



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>10MPD 0541</b>	CRASH SEVERITY <b>2</b> 1 FATAL ERROR 3 FATAL 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> 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 checked="" 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>01</b> 9A ANIMAL 99 UNKNOWN	DATE OF CRASH <b>03/25/2010</b>	

TIME OF CRASH <b>05:28</b>	DAY OF WEEK <b>THU</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40335210</b>	LONGITUDE <b>081551230</b>
-------------------------------	---------------------------	-----------------------------------------	-----------------------------------------------------------	-----------------------	-----------------------------	-------------------------------

CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>CRASH LOCATION</b> <b>PRIVATE PROPERTY</b>	TYPE LOC <b>1</b>	<b>JOEL POMERENE HOSPITAL</b>

AT/REFERENCE	REFERENCE POINT USED						
DIST. REF. <b>100 F</b>	DR <b>E</b>	PREFIX <b>000981</b>	REFERENCE <b>WOOSTER</b>	REF POINT <b>04</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

MOTORIST / NON-MOTORIST

<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>HAWKINS FRED</b>	ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>13782 SR 62 KILLBUCK OH 44637</b>	SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>10/03/1944</b>	AGE <b>65</b>	SEX <b>M</b>	HOME PHONE # <b>(330)276-6875</b>	WORK PHONE #	
DL STATE <b>OH</b>	DL # <b>RF136474</b>	LP STATE <b>OH</b>	LP # <b>US62</b>	INJURED TAKEN BY <b>2</b> 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY <b>HOLMES FIRE DIST. #1</b>	INJURED TAKEN TO <b>JOEL POMERENE HOSPI</b>					
OWNER NAME (IF SAME, WRITE 'SAME') <b>HAWKINS, FRED</b>				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>13782 SR 62 KILLBUCK OH 44637</b>							
YEAR <b>2001</b>	MAKE <b>DODGE</b>	MODEL <b>CARAVAN</b>	COLOR <b>BLUE</b>	INSURANCE COMPANY	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			

OCCUPANT

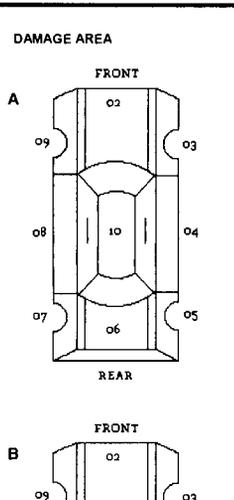
<b>C</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO	
<b>D</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			INJURED TAKEN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

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
<b>A</b> <b>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 UNCLOSED CARGO AREA 12 UNCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	<b>A</b> <b>04</b> 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 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	<b>A</b> <b>1</b> 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	<b>A</b> <b>1</b> 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	<b>A</b> <b>1</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	<b>A</b> <b>1</b> 1 NOT TRAPPED 2 ENTRAPPED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	<b>A</b> <b>2</b> 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
SUPPLEMENT 'X' IF YES <input type="checkbox"/>						

**UNIT NUMBERS**  
A  B

**NON-MOTORIST LOCATION**  
A  B

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 TRAIL TRAFFICWAY  
14 SHARED USE PATHS OR TRAILS  
15 UNKNOWN



**PRE-CRASH ACTIONS**  
A  B

**MOTORIST**  
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 DRIVERLESS  
13 OTHER  
14 UNKNOWN

**NON-MOTORIST**  
15 ENTERING OR CROSSING SPECIFIED LOCATION  
16 WALKING, RUNNING, JOGGING, PLAYING CYCLING  
17 WORKING  
18 PUSHING VEHICLE  
19 APPROACHING OR LEAVING VEHICLE  
20 PAVING OR WORKING ON VEHICLE  
21 STANDING  
22 OTHER  
23 UNKNOWN

**SEQUENCE OF EVENTS**

A	B
1 <input type="text" value="39"/>	1 <input type="text"/>
2 <input type="text" value="47"/>	2 <input type="text"/>
3 <input type="text"/>	3 <input type="text"/>
4 <input type="text"/>	4 <input type="text"/>

