



TRAFFIC CRASH REPORT

CRASH REPORT # 10MPD 1321	CRASH SEVERITY 2 1 FATAL ERROR 3 FDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> YES	HITS/SKIP 1 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <input type="checkbox"/> YES	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	# UNITS 1	UNIT ERROR 01 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 7/6/2010	

TIME OF CRASH 19:08	DAY OF WEEK TUE	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40320208	LONGITUDE 081551009
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX CRASH LOCATION PRIVATE PROPERTY	TYPE LOC 1	WAL MART

DIST. REF.	DR	PREFIX S	REFERENCE 001640 WASHINGTON	REF POINT 04	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
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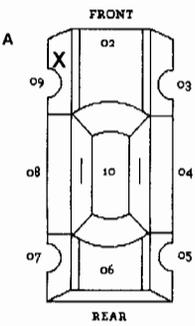
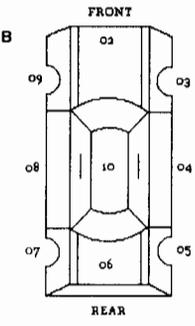
A	UNIT # 01	# OF OCC 4	NAME (LAST, FIRST, MIDDLE) TIMMS BRENDA K		REFERENCE POINT USED
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4 N CRAWFORD ST MILLERSBURG OH 44654					
SOCIAL SECURITY NUMBER		DATE OF BIRTH 09/10/1968		AGE 41	SEX F
HOME PHONE # (330)317-4711		WORK PHONE #			
DL STATE OH	DL # RK397033	LP STATE OH	LP # EVL3421	INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY
OWNER NAME (IF SAME, WRITE 'SAME') TIMMS, BRENDA K			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4 N CRAWFORD ST MILLERSBURG OH 44654		
YEAR 2005	MAKE KIA	MODEL OTHER	COLOR BLACK	INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE EMMONS TOWING
OWNER PHONE#		OFFENSE CHARGED		OFFENSE DESCRIPTION	CITATION #
					LOCAL CODE <input type="checkbox"/> YES

B	UNIT #	# OF OCC	NAME (LAST, FIRST, MIDDLE)		REFERENCE POINT USED
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	TRANSPORTED BY
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"/> YES

C	UNIT # 01	NAME (LAST, FIRST, MIDDLE) RICHARDS MELISSA D		HOME PHONE# (330)749-2992	DATE OF BIRTH 04/12/1990	AGE 20	SEX F
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4 N CRAWFORD ST MILLERSBURG OH 44654				INJURED TAKEN BY 2 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY HOLMES FIRE DIST. #1	INJURED TAKEN TO JOEL POMERENE HOSPI	
D	UNIT # 01	NAME (LAST, FIRST, MIDDLE) TIMMS ARIEL D		HOME PHONE# (330)317-4711	DATE OF BIRTH 04/07/1995	AGE 15	SEX F
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4 N CRAWFORD ST MILLERSBURG OH 44654				INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	

SEATING POSITION 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 NEEPER 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 A 08 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED 06 HELMET USED 07 RESTRAINT USE UNKNOWN 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG A 1 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	AIR BAG SWITCH A 1 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	EJECTION A 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED A 1 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES A 1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN	
						SUPPLEMENT <input type="checkbox"/> YES	

