



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>11MPD 0220</b>	CRASH SEVERITY <b>3</b> FATAL ERROR 3 PDG 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> YES	HITS/SKIP <b>3</b> 1 NOT HIT/SKIP 2 SOLID 3 UNGLUED	PHOTOS TAKEN <input checked="" type="checkbox"/> YES	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> 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>2/6/2011</b>	

TIME OF CRASH <b>08:35</b>	DAY OF WEEK <b>SUN</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40332509</b>	LONGITUDE <b>081541905</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>GLENWOOD APARTMENTS</b>

AT/REFERENCE	REFERENCE POINT USED
DIST. REF. <b>000101 LAKEVIEW DR.</b>	REF POINT <b>04</b> 01 STATE LINE 02 INTERSECTION OF TWO STREETS 03 COUNTY LINE 04 OR SE NUMBER

MOTORIST / NON-MOTORIST

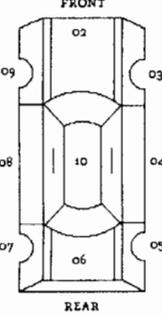
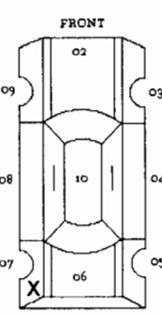
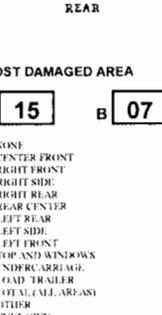
UNIT # <b>A 01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>UNKNOWN DRIVER</b>				
ADDRESS (STREET, CITY, STATE, ZIP-CODE)						
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>//</b>	AGE	SEX <b>U</b>	HOME PHONE #	WORK PHONE #	
DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY <b>5</b> 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') <b>UNKNOWN</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>UNKNOWN UNKNOWN UNKNOWN</b>			
YEAR <b>0</b>	MAKE <b>UNKNOWN MA</b>	MODEL <b>UNKNOWN</b>	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE#
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES			

UNIT # <b>B 02</b>	# OF OCC <b>0</b>	NAME (LAST, FIRST, MIDDLE) <b>UNOCCUPIED PARKED</b>				
ADDRESS (STREET, CITY, STATE, ZIP-CODE)						
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>//</b>	AGE	SEX	HOME PHONE #	WORK PHONE #	
DL STATE	DL #	LP STATE <b>OH</b>	LP # <b>654YFQ</b>	INJURED TAKEN BY <input type="checkbox"/>	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') <b>LEE, JOHN W.</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>101 LAKEVIEW DR. APT. A1 MILLERSBURG OH 44654</b>			
YEAR <b>2000</b>	MAKE <b>CHEVROLET</b>	MODEL <b>S-10</b>	COLOR <b>SILVER</b>	INSURANCE COMPANY <b>ERIE</b>	TOWING SERVICE	OWNER PHONE# <b>(330)473-5998</b>
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES			

OCCUPANT

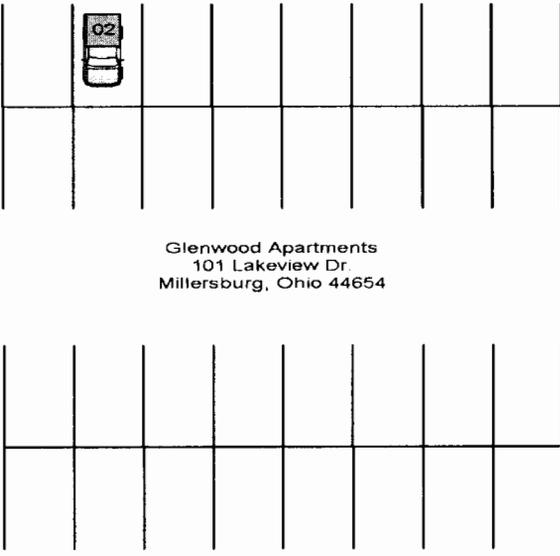
UNIT # <b>C</b>	NAME (LAST, FIRST, MIDDLE)	HOME PHONE#	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			INJURED TAKEN BY <input type="checkbox"/>	TRANSPORTED BY	INJURED TAKEN TO
UNIT # <b>D</b>	NAME (LAST, FIRST, MIDDLE)	HOME PHONE#	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			INJURED TAKEN BY <input type="checkbox"/>	TRANSPORTED BY	INJURED TAKEN TO

