



TRAFFIC CRASH REPORT

CRASH REPORT # 11MPD 0056	CRASH SEVERITY 3 1 FATAL 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> *X IF YES	HIT / SKIP 1 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED	PHOTOS TAKEN <input type="checkbox"/> *X IF YES	OH-2 <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/>
N.C.I.C. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	# UNITS 1	UNIT ERROR 01 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 01/11/2011	

TIME OF CRASH 12:50	DAY OF WEEK TUE	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40324904	LONGITUDE 081541906
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CRASH OCCURRED ON		TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX S WASHINGTON	CRASH LOCATION S WASHINGTON	TYPE LOC 1 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	

AT REFERENCE				REFERENCE POINT USED			
DIST. REF.	DIR	PREFIX	REFERENCE GLEN DRIVE	REF POINT 02	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

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) TURNER ROBERT L			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 14919 MONROE MILLS ROAD MT. VERNON OH 43050						
SOCIAL SECURITY NUMBER		DATE OF BIRTH 10/12/1958	AGE 52	SEX M	HOME PHONE # (740)398-4824	WORK PHONE # (419)681-4686
DL STATE OH	DL # RN923735	LP STATE OH	LP # PFZ9337	INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME") DEEP RESOURCES LLC			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) PO BOX 145 NEW LONDON OH 44851			
YEAR 1982	MAKE MACK	MODEL OTHER	COLOR BLACK	INSURANCE COMPANY STATE FARM	TOWING SERVICE	OWNER PHONE # (419)681-4686
OFFENSE CHARGED		OFFENSE DESCRIPTION			CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES

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	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"/> *X IF YES

OCCUPANT

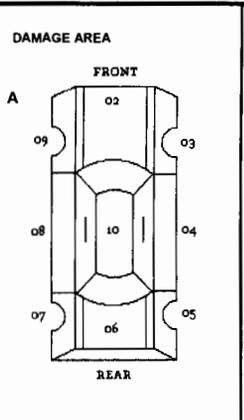
C	UNIT #	NAME (LAST, FIRST, MIDDLE)		HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)				INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO	
D	UNIT #	NAME (LAST, FIRST, MIDDLE)		HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)				INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO	

SEATING POSITION A 01 01. FRONT - LEFT (MC DRIVER) 02. FRONT - MIDDLE 03. FRONT - RIGHT 04. SECOND - LEFT (MC PASS) B 05. SECOND - MIDDLE 06. SECOND - RIGHT 07. THIRD - LEFT (MC PASSENGER/SIDE CAR) C 08. THIRD - MIDDLE 09. THIRD - RIGHT 10. SLEEPER SECTION OF CAB D 11. ENCLOSED CARGO AREA 12. UNENCLOSED CARGO AREA 13. TRAILING UNIT 14. EXTERIOR 15. OTHER 16. NON-MOTORIST 17. UNKNOWN	SAFETY EQUIPMENT A 04 01. NONE USED 02. SHOULDER BELT ONLY USED 03. LAP BELT ONLY USED B 04. SHOULDER AND LAP BELT USED 05. CHILD SAFETY SEAT USED C 06. HELMET USED 07. RESTRAINT USE UNKNOWN 08. NONE USED 09. HELMET USED 10. PROTECTIVE PADS D 11. REFLECTIVE CLOTHING 12. LIGHTING 13. OTHER 14. UNKNOWN	AIR BAG A 5 1. NOT-DEPLOYED 2. DEPLOYED - FRONT 3. DEPLOYED - SIDE 4. DEPLOYED BOTH FRONT/SIDE 5. NOT APPLICABLE 6. DEPLOYMENT UNKNOWN B C D	AIR BAG SWITCH A 1 1. ON-OFF SWITCH NOT PRESENT 2. SWITCH IN ON POSITION 3. SWITCH IN OFF POSITION 4. UNKNOWN POSITION B C D	EJECTION A 1 1. NOT EJECTED 2. TOTALLY EJECTED 3. PARTIALLY EJECTED 4. NOT APPLICABLE 5. UNKNOWN B C D	TRAPPED A 1 1. NOT TRAPPED 2. EXTRICATED BY MECHANICAL MEANS 3. FREED BY NON-MECHANICAL MEANS 4. UNKNOWN B C D	INJURIES A 1 1. NO INJURY 2. POSSIBLE 3. NON-INCAPACITATING 4. INCAPACITATING 5. FATAL INJURY 6. UNKNOWN B C D	
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT *X IF YES	

