



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>11MPD 0664</b>	CRASH SEVERITY <b>2</b> 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> "X" IF YES	HIT / SKIP <b>1</b> 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> "X" IF YES	OH-2 <input checked="" type="checkbox"/> OH-3 <input checked="" 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>4/17/2011</b>	

MOTORIST / NON-MOTORIST

TIME OF CRASH <b>10:42</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>4033214000</b>	LONGITUDE <b>0815454700</b>
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CRASH OCCURRED ON			TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>N</b>	CRASH LOCATION <b>CRAWFORD</b>	TYPE LOC <b>1</b>	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	<b>188 N CRAWFORD ST</b>

AT/REFERENCE					REFERENCE POINT USED				
DIST. REF.	DIR	PREFIX	REFERENCE	REF POINT	01 STATE LINE	05 TOWNSHIP BOUNDARY	09 DRIVEWAY		
		<b>N</b>	<b>000188 CRAWFORD</b>	<b>04</b>	02 INTERSECTION OF TWO STREETS	06 MILE POST	10 STREET OR ROUTE		
					03 COUNTY LINE	07 CORPORATION LIMIT	WITHOUT REFERENCE		
					04 HOUSE NUMBER	08 PLACE NAME WITHOUT REFEREN			

<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>HURT KARL M</b>
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**6 SILVER POND DR APPLECREEK OH 44606**

SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>05/08/1979</b>	AGE <b>31</b>	SEX <b>M</b>	HOME PHONE # <b>(931)982-0968</b>	WORK PHONE # <b>(330)683-2807</b>
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DL STATE <b>OH</b>	DL # <b>TN812919</b>	LP STATE <b>OH</b>	LP # <b>PVM8049</b>	INJURED TAKEN BY <b>2</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY <b>HOLMES FIRE DIST.</b>	INJURED TAKEN TO <b>JOEL POMERENE HOSPI</b>
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OWNER NAME (IF SAME, WRITE "SAME")  
**SIDLE TRANSIT SERVICE INC.**

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**5454 N CROWN HILL RD ORRVILLE OH 44667**

YEAR <b>1989</b>	MAKE <b>MACK</b>	MODEL <b>OTHER TR</b>	COLOR <b>WHITE</b>	INSURANCE COMPANY <b>WESTFIELD INSUR</b>	TOWING SERVICE <b>NORTH END GARAG</b>	OWNER PHONE # <b>(330)682-4836</b>
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OFFENSE CHARGED <b>331.34A</b>	OFFENSE DESCRIPTION <b>FAILURE TO CONTROL</b>	CITATION # <b>10321</b>	LOCAL CODE <input checked="" type="checkbox"/> "X" IF YES
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<b>B</b>	UNIT #	# OF OCC	NAME (LAST, FIRST, MIDDLE)
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)

SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #
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DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER <input type="checkbox"/> 2 EMS 5 UNKNOWN <input type="checkbox"/> 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME")

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)

YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> "X" IF YES
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OCCUPANT

<b>C</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)

INJURED TAKEN BY  
 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
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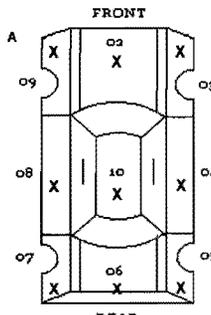
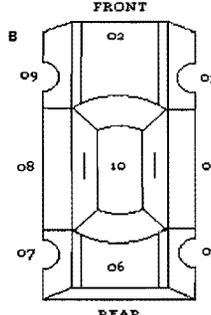
ADDRESS (STREET, CITY, STATE, ZIP-CODE)

INJURED TAKEN BY  
 1 NONE 4 OTHER  
 2 EMS 5 UNKNOWN  
 3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

