

OHIO

TRAFFIC CRASH REPORT

Traffic Crash Report

CRASH REPORT # 10MPD 0295	CRASH SEVERITY 3 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> NO IF YES	HIT/SKIP 1 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <input type="checkbox"/> NO IF YES	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	# UNITS 2	UNIT ERROR 01 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 02/15/2010	

TIME OF CRASH 15:00	DAY OF WEEK MON	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40324706	LONGITUDE 081550302
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX S	CRASH LOCATION WASHINGTON	TYPE LOC 1

AT/REFERENCE	REFERENCE POINT USED
DIST. REF. S	DR 04
PREFIX S	REFERENCE 000698 WASHINGTON
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

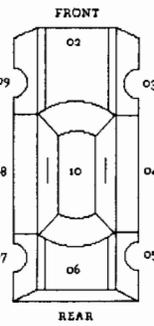
A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) BECKER JAN M
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4673 CR 400 MILLERSBURG OH 44654			
SOCIAL SECURITY NUMBER	DATE OF BIRTH 03/05/1988	AGE 21	SEX M
HOME PHONE # (330)473-7028	WORK PHONE #		
DL STATE OH	DL # SW219782	LP STATE OH	LP # EIB6892
INJURED TAKEN BY 1	TRANSPORTED BY	INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE 'SAME')	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)		
YEAR 1996	MAKE JEEP	MODEL CHEROKEE	COLOR BLACK
INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE	OWNER PHONE#	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> NO IF YES

B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) KEATON LAURA A
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 9029 US 62 KILLBUCK OH 44637			
SOCIAL SECURITY NUMBER	DATE OF BIRTH 09/16/1975	AGE 34	SEX F
HOME PHONE # (330)763-1899	WORK PHONE #		
DL STATE OH	DL # RP096479	LP STATE OH	LP # EMQ5355
INJURED TAKEN BY 1	TRANSPORTED BY	INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE 'SAME')	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)		
YEAR 2004	MAKE CHEVROLET	MODEL MALIBU	COLOR GREEN
INSURANCE COMPANY WAYNE MUTUAL	TOWING SERVICE	OWNER PHONE#	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> NO IF YES

C	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE#	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)						
			INJURED TAKEN BY <input type="checkbox"/>	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 <input type="checkbox"/>	TRANSPORTED BY	INJURED TAKEN TO	

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
A 01	A 04	A 1	A 1	A 1	A 1	A 1
B 01	B 04	B 1	B 1	B 1	B 1	B 1
C	C	C	C	C	C	C
D	D	D	D	D	D	D
BLANK FOR WITNESS						
						<input type="checkbox"/> SUPPLEMENT 'X' IF YES