SEATING POSITION <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 TRAINING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	SAFETY EQUIPMENT <b>A 07</b> 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 <b>A 6</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 4</b> 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	EJECTION <b>A 5</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 6</b> 1 NONE BY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
<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> FRONT 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="23"/> B <input type="text" value="10"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>1 <input type="text" value="21"/></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="21"/>	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="0"/> B <input type="text" value="0"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/>
A	B														
1 <input type="text" value="21"/>	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>REAR</b> 	<b>MOTORIST</b> 01 MOVEMENTS ESSENTIALLY STRAIGHT 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 STOPPING 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 IMBERSION 04 JACKKNIFE 05 CRASH IMPACTMENT (DORS OR SHIRT EQUIPMENT FAILURE/SHOWN TIRE BRAKE FAILURE, ETC.) 06 SEPARATION OF UNITS 07 AN END OF ROAD RIGHT 08 AN END OF ROAD LEFT 09 CROSS-MEDIAN-CENTERLINE 10 DOWNHILL RUNAWAY 11 OTHER NON-COLLISION 12 UNKNOWN NON-COLLISION 13 COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 PEDICYCLE 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 IMPACT ATTENT/ATOR CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GARDEN FACE 31 GARDEN END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT TOWER/ANAL SUPPORT 36 THIRTY FOOT 37 OTHER POST, POLE OR SUPPORT 38 UTILITY 39 CURB 40 DITCH 41 EMBANKMENT 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	<b>TRAFFIC CONTROL</b> A <input type="text" value="12"/> B <input type="text" value="12"/>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/>										
<b>TYPE OF UNIT</b> A <input type="text" value="42"/> B <input type="text" value="07"/>	<b>FRONT</b> 	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="33"/> B <input type="text" value="01"/>	<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="9"/> <input type="text" value="9"/> B <input type="text"/>	<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><input type="text" value="1"/></td><td>B <input type="text"/></td><td><input type="text"/></td></tr> </table>	1	2	1	2	A <input type="text" value="1"/>	<input type="text" value="1"/>	B <input type="text"/>	<input type="text"/>		
1	2	1	2												
A <input type="text" value="1"/>	<input type="text" value="1"/>	B <input type="text"/>	<input type="text"/>												
<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="15"/> B <input type="text" value="07"/>	<b>VEHICLE DEFECT CODE ONLY IF 19' SELECTED ABOVE</b> A <input type="text"/>	<b>MOST 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="6"/> B <input type="text"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="01"/>										
<b>DAMAGE SCALE</b> A <input type="text" value="6"/> B <input type="text" value="2"/>	<b>POINT OF IMPACT</b> A <input type="text" value="15"/> B <input type="text" value="07"/>	<b>VEHICLE DEFECT CODE ONLY IF 19' SELECTED ABOVE</b> A <input type="text"/>	<b>SPEED DETECTED</b> A <input type="text"/>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/>										
<b>DAMAGE SCALE</b> A <input type="text" value="6"/> B <input type="text" value="2"/>	<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>SPEED</b> A <input type="text" value="0"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="02"/> SECONDARY <input type="text" value="03"/>										
<b>DAMAGE SCALE</b> A <input type="text" value="6"/> 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>VEHICLE DEFECT CODE ONLY IF 19' SELECTED ABOVE</b> A <input type="text"/>	<b>SPEED</b> A <input type="text" value="0"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/>	<b>LOCAL REPORT #</b> <input type="text" value="11MPD 0220"/>										

**NARRATIVE**

UNIT 02 WAS PARKED IN THE PARKING LOT FOR GLENWOOD APARTMENTS AT 101 LAKEVIEW DR. AN UNKNOWN VEHICLE STRUCK UNIT 02 IN THE LEFT REAR SIDE AND LEFT THE SCENE.

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>9</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 SIDESWIP, SAME DIRECTION                  8 SIDESWIP, 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> <div style="text-align: right; margin-bottom: 20px;">  </div> <div style="text-align: center;">  </div>
<p><b>WEATHER</b></p> <p><b>02</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 BLOWING SAND, MOLE, DIRT, SNOW                  09 OTHER                  10 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> <b>1</b> <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>	<input type="checkbox"/>	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 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.

**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 INCL (BUS DRIVER) <input type="checkbox"/> 03 VAN (ENCL) (BUS DRIVER) <input type="checkbox"/> 04 GRAIN CHIPS 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 GARAGE REPT SE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN		<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 1 LEAS EQUAL 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 F	<b>HAZARDOUS MATERIALS</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<b>HAZARDOUS MATERIALS REFINISHED</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE		

<b>POLICE ACTION</b>		<b>DATE CRASH REPORTED</b> 2/6/2011	<b>TIME REC CALL</b> 13:14	<b>DISPATCH</b> 13:15	<b>ARRIVED</b> 13:22	<b>CLEARED</b> 13:46	<b>OTHER</b> 15	<b>TOTAL MINUTES</b> 46
<b>OFFICER'S NAME</b> PTL. KEVIN BROWN			<b>BADGE #</b> 108	<b>CHECKED BY</b>		<b>DATE REPORT FILED</b> 2/6/2011		
<b>REPORT TAKEN BY</b> <b>1</b> 1 POLICE AGENCY 2 MOTORIST	<b>REPORT TAKEN AT</b> <b>1</b> 1 STATION 2 STATION 3 OTHER		<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>		<b>LOCAL REPORT #</b> 11MPD 0220			