



TRAFFIC CRASH REPORT

CRASH REPORT # 10MPD 2273	CRASH SEVERITY 3 1.FATAL ERROR 3.PDO 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> NO IF YES	HIT/SKIP # 1 1.NOT HIT/SKIP 2.SOLVED 3.UNSOLVED	PHOTOS TAKEN <input type="checkbox"/> YES	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
N.C.L.C. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	# UNITS 2	UNIT ERROR 01 98.ANIMAL 99.UNKNOWN	DATE OF CRASH 11/19/2010	

TIME OF CRASH 15:50	DAY OF WEEK FRI	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40325707	LONGITUDE 081550500
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX S	CRASH LOCATION S. WASHINGTON ST.	TYPE LOC 1
REFERENCE POINT USED		S. CLAY Y

DIST. REF. 20 F	DR S	PREFIX	REFERENCE NO NAME ST.	REF POINT 02	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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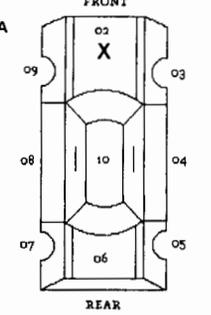
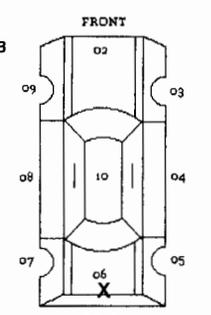
MOTORIST / NON-MOTORIST

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) WOODRUFF ZACHERY DEAN
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 11375 T.R. 63 KILLBUCK OH 44637			
SOCIAL SECURITY NUMBER	DATE OF BIRTH 07/20/1992	AGE 18	SEX M
HOME PHONE # (330)473-8867	WORK PHONE # (330)763-1598		
DL STATE OH	DL # TU947721	LP STATE OH	LP # DXL1131
INJURED TAKEN BY 1 1.NONE 4.OTHER 2.FAR 3.UNKNOWN 3.POLICE		TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') WOODRUFF, JEFF D.		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 11375 T.R. 63 KILLBUCK OH 44637	
YEAR 1996	MAKE DODGE	MODEL OTHER TRUC	COLOR BLUE
INSURANCE COMPANY MOTORIST MUTUAL	TOWING SERVICE	OWNER PHONE # (330)377-4105	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES

B	UNIT # 02	# OF OCC 5	NAME (LAST, FIRST, MIDDLE) STEINER RAY W.
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 10976 OLD LINCOLNWAY ORRVILLE OH 44667			
SOCIAL SECURITY NUMBER	DATE OF BIRTH 09/28/1952	AGE 58	SEX M
HOME PHONE # (330)682-2465	WORK PHONE # (330)749-0435		
DL STATE OH	DL # RL686369	LP STATE OH	LP # ENY8510
INJURED TAKEN BY 1 1.NONE 4.OTHER 2.FAR 3.UNKNOWN 3.POLICE		TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') STEINER, RAY W.		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 10976 OLD LINCOLNWAY ORRVILLE OH 44667	
YEAR 1999	MAKE FORD	MODEL F-SERIES PIC	COLOR GREEN
INSURANCE COMPANY STATE FARM	TOWING SERVICE	OWNER PHONE # (330)682-2465	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES

C	UNIT # 02	NAME (LAST, FIRST, MIDDLE) SCHLABACH ADAM L.	HOME PHONE #	DATE OF BIRTH 02/28/1986	AGE 24	SEX M
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 8641 E. LINCOLNWAY ORRVILLE OH 44667			INJURED TAKEN BY 1 1.NONE 4.OTHER 2.FAR 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO	
D	UNIT # 02	NAME (LAST, FIRST, MIDDLE) SCHLABACH JOHN L.	HOME PHONE #	DATE OF BIRTH 07/09/1988	AGE 22	SEX M
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 582 S. MILLBORNE RD. APPLE CREEK OH 44606			INJURED TAKEN BY 1 1.NONE 4.OTHER 2.FAR 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO	

