

OHIO

# TRAFFIC CRASH REPORT

CRASH REPORT #

10MPD 2454

CRASH SEVERITY

3 1.FATAL/ERROR 3.PDO  
2.INJURY 4.UNKNOWN

PRIVATE PROPERTY

NO IF YES

HITS/SKIP

1 1.NOT HITS/SKIP  
2.SOLVED  
3.UNSOLVED

PHOTOS TAKEN

X NO IF YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C. #  
03801

REPORTING AGENCY  
MILLERSBURG POLICE DEPARTMENT

# UNITS  
2

UNIT ERROR  
01 9A.ANIMAL  
99.UNKNOWN

DATE OF CRASH  
12/18/2010

TIME OF CRASH  
10:10

DAY OF WEEK  
SAT

CITY/VILLAGE/TOWNSHIP  
VILLAGE

NAME (OF CITY, VILLAGE OR TOWNSHIP)  
MILLERSBURG

COUNTY #  
38

LATITUDE  
40331901

LONGITUDE  
081543006

CRASH OCCURRED ON

PREFIX  
E

CRASH LOCATION  
JACKSON

TYPE LOC  
1

TYPE LOCATION POINT USED  
1.NAMED STREET  
2.NUMBERED STREET  
3.NUMBERED ROUTE

LOCAL INFORMATION

DIST. REF.  
20 F

DR  
W

PREFIX

REFERENCE  
BRAMBLY HEDGE

REF POINT  
02

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

UNIT #  
A 01

# OF OCC  
1

NAME (LAST, FIRST, MIDDLE)  
SUMMERS SHEILA R

ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
646 ELM ST MILLERSBURG OH 44654

SOCIAL SECURITY NUMBER

DATE OF BIRTH  
09/24/1971

AGE  
39

SEX  
F

HOME PHONE #  
(330)231-1237

WORK PHONE #

DL STATE  
OH

DL #  
RP096680

LP STATE  
OH

LP #  
DAS3249

INJURED TAKEN BY  
1.NONE 4.OTHER  
2.EMS 5.UNKNOWN  
3.POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE 'SAME')  
SUMMERS, SHEILA R

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
646 ELM ST MILLERSBURG OH 44654

YEAR  
2008

MAKE  
DODGE

MODEL  
OTHER

COLOR  
BLACK

INSURANCE COMPANY  
HABRUN

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED  
333.03A

OFFENSE DESCRIPTION  
ACDA

CITATION #  
10147

LOCAL CODE  
X NO IF YES

UNIT #  
B 02

# OF OCC  
1

NAME (LAST, FIRST, MIDDLE)  
RHEES MARTHA J

ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
5860 CR 333 MILLERSBURG OH 44654

SOCIAL SECURITY NUMBER

DATE OF BIRTH  
03/13/1948

AGE  
62

SEX  
F

HOME PHONE #  
(330)674-4618

WORK PHONE #

DL STATE  
OH

DL #  
RG120304

LP STATE  
OH

LP #  
EZV3251

INJURED TAKEN BY  
1.NONE 4.OTHER  
2.EMS 5.UNKNOWN  
3.POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE 'SAME')  
RHEES, MARTHA J

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
5860 CR 333 MILLERSBURG OH 44654

YEAR  
2004

MAKE  
LINCOLN

MODEL  
OTHER

COLOR  
BROWN

INSURANCE COMPANY  
PROGRESSIVE

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE  
 NO IF YES

UNIT #  
C

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP-CODE)

INJURED TAKEN BY  
1.NONE 4.OTHER  
2.EMS 5.UNKNOWN  
3.POLICE

TRANSPORTED BY

INJURED TAKEN TO

UNIT #  
D

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP-CODE)

INJURED TAKEN BY  
1.NONE 4.OTHER  
2.EMS 5.UNKNOWN  
3.POLICE

TRANSPORTED BY

INJURED TAKEN TO

OCCUPANT

SEATING POSITION

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 SLEEPER SECTION OF CAB  
11 ENCLOSED CARGO AREA  
12 UNENCLOSED CARGO AREA  
13 TRAILING UNIT  
14 EXTERIOR  
15 OTHER  
16 NON-MOTORIST  
17 UNKNOWN

SAFETY EQUIPMENT

A 04 04 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 LIGHTING  
13 OTHER  
14 UNKNOWN

AIR BAG

A 1 1 NOT DEPLOYED  
2 DEPLOYED - FRONT  
3 DEPLOYED - SIDE  
4 DEPLOYED BOTH FRONT/SIDE  
5 NOT APPLICABLE  
6 DEPLOYMENT UNKNOWN

AIR BAG SWITCH

A 1 1 ON-OFF SWITCH NOT PRESENT  
2 SWITCH IN ON POSITION  
3 SWITCH IN OFF POSITION  
4 UNKNOWN POSITION

EJECTION

A 1 1 NOT EJECTED  
2 TOTALLY EJECTED  
3 PARTIALLY EJECTED  
4 NOT APPLICABLE  
5 UNKNOWN

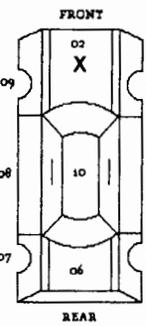
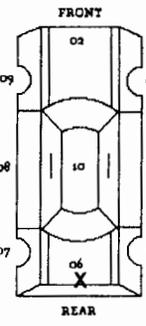
TRAPPED

