



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>10MPD 2459</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	HITSKIP <b>1</b> 1 NOT HITSKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <input type="checkbox"/> YES <input type="checkbox"/> NO	OH-2 OH-3 OH-1P OTHER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # <b>03801</b>	REPORTING AGENCY <b>MILLERSBURG POLICE DEPARTMENT</b>	# UNITS <b>3</b>	UNIT ERROR <b>01</b> 9A ANIMAL 9B UNKNOWN	DATE OF CRASH <b>12/18/2010</b>	

TIME OF CRASH <b>17:30</b>	DAY OF WEEK <b>SAT</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40320200</b>	LONGITUDE <b>081550806</b>
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>PRIVATE PROPERTY</b>	TYPE LOC <b>1</b> 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	<b>WAL-MART</b>

AT/REFERENCE	REFERENCE POINT USED
DIST. REF. <b>S</b>	DR <b>04</b>
PREFIX <b>S</b>	REFERENCE <b>001640 WASHINGTON ST.</b>
REFERENCE POINT USED	
01 STATE LINE	05 TOWNSHIP BOUNDARY
02 INTERSECTION OF TWO STREETS	06 MILE POST
03 COUNTY LINE	07 CORPORATION LIMIT
04 HOUSE NUMBER	08 PLACE NAME WITHOUT REFERENCE
	09 DRIVEWAY
	10 STREET OR ROUTE WITHOUT REFERENCE

MOTORIST / NON-MOTORIST

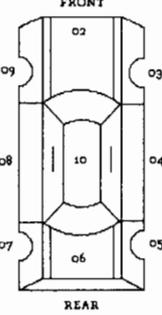
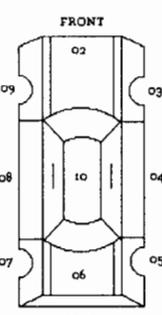
<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>SCHOOLCRAFT RUTH E.</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>295 E. ADAMS ST. APT. A MILLERSBURG OH 44654</b>			
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>06/05/1945</b>	AGE <b>65</b>	SEX <b>F</b>
HOME PHONE # <b>(330)763-1517</b>	WORK PHONE #		
DL STATE <b>OH</b>	DL # <b>RH682227</b>	LP STATE <b>OH</b>	LP # <b>EU79HN</b>
INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE 'SAME') <b>SCHOOLCRAFT, RUTH E.</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>295 E. ADAMS ST. APT. A MILLERSBURG OH 44654</b>	
YEAR <b>1993</b>	MAKE <b>CHRYSLER</b>	MODEL <b>OTHER</b>	COLOR <b>MAROON</b>
INSURANCE COMPANY <b>STATE FARM</b>	TOWING SERVICE	OWNER PHONE# <b>(330)763-1517</b>	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>0</b>	NAME (LAST, FIRST, MIDDLE) <b>ARNOLD BRADLY C.</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>3946 SR 60 KILLBUCK OH 44637</b>			
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>04/12/1988</b>	AGE <b>22</b>	SEX <b>M</b>
HOME PHONE # <b>(330)473-5735</b>	WORK PHONE #		
DL STATE <b>OH</b>	DL # <b>SV697935</b>	LP STATE	LP #
INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE 'SAME')		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)	
YEAR <b>0</b>	MAKE	MODEL	COLOR
INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE#	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO

OCCUPANT

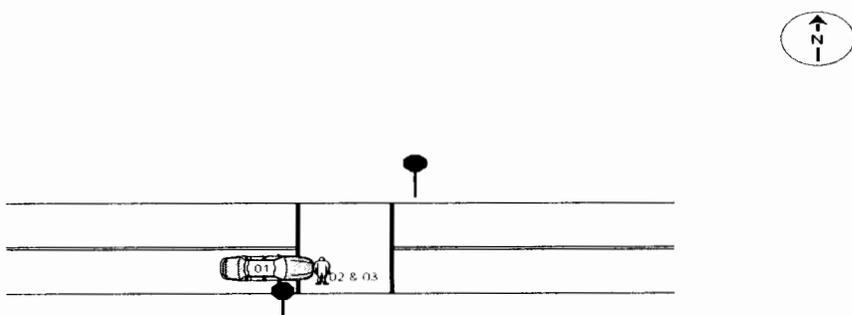
<b>C</b>	UNIT #	NAME (LAST, FIRST, MIDDLE) <b>MCAFFEE AARON</b>	HOME PHONE# <b>(330)698-1212</b>	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>6826 DOVER RD. APPLECREEK OH 44606</b>			INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED 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 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
<b>A 01</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 SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	<b>A 04</b> 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	<b>A 1</b> 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT-SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	<b>A 1</b> 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	<b>A 1</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	<b>A 1</b> 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	<b>A 1</b> 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
<b>B 16</b>	<b>B 08</b>	<b>B 5</b>	<b>B 1</b>	<b>B 1</b>	<b>B 1</b>	<b>B 1</b>
<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>
<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT 'X' IF YES