MOTORIST / NON-MOTORIST / OCCUPANT

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="06"/> B <input type="text"/> <p>MOTORIST</p> <ol style="list-style-type: none"> 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 BRAKED 11 FOLLOWING OR STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN 15 MOTORIST 16 ENTERING OR CROSSING SPECIFIED LOCATION 17 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 18 WORKING 19 PUSHING VEHICLE 20 APPROACHING OR LEAVING VEHICLE 21 PLAYING OR WORKING ON VEHICLE 22 STANDING 23 OTHER 24 UNKNOWN 	SEQUENCE OF EVENTS <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> A 1 <input type="text" value="37"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> </td> <td style="width:50%;"> B 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> </td> </tr> </table> <p>NON-COLLISION</p> <ol style="list-style-type: none"> 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/GOOD EQUIPMENT LOSS OR SHIFT 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) 07 SEPARATION OF UNITS 08 RAN OR ROAD RIGHT 09 RAN OR ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/PERSON, VEHICLE OR OBJECT NOT FIXED 15 PEDESTRIAN 16 BICYCLE 17 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 18 ANIMAL - FARM 19 ANIMAL - DEER 20 ANIMAL - OTHER 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT 25 IMPACT WITH FIXED OBJECT 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 CURB 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAIL BOX 44 TREE 45 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN 	A 1 <input type="text" value="37"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	B 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	POSTED SPEED A <input type="text" value="0"/> B <input type="text"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text"/> <p>1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/INUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p>	
A 1 <input type="text" value="37"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	B 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>							
NON-MOTORIST LOCATION A <input type="text"/> B <input type="text"/> <p>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 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN</p>		CONTRIBUTING CIRCUMSTANCES A <input type="text" value="15"/> B <input type="text"/> <p>MOTORIST</p> <ol style="list-style-type: none"> 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 IN ATTENTION 18 FATIGUE/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN 23 NON-MOTORIST 24 NONE 25 IMPROPER CROSSING 26 DARTING 27 LYING AND/OR ILLEGALLY IN ROADWAY 28 FAILURE TO YIELD RIGHT OF WAY 29 NOT VISIBLE (DARK CLOTHING) 30 INATTENTIVE 31 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER 32 WRONG SIDE OF THE ROAD 33 OTHER 34 UNKNOWN 	TRAFFIC CONTROL A <input type="text" value="01"/> B <input type="text"/> <p>01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSBUCKS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALK/DON'T WALK 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16 OTHER 17 NOT REPORTED</p>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text"/> <p>1 NONE 2 BLOOD 3 URINE 4 OTHER</p>				
TYPE OF UNIT A <input type="text" value="03"/> B <input type="text"/> <p>MOTORIST</p> <ol style="list-style-type: none"> 01 SUBCOMPACT 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/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 35 NON-MOTORIST 36 ANIMAL - W RIDER 37 ANIMAL - W/ GUY 38 BICYCLE 39 PEDESTRIAN 40 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 41 SKATER 42 OTHER-NON MOTORIST (WHEELCHAIR, ETC.) 43 UNKNOWN 	MOST DAMAGED AREA A <input type="text" value="09"/> B <input type="text"/> <p>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 UNDERBARRIAGE 12 LOAD TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN</p>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> <p>01 TURNS 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</p>	DIRECTION <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="1"/> </td> <td style="width:50%;"> FROM TO B <input type="text"/> <input type="text"/> </td> </tr> </table> <p>1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN</p>	FROM TO A <input type="text" value="4"/> <input type="text" value="1"/>	FROM TO B <input type="text"/> <input type="text"/>	DRUG TEST 1 & 2 RESULT <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> <p>1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING</p>	1 <input type="text" value="1"/> 2 <input type="text" value="1"/>	1 <input type="text"/> 2 <input type="text"/>
FROM TO A <input type="text" value="4"/> <input type="text" value="1"/>	FROM TO B <input type="text"/> <input type="text"/>							
1 <input type="text" value="1"/> 2 <input type="text" value="1"/>	1 <input type="text"/> 2 <input type="text"/>							
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text"/> <p>1 NO 2 YES 3 UNKNOWN</p>	POINT OF IMPACT A <input type="text" value="09"/> B <input type="text"/> <p>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 UNDERBARRIAGE 12 LOAD TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN</p>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text"/> <p>1 NONE 2 YES ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN</p>	TYPE OF INTERSECTION A <input type="text" value="01"/> B <input type="text"/> <p>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</p>					
DAMAGE SCALE A <input type="text" value="4"/> B <input type="text"/> <p>1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN</p>	ACTION A <input type="text" value="3"/> B <input type="text"/> <p>1 NON-CONTACT 2 NON-COLLISION 3 STRICKING 4 STRUCK 5 BOTH STRICKING AND STRUCK 6 UNKNOWN</p>	MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text"/> <p>1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/INUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p>					
DAMAGE AREA A <input type="text" value="4"/> B <input type="text"/>	STRIKING VEHICLE OVERRIDE/UNDERDRIVE A <input type="text" value="1"/> B <input type="text"/> <p>1 NO UNDERDRIVE OR OVERRIDE 2 UNDERDRIVE, COMPARTMENT INTERUSION 3 UNDERDRIVE, NO COMPARTMENT INTERUSION 4 UNDERDRIVE, COMPARTMENT INTERUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN IF UNDERDRIVE OR OVERRIDE</p>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text"/> <p>1 NONE 4 BREATH 2 BLOOD 5 OTHER 3 URINE</p>					
ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/>	ROAD CONDITIONS <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> PRIMARY <input type="text" value="01"/> </td> <td style="width:50%;"> SECONDARY <input type="text"/> </td> </tr> </table> <p>01 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</p>	PRIMARY <input type="text" value="01"/>	SECONDARY <input type="text"/>	SPEED DETECTED A <input type="text" value="1"/> B <input type="text"/> <p>1 STATED 2 ESTIMATED</p>	ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/>			
PRIMARY <input type="text" value="01"/>	SECONDARY <input type="text"/>							
SPEED A <input type="text" value="5"/> B <input type="text"/>	SUPPLEMENT 'X' IF YES <input type="checkbox"/>	LOCAL REPORT # 10MPD 1321						