UNIT NUMBERS
A B

NON-MOTORIST LOCATION
A B

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 (WITHIN TRAFFICWAY)
13 OUTSIDE TRAFFICWAY
14 SHARED USE PATHS OR TRAILS
15 UNKNOWN



PRE-CRASH ACTIONS
A B

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 PAVING OR WORKING ON VEHICLE
21 STANDING
22 OTHER
23 UNKNOWN

SEQUENCE OF EVENTS

A	B
1 <input type="text" value="08"/>	1 <input type="text"/>
2 <input type="text" value="37"/>	2 <input type="text"/>
3 <input type="text"/>	3 <input type="text"/>
4 <input type="text"/>	4 <input type="text"/>

NON-COLLISION
01 OVERTURN/ROLLOVER
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
14 COLLISION W/ 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 ATTENUATOR/CRASH CUSHION
27 BRIDGE OVERHEAD STRUCTURE
28 BRIDGE PIER OR ABUTMENT
29 BRIDGE RAIL
30 GUARDRAIL FACE
31 GUARDRAIL END
32 MEDIAN BARRIER
33 HIGHWAY TRAFFIC SIGN POST
34 OVERHEAD SIGN POST
35 RAILWAY SIGN SUPPORT
36 TILITY POLE
37 OTHER POST, POLE OR SUPPORT
38 CULVERT
39 CURB
40 DITCH
41 EMBARKMENT
42 FENCE
43 MAILBOX
44 TREE
45 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC)
46 WORK ZONE MAINTENANCE EQUIPMENT
47 UNKNOWN FIXED OBJECT
48 OTHER
49 UNKNOWN

POSTED SPEED
A B

TRAFFIC CONTROL
A B

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, OBSCURED
16 OTHER
17 NOT REPORTED

DRUG TEST STATUS
A B

1 NONE GIVEN
2 TEST REFUSED
3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
4 TEST GIVEN, RESULTS KNOWN
5 GIVEN, RESULTS UNKNOWN
6 UNKNOWN

DRUG TEST TYPE
A B

1 NONE
2 BLOOD
3 URINE
4 OTHER

DRUG TEST 1 & 2 RESULT
A B

1 NONE
2 MARIJUANA
3 COCAINE
4 OPIATES
5 AMPHETAMINES
6 PCP
7 OTHER
8 UNKNOWN AT TIME OF REPORTING

TYPE OF UNIT
A B

MOTORIST
01 SUBCOMPACT
02 COMPACT
03 MID SIZED
04 FULL SIZE
05 MINIVAN
06 SPORT UTILITY VEHICLE
07 PICKUP
08 PANELVAN
09 SINGLE UNIT TRUCK, 2 ANGLES, 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 TAXI
28 MOTOR HOME
29 TRAIN
30 FARM VEHICLE
31 FARM EQUIPMENT
32 SNOWMOBILE
33 CONSTRUCTION EQUIPMENT
34 ALL OTHERS
NON-MOTORIST
35 ANIMAL, W/RIDER
36 ANIMAL, W/BUGGY
37 BICYCLE
38 PEDESTRIAN
39 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)
40 SKATER
41 OTHER-NON MOTORIST (WHEELCHAIR, ETC)
42 UNKNOWN