<p><b>UNIT NUMBERS</b></p> <p>A <input type="text" value="01"/> B <input type="text" value="02"/></p> <p><b>NON-MOTORIST LOCATION</b></p> <p>A <input type="text"/> B <input type="text" value="01"/></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 MEDIAN, SIDEWALK, OR ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFIC WAY) 13 AT TRAFFIC WAY 14 UNLAWFUL PATHS OR TRAILS 15 UNKNOWN</p>	<p><b>DAMAGE AREA</b></p> <p><b>A</b></p>  <p><b>B</b></p>  <p><b>MOST DAMAGED AREA</b></p> <p>A <input type="text" value="01"/> B <input type="text"/></p>	<p><b>PRE-CRASH ACTIONS</b></p> <p>A <input type="text" value="01"/> B <input type="text" value="15"/></p> <p><b>MOTORIST</b></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</p> <p><b>NON-MOTORIST</b></p> <p>15 ENTERING OR CROSSING SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING OR LEAVING VEHICLE 20 PAVING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN</p>	<p><b>SEQUENCE OF EVENTS</b></p> <p><b>A</b></p> <p>1 <input type="text" value="14"/> 2 <input type="text" value="14"/> 3 <input type="text"/> 4 <input type="text"/></p> <p><b>B</b></p> <p>1 <input type="text" value="20"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/></p> <p><b>NON-COLLISION</b></p> <p>01 OVERTURN/OVERLOVER 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 AREA OF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS-MEDIAN CENTERLINE 11 DOWNSHIELD RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/ PERSON, VEHICLE OR OBJECT, NOT LISTED 15 PEDESTRIAN 16 BICYCLE 17 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 18 ANIMAL - FARM 19 ANIMAL - DEER 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 WITH MOTOR CRASH OBSTRUCTION 27 BRIDGE OVERHEAD STRUCTURE 28 BRIDGE PIER OR ABUTMENT 29 BRIDGE PARAPET 30 BRIDGE RAIL 31 GROUND RAIL FACT 32 GROUND RAIL END 33 MEDIAN BARRIER 34 HIGHWAY TRAFFIC SIGN POST 35 OVERHEAD SIGN POST 36 LIGHT FIXTURES/SUPPORT 37 OTHER POST, POLE OR SUPPORT 38 CURB 39 CURB 40 DITCH 41 ABUTMENT 42 FENCE 43 MOUND 44 TREE 45 OTHER FIXED OBJECT/WALL, BUILDING, TUNNEL, ETC. 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN</p>	<p><b>POSTED SPEED</b></p> <p>A <input type="text" value="0"/> B <input type="text" value="0"/></p> <p><b>TRAFFIC CONTROL</b></p> <p>A <input type="text" value="12"/> B <input type="text" value="12"/></p> <p><b>DIRECTION</b></p> <p><b>FROM TO</b></p> <p>A <input type="text" value="4"/> <input type="text" value="3"/> B <input type="text" value="2"/> <input type="text" value="1"/></p> <p><b>CONDITION</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p>	<p><b>DRUG TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></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><b>DRUG TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1 NONE 2 BLOOD 3 URINE 4 OTHER</p> <p><b>DRUG TEST 1 &amp; 2 RESULT</b></p> <p>A <input type="text" value="1"/> <input type="text" value="1"/> B <input type="text"/> <input type="text"/></p> <p>1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING</p>
<p><b>TYPE OF UNIT</b></p> <p>A <input type="text" value="04"/> B <input type="text" value="38"/></p> <p><b>MOTORIST</b></p> <p>01 SUBCOMPACT 02 COMPACT 03 MID-SIZED 04 FULL-SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 SUV 09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK, 3 OR MORE AXLES 11 TRUCK TRAILER 12 TRUCK TRACTOR (SHORT HAUL) 13 TRACTOR SEMI-TRAILER 14 TRACTOR DOB (SHORT) 15 TRACTOR DOB (LONG) 16 TRACTOR WHEEL OR CONVERTER DOLLY 17 TRACTOR TRIPLES 18 MOTORCYCLE 19 MOTORCYCLE BICYCLE 20 SCOOTER 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 PROJECT VEHICLE 25 TRACTOR 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 