

MW 3-30-11



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>11MPD 0562</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <b>X</b> *X IF YES	HIT / SKIP <b>1</b> 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. # <b>03801</b>	REPORTING AGENCY <b>MILLERSBURG POLICE DEPARTMENT</b>	# UNITS <b>1</b>	UNIT ERROR <b>01</b> 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>03/30/2011</b>				

TIME OF CRASH <b>08:55</b>	DAY OF WEEK <b>WED</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40323007</b>	LONGITUDE <b>081545201</b>
-------------------------------	---------------------------	---	---	-----------------------	-----------------------------	-------------------------------

CRASH OCCURRED ON PREFIX <b>CRASH LOCATION PRIVATE PROPERTY</b>	TYPE LOC <b>1</b>	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION <b>HOLMES SPINE &amp; SPORT</b>
---	----------------------	---	--

AT/REFERENCE DIST. REF. <b>DIR</b> <b>PREFIX</b> <b>REFERENCE</b> <b>001245 GLEN</b>	REF POINT <b>04</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 REFEREN 09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE
---	------------------------	---

MOTORIST / NON-MOTORIST

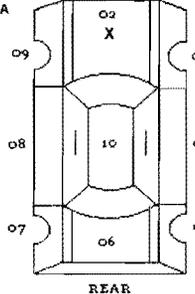
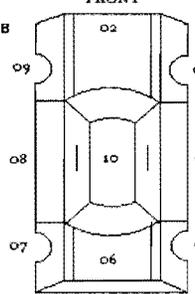
<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>LAWHEAD WILMA J</b>	ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>153 E JONES ST APT A MILLERSBURG OH 44654</b>	SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>01/07/1927</b>	AGE <b>84</b>	SEX <b>F</b>	HOME PHONE # <b>(330)674-5588</b>	WORK PHONE #	
DL STATE <b>OH</b>	DL # <b>RQ164147</b>	LP STATE <b>OH</b>	LP # <b>AD24TX</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>LAWHEAD, WILMA J</b>				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>153 E JONES ST APT A MILLERSBURG OH 44654</b>							
YEAR <b>1991</b>	MAKE <b>CHEVROLE</b>	MODEL <b>CAVALIER</b>	COLOR <b>WHITE</b>	INSURANCE COMPANY <b>MOTORIST MUTUA</b>	TOWING SERVICE	OWNER PHONE #					
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #			LOCAL CODE <input type="checkbox"/> *X IF YES		

<b>B</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

<b>C</b>	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	
<b>D</b>	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 <b>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 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	SAFETY EQUIPMENT A <b>04</b> 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 USED UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 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	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	EJECTION A <b>1</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED A <b>1</b> 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES A <b>1</b> 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT *X IF YES

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text"/>	<b>DAMAGE AREA</b> FRONT  REAR 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="01"/> B <input type="text"/>	<b>SEQUENCE OF EVENTS</b> A <input type="text" value="45"/> B <input type="text"/> 1 <input type="text"/> 1 <input type="text"/> 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"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/>
<b>NON-MOTORIST LOCATION</b> A <input type="text"/> B <input type="text"/> 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	<b>TYPE OF UNIT</b> A <input type="text" value="02"/> B <input type="text"/> MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZED 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL/VAN 09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK, 3 OR MORE AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOBTAIL) 13 TRACTOR/SEMI-FRTRILER 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 WRIDDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRAIN 39 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER-NON MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="15"/> B <input type="text"/> 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/VADCA 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/SLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER 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	<b>NON-COLLISION</b> 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 OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/ENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 PEDACYCLE 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 GUARDRAIL FENCE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST POLE OR SUPPORT 38 CULVERT 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="01"/> B <input type="text"/> 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 WALKDON'T WALK 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16 OTHER 17 NOT REPORTED 18 UNKNOWN	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/> 1 NONE 2 BLOOD 3 URINE 4 OTHER <b>DRUG TEST 1 &amp; 2 RESULT</b> A <input type="text" value="1"/> <input type="text" value="1"/> B <input type="text"/> <input type="text"/> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text"/> 1 NO 2 YES 3 UNKNOWN	<b>POINT OF IMPACT</b> A <input type="text" value="02"/> B <input type="text"/> 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	<b>VEHICLE DEFECT CODE ONLY IF "1" SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/> 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	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	<b>CONDITION</b> A <input type="text" value="1"/> B <input type="text"/> 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	<b>TYPE OF INTERSECTION</b> A <input type="text" value="01"/> B <input type="text"/> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDABOUT 06 FIVE-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
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text"/> 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text"/> 1 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text"/> 1 NONE 2 YES-ALCOHOL SUSPECTED 3 YES-HBD NOT IMPAIRED 4 YES-DRUGS SUSPECTED 5 YES-ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/> 1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	<b>OCURRENCE</b> A <input type="text" value="1"/> B <input type="text"/> 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON CURB 6 OUTSIDE TRAFFICWAY 7 UNKNOWN
<b>STRIKING VEHICLE OVERRIDE/UNDERIDE</b> A <input type="text" value="1"/> B <input type="text"/> 1 NONE 2 UNDERIDE OR OVERRIDE 3 UNDERIDE - COMPARTMENT INTRUSION 4 UNDERIDE - COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN IF UNDERIDE OR OVERRIDE	<b>ROAD CONTOUR</b> A <input type="text" value="2"/> B <input type="text"/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/> 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	<b>SPEED DETECTED</b> A <input type="text" value="1"/> B <input type="text"/> 1 STATED 2 ESTIMATED	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND/MUD/DIRT/FOIL/GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN
<b>SUPPLEMENT 'X' IF YES</b> <input type="checkbox"/>					<b>LOCAL REPORT #</b> <b>11MPD 0562</b>

