



TRAFFIC CRASH REPORT

CRASH REPORT # 10MPD 2503	CRASH SEVERITY 2 1.FATAL ERROR 3.FDO 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> YES	HIT/SKIP 1 1.NOT HIT-SKIP 2.SOLVED 3.UNSOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> YES	OH-2 OH-3 OH-1P OTHER <input checked="" 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 98.ANIMAL 99.UNKNOWN	DATE OF CRASH 12/28/2010	

TIME OF CRASH 19:52	DAY OF WEEK TUE	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40335502	LONGITUDE 081552307
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX SILL	TYPE LOC 1	ROBIN TERRACE

AT/REFERENCE	REFERENCE POINT USED
DIST. REF. 000510 SILL	REF POINT 04

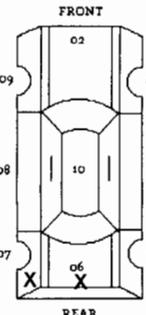
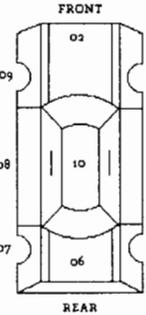
MOTORIST / NON-MOTORIST

A	UNIT # 01	# OF OCC 0	NAME (LAST, FIRST, MIDDLE)
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			
SOCIAL SECURITY NUMBER	DATE OF BIRTH //	AGE	SEX
DL STATE	DL #	LP STATE OH	LP # FDM1725
OWNER NAME (IF SAME, WRITE 'SAME') WESLEY C. RHEES	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 22856 JERICHO RD LOUDONVILLE OH 44842		
YEAR 1989	MAKE FORD	MODEL OTHER TRUC	COLOR MAROON
INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE	OWNER PHONE # (330)464-4984	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES

B	UNIT # 02	# OF OCC 0	NAME (LAST, FIRST, MIDDLE)
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 510 SILL ST 112 MILLERSBURG OH 44654			
SOCIAL SECURITY NUMBER	DATE OF BIRTH 08/17/1935	AGE 75	SEX F
DL STATE	DL #	LP STATE	LP #
OWNER NAME (IF SAME, WRITE 'SAME')	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)		
YEAR 0	MAKE	MODEL	COLOR
INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES

C	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE # (330)567-9407	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 12508 CR 330 BIG PRAIRIE OH 44611			INJURED TAKEN BY <input type="checkbox"/> 1.NONE 4.OTHER 2.FMS 3.UNKNOWN 3.POLICE	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"/> 1.NONE 4.OTHER 2.FMS 3.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO	

SEATING POSITION A 16	SAFETY EQUIPMENT A 08	AIR BAG A 5	AIR BAG SWITCH A 1	EJECTION A 1	TRAPPED A 1	INJURIES A 2
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT 'X' IF YES

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="10"/> B <input type="text" value="21"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>1 <input type="text" value="11"/></td><td>1 <input type="text" value="45"/></td></tr> <tr><td>2 <input type="text" value="45"/></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="11"/>	1 <input type="text" value="45"/>	2 <input type="text" value="45"/>	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="0"/> B <input type="text" value="0"/>	DRUG TEST STATUS A <input type="text"/>		
A	B																
1 <input type="text" value="11"/>	1 <input type="text" value="45"/>																
2 <input type="text" value="45"/>	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"/>		MOTORIST 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LINES 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 LOSS OR SHIFT 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 SEPARATION OF UNITS 08 RAN OFF 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 LISTED 14 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 FIXED OBJECT 26 IMPACT ATTENUATOR CRASH CUSHION 27 BRIDGE OVERHEAD STRUCTURE 28 BRIDGE PIER OR ABUTMENT 29 BRIDGE RAIL 30 GROUND BUILT FACE 31 GROUND BUILT END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 RIGHT TURN AHEAD SIGN POST 36 TIEPLY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 39 OTHER 40 OTHER 41 EMBANKMENT 42 FENCE 43 MAJLBN 44 OTHER 45 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC) 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	TRAFFIC CONTROL A <input type="text" value="01"/> B <input type="text"/>	DRUG TEST TYPE A <input type="text"/>												
TYPE OF UNIT A <input type="text" value="07"/> B <input type="text" value="38"/>	MOST DAMAGED AREA A <input type="text" value="07"/> B <input type="text"/>	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="21"/> B <input type="text" value="23"/>	DIRECTION <table border="1"> <tr><td>FROM TO</td><td>FROM TO</td></tr> <tr><td>A <input type="text" value="3"/> <input type="text" value="4"/></td><td>B <input type="text" value="3"/> <input type="text" value="4"/></td></tr> </table>	FROM TO	FROM TO	A <input type="text" value="3"/> <input type="text" value="4"/>	B <input type="text" value="3"/> <input type="text" value="4"/>	CONDITION A <input type="text"/>	DRUG TEST 1 & 2 RESULT <table border="1"> <tr><td>1</td><td>2</td><td>1</td><td>2</td></tr> <tr><td>A <input type="text"/></td><td><input type="text"/></td><td>B <input type="text" value="1"/></td><td><input type="text" value="1"/></td></tr> </table>	1	2	1	2	A <input type="text"/>	<input type="text"/>	B <input type="text" value="1"/>	<input type="text" value="1"/>
FROM TO	FROM TO																
A <input type="text" value="3"/> <input type="text" value="4"/>	B <input type="text" value="3"/> <input type="text" value="4"/>																
1	2	1	2														
A <input type="text"/>	<input type="text"/>	B <input type="text" value="1"/>	<input type="text" value="1"/>														
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/>	POINT OF IMPACT A <input type="text" value="07"/> B <input type="text" value="01"/>	VEHICLE DEFECT CODE ONLY IF '19' APPLYING ABOVE A <input type="text"/>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED A <input type="text"/>	OCURRENCE <input type="text" value="6"/>												
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="1"/>	VEHICLE DEFECT CODE ONLY IF '19' APPLYING ABOVE A <input type="text"/>	MOST HARMFUL EVENT A <input type="text" value="2"/> B <input type="text" value="1"/>	ALCOHOL TEST STATUS A <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 '19' APPLYING ABOVE A <input type="text"/>	SPEED DETECTED A <input type="text" value="2"/> B <input type="text"/>	ALCOHOL TEST TYPE A <input type="text"/>	ROAD CONDITIONS PRIMARY <input type="text" value="03"/> SECONDARY <input type="text"/>												
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 '19' APPLYING ABOVE A <input type="text"/>	SPEED A <input type="text" value="10"/> B <input type="text" value="0"/>	ALCOHOL TEST RESULT A <input type="text"/>	LOCAL REPORT # 10MPD 2503												