NON-MOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS</p> <p><b>NON-MOTORIST</b></p> <p>35 ANIMAL W-RIDER 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</p>	<p><b>POINT OF IMPACT</b></p> <p>A <input type="text" value="03"/> B <input type="text"/></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><b>ACTION</b></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><b>CONTRIBUTING CIRCUMSTANCES</b></p> <p>A <input type="text" value="02"/> B <input type="text" value="23"/></p> <p><b>MOTORIST</b></p> <p>01 NONE 02 FAILURE TO YIELD 03 ANIMAL RED LIGHT OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 INAPPROPRIATE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ADJACENT LANE CHANGE DROVE OFF ROAD/IMPROPER PASSING 09 IMPROPER BACKING 10 IMPROPER START FROM PARKED POSITION 11 STOPPED OR PARKED ILLEGALLY 12 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 13 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE OBJECT, NON-MOTORIST IN ROADWAY, ETC.) 14 FAILURE TO CONTROL 15 VISION OBSTRUCTION 17 DRIVER INATTENTION 18 FATIGUE/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN</p> <p><b>NON-MOTORIST</b></p> <p>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</p>	<p><b>FIRST HARMFUL EVENT</b></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><b>MOST HARMFUL EVENT</b></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><b>SPEED DETECTED</b></p> <p>A <input type="text" value="2"/> B <input type="text"/></p> <p>1 STATED 2 ESTIMATED</p>	<p><b>ALCOHOL/DRUG SUSPECTED</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - BLOOD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN</p> <p><b>ALCOHOL TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></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><b>TYPE OF INTERSECTION</b></p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <p>01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDBOAT 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><b>OCCURRENCE</b></p> <p>A <input type="text" value="6"/> B <input type="text"/></p> <p>1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OTHER SIDE TRAFFICWAY 7 UNKNOWN</p> <p><b>ROAD CONTOUR</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN</p>
<p><b>IN EMERGENCY RESPONSE</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	<p><b>STRIKING VEHICLE OVERRIDE/UNDERDRIVE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>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</p>	<p><b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b></p> <p>A <input type="text"/> B <input type="text"/></p> <p>01 TIRE SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 06 TIRE WORK/T 07 WORN OR SLACK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TRAILER 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS 12 NO DEFECTS</p>	<p><b>SPEED</b></p> <p>A <input type="text" value="5"/> B <input type="text" value="0"/></p>	<p><b>ALCOHOL TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1 NONE 4 BREATH 2 BLOOD 5 OTHER 3 URINE</p>	<p><b>ROAD CONDITIONS</b></p> <p><b>PRIMARY</b> <input type="text" value="01"/> <b>SECONDARY</b> <input type="text"/></p> <p>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</p>
<p><b>DAMAGE SCALE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISRUPTING DAMAGE 5 SEVERE 6 UNKNOWN</p>	<p><b>ALCOHOL TEST RESULT</b></p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	<p><b>SUPPLEMENT 'X' IF YES</b></p> <p><input type="checkbox"/></p>	<p><b>LOCAL REPORT #</b></p> <p>10MPD 2459</p>	<p><b>ALCOHOL TEST RESULT</b></p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	<p><b>LOCAL REPORT #</b></p> <p>10MPD 2459</p>

