



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>10MPD 1480</b>	CRASH SEVERITY <b>3</b> 1.FATAL ERROR 3.PDO 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO	HIT/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 OH-3 OH-1P OTHER <input type="checkbox"/> <input checked="" type="checkbox"/> <input 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> 98.ANIMAL 99.UNKNOWN	DATE OF CRASH <b>07/28/2010</b>	

TIME OF CRASH <b>13:00</b>	DAY OF WEEK <b>WED</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40330609</b>	LONGITUDE <b>081550003</b>
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>S</b>	CRASH LOCATION <b>CLAY</b>	TYPE LOC <b>1</b>
1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE		

AT/REFERENCE	REFERENCE POINT USED
DIST. REF. <b>20 F</b>	DR <b>N</b>
PREFIX <b>NEWTON</b>	REF POINT <b>02</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	

MOTORIST / NON-MOTORIST

<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>RAMSEYER JO A</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>7537 TR 317 MILLERSBURG OH 44654</b>			
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>05/06/1938</b>	AGE <b>72</b>	SEX <b>F</b>
HOME PHONE # <b>(330)674-6926</b>	WORK PHONE #		
DL STATE <b>OH</b>	DL # <b>RQ424963</b>	LP STATE <b>OH</b>	LP # <b>AKH4658</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>RAMSEYER, JO A</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>7537 TR 317 MILLERSBURG OH 44654</b>	
YEAR <b>2010</b>	MAKE <b>HONDA</b>	MODEL <b>OTHER</b>	COLOR <b>MAROON</b>
INSURANCE COMPANY <b>WESTFIELD</b>	TOWING SERVICE	OWNER PHONE # <b>(330)674-6926</b>	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>2</b>	NAME (LAST, FIRST, MIDDLE) <b>MILLER ALYSSA A</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>5140 TR 313 MILLERSBURG OH 44654</b>			
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>09/03/1993</b>	AGE <b>16</b>	SEX <b>F</b>
HOME PHONE # <b>(330)674-4446</b>	WORK PHONE #		
DL STATE <b>OH</b>	DL # <b>SZ046407</b>	LP STATE <b>OH</b>	LP # <b>ETP6553</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>MILLER, SCOTT L</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>5140 TR 313 MILLERSBURG OH 44654</b>	
YEAR <b>1999</b>	MAKE <b>CHEVROLET</b>	MODEL <b>PRISM</b>	COLOR <b>MAROON</b>
INSURANCE COMPANY <b>ERIE</b>	TOWING SERVICE <b>FINISHLINE</b>	OWNER PHONE # <b>(330)674-4446</b>	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO

OCCUPANT

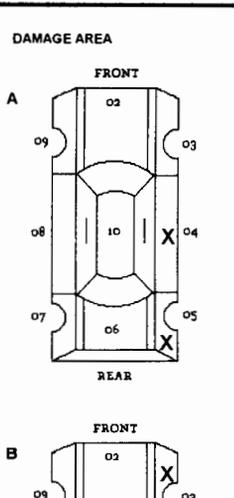
<b>C</b>	UNIT # <b>02</b>	NAME (LAST, FIRST, MIDDLE) <b>MILLER MICHAELA J</b>	HOME PHONE # <b>(330)763-4285</b>	DATE OF BIRTH <b>12/15/1994</b>	AGE <b>15</b>	SEX <b>F</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>9157 TR 301 MILLERSBURG OH 44654</b>			INJURED TAKEN BY <b>1</b> 1.NONE 4.OTHER 2.EMS 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO	
<b>D</b>	UNIT #	NAME (LAST, FIRST, MIDDLE) <b>TRUBEE DAVE F</b>	HOME PHONE # <b>(740)745-3499</b>	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>12151 PLEASANT VALLEY RD FRAZEYSBURG OH 43822</b>			INJURED TAKEN BY <input type="checkbox"/> 1.NONE 4.OTHER 2.EMS 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO	

