



TRAFFIC CRASH REPORT

CRASH REPORT # 10MPD 0606	CRASH SEVERITY 3 1 FATAL ERROR 1 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> YES	HIT/SKIP 1 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <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 04/02/2010	

TIME OF CRASH 11:10	DAY OF WEEK FRI	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40320206	LONGITUDE 081550907
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX PRIVATE PROPERTY	TYPE LOC 1 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	WAL-MART PAKING LOT

AT/REFERENCE	REFERENCE POINT USED
DIST. REF. DR PREFIX REFERENCE REF POINT S 001640 WASHINGTON 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

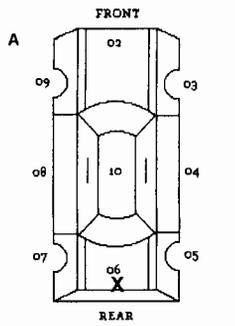
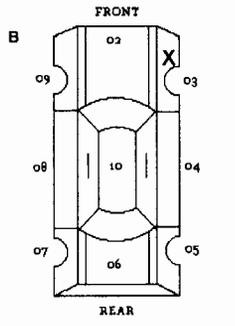
UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) HERSHBERGER LINDA A				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4840 PR 386 MILLERSBURG OH 44654						
SOCIAL SECURITY NUMBER	DATE OF BIRTH 01/28/1974	AGE 36	SEX F	HOME PHONE # (330)893-7509	WORK PHONE #	
DL STATE OH	DL # SA760767	LP STATE OH	LP # ESF3286	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') HOLMES CUSTOM MOULDING			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4925 PR 386 MILLERSBURG OH 44654			
YEAR 2002	MAKE DODGE	MODEL OTHER	COLOR GREY	INSURANCE COMPANY WESTFIELD	TOWING SERVICE	OWNER PHONE # (330)893-1315
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES			

UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) MURPHY DEBORAH M				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 14278 CR 100 LAKEVILLE OH 44638						
SOCIAL SECURITY NUMBER	DATE OF BIRTH 07/12/1954	AGE 55	SEX F	HOME PHONE # (330)464-2945	WORK PHONE #	
DL STATE OH	DL # RN615271	LP STATE OH	LP # CJ40JC	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') MURPHY, DEBORAH M			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 14278 CR 100 LAKEVILLE OH 44638			
YEAR 2006	MAKE DODGE	MODEL CARAVAN	COLOR GREY	INSURANCE COMPANY GRANGE	TOWING SERVICE	OWNER PHONE #
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES			

UNIT # C	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
UNIT # D	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	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
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	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 08 NONE/MOTORIST OR NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	A 1 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	A 1 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	A 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	A 1 1 NOT TRAPPED 2 ENTRAPPED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	A 1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="02"/> B <input type="text" value="01"/>	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>	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="0"/> B <input type="text" value="0"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/>		
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"/>																
NON-MOTORIST LOCATION A <input type="text"/>		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 PLAYING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	NON-COLLISION 01 OVERTURN/ROLLOVER 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 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FINED 14 PEDESTRIAN 15 PEDALCYCLE 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 COLLISION WITH FINED OBJECT 25 IMPACT ATTENT/ATOR 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/LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FINED OBJECT (WALL, BUILDING, TUNNEL, ETC) 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FINED 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="05"/>	MOST DAMAGED AREA A <input type="text" value="06"/> B <input type="text" value="04"/>	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="10"/> 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="4"/> <input type="text" value="3"/></td><td>B <input type="text" value="2"/> <input type="text" value="1"/></td></tr> </table>	FROM TO	FROM TO	A <input type="text" value="4"/> <input type="text" value="3"/>	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 <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>	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"/>
FROM TO	FROM TO																
A <input type="text" value="4"/> <input type="text" value="3"/>	B <input type="text" value="2"/> <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="06"/> B <input type="text" value="04"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <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="01"/>												
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 '19' SELECTED ABOVE A <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"/>	OCURRENCE <input type="text" value="1"/>												
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/>	STRIKING VEHICLE OVERRIDE/UNDERIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	SPEED DETECTED A <input type="text"/>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONDITIONS <table border="1"> <tr><td>PRIMARY</td><td>SECONDARY</td></tr> <tr><td><input type="text" value="01"/></td><td><input type="text"/></td></tr> </table>	PRIMARY	SECONDARY	<input type="text" value="01"/>	<input type="text"/>								
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DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/>	STRIKING VEHICLE OVERRIDE/UNDERIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	SPEED A <input type="text" value="0"/> B <input type="text" value="0"/>	ALCOHOL TEST RESULT A <input type="text"/>	LOCAL REPORT # 10MPD 0606												