**NARRATIVE**

UNIT 02 AND UNIT 03 HAD JUST LEFT THE WAL-MART STORE ON THE GENERAL MERCHANDISE SIDE AND WERE CROSSING IN THE PEDESTRIAN CROSSING ZONE WHEN THEY WERE STRUCK BY UNIT 01. UNIT 01 WAS TRAVELING EASTBOUND IN THE LANE OF TRAVEL IN FRONT OF THE STORE, AND SHE STATED THAT SHE WAS FOCUSED ON SOMEONE TO HER LEFT AND DID NOT SEE UNIT 02 AND UNIT 03. SHE ALSO SAID THAT SHE DID NOT STOP AT THE STOP SIGN, WHICH IS JUST BEFORE THE PEDESTRIAN CROSSING AREA. IT SHOULD ALSO BE NOTED THAT UNIT 02 WAS CARRYING UNIT 03, AND NEITHER WERE INJURED.

<b>MANNER OF COLLISION OR IMPACT</b> <input checked="" type="checkbox"/> 1 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	<b>SCHOOL BUS RELATED</b> <input checked="" type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN	<b>DIAGRAM</b>    <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="text-align: center;">Wal-Mart 1640 S. Washington St. Millersburg, Ohio 44654</p> </div>
<b>WEATHER</b> <input checked="" type="checkbox"/> 01 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/SUBSIDING SNOW 09 OTHER 10 UNKNOWN	<b>WORK ZONE RELATED</b> <input checked="" type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN	
<b>LIGHT CONDITIONS</b> PRIMARY <input checked="" type="checkbox"/> 3    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 ILLUMINATED 8 OTHER 9 UNKNOWN	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT OR MOVING WORK 5 OTHER	
<b>LOC ATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 BEFORE THE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN	

<b>TRUCK/BUS UNIT #</b>	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: 1 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 FATALITY, OR N AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT, OR D 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> <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN ENCLOSED BODY <input type="checkbox"/> 04 GRAIN CHIPS OR GRAVEL		<input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER	<input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	<b>CDL CLASS</b> <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	<b>HAZARDOUS MATERIALS</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<b>HAZARDOUS MATERIALS REFERENCE</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE

<b>POLICE ACTION</b>						
DATE CRASH REPORTED <b>12/18/2010</b>	TIME REC CALL <b>17:58</b>	DISPATCH <b>18:07</b>	ARRIVED <b>18:08</b>	CLEARED <b>18:52</b>	OTHER <b>35</b>	TOTAL MINUTES <b>80</b>
OFFICER'S NAME <b>PTL. KEVIN BROWN</b>		BADGE # <b>108</b>	CHECKED BY		DATE REPORT FILED <b>12/18/2010</b>	
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 # <b>10MPD 2459</b>		



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>10MPD 2459</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 FPD 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	HITS/SKIP <b>1</b> 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <input type="checkbox"/> YES <input type="checkbox"/> NO	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # <b>03801</b>	REPORTING AGENCY <b>MILLERSBURG POLICE DEPARTMENT</b>	# UNITS <b>3</b>	UNIT ERROR <b>01</b> 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>12/18/2010</b>	

TIME OF CRASH <b>17:30</b>	DAY OF WEEK <b>SAT</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40320200</b>	LONGITUDE <b>081550806</b>
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>PRIVATE PROPERTY</b>	TYPE LOC <b>1</b> 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	<b>WAL-MART</b>

AT/REFERENCE	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
DIST. REF. <b>S</b>	DR <b>001640 WASHINGTON ST.</b>	REF POINT <b>04</b>

MOTORIST / NON-MOTORIST

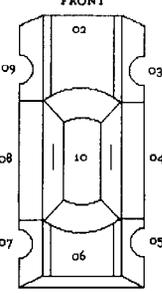
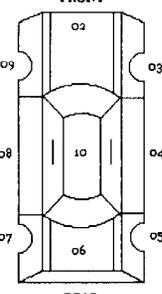
<b>A</b>	UNIT # <b>03</b>	# OF OCC <b>0</b>	NAME (LAST, FIRST, MIDDLE) <b>MULLET SHADON Z.</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>101 LAKEVIEW DR. APT. A54 MILLERSBURG OH 44654</b>			
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>05/05/2009</b>	AGE <b>1</b>	SEX <b>M</b>
HOME PHONE # <b>(330)473-2352</b>	WORK PHONE #		
DL STATE	DL #	LP STATE	LP #
INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME')		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)	
YEAR <b>0</b>	MAKE	MODEL	COLOR
INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE#	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>B</b>	UNIT #	# OF OCC	NAME (LAST, FIRST, MIDDLE)
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			
SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX
HOME PHONE #	WORK PHONE #		
DL STATE	DL #	LP STATE	LP #
INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME')		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)	
YEAR	MAKE	MODEL	COLOR
INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE#	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO

OCCUPANT

<b>C</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 EMS 5 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 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	

