

MRB44-11



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>11MPD 0596</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> *IF YES	HIT / SKIP <b>1</b> 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED	PHOTOS TAKEN <input type="checkbox"/> *IF YES	OH-2 <input 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>04/02/2011</b>				

TIME OF CRASH <b>19:45</b>	DAY OF WEEK <b>SAT</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MILLERSBURG</b>	COUNTY # <b>38</b>	LATITUDE <b>40332308</b>	LONGITUDE <b>081545801</b>
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CRASH OCCURRED ON PREFIX <b>N</b> CRASH LOCATION <b>N. MONROE ST.</b> TYPE LOC <b>1</b>	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION <b>244 N. MONROE ST. YARD</b>
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AT REFERENCE DIST. REF. <b>150 F</b> DIR <b>N</b> PREFIX REFERENCE <b>PERKINS ALLEY</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 REFEREN 09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE
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MOTORIST / NON-MOTORIST OCCUPANT

<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>2</b>	NAME (LAST, FIRST, MIDDLE) <b>PARRISH RHONDA T.</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>110 S. CLAY ST. APT. C MILLERSBURG OH 44654</b>			
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>08/07/1963</b>	AGE <b>47</b>	SEX <b>F</b>
HOME PHONE # <b>(330)674-3321</b>	WORK PHONE # <b>(330)275-5584</b>		
DL STATE <b>OH</b>	DL # <b>RV694279</b>	LP STATE <b>OH</b>	LP # <b>CL46EZ</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>PARRISH, RICKY H.</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>110 S. CLAY ST. APT. C MILLERSBURG OH 44654</b>	
YEAR <b>1999</b>	MAKE <b>DODGE</b>	MODEL <b>CARAVAN</b>	COLOR <b>GOLD</b>
INSURANCE COMPANY <b>UNITED OHIO INSU</b>	TOWING SERVICE <b>FINISHLINE AUTOBO</b>	OWNER PHONE # <b>(330)674-3321</b>	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *IF YES

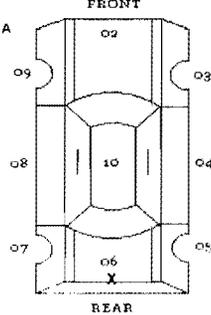
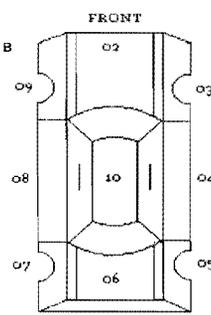
<b>B</b>	UNIT #	# OF OCC	NAME (LAST, FIRST, MIDDLE)
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			
SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX
HOME PHONE #	WORK PHONE #		
DL STATE	DL #	LP STATE	LP #
INJURED TAKEN BY		TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME")		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)	
YEAR	MAKE	MODEL	COLOR
INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *IF YES

<b>C</b>	UNIT # <b>01</b>	NAME (LAST, FIRST, MIDDLE) <b>PARRISH JULIANNA TM</b>	HOME PHONE # <b>(330)674-3321</b>	DATE OF BIRTH <b>12/27/2001</b>	AGE <b>9</b>	SEX <b>F</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>110 S. CLAY ST. APT. C MILLERSBURG OH 44654</b>			INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	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	

<b>SEATING POSITION</b> <b>A</b> <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 CAR 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN  <b>C</b> <b>05</b>  <b>D</b>	<b>SAFETY EQUIPMENT</b> <b>A</b> <b>04</b> MOTORIST 01 NOT 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 08 MOTORIST 09 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN  <b>B</b>  <b>C</b> <b>03</b>  <b>D</b>	<b>AIR BAG</b> <b>A</b> <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</b>  <b>C</b> <b>5</b>  <b>D</b>	<b>AIR BAG SWITCH</b> <b>A</b> <b>1</b> 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 NOT APPLICABLE 5 UNKNOWN POSITION  <b>B</b>  <b>C</b> <b>1</b>  <b>D</b>	<b>EJECTION</b> <b>A</b> <b>1</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN  <b>B</b>  <b>C</b> <b>1</b>  <b>D</b>	<b>TRAPPED</b> <b>A</b> <b>1</b> 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN  <b>B</b>  <b>C</b> <b>1</b>  <b>D</b>	<b>INJURIES</b> <b>A</b> <b>1</b> 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN  <b>B</b>  <b>C</b> <b>1</b>  <b>D</b>
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BLANK FOR WITNESS

