

OHIO

TRAFFIC CRASH REPORT

CRASH REPORT #
10MPD 1646

CRASH SEVERITY
3 1 FATAL ERROR 3 FPD
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
 YES
 NO

HIT/SKIP
1 1 NOT HIT/SKIP
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN
X YES
 NO

OH-2 OH-3 OH-1P OTHER

N.C.I.C. #
03801

REPORTING AGENCY
MILLERSBURG POLICE DEPARTMENT

UNITS
2

UNIT ERROR
01 98 ANIMAL
99 UNKNOWN

DATE OF CRASH
8/19/2010

TIME OF CRASH
17:47

DAY OF WEEK
THU

CITY/VILLAGE/TOWNSHIP
VILLAGE

NAME (OF CITY, VILLAGE OR TOWNSHIP)
MILLERSBURG

COUNTY #
38

LATITUDE
40331006

LONGITUDE
081550208

CRASH OCCURRED ON

PREFIX
S

CRASH LOCATION
CLAY ST.

TYPE LOC
1

TYPE LOCATION POINT USED
1 NAMED STREET
2 NUMBERED STREET
3 NUMBERED ROUTE

LOCAL INFORMATION

AT/REFERENCE

DIST. REF.

DR

PREFIX
E

REFERENCE
ADAMS ST.

REF POINT
02

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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UNIT #
01

OF OCC
1

NAME (LAST, FIRST, MIDDLE)
HERSHBERGER ROY E.

ADDRESS (STREET, CITY, STATE, ZIP-CODE)

3548 TR 125 MILLERSBURG OH 44654

SOCIAL SECURITY NUMBER

DATE OF BIRTH
06/09/1987

AGE
23

SEX
M

HOME PHONE #
(330)763-0348

WORK PHONE #

DL STATE
OH

DL #
SZ874218

LP STATE
OH

LP #
044XYD

INJURED TAKEN BY
1 1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE 'SAME')

HERSHBERGER, ROY E.

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)

3548 TR 125 MILLERSBURG OH 44654

YEAR
1997

MAKE
FORD

MODEL
F-SERIES PIC

COLOR
BROWN

INSURANCE COMPANY
STATE FARM

TOWING SERVICE

OWNER PHONE#
(330)763-0348

OFFENSE CHARGED
333.03A

OFFENSE DESCRIPTION
ACDA

CITATION #
10030

LOCAL CODE
 YES
 NO

UNIT #
02

OF OCC
1

NAME (LAST, FIRST, MIDDLE)
CROSKY JAMES H.

ADDRESS (STREET, CITY, STATE, ZIP-CODE)

10775 TR 274 MILLERSBURG OH 44654

SOCIAL SECURITY NUMBER

DATE OF BIRTH
01/19/1941

AGE
69

SEX
M

HOME PHONE #
(330)231-2416

WORK PHONE #

DL STATE
OH

DL #
RQ423314

LP STATE
OH

LP #
ETP6150

INJURED TAKEN BY
1 1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE 'SAME')

CROSKY, JAMES H.

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)

10775 TR 274 MILLERSBURG OH 44654

YEAR
2007

MAKE
FORD

MODEL
OTHER TRUC

COLOR
WHITE

INSURANCE COMPANY
WESTFIELD NATION

TOWING SERVICE

OWNER PHONE#
(330)231-2416

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE
 YES
 NO

O
C
C
U
P
A
N
T

UNIT #
C

NAME (LAST, FIRST, MIDDLE)

HOME PHONE#

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP-CODE)

INJURED TAKEN BY
 1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

UNIT #
D

NAME (LAST, FIRST, MIDDLE)

HOME PHONE#

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP-CODE)

