



TRAFFIC CRASH REPORT

CRASH REPORT # 11MPD 0226	CRASH SEVERITY 3 1 FATAL ERROR 3 FPD 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO	HIT/SKIP 1 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 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 02/07/2011	

TIME OF CRASH 08:35	DAY OF WEEK MON	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40325802	LONGITUDE 081550505
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX S	CRASH LOCATION WASHINGTON	TYPE LOC 1

AT/REFERENCE	REFERENCE POINT USED	LOCAL INFORMATION
DIST. REF.	DR	PREFIX
S		S
REFERENCE CLAY	REF POINT 02	

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) LEPLEY ROBERT L
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 683 E JACKSON ST MILLERSBURG OH 44654			
SOCIAL SECURITY NUMBER	DATE OF BIRTH 01/19/1959	AGE 52	SEX M
HOME PHONE # (330)275-9584	WORK PHONE #		
DL STATE OH	DL # RG120980	LP STATE OH	LP # BY14GX
INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') LEPLEY, ROBERT L		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 683 E JACKSON ST MILLERSBURG OH 44654	
YEAR 1998	MAKE PONTIAC	MODEL GRAND AM	COLOR GREEN
INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE	OWNER PHONE#	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO

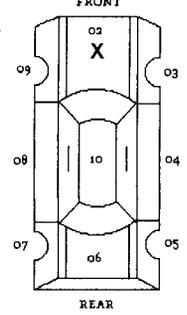
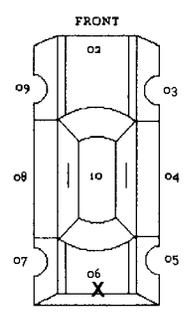
B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) FRANKS DEANNE L
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 11898 TR 502 BIG PRAIRIE OH 44611			
SOCIAL SECURITY NUMBER	DATE OF BIRTH 09/01/1982	AGE 28	SEX F
HOME PHONE # (330)231-6303	WORK PHONE #		
DL STATE OH	DL # RW191464	LP STATE OH	LP # EXY6797
INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') FRANKS, DEANNE L		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 11898 TR 502 BIG PRAIRIE OH 44611	
YEAR 2004	MAKE HONDA	MODEL OTHER	COLOR GREY
INSURANCE COMPANY ERIE	TOWING SERVICE	OWNER PHONE# (330)231-6303	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> YES <input type="checkbox"/> NO

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	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
A 01	A 04	A 1	A 1	A 1	A 1	A 1
B 01	B 04	B 1	B 1	B 1	B 1	B 1
C	C	C	C	C	C	C
D	D	D	D	D	D	D
BLANK FOR WITNESS						SUPPLEMENT 'X' IF YES

