



TRAFFIC CRASH REPORT

| | | | | | |
|-------------------------------------|---|--|---|--|--|
| CRASH REPORT # 10MPD 0761 | CRASH SEVERITY 3 1.FATAL ERROR 3.PDO 2.INJURY 4.UNKNOWN | PRIVATE PROPERTY <input type="checkbox"/> NO IF YES | HIT/SKIP 1 1.NOT HIT/SKIP 2.SOLVED 3.UNSOLVED | PHOTOS TAKEN <input type="checkbox"/> NO IF 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 04/25/2010 | |

| | | | | | | |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|
| TIME OF CRASH 17:12 | DAY OF WEEK SUN | CITY/VILLAGE/TOWNSHIP VILLAGE | NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG | COUNTY # 38 | LATITUDE 40332202 | LONGITUDE 081545305 |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|

| | | |
|---|--|----------------------|
| CRASH OCCURRED ON | TYPE LOCATION POINT USED | LOCAL INFORMATION |
| PREFIX N | CRASH LOCATION MASSILLON RD. | TYPE LOC 1 |
| 1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE | | |

| | | |
|-------------------------------------|------------------------|--|
| A/REFERENCE | REFERENCE POINT USED | 05.TOWNSHIP BOUNDARY 06.MILE POST 07.CORPORATION LIMIT 08.PLANE NAME WITHOUT REFERENCE 09.DRIVEWAY 10.STREET OR ROUTE WITHOUT REFERENCE |
| DIST. REF. 20 F | DR E | PREFIX N |
| REFERENCE N. CRAWFORD ST. | REF POINT 02 | 01.STATE LINE 02.INTERSECTION OF TWO STREETS 03.COUNTY LINE 04.HOUSE NUMBER |

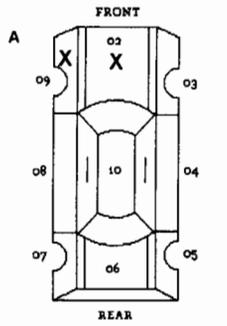
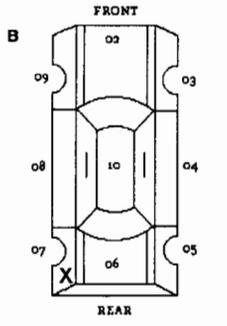
MOTORIST / NON-MOTORIST

| | | | | | | |
|--|---|---|--|--|--------------------------------------|--|
| UNIT # 01 | # OF OCC 2 | NAME (LAST, FIRST, MIDDLE) RABEL DAVID C. | | | | |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1196 FORT JEFFERSON AVE. GREENVILLE OH 45331 | | | | | | |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH 11/26/1992 | AGE 17 | SEX M | HOME PHONE # (937)548-7894 | WORK PHONE # (937)564-5798 | |
| DL STATE OH | DL # TM967545 | LP STATE OH | LP # ETA3011 | 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') RABEL, DAVID C. | | | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1196 FORT JEFFERSON AVE. GREENVILLE OH 45331 | | | |
| YEAR 1994 | MAKE MERCURY | MODEL GRAND MAR | COLOR BLUE | INSURANCE COMPANY ALLSTATE | TOWING SERVICE | OWNER PHONE# (937)548-7894 |
| OFFENSE CHARGED 4511.25A | OFFENSE DESCRIPTION DRIVING LEFT OF CENTER-TWO LANE | | | | CITATION # 9798 | LOCAL CODE <input type="checkbox"/> NO IF YES |

| | | | | | | |
|---|------------------------------------|--|---|--|--------------------------------------|--|
| UNIT # 02 | # OF OCC 1 | NAME (LAST, FIRST, MIDDLE) WIMBUSH EDWARD S. | | | | |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) 10461 T.R. 267 MILLERSBURG OH 44654 | | | | | | |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH 01/20/1963 | AGE 47 | SEX M | HOME PHONE # (330)231-7257 | WORK PHONE # (330)893-2500 | |
| DL STATE OH | DL # RL684467 | LP STATE OH | LP # AQE7641 | 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') WIMBUSH, EDWARD S. | | | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 10461 T.R. 267 MILLERSBURG OH 44654 | | | |
| YEAR 1999 | MAKE DODGE | MODEL OTHER TRUC | COLOR GREEN | INSURANCE COMPANY STATE FARM | TOWING SERVICE | OWNER PHONE# (330)231-7257 |
| OFFENSE CHARGED | OFFENSE DESCRIPTION | | | | CITATION # | LOCAL CODE <input type="checkbox"/> NO IF YES |

| | | | | | |
|--|--|-------------------------------------|--|------------------|------------------|
| UNIT # 01 | NAME (LAST, FIRST, MIDDLE) OSHEA JONATHON L. | HOME PHONE# (262)287-7782 | DATE OF BIRTH 12/14/1989 | AGE 20 | SEX M |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) 300 E. JACKSON ST. FARMLAND IN 47340 | | | INJURED TAKEN BY 1 1.NONE 4.OTHER 2.EMS 3.UNKNOWN 3.POLICE | TRANSPORTED BY | INJURED TAKEN TO |
| 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 |

