



# TRAFFIC CRASH REPORT

Oh 1 (Rev. 1/99)

Traffic Crash Report

CRASH REPORT # <b>10MPD 1233</b>	CRASH SEVERITY <b>3</b> 1.FATAL ERROR 3.FDO 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> *IF YES	HIT/SKIP <b>1</b> 1.NOT HIT/SKIP 2.SOLVED 3.UNSOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> *IF 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> 98.ANIMAL 99.UNKNOWN	DATE OF CRASH <b>06/24/2010</b>	

TIME OF CRASH <b>06:38</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>40331209</b>	LONGITUDE <b>081545103</b>
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CRASH OCCURRED ON			TYPE LOCATION POINT USED			LOCAL INFORMATION		
PREFIX <b>UNNAMED ALLEY</b>	CRASH LOCATION <b>UNNAMED ALLEY</b>	TYPE LOC <b>1</b>	1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE					

AT/REFERENCE				REFERENCE POINT USED				
DIST. REF. <b>5 F</b>	DR <b>W</b>	PREFIX <b>S</b>	REFERENCE <b>000030 ALEXANDER</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

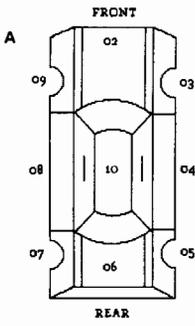
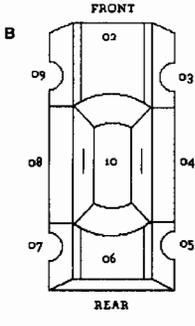
<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>CONSTANCE MICHAEL D</b>				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>708 OHIO STREET ASHLAND OH 44864</b>							
SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>09/01/1983</b>		AGE <b>26</b>	SEX <b>M</b>	HOME PHONE # <b>(567)203-1453</b>	WORK PHONE # <b>(419)368-4197</b>
DL STATE <b>OH</b>	DL # <b>RY973305</b>	LP STATE <b>OH</b>	LP # <b>PFZ3663</b>	INJURED TAKEN BY <input checked="" type="checkbox"/> 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE		TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') <b>BROWNS TRASH REMOVAL INC</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>836 TR 2206 PERRYVILLE OH 44864</b>				
YEAR <b>2007</b>	MAKE <b>MACK</b>	MODEL <b>OTHER</b>	COLOR <b>BROWN</b>	INSURANCE COMPANY <b>SPRENG SMILTH</b>	TOWING SERVICE	OWNER PHONE# <b>(419)368-4197</b>	
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> *IF 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 <input type="checkbox"/> 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE		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"/> *IF YES

<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"/> 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	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"/> 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO	

SEATING POSITION <b>A 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.THRD - LEFT (MC PASSENGER/SIDE CAR) 08.THRD - MIDDLE 09.THRD - RIGHT 10.LEEPEER SECTION OF CAB 11.ENCLOSED CARGO AREA 12.UNENCLOSED CARGO AREA 13.TRAILING UNIT 14.EXTERIOR 15.OTHER 16.NON-MOTORIST 17.UNKNOWN	SAFETY EQUIPMENT <b>A 04</b> MOTORIST 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	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.EXTRICATED 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	
BLANK FOR WITNESS							<input type="checkbox"/> SUPPLEMENT *IF YES

