

TRAFFIC CRASH REPORT



CRASH REPORT # 10MPD 2306	CRASH SEVERITY 3 <small>1 FATAL ERROR 3 FPD 2 INJURY 4 UNKNOWN</small>	PRIVATE PROPERTY <input type="checkbox"/> NO <input type="checkbox"/> YES	HITS/SKIP 1 <small>1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED</small>	PHOTOS TAKEN <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	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 <small>98 ANIMAL 99 UNKNOWN</small>	DATE OF CRASH 11/23/2010	

TIME OF CRASH 16:40	DAY OF WEEK TUE	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40330803	LONGITUDE 081550703
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CRASH OCCURRED ON			TYPE LOCATION POINT USED		LOCAL INFORMATION	
PREFIX S	CRASH LOCATION S. WASHINGTON ST.	TYPE LOC 1	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	IFO 192 S. WASHINGTON ST.		
AT/REFERENCE			REFERENCE POINT USED			
DIST. REF. 55 F	DR N	PREFIX	REFERENCE NEWTON ST.	REF POINT 02	01 STATE LINE 05 TOWNSHIP BOUNDARY 09 DRIVEWAY 02 INTERSECTION OF TWO 06 MILE POST STREETS 07 CORPORATION LIMIT 03 COUNTY LINE 08 PLACE NAME WITHOUT 04 HOUSE NUMBER REFERENCE	

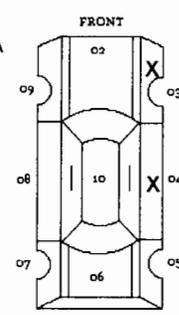
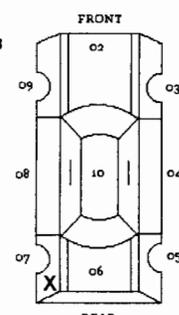
A	UNIT # 01	# OF OCC 2	NAME (LAST, FIRST, MIDDLE) TENNEY CHAD E.					
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1015 FORLOW ST. MILLERSBURG OH 44654								
SOCIAL SECURITY NUMBER		DATE OF BIRTH 11/06/1978		AGE 32	SEX M	HOME PHONE # (330)275-7574		
DL STATE OH		DL # RU069058		LP STATE OH	LP # EKB8641		INJURED TAKEN BY 1 <small>1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE</small>	
OWNER NAME (IF SAME, WRITE 'SAME') TENNEY, ANGELA M.				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 8304 U.S. 62 KILLBUCK OH 44637				
YEAR 2008	MAKE CHEVROLET	MODEL MALIBU	COLOR GREY	INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE	OWNER PHONE # (330)763-0731		
OFFENSE CHARGED			OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> NO <input type="checkbox"/> YES

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 #		
DL STATE OH		DL #		LP STATE OH	LP # EIB6822		INJURED TAKEN BY <input type="checkbox"/> <small>1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE</small>	
OWNER NAME (IF SAME, WRITE 'SAME') BROWN, VICTOR R.				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 192 S. WASHINGTON ST. MILLERSBURG OH 44654				
YEAR 1996	MAKE CHRYSLER	MODEL OTHER	COLOR PURPLE	INSURANCE COMPANY GRANGE	TOWING SERVICE	OWNER PHONE # (330)674-5646		
OFFENSE CHARGED			OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> NO <input type="checkbox"/> YES

C	UNIT # 01	NAME (LAST, FIRST, MIDDLE) TENNEY HADEN R.			HOME PHONE # (330)275-7574		DATE OF BIRTH 02/27/2002	AGE 8	SEX M
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1015 FORLOW ST. MILLERSBURG OH 44654					INJURED TAKEN BY 1 <small>1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE</small>	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"/> <small>1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE</small>	TRANSPORTED BY	INJURED TAKEN TO		

SEATING POSITION A 01 <small>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 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILER UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN</small> BLANK FOR WITNESS	SAFETY EQUIPMENT A 04 <small>MOTORIST 01 NONE USED 02 SHOULDER 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 NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 RIFLING 13 OTHER 14 UNKNOWN</small>	AIR BAG A 1 <small>1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN</small>	AIR BAG SWITCH A 1 <small>1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION</small>	EJECTION A 1 <small>1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN</small>	TRAPPED A 1 <small>1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN</small>	INJURIES A 1 <small>1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN</small>
<input type="checkbox"/> SUPPLEMENT 'X' IF YES						

