



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>10MPD 2196</b>	CRASH SEVERITY <b>3</b> 1.FATAL ERROR 3.FDO 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> IF YES	HITS/SKIP <b>1</b> 1.NOT HIT/SKIP 2.SOLVED 3.UNSOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> 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. # <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>11/6/2010</b>	

TIME OF CRASH <b>13:12</b>	DAY OF WEEK <b>SAT</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40320205</b>	LONGITUDE <b>081550908</b>
-------------------------------	---------------------------	---	---	-----------------------	-----------------------------	-------------------------------

CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>PRIVATE PROPERTY</b>	TYPE LOC <b>1</b>	<b>WAL-MART</b>

DIST. REF.	DR	PREFIX <b>S</b>	REFERENCE <b>001640 WASHINGTON ST.</b>	REF POINT <b>04</b>	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 WITH T REFERENCE	09.DRIVEWAY 10.STREET OR ROUTE WITH T REFERENCE
------------	----	--------------------	---	------------------------	---	---	---

MOTORIST / NON-MOTORIST

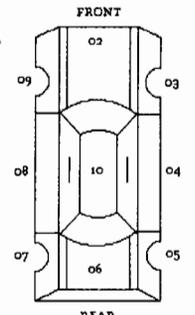
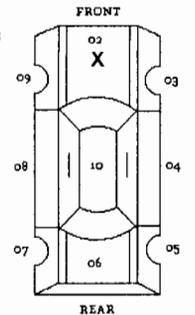
<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>WILSON JUSTIN G.</b>		ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>800 S. WASHINGTON ST. LOT 46 MILLERSBURG OH 44654</b>		
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>05/15/1988</b>	AGE <b>22</b>	SEX <b>M</b>	HOME PHONE # <b>(330)473-5784</b>	WORK PHONE #		
DL STATE <b>OH</b>	DL # <b>SY088722</b>	LP STATE <b>OH</b>	LP # <b>ERT2097</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>WILSON, JUSTIN G.</b>				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>800 S. WASHINGTON ST. LOT 46 MILLERSBURG OH 44654</b>			
YEAR <b>1990</b>	MAKE <b>DODGE</b>	MODEL <b>OTHER TRUC</b>	COLOR <b>GREY</b>	INSURANCE COMPANY <b>PGAC</b>	TOWING SERVICE	OWNER PHONE# <b>(330)473-5784</b>	
OFFENSE CHARGED	OFFENSE DESCRIPTION					CITATION #	LOCAL CODE <input type="checkbox"/> IF YES

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>FRANCE ERNEST J.</b>		ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>31121 TR 211 COSHOCTON OH 43812</b>		
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>03/31/1951</b>	AGE <b>59</b>	SEX <b>M</b>	HOME PHONE # <b>(740)623-0426</b>	WORK PHONE #		
DL STATE <b>OH</b>	DL # <b>RN030138</b>	LP STATE <b>OH</b>	LP # <b>DE93BN</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>FRANCE, ERNEST J.</b>				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>31121 TR 211 COSHOCTON OH 43812</b>			
YEAR <b>2001</b>	MAKE <b>FORD</b>	MODEL <b>OTHER</b>	COLOR <b>RED</b>	INSURANCE COMPANY <b>STATE FARM</b>	TOWING SERVICE	OWNER PHONE# <b>(740)623-0426</b>	
OFFENSE CHARGED	OFFENSE DESCRIPTION					CITATION #	LOCAL CODE <input type="checkbox"/> IF YES

