



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>10MPD 2434</b>	CRASH SEVERITY <b>2</b> 1.FATAL/ERROR 3.FPD 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO	HIT/SKIP <b>1</b> 1.NOT HIT/SKIP 2.SOLVED 3.UNSOLVED	PHOTOS TAKEN <input checked="" 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. # <b>03801</b>	REPORTING AGENCY <b>MILLERSBURG POLICE DEPARTMENT</b>	# UNITS <b>2</b>	UNIT ERROR <b>01</b> 9A.ANIMAL 9B.UNKNOWN	DATE OF CRASH <b>12/15/2010</b>	

TIME OF CRASH <b>10:18</b>	DAY OF WEEK <b>WED</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40332202</b>	LONGITUDE <b>081545306</b>
-------------------------------	---------------------------	---	---	-----------------------	-----------------------------	-------------------------------

CRASH OCCURRED ON PREFIX <b>N</b>	CRASH LOCATION <b>N. CRAWFORD ST.</b>	TYPE LOC <b>1</b>	TYPE LOCATION POINT USED 1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE	LOCAL INFORMATION <b>N. CRAWFORD ST. / MASSILLON RD</b>
---	--	----------------------	---	--

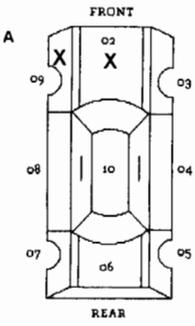
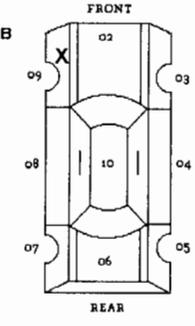
AT/REFERENCE DIST. REF. <b>295 F</b>	DR <b>N</b>	PREFIX <b>E</b>	REFERENCE <b>E. CLINTON ST.</b>	REF POINT <b>02</b>	REFERENCE POINT USED 01.STATE LINE 02.INTERSECTION OF TWO STREETS 03.COUNTY LINE 04.HOUSE NUMBER 05.TOWNSHIP BOUNDARY 06.MILE POST 07.CORPORATION LIMIT 08.PLACE NAME WITHOUT REFERENCE 09.DRIVEWAY 10.STREET OR ROUTE WITHOUT REFERENCE
--	----------------	--------------------	------------------------------------	------------------------	---

MOTORIST / NON-MOTORIST	<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>CLARK BENJAMIN A.</b>	ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>101 LAKEVIEW DR. APT F40 MILLERSBURG OH 44654</b>		
	SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>07/18/1964</b>	AGE <b>46</b>	SEX <b>M</b>	HOME PHONE # <b>(330)763-4990</b>	WORK PHONE #
	DL STATE <b>OH</b>	DL # <b>QE798374</b>	LP STATE <b>OH</b>	LP # <b>EGM3046</b>	INJURED TAKEN BY <b>1</b> 1.NONE 4.OTHER 2.FMS 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
	OWNER NAME (IF SAME, WRITE 'SAME') <b>CLARK, BENJAMIN A.</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>101 LAKEVIEW DR. APT F40 MILLERSBURG OH 44654</b>			
	YEAR <b>1994</b>	MAKE <b>CHEVROLET</b>	MODEL <b>S-10</b>	COLOR <b>BLACK</b>	INSURANCE COMPANY <b>STATE FARM</b>	TOWING SERVICE <b>FASTLANE AUTOBODY</b>	OWNER PHONE# <b>(330)763-4990</b>
	OFFENSE CHARGED <b>331.05</b>	OFFENSE DESCRIPTION <b>DRIVING LEFT OF CENTER</b>				CITATION # <b>10156</b>	LOCAL CODE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

