



TRAFFIC CRASH REPORT

CRASH REPORT # 10MPD 2050	CRASH SEVERITY 3 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> NO <input type="checkbox"/> YES	HIT/SKIP 1 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <input type="checkbox"/> YES <input type="checkbox"/> NO	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 10/18/2010	

TIME OF CRASH 07:08	DAY OF WEEK MON	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40331407	LONGITUDE 081545608
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX E	CRASH LOCATION JACKSON	TYPE LOC 1

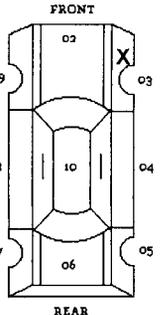
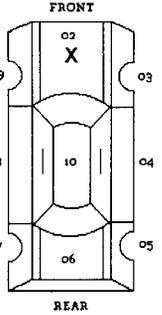
DIST. REF.	DR	PREFIX E	REFERENCE 000111JACKSON	REF POINT 04	REFERENCE POINT USED	05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME WITHOUT REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE
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MOTORIST / NON-MOTORIST	A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) PATTERSON CODY M				
	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 130 FAIRVIEW AVE MILLERSBURG OH 44654							
	SOCIAL SECURITY NUMBER		DATE OF BIRTH 05/07/1993		AGE 17	SEX M	HOME PHONE # (330)231-6549	WORK PHONE #
	DL STATE OH	DL # TE786453	LP STATE OH	LP # DAS5162	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') PATTERSON, WILLIAM T			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 130 FAIRVIEW AVE MILLERSBURG OH 44654				
	YEAR 1997	MAKE CHEVROLET	MODEL CAVALIER	COLOR WHITE	INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE	OWNER PHONE # (330)231-6549	
	OFFENSE CHARGED		OFFENSE DESCRIPTION			CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO	

OCCUPANT	B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) TROYER ANTHONY A				
	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 5940 TR 501 BIG PRAIRIE OH 44611							
	SOCIAL SECURITY NUMBER		DATE OF BIRTH 12/26/1960		AGE 49	SEX M	HOME PHONE # (330)378-2248	WORK PHONE #
	DL STATE OH	DL # RL609808	LP STATE OH	LP # EA9Q	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') TROYER, ANTHONY A			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 5940 TR 501 BIG PRAIRIE OH 44611				
	YEAR 1999	MAKE KAWASAKI	MODEL 450-749 CC	COLOR MAROON	INSURANCE COMPANY GEICO	TOWING SERVICE	OWNER PHONE #	
	OFFENSE CHARGED		OFFENSE DESCRIPTION			CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO	

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"/>	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"/>	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 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER RIDG 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	A 08 01 MOTORIST 02 NONE 1 USED 03 SHOULDERS BELT ONLY 1 USED 04 LAP BELT ONLY 1 USED 05 SHOULDER AND LAP BELT 1 USED 06 CHILD SAFETY SEAT 1 USED 07 HELMET 1 USED 08 RESTRAINT USE UNKNOWN 09 NON-MOTORIST 10 NONE 1 USED 11 HELMET 1 USED 12 PROTECTIVE PADS 1 USED 13 REFLECTIVE CLOTHING 14 LIFTING 15 OTHER 16 UNKNOWN	A 1 1 NOT-DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED (WITH FRONT SIDE) 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	A 1 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	A 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	A 1 1 NOT TRAPPED 2 ENTRAPPED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	A 1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
B 01	B 01	B 5	B 1	B 1	B 1	B 1
C	C	C	C	C	C	C
D	D	D	D	D	D	D
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT X IF YES