OCCUPANT

<b>C</b>	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	
<b>D</b>	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 <b>A 01</b> 01.FRONT - LEFT (MC DRIVER) 02.FRONT - MIDDLE 03.FRONT - RIGHT <b>B 01</b> 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 <b>D</b> 11.ENCLOSED CARGO AREA 12.UNENCLOSED CARGO AREA 13.TRAILING UNIT 14.EXTERIOR 15.OTHER 16.NON-AIRBORNE 17.UNKNOWN	SAFETY EQUIPMENT <b>A 04</b> 01.MOTORIST 02.NONE USED 03.SHOLDER BELT ONLY USED 04.LAP BELT ONLY USED 05.SHOLDER AND LAP BELT USED 06.CHILD SAFETY SEAT USED 07.RESTRAINT USE UNKNOWN <b>C</b> 08.NON-MOTORIST 09.NONE USED 10.HELMET USED 11.PROTECTIVE PAID 12.REFLECTIVE 13.CLOTHING 14.LIGHTING 15.OTHER 16.UNKNOWN	AIR BAG <b>A 5</b> 1.NOT DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN <b>B 1</b> <b>C</b> <b>D</b>	AIR BAG SWITCH <b>A 1</b> 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION <b>B 1</b> <b>C</b> <b>D</b>	EJECTION <b>A 1</b> 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN <b>B 1</b> <b>C</b> <b>D</b>	TRAPPED <b>A 1</b> 1.NOT TRAPPED 2.ENTRAPPED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN <b>B 1</b> <b>C</b> <b>D</b>	INJURIES <b>A 1</b> 1.NO INJURY 2.POSSIBLE 3.ON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN <b>B 1</b> <b>C</b> <b>D</b>
SUPPLEMENT <input type="checkbox"/> IF YES						

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b> FRONT 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="02"/> B <input type="text" value="02"/>	<b>SEQUENCE OF EVENTS</b> <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"/>	<b>POSTED SPEED</b> A <input type="text" value="0"/> B <input type="text" value="0"/>	<b>DRUG TEST STATUS</b> 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"/>														
<b>NON-MOTORIST LOCATION</b> A <input type="text"/>	REAR 	<b>MOTORIST</b> 01 MOVEMENTS 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 <b>NON-MOTORIST</b> 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	<b>NON-COLLISION</b> 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 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 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 17 ANIMAL - FARM 18 ANIMAL - OTHER 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 GARAGE/RAMP FACE 32 GARAGE/RAMP END 33 MEDIAN BARRIER 34 HIGHWAY TRAFFIC SIGN POST 35 OVERHEAD SIGN POST 36 UTILITY POLE 37 OTHER TELE. POLE OR SUPPORT 38 UTILITY 39 CURB 40 DITCH 41 EMBARMENT 42 FENCE 43 MAIL BOX 44 TREE 45 OTHER FIXED OBJECT/ WALL, BUILDING, TUNNEL, ETC.) 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	<b>TRAFFIC CONTROL</b> A <input type="text" value="12"/> B <input type="text" value="12"/>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>										
<b>TYPE OF UNIT</b> A <input type="text" value="07"/> B <input type="text" value="04"/>	<b>MOST DAMAGED AREA</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="10"/> B <input type="text" value="01"/>	<b>DIRECTION</b> FROM TO FROM TO A <input type="text" value="4"/> <input type="text" value="3"/> B <input type="text" value="4"/> <input type="text" value="3"/>	<b>CONDITION</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>DRUG TEST 1 &amp; 2 RESULT</b> <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>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"/>		
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"/>												
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>POINT OF IMPACT</b> A <input type="text" value="06"/> B <input type="text" value="02"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>OCCURRENCE</b> <input type="text" value="6"/>										
<b>DAMAGE SCALE</b> A <input type="text" value="1"/> B <input type="text" value="2"/>	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text" value="4"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ROAD CONTOUR</b> <input type="text" value="1"/>										
<b>DAMAGE SCALE</b> A <input type="text" value="1"/> B <input type="text" value="2"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>SPEED DETECTED</b> A <input type="text" value="2"/> B <input type="text" value="2"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ROAD CONDITIONS</b> <table border="1"> <tr><td>PRIMARY</td><td>SECONDARY</td></tr> <tr><td><input type="text" value="01"/></td><td><input type="text"/></td></tr> </table>	PRIMARY	SECONDARY	<input type="text" value="01"/>	<input type="text"/>						
PRIMARY	SECONDARY														
<input type="text" value="01"/>	<input type="text"/>														
<b>DAMAGE SCALE</b> A <input type="text" value="1"/> B <input type="text" value="2"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>SPEED</b> A <input type="text" value="5"/> B <input type="text" value="5"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/>	<b>LOCAL REPORT #</b> <b>10MPD 2196</b>										

