



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>10MPD 1014</b>	CRASH SEVERITY <b>2</b> 1 FATAL ERROR 3 FPO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> NO IF YES	HIT/SKIP <b>1</b> 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> NO IF YES	OH-2 OH-3 OH-1P OTHER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" 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> 9 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>5/28/2010</b>	

TIME OF CRASH <b>14:50</b>	DAY OF WEEK <b>FRI</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40331406</b>	LONGITUDE <b>081544007</b>
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CRASH OCCURRED ON			TYPE LOCATION POINT USED		LOCAL INFORMATION	
PREFIX <b>E</b>	CRASH LOCATION <b>JACKSON ST.</b>	TYPE LOC <b>1</b>	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE		<b>MILLERSBURG ELEMENTARY SCHI</b>	

AT/REFERENCE				REFERENCE POINT USED			
DIST. REF.	DR	PREFIX	REFERENCE	REF POINT	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
		<b>E</b>	<b>000430 JACKSON ST.</b>	<b>04</b>			

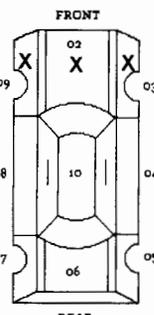
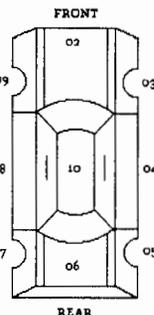
MOTORIST/NON-MOTORIST

<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>PYERS PEGGY L.</b>				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>510 E. JACKSON ST. MILLERSBURG OH 44654</b>							
SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>04/28/1952</b>		AGE <b>58</b>	SEX <b>F</b>	HOME PHONE # <b>(330)674-8116</b>	WORK PHONE #
DL STATE <b>OH</b>	DL # <b>RV079290</b>	LP STATE <b>OH</b>	LP # <b>EKS1440</b>	INJURED TAKEN BY <b>2</b> 1 NONE 4 OTHER 2 EMS 5 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>PYERS, WAYNE F.</b>				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>510 E. JACKSON ST. MILLERSBURG OH 44654</b>			
YEAR <b>2007</b>	MAKE <b>LEXUS</b>	MODEL <b>OTHER</b>	COLOR <b>WHITE</b>	INSURANCE COMPANY <b>WESTFIELD</b>	TOWING SERVICE <b>K &amp; N TOWING</b>	OWNER PHONE # <b>(330)674-8116</b>	
OFFENSE CHARGED <b>331.05</b>		OFFENSE DESCRIPTION <b>DRIVING LEFT OF CENTER</b>				CITATION # <b>09885</b>	LOCAL CODE <input checked="" type="checkbox"/> NO IF YES

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>YODER DAVID J.</b>				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>3869 TR 162 SUGARCREEK OH 44681</b>							
SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>12/22/1954</b>		AGE <b>55</b>	SEX <b>M</b>	HOME PHONE # <b>(330)852-4816</b>	WORK PHONE #
DL STATE <b>OH</b>	DL # <b>RQ164225</b>	LP STATE <b>OH</b>	LP # <b>PGF7894</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>DAN MILLER TRUCKING</b>				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>2935 SR 93 SUGARCREEK OH 44681</b>			
YEAR <b>1999</b>	MAKE <b>PETERBILT</b>	MODEL	COLOR <b>GREEN</b>	INSURANCE COMPANY <b>WESTFIELD</b>	TOWING SERVICE	OWNER PHONE # <b>(330)852-4294</b>	
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> NO IF YES

<b>C</b>	UNIT #	NAME (LAST, FIRST, MIDDLE) <b>BELCHER BRENDAN C.</b>		HOME PHONE # <b>(330)231-8309</b>	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>12668 TR 217 BIG PRAIRIE OH 44611</b>							
<b>D</b>	UNIT #	NAME (LAST, FIRST, MIDDLE) <b>FEIKLE BRANDON A.</b>		HOME PHONE # <b>(216)280-2686</b>	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>5061 BROOKHAVEN DR. NORTH ROYALTON OH 44133</b>							

