

# TRAFFIC CRASH REPORT



<b>CRASH REPORT #</b> 10MPD 2303	<b>CRASH SEVERITY</b> <input checked="" type="checkbox"/> 3 1.FATAL ERROR 3.FDO 2.INJURY 4.UNKNOWN	<b>PRIVATE PROPERTY</b> <input checked="" type="checkbox"/> 'X' IF YES	<b>HIT/SKIP</b> <input checked="" type="checkbox"/> 1 NOT HIT/SKIP 2.SOLVED 3.UNSOLVED	<b>PHOTOS TAKEN</b> <input checked="" type="checkbox"/> 'X' IF YES	<b>OH-2 OH-3 OH-1P OTHER</b> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>N.C.I.C. #</b> 03801	<b>REPORTING AGENCY</b> MILLERSBURG POLICE DEPARTMENT		<b># UNITS</b> 2	<b>UNIT ERROR</b> <input type="checkbox"/> 01 98.ANIMAL 99.UNKNOWN	<b>DATE OF CRASH</b> 11/23/2010

<b>TIME OF CRASH</b> 10:01	<b>DAY OF WEEK</b> TUE	<b>CITY/VILLAGE/TOWNSHIP</b> VILLAGE	<b>NAME (OF CITY, VILLAGE OR TOWNSHIP)</b> MILLERSBURG	<b>COUNTY #</b> 38	<b>LATITUDE</b> 40335300	<b>LONGITUDE</b> 081551301
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<b>CRASH OCCURRED ON</b>			<b>TYPE LOCATION POINT USED</b>			<b>LOCAL INFORMATION</b>		
<b>PREFIX</b>	<b>CRASH LOCATION</b> PRIVATE PROPERTY	<b>TYPE LOC</b> 1	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	POMERENE HOSPITAL LOT				

<b>AT/REFERENCE</b>				<b>REFERENCE POINT USED</b>			
<b>DIST. REF.</b>	<b>DR</b>	<b>PREFIX</b>	<b>REFERENCE</b> 000981 WOOSTER RD	<b>REF POINT</b> 04	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

<b>A</b>	<b>UNIT #</b> 01	<b># OF OCC</b> 1	<b>NAME (LAST, FIRST, MIDDLE)</b> WHEATLEY DEANNA J.	
<b>ADDRESS (STREET, CITY, STATE, ZIP-CODE)</b> 207 W. MILLERSBURG ST. NASHVILLE OH 44661				
<b>SOCIAL SECURITY NUMBER</b>		<b>DATE OF BIRTH</b> 09/19/1956		<b>AGE</b> 54
<b>DL STATE</b> OH	<b>DL #</b> RQ164809	<b>LP STATE</b> OH	<b>LP #</b> EXL9388	<b>INJURED TAKEN BY</b> <input checked="" type="checkbox"/> 1 NONE 4.OTHER 2.FMS 3.UNKNOWN 3.POLICE
<b>OWNER NAME (IF SAME, WRITE 'SAME')</b> WHEATLEY, DEANNA J.			<b>OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)</b> 207 W. MILLERSBURG ST. NASHVILLE OH 44661	
<b>YEAR</b> 2007	<b>MAKE</b> CHRYSLER	<b>MODEL</b> OTHER	<b>COLOR</b> RED	<b>INSURANCE COMPANY</b> PROGRESSIVE
<b>OFFENSE CHARGED</b>		<b>OFFENSE DESCRIPTION</b>		<b>CITATION #</b>

<b>B</b>	<b>UNIT #</b> 02	<b># OF OCC</b> 0	<b>NAME (LAST, FIRST, MIDDLE)</b>	
<b>ADDRESS (STREET, CITY, STATE, ZIP-CODE)</b>				
<b>SOCIAL SECURITY NUMBER</b>		<b>DATE OF BIRTH</b> //		<b>AGE</b>
<b>DL STATE</b> OH	<b>DL #</b>	<b>LP STATE</b> OH	<b>LP #</b> ED76KD	<b>INJURED TAKEN BY</b> <input type="checkbox"/> 1 NONE 4.OTHER 2.FMS 3.UNKNOWN 3.POLICE
<b>OWNER NAME (IF SAME, WRITE 'SAME')</b> FLEMING, LARRY E.			<b>OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)</b> 29881 T.R. 209 COSHOCTON OH 43812	
<b>YEAR</b> 1998	<b>MAKE</b> CHEVROLET	<b>MODEL</b> SPORTVAN	<b>COLOR</b> GREY	<b>INSURANCE COMPANY</b> ALLSTATE
<b>OFFENSE CHARGED</b>		<b>OFFENSE DESCRIPTION</b>		<b>CITATION #</b>