**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 LOADS  
08 BRAN OF ROAD RIGHT  
09 RAN OFF ROAD LEFT  
10 CROSS-MEDIAN CENTERLINE  
11 DOWNHILL RUNAWAY  
12 OTHER NON-COLLISION  
13 UNKNOWN NON-COLLISION  
14 COLLISION WITH 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 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 GARDRAIL FACE  
31 GARDRAIL END  
32 MEDIAN BARRIER  
33 HIGHWAY TRAFFIC SIGN POST  
34 OVERHEAD SIGN POST  
35 LIGHT FIXTURES IN SUPPORT  
36 TILT UP POLE  
37 OTHER POINT, 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

**POSTED SPEED**  
A  B

**TRAFFIC CONTROL**  
A  B

01 NO CONTROLS  
02 STOP SIGN  
03 YIELD SIGN  
04 TRAFFIC SIGNAL  
05 TRAFFIC FLASHERS  
06 SCHOOL ZONE  
07 RAIL ROAD CROSSINGS  
08 RAIL ROAD FLASHERS  
09 RAIL ROAD GATES  
10 CONSTRUCTION BARRICADE  
11 POLICE OFFICER  
12 PAINTED MARKINGS  
13 CROSSWALK LINES  
14 WALK DON'T WALK  
15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED  
16 OTHER  
17 NOT REPORTED

**DRUG TEST STATUS**  
A  B

1 NONE GIVEN  
2 TEST REFUSED  
3 TEST GIVEN, CONTAMINATED SAMPLE/UNSATURABLE  
4 TEST GIVEN, RESULTS KNOWN  
5 GIVEN, RESULTS UNKNOWN  
6 UNKNOWN

**DRUG TEST TYPE**  
A  B

1 NONE  
2 BAC/D  
3 URINE  
4 OTHER

**DRUG TEST 1 & 2 RESULT**

1	2	1	2
A <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text"/>	B <input type="text"/>

1 NONE  
2 MARIJUANA  
3 COCAINE  
4 OPIATES  
5 AMPHETAMINES  
6 PCP  
7 OTHER  
8 UNKNOWN AT TIME OF REPORTING

**TYPE OF UNIT**  
A  B

**MOTORIST**  
01 SUBCOMPACT  
02 COMPACT  
03 MID-SIZED  
04 FULL-SIZE  
05 MINIVAN  
06 SPORT UTILITY VEHICLE  
07 PICKUP  
08 PANELVAN  
09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES  
10 SINGLE UNIT TRUCK, 3 OR MORE AXLES  
11 TRUCK TRAILER (BOBTAIL)  
12 TRUCK TRACTOR (BOBTAIL)  
13 TRACTOR SEMI-TRAILER  
14 TRACTOR TRAILER - SHORT  
15 TRACTOR TRAILER - LONG  
16 FRONT WHEEL OR CENTER DRIVE  
17 TRACTOR TRIPLEX  
18 MOTORCYCLE  
19 MOTORCYCLE  
20 SCOOTER  
21 CHARIOT  
22 BICYCLE  
23 OTHER BUS  
24 MOTOR HOME  
25 TRAILER  
26 FARM VEHICLE  
27 FARM EQUIPMENT  
28 SNOWMOBILE  
29 CONSTRUCTION EQUIPMENT  
30 ALL OTHERS

**NON-MOTORIST**  
31 ANIMAL W/DRIVER  
32 ANIMAL W/O DRIVER  
33 BICYCLE  
34 PEDESTRIAN  
35 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)  
36 SKATER  
37 OTHER-NON MOTORIST (WHEELCHAIR, ETC.)  
38 UNKNOWN

**MOST DAMAGED AREA**  
A  B

01 NONE  
02 CENTER FRONT  
03 RIGHT FRONT  
04 RIGHT SIDE  
05 RIGHT REAR  
06 REAR CENTER  
07 LEFT REAR  
08 LEFT SIDE  
09 LEFT FRONT  
10 TOP AND WINDOWS  
11 UNDERCARRIAGE  
12 LOAD TRAILER  
13 TOTAL (ALL AREAS)  
14 OTHER  
15 UNKNOWN