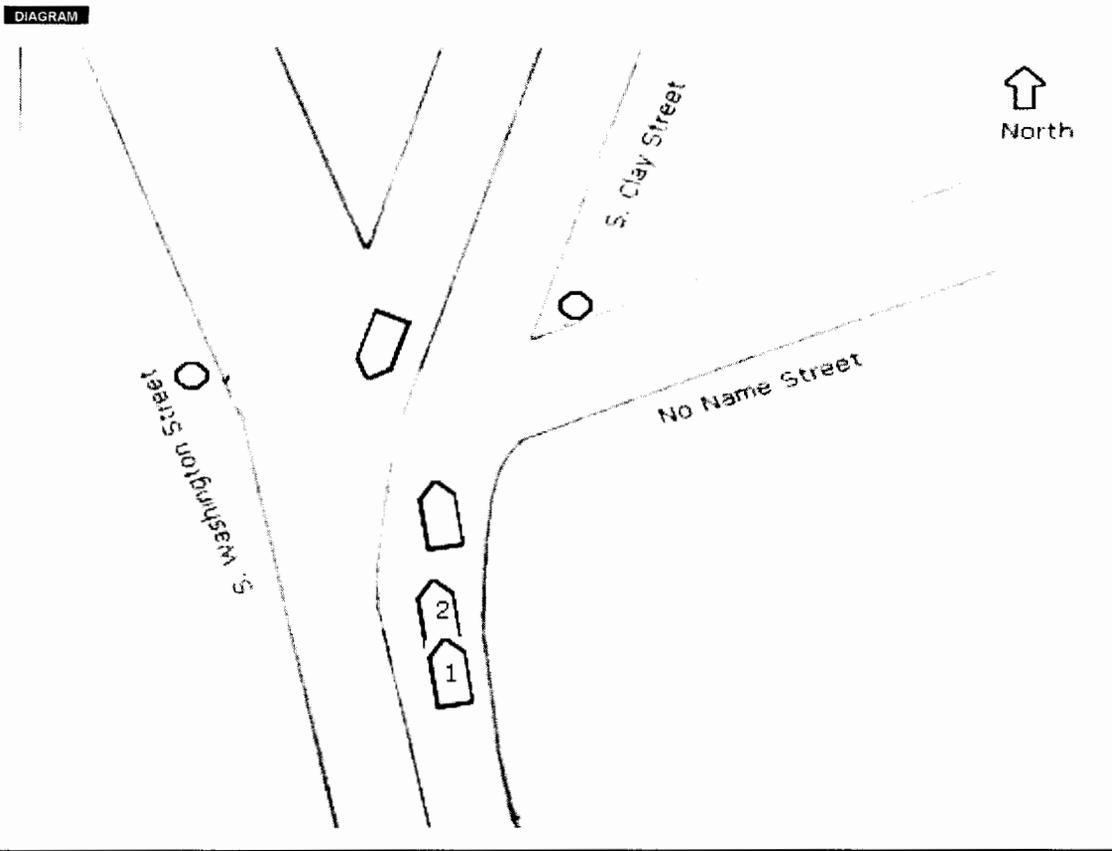
SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
A 01 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SEATER SECTION 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 NONE USED 02 MOTORIST BELT ONLY USED 03 LAP BELT ONLY USED 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED 06 HELMET USED 07 RESTRAINT USE UNKNOWN 08 NON-MOTORIST 09 NONE 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	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 04	B 1	B 1	B 1	B 1	B 1
C 03	C 01	C 1	C 1	C 1	C 1	C 1
D 04	D 01	D 5	D 1	D 1	D 1	D 1
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT 'X' IF YES