SUPPLEMENT \*IF YES

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="02"/> B <input type="text"/>	<b>SEQUENCE OF EVENTS</b> A <input type="text" value="39"/> B <input type="text"/> 1 <input type="text" value="44"/> 1 <input type="text"/> 2 <input type="text" value="41"/> 2 <input type="text"/> 3 <input type="text" value="44"/> 3 <input type="text"/> 4 <input type="text" value="44"/> 4 <input type="text"/>	<b>POSTED SPEED</b> A <input type="text" value="25"/> 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>MOTORIST</b> 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 <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/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 CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 15 PEDESTRIAN 16 PEDAL CYCLE 17 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 18 ANIMAL - FARM 19 ANIMAL - DEER 20 ANIMAL - OTHER 21 MOTOR VEHICLE IN TRANSPORT 22 PARKED MOTOR VEHICLE 23 WORK ZONE MAINTENANCE EQUIPMENT 24 OTHER MOVABLE OBJECT 25 UNKNOWN MOVABLE OBJECT 26 IMPACT ATTENUATOR/CRASH CUSHION 27 BRIDGE OVERHEAD STRUCTURE 28 BRIDGE PIER OR ABUTMENT 29 BRIDGE PARAPET 30 BRIDGE RAIL 31 GUARDRAIL FACE 32 GUARDRAIL END 33 RAILWAY BARRIER 34 HIGHWAY TRAFFIC SIGN POST 35 OVERHEAD SIGN POST 36 LIGHT/LUMINARIES SUPPORT 37 UTILITY POLE 38 OTHER POST, POLE OR SUPPORT 39 CULVERT 40 CURB 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 WALK/DONT 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>TYPE OF UNIT</b> A <input type="text" value="05"/> B <input type="text"/> <b>MOTORIST</b> 01 SUB-COMPACT 02 COMPACT 03 MID-SIZED 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 09 SINGLE UNIT TRUCK 2 AXLES 6 TIRES 10 SINGLE UNIT TRUCK 3 OR MORE AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOBTAH) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOLLY 15 TRACTOR DOUBLE-ENDED 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/HIPLES 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 <b>NON-MOTORIST</b> 35 ANIMAL W/RIDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST (BICYCLE) 40 SKATER 41 OTHER NON-MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN	<b>MOST DAMAGED AREA</b> A <input type="text" value="06"/> B <input type="text"/> 01 NONE 02 CENTER FRONT 03 HIGH FRONT 04 HIGH SIDE 05 HIGH REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT FRONT 09 TOP AND WINDOWS 10 UNDERCARRIAGE 11 LOAD/TRAILER 12 TOTAL (ALL AREAS) 13 OTHER 14 UNKNOWN	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="15"/> B <input type="text"/> <b>MOTORIST</b> 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 (C/D) 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 IMPROPER ACTION 22 UNKNOWN <b>NON-MOTORIST</b> 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 1 WING 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>FIRST HARMFUL EVENT</b> A <input type="text" value="4"/> B <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	<b>DIRECTION</b> FROM TO A <input type="text" value="3"/> <input type="text" value="4"/> B <input type="text"/> <input type="text"/> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN	<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="06"/> B <input type="text"/> 01 NONE 02 CENTER FRONT 03 HIGH FRONT 04 HIGH SIDE 05 HIGH REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT FRONT 09 TOP AND WINDOWS 10 UNDERCARRIAGE 11 LOAD/TRAILER 12 TOTAL (ALL AREAS) 13 OTHER 14 UNKNOWN	<b>VEHICLE DEFECT CODE ONLY IF '19' 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>MOST HARMFUL EVENT</b> A <input type="text" value="4"/> B <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	<b>CONDITION</b> A <input type="text" value="1"/> B <input type="text"/> 1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT (DISTURBED) 3 EMOTIONAL (E.G. DEPRESSED, ANGRY, ILLNESS) 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="3"/> 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-HBO NOT IMPAIRED 4 YES-DRUGS SUSPECTED 5 YES-ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN	<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>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>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>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text"/> 1 NO UNDERRIDE OR OVERRIDE 2 UNDERRIDE - COMPARTMENT INTRUSION 3 UNDERRIDE - NO COMPARTMENT INTRUSION 4 UNDERRIDE - COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE - MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE - OTHER VEHICLE - UNKNOWN B UNDERRIDE OR OVERRIDE	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/> 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	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>SPEED DETECTED</b> A <input type="text" value="2"/> B <input type="text"/> 1 STATED 2 ESTIMATED	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>LOCAL REPORT #</b> <b>11MPD 0596</b>
<b>SUPPLEMENT 'X' IF YES</b> <input type="checkbox"/>			<b>LOCAL REPORT #</b> <b>11MPD 0596</b>		

