



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>11MPD 0294</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 1 FPD 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> NO <input type="checkbox"/> YES	HIT/SKIP <b>1</b> 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <input type="checkbox"/> NO <input 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>02/18/2011</b>	

TIME OF CRASH <b>08:40</b>	DAY OF WEEK <b>FRI</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40332201</b>	LONGITUDE <b>081545306</b>
CRASH OCCURRED ON			TYPE LOCATION POINT USED		LOCAL INFORMATION	
PREFIX <b>N</b>	CRASH LOCATION <b>CRAWFORD</b>		TYPE LOC <b>1</b>			

DIST. REF.	DR	PREFIX	REFERENCE <b>MASSILLON</b>	REF POINT <b>02</b>	REFERENCE POINT USED 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
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MOTORIST / NON-MOTORIST

<b>A</b> UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>TURNER HERBERT DALE</b>		ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>18582 CR 6 COSHOCTON OH 43812</b>		
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>09/02/1972</b>	AGE <b>38</b>	SEX <b>M</b>	HOME PHONE # <b>(740)623-2429</b>	WORK PHONE #	
DL STATE <b>OH</b>	DL # <b>RS287345</b>	LP STATE <b>OH</b>	LP # <b>ESE9905</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>TURNER, HERBERT DALE</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>18582 CR 6 COSHOCTON OH 43812</b>			
YEAR <b>1999</b>	MAKE <b>DODGE</b>	MODEL <b>DAKOTA</b>	COLOR <b>BLUE</b>	INSURANCE COMPANY <b>NATIONWIDE</b>	TOWING SERVICE	OWNER PHONE#
OFFENSE CHARGED	OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> NO <input type="checkbox"/> YES

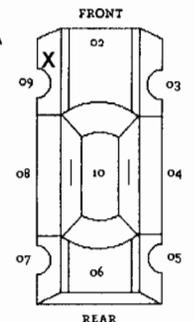
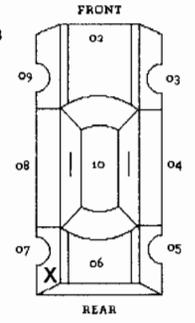
<b>B</b> UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>CAMACHO KELLY M</b>		ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>84 CRITCHFIELD ST MILLERSBURG OH 44654</b>		
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>04/07/1982</b>	AGE <b>28</b>	SEX <b>M</b>	HOME PHONE # <b>(330)763-0041</b>	WORK PHONE #	
DL STATE <b>OH</b>	DL # <b>RV079283</b>	LP STATE <b>OH</b>	LP # <b>EFD2659</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>CAMACHO, KELLY M</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>84 CRITCHFIELD ST MILLERSBURG OH 44654</b>			
YEAR <b>2005</b>	MAKE <b>DODGE</b>	MODEL <b>DAKOTA</b>	COLOR <b>SILVER</b>	INSURANCE COMPANY <b>WESTFIELD</b>	TOWING SERVICE	OWNER PHONE#
OFFENSE CHARGED	OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> NO <input type="checkbox"/> YES

OCCUPANT

<b>C</b> UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE#	DATE OF BIRTH	AGE	SEX
<b>D</b> UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE#	DATE OF BIRTH	AGE	SEX

SEATING POSITION A <b>01</b> 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT B <b>01</b> 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 SEATER SECTION OF CAB 11 UNCLOSED CARGO AREA 12 UNCLOSED CARGO AREA 13 READING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN BLANK FOR WITNESS	SAFETY EQUIPMENT A <b>04</b> 01 SEATBELT 02 SEATBELT USED 03 SHOULDER BELT ONLY USED 04 LAP BELT ONLY USED 05 SHOULDER AND LAP BELT USED 06 CHILD SAFETY SEAT USED 07 RESTRAINT USE UNKNOWN 08 SEATBELT USED 09 HELMET USED 10 PROTECTIVE PAD USED 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG A <b>1</b> 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED (BOTH FRONT SIDE) 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN B <b>1</b> C D	AIR BAG SWITCH A <b>1</b> 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION B <b>1</b> C D	EJECTION A <b>1</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN B <b>1</b> C D	TRAPPED A <b>1</b> 1 NOT TRAPPED 2 ENTRAPPED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN B <b>1</b> C D	INJURIES A <b>1</b> 1 NO INJURY 2 POSSIBLE 3 NON-CAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN B <b>1</b> C D
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SUPPLEMENT 'X' IF YES

