

OHIO

# TRAFFIC CRASH REPORT



CRASH REPORT # <b>10MPD 0724</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> NO <input type="checkbox"/> YES	HIT/SKIP <b>1</b> 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. # <b>03801</b>	REPORTING AGENCY <b>MILLERSBURG POLICE DEPARTMENT</b>	# UNITS <b>2</b>	UNIT ERROR <b>01</b> 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>04/18/2010</b>	

TIME OF CRASH <b>10:30</b>	DAY OF WEEK <b>SUN</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40330909</b>	LONGITUDE <b>081544406</b>
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>E</b>	CRASH LOCATION <b>ADAMS</b>	TYPE LOC <b>1</b>
REFERENCE POINT USED		05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME WITHOUT REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE

DIST. REF.	DR	PREFIX <b>E</b>	REFERENCE <b>000426 ADAMS</b>	REF POINT <b>04</b>
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MOTORIST / NON-MOTORIST

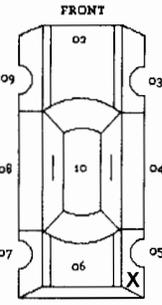
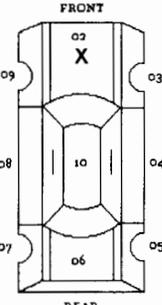
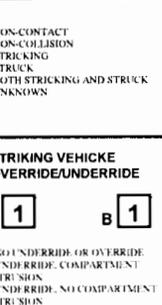
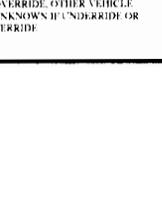
<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>SPEEGLE TIMOTHY W</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>426 E ADAMS ST MILLERSBURG OH 44654</b>			
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>05/18/1966</b>	AGE <b>43</b>	SEX <b>M</b>
HOME PHONE # <b>(330)473-0053</b>	WORK PHONE #		
DL STATE <b>OH</b>	DL # <b>RN030474</b>	LP STATE <b>OH</b>	LP # <b>DXL1295</b>
INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE 'SAME') <b>DAWN R SPEEGLE</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>426 E ADAMS ST MILLERSBURG OH 44654</b>	
YEAR <b>1997</b>	MAKE <b>DODGE</b>	MODEL <b>OTHER</b>	COLOR <b>BLACK</b>
INSURANCE COMPANY <b>MOTORIST MUTUAL</b>	TOWING SERVICE	OWNER PHONE # <b>(330)473-0705</b>	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> NO <input type="checkbox"/> YES

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>WEEKLEY ANDREW L</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>4908 SILO COURT HILLIARD OH 43026</b>			
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>10/21/1968</b>	AGE <b>41</b>	SEX <b>M</b>
HOME PHONE # <b>(330)473-2720</b>	WORK PHONE #		
DL STATE <b>OH</b>	DL # <b>RQ164527</b>	LP STATE <b>OH</b>	LP # <b>EQZ6952</b>
INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE 'SAME') <b>WILLIAM G HLAVIN</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>5600 TR 466 LAKEVILLE OH 44638</b>	
YEAR <b>2002</b>	MAKE <b>CHRYSLER</b>	MODEL <b>OTHER</b>	COLOR <b>SILVER</b>
INSURANCE COMPANY <b>FARMERS OF COLU</b>	TOWING SERVICE	OWNER PHONE # <b>(330)763-0188</b>	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> NO <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 <input type="checkbox"/>	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 <input type="checkbox"/>	TRANSPORTED BY	INJURED TAKEN TO	