TRAFFIC CRASH REPORT - OCCUPANT ADDENDUM

LOCAL REPORT # 10MPD 1321	N.C.I.C. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	DATE OF CRASH 7/6/2010
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E	UNIT # <input type="text" value="01"/>	NAME (LAST, FIRST, MIDDLE) HORNER AMBER S	HOME PHONE# 3304739769	DATE OF BIRTH 12/10/1995	AGE 14	SEX F
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 8794 CR 318 SHREVE OH 44676		INJURED TAKEN BY <input checked="" type="checkbox"/> 1 NONE 4 OTHER <input type="checkbox"/> 2 EMS 5 UNKNOWN <input type="checkbox"/> 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO		
F	UNIT # <input type="text"/>	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 <input type="checkbox"/> 2 EMS 5 UNKNOWN <input type="checkbox"/> 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO		
G	UNIT # <input type="text"/>	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 <input type="checkbox"/> 2 EMS 5 UNKNOWN <input type="checkbox"/> 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO		
H	UNIT # <input type="text"/>	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 <input type="checkbox"/> 2 EMS 5 UNKNOWN <input type="checkbox"/> 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO		
I	UNIT # <input type="text"/>	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 <input type="checkbox"/> 2 EMS 5 UNKNOWN <input type="checkbox"/> 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO		
J	UNIT # <input type="text"/>	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 <input type="checkbox"/> 2 EMS 5 UNKNOWN <input type="checkbox"/> 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO		
K	UNIT # <input type="text"/>	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 <input type="checkbox"/> 2 EMS 5 UNKNOWN <input type="checkbox"/> 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO		

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

UNIT 1 WAS COMING FROM THE WEST IN FRONT OF WAL MART IN THE TRAFFIC WAY. IT TURNED LEFT (NORTH) INTO A PARKING AISLE AND STRUCK A CONCRETE SIGN POST HOLDING A SIGN. UNIT 1 RECEIVED DAMAGE TO THE LEFT FRONT. THE FRONTSEAT PASSENGER STRUCK HER HEAD ON THE WINDSHIELD, CAUSING THE WINDSHIELD TO BREAK. THE OPERATOR STRUCK HER HEAD ON THE STEERING WHEEL. BOTH INDIVIDUALS REFUSED TRANSPORT TO THE HOSPITAL UPON BEING CHECKED BY EMS. SIGN-OFFS WERE OBTAINED BY EMS.

<p>MANNER OF COLLISION OR IMPACT</p> <p><input checked="" type="checkbox"/> 1</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 SIDESWIPES SAME DIRECTION 8 SIDESWIPES OPPOSITE DIRECTION 9 UNKNOWN</p>	<p>SCHOOL BUS RELATED</p> <p><input checked="" type="checkbox"/> 1</p> <p>1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN</p>	<p>DIAGRAM</p>
<p>WEATHER</p> <p><input checked="" type="checkbox"/> 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/WHIRL DIRT/SNOW 09 OTHER 10 UNKNOWN</p>	<p>WORK ZONE RELATED</p> <p><input checked="" type="checkbox"/> 1</p> <p>1 NO 2 YES, 3 UNKNOWN</p>	
<p>LIGHT CONDITIONS</p> <p>PRIMARY <input checked="" type="checkbox"/> 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"/>	<p>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.</p>
		<p>THE CRASH RESULTED IN ONE OF THE FOLLOWING: A A FATALITY, OR B AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT, OR C AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.</p>

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		05 POLE	10 AUTO TRANSPORTER	WEIGHT (GVWR)	CDL CLASS	HAZARDOUS MATERIALS	HAZARDOUS MATERIALS REFINISHED
<input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCL. DRIVING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAIN CHIPS/GRAVEL		06 CARGO TANK	11 GARBAGE REPT SE	<input type="checkbox"/> 1 LESS EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	<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	<input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE

POLICE ACTION		DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
		7/7/2010	19:08	19:08	19:08	19:50	25	67
OFFICER'S NAME			BADGE #	CHECKED BY		DATE REPORT FILED		
PTL. JUSTIN ESTILL			113			7/7/2010		
REPORT TAKEN BY	REPORT TAKEN AT				<input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT #		
<input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST	<input checked="" type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER					10MPD 1321		