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="01"/> B <input type="text" value="01"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><th>A</th><th>B</th></tr> <tr><td>1 <input type="text" value="20"/></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="20"/>	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="25"/> B <input type="text" value="25"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>		
A	B																
1 <input type="text" value="20"/>	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>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="07"/> B <input type="text" value="01"/>	<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 UNITS 08 RAN OFF 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 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 WITH LINED OBJECT 26 IMPACT WITH UNLINED OBJECT 27 BRIDGE OVERHEAD STRUCTURE 28 BRIDGE PIER OR ADJUTMENT 29 BRIDGE PARAPET 30 GARDEN RAIL 31 GARDEN RAIL FACE 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT FIXTURES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB/VERT 39 CURB 40 DITCH 41 EMBANKMENT 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	<b>TRAFFIC CONTROL</b> A <input type="text" value="01"/> B <input type="text" value="01"/>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>												
<b>TYPE OF UNIT</b> A <input type="text" value="07"/> B <input type="text" value="07"/>	<b>MOST DAMAGED AREA</b> A <input type="text" value="09"/> B <input type="text" value="08"/>	<b>VEHICLE DEFECT CODE ONLY IF 19' SELECTED ABOVE</b> A <input type="text"/>	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>DIRECTION</b> <table border="1"> <tr><th>FROM TO</th><th>FROM TO</th></tr> <tr><td>A <input type="text" value="2"/> <input type="text" value="1"/></td><td>B <input type="text" value="1"/> <input type="text" value="2"/></td></tr> </table>	FROM TO	FROM TO	A <input type="text" value="2"/> <input type="text" value="1"/>	B <input type="text" value="1"/> <input type="text" value="2"/>	<b>DRUG TEST 1 &amp; 2 RESULT</b> <table border="1"> <tr><th>1</th><th>2</th><th>1</th><th>2</th></tr> <tr><td>A <input type="text" value="1"/></td><td><input type="text" value="1"/></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" value="1"/>	<input type="text" value="1"/>	B <input type="text" value="1"/>	<input type="text" value="1"/>
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<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text" value="4"/>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ROAD CONTOUR</b> <input type="text" value="4"/>												
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> 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>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>SPEED DETECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ROAD CONDITIONS</b> <table border="1"> <tr><th>PRIMARY</th><th>SECONDARY</th></tr> <tr><td><input type="text" value="02"/></td><td><input type="text"/></td></tr> </table>	PRIMARY	SECONDARY	<input type="text" value="02"/>	<input type="text"/>								
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<input type="text" value="02"/>	<input type="text"/>																
<b>NON-MOTORIST LOCATION</b> A <input type="text"/>	<b>POINT OF IMPACT</b> A <input type="text" value="09"/> B <input type="text" value="08"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/>	<b>SPEED</b> A <input type="text" value="15"/> B <input type="text" value="10"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/>	<b>LOCAL REPORT #</b> <b>11MPD 0294</b>												

**NARRATIVE**

UNIT #2 WAS SOUTHBOUND ON MASSILLON ROAD. UNIT #1 WAS NORTHBOUND ON CRAWFORD STREET. UNIT #1 WENT LEFT OF CENTER. UNIT #1 STRUCK UNIT #2

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>6</b></p> <p>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT                  2 REAR-REAR                  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>
<p><b>WEATHER</b></p> <p><b>01</b></p> <p>01 CLEAR                  02 CLOUDY                  03 FOG/SMOG/SMOKE                  04 RAIN                  05 SLICE/HEAVY FREEZING RAIN OR DRIZZLE                  06 SNOW                  07 SEVERE CROSSWINDS                  08 HAIL/OWING                  09 SAND/DIRT/SNOW                  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 DARK                  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>	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
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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>		<b>WEIGHT (GVWR)</b>		<b>CDL CLASS</b>		<b>HAZARDOUS MATERIALS</b>	
01 NOT APPLICABLE 02 BUS (9-15 INCL) (DRIVER) 03 VAN ENCLOSED BOX 04 GRAIN CHIPS GRAVEL 05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER		1 LESS THAN 10,000 2 10,001 - 26,000 3 MORE THAN 26,000		1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E		1 NO 2 YES 3 UNKNOWN	
<b>HAZARDOUS MATERIALS REI FASEN</b>		<b>HAZARDOUS MATERIALS REI FASEN</b>		<b>HAZARDOUS MATERIALS REI FASEN</b>		<b>HAZARDOUS MATERIALS REI FASEN</b>	
1 NO 4 UNKNOWN		1 NO 4 UNKNOWN		1 NO 4 UNKNOWN		1 NO 4 UNKNOWN	
2 YES 2 YES		2 YES 2 YES		2 YES 2 YES		2 YES 2 YES	
3 NOT APPLICABLE 3 NOT APPLICABLE		3 NOT APPLICABLE 3 NOT APPLICABLE		3 NOT APPLICABLE 3 NOT APPLICABLE		3 NOT APPLICABLE 3 NOT APPLICABLE	

<b>POLICE ACTION</b>						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
02/18/2011	08:42	08:43	08:44	08:58	0	15
OFFICER'S NAME			BADGE #		DATE REPORT FILED	
CAPT. SCOTT AKINS			103		02/18/2011	
REPORT TAKEN BY		REPORT TAKEN AT		SUPPLEMENT 'X' IF YES		LOCAL REPORT #
1 POLICE AGENCY 2 MOTORIST		1 SCENE 2 STATION 3 OTHER		<input type="checkbox"/>		11MPD 0294