<b>C</b>	<b>UNIT #</b>	<b>NAME (LAST, FIRST, MIDDLE)</b>		<b>HOME PHONE #</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>SEX</b>	
<b>ADDRESS (STREET, CITY, STATE, ZIP-CODE)</b>					<b>INJURED TAKEN BY</b> <input type="checkbox"/> 1 NONE 4.OTHER 2.FMS 3.UNKNOWN 3.POLICE	<b>TRANSPORTED BY</b>		<b>INJURED TAKEN TO</b>
<b>D</b>	<b>UNIT #</b>	<b>NAME (LAST, FIRST, MIDDLE)</b>		<b>HOME PHONE #</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>SEX</b>	
<b>ADDRESS (STREET, CITY, STATE, ZIP-CODE)</b>					<b>INJURED TAKEN BY</b> <input type="checkbox"/> 1 NONE 4.OTHER 2.FMS 3.UNKNOWN 3.POLICE	<b>TRANSPORTED BY</b>		<b>INJURED TAKEN TO</b>

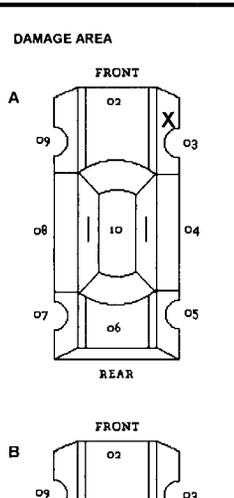
<b>SEATING POSITION</b> 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/RIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SEATER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN BLANK FOR WITNESS	<b>SAFETY EQUIPMENT</b> MOTORIST 01 NONE USED 02 SHOULDERS BELT ONLY USED 03 LAP BELT ONLY USED 04 SHOULDERS 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 LIGHTING 13 OTHER 14 UNKNOWN	<b>AIR BAG</b> 1 NOT-DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	<b>AIR BAG SWITCH</b> 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	<b>EJECTION</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	<b>TRAPPED</b> 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	<b>INJURIES</b> 1 NO INJURY 2 POSSIBLE 3 MINOR CAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
<input type="checkbox"/> SUPPLEMENT 'X' IF YES						

MOTORIST / NON-MOTORIST

**UNIT NUMBERS**  
 A  B

**NON-MOTORIST LOCATION**  
 A  B

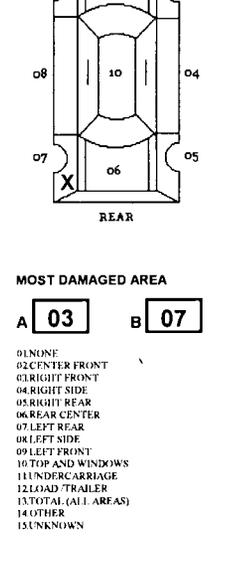
01 MARKED CROSSWALK AT INTERSECTION  
 02 AT INTERSECTION BUT NO CROSSWALK  
 03 NON-INTERSECTION CROSSWALK  
 04 DRIVEWAY ACCESS CROSSWALK  
 05 IN ROADWAY  
 06 NOT IN ROADWAY  
 07 MEDIAN (BUT NOT ON SHOULDER)  
 08 ISLAND  
 09 SHOULDER  
 10 SIDEWALK  
 11 WITHIN 10 FEET OF ROADWAY (BUT NO SHOULDER, MEDIAN, SIDEWALK OR ISLAND)  
 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)  
 13 OTHER SIDE TRAFFICWAY  
 14 SHARED USE PATHS OR TRAILS  
 15 UNKNOWN