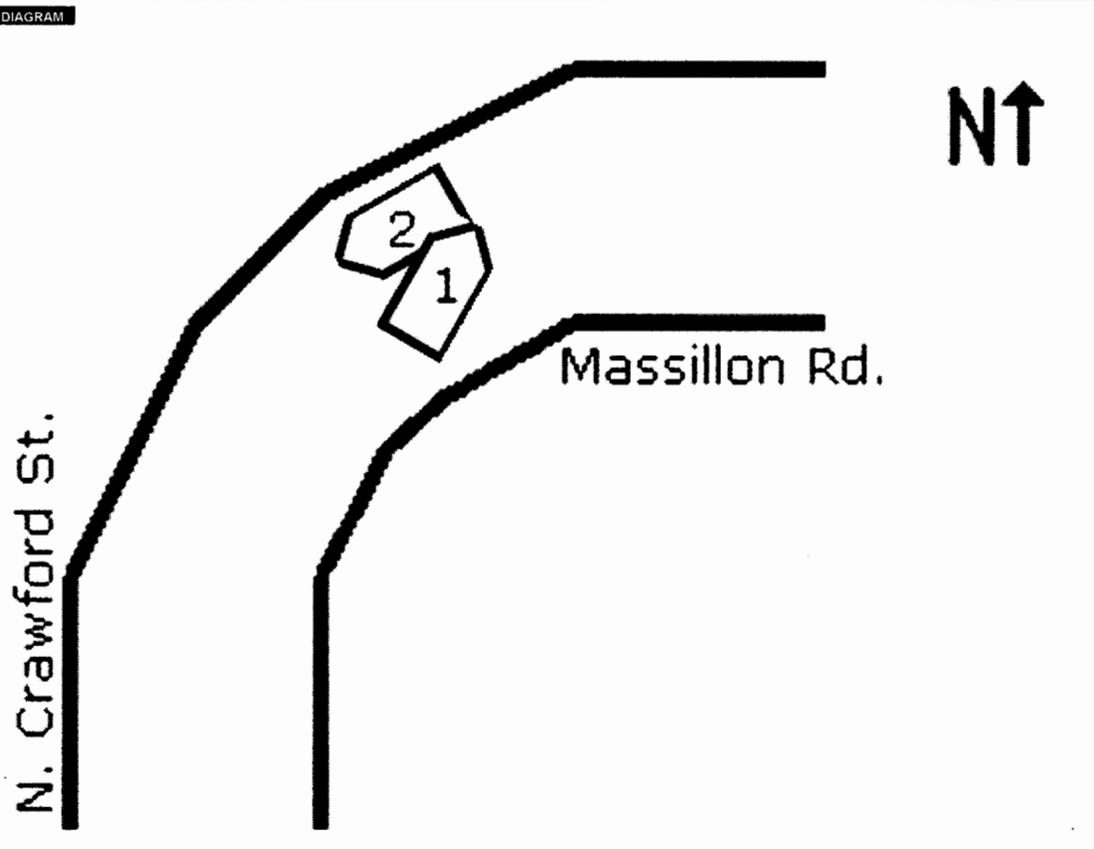
| | | | | | | |
|---|---|---|--|--|---|--|
| SEATING POSITION | SAFETY EQUIPMENT | AIR BAG | AIR BAG SWITCH | EJECTION | TRAPPED | INJURIES |
| A 01 01.FRONT - LEFT (MC DRIVER) 02.FRONT - MIDDLE 03.FRONT - RIGHT 04.SECOND - LEFT (MC PASS) 05.SECOND - MIDDLE 06.SECOND - RIGHT 07.THIRD - LEFT (MC PASSENGER SIDE CAR) 08.THIRD - MIDDLE 09.THIRD - RIGHT 10.SLEEPER SECTION OF CAB 11.ENCLOSED CARGO AREA 12.UNENCLOSED CARGO AREA 13.TRAILING UNIT 14.EXTERIOR 15.OTHER 16.NON-MOTORIST 17.UNKNOWN | A 01 01.NONE USED 02.SHOLDER BELT ONLY USED 03.LAP BELT ONLY USED 04.SHOLDER 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 | 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 EXTRICATED 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 |