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA A 	PRE-CRASH ACTIONS A <input type="text" value="06"/> B <input type="text" value="01"/>	SEQUENCE OF EVENTS <table border="1"> <tr><th>A</th><th>B</th></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"/>	B 	MOTORIST 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 (OUTSIDE TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 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 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FINED 15 PEDESTRIAN 16 PEDAL CYCLE 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 FINED OBJECT 26 IMPROPER ATTENUATOR/CRASH CUSHION 27 BRIDGE OVERHEAD STRUCTURE 28 BRIDGE PIER OR ABUTMENT 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT Poles/MANHOLE SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 39 TREE 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAIL BOX 44 TELEPHONE 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="01"/> B <input type="text" value="01"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>																
TYPE OF UNIT A <input type="text" value="03"/> B <input type="text" value="18"/>	MOST DAMAGED AREA A <input type="text" value="03"/> B <input type="text" value="02"/>	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="02"/> B <input type="text" value="01"/>	DIRECTION <table border="1"> <tr><th>FROM</th><th>TO</th><th>FROM</th><th>TO</th></tr> <tr><td>A <input type="text" value="3"/></td><td>A <input type="text" value="2"/></td><td>B <input type="text" value="4"/></td><td>B <input type="text" value="3"/></td></tr> </table>	FROM	TO	FROM	TO	A <input type="text" value="3"/>	A <input type="text" value="2"/>	B <input type="text" value="4"/>	B <input type="text" value="3"/>	CONDITION A <input type="text" value="1"/> B <input type="text" value="1"/>	DRUG TEST 1 & 2 RESULT <table border="1"> <tr><th>1</th><th>2</th><th>1</th><th>2</th></tr> <tr><td>A <input type="text" value="1"/></td><td>A <input type="text" value="1"/></td><td>B <input type="text" value="1"/></td><td>B <input type="text" value="1"/></td></tr> </table>	1	2	1	2	A <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text" value="1"/>	B <input type="text" value="1"/>
FROM	TO	FROM	TO																		
A <input type="text" value="3"/>	A <input type="text" value="2"/>	B <input type="text" value="4"/>	B <input type="text" value="3"/>																		
1	2	1	2																		
A <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text" value="1"/>	B <input type="text" value="1"/>																		
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/>	POINT OF IMPACT A <input type="text" value="03"/> B <input type="text" value="02"/>	VEHICLE DEFECT CODE ONLY IF '0' 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"/>	TYPE OF INTERSECTION <input type="text" value="10"/>																
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/>	ACTION A <input type="text" value="4"/> B <input type="text" value="3"/>	VEHICLE DEFECT CODE ONLY IF '0' 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"/>																
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/>	STRIKING VEHICLE OVERRIDE/UNDERIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '0' SELECTED ABOVE A <input type="text"/>	SPEED DETECTED 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"/>	ROAD CONDITIONS <table border="1"> <tr><th>PRIMARY</th><th>SECONDARY</th></tr> <tr><td>A <input type="text" value="01"/></td><td>B <input type="text"/></td></tr> </table>	PRIMARY	SECONDARY	A <input type="text" value="01"/>	B <input type="text"/>												
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A <input type="text" value="01"/>	B <input type="text"/>																				
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/>	STRIKING VEHICLE OVERRIDE/UNDERIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '0' SELECTED ABOVE A <input type="text"/>	SPEED A <input type="text" value="5"/> B <input type="text" value="15"/>	ALCOHOL TEST RESULT A <input type="text"/>	LOCAL REPORT # 10MPD 2050																

NARRATIVE

UNIT 1 WAS WESTBOUND ON E. JACKSON AND TURNING SOUTH INTO THE PARKING LOT FOR MILLERSBURG BP AT 111 E. JACKSON ST. UNIT 2 WAS EASTBOUND ON E. JACKSON ST. UNIT 1 FAILED TO YIELD WHEN TURNING LEFT INTO THE PARKING LOT AND TURNED IN FRONT OF UNIT 2. UNIT 2 STRUCK UNIT 1 IN THE RIGHT FRONT CAUSING DAMAGE TO THE RIGHT FRONT FENDER AND BUMPER AREA OF UNIT 1. UNIT 2 SUSTAINED DAMAGE TO THE FRONT FENDER OF THE MOTORCYCLE.

<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> <div style="text-align: right; margin-bottom: 10px;"> North </div> <div style="text-align: center;"> <p>E. Jackson St.</p> <hr style="border: 1px solid black; width: 100%;"/> <hr style="border: 1px solid black; width: 100%;"/> <div style="display: flex; justify-content: space-around; align-items: center; margin: 10px 0;"> <div style="width: 20%; border-bottom: 1px solid black;"></div> </div> <div style="text-align: center; margin-bottom: 10px;"> <p>111 E Jackson St</p> </div> <div style="text-align: right; margin-right: 20px;"> </div> </div>
<p>WEATHER</p> <p>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 BLUING 09 SAND/DIRT/SNOW 10 OTHER 11 UNKNOWN</p>	<p>WORK ZONE RELATED</p> <p>1</p> <p>1 NO 2 YES 3 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>LIGHT CONDITIONS</p> <p>PRIMARY SECONDARY</p> <p>4 2</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>WORKERS PRESENT</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	

TRUCK/BUS UNIT #	<input type="text"/>	<p>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:</p> <p>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:</p> <p>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><input type="checkbox"/> 01 NOT APPLICABLE 02 BUS (V-15 INCLUDING DRIVER) 03 VAN/ENCLASSED 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>WEIGHT (GVWR)</p> <p><input type="checkbox"/> 1 LESS/EQUAL 10,000 2 10,001 - 26,000 3 MORE THAN 26,000</p>	<p>CDL CLASS</p> <p><input type="checkbox"/></p> <p>1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E</p>	<p>HAZARDOUS MATERIALS</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	<p>HAZARDOUS MATERIALS RFI FASFD</p> <p><input type="checkbox"/></p> <p>1 NO 4 UNKNOWN 2 YES 3 NOT APPLICABLE</p>

POLICE ACTION						
<p>DATE CRASH REPORTED</p> <p>10/18/2010</p>	<p>TIME REC CALL</p> <p>07:09</p>	<p>DISPATCH REPORTED</p> <p>07:09</p>	<p>ARRIVED</p> <p>07:11</p>	<p>CLEARED</p> <p>07:27</p>	<p>OTHER</p> <p>25</p>	<p>TOTAL MINUTES</p> <p>43</p>
<p>OFFICER'S NAME</p> <p>PTL. JUSTIN ESTILL</p>			<p>BADGE #</p> <p>113</p>	<p>CHECKED BY</p> <p><input type="text"/></p>		<p>DATE REPORT FILED</p> <p>10/18/2010</p>
<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 2050</p>		