INJURED TAKEN BY
 1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

SEATING POSITION

- A 01** 01 FRONT - LEFT (MC DRIVER)
- B 01** 02 FRONT - MIDDLE
- 03 FRONT - RIGHT
- C** 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 SLEEPER 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 04** MOTORIST 01 NONE USED
- 02 SHOULDER BELT ONLY USED
- 03 LAP BELT ONLY USED
- B 04** 04 SHOULDER AND LAP BELT USED
- 05 CHILD SAFETY SEAT USED
- 06 HELMET USED
- 07 RESTRAINT USE UNKNOWN
- C** NON-MOTORIST 08 NONE USED
- 09 HELMET USED
- 10 PROTECTIVE PADS
- 11 REFLECTIVE CLOTHING
- 12 LIGHTING
- 13 CLOTHING
- 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
- B 1**
- C**
- D**

AIR BAG SWITCH

- A 1** 1 ON-OFF SWITCH NOT PRESENT
- 2 SWITCH IN ON POSITION
- 3 SWITCH IN OFF POSITION
- 4 UNKNOWN POSITION
- B 1**
- C**
- D**

EJECTION

- A 1** 1 NOT EJECTED
- 2 TOTALLY EJECTED
- 3 PARTIALLY EJECTED
- 4 NOT APPLICABLE
- 5 UNKNOWN
- B 1**
- C**
- D**

TRAPPED

- A 1** 1 NOT TRAPPED
- 2 EXTRICATED BY MECHANICAL MEANS
- 3 FREED BY NON-MECHANICAL MEANS
- 4 UNKNOWN
- B 1**
- C**
- D**

INJURIES

- A 1** 1 NO INJURY
- 2 POSSIBLE
- 3 NON-INCAPACITATING
- 4 INCAPACITATING
- 5 FATAL INJURY
- 6 UNKNOWN
- B 1**
- C**
- D**

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="25"/> B <input type="text" value="25"/>	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"/>		CONTRIBUTING CIRCUMSTANCES A <input type="text" value="08"/> B <input type="text" value="01"/>	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"/>	DRUG TEST 1 & 2 RESULT A <input type="text" value="1"/> <input type="text" value="1"/> B <input type="text" value="1"/> <input type="text" value="1"/>										
TYPE OF UNIT A <input type="text" value="07"/> B <input type="text" value="07"/>	MOST DAMAGED AREA A <input type="text" value="02"/> B <input type="text" value="06"/>	VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE A <input type="text"/>	DIRECTION FROM TO FROM TO A <input type="text" value="1"/> <input type="text" value="2"/> B <input type="text" value="1"/> <input type="text" value="2"/>	CONDITION A <input type="text" value="1"/> B <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="02"/>										
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/>	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"/>	OCCURRENCE <input type="text" value="1"/>										
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/>	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"/>										
STRIKING VEHICLE OVERRIDE/UNDERIDE 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"/>	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 RESULT A <input type="text"/>	ROAD CONDITIONS PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/>										
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/>	ALCOHOL TEST RESULT A <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE A <input type="text"/>	SPEED A <input type="text" value="15"/> B <input type="text" value="0"/>	ALCOHOL TEST RESULT A <input type="text"/>	LOCAL REPORT # 10MPD 1646										

NARRATIVE

UNIT 02 WAS STOPPED ON S. CLAY ST. TO MAKE A LEFT TURN ONTO E. ADAMS ST. UNIT 01 WAS TRAVELING SOUTHBOUND ON S. CLAY ST., AND FAILED TO MAINTAIN AN ASSURED CLEAR DISTANCE FROM UNIT 02. AS A RESULT UNIT 01 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 HEADON 3 REAR-TO-REAR BACKING 4 ANGLE 5 SIDESWIPE SAME DIRECTION 6 SIDESWIPE OPPOSITE DIRECTION 7 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/HAUL (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND/SILT/DIRT/SNOW 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 <input checked="" type="checkbox"/> 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 #	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 FATALITY, OR AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT, OR 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
CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (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		10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN		WEIGHT (GVWR) <input type="checkbox"/> 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	CDL CLASS <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	HAZARDOUS MATERIALS <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	HAZARDOUS MATERIALS REFINISHED <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
8/19/2010	17:50	18:08	18:09	18:36	0	28
OFFICER'S NAME		BADGE #	CHECKED BY		DATE REPORT FILED	
PTL. KEVIN BROWN		108			8/19/2010	
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 1646	