MOTORIST / NON-MOTORIST	<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>2</b>	NAME (LAST, FIRST, MIDDLE) <b>SINNETT JR. DAVID A.</b>	ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>863 MASSILLON RD. LOT 22 MILLERSBURG OH 44654</b>		
	SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>01/25/1987</b>	AGE <b>23</b>	SEX <b>M</b>	HOME PHONE # <b>(330)473-3368</b>	WORK PHONE # <b>(330)852-2797</b>
	DL STATE <b>OH</b>	DL # <b>SQ017696</b>	LP STATE <b>OH</b>	LP # <b>ERT2108</b>	INJURED TAKEN BY <b>1</b> 1.NONE 4.OTHER 2.FMS 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
	OWNER NAME (IF SAME, WRITE 'SAME') <b>SINNETT JR., DAVID A.</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>863 MASSILLON RD. LOT 22 MILLERSBURG OH 44654</b>			
	YEAR <b>1992</b>	MAKE <b>MERCURY</b>	MODEL <b>GRAND MAR</b>	COLOR <b>SILVER</b>	INSURANCE COMPANY <b>PROGRESSIVE</b>	TOWING SERVICE <b>K &amp; N TOWING</b>	OWNER PHONE# <b>(330)473-3368</b>
	OFFENSE CHARGED	OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO

OCCUPANT	<b>C</b>	UNIT # <b>02</b>	NAME (LAST, FIRST, MIDDLE) <b>MILLER THOMAS</b>	HOME PHONE# <b>(330)674-1755</b>	DATE OF BIRTH <b>03/05/1965</b>	AGE <b>45</b>	SEX <b>M</b>
	ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>863 MASSILLON RD. LOT 26 MILLERBURG OH 44654</b>			INJURED TAKEN BY <b>1</b> 1.NONE 4.OTHER 2.FMS 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.FMS 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO	

SEATING POSITION A <b>01</b> B <b>01</b> C <b>03</b> D BLANK FOR WITNESS	SAFETY EQUIPMENT A <b>04</b> B <b>04</b> C <b>04</b> D	AIR BAG A <b>1</b> B <b>1</b> C <b>1</b> D	AIR BAG SWITCH A <b>1</b> B <b>1</b> C <b>1</b> D	EJECTION A <b>1</b> B <b>1</b> C <b>1</b> D	TRAPPED A <b>1</b> B <b>1</b> C <b>1</b> D	INJURIES A <b>1</b> B <b>1</b> C <b>2</b> D <input type="checkbox"/> SUPPLEMENT 'X' IF YES
---	--	--	---	---	--	---

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b>  A <input type="text" value="09"/> B <input type="text" value="09"/>	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="01"/> B <input type="text" value="01"/>	<b>SEQUENCE OF EVENTS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <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="35"/> B <input type="text" value="35"/>	<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"/>	 B <input type="text"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="07"/> B <input type="text" value="01"/>	<b>NON-COLLISION</b> 01 OVER TURN OR LOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO/EQUIPMENT LOOS OR SHIFT 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) 07 SEPARATION OF LINKS 08 RAS OF ROAD RIGHT 09 RAS OFF ROAD LEFT 10 CROSS-MEDIAN CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION WITH 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 AT FURNITURE/CRASH CUSHION 27 BRIDGE OVERHEAD STRUCTURE 28 BRIDGE PIER OR ABUTMENT 29 BRIDGE PARAPET 30 GUARDRAIL FACE 31 LIGHT FIXTURES/SUPPORT 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT FIXTURES/SUPPORT 36 UTILITY POLE 37 OTHER TOWER POLE OR SUPPORT 38 CURB 39 CURB 40 DITCH 41 LIMB/ARM/LEG 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="01"/> B <input type="text" value="01"/>	<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="09"/> B <input type="text" value="09"/>	<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>DIRECTION</b> FROM TO A <input type="text" value="2"/> <input type="text" value="5"/> B <input type="text" value="3"/> <input type="text" value="8"/>	<b>DRUG TEST 1 &amp; 2 RESULT</b> <table border="1" style="width:100%; border-collapse: collapse;"> <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="09"/> B <input type="text" value="09"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> B <input type="text"/>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>CONDITION</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="01"/>										
<b>DAMAGE SCALE</b> A <input type="text" value="4"/> B <input type="text" value="4"/>	<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>ALCOHOL/DRUG SUSPECTED</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>OCCURRENCE</b> <input type="text" value="1"/>										
<b>STRIKING VEHICLE OVERRIDE/UNDERIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ALCOHOL TEST TYPE</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="1"/> B <input type="text" value="1"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ROAD CONTOUR</b> <input type="text" value="4"/>										
<b>ALCOHOL TEST RESULT</b> A <input type="text"/>	<b>ALCOHOL TEST RESULT</b> B <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> B <input type="text"/>	<b>SPEED</b> A <input type="text" value="25"/> B <input type="text" value="25"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/>	<b>ROAD CONDITIONS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><th>PRIMARY</th><th>SECONDARY</th></tr> <tr><td><input type="text" value="02"/></td><td><input type="text" value="04"/></td></tr> </table>	PRIMARY	SECONDARY	<input type="text" value="02"/>	<input type="text" value="04"/>						
PRIMARY	SECONDARY														
<input type="text" value="02"/>	<input type="text" value="04"/>														
<b>SUPPLEMENT 'X' IF YES</b> <input type="checkbox"/>	<b>LOCAL REPORT #</b> 10MPD 2434	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> B <input type="text"/>	<b>ALCOHOL TEST RESULT</b> B <input type="text"/>	<b>ROAD CONDITIONS</b> 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, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN										