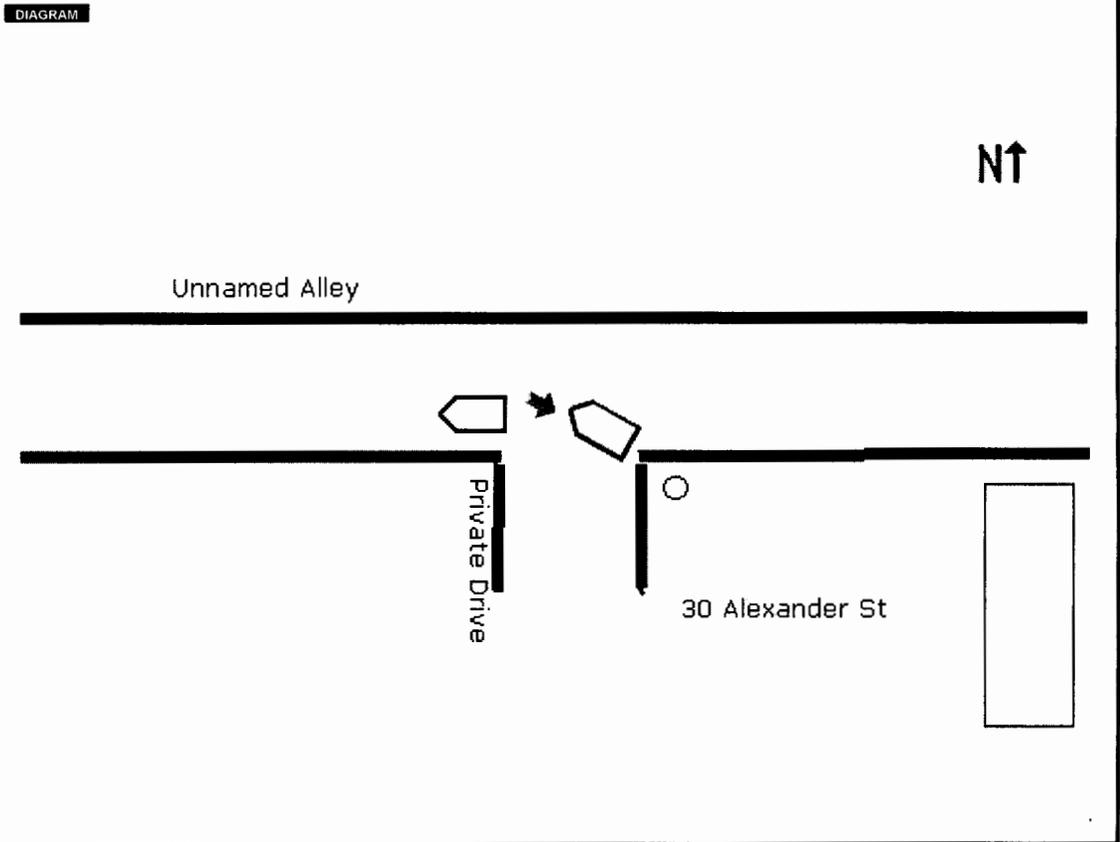
MOTORIST / NON-MOTORIST / OCCUPANT

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="02"/> B <input type="text"/> <b>MOTORIST</b> 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 <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 IN VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	<b>SEQUENCE OF EVENTS</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;">           A <input type="text" value="36"/>            1 <input type="text"/>            2 <input type="text"/>            3 <input type="text"/>            4 <input type="text"/> </td> <td style="width:50%;">           B <input type="text"/>            1 <input type="text"/>            2 <input type="text"/>            3 <input type="text"/>            4 <input type="text"/> </td> </tr> </table> <b>NON-COLLISION</b> 10 OVERTURN/ROLL-OVER 11 FIRE/EXPLOSION 12 IMMERSION 13 JACKKNIFE 14 CARGO/EQUIPMENT LOSS OR SHIFT 15 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) 16 SEPARATION OF UNITS 17 ORAN OF ROAD RIGHT 18 RAN OFF ROAD LEFT 19 CROSS-MEDIAN CENTERLINE 20 DOWNHILL RUNAWAY 21 OTHER NON-COLLISION <b>COLLISION W/PERSON, VEHICLE, OR OBJECT NOT LISTED</b> 22 PEDESTRIAN 23 BICYCLE 24 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 25 ANIMAL - FARM 26 ANIMAL - DEER 27 ANIMAL - OTHER 28 MOTOR VEHICLE IN TRANSPORT 29 PARKED MOTOR VEHICLE 30 WORK ZONE MAINTENANCE EQUIPMENT 31 OTHER MOVABLE OBJECT 32 UNKNOWN MOVABLE OBJECT 33 COLLISION WITH FIXED OBJECT 34 IMPACT ATTENUATOR/CRASH CUSHION 35 BRIDGE OVERHEAD STRUCTURE 36 BRIDGE PIER OR ABUTMENT 37 BRIDGE RAIL 38 GUARDRAIL FACE 39 GUARDRAIL END 40 MEDIAN BARRIER 41 HIGHWAY TRAFFIC SIGN POST 42 OVERHEAD SIGN POST 43 LIGHT/ILLUMINARIES SUPPORT 44 UTILITY POLE 45 OTHER POST, POLE OR SUPPORT 46 CURB/VERT 47 CURB 48 DITCH 49 EMBANKMENT 50 FENCE 51 MAIL BOX 52 TREE 53 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) 54 WORK ZONE MAINTENANCE EQUIPMENT 55 UNKNOWN FIXED OBJECT 56 OTHER 57 UNKNOWN	A <input type="text" value="36"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	B <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	<b>POSTED SPEED</b> A <input type="text" value="15"/> B <input type="text"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/> 1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 GIVEN, RESULTS UNKNOWN 6 UNKNOWN
A <input type="text" value="36"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	B <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>						
<b>NON-MOTORIST LOCATION</b> A <input type="text" value="09"/> 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 OFF-SIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN		<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="10"/> B <input type="text"/> <b>MOTORIST</b> 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, 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 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	<b>DIRECTION</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;">           FROM TO            A <input type="text" value="4"/> <input type="text" value="3"/> </td> <td style="width:50%;">           FROM TO            B <input type="text"/> <input type="text"/> </td> </tr> </table> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN	FROM TO A <input type="text" value="4"/> <input type="text" value="3"/>	FROM TO B <input type="text"/> <input type="text"/>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/> 1 NONE 2 BLOOD 3 URINE 4 OTHER	
FROM TO A <input type="text" value="4"/> <input type="text" value="3"/>	FROM TO B <input type="text"/> <input type="text"/>						
<b>TYPE OF UNIT</b> A <input type="text" value="09"/> B <input type="text"/> <b>MOTORIST</b> 01 SUBCOMPACT 02 COMPACT 03 MID-SIZED 04 FULL-SIZED 05 MINIVAN 06 MOTOR 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 12 TRUCK TRACTOR (BOBTAIL) 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/ BOGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST (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="01"/> B <input type="text"/> 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>CONDITION</b> A <input type="text" value="1"/> B <input type="text"/> 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	<b>DRUG TEST 1 &amp; 2 RESULT</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;">           1 <input type="text" value="1"/> 2 <input type="text" value="1"/> </td> <td style="width:50%;">           1 <input type="text"/> 2 <input type="text"/> </td> </tr> </table> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPiates 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING	1 <input type="text" value="1"/> 2 <input type="text" value="1"/>	1 <input type="text"/> 2 <input type="text"/>	
1 <input type="text" value="1"/> 2 <input type="text" value="1"/>	1 <input type="text"/> 2 <input type="text"/>						
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text"/> 1 NONE 2 YES 3 UNKNOWN	<b>POINT OF IMPACT</b> A <input type="text" value="06"/> B <input type="text"/> 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>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text"/> 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"/> 1 NONE 2 YES ALCOHOL SUSPECTED 3 YES - IHD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN	<b>TYPE OF INTERSECTION</b> <input type="text" value="01"/> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 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			
<b>DAMAGE SCALE</b> A <input type="text" value="1"/> B <input type="text"/> 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"/> 1 NON-CONTACT 2 NON-COLLISION 3 STRICKING 4 STRUCK 5 BOTH STRICKING AND STRUCK 6 UNKNOWN	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text"/> 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"/> 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="2"/> 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN			
<b>STRIKING VEHICLE OVERRIDE/UNDERDRIDE</b> A <input type="text" value="1"/> B <input type="text"/> 1 NO UNDERDRIDE OR OVERRIDE 2 UNDERDRIDE, COMPARTMENT INTRUSION 3 UNDERDRIDE, NO COMPARTMENT INTRUSION 4 UNDERDRIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN IF UNDERDRIDE OR OVERRIDE	<b>ROAD CONTOUR</b> <input type="text" value="2"/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN	<b>SPEED DETECTED</b> A <input type="text" value="2"/> B <input type="text"/> 1 STATED 2 ESTIMATED	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/> 1 NONE 2 BREATH 3 BLOOD 4 OTHER 5 URINE	<b>ROAD CONDITIONS</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <b>PRIMARY</b>  <input type="text" value="01"/> </td> <td style="width:50%;"> <b>SECONDARY</b>  <input type="text"/> </td> </tr> </table> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND/MUD/DIRT/OIL/GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS 09 RIT, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN	<b>PRIMARY</b> <input type="text" value="01"/>	<b>SECONDARY</b> <input type="text"/>	
<b>PRIMARY</b> <input type="text" value="01"/>	<b>SECONDARY</b> <input type="text"/>						
		<b>SPEED</b> A <input type="text" value="10"/> B <input type="text"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>SUPPLEMENT 'X' IF YES</b> <input type="checkbox"/> <b>LOCAL REPORT #</b> 10MPD 1233			