**CONTRIBUTING CIRCUMSTANCES**  
A  B

**MOTORIST**  
01 NONE  
02 FAILURE TO YIELD  
03 RAN RED LIGHT OR STOP SIGN  
04 EXCEEDED SPEED LIMIT  
05 UNSAFE SPEED  
06 IMPROPER TURN  
07 LEFT OF CENTER  
08 FOLLOWED TOO CLOSELY (ACDA)  
09 IMPROPER LANE CHANGE DROVE OFF ROAD (IMPROPER PASSING)  
10 IMPROPER BACKING  
11 IMPROPER START FROM PARKED POSITION  
12 STOPPED OR PARKED ILLEGALLY  
13 OPERATING VEHICLE IN ERRATIC MANNER, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER  
14 SWERVING TO AVOID/DUE TO WIND  
15 SLIPPERY SURFACE, VEHICLE OBJECT  
16 NON-MOTORIST IN ROADWAY, ETC.  
17 FAILURE TO CONTROL  
18 VISION OBSTRUCTION  
19 DRIVER IN ATTENTION  
20 FATIGUE/ASLEEP  
21 OPERATING DEFECTIVE EQUIPMENT  
22 LOAD SHIFTING/FALLING/SPILLING  
23 OTHER IMPROPER ACTION  
24 UNKNOWN

**NON-MOTORIST**  
25 NONE  
26 IMPROPER CROSSING  
27 DARTING  
28 LYING AND/OR ILLEGALLY IN ROADWAY  
29 FAILURE TO YIELD RIGHT OF WAY  
30 NOT VISIBLE (DARK CLOTHING)  
31 INATTENTIVE  
32 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER  
33 WRONG SIDE OF THE ROAD  
34 OTHER  
35 UNKNOWN

**DIRECTION**

FROM TO	FROM TO
A <input type="text" value="4"/>	A <input type="text"/>
B <input type="text" value="3"/>	B <input type="text"/>

1 NORTH  
2 SOUTH  
3 EAST  
4 WEST  
5 NORTHWEST  
6 NORTHWEST  
7 SOUTH  
8 SOUTHWEST  
9 UNKNOWN

**CONDITION**  
A  B

1 APPARENTLY NORMAL  
2 PHYSICAL IMPAIRMENT  
3 EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)  
4 ILLNESS  
5 FELL ASLEEP, FAINTED, FATIGUED, ETC.  
6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL  
7 OTHER  
8 UNKNOWN

**TYPE OF INTERSECTION**  
A  B

01 NOT AN INTERSECTION  
02 FOUR-WAY INTERSECTION  
03 CENTER-SECTION  
04 Y-INTERSECTION  
05 TRAFFIC CIRCLE/ROUNDABOUT  
06 FIVE-POINT OR MORE  
07 ON RAMP  
08 OFF RAMP  
09 CROSSOVER  
10 DRIVEWAY  
11 RAILWAY GRADE CROSSING  
12 SHARED USE PATHS OR TRAILS  
13 UNKNOWN

**OCCURRENCE**  
A  B

1 ON ROADWAY  
2 ON SHOULDER  
3 IN MEDIAN  
4 ON ROADSIDE  
5 ON GORE  
6 OUTSIDE TRAFFICWAY  
7 UNKNOWN

**POINT OF IMPACT**  
A  B

01 NONE  
02 CENTER FRONT  
03 RIGHT FRONT  
04 RIGHT SIDE  
05 RIGHT REAR  
06 REAR CENTER  
07 LEFT REAR  
08 LEFT SIDE  
09 LEFT FRONT  
10 TOP AND WINDOWS  
11 UNDERCARRIAGE  
12 LOAD TRAILER  
13 TOTAL (ALL AREAS)  
14 OTHER  
15 UNKNOWN

**ACTION**  
A  B

1 NON-CONTACT  
2 NON-COLLISION  
3 TRUCK  
4 STRUCK  
5 BOTH STRUCK AND STRUCK  
6 UNKNOWN

**VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE**  
A  B

01 TURN SIGNALS  
02 HEAD LAMPS  
03 TAIL LAMPS  
04 BRAKES  
05 STEERING  
06 TIRE BLOWOUT  
07 WORN OR SLICK TIRES  
08 BRAKE EQUIPMENT DEFECTIVE  
09 MOTOR TROUBLE  
10 DISABLED FROM PRIOR ACCIDENT  
11 OTHER DEFECTS  
12 NO DEFECTS

