



TRAFFIC CRASH REPORT

CRASH REPORT # 10MPD 1708	CRASH SEVERITY 3 1.FATAL ERROR 3.FDO 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> 'X' IF YES	HIT/SKIP 1 1.NOT HIT-SKIP 2.SOLVED 3.UNSOLVED	PHOTOS TAKEN <input type="checkbox"/> 'X' 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 08/27/2010	

TIME OF CRASH 07:10	DAY OF WEEK FRI	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40333707	LONGITUDE 081550708
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX WOOSTER ROAD	TYPE LOC 1	

AT/REFERENCE	REFERENCE POINT USED	
DIST. REF. ELM STREET	REF POINT 02	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

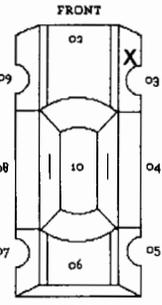
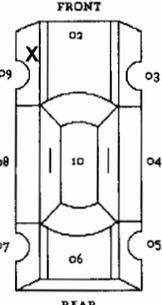
A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) HART THOMAS L
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 6058 TR265 MILLERSBURG OH 44654			
SOCIAL SECURITY NUMBER	DATE OF BIRTH 10/18/1989	AGE 20	SEX M
HOME PHONE # (330)763-4835	WORK PHONE # (330)763-4835		
DL STATE OH	DL # SZ875789	LP STATE OH	LP # EIR6200
INJURED TAKEN BY 1 1.NONE 4.OTHER 2.EMS 3.UNKNOWN 3.POLICE		TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') HART, THOMAS L		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 6058 TR265 MILLERSBURG OH 44654	
YEAR 2003	MAKE DODGE	MODEL OTHER TRUC	COLOR BLUE
INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE	OWNER PHONE#	
OFFENSE CHARGED 331.19	OFFENSE DESCRIPTION STOP SIGN VIOLATIONS	CITATION # 10015	LOCAL CODE <input checked="" type="checkbox"/> 'X' IF YES

B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) GREEN CRYSTAL D
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7104 TR466 LAKEVILLE OH 44638			
SOCIAL SECURITY NUMBER	DATE OF BIRTH 07/24/1990	AGE 20	SEX F
HOME PHONE # (910)391-4085	WORK PHONE #		
DL STATE OH	DL # TM592836	LP STATE OH	LP # 86THIS
INJURED TAKEN BY 1 1.NONE 4.OTHER 2.EMS 3.UNKNOWN 3.POLICE		TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') CHRISTOPHER E MARKLEY		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 783 CRITCHFIELD STREET MILLERSBURG OH 44654	
YEAR 2007	MAKE FORD	MODEL OTHER	COLOR GREY
INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE	OWNER PHONE# (330)473-4085	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> 'X' IF YES

OCCUPANT

C	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 3.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 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO	

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
A 01 01.FRONT - LEFT (MC DRIVER) 02.FRONT - MIDDLE 03.FRONT - RIGHT B 01 04.SECOND - LEFT (MC PASS) 05.SECOND - MIDDLE 06.SECOND - RIGHT 07.THRD - LEFT (MC PASSENGER SIDE CAR) 08.THRD - MIDDLE 09.THRD - RIGHT 10.SI.EEPEP SECTION OF CAB 11.ENCLOSED CARGO AREA 12.UNENCLOSED CARGO AREA 13.TRAILING UNIT 14.EXTERIOR 15.OTHER 16.NON-MOTORIST 17.UNKNOWN	A 04 01.MOTORIST 02.SHOUNLDER BELT ONLY USED 03.LAP BELT ONLY USED B 04 04.SHOULDER AND LAP BELT USED 05.CHILD SAFETY SEAT USED C 06.HELMET USED 07.RESTRAINT USE UNKNOWN NON-MOTORIST 08.NON-USED 09.HELMET USED 10.PROTECTIVE PADS 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN	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	A 4 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION B 1 C D	A 1 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN B 1 C D	A 1 1.NOT TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN B 1 C D	A 1 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN B 1 C D
<input type="checkbox"/> SUPPLEMENT 'X' IF YES						

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA FRONT  REAR 	PRE-CRASH ACTIONS A <input type="text" value="06"/> B <input type="text" value="01"/>	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 MOVEMENT 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/ROLL OVER 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 OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN CENTERLINE 11 DOWNSHOULDER IN LANEWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/ PERSON, VEHICLE OR OBJECT NOT LISTED 15 PEDESTRIAN 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 PARAPET 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT FIXTURE/SIGNAL SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 39 TREE 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAIL BOX 44 OTHER 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="02"/> 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="07"/> B <input type="text" value="03"/>	MOST DAMAGED AREA A <input type="text" value="03"/> B <input type="text" value="09"/>	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="02"/> B <input type="text" value="01"/>	DIRECTION FROM TO FROM TO A <input type="text" value="3"/> <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"/>	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"/>										
MOTORIST 01 SUB-COMPACT 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 (BOBTALE) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/TRACTOR-UNIT 15 TRACTOR/DOBLE-LENG 16 WITH 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 NON-MOVABLE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL W/DRIVER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST (BICYCLE, TRICYCLE, MOPED, PEDAL CAR) 40 SKATER 41 OTHER NON-MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN	POINT OF IMPACT A <input type="text" value="03"/> B <input type="text" value="09"/>	VEHICLE DEFECT CODE ONLY IF '19' 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"/>										
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/>	ACTION A <input type="text" value="4"/> B <input type="text" value="3"/>	VEHICLE DEFECT CODE ONLY IF '19' 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="2"/>										
DAMAGE SCALE A <input type="text" value="2"/> 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 '19' SELECTED ABOVE A <input type="text"/>	SPEED DETECTED A <input type="text" value="2"/> B <input type="text" value="2"/>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONDITIONS PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/>										
			SPEED A <input type="text" value="3"/> B <input type="text" value="28"/>	ALCOHOL TEST RESULT A <input type="text"/>	SUPPLEMENT 'X' IF YES LOCAL REPORT # 10MPD 1708										

NARRATIVE

UNIT NUMBER FAILED TO YIELD TO UNIT NUMBER TWO WHEN HE ENTERED WOOSTER ROAD FROM ELM STREET AND WAS STRUCK BY UNIT NUMBER TWO WHO WAS SOUTHBOUND AS UNIT NUMBER ONE TURNED LEFT ENTERING WOOSTER ROAD.

<p>MANNER OF COLLISION OR IMPACT</p> <p>6</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>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>02</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 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>LOCATION 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 #	<p>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10000 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)

ADDRESS (STREET, CITY, ST, ZIP CODE)

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

POLICE ACTION

DATE CRASH REPORTED	TIME REC CALL	DISPATCH REPORTED	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
08/27/2010	07:12	07:13	07:13	07:42	30	59

OFFICER'S NAME	BADGE #	CHECKED BY	DATE REPORT FILED
PTL. KIM HERMAN	101		08/27/2010
<p>REPORT TAKEN BY</p> <p>1</p> <p>1 POLICE AGENCY 2 MOTORIST</p>	<p>REPORT TAKEN AT</p> <p>1</p> <p>1 SCENE 2 STATION 3 OTHER</p>	<p><input type="checkbox"/> SUPPLEMENT 'X' IF YES</p>	<p>LOCAL REPORT #</p> <p>10MPD 1708</p>