**NARRATIVE**

**UNIT 1 WAS BACKING FROM A PRIVATE DRIVEWAY ONTO N. MONROE ST. AND ACCIDENTLY PUSHED ON THE ACCELERATOR CAUSING HER TO LOSE CONTROL AND BACK OVER A CURB, THROUGH SOME SMALL SCRUBS, DOWN AN EMBANKMENT, AND INTO A LARGER TREE.**

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>1</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 SIDESWIPE SAME DIRECTION                  8 SIDESWIPE OPPOSITE DIRECTION                  9 UNKNOWN</p>	<p><b>SCHOOL BUS RELATED</b></p> <p><b>1</b></p> <p>1 NO                  2 YES (DRIVER INVOLVED)                  3 YES (INJURED PERSON INVOLVED)                  4 UNKNOWN</p>	<p><b>DIAGRAM</b></p> <p>The diagram illustrates the crash scene. A vertical line represents N. Monroe Street. Two horizontal lines represent Private Driveways. A vehicle is shown backing from the upper Private Driveway onto N. Monroe Street, where it has collided with another vehicle. A third vehicle is shown in the lower Private Driveway. A tree is depicted on the left side of the street.</p>
<p><b>WEATHER</b></p> <p><b>04</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><b>1</b></p> <p>1 NO                  2 YES                  3 UNKNOWN</p>	
<p><b>LIGHT CONDITIONS</b></p> <p>PRIMARY    SECONDARY</p> <p><b>3</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 GLARE                  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>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>1. THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING</p> <p>A TRUCK* (MAJOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS, OR</p> <p>A TRUCK* (MAJOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD, OR</p> <p>A BUS, IN SERVICE ON AT LEAST 8 PERSONS, INCLUDING DRIVER</p>	<p><b>A</b> THE CRASH RESULTED IN ONE OF THE FOLLOWING</p> <p><b>N</b> A FATALITY, OR</p> <p><b>D</b> 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)	COMPANY PHONE
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ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
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<p><b>CARGO BODY TYPE</b></p> <p><input type="checkbox"/></p> <p>01 NOT APPLICABLE                  02 BUS (9-15 INCLUDING DRIVER)                  03 VAN/ENCLOSED BOX                  04 GRAIN/CHIPS/RAV*1 WLN                  05 POLE                  06 CARGO TANK                  07 FLATBED                  08 DUMP                  09 CONCRETE MIXER</p>	<p>10 AUTO TRANSPORTER                  11 GARBAGE/REFUSE                  12 OTHER                  13 UNKNOWN</p>	<p><b>WEIGHT (GVWR)</b></p> <p><input type="checkbox"/></p> <p>1 LESS/EQUAL 10,000                  2 10,001 - 26,000                  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</p>
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<b>POLICE ACTION</b>							
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES	
04/02/2011	19:49	19:49	19:50	20:26	30	67	
OFFICER'S NAME		BADGE #	CHECKED BY		DATE REPORT FILED		
PTL. W. TODD BOOTH		104			04/02/2011		
REPORT TAKEN BY		REPORT TAKEN AT		SUPPLEMENT *IF YES		LOCAL REPORT #	
<b>1</b>		<b>1</b>		<input type="checkbox"/>		11MPD 0596	

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 11MPD0596	REPORTING AGENCY MILLERSBURG P.O.	DATE OF ACCIDENT M 04, 2011
IN COUNTY OF HOLMES	ACCIDENT LOCATION 244 N MONROE ST MILLERSBURG, OH	

DAMAGED PROPERTY OWNER

FRANKLIN A. AND SHARON E. BURGETT  
 244 N. MONROE ST.  
 MILLERSBURG, OHIO 44654  
 330-231-6482

OFFICERS SIGNATURE Ptl W Todd Booth	BADGE NO. 104
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