**NARRATIVE**

UNIT #1 WAS BACKING UP AFTER PICKING UP TRASH AND STRUCK UNNUMBERED UTILITY POLE ON THE NW CORNER OF 30 ALEXANDER ST. POLE WAS CRACKED AND AEP WAS CONTACTED TO BRACE/REPLACE THE POLE.

<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 ANGLE 7 SIDESWIPE SAME DIRECTION 8 SIDESWIPE 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>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"/> 1 <b>SECONDARY</b> <input type="checkbox"/> 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	<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="checkbox"/>	<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>DIAGRAM</b> Unnamed Alley Private Drive 30 Alexander St NT 



<b>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:</b> 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.	<b>THE CRASH RESULTED IN ONE OF THE FOLLOWING:</b> 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.
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**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 GARBAGE/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 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	<b>HAZARDOUS MATERIALS</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<b>HAZARDOUS MATERIALS RFI FAFD</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE			

<b>DATE CRASH REPORTED</b> 06/24/2010	<b>TIME REC CALL</b> 06:38	<b>DISPATCH</b> 06:39	<b>ARRIVED</b> 06:44	<b>CLEARED</b> 07:12	<b>OTHER</b> 0	<b>TOTAL MINUTES</b> 33
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<b>OFFICER'S NAME</b> PTL. JEFFREY S. LAY	<b>BADGE #</b> 109	<b>CHECKED BY</b>	<b>DATE REPORT FILED</b> 06/24/2010
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<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 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER	<input type="checkbox"/> SUPPLEMENT 'X' IF YES	<b>LOCAL REPORT #</b> 10MPD 1233
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 10 MPD1233	REPORTING AGENCY Millsburg P.P.	DATE OF ACCIDENT M 6 D 24 Y 10
IN COUNTY OF Holmes	ACCIDENT LOCATION UNNAMED ALLEN AT 30 ALEXANDERS	

OWNER OF UTILITY POLE

AMERICAN ELECTRIC POWER  
P.O. BOX 24804  
CANTON, OH 44701

1-800-472-2231

OFFICERS SIGNATURE

BADGE NO.

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