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
<b>A 01</b> 01.FRONT - LEFT (MC DRIVER) 02.FRONT - MIDDLE 03.FRONT - RIGHT 04.SECOND - LEFT (MC PASS)	<b>A 04</b> 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	<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>A 1</b> 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION	<b>A 1</b> 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN	<b>A 1</b> 1.NOT TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN	<b>A 1</b> 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN
<b>B 01</b> 05.SECOND - MIDDLE 06.SECOND - RIGHT 07.THIRD - LEFT (MC PASSENGER SIDE CAR)	<b>B 04</b> 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	<b>B 2</b>	<b>B 1</b>	<b>B 1</b>	<b>B 1</b>	<b>B 1</b>
<b>C 03</b> 08.THIRD - MIDDLE 09.THIRD - RIGHT 10.SLEEPER SECTION OF CAB 11.ENCLOSED CARGO AREA 12.ENCLOSED CARGO AREA	<b>C 04</b> 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	<b>C 2</b>	<b>C 1</b>	<b>C 1</b>	<b>C 1</b>	<b>C 1</b>
<b>D</b> 13.TRAILING UNIT 14.EXTERIOR 15.OTHER 16.NON-MOTORIST 17.UNKNOWN	<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>
SUPPLEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO						

**UNIT NUMBERS**  
A  B

**NON-MOTORIST LOCATION**  
A  B

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 NOT SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)  
12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)  
13 BOTH SIDES TRAFFICWAY  
14 SHARED USE PATHS OR TRAILS  
15 UNKNOWN



**PRE-CRASH ACTIONS**  
A  B

**MOTORIST**  
01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD  
02 BACKING  
03 CHANGING LINES  
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 APPROCHING OR LEAVING VEHICLE  
20 LAYING OR WORKING ON VEHICLE  
21 STANDING  
22 OTHER  
23 UNKNOWN

**SEQUENCE OF EVENTS**

A	B
1 <input type="text" value="20"/>	1 <input type="text" value="20"/>
2 <input type="text"/>	2 <input type="text" value="36"/>
3 <input type="text"/>	3 <input type="text"/>
4 <input type="text"/>	4 <input type="text"/>

**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 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  
15 PEDESTRIAN  
16 PEDICCYCLE  
17 RAILWAY VEHICLE (E.G. TRAIN, ENGINE)  
18 ANIMAL - FARM  
19 ANIMAL - DEER  
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 ATTENTIONATOR/CRASH CUSHION  
27 BRIDGE OVERHEAD STRUCTURE  
28 BRIDGE PIER OR ABUTMENT  
29 BRIDGE PARAPET  
30 GUARDRAIL FACE  
31 GUARDRAIL END  
32 MEDIAN BARRIER  
33 HIGHWAY TRAFFIC SIGN POST  
34 OVERHEAD SIGN POST  
35 LIGHT/ILLUMINARIES 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

**POSTED SPEED**  
A  B

**TRAFFIC CONTROL**  
A  B

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/DONT WALK  
15 TRAFFIC CONTROL DEVICE  
16 OPERATIVE, MISSING, OBSCURED  
17 OTHER  
18 NOT REPORTED

**DRUG TEST STATUS**  
A  B

1 NONE GIVEN  
2 TEST REFUSED  
3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  
4 TEST GIVEN, RESULTS KNOWN  
5 GIVEN, RESULTS UNKNOWN  
6 UNKNOWN

**DRUG TEST TYPE**  
A  B

1 NONE  
2 BLOOD  
3 URINE  
4 OTHER

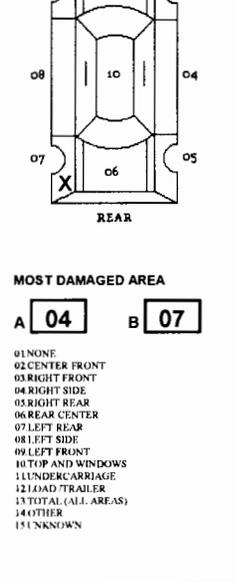
**DRUG TEST 1 & 2 RESULT**  
A   B

1 NONE  
2 MARIJUANA  
3 COCAINE  
4 OPiates  
5 AMPHETAMINES  
6 PCP  
7 OTHER  
8 UNKNOWN AT TIME OF REPORTING

**TYPE OF UNIT**  
A  B

**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 MOW/MOBILE  
33 CONSTRUCTION EQUIPMENT  
34 ALL OTHERS

**NON-MOTORIST**  
35 ANIMAL W RIDER  
36 ANIMAL W/BUCKY  
37 BICYCLE  
38 PEDESTRIAN  
39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)  
40 SKATER  
41 OTHER-NON MOTORIST (WHEELCHAIR, ETC)  
42 UNKNOWN