<p>UNIT NUMBERS</p> <p>A <input type="text" value="01"/> B <input type="text" value="02"/></p> <p>NON-MOTORIST LOCATION</p> <p>A <input type="text"/> B <input type="text"/></p> <p>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 NOT SHOULDER, MEDIAN, SIDEWALK, OR ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN</p>	<p>DAMAGE AREA</p> <p>A</p>  <p>B</p> 	<p>PRE-CRASH ACTIONS</p> <p>A <input type="text" value="01"/> B <input type="text" value="11"/></p> <p>MOTORIST</p> <p>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 15 NON-MOTORIST 16 ENTERING OR CROSSING SPECIFIED LOCATION 17 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 18 WORKING 19 PUSHING VEHICLE 20 APPROACHING OR LEAVING VEHICLE 21 PLAYING OR WORKING ON VEHICLE 22 STANDING 23 OTHER 24 UNKNOWN</p>	<p>SEQUENCE OF EVENTS</p> <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> <p>NON-COLLISION</p> <p>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 OF 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 - 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 ATTENTIONATOR 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/SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 39 DITCH 40 EMBANKMENT 41 FENCE 42 MAILBOX 43 TREE 44 OTHER FIXED OBJECT/WALL, BUILDING, TOWER, ETC.) 45 WORK ZONE MAINTENANCE EQUIPMENT 46 UNKNOWN FIXED OBJECT 47 OTHER 48 OTHER 49 UNKNOWN</p>	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"/>	<p>POSTED SPEED</p> <p>A <input type="text" value="35"/> B <input type="text" value="35"/></p> <p>TRAFFIC CONTROL</p> <p>A <input type="text" value="01"/> B <input type="text" value="01"/></p> <p>01 NO CONTROL 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSINGS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALK/DON'T WALK 15 TRAFFIC CONTROL DEVICE 16 OTHER 17 NOT REPORTED</p>	<p>DRUG TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p> <p>DRUG TEST TYPE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE 2 BLOOD 3 URINE 4 OTHER</p> <p>DRUG TEST 1 & 2 RESULT</p> <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> <p>1 NONE 2 MARIJUANA 3 COCAINE 4 OPiates 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING</p>	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"/>
A	B																						
1 <input type="text" value="20"/>	1 <input type="text" value="20"/>																						
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3 <input type="text"/>	3 <input type="text"/>																						
4 <input type="text"/>	4 <input type="text"/>																						
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"/>																				
<p>TYPE OF UNIT</p> <p>A <input type="text" value="07"/> B <input type="text" value="07"/></p> <p>MOTORIST</p> <p>01 SUBCOMPACT 02 COMPACT 03 MID-LEVEL 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PASSENGER VAN 09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK, 3 OR MORE AXLES 11 TRUCK TRAILER 12 TRUCK TRACTOR (HOPTAIL) 13 TRACTOR SEMI-TRAILER 14 TRACTOR DOUBLE - SHORT 15 TRACTOR DOUBLE - LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR TRIPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHILDREN'S BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/FUNCT. VEH. 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 NON-WHOLEY 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS 35 NON-MOTORIST 36 ANIMAL W/ RIDER 37 ANIMAL W/ DRUGS 38 BICYCLE 39 PEDESTRIAN 40 PEDAL CYCLE/BIKE, TRICYCLE, UNICYCLE, PEDAL CAR 41 SKATER 42 OTHER NON-MOTORIST (WHEELCHAIR, ETC.) 43 UNKNOWN</p>	<p>MOST DAMAGED AREA</p> <p>A <input type="text" value="02"/> B <input type="text" value="06"/></p> <p>01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN</p>	<p>CONTRIBUTING CIRCUMSTANCES</p> <p>A <input type="text" value="08"/> B <input type="text" value="01"/></p> <p>MOTORIST</p> <p>01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ACDA 09 IMPROPER LANE CHANGE/DROVE OFF ROAD/IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENCE OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE OBJECT, NON-MOTORIST IN ROADWAY, ETC.) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTION 18 FATIGUE/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN 23 NON-MOTORIST 24 NONE 25 IMPROPER CROSSING 26 DARTING 27 VIOLATING AND/OR ILLEGALLY IN ROADWAY 28 FAILURE TO YIELD RIGHT OF WAY 29 NOT VISIBLE (DARK CLOTHING) 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN</p>	<p>FIRST HARMFUL EVENT</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p> <p>MOST HARMFUL EVENT</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<p>DIRECTION</p> <table border="1"> <tr> <td>FROM TO</td> <td>FROM TO</td> </tr> <tr> <td>A <input type="text" value="2"/> <input type="text" value="1"/></td> <td>B <input type="text" value="2"/> <input type="text" value="1"/></td> </tr> </table> <p>1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN</p> <p>CONDITION</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTRESSED) 4 LINES 5 FELL, ASLEEP, FAINTED, FATIGUED, ETC. 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN</p>	FROM TO	FROM TO	A <input type="text" value="2"/> <input type="text" value="1"/>	B <input type="text" value="2"/> <input type="text" value="1"/>	<p>TYPE OF INTERSECTION</p> <p>A <input type="text" value="01"/> B <input type="text" value="01"/></p> <p>01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDABOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY 11 RAILWAY GRADE CROSSING 12 SHARED-USE PATHS OR TRAILS 13 UNKNOWN</p> <p>OCCURRENCE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GOLF COURSE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN</p>														
FROM TO	FROM TO																						
A <input type="text" value="2"/> <input type="text" value="1"/>	B <input type="text" value="2"/> <input type="text" value="1"/>																						
<p>IN EMERGENCY RESPONSE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	<p>POINT OF IMPACT</p> <p>A <input type="text" value="02"/> B <input type="text" value="06"/></p> <p>01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN</p>	<p>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</p> <p>A <input type="text"/> B <input type="text"/></p> <p>01 BURN BURN MARKS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 TURNING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TRAILER 10 DEFECTS OBSERVED FROM PRIOR ACCIDENT 11 OTHER DEFECTS 12 NO DEFECTS</p>	<p>SPEED DETECTED</p> <p>A <input type="text" value="2"/> B <input type="text" value="1"/></p> <p>1 STATED 2 ESTIMATED</p>	<p>ALCOHOL/DRUG SUSPECTED</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE 2 YES ALCOHOL SUSPECTED 3 YES - BUD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN</p>	<p>ROAD CONTOUR</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN</p>																		
<p>DAMAGE SCALE</p> <p>A <input type="text" value="2"/> B <input type="text" value="2"/></p> <p>1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN</p>	<p>ACTION</p> <p>A <input type="text" value="3"/> B <input type="text" value="4"/></p> <p>1 NON-CONTACT 2 NON-COLLISION 3 STRICKING 4 STRUCK 5 BOTH STRICKING AND STRUCK 6 UNKNOWN</p>	<p>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</p> <p>A <input type="text"/> B <input type="text"/></p> <p>01 BURN BURN MARKS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 TURNING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TRAILER 10 DEFECTS OBSERVED FROM PRIOR ACCIDENT 11 OTHER DEFECTS 12 NO DEFECTS</p>	<p>SPEED</p> <p>A <input type="text" value="35"/> B <input type="text" value="0"/></p>	<p>ALCOHOL TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p>	<p>ROAD CONDITIONS</p> <p>PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/></p> <p>0 DRY 02 WET 03 SNOW 04 ICE 05 SAND/MULCH/DIRT/OIL GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN</p>																		
<p>STRIKING VEHICLE OVERRIDE/UNDERIDE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NO UNDERIDE OR OVERRIDE 2 UNDERIDE, COMPARTMENT INTRUSION 3 UNDERIDE, NO COMPARTMENT INTRUSION 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN IF UNDERIDE OR OVERRIDE</p>	<p>ALCOHOL TEST TYPE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE 4 BREATH 2 BLOOD 3 OTHER 5 OTHER</p>	<p>ALCOHOL TEST RESULT</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	<p>ALCOHOL TEST RESULT</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	<p>ALCOHOL TEST RESULT</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	<p>LOCAL REPORT #</p> <p>10MPD 2273</p>																		