SEATING POSITION		SAFETY EQUIPMENT		AIR BAG		AIR BAG SWITCH		EJECTION		TRAPPED		INJURIES	
<b>A</b>	<b>01</b>	<b>A</b>	<b>04</b>	<b>A</b>	<b>2</b>	<b>A</b>	<b>1</b>	<b>A</b>	<b>1</b>	<b>A</b>	<b>1</b>	<b>A</b>	<b>3</b>
<b>B</b>	<b>01</b>	<b>B</b>	<b>01</b>	<b>B</b>	<b>1</b>	<b>B</b>	<b>1</b>	<b>B</b>	<b>1</b>	<b>B</b>	<b>1</b>	<b>B</b>	<b>1</b>
<b>C</b>		<b>C</b>		<b>C</b>		<b>C</b>		<b>C</b>		<b>C</b>		<b>C</b>	
<b>D</b>		<b>D</b>		<b>D</b>		<b>D</b>		<b>D</b>		<b>D</b>		<b>D</b>	
BLANK FOR WITNESS		<input type="checkbox"/> SUPPLEMENT 'X' IF YES											

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="01"/> B <input type="text" value="01"/> <b>MOTORIST</b> 01 MOVEMENTS ESSENTIALLY STRAIGHT 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 STOPPING OR STOPPED IN TRAFFIC 12 DRIVER LESS 13 OTHER 14 UNKNOWN <b>NON-MOTORIST</b> 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	<b>SEQUENCE OF EVENTS</b> <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" value="08"/></td> <td>2 <input type="text"/></td> </tr> <tr> <td>3 <input type="text" value="33"/></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" value="08"/>	2 <input type="text"/>	3 <input type="text" value="33"/>	3 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	<b>POSTED SPEED</b> A <input type="text" value="35"/> B <input type="text" value="35"/> <b>TRAFFIC CONTROL</b> A <input type="text" value="12"/> B <input type="text" value="12"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 GIVEN, RESULTS UNKNOWN 6 UNKNOWN
A	B														
1 <input type="text" value="20"/>	1 <input type="text" value="20"/>														
2 <input type="text" value="08"/>	2 <input type="text"/>														
3 <input type="text" value="33"/>	3 <input type="text"/>														
4 <input type="text"/>	4 <input type="text"/>														
<b>NON-MOTORIST LOCATION</b> A <input type="text"/> B <input type="text"/> 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 NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OFFSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN		<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="07"/> B <input type="text" value="01"/> <b>MOTORIST</b> 01 NONE 02 FAILURE TO YIELD 03 TURN 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, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE OBJECT, NON-MOTORIST IN ROADWAY, ETC.) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTION 18 FATIGUE/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN <b>NON-MOTORIST</b> 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 IN ATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	<b>NON-COLLISION</b> 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 <b>COLLISION W/PERSON, VEHICLE OR OBJECT NOT FIXED</b> 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 25 COLLISION WITH FIXED OBJECT 26 IMPACT ATTENUATOR CRASH CUSHION 27 BRIDGE OVERHEAD STRUCTURE 28 BRIDGE PIER OR ABUTMENT 29 BRIDGE PARAPET 30 BRIDGE RAIL 31 GUARDRAIL FACE 32 GUARDRAIL END 33 MEDIAN BARRIER 34 HIGHWAY TRAFFIC SIGN POST 35 OVERHEAD SIGN POST 36 LIGHT/LUMINARIES SUPPORT 37 UTILITY POLE 38 OTHER POST, POLE OR SUPPORT 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	<b>DIRECTION</b> FROM TO FROM TO A <input type="text" value="3"/> <input type="text" value="4"/> B <input type="text" value="4"/> <input type="text" value="3"/> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NONE 2 BLOOD 3 URINE 4 OTHER <b>DRUG TEST 1 &amp; 2 RESULT</b> <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>A <input type="text" value="1"/></td> <td>B <input type="text" value="1"/></td> <td>B <input type="text" value="1"/></td> </tr> </table> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPiates 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING	1	2	1	2	A <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text" value="1"/>	B <input type="text" value="1"/>		
1	2	1	2												
A <input type="text" value="1"/>	A <input type="text" value="1"/>	B <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="13"/> <b>MOTORIST</b> 01 S/B 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 (HORTAL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE - SHORT 15 TRACTOR/DOUBLE - LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR TRIPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH 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 <b>NON-MOTORIST</b> 35 ANIMAL W/ RIDER 36 ANIMAL W/ BICYCLE 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER NON MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN	<b>MOST DAMAGED AREA</b> A <input type="text" value="09"/> B <input type="text" value="12"/> 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	<b>VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS 12 NO DEFECTS	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NONE 2 YES ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN	<b>TYPE OF INTERSECTION</b> <input type="text" value="10"/> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDBOULT 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										
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NO 2 YES 3 UNKNOWN	<b>POINT OF IMPACT</b> A <input type="text" value="09"/> B <input type="text" value="12"/> 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		<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	<b>OCCURRENCE</b> <input type="text" value="1"/> 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN										
<b>DAMAGE SCALE</b> A <input type="text" value="5"/> B <input type="text" value="2"/> 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text" value="4"/> 1 NON-CONTACT 2 NON-COLLISION 3 STRICKING 4 STRUCK 5 BOTH STRICKING AND STRUCK 6 UNKNOWN		<b>SPEED DETECTED</b> A <input type="text" value="2"/> B <input type="text" value="1"/> 1 STATED 2 ESTIMATED	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NONE 2 BLOOD 3 URINE	<b>ROAD CONTOUR</b> <input type="text" value="4"/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN										
<b>DAMAGE SCALE</b> A <input type="text" value="5"/> B <input type="text" value="2"/> 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	<b>STRIKING VEHICLE OVERRIDE/UNDERIDE</b> A <input type="text" value="2"/> B <input type="text" value="5"/> 1 NO UNDERIDE OR OVERRIDE 2 UNDERIDE, COMPARTMENT INTRUSION 3 UNDERIDE, NO COMPARTMENT INTRUSION 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN IF UNDERIDE OR OVERRIDE		<b>SPEED</b> A <input type="text" value="25"/> B <input type="text" value="25"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/> 0 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										
<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT # 10MPD 1014													

