



TRAFFIC CRASH REPORT

CRASH REPORT # 10MPD 0432	CRASH SEVERITY 3 1 FATAL ERROR 3 PIDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> NO <input type="checkbox"/> YES	HITS/SKIP 1 1 NOT HIT SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <input type="checkbox"/> NO <input 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. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	# UNITS 2	UNIT ERROR 01 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 3/10/2010	

TIME OF CRASH 16:10	DAY OF WEEK WED	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40331205	LONGITUDE 081560607
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CRASH OCCURRED ON			TYPE LOCATION POINT USED		LOCAL INFORMATION	
PREFIX S	CRASH LOCATION WASHINGTON	TYPE LOC 1	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE			

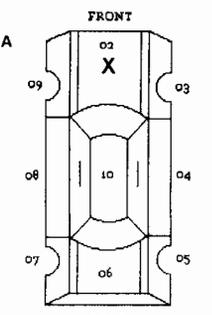
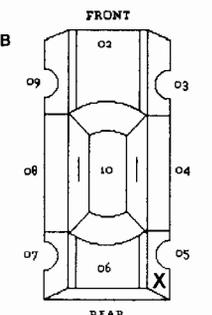
AT/REFERENCE			REFERENCE POINT USED			
DIST. REF.	DR	PREFIX	REFERENCE	REF POINT	01 STATE LINE 02 INTERSECTION OF TWO STREETS 03 COUNTY LINE 04 HOUSE NUMBER	
		S	000051 WASHINGTON	04	05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME WITHOUT REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE	

MOTORIST / NON-MOTORIST	A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) CROSKY JOYCE A			
	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 10775 TR 274 MILLERSBURG OH 44654						
	SOCIAL SECURITY NUMBER		DATE OF BIRTH 12/02/1944	AGE 65	SEX F	HOME PHONE # (330)231-6945	WORK PHONE #
	DL STATE OH	DL # RT052872	LP STATE OH	LP # JC07	INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
	OWNER NAME (IF SAME, WRITE 'SAME') JAMES H CROSKY			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 10775 TR 274 MILLERSBURG OH 44654			
	YEAR 2006	MAKE JEEP	MODEL OTHER	COLOR GREEN	INSURANCE COMPANY WESTFIELD	TOWING SERVICE	OWNER PHONE# (330)231-6945
	OFFENSE CHARGED		OFFENSE DESCRIPTION			CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO

MOTORIST / NON-MOTORIST	B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) HENRY BARBARA E			
	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 220 E ADAMS ST APT 3 MILLERSBURG OH 44654						
	SOCIAL SECURITY NUMBER		DATE OF BIRTH 06/01/1956	AGE 53	SEX F	HOME PHONE # (330)231-1282	WORK PHONE #
	DL STATE OH	DL # RN614632	LP STATE OH	LP # DOQ6367	INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
	OWNER NAME (IF SAME, WRITE 'SAME') HENRY, BARBARA E			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 220 E ADAMS ST APT 3 MILLERSBURG OH 44654			
	YEAR 2000	MAKE CHEVROLET	MODEL S-10	COLOR TAN	INSURANCE COMPANY WAYNE MUTUAL	TOWING SERVICE	OWNER PHONE#
	OFFENSE CHARGED		OFFENSE DESCRIPTION			CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO

OCCUPANT	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"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	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"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO

SEATING POSITION A 01 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 SEATER 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 A 04 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED 04 SHOULDER AND LAP BELT USED 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 RIFTLING 13 OTHER 14 UNKNOWN	AIR BAG A 1 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	AIR BAG SWITCH A 1 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	EJECTION A 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED A 1 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES A 1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN		
BLANK FOR WITNESS							SUPPLEMENT 'X' IF YES <input type="checkbox"/>	