**NARRATIVE**

UNIT 01 WAS BACKING OUT OF A PARKING SPACE IN THE WAL-MART PARKING LOT. HE SAID WHEN HE LOOKED BACK HE DID NOT SEE ANYONE THERE, AND THEN WHEN HE BACKED UP UNIT 02 WAS THERE, AND HE BACKED INTO THE FRONT OF UNIT 02. UNIT 02 SAID THAT HE SAW THE FIRST SPOT IN THE ROW ACROSS FROM WHERE UNIT 01 WAS PARKED WAS OPEN, SO HE PULLED IN THE LANE OF TRAVEL, AND STARTED TO BACK INTO THE OPEN PARKING SPACE. HE SAID THAT HE DID NOT SEE ANY BACK UP LIGHTS ON UNIT 01'S VEHICLE, AND WHILE HE WAS BACKING INTO THE OPEN PARKING SPACE UNIT 01 BACKED INTO HIM. I DID CHECK UNIT 01'S REVERSE LIGHTS AND FOUND THAT THEY WERE NOT WORKING.

<b>MANNER OF COLLISION OR IMPACT</b> <b>5</b> 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWIP SAME DIRECTION 8 SIDESWIP OPPOSITE DIRECTION 9 UNKNOWN	<b>SCHOOL BUS RELATED</b> <b>1</b> 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN	<b>DIAGRAM</b>  <div style="text-align: center;"> <p>Wal-Mart 1640 S. Washington St. Millersburg, Ohio 44654</p> </div>
<b>WEATHER</b> <b>02</b> 01 CLEAR 02 CLOUDY 03 FOG/SMOG/SMOKE 04 RAIN 05 LEFT-HAIL (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND/SOIL/DIRT/SNOW 09 OTHER 10 UNKNOWN	<b>WORK ZONE RELATED</b> <b>1</b> 1 NO 2 YES 3 UNKNOWN	
<b>LIGHT CONDITIONS</b> <b>PRIMARY SECONDARY</b> <b>1</b> <input type="checkbox"/> 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	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT OR MOVING WORK 5 OTHER  <b>LOC ATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 BEFORE THE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA  <b>WORKERS PRESENT</b> <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN	

<b>TRUCK/BUS UNIT #</b> <input type="text"/>	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
---	--	---

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
<b>CARGO BODY TYPE</b> <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-13 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRABCHIPS GRAVEL		05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER	10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	<b>CDL CLASS</b> <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	<b>HAZARDOUS MATERIALS</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<b>HAZARDOUS MATERIALS REF FASEN</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE

<b>POLICE ACTION</b>						
DATE CRASH REPORTED <b>11/6/2010</b>	TIME REC CALL <b>13:15</b>	DISPATCH <b>13:19</b>	ARRIVED <b>13:25</b>	CLEARED <b>13:46</b>	OTHER <b>0</b>	TOTAL MINUTES <b>27</b>
OFFICER'S NAME <b>PTL. KEVIN BROWN</b>		BADGE # <b>108</b>	CHECKED BY	DATE REPORT FILED <b>11/6/2010</b>		
REPORT TAKEN BY <b>1</b> 1 POLICE AGENCY 2 MOTORIST	REPORT TAKEN AT <b>1</b> 1 SCENE 2 STATION 3 OTHER	SUPPLEMENT 'X' IF YES <input type="checkbox"/>		LOCAL REPORT # <b>10MPD 2196</b>		