SEATING POSITION <b>A 16</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 SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 ENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	SAFETY EQUIPMENT <b>A 08</b> 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 <b>A 5</b> 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	AIR BAG SWITCH <b>A 1</b> 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	EJECTION <b>A 1</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED <b>A 1</b> 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES <b>A 1</b> 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
						BLANK FOR WITNESS
						SUPPLEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>UNIT NUMBERS</b> A <input type="text" value="03"/> B <input type="text"/>	<b>DAMAGE AREA</b> FRONT A 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="15"/> B <input type="text"/>	<b>SEQUENCE OF EVENTS</b> A <input type="text" value="20"/> B <input type="text"/> 1 <input type="text"/> 1 <input type="text"/> 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="0"/> B <input type="text"/>	<b>DRUG TEST STATUS</b> A <input type="text"/> B <input type="text"/>
<b>NON-MOTORIST LOCATION</b> A <input type="text" value="01"/> B <input type="text"/> 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 (OTHER THAN TRAFFICWAY) 13 AT SIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN	REAR B 	<b>NON-MOTORIST</b> 01 ELEMENTS ESSENTIALLY STRAIGHT AHEAD 02 JACKING 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 OVERTURN/ROLL-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 TENTS 08 RAN OF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS-MEDIAN CENTERLINE 11 DOWN-SHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/ PERSON, VEHICLE, OR OBJECT, NOT LISTED 14.1 PEDESTRIAN 15 BICYCLE 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 LEGAL OBJECT 25.1 IMPACT ATTENTIONATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ADJUTMENT 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 TOWER/MINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB/VERT 39 CULVERT 40 DITCH 41 EMBANKMENT 42 FENCE 43 MIMBON 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="12"/> B <input type="text"/> 01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSBUCKS 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 INOPERATIVE, MISSING, OBTSCURED 16 OTHER 17 NOT REPORTED	<b>DRUG TEST TYPE</b> A <input type="text"/> B <input type="text"/> 1 NONE 2 BLOOD 3 URINE 4 OTHER <b>DRUG TEST 1 &amp; 2 RESULT</b> 1 <input type="text"/> 2 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> A <input type="text"/> B <input type="text"/> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPiates 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING
<b>TYPE OF UNIT</b> A <input type="text" value="38"/> B <input type="text"/> <b>MOTORIST</b> 01 SUBCOMPACT 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 TRAILER - SHORT 15 TRACTOR TRAILER - LONG 16 FIFTY WHEEL OR CONVERTER DOLLY 17 TRACTOR TRIPLES 18 MOTORCYCLE 19 MOTOR/ED BICYCLE 20 SCOOTER, BUS 21 CHARIOT/BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE RESCUE 27 VAN 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS <b>NON-MOTORIST</b> 35 ANIMAL W/ RIDER 36 ANIMAL W/ GOGG 37 BICYCLE 38 PEDESTRIAN 39 PEDESTAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER-NON MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN	<b>MOST DAMAGED AREA</b> A <input type="text"/> B <input type="text"/> 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	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="23"/> B <input type="text"/> <b>MOTORIST</b> 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 (ACD) 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, RICKY, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DRT, RO WIND, SLIPPERY SURFACE, VEHICLE OBJECT, NON-MOTORIST IN ROADWAY, ETC.) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTION 18 ATTEMPTED ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING-FALLING SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN <b>NON-MOTORIST</b> 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 WALKING 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	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	<b>DIRECTION</b> FROM TO FROM TO A <input type="text" value="2"/> <input type="text" value="1"/> B <input type="text"/> <input type="text"/> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHWEST 6 NORTHWEST 7 SOUTH 8 SOUTH 9 UNKNOWN	<b>TYPE OF INTERSECTION</b> A <input type="text" value="01"/> B <input type="text"/> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 T-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDABOUT 06 FIVE-POINT OR MORE 07 ONE RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY 11 RAILWAY GRADE CROSSING 12 SHARED USE PATHS OR TRAILS 13 UNKNOWN
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text"/> 1 NO 2 YES 3 UNKNOWN	<b>POINT OF IMPACT</b> A <input type="text"/> B <input type="text"/> 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	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/> 01 TURNS 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	<b>MOST HARMFUL EVENT</b> A <input type="text" value="5"/> B <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text"/> B <input type="text"/> 1 NONE 2 YES ALCOHOL SUSPECTED 3 YES - BUD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN	<b>ROAD CONTOUR</b> A <input type="text" value="1"/> B <input type="text"/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN
<b>DAMAGE SCALE</b> A <input type="text"/> B <input type="text"/> 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	<b>ACTION</b> A <input type="text" value="4"/> B <input type="text"/> 1 NON-CONTACT 2 NON-COLLISION 3 STRICKING 4 STRUCK 5 BOTH STRICKING AND STRUCK 6 UNKNOWN	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/> 01 TURNS 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	<b>SPEED DETECTED</b> A <input type="text"/> B <input type="text"/> 1 STATED 2 ESTIMATED	<b>ALCOHOL TEST STATUS</b> A <input type="text"/> B <input type="text"/> 1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/USABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/> 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, RIMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN
<b>DAMAGE SCALE</b> A <input type="text"/> B <input type="text"/> 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text"/> B <input type="text"/> 1 NO UNDERRIDE OR OVERRIDE 2 UNDERRIDE, COMPARTMENT INTRUSION 3 UNDERRIDE, NO COMPARTMENT INTRUSION 4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN IF UNDERRIDE OR OVERRIDE	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/> 01 TURNS 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	<b>SPEED</b> A <input type="text" value="0"/> B <input type="text"/> A <input type="text"/> B <input type="text"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text"/> B <input type="text"/> 1 NONE 4 BREATH 2 BLOOD 3 URINE <b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>SUPPLEMENT 'X' IF YES</b> <b>LOCAL REPORT #</b> 10MPD 2459

