



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>10MPD 1364</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 FPD 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> NO <input type="checkbox"/> YES	HITS/SKIP <b>1</b> 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <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> 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>7/13/2010</b>	

TIME OF CRASH <b>05:29</b>	DAY OF WEEK <b>TUE</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40324206</b>	LONGITUDE <b>081550108</b>
CRASH OCCURRED ON			TYPE LOCATION POINT USED		LOCAL INFORMATION	
PREFIX <b>S</b>	CRASH LOCATION <b>WASHINGTON ST.</b>		TYPE LOC <b>1</b>	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE		
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
		<b>S</b>	<b>000800 WASHINGTON ST.</b>	<b>09</b>		

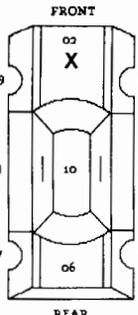
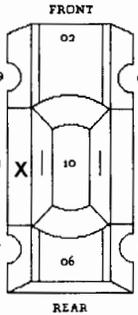
<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>2</b>	NAME (LAST, FIRST, MIDDLE) <b>EASTEP LINDA S.</b>			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>800 S. WASHINGTON ST. LOT 3 MILLERSBURG OH 44654</b>						
SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>01/29/1968</b>	AGE <b>42</b>	SEX <b>F</b>	HOME PHONE # <b>(330)473-5521</b>	WORK PHONE #
DL STATE <b>OH</b>	DL # <b>RQ423359</b>	LP STATE <b>OH</b>	LP # <b>DCT8947</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') <b>EASTEP, LINDA S.</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>800 S. WASHINGTON ST. LOT 3 MILLERSBURG OH 44654</b>			
YEAR <b>1998</b>	MAKE <b>CHEVROLET</b>	MODEL <b>LUMINA</b>	COLOR <b>BLACK</b>	INSURANCE COMPANY <b>MOTORISTS MUTUA</b>	TOWING SERVICE	OWNER PHONE# <b>(330)473-5521</b>
OFFENSE CHARGED <b>331.22</b>	OFFENSE DESCRIPTION <b>RIGHT OF WAY ON PUBLIC HIGHWAYS</b>				CITATION # <b>09967</b>	LOCAL CODE <input checked="" type="checkbox"/> YES

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>SCHMIDT LUCAS A.</b>			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>870 N. MAIN ST. KILLBUCK OH 44637</b>						
SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>03/22/1990</b>	AGE <b>20</b>	SEX <b>M</b>	HOME PHONE # <b>(234)635-0020</b>	WORK PHONE #
DL STATE <b>OH</b>	DL # <b>TC858235</b>	LP STATE <b>OH</b>	LP # <b>EJG5624</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') <b>SCHMIDT, LUCAS A.</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>870 N. MAIN ST. KILLBUCK OH 44637</b>			
YEAR <b>1998</b>	MAKE <b>FORD</b>	MODEL <b>F-SERIES PIC</b>	COLOR <b>WHITE</b>	INSURANCE COMPANY <b>STATE FARM</b>	TOWING SERVICE	OWNER PHONE# <b>(234)635-0020</b>
OFFENSE CHARGED	OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> YES

<b>C</b>	UNIT # <b>01</b>	NAME (LAST, FIRST, MIDDLE) <b>MAXWELL EMILEE S.</b>		HOME PHONE# <b>(330)473-5521</b>	DATE OF BIRTH <b>08/02/2001</b>	AGE <b>8</b>	SEX <b>F</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>800 S. WASHINGTON ST. LOT 3 MILLERSBURG OH 44654</b>				INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 3 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	TRANSPORTED BY	INJURED TAKEN TO	