MOST DAMAGED AREA
A B

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

CONTRIBUTING CIRCUMSTANCES
A B

MOTORIST
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/ACDA
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, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER
14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE OBJECT, NON-MOTORIST IN ROADWAY, ETC.)
15 FAILURE TO CONTROL
16 VISION OBSTRUCTION
17 DRIVER INATTENTION
18 FATIGUE/ASLEEP
19 OPERATING DEFECTIVE EQUIPMENT
20 LOAD SHIFTING/FALLING/SPILLING
21 OTHER DRIVER ACTION
22 UNKNOWN
NON-MOTORIST
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

DIRECTION
FROM TO FROM TO
A B

1 NORTH
2 SOUTH
3 EAST
4 WEST
5 NORTHEAST
6 NORTHWEST
7 SOUTHEAST
8 SOUTHWEST
9 UNKNOWN

CONDITION
A B

1 APPARENTLY NORMAL
2 PHYSICAL IMPAIRMENT
3 EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)
4 ILLNESS
5 FELL ASLEEP, FAINTED, FATIGUED, ETC
6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
7 OTHER
8 UNKNOWN

FIRST HARMFUL EVENT
A B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

MOST HARMFUL EVENT
A B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

ALCOHOL/DRUG SUSPECTED
A B

1 NONE
2 YES ALCOHOL SUSPECTED
3 YES - HBD NOT IMPAIRED
4 YES - DRUGS SUSPECTED
5 YES - ALCOHOL AND DRUGS SUSPECTED
6 UNKNOWN

TYPE OF INTERSECTION

01 NOT AN INTERSECTION
02 R/WAY INTERSECTION
03 T-INTERSECTION
04 Y-INTERSECTION
05 TRAFFIC CIRCLE/ROUNDABOUT
06 TEE-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

OCCURRENCE

1 ON ROADWAY
2 ON SHOULDER
3 IN MEDIAN
4 ON ROADSIDE
5 ON GORE
6 OUTSIDE TRAFFICWAY
7 UNKNOWN

ROAD CONTOUR

1 STRAIGHT LEVEL
2 STRAIGHT GRADE
3 CURVE LEVEL
4 CURVE GRADE
5 UNKNOWN

POINT OF IMPACT
A B

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

ACTION
A B

1 NON-CONTACT
2 NON-COLLISION
3 STRICKING
4 STRUCK
5 BOTH STRICKING AND STRUCK
6 UNKNOWN

VEHICLE DEFECT CODE ONLY IF 19' SELECTED ABOVE
A 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 DISABLED FROM PRIOR ACCIDENT
11 OTHER DEFECTS
12 NO DEFECTS

SPEED DETECTED
A B

1 STATED
2 ESTIMATED

SPEED
A B

ALCOHOL TEST STATUS
A B

1 NONE GIVEN
2 TEST REFUSED
3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
4 TEST GIVEN, RESULTS KNOWN
5 TEST GIVEN, RESULTS UNKNOWN
6 UNKNOWN

ALCOHOL TEST TYPE
A B

1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

ROAD CONDITIONS
PRIMARY SECONDARY

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

IN EMERGENCY RESPONSE
A B

1 NO
2 YES
3 UNKNOWN

STRIKING VEHICLE OVERRIDE/UNDERIDE
A B

1 NO UNDERIDE OR OVERRIDE
2 UNDERIDE, COMPARTMENT INTRUSION
3 UNDERIDE, NO COMPARTMENT INTRUSION
4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN
5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT
6 OVERRIDE, OTHER VEHICLE
7 UNKNOWN IF UNDERIDE OR OVERRIDE

DAMAGE SCALE
A B

1 NONE
2 NON-FUNCTIONAL
3 FUNCTIONAL DAMAGE
4 DISABLING DAMAGE
5 SEVERE
6 UNKNOWN

ALCOHOL TEST RESULT
A

B

SUPPLEMENT 'X' IF YES

LOCAL REPORT #
11MPD 0056

NARRATIVE

UNIT 1 WAS SOUTHBOUND ON S WASHINGTON STREET WHEN A NON CONTACT VEHICLE AHEAD STOPPED FOR A RED TRAFFIC LIGHT. UNIT 1 WAS UNABLE TO STOP SO HE DROVE OFF THE RIGHT SIDE OF THE ROAD RUNNING OVER A PEDESTRIAN SIGNAL POST. NO DAMAGE TO UNIT 1.