**FIRST HARMFUL EVENT**  
A  B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

**MOST HARMFUL EVENT**  
A  B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

**ALCOHOL/DRUG SUSPECTED**  
A  B

1 NONE  
2 YES ALCOHOL SUSPECTED  
3 YES - HBD NOT IMPAIRED  
4 YES - DRUGS SUSPECTED  
5 YES - ALCOHOL AND DRUGS SUSPECTED  
6 UNKNOWN

**ALCOHOL TEST STATUS**  
A  B

1 NONE GIVEN  
2 TEST REFUSED  
3 TEST GIVEN, CONTAMINATED SAMPLE/UNSATURABLE  
4 TEST GIVEN, RESULTS KNOWN  
5 TEST GIVEN, RESULTS UNKNOWN  
6 UNKNOWN

**ROAD CONTOUR**  
A  B

1 STRAIGHT LEVEL  
2 STRAIGHT GRADE  
3 CURVE LEVEL  
4 CURVE GRADE  
5 UNKNOWN

**ROAD CONDITIONS**

PRIMARY	SECONDARY
A <input type="text" value="01"/>	B <input type="text"/>

01 DRY  
02 WET  
03 SNOW  
04 ICE  
05 SAND/MUD/DIRT/OIL/GRAVEL  
06 WATER (STANDING, MOVING)  
07 SLUSH  
08 DEBRIS  
09 RUT HOLES, BUMPS, UNEVEN PAVEMENT  
10 OTHER  
11 UNKNOWN

**IN EMERGENCY RESPONSE**  
A  B

1 NO  
2 YES  
3 UNKNOWN

**STRIKING VEHICLE OVERRIDE/UNDERRIDE**  
A  B

1 NO UNDERRIDE OR OVERRIDE INTERSECTION  
2 UNDERRIDE, COMPARTMENT INTERSECTION  
3 UNDERRIDE, NO COMPARTMENT INTERSECTION  
4 UNDERRIDE, COMPARTMENT INTERSECTION UNKNOWN  
5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT  
6 OVERRIDE, OTHER VEHICLE  
7 UNKNOWN IF UNDERRIDE OR OVERRIDE

**DAMAGE SCALE**  
A  B

1 NONE  
2 NON-FUNCTIONAL  
3 FUNCTIONAL DAMAGE  
4 DISABLING DAMAGE  
5 SEVERE  
6 UNKNOWN

**SPEED DETECTED**  
A  B

1 STATED  
2 ESTIMATED

**ALCOHOL TEST TYPE**  
A  B

1 NONE  
2 BREATH  
3 URINE  
4 OTHER

**ALCOHOL TEST RESULT**  
A

B

**DAMAGE SCALE**  
A  B

1 NONE  
2 NON-FUNCTIONAL  
3 FUNCTIONAL DAMAGE  
4 DISABLING DAMAGE  
5 SEVERE  
6 UNKNOWN

**STRIKING VEHICLE OVERRIDE/UNDERRIDE**  
A  B

1 NO UNDERRIDE OR OVERRIDE INTERSECTION  
2 UNDERRIDE, COMPARTMENT INTERSECTION  
3 UNDERRIDE, NO COMPARTMENT INTERSECTION  
4 UNDERRIDE, COMPARTMENT INTERSECTION UNKNOWN  
5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT  
6 OVERRIDE, OTHER VEHICLE  
7 UNKNOWN IF UNDERRIDE OR OVERRIDE

**VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE**  
A  B

01 TURN SIGNALS  
02 HEAD LAMPS  
03 TAIL LAMPS  
04 BRAKES  
05 STEERING  
06 TIRE BLOWOUT  
07 WORN OR SLICK TIRES  
08 BRAKE EQUIPMENT DEFECTIVE  
09 MOTOR TROUBLE  
10 DISABLED FROM PRIOR ACCIDENT  
11 OTHER DEFECTS  
12 NO DEFECTS

**SPEED**  
A  B

**ALCOHOL TEST TYPE**  
A  B

1 NONE  
2 BREATH  
3 URINE  
4 OTHER

**ALCOHOL TEST RESULT**  
A

B

**ALCOHOL TEST STATUS**  
A  B

1 NONE GIVEN  
2 TEST REFUSED  
3 TEST GIVEN, CONTAMINATED SAMPLE/UNSATURABLE  
4 TEST GIVEN, RESULTS KNOWN  
5 TEST GIVEN, RESULTS UNKNOWN  
6 UNKNOWN