**TYPE OF UNIT**  
 A  B

**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 (BOBTAIL)  
 13 TRACTOR SEMI TRAILER  
 14 TRACTOR DOB (BLE - SHORT)  
 15 TRACTOR DOB (BLE - LONG)  
 16 FULWHEEL OR CONVERTER DOLLY  
 17 TRACTOR TRIPLES  
 18 MOTORCYCLE  
 19 MOTORIZED BICYCLE  
 20 SCOOTER  
 21 CHILDRIBUS  
 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 SNOWMOBILE  
 33 CONSTRUCTION EQUIPMENT  
 34 ALL OTHERS

**NON-MOTORIST**  
 35 ANIMAL - WILDER  
 36 ANIMAL - W/BAGGY  
 37 BICYCLE  
 38 PEDESTRIAN  
 39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)  
 40 SKATER  
 41 OTHER-NON MOTORIST (WHEELCHAIR, ETC.)  
 42 UNKNOWN



**POINT OF IMPACT**  
 A  B

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

**ACTION**  
 A  B

1. NON-CONTACT  
 2. NON-COLLISION  
 3. STRUCK  
 4. STRUCK  
 5. BOTH STRIKING AND STRUCK  
 6. UNKNOWN

**IN EMERGENCY RESPONSE**  
 A  B

1. NO  
 2. YES  
 3. UNKNOWN

**VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE**  
 A  B

01 TURN SIGNALS  
 02 HEAD LAMPS  
 03 TAIL LAMPS  
 04 BRAKES  
 05 STEERING  
 06 TIRE BLOWOUT  
 07 WORN OR SLICK TIRES  
 08 TRAILER EQUIPMENT DEFECTIVE  
 09 MOTOR TROUBLE  
 10 DISABLED FROM PRIOR ACCIDENT  
 11 OTHER DEFECTS  
 12 NO DEFECTS

**DAMAGE SCALE**  
 A  B

1. NONE  
 2. NON-FUNCTIONAL  
 3. FUNCTIONAL DAMAGE  
 4. DISABLING DAMAGE  
 5. SPARE  
 6. UNKNOWN

**STRIKING VEHICLE OVERRIDE/UNDERDRIVE**  
 A  B

1. NO UNDERDRIVE OR OVERRIDE  
 2. UNDERDRIVE, COMPARTMENT INTRUSION  
 3. UNDERDRIVE, NO COMPARTMENT INTRUSION  
 4. UNDERDRIVE, COMPARTMENT INTRUSION UNKNOWN  
 5. OVERRIDE, MOTOR VEHICLE IN TRANSPORT  
 6. OVERRIDE, OTHER VEHICLE  
 7. UNKNOWN IF UNDERDRIVE OR OVERRIDE

**PRE-CRASH ACTIONS**  
 A  B

**MOTORIST**  
 01 ELEMENTS 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 UNKNOWN  
**NON-MOTORIST**  
 14 ENTERING OR CROSSING SPECIFIED LOCATION  
 15 WALKING, RUNNING, JOGGING, PLAYING, CYCLING  
 16 WORKING  
 17 PUSHING VEHICLE  
 18 APPROACHING OR LEAVING VEHICLE  
 19 PLAYING OR WORKING IN VEHICLE  
 20 STANDING  
 21 OTHER  
 22 UNKNOWN

**CONTRIBUTING CIRCUMSTANCES**  
 A  B

**MOTORIST**  
 01 NONE  
 02 FAILURE TO YIELD  
 03 RAN RED LIGHT, OR STOP SIGN  
 04 EXCEEDED SPEED LIMIT  
 05 INSUFFICIENT 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, NEGLIGENT 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/SLEEP  
 19 OPERATING DEFECTIVE EQUIPMENT  
 20 LOAD SHIFTING/FALLING/SPILLING  
 21 OTHER IMPROPER ACTION  
 22 UNKNOWN  
**NON-MOTORIST**  
 23 NONE  
 24 IMPROPER CROSSING  
 25 DARTING  
 26 LYING AND/OR ILLEGALLY IN ROADWAY  
 27 FAILURE TO YIELD RIGHT OF WAY  
 28 NOT VISIBLE (DARK CLOTHING)  
 29 INATTENTIVE  
 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER  
 31 WRONG SIDE OF THE ROAD  
 32 OTHER  
 33 UNKNOWN

**VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE**  
 A  B

01 TURN SIGNALS  
 02 HEAD LAMPS  
 03 TAIL LAMPS  
 04 BRAKES  
 05 STEERING  
 06 TIRE BLOWOUT  
 07 WORN OR SLICK TIRES  
 08 TRAILER EQUIPMENT DEFECTIVE  
 09 MOTOR TROUBLE  
 10 DISABLED FROM PRIOR ACCIDENT  
 11 OTHER DEFECTS  
 12 NO DEFECTS

**SEQUENCE OF EVENTS**

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-COLLISION**  
 01 OVERTURN ROLL OVER  
 02 FIRE/EXPLOSION  
 03 IMMERSION  
 04 CACKNDE  
 05 CARGO EQUIPMENT LOSS OR SHIFT  
 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.)  
 07 SEPARATION OF AXLES  
 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 ATTENUATOR/CRASH CUSHION  
 27 BRIDGE OVERHEAD STRUCTURE  
 28 BRIDGE PIER OR ABUTMENT  
 29 BRIDGE RAIL  
 30 GROUND RAIL FACE  
 31 GROUND RAIL END  
 32 MEDIAN BARRIER  
 33 HIGHWAY TRAFFIC SIGN POST  
 34 OVERHEAD SIGN POST  
 35 HIGHWAY SIGNARIS SIGNPOST  
 36 UTILITY POLE  
 37 OTHER POST, POLE OR SIGNPOST  
 38 CURB  
 39 CURB  
 40 CURB  
 41 EMBANKMENT  
 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

**DIRECTION**

FROM TO FROM TO  
 A   B

1. NORTH  
 2. SOUTH  
 3. EAST  
 4. WEST  
 5. NORTH-EAST  
 6. SOUTH-EAST  
 7. SOUTH  
 8. NORTHWEST  
 9. UNKNOWN

**ALCOHOL/DRUG SUSPECTED**  
 A  B

1. NONE  
 2. YES ALCOHOL SUSPECTED  
 3. YES - BDD NOT IMPAIRED  
 4. YES - DRUGS SUSPECTED  
 5. YES - ALCOHOL AND DRUGS SUSPECTED  
 6. UNKNOWN

**ALCOHOL TEST STATUS**  
 A  B

1. NONE GIVEN  
 2. TEST REFUSED  
 3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  
 4. TEST GIVEN, RESULTS KNOWN  
 5. TEST GIVEN, RESULTS UNKNOWN  
 6. UNKNOWN

**ALCOHOL TEST TYPE**  
 A  B

1. NONE  
 2. BREATH  
 3. BLOOD  
 4. URINE

**ALCOHOL TEST RESULT**  
 A

**SPEED DETECTED**  
 A  B

1. STATED  
 2. ESTIMATED

**SPEED**  
 A  B

**POSTED SPEED**  
 A  B

**TRAFFIC CONTROL**  
 A  B

01 NO CONTROLS  
 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/DONT WALK  
 15 TRAFFIC CONTROL DEVICE  
 16 OPERATIVE, MISSING, OBSOLETE  
 17 NOT REPORTED

**CONDITION**  
 A  B

1. APPARENTLY NORMAL  
 2. PHYSICAL IMPAIRMENT  
 3. EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)  
 4. ILLNESS  
 5. FELL, ASLEEP, FAINTED, FATIGUED, ETC.  
 6. UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL  
 7. OTHER  
 8. UNKNOWN

**ALCOHOL TEST STATUS**  
 A  B

1. NONE GIVEN  
 2. TEST REFUSED  
 3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  
 4. TEST GIVEN, RESULTS KNOWN  
 5. TEST GIVEN, RESULTS UNKNOWN  
 6. UNKNOWN

**ALCOHOL TEST TYPE**  
 A  B

1. NONE  
 2. BREATH  
 3. BLOOD  
 4. URINE

**ALCOHOL TEST RESULT**  
 A

**SUPPLEMENT 'X' IF YES**

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**DRUG TEST STATUS**  
 A  B