NARRATIVE

UNIT 1 WAS NORTHBOUND ON S. WASHINGTON ST. AND REAR ENDED UNIT 2 TRAVELING THE SAME DIRECTION IN FRONT OF HIM AND WHO WAS STOPPED IN TRAFFIC. UNIT 1'S BRAKES FAILED WHEN HE WENT TO STOP AND CONTRIBUTED TO THE CRASH.

MANNER OF COLLISION OR IMPACT 2 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-REAR 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWIPE SAME DIRECTION 8 SIDESWIPE OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER 01 01 CLEAR 02 CLOUDY 03 FOG SMOG SMOKE 04 RAIN 05 SLIPPERY (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 HAIL (WIND) 09 SAND SILT DIRT SNOW 10 UNKNOWN	WORK ZONE RELATED 1 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS PRIMARY 1 SECONDARY <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	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT OR MOVING WORK 5 OTHER
LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE THE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	WORKERS PRESENT <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN



TRUCK/BUS UNIT # <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 A FATALITY, OR B AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT, OR C 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
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CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VEHICLE (RED IRN) 04 GRAIN CHIPS (GRAVEL)	05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER	10 AUTO TRANSPORTER 11 GARbage REFUSE 12 OTHER 13 UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 1 LESS EQUAL 10,000 2 10,001 - 26,000 3 MORE THAN 26,000	CDL CLASS <input type="checkbox"/> 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	HAZARDOUS MATERIALS <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN	HAZARDOUS MATERIALS REFINISHED <input type="checkbox"/> 1 NO 2 YES 3 NOT APPLICABLE
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POLICE ACTION DATE CRASH REPORTED 11/19/2010	TIME REC CALL 15:55	DISPATCH 16:59	ARRIVED 16:01	CLEARED 16:21	OTHER 30	TOTAL MINUTES 52
OFFICER'S NAME PTL. W. TODD BOOTH	BADGE # 104	CHECKED BY	DATE REPORT FILED 11/19/2010			
REPORT TAKEN BY <input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST	REPORT TAKEN AT <input checked="" type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER	<input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT # 10MPD 2273			