**ALCOHOL TEST TYPE**  
A  B

1 NONE  
2 BREATH  
3 URINE  
4 OTHER

**ALCOHOL TEST RESULT**  
A

B

**NARRATIVE**

DRIVER IF UNIT #1 WAS ATTEMPTING TO TRANSPORT HIMSELF TO HOSPITAL BECAUSE OF ILLNESS (CHEST PAINS) AND AFTER MAKING TURN INTO ENTRANCE OF JOEL POMERENE HOSPITAL DRIFTED OVER CURB AND INTO SIGN. SIGN WAS COMPLETELY KNOCKED OVER AND VEHICLE WAS LEFT IN DRIVEWAY TO HEALTH DEPARTMENT. HOLMES FIRE DISTRICT #1 ARRIVED AND TRANSPORTED DRIVER TO EMERGENCY ROOM. THE VEHICLE WAS PARKED AND SECURE IN LOWER PARKING LOT. NO INSURANCE PAPERWORK COULD BE LOCATED AND DRIVER WAS NOT ABLE TO BE INTERVIEWED BECAUSE OF HIS CONDITION.

<b>MANNER OF COLLISION OR IMPACT</b> <input checked="" type="checkbox"/> 1 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 SINGLE 7 SIDESWIP SAME DIRECTION 8 SIDESWIP OPPOSITE DIRECTION 9 UNKNOWN	<b>SCHOOL BUS RELATED</b> <input checked="" type="checkbox"/> 1 1 NO 2 YES DIRECTLY INVOLVED 3 YES INDIRECTLY INVOLVED 4 UNKNOWN	<b>DIAGRAM</b> 
<b>WEATHER</b> <input checked="" type="checkbox"/> 01 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	<b>WORK ZONE RELATED</b> <input checked="" type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN	
<b>LIGHT CONDITIONS</b> <b>PRIMARY</b> <input checked="" type="checkbox"/> 4 <b>SECONDARY</b> <input type="checkbox"/> 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	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT OR MOVING WORK 5 OTHER	
<b>TRUCK/BUS UNIT #</b> <input type="text"/>	<b>LOC ATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 BEFORE THE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	

<b>TRUCK/BUS UNIT #</b> <input type="text"/>	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: <b>A</b> A FATALITY, OR <b>N</b> AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT, OR <b>D</b> 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
--------	--------	------	----------------	-----------------	--------------	-----------	-------

<b>CARGO BODY TYPE</b> <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING 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 AUTO TRANSPORTER <input type="checkbox"/> 11 GARAGE/REFUSE <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"/>	<b>HAZARDOUS MATERIALS</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<b>HAZARDOUS MATERIALS REI FARED</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------

**POLICE ACTION**

DATE CRASH REPORTED 03/25/2010	TIME REC CALL 05:29	DISPATCH 05:30	ARRIVED 05:30	CLEARED 05:59	OTHER 0	TOTAL MINUTES 29
-----------------------------------	------------------------	-------------------	------------------	------------------	------------	---------------------

OFFICER'S NAME PTL. JEFFREY S. LAY	BADGE # 109	CHECKED BY	DATE REPORT FILED 03/25/2010
---------------------------------------	----------------	------------	---------------------------------

<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST	<b>REPORT TAKEN AT</b> <input checked="" type="checkbox"/> 1 AGENCY <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER	<input type="checkbox"/> SUPPLEMENT 'X' IF YES	<b>LOCAL REPORT #</b> 10MPD 0541
----------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------	-------------------------------------

LOCAL REPORT NUMBER 10MPD0541	REPORTING AGENCY Millsburg P.D.	DATE OF ACCIDENT M 3 10 24 11 10
IN COUNTY OF Holmes	ACCIDENT LOCATION private property 981 wooster rd.	

OWNER OF SIGN THAT WAS DAMAGED

JOEL POMERENE MEMORIAL HOSPITAL  
 981 WOOSTER RD.  
 MILLSBURG OH 44654  
 330-674 1015

OFFICERS SIGNATURE

*[Handwritten Signature]*

BADGE NO.

109