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

MOTORIST / NON-MOTORIST / OCCUPANT

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b> A 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="08"/> B <input type="text" value="01"/>	<b>SEQUENCE OF EVENTS</b> A <table border="1"><tr><td>1</td><td><input type="text" value="20"/></td></tr><tr><td>2</td><td><input type="text"/></td></tr><tr><td>3</td><td><input type="text"/></td></tr><tr><td>4</td><td><input type="text"/></td></tr></table> B <table border="1"><tr><td>1</td><td><input type="text" value="20"/></td></tr><tr><td>2</td><td><input type="text"/></td></tr><tr><td>3</td><td><input type="text"/></td></tr><tr><td>4</td><td><input type="text"/></td></tr></table>	1	<input type="text" value="20"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>	1	<input type="text" value="20"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>	<b>POSTED SPEED</b> A <input type="text" value="35"/> B <input type="text" value="35"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>
1	<input type="text" value="20"/>																				
2	<input type="text"/>																				
3	<input type="text"/>																				
4	<input type="text"/>																				
1	<input type="text" value="20"/>																				
2	<input type="text"/>																				
3	<input type="text"/>																				
4	<input type="text"/>																				
<b>NON-MOTORIST LOCATION</b> A <input type="text"/> B <input type="text"/>	B 	<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 17 PLAYING CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING OR LEAVING VEHICLE 20 LAYING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 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 OF ROAD RIGHT 09 RAN OFF 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 LISTED 14 PEDESTRIAN 15 PEDICYCLE 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 ATTENTION/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 FIXTURES/SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 UTILITY 39 CTR 40 OTHER 41 EMBARKMENT 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>TRAFFIC CONTROL</b> A <input type="text" value="12"/> B <input type="text" value="12"/>	<b>DRUG TEST TYPE</b> A <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="07"/>	<b>MOST DAMAGED AREA</b> A <input type="text" value="02"/> B <input type="text" value="08"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="02"/> B <input type="text" value="01"/>	<b>DIRECTION</b> FROM TO FROM TO A <input type="text" value="4"/> <input type="text" value="5"/> B <input type="text" value="2"/> <input type="text" value="1"/>	<b>CONDITION</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>DRUG TEST 1 &amp; 2 RESULT</b> A <input type="text" value="1"/> <input type="text" value="1"/> B <input type="text" value="1"/> <input type="text" value="1"/>																
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>POINT OF IMPACT</b> A <input type="text" value="02"/> B <input type="text" value="08"/>	<b>VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="10"/>																
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text" value="2"/>	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text" value="4"/>	<b>VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>OCURRENCE</b> <input type="text" value="1"/>																
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text" value="2"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>SPEED DETECTED</b> A <input type="text" value="2"/> B <input type="text" value="1"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ROAD CONTOUR</b> <input type="text" value="1"/>																
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text" value="2"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>SPEED</b> A <input type="text" value="15"/> B <input type="text" value="35"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/>																
<input type="checkbox"/> SUPPLEMENT 'X' IF YES			LOCAL REPORT # <b>10MPD 1364</b>																		

**NARRATIVE**

UNIT 02 WAS TRAVELING NORTHBOUND ON S. WASHINGTON ST. UNIT 01 WAS PULLING OUT OF THE MIDDLE DRIVE FOR 800 S. WASHINGTON ST. TO MAKE A LEFT TURN TO ENTER THE NORHTBOUND LANDE FOR S. WASHINGTON ST. UNIT 01 STATED THAT SHE DID NOT SEE UNIT 02 AS SHE WAS PULLING OUT, AND AS A RESULT SHE STRUCK UNIT 02 IN THE LEFT SIDE.

<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 SINGLE                  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>03</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/SMUDG/DIRT/SNOW                  09 OTHER                  10 UNKNOWN</p>	<p><b>WORK ZONE RELATED</b></p> <p><b>2</b></p> <p>1 NO                  2 YES                  3 UNKNOWN</p>	
<p><b>LIGHT CONDITIONS</b></p> <p><b>PRIMARY</b> <b>SECONDARY</b></p> <p><b>4</b> <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><b>TYPE OF WORK ZONE</b></p> <p><b>5</b></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><b>4</b></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><b>1</b></p> <p>1 NO                  2 YES                  3 UNKNOWN</p>	

<b>TRUCK/BUS UNIT #</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 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> 01 NOT APPLICABLE 02 BUS (9-15 INCL) DRIVR 03 VAN ENCLOSED BOX 04 GRAIN CHIPS/GRAVEL 05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 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 <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS D <input type="checkbox"/> 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 FASFD</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE		

**POLICE ACTION**

DATE CRASH REPORTED <b>7/13/2010</b>	TIME REC CALL <b>05:31</b>	DISPATCH <b>05:32</b>	ARRIVED <b>05:35</b>	CLEARED <b>06:04</b>	OTHER <b>0</b>	TOTAL MINUTES <b>32</b>
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OFFICER'S NAME <b>PTL. KEVIN BROWN</b>	BADGE # <b>108</b>	CHECKED BY	DATE REPORT FILED <b>7/13/2010</b>
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<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> 1 POLICE AGENCY <input checked="" 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> <b>10MPD 1364</b>
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