

OHIO

TRAFFIC CRASH REPORT -

Traffic Crash Report

CRASH REPORT # 10MPD 0445	CRASH SEVERITY 3 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> NO <input type="checkbox"/> YES	HIT/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 9 ANIMAL 99 UNKNOWN	DATE OF CRASH 03/12/2010	

TIME OF CRASH 21:15	DAY OF WEEK FRI	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40331570	LONGITUDE 081545810
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX N	CRASH LOCATION MONROE	TYPE LOC 1
1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE		

AT REFERENCE	REFERENCE POINT USED	05 TOWNSHIP BOUNDARY 06 MILK POST 07 CORPORATION LIMIT 08 PLACE NAME WITHOUT REFERENCE	09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE
DIST. REF. 50 F	DR N	PREFIX E	REFERENCE JACKSON
REF POINT 02			

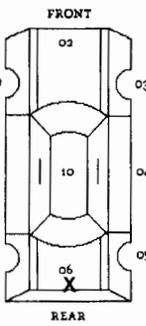
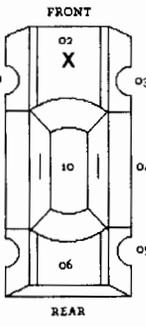
A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) SWARTZENTRUBER BEN H
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1150 WOOSTER RD MILLERSBURG OH 44654			
SOCIAL SECURITY NUMBER	DATE OF BIRTH 04/05/1987	AGE 22	SEX M
HOME PHONE # (330)749-8285	WORK PHONE #		
DL STATE OH	DL # TA845760	LP STATE OH	LP # DRX4690
INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') SWARTZENTRUBER, BEN H		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1150 WOOSTER RD MILLERSBURG OH 44654	
YEAR 2003	MAKE TOYOTA	MODEL OTHER TRUC	COLOR WHITE
INSURANCE COMPANY STATE FARM	TOWING SERVICE	OWNER PHONE #	
OFFENSE CHARGED 331.13	OFFENSE DESCRIPTION IMPROPER BACKING	CITATION # 9775	LOCAL CODE <input checked="" type="checkbox"/> YES

B	UNIT # 02	# OF OCC 0	NAME (LAST, FIRST, MIDDLE) UNOCCUPIED PARKED
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			
SOCIAL SECURITY NUMBER	DATE OF BIRTH / /	AGE	SEX
HOME PHONE #	WORK PHONE #		
DL STATE OH	DL #	LP STATE OH	LP # KIRKBLD
INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') KIRK BUILDING CO.		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 5282 CR 314 MILLERSBURG OH 44654	
YEAR 2006	MAKE CHEVROLET	MODEL IMPALA	COLOR WHITE
INSURANCE COMPANY HUMMEL	TOWING SERVICE	OWNER PHONE # (330)674-0459	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> 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"/> 1 NONE 4 OTHER 2 EMS 3 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 3 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/RIDE 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 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 LIGHTING 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						<input type="checkbox"/> SUPPLEMENT <input checked="" type="checkbox"/> YES

MOTORIST / NON-MOTORIST

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="02"/> B <input type="text" value="10"/>	SEQUENCE OF EVENTS <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">A <input type="text" value="21"/></td> <td style="width:50%;">B <input type="text"/></td> </tr> <tr> <td>1 <input type="text"/></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 <input type="text" value="21"/>	B <input type="text"/>	1 <input type="text"/>	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"/>	POSTED SPEED A <input type="text" value="25"/> B <input type="text" value="0"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text"/>
A <input type="text" value="21"/>	B <input type="text"/>														
1 <input type="text"/>	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"/>														
NON-MOTORIST LOCATION A <input type="text"/> B <input type="text"/>		CONTRIBUTING CIRCUMSTANCES A <input type="text" value="10"/> B <input type="text" value="01"/>	NON-COLLISION 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 DOWN HILL RUNAWAY 12 OTHER NON-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 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT LUMINAIRE SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 UTILITY 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAIL BOX 44 TREE 45 OTHER FINED 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="12"/> B <input type="text" value="12"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text"/>										
TYPE OF UNIT A <input type="text" value="07"/> B <input type="text" value="03"/>	MOST DAMAGED AREA A <input type="text" value="06"/> B <input type="text" value="02"/>	VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="5"/>	DIRECTION FROM TO FROM TO A <input type="text" value="1"/> <input type="text" value="2"/> B <input type="text" value="2"/> <input type="text" value="1"/>	DRUG TEST 1 & 2 RESULT <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">1 <input type="text" value="1"/> 2 <input type="text" value="1"/></td> <td style="width:50%;">1 <input type="text"/> 2 <input type="text"/></td> </tr> <tr> <td>A <input type="text"/></td> <td>B <input type="text"/></td> </tr> </table>	1 <input type="text" value="1"/> 2 <input type="text" value="1"/>	1 <input type="text"/> 2 <input type="text"/>	A <input type="text"/>	B <input type="text"/>						
1 <input type="text" value="1"/> 2 <input type="text" value="1"/>	1 <input type="text"/> 2 <input type="text"/>														
A <input type="text"/>	B <input type="text"/>														
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/>	ACTION A <input type="text" value="3"/> B <input type="text" value="4"/>	VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="5"/>	CONDITION A <input type="text" value="1"/> B <input type="text"/>	TYPE OF INTERSECTION <input type="text" value="01"/>										
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 '9' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	SPEED DETECTED A <input type="text" value="2"/> B <input type="text"/>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text"/>	OCCURRENCE <input type="text" value="2"/>										
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 '9' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	SPEED A <input type="text" value="5"/> B <input type="text" value="0"/>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text"/>	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 '9' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	SPEED A <input type="text" value="5"/> B <input type="text" value="0"/>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text"/>	ROAD CONDITIONS PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/>										
UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>			SPEED A <input type="text" value="5"/> B <input type="text" value="0"/>	ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/>	LOCAL REPORT # 10MPD 0445										

NARRATIVE

UNIT #1 WAS BACKING INTO PARKING SPACE ALONG N. MONROE ST. AND STRUCK UNIT #2 WHICH WAS LEGALLY PARKED IN PARKING SPACE.

<p>MANNER OF COLLISION OR IMPACT</p> <p>5</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>02</p> <p>01 CLEAR 02 CLOUDY 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>4 <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 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 H.U. 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
CARGO BODY TYPE 01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAIN/CHIPS/GRAVEL 05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN		WEIGHT (GVWR) <input type="checkbox"/> 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 20,000 <input type="checkbox"/> 3 MORE THAN 20,000	CDL CLASS <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	HAZARDOUS MATERIALS <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	HAZARDOUS MATERIALS REFINISHED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE		

POLICE ACTION						
DATE CRASH REPORTED 03/12/2010	TIME REC CALL 21:19	DISPATCH 21:19	ARRIVED 21:21	CLEARED 21:49	OTHER 0	TOTAL MINUTES 30
OFFICER'S NAME PTL. JEFFREY S. LAY			BADGE # 109	CHECKED BY	DATE REPORT FILED 03/12/2010	
REPORT TAKEN BY 1 1 POLICE AGENCY 2 MOTORIST	REPORT TAKEN AT 1 1 SCENE 2 STATION 3 OTHER	SUPPLEMENT 'X' IF YES <input type="checkbox"/>		LOCAL REPORT # 10MPD 0445		