**NARRATIVE**

UNIT 01 WAS TRAVELING WESTBOUND ON E. JACKSON ST., AND WENT LEFT OF CENTER AT THE CURVE STRIKING UNIT 02'S REAR TIRES OF THE TRAILER. UNIT 01 THEN BOUNCED OFF THE TIRES, WENT OFF THE RIGHT SIDE OF THE ROAD WEST OF THE DRIVE FOR THE MILLERSBURG ELEMENTARY SCHOOL, AND STRUCK A SCHOOL CROSSING SIGN. WHEN ASKED WHAT HAPPENED UNIT 01 STATED THAT SHE FELT DIZZY. SHE WAS ASKED IF SHE FELL ASLEEP OR PASSED OUT, AND SHE SAID SHE DID NOT THINK SO.

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>6</b></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><b>SCHOOL BUS RELATED</b></p> <p><b>1</b></p> <p>1 NO                  2 YES, DIRECTLY INVOLVED                  3 YES, INDIRECTLY INVOLVED                  4 UNKNOWN</p>	<p><b>DIAGRAM</b></p>
<p><b>WEATHER</b></p> <p><b>01</b></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><b>WORK ZONE RELATED</b></p> <p><b>1</b></p> <p>1 NO                  2 YES                  3 UNKNOWN</p>	
<p><b>LIGHT CONDITIONS</b></p> <p><b>PRIMARY SECONDARY</b></p> <p><b>1</b> <input type="checkbox"/></p> <p>1 DAY LIGHT                  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><b>TYPE OF WORK ZONE</b></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><b>LOCATION OF CRASH IN WORK ZONE</b></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><b>WORKERS PRESENT</b></p> <p><input type="checkbox"/></p> <p>1 NO                  2 YES                  3 UNKNOWN</p>	

<b>TRUCK/BUS UNIT #</b>	<b>02</b>	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)**  
**DAN MILLER TRUCKING**