NARRATIVE

OWNER OF UNIT #1 LEFT TRUCK IDLING IN DRIVEWAY AND HAD PARKING BRAKE ENGAGED. WHILE INSIDE UNIT #1 SLID DOWNHILL THROUGH DRIVEWAY AND INTO BUILDING AT 510 SILL ST. UNIT #2 WAS THE APARTMENT APPROXIMATELY 10' FROM WALL WHEN UNIT #1 BROKE THROUGH. UNIT #2 WAS NOT PHYSICALLY INJURED BUT WAS TRANSPORTED FOR SHOCK SYMPTOMS. WITNESS KYLER HENDERSON WAS ALSO INSIDE APARTMENT WHEN UNIT #1 BROKE THROUGH WALL BUT WAS NOT INJURED. UPON THIS OFFICER'S ARRIVAL ON SCENE THE PARKING BRAKE WAS STILL ENGAGED ON UNIT #1.

MANNER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 1 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 RACKING 6 ANGLE 7 SIDESWIPE SAME DIRECTION 8 SIDESWIPE OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED <input checked="" type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN	DIAGRAM
WEATHER <input checked="" type="checkbox"/> 01 01 CLEAR 02 CLOUDY 03 FOG/SMOG/SMOKE 04 RAIN 05 SLEET/HAUL (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SEVERE CROSSWIND 08 HAIL/WIND 09 SAND/SILT/DIRT/SNOW 10 OTHER 11 UNKNOWN	WORK ZONE RELATED <input checked="" type="checkbox"/> 1 1 NO 2 YES	
LIGHT CONDITIONS PRIMARY <input checked="" type="checkbox"/> 5 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 GLARE 8 OTHER 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT OR MOVING WORK 5 OTHER	
LOG ACTION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE THE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	WORKERS PRESENT <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN	

TRUCK/BUS UNIT #	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.	THE CRASH RESULTED IN ONE OF THE FOLLOWING: A 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
CARGO BODY TYPE	05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER	10 AUTO TRANSPORTER 11 GARbage-REFUSE 12 OTHER 13 UNKNOWN	WEIGHT (GVWR)	CDL CLASS	HAZARDOUS MATERIALS	HAZARDOUS MATERIALS REFARE	
<input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BULK (15 INCH DRIVERS) <input type="checkbox"/> 03 VAN ENCLOSED BIN <input type="checkbox"/> 04 GRAIN CHIPS GRAVEL			<input type="checkbox"/> 1 LESS EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	<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	<input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<input type="checkbox"/> 1 NO - UNKNOWN <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE	

POLICE ACTION							
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES	
12/28/2010	19:53	19:53	19:56	20:54	0	61	
OFFICER'S NAME		BADGE #	CHECKED BY		DATE REPORT FILED		
PTL. JEFFREY S. LAY		109			12/28/2010		
REPORT TAKEN BY	REPORT TAKEN AT				<input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT #	
<input checked="" type="checkbox"/> 1 PUBLIC AGENCY <input type="checkbox"/> 2 MOTORIST	<input checked="" type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER				10MPD 2503		

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

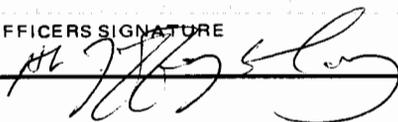
LOCAL REPORT NUMBER 10MPD2503	REPORTING AGENCY Millsburg P.D.	DATE OF ACCIDENT M 12 D 28 Y 10
IN COUNTY OF Holmes	ACCIDENT LOCATION 510 Sill St.	

Owner 510 Sill St.

OHIO MULT. County Development Corp.
 680 E. MARKET ST. Suite 307
 AKRON OHIO 44304
 330-315-3718

INSURANCE CARRIER: Philadelphia

OFFICERS SIGNATURE



BADGE NO.

109