



TRAFFIC CRASH REPORT

CRASH REPORT # 10MPD 2149	CRASH SEVERITY 3 1 FATAL ERROR 1 DPO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO	HIT/SKIP 3 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 10/30/2010	

TIME OF CRASH 21:00	DAY OF WEEK SAT	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40331204	LONGITUDE 081550700
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CRASH OCCURRED ON			TYPE LOCATION POINT USED			LOCAL INFORMATION		
PREFIX S	CRASH LOCATION WASHINGTON	TYPE LOC 1	1 NAMED STREET 2 NUMBERED STREET 3 UNNUMBERED ROUTE					

AT/REFERENCE				REFERENCE POINT USED					
DIST. REF. 30 F	DR E	PREFIX S	REFERENCE 000056 WASHINGTON	REF POINT 04	01 STATE LINE 02 INTERSECTION OF TWO STREETS 03 COU. STY. LINE 04 TOWNSHIP 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

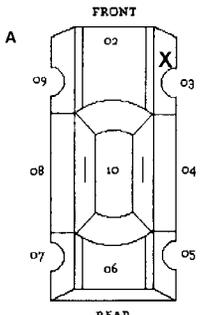
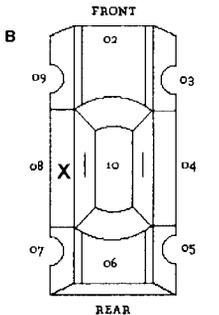
A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) UNKNOWN UNKNOWN					
ADDRESS (STREET, CITY, STATE, ZIP-CODE) UNKNOWN UNKNOWN UNKNOWN								
SOCIAL SECURITY NUMBER		DATE OF BIRTH //		AGE	SEX U	HOME PHONE #		WORK PHONE #
DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE		TRANSPORTED BY		INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') UNKNOWN				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) UNKNOWN UNKNOWN UNKNOWN				
YEAR 0	MAKE UNKNOWN MA	MODEL UNKNOWN	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #		
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO	