**ADDRESS (STREET, CITY, ST, ZIP CODE)**  
**2935 SR 93 SUGARCREEK OH 44681**

<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>812497</b>		<b>361228</b>		<b>0</b>			
<b>CARGO BODY TYPE</b>		<b>05 POLE</b>	<b>10 AUTO TRANSPORTER</b>	<b>WEIGHT (GVWR)</b>	<b>CDL CLASS</b>	<b>HAZARDOUS MATERIALS</b>	<b>HAZARDOUS MATERIALS REFERENCE</b>
01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN ENCLOSED BOX 04 GRAIN/CHIPS GRAVEL		06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER	11 CARGO REFUSE 12 OTHER 13 UNKNOWN	1 LESS THAN 10,000 2 10,001 - 26,000 3 MORE THAN 26,000	1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	1 NO 2 YES 3 UNKNOWN	1 NO UNKNOWN 2 YES 3 NOT APPLICABLE
<b>12</b>				<b>3</b>	<b>1</b>	<b>1</b>	<b>3</b>

**POLICE ACTION**

<b>DATE CRASH REPORTED</b>	<b>TIME REC CALL</b>	<b>DISPATCH</b>	<b>ARRIVED</b>	<b>CLEARED</b>	<b>OTHER</b>	<b>TOTAL MINUTES</b>
<b>5/28/2010</b>	<b>14:52</b>	<b>14:53</b>	<b>14:54</b>	<b>15:37</b>	<b>30</b>	<b>74</b>
<b>OFFICER'S NAME</b>			<b>BADGE #</b>	<b>CHECKED BY</b>		<b>DATE REPORT FILED</b>
<b>PTL. KEVIN BROWN</b>			<b>108</b>			<b>5/28/2010</b>
<b>REPORT TAKEN BY</b>	<b>REPORT TAKEN AT</b>			<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>	<b>LOCAL REPORT #</b>	
<b>1</b>	<b>1</b>				<b>10MPD 1014</b>	

# TRAFFIC CRASH REPORT - OCCUPANT ADDENDUM

OH-1-P

LOCAL REPORT # <b>10MPD 1014</b>	N.C.I.C. # <b>03801</b>	REPORTING AGENCY <b>MILLERSBURG POLICE DEPARTMENT</b>	DATE OF CRASH <b>5/28/2010</b>
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<b>E</b>	UNIT # <input type="checkbox"/>	NAME (LAST, FIRST, MIDDLE) <b>FEIKLE NOELLE</b>	HOME PHONE# <b>4402213169</b>	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>5061 BROOKHAVEN DR. NORTH ROYALTON OH 44133</b>		INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO		

<b>F</b>	UNIT # <input type="checkbox"/>	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		

<b>G</b>	UNIT # <input type="checkbox"/>	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		

<b>H</b>	UNIT # <input type="checkbox"/>	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		

<b>I</b>	UNIT # <input type="checkbox"/>	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		

<b>J</b>	UNIT # <input type="checkbox"/>	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		

<b>K</b>	UNIT # <input type="checkbox"/>	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		