**CONTRIBUTING CIRCUMSTANCES**  
A  B

**MOTORIST**  
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

**NON-MOTORIST**  
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

**DIRECTION**  
FROM TO FROM TO  
A   B

1 NORTH  
2 SOUTH  
3 EAST  
4 WEST  
5 NORTHEAST  
6 NORTHWEST  
7 SOUTHEAST  
8 SOUTHWEST  
9 UNKNOWN

**CONDITION**  
A  B

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

**TYPE OF INTERSECTION**

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

**OCCURRENCE**

1 ON ROADWAY  
2 ON SHOULDER  
3 IN MEDIAN  
4 ON ROADSIDE  
5 ON GORE  
6 OFFSIDE TRAFFICWAY  
7 UNKNOWN

**POINT OF IMPACT**  
A  B

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

**ACTION**  
A  B

1 NON CONTACT  
2 NON-COLLISION  
3 STRUCK  
4 STRUCK  
5 BOTH STRICKING AND STRUCK  
6 UNKNOWN

**VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE**  
A  B

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

**FIRST HARMFUL EVENT**  
A  B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

**MOST HARMFUL EVENT**  
A  B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

**ALCOHOL/DRUG SUSPECTED**  
A  B

1 NONE  
2 YES ALCOHOL SUSPECTED  
3 YES - HBD NOT IMPAIRED  
4 YES - DRUGS SUSPECTED  
5 YES - ALCOHOL AND DRUGS SUSPECTED  
6 UNKNOWN

**ALCOHOL TEST STATUS**  
A  B

1 NONE GIVEN  
2 TEST REFUSED  
3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  
4 TEST GIVEN, RESULTS KNOWN  
5 TEST GIVEN, RESULTS UNKNOWN  
6 UNKNOWN

**ROAD CONTOUR**

1 STRAIGHT LEVEL  
2 STRAIGHT GRADE  
3 CURVE LEVEL  
4 CURVE GRADE  
5 UNKNOWN

**ROAD CONDITIONS**  
PRIMARY  SECONDARY

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

**IN EMERGENCY RESPONSE**  
A  B

1 NO  
2 YES  
3 UNKNOWN

**STRIKING VEHICLE OVERRIDE/UNDERRIDE**  
A  B

1 NO UNDERRIDE OR OVERRIDE  
2 UNDERRIDE, COMPARTMENT INTRUSION  
3 UNDERRIDE, NO COMPARTMENT INTRUSION  
4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN  
5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT  
6 OVERRIDE, OTHER VEHICLE  
7 UNKNOWN IF UNDERRIDE OR OVERRIDE

**DAMAGE SCALE**  
A  B

1 NONE  
2 NON-FUNCTIONAL  
3 FUNCTIONAL DAMAGE  
4 DISABLING DAMAGE  
5 SEVERE  
6 UNKNOWN

**SPEED DETECTED**  
A  B

1 STATED  
2 ESTIMATED

**SPEED**  
A  B

**ALCOHOL TEST TYPE**  
A  B

1 NONE  
2 BLOOD  
3 URINE  
4 BREATH  
5 OTHER

**ALCOHOL TEST RESULT**  
A  B

**DAMAGE SCALE**  
A  B

1 NONE  
2 NON-FUNCTIONAL  
3 FUNCTIONAL DAMAGE  
4 DISABLING DAMAGE  
5 SEVERE  
6 UNKNOWN

**STRIKING VEHICLE OVERRIDE/UNDERRIDE**  
A  B

1 NO UNDERRIDE OR OVERRIDE  
2 UNDERRIDE, COMPARTMENT INTRUSION  
3 UNDERRIDE, NO COMPARTMENT INTRUSION  
4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN  
5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT  
6 OVERRIDE, OTHER VEHICLE  
7 UNKNOWN IF UNDERRIDE OR OVERRIDE

**VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE**  
A  B

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

**SPEED DETECTED**  
A  B

1 STATED  
2 ESTIMATED

**SPEED**  
A  B

**ALCOHOL TEST TYPE**  
A  B

1 NONE  
2 BLOOD  
3 URINE  
4 BREATH  
5 OTHER

**ALCOHOL TEST RESULT**  
A  B

**ALCOHOL/DRUG SUSPECTED**  
A  B

1 NONE  
2 YES ALCOHOL SUSPECTED  
3 YES - HBD NOT IMPAIRED  
4 YES - DRUGS SUSPECTED  
5 YES - ALCOHOL AND DRUGS SUSPECTED  
6 UNKNOWN

**ALCOHOL TEST STATUS**  
A  B

1 NONE GIVEN  
2 TEST REFUSED  
3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  
4 TEST GIVEN, RESULTS KNOWN  
5 TEST GIVEN, RESULTS UNKNOWN  
6 UNKNOWN

