

OHIO

TRAFFIC CRASH REPORT



CRASH REPORT # 10MPD 1277	CRASH SEVERITY 3 1 FATAL ERROR 1 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> IF YES	HIT/SKIP 1 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> 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 6/30/2010	
TIME OF CRASH 16:53	DAY OF WEEK WED	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40325506
LONGITUDE 081550407		CRASH OCCURRED ON			

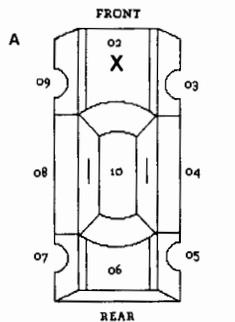
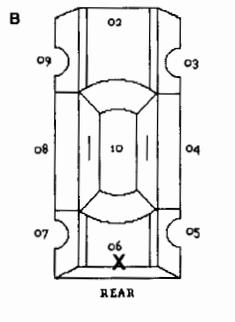
PREFIX S	CRASH LOCATION WASHINGTON ST.	TYPE LOC 1	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION
AT/REFERENCE	REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION OF TWO STREETS 03 COUNTY LINE 04 HOUSE NUMBER	05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME WITHOUT REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE		
DIST. REF. 86 F	DR N	PREFIX	REFERENCE QUAIL	REF POINT 02

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) POWERS COURTNEY R.	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1140 MINDY LANE APT. A WOOSTER OH 44691
SOCIAL SECURITY NUMBER	DATE OF BIRTH 04/03/1989	AGE 21	SEX F	HOME PHONE # (419)606-2341
DL STATE OH	DL # SX355346	LP STATE OH	LP # ESF3272	INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
OWNER NAME (IF SAME, WRITE 'SAME') POWERS, LANCE A.		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 98 SR 3 LAKEVILLE OH 44638		
YEAR 1997	MAKE HONDA	MODEL ACCORD	COLOR RED	INSURANCE COMPANY STATE FARM
TOWING SERVICE K & N TOWING		OWNER PHONE # (330)466-3664		
OFFENSE CHARGED 333.03A	OFFENSE DESCRIPTION ACDA	CITATION # 09959	LOCAL CODE <input checked="" type="checkbox"/> IF YES	

B	UNIT # 02	# OF OCC 2	NAME (LAST, FIRST, MIDDLE) DORSEY DAVID A.	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 926 FORLOW ST. MILLERSBURG OH 44654
SOCIAL SECURITY NUMBER	DATE OF BIRTH 02/08/1963	AGE 47	SEX M	HOME PHONE # (330)674-2385
DL STATE OH	DL # RM905577	LP STATE OH	LP # DWT4455	INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
OWNER NAME (IF SAME, WRITE 'SAME') DORSEY, SHEILA K.		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 926 FORLOW ST. MILLERSBURG OH 44654		
YEAR 1999	MAKE CHEVROLET	MODEL BLAZER 69-C	COLOR BROWN	INSURANCE COMPANY PROGRESSIVE
TOWING SERVICE		OWNER PHONE # (330)674-2385		
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> IF YES	