1. NONE GIVEN  
 2. TEST REFUSED  
 3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  
 4. TEST GIVEN, RESULTS KNOWN  
 5. GIVEN, RESULTS UNKNOWN  
 6. UNKNOWN

**DRUG TEST TYPE**  
 A  B

1. NONE  
 2. BLOOD  
 3. URINE  
 4. OTHER

**DRUG TEST 1 & 2 RESULT**  
 A   B

1. NONE  
 2. MARIJUANA  
 3. COCAINE  
 4. OPIATES  
 5. AMPHETAMINES  
 6. PCP  
 7. OTHER  
 8. UNKNOWN AT TIME OF REPORTING

**TYPE OF INTERSECTION**

01 NOT AN INTERSECTION  
 02 FOUR-WAY INTERSECTION  
 03 CENTER-SECT  
 04 T-INTERSECTION  
 05 TRAFFIC CIRCLE/ROUNDOABOUT  
 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

**OCCURRENCE**

1. ON ROADWAY  
 2. ON SHOULDER  
 3. IN MEDIAN  
 4. ON ROADSIDE  
 5. ON GORE  
 6. ON SIDE TRAFFICWAY  
 7. UNKNOWN

**ROAD CONTOUR**

1. STRAIGHT LEVEL  
 2. STRAIGHT GRADE  
 3. CURVE LEVEL  
 4. CURVE GRADE  
 5. UNKNOWN

**ROAD CONDITIONS**  
 PRIMARY  SECONDARY

01 DRY  
 02 WET  
 03 SNOW  
 04 ICE  
 05 SAND/MUD/DIRT/OIL/GRAVEL  
 06 WATER (STANDING, MOVING)  
 07 SLUSH  
 08 DEBRIS  
 09 RUT, HOLES, HUMPS, UNEVEN PAVEMENT  
 10 OTHER  
 11 UNKNOWN

**LOCAL REPORT #**  
 10MPD 2303

**NARRATIVE**

UNIT 1 WAS TURNING LEFT INTO A HOSPITAL PARKING LOT SPACE AND COLLIDED WITH UNIT 2 WHO WAS PARKED IN THE SPACE NEXT TO HER.