<b>SEATING POSITION</b> E <input type="checkbox"/> 01 FRONT - LEFT (MC DRIVER) F <input type="checkbox"/> 02 FRONT - MIDDLE G <input type="checkbox"/> 03 FRONT - RIGHT H <input type="checkbox"/> 04 SECOND - LEFT (MC PASS) I <input type="checkbox"/> 05 SECOND - MIDDLE J <input type="checkbox"/> 06 SECOND - RIGHT K <input type="checkbox"/> 07 THIRD - LEFT (MC PASSENGER-SIDE CAR) L <input type="checkbox"/> 08 THIRD - MIDDLE M <input type="checkbox"/> 09 THIRD - RIGHT N <input type="checkbox"/> 10 SLEEPER SECTION OF CAB O <input type="checkbox"/> 11 ENCLOSED CARGO AREA P <input type="checkbox"/> 12 UNENCLOSED CARGO AREA Q <input type="checkbox"/> 13 TRAILING UNIT R <input type="checkbox"/> 14 EXTERIOR S <input type="checkbox"/> 15 OTHER T <input type="checkbox"/> 16 NON-MOTORIST U <input type="checkbox"/> 17 UNKNOWN BLANK FOR WITNESS	<b>SAFETY EQUIPMENT</b> E <input type="checkbox"/> 01 NONE USED F <input type="checkbox"/> 02 SHOULDER BELT ONLY USED G <input type="checkbox"/> 03 LAP BELT ONLY USED H <input type="checkbox"/> 04 SHOULDER AND LAP BELT USED I <input type="checkbox"/> 05 CHILD SAFETY SEAT USED J <input type="checkbox"/> 06 HELMET USED K <input type="checkbox"/> 07 RESTRAINT USE UNKNOWN L <input type="checkbox"/> 08 NONE USED M <input type="checkbox"/> 09 HELMET USED N <input type="checkbox"/> 10 PROTECTIVE PADS O <input type="checkbox"/> 11 REFLECTIVE CLOTHING P <input type="checkbox"/> 12 LIGHTING Q <input type="checkbox"/> 13 OTHER R <input type="checkbox"/> 14 UNKNOWN	<b>AIR BAG</b> E <input type="checkbox"/> 1 NOT DEPLOYED F <input type="checkbox"/> 2 DEPLOYED - FRONT G <input type="checkbox"/> 3 DEPLOYED - SIDE FRONT SIDE H <input type="checkbox"/> 4 DEPLOYED BOTH FRONT SIDE I <input type="checkbox"/> 5 NOT APPLICABLE J <input type="checkbox"/> 6 DEPLOYMENT UNKNOWN K <input type="checkbox"/> UNKNOWN	<b>AIR BAG SWITCH</b> E <input type="checkbox"/> 1 ON-OFF SWITCH NOT PRESENT F <input type="checkbox"/> 2 SWITCH IN ON POSITION G <input type="checkbox"/> 3 SWITCH IN OFF POSITION H <input type="checkbox"/> 4 UNKNOWN POSITION I <input type="checkbox"/> UNKNOWN J <input type="checkbox"/> UNKNOWN K <input type="checkbox"/> UNKNOWN	<b>EJECTION</b> E <input type="checkbox"/> 1 NOT EJECTED F <input type="checkbox"/> 2 TOTALLY EJECTED G <input type="checkbox"/> 3 PARTIALLY EJECTED H <input type="checkbox"/> 4 NOT APPLICABLE I <input type="checkbox"/> 5 UNKNOWN J <input type="checkbox"/> UNKNOWN K <input type="checkbox"/> UNKNOWN	<b>TRAPPED</b> E <input type="checkbox"/> 1 NOT TRAPPED F <input type="checkbox"/> 2 EXTRICATED BY MECHANICAL MEANS G <input type="checkbox"/> 3 FREED BY NON-MECHANICAL MEANS H <input type="checkbox"/> 4 UNKNOWN I <input type="checkbox"/> UNKNOWN J <input type="checkbox"/> UNKNOWN K <input type="checkbox"/> UNKNOWN	<b>INJURIES</b> E <input type="checkbox"/> 1 NO INJURY F <input type="checkbox"/> 2 POSSIBLE G <input type="checkbox"/> 3 NON-INCAPACITATING H <input type="checkbox"/> 4 INCAPACITATING I <input type="checkbox"/> 5 FATAL INJURY J <input type="checkbox"/> 6 UNKNOWN K <input type="checkbox"/> UNKNOWN
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SUPPLEMENT 'X' IF YES

## OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

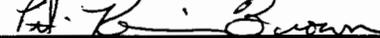
OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 10MPD1014	REPORTING AGENCY Millersburg PD	DATE OF ACCIDENT M 05 10 28 Y 10
IN COUNTY OF Holmes	ACCIDENT LOCATION E. Jackson St. IFO 430 E. Jackson St.	

School Crossing Sign

Village of Millersburg  
6 N. Washington St.  
Millersburg, OH 44654  
330-674-1886

OFFICERS SIGNATURE



BADGE NO.

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