**NARRATIVE**

**UNIT #1 WAS PULLING INTO A PARKING SPACE. UNIT #1 HIT THE GAS AND NOT THE BRAKE. UNIT #1 WENT OVER THE CURB AND HIT AN ELECTRIC BOX.**

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><input checked="" type="checkbox"/> <b>1</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 SIDESWIPE SAME DIRECTION 8 SIDESWIPE OPPOSITE DIRECTION 9 UNKNOWN</p>	<p><b>SCHOOL BUS RELATED</b></p> <p><input checked="" type="checkbox"/> <b>1</b></p> <p>1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN</p>	<p style="text-align: center;"><b>DIAGRAM</b></p>
<p><b>WEATHER</b></p> <p><input checked="" type="checkbox"/> <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/SOIL/DIRT/SNOW 09 OTHER 10 UNKNOWN</p>	<p><b>WORK ZONE RELATED</b></p> <p><input checked="" type="checkbox"/> <b>1</b></p> <p>1 NO 2 YES 3 UNKNOWN</p>	
<p><b>LIGHT CONDITIONS</b></p> <p><b>PRIMARY</b> <input checked="" type="checkbox"/> <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 7 GLARE 8 OTHER 9 UNKNOWN</p>	<p><b>TYPE OF WORK ZONE</b></p> <p><input type="checkbox"/></p> <p>1 LANE CLOSURE 2 LANF. SHIP T. CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT OR MOVING WORK 5 OTHER</p>	
<p><b>LOCATION 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"/>	<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><b>A</b> THE CRASH RESULTED IN ONE OF THE FOLLOWING A FATALITY, OR <b>N</b> AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT, OR <b>D</b> AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER</p>
-------------------------	--------------------------	---	---

<b>COMPANY (FROM SHIPPING PAPERS)</b>	<b>COMPANY PHONE</b>
---------------------------------------	----------------------

**ADDRESS (STREET, CITY, ST, ZIP CODE)**

<b>US DOT</b>	<b>ICC MC</b>	<b>PUCO</b>	<b>TRAILER LP ST.</b>	<b>TRAILER LP YEAR</b>	<b>TRAILER LP #</b>	<b>PLACARD #</b>	<b># DIA</b>			
<p><b>CARGO BODY TYPE</b></p> <p><input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAIN/CHIPS/RAVE/WN</p>			<p><b>WEIGHT (GVWR)</b></p> <p><input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000</p>		<p><b>CDL CLASS</b></p> <p><input type="checkbox"/></p> <p>1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E</p>		<p><b>HAZARDOUS MATERIALS PLACARD</b></p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>		<p><b>HAZARDOUS MATERIALS RELEASED</b></p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN</p>	

<b>POLICE ACTION</b>							
<b>DATE CRASH REPORTED</b>	<b>TIME REC CALL</b>	<b>DISPATCH</b>	<b>ARRIVED</b>	<b>CLEARED</b>	<b>OTHER</b>	<b>TOTAL MINUTES</b>	
03/30/2011	08:59	09:00	09:03	09:32	0	32	
<b>OFFICER'S NAME</b>			<b>BADGE #</b>	<b>CHECKED BY</b>		<b>DATE REPORT FILED</b>	
CAPT. SCOTT AKINS			103			03/30/2011	
<b>REPORT TAKEN BY</b>		<b>REPORT TAKEN AT</b>		<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>		<b>LOCAL REPORT #</b>	
<input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST <input type="checkbox"/> 3 UNKNOWN		<input checked="" type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER				11MPD 0562	

## OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 11 MPD 0562	REPORTING AGENCY MILLERSBURG PD	DATE OF ACCIDENT MAY 10 30 11
IN COUNTY OF HOLMES	ACCIDENT LOCATION 1245 GLEN DR	

BUNKER OF ELECTRIC BOX

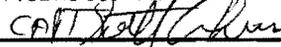
HOLMES SPINK & SPORT

1245 GLEN DR

MILLERSBURG, OH 44654

330 674-0444

OFFICERS SIGNATURE



BADGE NO.

153