**ALCOHOL TEST TYPE**  
A  B

1 NONE  
2 BLOOD  
3 URINE  
4 BREATH  
5 OTHER

**ALCOHOL TEST RESULT**  
A  B

SUPPLEMENT 'X' IF YES

LOCAL REPORT # **10MPD 1480**

**NARRATIVE**

UNIT 1 WAS ENTERING THE TRAFFIC LANE, TURNING LEFT (SOUTH) FROM THE LUTHERAN CHURCH PARKING LOT. A NORTHBOUND VEHICLE HAD STOPPED TO ALLOW UNIT 1 TO PULL ACROSS THE NORTHBOUND LANE AND GO SOUTHBOUND. UNIT 1 FAILED TO YIELD TO UNIT 2, WHICH WAS SOUTHBOUND. BOTH VEHICLES COLLIDED AS UNIT 1 WAS ENTERING THE TRAFFIC LANE. UPON IMPACT, UNIT 2 WAS PUSHED INTO A UTILITY POLE ON THE WEST SIDE OF THE ROADWAY. UNIT 2 RECEIVED DISABLING DAMAGE TO THE LEFT REAR AND RIGHT FRONT. UNIT 1 RECEIVED HEAVY DAMAGE TO THE PASSENGER SIDE OF THE VEHICLE.

<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/ICE (FREEZING RAIN OR DRIZZLE)          06 SNOW          07 SEVERE CROSSWINDS          08 BLOWING SAND/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</b> <b>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>LOC ATION 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>	<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          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.</p>
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**COMPANY (FROM SHIPPING PAPERS)**

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**ADDRESS (STREET, CITY, ST, ZIP CODE)**

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US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA		
<p><b>CARGO BODY TYPE</b></p> <p><input type="checkbox"/> 01 NOT APPLICABLE          02 BUS (9-15 INCLUDING DRIVER)          03 VAN/ENCLOSED BOX          04 GRAIN/CHIPS/GRAVEL</p>		<p>05 POLE          06 CARGO TANK          07 FLATBED          08 DUMP          09 CONCRETE MIXER</p>		<p>10 AUTO TRANSPORTER          11 GARBAGE/REFUSE          12 OTHER          13 UNKNOWN</p>		<p><b>WEIGHT (GVWR)</b></p> <p><input type="checkbox"/> 1 LESS THAN 10,000          2 10,001 - 26,000          3 MORE THAN 26,000</p>	<p><b>CDL CLASS</b></p> <p><input type="checkbox"/></p> <p>1 CLASS A          2 CLASS B          3 CLASS C          4 CLASS D          5 CLASS E</p>	<p><b>HAZARDOUS MATERIALS</b></p> <p><input type="checkbox"/> 1 NO          2 YES          3 UNKNOWN</p>	<p><b>HAZARDOUS MATERIALS REF FASFD</b></p> <p><input type="checkbox"/> 1 NO 41 UNKNOWN          2 YES          3 NOT APPLICABLE</p>

<b>POLICE ACTION</b>		<b>DATE CRASH REPORTED</b> 07/28/2010	<b>TIME REC CALL</b> 13:00	<b>DISPATCH</b> 13:00	<b>ARRIVED</b> 13:02	<b>CLEARED</b> 13:24	<b>OTHER</b> 25	<b>TOTAL MINUTES</b> 49
<b>OFFICER'S NAME</b> PTL. JUSTIN ESTILL			<b>BADGE #</b> 113	<b>CHECKED BY</b>		<b>DATE REPORT FILED</b> 07/28/2010		
<b>REPORT TAKEN BY</b> 1 POLICE AGENCY 2 MOTORIST		<b>REPORT TAKEN AT</b> 1 SCENE 2 STATION 3 OTHER		<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>		<b>LOCAL REPORT #</b> 10MPD 1480		

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT # 10MPD 1480	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	DATE OF CRASH 07/28/2010
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, TRUBEE DAVE F HEREBY MAKE THIS VOLUNTARY STATEMENT TO

\_\_\_\_\_ AT \_\_\_\_\_  
(OFFICER NAME) (LOCATION)

ADDRESS OF WITNESS 12151 PLEASANT VALLEY RD FRAZEYSBURG OH 43822	PHONE (740)745-3499
SIGNATURE OF WITNESS	OFFICER'S SIGNATURE