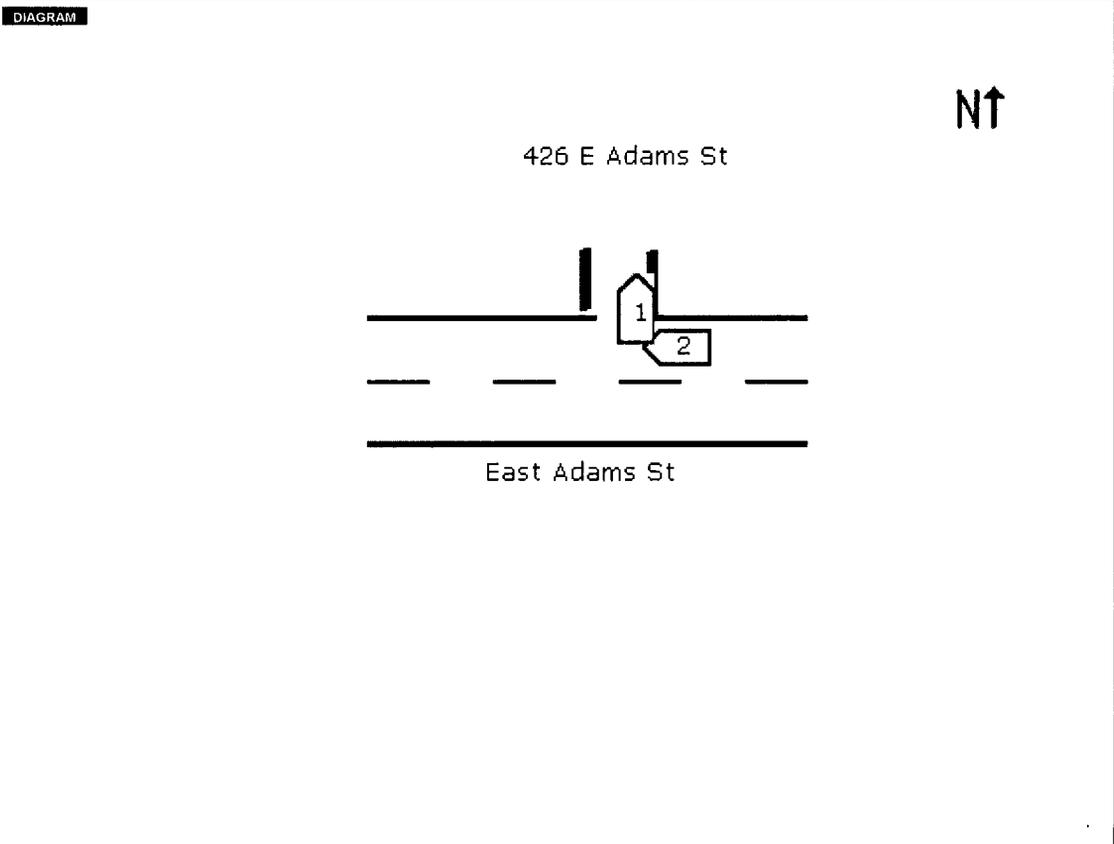
SEATING POSITION <b>A 01</b> 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT (MC PASS) <b>B 01</b> 04 SECOND - LEFT (MC) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SEATBELT SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILER UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	SAFETY EQUIPMENT <b>A 04</b> 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED <b>B 04</b> 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 <b>A 1</b> 1 NOT-DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	AIR BAG SWITCH <b>A 1</b> 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	EJECTION <b>A 1</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED <b>A 1</b> 1 NOT TRAPPED 2 ENTRAPPED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES <b>A 1</b> 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
SUPPLEMENT <input type="checkbox"/> 'X' IF YES						

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b> FRONT 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="02"/> B <input type="text" value="01"/>	<b>SEQUENCE OF EVENTS</b> A <input type="text" value="20"/> B <input type="text" value="20"/> 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	<b>POSTED SPEED</b> A <input type="text" value="25"/> B <input type="text" value="25"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>
<b>NON-MOTORIST LOCATION</b> A <input type="text" value=""/> B <input type="text" value=""/>	<b>DAMAGE AREA</b> FRONT 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="02"/> B <input type="text" value="01"/>	<b>SEQUENCE OF EVENTS</b> A <input type="text" value="20"/> B <input type="text" value="20"/> 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	<b>POSTED SPEED</b> A <input type="text" value="25"/> B <input type="text" value="25"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>
<b>TYPE OF UNIT</b> A <input type="text" value="04"/> B <input type="text" value="04"/>	<b>DAMAGE AREA</b> FRONT 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="02"/> B <input type="text" value="01"/>	<b>SEQUENCE OF EVENTS</b> A <input type="text" value="20"/> B <input type="text" value="20"/> 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	<b>POSTED SPEED</b> A <input type="text" value="25"/> B <input type="text" value="25"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>
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<b>TYPE OF UNIT</b> A <input type="text" value="04"/> B <input type="text" value="04"/>	<b>DAMAGE AREA</b> FRONT 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="02"/> B <input type="text" value="01"/>	<b>SEQUENCE OF EVENTS</b> A <input type="text" value="20"/> B <input type="text" value="20"/> 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	<b>POSTED SPEED</b> A <input type="text" value="25"/> B <input type="text" value="25"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>
<b>TYPE OF UNIT</b> A <input type="text" value="04"/> B <input type="text" value="04"/>	<b>DAMAGE AREA</b> FRONT 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="02"/> B <input type="text" value="01"/>	<b>SEQUENCE OF EVENTS</b> A <input type="text" value="20"/> B <input type="text" value="20"/> 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	<b>POSTED SPEED</b> A <input type="text" value="25"/> B <input type="text" value="25"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>
<b>TYPE OF UNIT</b> A <input type="text" value="04"/> B <input type="text" value="04"/>	<b>DAMAGE AREA</b> FRONT 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="02"/> B <input type="text" value="01"/>	<b>SEQUENCE OF EVENTS</b> A <input type="text" value="20"/> B <input type="text" value="20"/> 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	<b>POSTED SPEED</b> A <input type="text" value="25"/> B <input type="text" value="25"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>
<b>TYPE OF UNIT</b> A <input type="text" value="04"/> B <input type="text" value="04"/>	<b>DAMAGE AREA</b> FRONT 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="02"/> B <input type="text" value="01"/>	<b>SEQUENCE OF EVENTS</b> A <input type="text" value="20"/> B <input type="text" value="20"/> 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	<b>POSTED SPEED</b> A <input type="text" value="25"/> B <input type="text" value="25"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>
<b>TYPE OF UNIT</b> A <input type="text" value="04"/> B <input type="text" value="04"/>	<b>DAMAGE AREA</b> FRONT 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="02"/> B <input type="text" value="01"/>	<b>SEQUENCE OF EVENTS</b> A <input type="text" value="20"/> B <input type="text" value="20"/> 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	<b>POSTED SPEED</b> A <input type="text" value="25"/> B <input type="text" value="25"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>
<b>TYPE OF UNIT</b> A <input type="text" value="04"/> B <input type="text" value="04"/>	<b>DAMAGE AREA</b> FRONT 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="02"/> B <input type="text" value="01"/>	<b>SEQUENCE OF EVENTS</b> A <input type="text" value="20"/> B <input type="text" value="20"/> 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	<b>POSTED SPEED</b> A <input type="text" value="25"/> B <input type="text" value="25"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>
<b>TYPE OF UNIT</b> A <input type="text" value="04"/> B <input type="text" value="04"/>	<b>DAMAGE AREA</b> FRONT 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="02"/> B <input type="text" value="01"/>	<b>SEQUENCE OF EVENTS</b> A <input type="text" value="20"/> B <input type="text" value="20"/> 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	<b>POSTED SPEED</b> A <input type="text" value="25"/> B <input type="text" value="25"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>
<b>TYPE OF UNIT</b> A <input type="text" value="04"/> B <input type="text" value="04"/>	<b>DAMAGE AREA</b> FRONT 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="02"/> B <input type="text" value="01"/>	<b>SEQUENCE OF EVENTS</b> A <input type="text" value="20"/> B <input type="text" value="20"/> 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/>	<b>POSTED SPEED</b> A <input type="text" value="25"/> B <input type="text" value="25"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>