**NARRATIVE**

UNIT 1 WAS NORTHBOUND ON N. CRAWFORD ST. AND MET UNIT 2 TRAVELING WESTBOUND ON MASSILLON RD. WHERE THE TWO STREETS MEET IN A 90 DEGREE ANGLED CURVE WITH UNIT 1 APPLYING HIS BRAKES AND SLIDING LEFT OF CENTER AND STRIKING UNIT 2.

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>3</b></p> <p>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT                  2 REAR-TO-REAR                  3 HEAD-ON                  4 REAR-TO-REAR                  5 BACKING                  6 SINGLE                  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><b>WEATHER</b></p> <p><b>02</b></p> <p>01 CLEAR                  02 CLOUDY                  03 FOG/SMOG/SMOKE                  04 RAIN                  05 SLEET/ICE (FREEZING RAIN OR DRIZZLE)                  06 SNOW                  07 SEVERE CROSSWINDS                  08 BLUING                  09 SAND/SOIL/DIRT/SNOW                  10 OTHER                  11 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> <input checked="" type="checkbox"/> <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 SIGNS                  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="text"/></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>COMPANY (FROM SHIPPING PAPERS)</b></p> <p><input type="text"/></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>					
<p><b>ADDRESS (STREET, CITY, ST, ZIP CODE)</b></p> <p><input type="text"/></p>							
<b>US DOT</b>	<b>ICC MC</b>	<b>PUCO</b>	<b>TRAILER LP ST.</b>	<b>TRAILER LP YEAR</b>	<b>TRAILER LP #</b>	<b>PLACARD #</b>	<b># DIA</b>
<p><b>CARGO BODY TYPE</b></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"/> 1 LESS/EQUAL 10,000  <input type="checkbox"/> 2 10,001 - 26,000  <input type="checkbox"/> 3 MORE THAN 26,000</p>	<p><b>CDL CLASS</b></p> <p><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</p>	<p><b>HAZARDOUS MATERIALS</b></p> <p><input type="checkbox"/> 1 NO  <input type="checkbox"/> 2 YES  <input type="checkbox"/> 3 UNKNOWN</p>	<p><b>HAZARDOUS MATERIALS REFI FASED</b></p> <p><input type="checkbox"/> 1 NO - UNKNOWN  <input type="checkbox"/> 2 YES  <input type="checkbox"/> 3 NOT APPLICABLE</p>
<p><b>POLICE ACTION</b></p>							
<p><b>DATE CRASH REPORTED</b></p> <p>12/15/2010</p>		<p><b>TIME REC CALL</b></p> <p>10:21</p>		<p><b>DISPATCH</b></p> <p>10:22</p>		<p><b>ARRIVED</b></p> <p>10:26</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><input type="text"/></p>	
<p><b>DATE REPORT FILED</b></p> <p>12/15/2010</p>		<p><b>OTHER</b></p> <p>60</p>		<p><b>TOTAL MINUTES</b></p> <p>110</p>		<p><b>REPORT TAKEN BY</b></p> <p><b>1</b>                  1 POLICE AGENCY                  2 MOTORIST</p>	
<p><b>REPORT TAKEN AT</b></p> <p><b>1</b>                  1 STATION                  2 STATION                  3 OTHER</p>		<p><b>SUPPLEMENT 'X' IF YES</b></p> <p><input type="checkbox"/></p>		<p><b>LOCAL REPORT #</b></p> <p>10MPD 2434</p>			