MOTORIST / NON-MOTORIST OCCUPANT

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="09"/> B <input type="text" value="10"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>1</td><td><input type="text" value="21"/></td><td>1</td><td><input type="text" value="20"/></td></tr> <tr><td>2</td><td><input type="text"/></td><td>2</td><td><input type="text"/></td></tr> <tr><td>3</td><td><input type="text"/></td><td>3</td><td><input type="text"/></td></tr> <tr><td>4</td><td><input type="text"/></td><td>4</td><td><input type="text"/></td></tr> </table>	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="25"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text"/>
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 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 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 PLAYING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	NON-COLLISION 01 OVERTURN/ROLL-OVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENT LOCKS OR SHIFTS 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) 07 SEPARATION OF TENTS 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 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FINED 14 PEDESTRIAN 15 PEDICYCLE 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 COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT FIXTURES/SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB/VERT 39 CURB 40 DITCH 41 EMBARMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) WORK ZONE MAINTENANCE EQUIPMENT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FINED 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"/>																
TYPE OF UNIT A <input type="text" value="03"/> B <input type="text" value="03"/>	MOST DAMAGED AREA A <input type="text" value="03"/> B <input type="text" value="07"/>	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="09"/> B <input type="text" value="01"/>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	DIRECTION FROM TO A <input type="text" value="1"/> <input type="text" value="2"/> B <input type="text" value="1"/> <input type="text" value="2"/>	DRUG TEST 1 & 2 RESULT 1 <input type="text" value="1"/> 2 <input type="text" value="1"/> 1 <input type="text"/> 2 <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="07"/>	VEHICLE DEFECT CODE ONLY IF '9' 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="1"/> B <input type="text"/>	TYPE OF INTERSECTION <input type="text" value="01"/>																
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 '9' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	SPEED DETECTED 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="2"/>																
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 '9' 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 TYPE A <input type="text" value="1"/> B <input type="text"/>	ROAD CONDITIONS PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/>																
SUPPLEMENT 'X' IF YES		LOCAL REPORT #		10MPD 2306																	

NARRATIVE

UNIT 1 WAS SOUTHBOUND ON S. WASHINGTON ST. AND SWERVED TO HIS RIGHT TO AVOID AN APPROACHING LEFT OF CENTER NORTHBOUND VEHICLE AND STRUCK UNIT 2 WHO WAS PARKED IN A LEGAL PARKING SPACE ALONG THE SIDE OF S. WASHINGTON ST.

<p>MANNER OF COLLISION OR IMPACT</p> <p>7</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>
<p>WEATHER</p> <p>02</p> <p>01 CLEAR 02 CLOUDY 03 FOG-SMOG-SMOKE 04 RAIN 05 SLIGHT HAIL (FREEZING RAIN OR DRIZZLES) 06 SNOW 07 SEVERE CROSSWINDS 08 HAILING 09 SAND/SILT/DIRT/SNOW 10 OTHER 11 UNKNOWN</p>	<p>WORK ZONE RELATED</p> <p>1</p> <p>1 NO 2 YES 3 UNKNOWN</p>	
<p>LIGHT CONDITIONS</p> <p>PRIMARY SECONDARY</p> <p>1 <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>TYPE OF WORK ZONE</p> <p><input type="checkbox"/></p> <p>1 LANE CLOSURE 2 LANE SHIFT CROSSOVER 3 WORK ON SHOULDER OR MEDIUM 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>
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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 (9-15 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>WEIGHT (GVWR)</p> <p><input type="checkbox"/> 1 LESS THAN 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 REFINISHED</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
1/23/2010	16:44	16:45	16:46	17:06	30	51
OFFICER'S NAME		BADGE #		CHECKED BY		DATE REPORT FILED
PTL. W. TODD BOOTH		104				1/23/2010
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT 'X' IF YES		LOCAL REPORT #		
1	1	<input type="checkbox"/>		10MPD 2306		