B	UNIT # 02	# OF OCC 0	NAME (LAST, FIRST, MIDDLE)					
ADDRESS (STREET, CITY, STATE, ZIP-CODE)								
SOCIAL SECURITY NUMBER		DATE OF BIRTH //		AGE	SEX	HOME PHONE #		WORK PHONE #
DL STATE	DL #	LP STATE OH	LP # DQE7452	INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE		TRANSPORTED BY		INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') ELIZABETH B. PARKER				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 2917 TANNERVILLE RD ORRVILLE OH 44667				
YEAR 2005	MAKE FORD	MODEL TAURUS	COLOR GREY	INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE	OWNER PHONE # (330)683-9939		
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 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 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 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 UNCLOSED CARGO AREA 12 ENCLOSED CARGO AREA 13 TRAILER/UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	A 14 01 NONE USED 02 SEATBELT AND BELT ONLY USED 03 LAP BELT ONLY USED 04 SEATBELT 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 BRITING 13 OTHER 14 UNKNOWN	A 6 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	A 4 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	A 5 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	A 4 1 NOT TRAPPED 2 ENTRAPPED BY MECHANICAL MEANS 3 TRAPPED BY NON-MECHANICAL MEANS 4 UNKNOWN	A 6 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
<input type="checkbox"/> 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="10"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>1 <input type="text" value="21"/></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="21"/>	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="0"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text"/>		
A	B																
1 <input type="text" value="21"/>	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 <input type="text"/>		MOTORIST 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 COVER TAKING PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARALLEL 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 PAVING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	NON-COLLISION 01 OVERTURN ROLL-OVER 02 FIRE EXPLOSION 03 IMPERSON 04 JACKKNIFE 05 CARGO EQUIPMENT LOSS OR SHIFT 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 SEPARATION OF PARTS 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 LISTED 15 PEDESTRIAN 16 BICYCLE 17 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 18 ANIMAL - FARM 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 BRIDGE RAIL 31 GARDRAIL FACE 32 GARDRAIL END 33 MEDIAN BARRIER 34 HIGHWAY TRAFFIC SIGN POST 35 OVERHEAD SIGN POST 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 VEHICLE 39 CURB 40 DITCH 41 OBSTRUCTION 42 FENCE 43 MAHJONG 44 TREE 45 OTHER FIXED OBJECT WALL, BUILDING, TUNNEL, ETC 46 WORK ZONE ATTENUATOR EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	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"/>												
TYPE OF UNIT A <input type="text" value="34"/> B <input type="text" value="03"/>	MOST DAMAGED AREA A <input type="text" value="03"/> B <input type="text" value="08"/>	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="15"/> B <input type="text" value="01"/>	DIRECTION <table border="1"> <tr><td>FROM TO</td><td>FROM TO</td></tr> <tr><td>A <input type="text" value="1"/> <input type="text" value="2"/></td><td>B <input type="text" value="1"/> <input type="text" value="2"/></td></tr> </table>	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="8"/> B <input type="text"/>	DRUG TEST 1 & 2 RESULT <table border="1"> <tr><td>1</td><td>2</td><td>1</td><td>2</td></tr> <tr><td>A <input type="text" value="1"/></td><td><input type="text" value="1"/></td><td>B <input type="text"/></td><td><input type="text"/></td></tr> </table>	1	2	1	2	A <input type="text" value="1"/>	<input type="text" value="1"/>	B <input type="text"/>	<input type="text"/>
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"/>																
1	2	1	2														
A <input type="text" value="1"/>	<input type="text" value="1"/>	B <input type="text"/>	<input type="text"/>														
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="08"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="6"/> B <input type="text"/>	OCCURRENCE <input type="text" value="2"/>												
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 '19' SELECTED ABOVE A <input type="text"/> B <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"/>	ROAD CONTOUR <input type="text" value="1"/>												
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"/> B <input type="text"/>	SPEED DETECTED A <input type="text" value="2"/> B <input type="text"/>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <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"/>	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"/> B <input type="text"/>	SPEED A <input type="text" value="25"/> B <input type="text" value="0"/>	ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/>	SUPPLEMENT 'X' IF YES LOCAL REPORT # 10MPD 2149												

NARRATIVE

UNIT #2 WAS PARKED IN LEGAL PARKING SPACE AND UNKNOWN VEHICLE STRUCK DRIVER'S SIDE MIRROR REMOVING IT FROM VEHICLE.

<p>MANNER OF COLLISION OR IMPACT</p> <p>7</p> <p>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-TO-REAR 3 REAR-TO-REAR 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWIP SAME DIRECTION 8 SIDESWIP 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>01</p> <p>01 CLEAR 02 CLOUDY 03 FOG/SMOG/SMOKE 04 RAIN 05 SLEET/ICE/REFREEZING RAIN OR DRIZZLE 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND/SOIL/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 4 SECONDARY <input type="checkbox"/></p> <p>1 DAYLIGHT 2 DARK 3 DARK - LIGHTED ROADWAY 4 DARK - ROADWAY NOT LIGHTED 5 DARK - UNKNOWN ROADWAY LIGHTING 6 CLEAR 7 OTHER 8 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 #	<input type="text"/>	<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 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</p>

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"/></p> <p>01 NOT APPLICABLE 02 BUS (INCLUDING DRIVER) 03 VAN/ENCLOSURE 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 REFRIG 12 OTHER 13 UNKNOWN</p>	<p>WEIGHT (GVWR)</p> <p><input type="checkbox"/></p> <p>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 REPAID</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 NOT APPLICABLE</p>

POLICE ACTION						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
10/30/2010	21:24	21:24	21:26	21:49	0	25
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED		
PTL. JEFFREY S. LAY		109	100	10/30/2010		
REPORT TAKEN BY	REPORT TAKEN AT			<input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT #	
1 POLICE AGENCY 2 MOTORIST	2 STATION 3 OTHER				10MPD 2149	