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="05"/> B <input type="text" value="01"/>	SEQUENCE OF EVENTS <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"/>	POSTED SPEED A <input type="text" value="25"/> B <input type="text" value="25"/>	DRUG TEST STATUS 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"/>																								
NON-MOTORIST LOCATION A <input type="text"/> B <input type="text"/>		MOTORIST 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 STOPPING OR STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING OR CROSSING SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING 17 CYCLING 18 WORKING 19 PUSHING VEHICLE 20 APPROACHING OR LEAVING VEHICLE 21 PLAYING OR WORKING ON VEHICLE 21.1 HANDLING 22 OTHER 23 UNKNOWN	NON-COLLISION 01 OVERTURN ROLL OVER 02 FIRE/EXPLOSION 03 IMBERSION 04 JACKKNIFE 05 CARGO/FREIGHT LOSS OR SHIFT 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) 07 SEPARATION OF UNITS 08 RAN OF ROAD RIGHT 09 RAN OF 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 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 25 COLLISION WITH FIXED OBJECT 26 IMPACT ATTEMPTATOR CRASH CONDITION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GEOMETRIC FACE 31 GEOMETRIC END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 UTILITY 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	TRAFFIC CONTROL A <input type="text" value="01"/> B <input type="text" value="01"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>																								
TYPE OF UNIT A <input type="text" value="06"/> B <input type="text" value="07"/>	MOST DAMAGED AREA A <input type="text" value="09"/> B <input type="text" value="04"/>	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="02"/> B <input type="text" value="01"/>	DIRECTION FROM TO A <input type="text" value="3"/> <input type="text" value="1"/> B <input type="text" value="2"/> <input type="text" value="1"/>	CONDITION 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</td><td><input type="text" value="1"/></td><td><input type="text" value="1"/></td><td>B</td><td><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"/>														
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"/>																								
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/>	POINT OF IMPACT A <input type="text" value="09"/> B <input type="text" value="04"/>	VEHICLE DEFECT CODE ONLY IF 'A' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	FIRST 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"/>	TYPE OF INTERSECTION <input type="text" value="10"/>																								
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/>	ACTION A <input type="text" value="3"/> B <input type="text" value="4"/>	VEHICLE DEFECT CODE ONLY IF 'A' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="1"/>																								
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF 'A' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	SPEED DETECTED A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONDITIONS PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/>																								
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/>		VEHICLE DEFECT CODE ONLY IF 'A' SELECTED ABOVE A <input type="text"/> B <input type="text"/>		SPEED A <input type="text" value="2"/> B <input type="text" value="5"/>	ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/>	SUPPLEMENT 'X' IF YES LOCAL REPORT # 10MPD 0432																							

NARRATIVE

UNIT # 2 WAS NORTHBOUND ON SOUTH WASHINGTON STREET. UNIT # 1 WAS PULLING OUT OF THE VILLAGE PARKING LOT. UNIT # 1 PULLED UP TO FAR. UNIT # 1 HIT THE SIDE OF UNIT # 2

<p>MANNER OF COLLISION OR IMPACT</p> <p>6</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> <div style="text-align: right; font-size: 2em; font-weight: bold;">NT ↑</div>
<p>WEATHER</p> <p>01</p> <p>01 CLEAR 02 CLDY 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>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>LOC. OF CRASH IN WORK ZONE</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>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 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)

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
<input type="checkbox"/>							

CARGO BODY TYPE	05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER	10 AUTO TRANSPORTER 11 CARGO REFUSE 12 OTHER 13 UNKNOWN	WEIGHT (GVWR)	CDL CLASS	HAZARDOUS MATERIALS	HAZARDOUS MATERIALS RFI FAREO
<input type="checkbox"/>	01 NOT APPLICABLE 02 BUS (INCLUDING DRIVER) 03 VAN-ENCLOSED BOX 04 GRAIN CHIPS GRAVEL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

POLICE ACTION						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
3/10/2010	16:20	16:20	16:22	16:38	15	33
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED		
CAPT. SCOTT AKINS		103	100	3/11/2010		
REPORT TAKEN BY	REPORT TAKEN AT			<input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT #	
<input type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST	<input type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER				10MPD 0432	