| | | | | | | | | | | | | | | | | | |
|---|--|---|---|--|--|---|---|---|--|------------------------|------------------------|------------------------|------------------------|--|--|----------------------------------|--------------------------------|
| 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="06"/> | 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="35"/> B <input type="text" value="35"/> | 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 DOWN HILL RAINWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE OR OBJECT NOT FINED 14 PEDESTRIAN 15 PEDICYCLE 16 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 17 ANIMAL - FARM 18 ANIMAL - OTHER 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 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/LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 ULCYBERT 39 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="04"/> B <input type="text" value="07"/> | MOST DAMAGED AREA A <input type="text" value="09"/> B <input type="text" value="07"/> | CONTRIBUTING CIRCUMSTANCES A <input type="text" value="07"/> 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="2"/> <input type="text" value="5"/></td><td>B <input type="text" value="5"/> <input type="text" value="2"/></td></tr> </table> | FROM TO | FROM TO | A <input type="text" value="2"/> <input type="text" value="5"/> | B <input type="text" value="5"/> <input type="text" value="2"/> | 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="2"/> <input type="text" value="5"/> | B <input type="text" value="5"/> <input type="text" value="2"/> | | | | | | | | | | | | | | | | |
| 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"/> | | | | | | | | | | | | | | |
| MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID-SIZED 04 FULL-SIZE 05 MINIVAN 06 SPORT/UTILITY VEHICLE 07 PICKUP 08 PANEL-VAN 09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK, 3 OR MORE AXLES 11 TRUCK-TRAILER 12 TRUCK TRACTOR (BOBTAIL) 13 TRACTOR SEMI-TRAILER 14 TRACTOR/DRAWER - SHORT 15 TRACTOR/DRAWER - LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR TRIPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CITY BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL WRIDER 36 ANIMAL W/ROGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER-NON MOTORIST (WHEELCHAIR, ETC) 42 UNKNOWN | POINT OF IMPACT A <input type="text" value="09"/> B <input type="text" value="07"/> | VEHICLE DEFECT CODE ONLY IF '1' 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"/> | | | | | | | | | | | | |
| 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"/> | SPEED DETECTED A <input type="text" value="1"/> B <input type="text" value="1"/> | 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="4"/> | | | | | | | | | | | | |
| 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"/> | SPEED A <input type="text" value="30"/> B <input type="text" value="25"/> | ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> | ALCOHOL TEST RESULT A <input type="text"/> | ROAD CONDITIONS PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/> | | | | | | | | | | | | |
| <input type="checkbox"/> SUPPLEMENT 'X' IF YES | | LOCAL REPORT # 10MPD 0761 | | | | | | | | | | | | | | | |

NARRATIVE

UNIT 1 WAS NORTHBOUND ON N. CRAWFORD ST. AND WHILE DRIVING THROUGH A SHARP RIGHT HAND CURVE ONTO MASSILLON RD. HE WENT LEFT OF CENTER AND STRUCK UNIT 2 DRIVING TOWARDS HIM FROM THE OPPOSITE DIRECTION FROM MASSILLON RD. AND ONTO N. CRAWFORD ST.

| | |
|---|--|
| MANNER OF COLLISION OR IMPACT 8 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 |
| WEATHER 04 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 | WORK ZONE RELATED 1 1 NO 2 YES |
| LIGHT CONDITIONS PRIMARY SECONDARY 1 <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 | TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIUM 4 INTERMITTENT OR MOVING WORK 5 OTHER |
| LOC ATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE THE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA | WORKERS PRESENT <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN |



| | | |
|---|---|---|
| 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 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 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAIN/CHIPS/GRAVEL 05 POLE 06 CARGO TANK 07 FLAT BED 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 2 10,001 - 26,000 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 2 YES 3 UNKNOWN | HAZARDOUS MATERIALS REFERENCE <input type="checkbox"/> 1 NO 2 YES 3 NOT APPLICABLE | | | |

POLICE ACTION

| | | | | | | |
|--|--|---|-------------------------|-------------------------------------|--|----------------------------|
| DATE CRASH REPORTED 04/25/2010 | TIME REC CALL 17:16 | DISPATCH 17:17 | ARRIVED 17:17 | CLEARED 17:57 | OTHER 20 | TOTAL MINUTES 60 |
| OFFICER'S NAME PTL. W. TODD BOOTH | | BADGE # 104 | CHECKED BY | | DATE REPORT FILED 04/25/2010 | |
| REPORT TAKEN BY 1 POLICE AGENCY 2 MOTORIST 1 | REPORT TAKEN AT 1 SCENE 2 STATION 3 OTHER 1 | <input type="checkbox"/> SUPPLEMENT 'X' IF YES | | LOCAL REPORT # 10MPD 0761 | | |