TRAFFIC CRASH REPORT - OCCUPANT ADDENDUM

LOCAL REPORT # 10MPD 2273	N.C.I.C. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	DATE OF CRASH 11/19/2010
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E	UNIT # <input type="text" value="02"/>	NAME (LAST, FIRST, MIDDLE) SCHLABACH JONAS L.	HOME PHONE#	DATE OF BIRTH 09/10/1982	AGE 28	SEX M
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 8555 E. LINCOLNWAY ORRVILLE OH 44667			INJURED TAKEN BY <input checked="" type="checkbox"/> 1 <small>1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE</small>	TRANSPORTED BY		INJURED TAKEN TO
F	UNIT # <input type="text" value="02"/>	NAME (LAST, FIRST, MIDDLE) SCHLABACH MARTIN L.	HOME PHONE#	DATE OF BIRTH 07/27/1980	AGE 30	SEX M
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 265 N. SWINEHART RD. ORRVILLE OH 44667			INJURED TAKEN BY <input checked="" type="checkbox"/> 1 <small>1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE</small>	TRANSPORTED BY		INJURED TAKEN TO
G	UNIT # <input type="text"/>	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
H	UNIT # <input type="text"/>	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
I	UNIT # <input type="text"/>	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
J	UNIT # <input type="text"/>	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
K	UNIT # <input type="text"/>	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 E <input checked="" type="checkbox"/> 05 01 FRONT - LEFT (MC DRIVER) <input type="checkbox"/> 06 02 FRONT - MIDDLE <input type="checkbox"/> 07 FRONT - RIGHT <input type="checkbox"/> 08 SECOND - LEFT (MC PASS) <input type="checkbox"/> 09 SECOND - MIDDLE <input type="checkbox"/> 10 SECOND - RIGHT <input type="checkbox"/> 11 THIRD - LEFT (MC PASSENGER SIDE CAB) <input type="checkbox"/> 12 THIRD - MIDDLE <input type="checkbox"/> 13 THIRD - RIGHT <input type="checkbox"/> 14 REAR SECTION OF CAB <input type="checkbox"/> 15 UNCLOSED CARGO AREA <input type="checkbox"/> 16 UNCLOSED CARGO AREA <input type="checkbox"/> 17 TRAILER UNIT <input type="checkbox"/> 18 EXTERIOR <input type="checkbox"/> 19 OTHER <input type="checkbox"/> 20 NON-MOTORIST <input type="checkbox"/> 21 UNKNOWN BLANK FOR WITNESS	SAFETY EQUIPMENT E <input checked="" type="checkbox"/> 01 MOTORIST <input type="checkbox"/> 02 NONE USED <input type="checkbox"/> 03 SHOULDER BELT ONLY USED <input type="checkbox"/> 04 LAP BELT ONLY USED <input type="checkbox"/> 05 SHOULDER AND LAP BELT USED <input type="checkbox"/> 06 CHILD SAFETY SEAT USED <input type="checkbox"/> 07 HELMET USED <input type="checkbox"/> 08 NONE USED <input type="checkbox"/> 09 HELMET USED <input type="checkbox"/> 10 PROTECTIVE PADS <input type="checkbox"/> 11 REFLECTIVE CLOTHING <input type="checkbox"/> 12 LIGHTING <input type="checkbox"/> 13 OTHER <input type="checkbox"/> 14 UNKNOWN	AIR BAG E <input checked="" type="checkbox"/> 5 1 NOT DEPLOYED <input type="checkbox"/> 6 2 DEPLOYED - FRONT <input type="checkbox"/> 7 3 DEPLOYED - SIDE <input type="checkbox"/> 8 4 DEPLOYED BOTH FRONT/SIDE <input type="checkbox"/> 9 5 NOT APPLICABLE <input type="checkbox"/> 0 6 DEPLOYMENT UNKNOWN	AIR BAG SWITCH E <input checked="" type="checkbox"/> 1 1 ON-OFF SWITCH NOT PRESENT <input type="checkbox"/> 2 2 SWITCH IN ON POSITION <input type="checkbox"/> 3 3 SWITCH IN OFF POSITION <input type="checkbox"/> 4 4 UNKNOWN POSITION	EJECTION E <input checked="" type="checkbox"/> 1 1 NOT EJECTED <input type="checkbox"/> 2 2 TOTALLY EJECTED <input type="checkbox"/> 3 3 PARTIALLY EJECTED <input type="checkbox"/> 4 4 NOT APPLICABLE <input type="checkbox"/> 5 5 UNKNOWN	TRAPPED E <input checked="" type="checkbox"/> 1 1 NOT TRAPPED <input type="checkbox"/> 2 2 EXTRICATED BY MECHANICAL MEANS <input type="checkbox"/> 3 3 FREED BY NON-MECHANICAL MEANS <input type="checkbox"/> 4 4 UNKNOWN	INJURIES E <input checked="" type="checkbox"/> 1 1 NO INJURY <input type="checkbox"/> 2 2 POSSIBLE <input type="checkbox"/> 3 3 NON-INCAPACITATING <input type="checkbox"/> 4 4 INCAPACITATING <input type="checkbox"/> 5 5 FATAL INJURY <input type="checkbox"/> 6 6 UNKNOWN
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SUPPLEMENT 'X' IF YES