MOTORIST / NON-MOTORIST

OCCUPANT

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA FRONT 	PRE-CRASH ACTIONS A <input type="text" value="01"/> B <input type="text" value="11"/>	SEQUENCE OF EVENTS A <input type="text" value="20"/> B <input type="text" value="20"/> 1 <input type="text" value="20"/> 1 <input type="text" value="20"/> 2 <input type="text" value=""/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 3 <input type="text" value=""/> 4 <input type="text" value=""/> 4 <input type="text" value=""/>	POSTED SPEED A <input type="text" value="25"/> B <input type="text" value="25"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/>
NON-MOTORIST LOCATION A <input type="text" value=""/> B <input type="text" value=""/>	REAR 	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 PUSHER VEHICLE 19 APPROACHING OR LEAVING VEHICLE 20 APPROACHING 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 TRICYCLE 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 COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GY/ABRASH FACE 31 GY/ABRASH END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POLE, TOWER OR SUPPORT 38 CURB 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	TRAFFIC CONTROL A <input type="text" value="02"/> B <input type="text" value="02"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>
TYPE OF UNIT A <input type="text" value="03"/> B <input type="text" value="06"/>	MOST DAMAGED AREA A <input type="text" value="02"/> B <input type="text" value="06"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="08"/> B <input type="text" value="01"/>	DIRECTION FROM TO FROM TO A <input type="text" value="1"/> <input type="text" value="2"/> B <input type="text" value="1"/> <input type="text" value="2"/>	CONDITION A <input type="text" value="1"/> B <input type="text" value="1"/>	DRUG TEST 1 & 2 RESULT 1 <input type="text" value="1"/> 2 <input type="text" value="1"/> 1 <input type="text" value="1"/> 2 <input type="text" value="1"/> A <input type="text" value="1"/> <input type="text" value="1"/> B <input type="text" value="1"/> <input type="text" value="1"/>
MOTORIST 01 SUBCOMPACT 02 COMPACT 03 MID-SIZED 04 FULL-SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 VAN 09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK, 3 OR MORE AXLES 11 TRUCK TRAILER 12 TRUCK TRACTOR (HORIZONTAL) 13 TRACTOR SEMI-TRAILER 14 TRACTOR DOBBLE - SHORT 15 TRACTOR DOBBLE - LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR TRIPLES 18 MOTORCYCLE 19 MOTORCYCLE 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 TRAILER 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL - W/ RIDER 36 ANIMAL - W/ RIDER 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER NON-MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN	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	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 (CADA) 09 IMPROPER LANE CHANGE/DROVE OFF ROAD (IMPROPER PASSING) 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OVERTAKING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENCE 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 IN ATTENTION 18 REACTIVE ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 PARTING 26 USING 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	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="04"/>
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/>	POINT OF IMPACT A <input type="text" value="02"/> B <input type="text" value="06"/>	VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE A <input type="text" value=""/> B <input type="text" value=""/>	MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="2"/>
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="4"/>	01 OTHER 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 <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONDITIONS PRIMARY <input type="text" value="02"/> SECONDARY <input type="text" value=""/>
STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	01 NONE 02 YES 03 UNKNOWN	01 NONE 02 UNDERRIDE OR OVERRIDE 03 UNDERRIDE, COMPARTMENT INTRUSION 04 UNDERRIDE, NO COMPARTMENT INTRUSION 05 UNDERRIDE, COMPARTMENT INTRUSION, UNKNOWN 06 UNDERRIDE, MOTOR VEHICLE IN TRANSPORT 07 UNDERRIDE, OTHER VEHICLE 08 UNKNOWN UNDERRIDE OR OVERRIDE	SPEED A <input type="text" value="5"/> B <input type="text" value="0"/>	ALCOHOL TEST RESULT A <input type="text" value=""/> B <input type="text" value=""/>	01 DRY 02 WET 03 SNOW 04 ICE 05 SAND/MUD/DIRT/OIL GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS 09 RUTS, HOLES, BUMPS, UNEVEN SURFACE 10 OTHER 11 UNKNOWN
<input type="checkbox"/> SUPPLEMENT 'X' IF YES				LOCAL REPORT # 11MPD 0226	

NARRATIVE

UNIT #1 AND UNIT #2 WERE STOPPED AT A STOP SIGN. UNIT #2 PULLED UP TO SEE IF ANYTHING WAS COMING AND STOPPED FOR ON COMING TRAFFIC. UNIT #1 THOUGHT UNIT #2 WAS GOING TO GO. UNIT #1 DID NOT GET STOPPED AND STRUCK UNIT #2 IN THE REAR END

<p>MANNER OF COLLISION OR IMPACT</p> <p>2</p> <p>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-REAR 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 SINGLE 7 SIDEWIDE SAME DIRECTION 8 SIDEWIDE 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/ICE/Freezing 06 RAIN OR DRIZZLE 07 SEVERE CROSSWINDS 08 HAIL/WIND 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>LOCATION 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>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</p>
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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
<p>CARGO BODY TYPE</p> <p><input type="checkbox"/></p> <p>01 NOT APPLICABLE 02 BUS (9.15 INCL. BUS/DRIVER) 03 VAN/ENCLASSED BODY 04 GRAIN CHIPS GRAVEL 05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER</p>	<p>10 AUTO TRANSPORTER 11 CARGO/HAZ. REPTSE 12 OTHER 13 UNKNOWN</p>	<p>WEIGHT (GVWR)</p> <p><input type="checkbox"/></p> <p>1 LESS THAN 10,000 2 10,001 - 26,000 3 MORE THAN 26,000</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 REPAIRED</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 NOT APPLICABLE</p>		

<p>DATE CRASH REPORTED</p> <p>02/07/2011</p>		<p>TIME REC CALL</p> <p>08:38</p>	<p>DISPATCH</p> <p>08:38</p>	<p>ARRIVED</p> <p>08:40</p>	<p>CLEARED</p> <p>08:55</p>	<p>OTHER</p> <p>0</p>	<p>TOTAL MINUTES</p> <p>17</p>
<p>OFFICER'S NAME</p> <p>CAPT. SCOTT AKINS</p>			<p>BADGE #</p> <p>103</p>	<p>CHECKED BY</p>		<p>DATE REPORT FILED</p> <p>02/07/2011</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 0226</p>			