<p>MANNER OF COLLISION OR IMPACT</p> <p>1</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. SIDESWIPES SAME DIRECTION 8. SIDESWIPES 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>06</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. BLOWING SAND/SOIL/DIRT/SNOW 09. OTHER 10. UNKNOWN</p>	<p>WORK ZONE RELATED</p> <p>1</p> <p>1. NO 2. YES 3. UNKNOWN</p>												
<p>LIGHT CONDITIONS</p> <p>PRIMARY 1 SECONDARY <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 MEDIAN 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>												
<p>TRUCK/BUS UNIT #</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>COMPANY (FROM SHIPPING PAPERS)</p> <p><input type="text"/></p>		<p>THE CRASH RESULTED IN ONE OF THE FOLLOWING: A. A FATALITY; OR A. AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT; OR A. AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.</p>											
<p>ADDRESS (STREET, CITY, ST, ZIP CODE)</p> <p><input type="text"/></p>													
<p>US DOT</p> <p><input type="text"/></p>	<p>ICC MC</p> <p><input type="text"/></p>	<p>PUCO</p> <p><input type="text"/></p>	<p>TRAILER LP ST.</p> <p><input type="text"/></p>	<p>TRAILER LP YEAR</p> <p><input type="text"/></p>	<p>TRAILER LP #</p> <p><input type="text"/></p>	<p>PLACARD #</p> <p><input type="text"/></p>	<p># DIA</p> <p><input type="text"/></p>						
<p>CARGO BODY TYPE</p> <p><input type="checkbox"/></p> <p>01. NOT APPLICABLE 02. BUS (9-15 INCLUDING DRIVER) 03. VAN/ENCLOSED BOX 04. GRAN/CHIPS/GRAVEL</p>		<p>WEIGHT (GVWR)</p> <p><input type="checkbox"/></p> <p>1. LESS/EQUAL 10,000 2. 10,001 - 24,000 3. MORE THAN 24,000</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 RFI FASFD</p> <p><input type="checkbox"/></p> <p>1. NO 2. YES 3. NOT APPLICABLE</p>					
<p>POLICE ACTION</p>													
<p>DATE CRASH REPORTED</p> <p>01/11/2011</p>		<p>TIME REC CALL</p> <p>12:56</p>		<p>DISPATCH</p> <p>13:06</p>		<p>ARRIVED</p> <p>13:06</p>		<p>CLEARED</p> <p>13:27</p>		<p>OTHER</p> <p>15</p>		<p>TOTAL MINUTES</p> <p>36</p>	
<p>OFFICER'S NAME</p> <p>CHIEF S.T. VAUGHN</p>				<p>BADGE #</p> <p>100</p>		<p>CHECKED BY</p> <p><input type="text"/></p>		<p>DATE REPORT FILED</p> <p>01/11/2011</p>					
<p>REPORT TAKEN BY</p> <p>1</p> <p>1. POLICE AGENCY 2. MOTORIST</p>		<p>REPORT TAKEN AT</p> <p>1</p> <p>1. SCENE 2. STATION 3. OTHER</p>		<p><input type="checkbox"/> SUPPLEMENT 'X' IF YES</p>				<p>LOCAL REPORT #</p> <p>11MPD 0056</p>					

LOCAL REPORT NUMBER 11 MAD 0056	REPORTING AGENCY MILLERSBURG POLICE	DATE OF ACCIDENT M 01 11 Y '11
IN COUNTY OF Holmes	ACCIDENT LOCATION S. WASHINGTON ST Glen Dr.	

Pedestrian Pole signal
 under Village of Millersburg
 6 North Washington St.
 Millersburg OH 44654
 330-674-1886

OFFICERS SIGNATURE

BADGE NO.