MOTORIST / NON-MOTORIST / OCCUPANT

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/> NON-MOTORIST LOCATION A <input type="text"/> B <input type="text"/> 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 NOT SHOULDER, MEDIAN, SIDEWALK OR ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 ON SIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN	DAMAGE AREA  MOST DAMAGED AREA A <input type="text" value="02"/> B <input type="text" value="06"/> POINT OF IMPACT A <input type="text" value="02"/> B <input type="text" value="06"/> ACTION A <input type="text" value="3"/> B <input type="text" value="4"/> STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	PRE-CRASH ACTIONS A <input type="text" value="01"/> B <input type="text" value="11"/> CONTRIBUTING CIRCUMSTANCES <input type="text" value="08"/> B <input type="text" value="01"/> VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	SEQUENCE OF EVENTS <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> NON-COLLISION 01 OVERTURN ROLLOVER 02 FIRE EXPLOSION 03 IMPACTION 04 JACKKNIFE 05 CARGO EQUIPMENT LOSS OR SHIFT 06 EQUIPMENT FAILURE (DOWN TIRE, BRAKE FAILURE, ETC.) 07 SEPARATION OF UNITS 08 RAN OR 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 LISTED 15 PEDESTRIAN 16 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARAFED 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 PAVEMENT 30 BRIDGE RAIL 31 GUARDRAIL FACE 32 GUARDRAIL END 33 MEDIAN BARRIER 34 HIGHWAY TRAFFIC SIGN POST 35 LIGHT LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 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	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"/>	POSTED SPEED A <input type="text" value="35"/> B <input type="text" value="35"/> TRAFFIC CONTROL A <input type="text" value="01"/> B <input type="text" value="01"/> DIRECTION <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> CONDITION A <input type="text" value="1"/> B <input type="text" value="1"/> ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/> ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/>	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"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> DRUG TEST 1 & 2 RESULT <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> TYPE OF INTERSECTION <input type="text" value="01"/>	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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TYPE OF UNIT A <input type="text" value="06"/> B <input type="text" value="04"/> MOTORIST 01 SUBCOMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINI VAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PASSENGER VAN 09 SINGLE UNIT TRUCK 2 AXLES 6 TIRES 10 SINGLE UNIT TRUCK 3 OR MORE AXLES 11 TRUCK TRAILER 12 TRUCK TRACTOR (HOBBY VEH) 13 TRACTOR SEMI TRAILER 14 TRACTOR DOUBLE-SHORT 15 TRACTOR DOUBLE-LONG 16 WITH WHEEL OR CONVERTER DOORS 17 TRACTOR TRIPLES 18 MOTORCYCLE 19 MOTORCYCLE 20 SCOOTER 21 CUB 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 NON-MOTORIST 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS 35 NON-MOTORIST 36 ANIMAL W/ RIDER 37 ANIMAL W/ DRIVER 38 BICYCLE 39 PEDESTRIAN 40 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 41 SKATER 42 OTHER NON-MOTORIST (WHEELCHAIR, ETC.) 43 UNKNOWN	VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE A <input type="text"/> B <input type="text"/> SPEED DETECTED A <input type="text" value="1"/> B <input type="text" value="1"/> SPEED A <input type="text" value="20"/> B <input type="text" value="0"/>	VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE A <input type="text"/> B <input type="text"/> SPEED DETECTED A <input type="text" value="1"/> B <input type="text" value="1"/> SPEED A <input type="text" value="20"/> B <input type="text" value="0"/>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/> ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/>	OCURRENCE <input type="text" value="1"/> ROAD CONTOUR <input type="text" value="1"/> ROAD CONDITIONS PRIMARY <input type="text" value="03"/> SECONDARY <input type="text"/>																						
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/> DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/>	VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE A <input type="text"/> B <input type="text"/> SPEED DETECTED A <input type="text" value="1"/> B <input type="text" value="1"/> SPEED A <input type="text" value="20"/> B <input type="text" value="0"/>	VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE A <input type="text"/> B <input type="text"/> SPEED DETECTED A <input type="text" value="1"/> B <input type="text" value="1"/> SPEED A <input type="text" value="20"/> B <input type="text" value="0"/>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/> ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/>	OCURRENCE <input type="text" value="1"/> ROAD CONTOUR <input type="text" value="1"/> ROAD CONDITIONS PRIMARY <input type="text" value="03"/> SECONDARY <input type="text"/>																						
<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT # 10MPD 0295																									

NARRATIVE

UNIT # 1 AND UNIT # 2 WERE SOUTHBOUND ON SOUTH WASHINGTON STREET. UNIT # 2 STOPPED IN TRAFFIC. UNIT # 1 DID NOT GET STOPPED IN TIME AND SLID ON THE SNOW. UNIT # 1 STRUCK UNIT 2 IN THE REAR END.

<p>MANNER OF COLLISION OR IMPACT</p> <p>2</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>SCHOOL BUS RELATED</p> <p>1</p> <p>1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN</p>	<p>DIAGRAM</p>
<p>WEATHER</p> <p>06</p> <p>01 CLEAR 02 CL. OR DY. 03 FOG, SMOK, SMOKE 04 RAIN 05 SLEET, HAIL (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 HAIL 09 SAND, SOIL, DIRT, SNOW 10 OTHER 11 UNKNOWN</p>	<p>WORK ZONE RELATED</p> <p>1</p> <p>1 NO 2 YES 3 UNKNOWN</p>	
<p>LIGHT CONDITIONS</p> <p>PRIMARY SECONDARY</p> <p>1 <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>TYPE OF WORK ZONE</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>LOCATION OF CRASH IN WORK ZONE</p> <p><input type="checkbox"/></p> <p>1 BEFORE THE FIRST WORK /ONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA</p>	<p>WORKERS PRESENT</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	

TRUCK/BUS UNIT #	<input type="checkbox"/>	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
CARGO BODY TYPE		WEIGHT (GVWR)		CDL CLASS		HAZARDOUS MATERIALS	
01 NOT APPLICABLE 02 BUS (9-15 INCL. DRIVER) 03 VAN (ENCL. DRIVER) 04 GRAIN CHIPS/GRAYS		05 POLE 06 CARGO TANK 07 FLATBED 08 DRUM 09 CONCRETE MIXER		10 ALU. TRANSPORTER 11 GARBAGE REFUSE 12 OTHER 13 UNKNOWN		1 LESS THAN 10,000 2 10,001 - 26,000 3 MORE THAN 26,000	
1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E		1 NO 2 YES 3 UNKNOWN		1 NO 2 YES 3 NOT APPLICABLE		1 NO 2 YES 3 UNKNOWN	

POLICE ACTION

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
02/15/2010	15:13	15:14	15:17	15:31	0	17
OFFICER'S NAME			BADGE #		CHECKED BY	
CAPT. SCOTT AKINS			103		DATE REPORT FILED	
					02/16/2010	
REPORT TAKEN BY		REPORT TAKEN AT		<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT #
1 POLICE AGENCY 2 MOTORIST		1 SCENE 2 STATION 3 OTHER				10MPD 0295