**NARRATIVE**

UNIT #1 WAS BACKING OUT OF HIS DRIVEWAY. UNIT #2 WAS WESTBOUND ON EAST ADAMS STREET. UNIT #1 DID NOT SEE UNIT #2 COMING. UNIT #1 BACKED OUT IN FRONT OF UNIT #2. UNIT #2 STRUCK THE SIDE OF UNIT #1

<b>MANNER OF COLLISION OR IMPACT</b> <b>5</b> 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-REAR 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWIPE SAME DIRECTION 8 SIDESWIPE OPPOSITE DIRECTION 9 UNKNOWN	<b>SCHOOL BUS RELATED</b> <b>1</b> 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
<b>WEATHER</b> <b>02</b> 01 CLEAR 02 CLOUDY 03 FOG/SMOG/SMOKE 04 RAIN 05 SLEET/HAIL (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 ICE/WIND 09 SAND/DIRT/SNOW 10 OTHER 11 UNKNOWN	<b>WORK ZONE RELATED</b> <b>1</b> 1 NO 2 YES
<b>LIGHT CONDITIONS</b> <b>PRIMARY</b> <b>SECONDARY</b> <b>1</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>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>WORKERS PRESENT</b> <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN



<b>TRUCK/BUS UNIT #</b> <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.
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**COMPANY (FROM SHIPPING PAPERS)**

**ADDRESS (STREET, CITY, ST, ZIP CODE)**

<b>US DOT</b>	<b>ICC MC</b>	<b>PUCO</b>	<b>TRAILER LP ST.</b>	<b>TRAILER LP YEAR</b>	<b>TRAILER LP #</b>	<b>PLACARD #</b>	<b># DIA</b>
<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 MINER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 CARRIER 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"/> 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	<b>HAZARDOUS MATERIALS</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<b>HAZARDOUS MATERIAL REFERENCE</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE			

<b>DATE CRASH REPORTED</b> 04/18/2010		<b>TIME REC CALL</b> 10:35	<b>DISPATCH</b> 10:36	<b>ARRIVED</b> 10:39	<b>CLEARED</b> 10:50	<b>OTHER</b> 0	<b>TOTAL MINUTES</b> 14
<b>OFFICER'S NAME</b> CAPT. SCOTT AKINS			<b>BADGE #</b> 103	<b>CHECKED BY</b>		<b>DATE REPORT FILED</b> 04/18/2010	
<b>REPORT TAKEN BY</b> 1 POLICE AGENCY 2 MOTORIST <b>1</b>	<b>REPORT TAKEN AT</b> 1 SCENE 2 STATION 3 OTHER <b>1</b>			<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>		<b>LOCAL REPORT #</b> 10MPD 0724	