LOCAL REPORT NUMBER 10MPD2459	REPORTING AGENCY Millersburg PD	DATE OF CRASH M 12 18 N 10
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Brad Arnold (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
Ptl. Brown (OFFICERS NAME) AT Millersburg Pd (LOCATION)

I was walking out of walmart with my friend aaron i had my friends baby in my hand. As i started accross the street i felt something hit my leg i turned around to notice it was a car. I wasnt injured and neither was the baby i only lost my balance. I ak if she came to a stop or even yielded to my my friend said she was waiving a someone and thats when she hit me. I called walmart and they got her information.

Q. Did you make contact with the lady who hit you?  
A. Yes.

*(Large handwritten scribbles covering the area)*

ADDRESS OF WITNESS 3946 SR 60 Killbuck Oh 44637	PHONE 330-473-5735
SIGNATURE OF WITNESS Brad Arnold	OFFICERS SIGNATURE Ptl. Brown

LOCAL REPORT NUMBER	10MPD 2459	REPORTING AGENCY	Millersburg PD	DATE OF CRASH	M 12 18 N 10
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## FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Aaron McAfee \_\_\_\_\_ HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
(PRINTED)  
Pt. Brown \_\_\_\_\_ AT Millersburg PD \_\_\_\_\_  
(OFFICERS NAME) (LOCATION)

Myself Aaron McAfee and Brad Arnold and Shaidon Mullet (Baby) was walking out of Walmart. We got to the cross walk. I seen a car slow down for the stop sign and continued walking the car started to approach me when I realized the driver did not yield I looked at the driver she was a older lady with glasses. As I stopped to let her go I noticed she was looking to her left waving at a guy/girl she must have known, she was driving while waving. Then I heard a thud sound and looked to my right when I seen Brad Arnold and Shaidon Mullet nearly on the ladies hood of the car. The lady stopped the car got out and asked if Brad Arnold & Shaidon were okay as she continued to say sorry. Walmart do workers come outside to see if a squad needed to be called Brad said no and we continued walking to our car parked in the parking lot.

ADDRESS OF WITNESS	6826 Dover RD Applecreek OH 44606	PHONE	330-698-1212
SIGNATURE OF WITNESS	<u>Aaron McAfee</u>	OFFICERS SIGNATURE	<u>Pt. Brown</u>

LOCAL REPORT NUMBER 10MPD 2459	REPORTING AGENCY Millersburg PD	DATE OF CRASH M 12/18 N 10
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Ruth Schoolcraft HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
(PRINTED)  
Ptl. Brown AT Millersburg PD  
(OFFICERS NAME) (LOCATION)

Was watching people on my left and didn't see the one on my right I stop got out to see if they were OK AND wanted to call law officer The said they were OK I left my name AND phone #

*[Handwritten signature area with scribbles]*

Ruth Schoolcraft

ADDRESS OF WITNESS 295A East Adam ST SIGNATURE OF WITNESS Ruth Schoolcraft	PHONE 330-763-1517 OFFICERS SIGNATURE Ptl. Brown
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