME REC CALL</b> 13:00		<b>DISPATCH</b> 13:00		<b>ARRIVED</b> 13:00		<b>CLEARED</b> 13:15		<b>OTHER</b> 0		<b>TOTAL MINUTES</b> 15	
<b>OFFICER'S NAME</b> PTL. BRADLEY J. MCCLUGGAGE II				<b>BADGE #</b> 117		<b>CHECKED BY</b>				<b>DATE REPORT FILED</b> 02/11/2010			
<b>REPORT TAKEN BY</b> <b>1</b> 1 POLICE AGENCY 2 MOTORIST		<b>REPORT TAKEN AT</b> <b>2</b> 1 SCENE 2 STATION 3 OTHER		<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>				<b>LOCAL REPORT #</b> 10MPD 0260					