NARRATIVE

UNIT # 1 WAS BACKING OUT OF A PARKING SPACE. UNIT #2 WAS DRIVING THROUGH THE PARKING LOT. UNIT # 1 DID SEE UNIT # 2 COMING. UNIT #1 BACKED INTO UNIT # 2

MANNER OF COLLISION OR IMPACT
5
 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

SCHOOL BUS RELATED
1
 1 NO
 2 YES, DIRECTLY INVOLVED
 3 YES, INDIRECTLY INVOLVED
 4 UNKNOWN

DIAGRAM

WORK ZONE RELATED
1
 1 NO
 2 YES
 3 UNKNOWN

WEATHER
01
 01 CLEAR
 02 CL. OR DY.
 03 FOG SMOG SMOKE
 04 RAIN
 05 SL. FET. HAIL (FREEZING RAIN OR DRIZZLE)
 06 SNOW
 07 SEVERE CROSSWINDS
 08 BLOWING SAND SOIL DIRT SNOW
 09 OTHER
 10 UNKNOWN

TYPE OF WORK ZONE

 1 LANE CLOSURE
 2 LANE SHIFT CROSSOVER
 3 WORK ON SHOULDER OR MEDIAN
 4 INTERMITTENT OR MOVING WORK
 5 OTHER

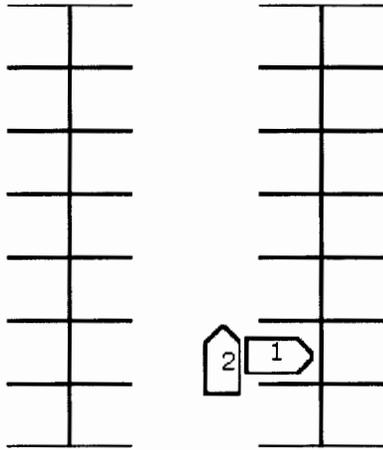
LIGHT CONDITIONS
PRIMARY **SECONDARY**
1
 1 DAYLIGHT
 2 DAWN
 3 DUSK
 4 DARK - LIGHTED ROADWAY
 5 DARK - ROADWAY NOT LIGHTED
 6 DARK - UNKNOWN ROADWAY LIGHTING
 7 GLARE
 8 OTHER
 9 UNKNOWN

LOC ATION OF CRASH IN WORK ZONE

 1 BEFORE THE FIRST WORK ZONE WARNING SIGN
 2 ADVANCE WARNING AREA
 3 TRANSITION AREA
 4 ACTIVITY AREA

WORKERS PRESENT

 1 NO
 2 YES
 3 UNKNOWN



Wal-Mart

TRUCK/BUS UNIT #

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.

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 <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCL. DING 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 GARBAGE REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	CDL CLASS <input type="checkbox"/>	1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 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 04/02/2010	TIME REC CALL 11:10	DISPATCH 11:10	ARRIVED 11:17	CLEARED 11:27	OTHER 0	TOTAL MINUTES 17
OFFICER'S NAME CAPT. SCOTT AKINS		BADGE # 103	CHECKED BY		DATE REPORT FILED 04/02/2010	
REPORT TAKEN BY 1 POLICE AGENCY 2 MOTORIST	REPORT TAKEN AT 1 SCENE 2 STATION 3 OTHER	<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT # 10MPD 0606		