C	UNIT # 02	NAME (LAST, FIRST, MIDDLE) DORSEY CRYSTAL M.	HOME PHONE # (330)674-2385	DATE OF BIRTH 01/08/1998	AGE 12	SEX F
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 926 FORLOW ST. MILLERSBURG OH 44654			INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	
D	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	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
A <input type="checkbox"/> 01 FRONT - LEFT (MC DRIVER) B <input type="checkbox"/> 02 FRONT - MIDDLE C <input type="checkbox"/> 03 FRONT - RIGHT D <input type="checkbox"/> 04 SECOND - LEFT (MC PASS) E <input type="checkbox"/> 05 SECOND - MIDDLE F <input type="checkbox"/> 06 SECOND - RIGHT G <input type="checkbox"/> 07 THIRD - LEFT (MC PASSENGER SIDE CAR) H <input type="checkbox"/> 08 THIRD - MIDDLE I <input type="checkbox"/> 09 THIRD - RIGHT J <input type="checkbox"/> 10 SLEEPER SECTION OF CAB K <input type="checkbox"/> 11 ENCLOSED CARGO AREA L <input type="checkbox"/> 12 UNCLOSED CARGO AREA M <input type="checkbox"/> 13 TRAILING UNIT N <input type="checkbox"/> 14 EXTERIOR O <input type="checkbox"/> 15 OTHER P <input type="checkbox"/> 16 NONE/MOTORIST Q <input type="checkbox"/> 17 UNKNOWN	A <input type="checkbox"/> 01 MOTORIST B <input type="checkbox"/> 02 NONE USED C <input type="checkbox"/> 03 SHOULDER BELT ONLY USED D <input type="checkbox"/> 04 LAP BELT ONLY USED E <input type="checkbox"/> 05 SHOULDER AND LAP BELT USED F <input type="checkbox"/> 06 CHILD SAFETY SEAT USED G <input type="checkbox"/> 07 HELMET USED H <input type="checkbox"/> 08 RESTRAINT USE UNKNOWN I <input type="checkbox"/> 09 MOTORIST J <input type="checkbox"/> 10 NONE USED K <input type="checkbox"/> 11 HELMET USED L <input type="checkbox"/> 12 PROTECTIVE PADS M <input type="checkbox"/> 13 REFLECTIVE CLOTHING N <input type="checkbox"/> 14 LIGHTING O <input type="checkbox"/> 15 OTHER P <input type="checkbox"/> 16 UNKNOWN	A <input type="checkbox"/> 1 NOT-DEPLOYED B <input type="checkbox"/> 2 DEPLOYED - FRONT C <input type="checkbox"/> 3 DEPLOYED - SIDE FRONT SIDE D <input type="checkbox"/> 4 DEPLOYED BOTH FRONT SIDE E <input type="checkbox"/> 5 NOT APPLICABLE F <input type="checkbox"/> 6 DEPLOYMENT UNKNOWN	A <input type="checkbox"/> 1 ON-OFF SWITCH NOT PRESENT B <input type="checkbox"/> 2 SWITCH IN ON POSITION C <input type="checkbox"/> 3 SWITCH IN OFF POSITION D <input type="checkbox"/> 4 UNKNOWN POSITION	A <input type="checkbox"/> 1 NOT EJECTED B <input type="checkbox"/> 2 TOTALLY EJECTED C <input type="checkbox"/> 3 PARTIALLY EJECTED D <input type="checkbox"/> 4 NOT APPLICABLE E <input type="checkbox"/> 5 UNKNOWN	A <input type="checkbox"/> 1 NOT TRAPPED B <input type="checkbox"/> 2 EXTRICATED BY MECHANICAL MEANS C <input type="checkbox"/> 3 FREED BY NON-MECHANICAL MEANS D <input type="checkbox"/> 4 UNKNOWN	A <input type="checkbox"/> 1 NO INJURY B <input type="checkbox"/> 2 POSSIBLE C <input type="checkbox"/> 3 NON-INCAPACITATING D <input type="checkbox"/> 4 INCAPACITATING E <input type="checkbox"/> 5 FATAL INJURY F <input type="checkbox"/> 6 UNKNOWN
<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="01"/> B <input type="text" value="11"/>	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 ON 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 LISTED 14 PEDESTRIAN 15 PEDAL CYCLE 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 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 CULVERT 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	TRAFFIC CONTROL A <input type="text" value="12"/> B <input type="text" value="12"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>												
TYPE OF UNIT A <input type="text" value="03"/> B <input type="text" value="06"/>	MOST DAMAGED AREA A <input type="text" value="02"/> B <input type="text" value="06"/>	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="08"/> 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="1"/></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="2"/> <input type="text" value="1"/>	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>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	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"/>
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A <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text" value="1"/>	B <input type="text" value="1"/>														
MOTORIST 01 SUBCOMPACT 02 COMPACT 03 MID-SIZED 04 FULL-SIZE 05 MINIVAN 06 SPORT 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 NON-MOTORIST 35 ANIMAL RIDER 36 ANIMAL W/DRIVER 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER-NON MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN	POINT OF IMPACT A <input type="text" value="02"/> B <input type="text" value="06"/>	VEHICLE DEFECT CODE ONLY IF '9' 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"/>	VEHICLE DEFECT CODE ONLY IF '9' 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"/>	ROAD CONTOUR <input type="text" value="1"/>												
DAMAGE SCALE A <input type="text" value="4"/> B <input type="text" value="2"/>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE A <input type="text"/>	SPEED DETECTED A <input type="text" value="1"/> B <input type="text" value="1"/>	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"/>								
PRIMARY	SECONDARY																
<input type="text" value="01"/>	<input type="text"/>																
			SPEED A <input type="text" value="25"/> B <input type="text" value="0"/>	ALCOHOL TEST RESULT A <input type="text"/>	SUPPLEMENT 'X' IF YES <input type="checkbox"/> LOCAL REPORT # 10MPD 1277												

NARRATIVE

UNIT 02 WAS TRAVELING NORTHBOUND ON S. WASHINGTON ST. AND STOPPED DUE TO TRAFFIC IN FRONT OF HIM BEING STOPPED. UNIT 01 WAS ALSO TRAVELING NORTHBOUND ON S. WASHINGTON ST. AND FAILED TO MAINTAIN AN ASSURED CLEAR DISTANCE FROM UNIT 02, AND AS A RESULT STRUCK UNIT 02 IN THE REAR.

<p>MANNER OF COLLISION OR IMPACT</p> <p>2</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 SIDESWIDE SAME DIRECTION 8 SIDESWIDE OPPOSITE DIRECTION 9 UNKNOWN</p>	<p>SCHOOL BUS RELATED</p> <p>1</p> <p>1 NO 2 YES DIRECTLY INVOLVED 3 YES INDIRECTLY INVOLVED 4 UNKNOWN</p>	<p>DIAGRAM</p>
<p>WEATHER</p> <p>01</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/DIRTSNOW 09 OTHER 10 UNKNOWN</p>	<p>WORK ZONE RELATED</p> <p>1</p> <p>1 NO 2 YES 3 UNKNOWN</p>	
<p>LIGHT CONDITIONS</p> <p>PRIMARY 1 SECONDARY <input type="checkbox"/></p> <p>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</p>	<p>TYPE OF WORK ZONE</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>LOC ATION OF CRASH IN WORK ZONE</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>WORKERS PRESENT</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	

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 4 PERSONS, INCLUDING DRIVER	A THE CRASH RESULTED IN ONE OF THE FOLLOWING: 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
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CARGO BODY TYPE	05 P.O.E. 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER	10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	WEIGHT (GVWR)	1 LESS THAN 10,000 2 10,001 - 26,000 3 MORE THAN 26,000	CDL CLASS	1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	HAZARDOUS MATERIALS	1 NO 2 YES 3 UNKNOWN	HAZARDOUS MATERIALS REFINISHED	1 NO 2 YES 3 NOT APPLICABLE
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POLICE ACTION

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
6/30/2010	16:56	16:57	17:02	17:33	0	36

OFFICER'S NAME	BADGE #	CHECKED BY	DATE REPORT FILED
PTL. KEVIN BROWN	108		6/30/2010

REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT 'X' IF YES	LOCAL REPORT #
1 POLICE AGENCY 2 MOTORIST	1 SCENE 2 STATION 3 OTHER	<input type="checkbox"/>	10MPD 1277