A 1 1 NOT TRAPPED  
2 EXTRICATED BY MECHANICAL MEANS  
3 FREED BY NON-MECHANICAL MEANS  
4 UNKNOWN

INJURIES

A 1 1 NO INJURY  
2 POSSIBLE  
3 NON-INCAPACITATING  
4 INCAPACITATING  
5 FATAL INJURY  
6 UNKNOWN

SUPPLEMENT  
X IF YES

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="01"/> B <input type="text" value="11"/>	<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="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>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 PLAYING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	<b>NON-COLLISION</b> 01 OVER TURN/OVER 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 <b>COLLISION W/PERSON, VEHICLE OR OBJECT NOT FIXED</b> 14 PEDESTRIAN 15 PEDACYCLE 16 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PASSED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT <b>COLLISION WITH FIXED OBJECT</b> 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/LUMINARIES 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, TUNNEL, ETC.) 45 WORK ZONE MAINTENANCE EQUIPMENT 46 UNKNOWN FIXED OBJECT 47 UNKNOWN 48 UNKNOWN 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="04"/> B <input type="text" value="06"/>	<b>MOTORIST</b> 01 SUB-COMPACT 02 COMPACT 03 MID-SIZED 04 FULL-SIZE 05 MINIVAN 06 SPORT/UTILITY VEHICLE 07 PICKUP 08 PANEL VAN 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/DOUBLE - SHORT 15 TRACTOR/DOUBLE - LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TANK 28 MOTOR HOME 29 TRAILER 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS <b>NON-MOTORIST</b> 35 ANIMAL - WIDER 36 ANIMAL - W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER-NON MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="08"/> B <input type="text" value="01"/>	<b>DIRECTION</b> <table border="1"> <tr><td>FROM TO</td><td>FROM TO</td></tr> <tr><td>A <input type="text" value="4"/> <input type="text" value="3"/></td><td>B <input type="text" value="4"/> <input type="text" value="3"/></td></tr> </table>	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"/>
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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>MOST DAMAGED AREA</b> A <input type="text" value="02"/> B <input type="text" value="06"/>	<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>OCURRENCE</b> <input type="text" value="1"/>												
<b>DAMAGE SCALE</b> A <input type="text" value="3"/> B <input type="text" value="2"/>	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text" value="4"/>	<b>TURN SIGNALS</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 OTHER DEFECTS 11 NO DEFECTS	<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="2"/>												
<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>POINT OF IMPACT</b> A <input type="text" value="02"/> B <input type="text" value="06"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<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 CONDITIONS</b> <table border="1"> <tr><td>PRIMARY</td><td>SECONDARY</td></tr> <tr><td>A <input type="text" value="01"/></td><td>B <input type="text"/></td></tr> </table>	PRIMARY	SECONDARY	A <input type="text" value="01"/>	B <input type="text"/>								
PRIMARY	SECONDARY																
A <input type="text" value="01"/>	B <input type="text"/>																
<b>LOCAL REPORT #</b> <input type="checkbox"/> SUPPLEMENT 'X' IF YES	<b>LOCAL REPORT #</b> 10MPD 2454																

**NARRATIVE**

UNIT #2 WAS STOPPED TO MAKE A LEFT HAND TURN ONTO BRAMBLY HEDGE OFF OF EAST JACKSON STREET. UNIT #1 WAS EASTBOUND ON EAST JACKSON STREET. UNIT #1 DID NOT GET STOPPED IN TIME. UNIT #1 STRUCK UNIT #2 IN THE REAR END.

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>2</b></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><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>01</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. BLUING                  09. SAND/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. CLARE                  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>	

<b>TRUCK/BUS UNIT #</b>	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A. TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS, OR B. TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD, OR C. 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
<b>CARGO BODY TYPE</b>		<b>WEIGHT (GVWR)</b>		<b>CDL CLASS</b>		<b>HAZARDOUS MATERIALS</b>	
01. NOT APPLICABLE 02. BUS (INCLUDING DRIVER) 03. VAN-ENCLOSED BOX 04. GRAIN/CHIPS/GRAVEL 05. POLE 06. CARGO TANK 07. FLATBED 08. DUMP 09. CONCRETE MIXER		10. AUTO TRANSPORTER 11. GARBAGE RECYCLE 12. OTHER 13. UNKNOWN 1. LESS/EQUAL 10,000 2. 10,001 - 26,000 3. MORE THAN 26,000		1. CLASS A 2. CLASS B 3. CLASS C 4. CLASS D 5. CLASS E		1. NO 2. YES 3. UNKNOWN 1. NO 2. YES 3. NOT APPLICABLE	

<b>POLICE ACTION</b>						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
12/18/2010	10:14	10:14	10:16	10:43	0	29
OFFICER'S NAME		BADGE #	CHECKED BY		DATE REPORT FILED	
CAPT. SCOTT AKINS		103			12/18/2010	
REPORT TAKEN BY	REPORT TAKEN AT		SUPPLEMENT 'X' IF YES		LOCAL REPORT #	
1 1. POLICE AGENCY 2. MOTORIST	1 1. SCENE 2. STATION 3. OTHER		<input type="checkbox"/>		10MPD 2454	