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>6</b></p> <p>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT          2 REAR-END          3 HEAD-ON          4 REAR-TO-REAR          5 BACKING          6 SWIPE          7 SIDESWIPE SAME DIRECTION          8 SIDESWIPE OPPOSITE DIRECTION          9 UNKNOWN</p>	<p><b>SCHOOL BUS RELATED</b></p> <p><b>1</b></p> <p>1 NO          2 YES, DIRECTLY INVOLVED          3 YES, INDIRECTLY INVOLVED          4 UNKNOWN</p>	<p><b>DIAGRAM</b></p> <p style="text-align: center; font-size: 24px;">Pomerene Hospital Parking Lot</p>											
<p><b>WEATHER</b></p> <p><b>02</b></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 BLOWING SAND/SOIL/DIRT/SNOW          09 OTHER          10 UNKNOWN</p>	<p><b>WORK ZONE RELATED</b></p> <p><b>1</b></p> <p>1 NO          2 YES          3 UNKNOWN</p>												
<p><b>LIGHT CONDITIONS</b></p> <p><b>PRIMARY</b> <b>1</b> <b>SECONDARY</b> <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><b>TYPE OF WORK ZONE</b></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><b>LOC ATION OF CRASH IN WORK ZONE</b></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><b>WORKERS PRESENT</b></p> <p><input type="checkbox"/></p> <p>1 NO          2 YES          3 UNKNOWN</p>												
<p><b>TRUCK/BUS UNIT #</b></p> <p><input type="checkbox"/></p>				<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><b>A</b> 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>									
<p><b>COMPANY (FROM SHIPPING PAPERS)</b></p>													
<p><b>ADDRESS (STREET, CITY, ST, ZIP CODE)</b></p>													
<p><b>US DOT</b></p>	<p><b>ICC MC</b></p>	<p><b>PUCO</b></p>	<p><b>TRAILER LP ST.</b></p>	<p><b>TRAILER LP YEAR</b></p>	<p><b>TRAILER LP #</b></p>	<p><b>PLACARD #</b></p>	<p><b># DIA</b></p>						
<p><b>CARGO BODY TYPE</b></p> <p><input type="checkbox"/></p> <p>01 NOT APPLICABLE          02 BUS (INCLUDING DRIVER)          03 VAN-ENCLOSED 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><b>WEIGHT (GVWR)</b></p> <p><input type="checkbox"/></p> <p>1 LESS THAN 10,000          2 10,001 - 26,000          3 MORE THAN 26,000</p>		<p><b>CDL CLASS</b></p> <p><input type="checkbox"/></p> <p>1 CLASS A          2 CLASS B          3 CLASS C          4 CLASS D          5 CLASS E</p>		<p><b>HAZARDOUS MATERIALS</b></p> <p><input type="checkbox"/></p> <p>1 NO          2 YES          3 UNKNOWN</p>		<p><b>HAZARDOUS MATERIALS RELEASED</b></p> <p><input type="checkbox"/></p> <p>1 NO          2 YES          3 NOT APPLICABLE</p>	
<p><b>POLICE ACTION</b></p>													
<p><b>DATE CRASH REPORTED</b></p> <p>1/23/2010</p>		<p><b>TIME REC CALL</b></p> <p>11:02</p>		<p><b>DISPATCH</b></p> <p>11:12</p>		<p><b>ARRIVED</b></p> <p>11:18</p>		<p><b>CLEARED</b></p> <p>11:59</p>		<p><b>OTHER</b></p> <p>30</p>		<p><b>TOTAL MINUTES</b></p> <p>77</p>	
<p><b>OFFICER'S NAME</b></p> <p>PTL. W. TODD BOOTH</p>				<p><b>BADGE #</b></p> <p>104</p>		<p><b>CHECKED BY</b></p>		<p><b>DATE REPORT FILED</b></p> <p>1/23/2010</p>					
<p><b>REPORT TAKEN BY</b></p> <p><b>1</b></p> <p>1 POLICE AGENCY          2 MOTORIST</p>		<p><b>REPORT TAKEN AT</b></p> <p><b>1</b></p> <p>1 LICENSE          2 STATION          3 OTHER</p>		<p><input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b></p>				<p><b>LOCAL REPORT #</b></p> <p>10MPD 2303</p>					

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10 mpr2303	REPORTING AGENCY MILLERSBURG P.D.	DATE OF CRASH M 11 10 23 Y 10
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, VIRGINIA K. SHAMP HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
W TODD BOOTH (PRINTED) AT JPH LOT  
(OFFICERS NAME) (LOCATION)

I had pulled into parking lot at J.P.H. W. Pen I saw a lady in a red van hit a C. Van. Get out of her car, wipe the other van off with K. Paper, get back in her van and leave.

Q. WHAT WAS THE RED VAN'S PLATE NUMBER?

A. EXL 8898

*Virginia K. Shamp*

ADDRESS OF WITNESS 945 N. RAILROAD ST KILLBUCK, OH 1044637	PHONE 330 276 0044
SIGNATURE OF WITNESS <i>Virginia K. Shamp</i>	OFFICERS SIGNATURE <i>P.O. W Todd Booth</i>

OHIO TRAFFIC CRASH WITNESS STATEMENT

119 11-23-10

OH-3 REV 1/82

LOCAL REPORT NUMBER 10MPD2303	REPORTING AGENCY MILLERSBURG P.D.	DATE OF CRASH M 11 / D 23 / Y 10
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, BARBARA J. MILLER (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
W TODD BOOTH (OFFICERS NAME) AT JPH LOT (LOCATION)

I was on the sidewalk walking toward the hospital & I heard a loud crash. I looked over & a red town & country van hit into the rear of a gray full size van. The driver was a woman, she got out & looked at the van & the front of her van & then I walked on into the hospital & reported the license plate number to the front desk. ExL 9388.

ADDRESS OF WITNESS 5545A TR381 MURR, OHIO 44654	PHONE 330 440 4216
SIGNATURE OF WITNESS Barbara J Miller	OFFICERS SIGNATURE W Todd Booth