<b>SEATING POSITION</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 CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN BLANK FOR WITNESS	<b>SAFETY EQUIPMENT</b> <b>03</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 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	<b>AIR BAG</b> <b>5</b> 1 NOT-DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	<b>AIR BAG SWITCH</b> <b>4</b> 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN 5 UNKNOWN	<b>EJECTION</b> <b>5</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	<b>TRAPPED</b> <b>1</b> 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	<b>INJURIES</b> <b>3</b> 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN SUPPLEMENT "X" IF YES
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<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="06"/> B <input type="text"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr> <td>A</td> <td><input type="text" value="30"/></td> <td>B</td> <td><input type="text"/></td> </tr> <tr> <td>1</td> <td><input type="text" value="45"/></td> <td>1</td> <td><input type="text"/></td> </tr> <tr> <td>2</td> <td><input type="text" value="44"/></td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>3</td> <td><input type="text" value="01"/></td> <td>3</td> <td><input type="text"/></td> </tr> <tr> <td>4</td> <td><input type="text"/></td> <td>4</td> <td><input type="text"/></td> </tr> </table>	A	<input type="text" value="30"/>	B	<input type="text"/>	1	<input type="text" value="45"/>	1	<input type="text"/>	2	<input type="text" value="44"/>	2	<input type="text"/>	3	<input type="text" value="01"/>	3	<input type="text"/>	4	<input type="text"/>	4	<input type="text"/>	<b>POSTED SPEED</b> A <input type="text" value="35"/> B <input type="text"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/>
A	<input type="text" value="30"/>	B	<input type="text"/>																						
1	<input type="text" value="45"/>	1	<input type="text"/>																						
2	<input type="text" value="44"/>	2	<input type="text"/>																						
3	<input type="text" value="01"/>	3	<input type="text"/>																						
4	<input type="text"/>	4	<input type="text"/>																						
<b>NON-MOTORIST LOCATION</b> A <input type="text"/> B <input type="text"/>		<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="19"/> B <input type="text"/>	<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 PEDACYCLE 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 OTHER ZONE MAINTENANCE EQUIPMENT 24 OTHER MOVABLE OBJECT 25 UNKNOWN MOVABLE OBJECT 26 COLLISION WITH FIXED OBJECT 27 IMPACT ATTENUATOR/CRASH CUSHION 28 BRIDGE OVERHEAD STRUCTURE 29 BRIDGE PIER OR ABUTMENT 30 BRIDGE PARAPET 31 GUARDRAIL FACE 32 GUARDRAIL END 33 MEDIAN 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"/>	<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="13"/> B <input type="text"/>	<b>MOST DAMAGED AREA</b> A <input type="text" value="13"/> B <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text" value="04"/> B <input type="text"/>	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text"/>	<b>DIRECTION</b> FROM TO FROM TO A <input type="text" value="3"/> <input type="text" value="8"/> B <input type="text"/> <input type="text"/>	<b>DRUG TEST 1 &amp; 2 RESULT</b> <table border="1"> <tr> <td>1</td> <td><input type="text" value="1"/></td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>A</td> <td><input type="text" value="1"/></td> <td>B</td> <td><input type="text"/></td> </tr> </table>	1	<input type="text" value="1"/>	2	<input type="text"/>	A	<input type="text" value="1"/>	B	<input type="text"/>												
1	<input type="text" value="1"/>	2	<input type="text"/>																						
A	<input type="text" value="1"/>	B	<input type="text"/>																						
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text" value="04"/> B <input type="text"/>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="4"/> B <input type="text"/>	<b>CONDITION</b> A <input type="text" value="1"/> B <input type="text"/>	<b>TYPE OF INTERSECTION</b> A <input type="text" value="01"/> B <input type="text"/>																				
<b>DAMAGE SCALE</b> A <input type="text" value="4"/> B <input type="text"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text" value="04"/> B <input type="text"/>	<b>SPEED DETECTED</b> A <input type="text" value="2"/> B <input type="text"/>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/>																				
<b>DAMAGE SCALE</b> A <input type="text" value="4"/> B <input type="text"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text" value="04"/> B <input type="text"/>	<b>SPEED</b> A <input type="text" value="40"/> B <input type="text"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>																				
<b>SUPPLEMENT 'X' IF YES</b>			<b>LOCAL REPORT #</b> <b>11MPD 0664</b>																						

**NARRATIVE**

**UNIT #1 WAS TRAVELING SOUTHBOUND ON N CRAWFORD ST AND HAD A BRAKE FAILURE. UNIT #1 BEGAN SKIDDING WHEN TRYING TO STEER AROUND CURVE AND BEGAN TO ROLL OVER, STRUCK THE CURB, A GUARDRAIL AND SIGN, STRUCK CORNER OF RESIDENCE 188 N CRAWFORD ST ROLLED AND CAME TO REST ON IT'S TOP OFF THE ROADWAY.**

**DRIVER OF UNIT #1 WAS INJURED AND TRANSPORTED TO JOEL POMERENE HOSPITAL BY EMS FROM SCENE. DUE TO INJURIES, THE DRIVER WAS UNABLE TO GIVE FURTHER DETAILS OF ACCIDENT.**

<b>MANNER OF COLLISION OR IMPACT</b> <input checked="" type="checkbox"/> <b>1</b> 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		<b>SCHOOL BUS RELATED</b> <input checked="" type="checkbox"/> <b>1</b> 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN		
<b>WEATHER</b> <input checked="" type="checkbox"/> <b>01</b> 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/SOLID DIRT/SNOW 09 OTHER 10 UNKNOWN		<b>WORK ZONE RELATED</b> <input checked="" type="checkbox"/> <b>1</b> 1 NO 2 YES 3 UNKNOWN		
<b>LIGHT CONDITIONS</b> PRIMARY <input checked="" type="checkbox"/> <b>1</b> SECONDARY <input type="checkbox"/> 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		<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT OR MOVING WORK 5 OTHER		
		<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 BEFORE THE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA		
		<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN		

<b>TRUCK/BUS</b> <b>UNIT #</b> <input checked="" type="checkbox"/> <b>01</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	<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
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<b>COMPANY (FROM SHIPPING PAPERS)</b> <b>SIDLE TRANSIT SERVICE INC.</b>	<b>COMPANY PHONE</b> <b>(330)682-4836</b>
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**ADDRESS (STREET, CITY, ST, ZIP CODE)**  
**5454 N CROWN HILL RD ORRVILLE OH 44667**

<b>US DOT</b> 368282	<b>ICC MC</b> UNKNOWN	<b>PUCO</b> UNKNOWN	<b>TRAILER LP ST.</b> OH	<b>TRAILER LP YEAR</b> 1989	<b>TRAILER LP #</b> PVM8049	<b>PLACARD #</b> UNKNOWN	<b># DIA</b>
<b>CARGO BODY TYPE</b> <input checked="" type="checkbox"/> <b>06</b> 01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAIN/CHIPS/GRAV/FLW 05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN			<b>WEIGHT (GVWR)</b> <input checked="" type="checkbox"/> <b>2</b> 1 LESS/EQUAL 10,000 2 10,001 - 26,000 3 MORE THAN 26,000	<b>CDL CLASS</b> <input checked="" type="checkbox"/> <b>1</b> 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	<b>HAZARDOUS MATERIALS PLACARD</b> <input checked="" type="checkbox"/> <b>1</b> 1 NO 2 YES 3 UNKNOWN	<b>HAZARDOUS MATERIALS RELEASED</b> <input checked="" type="checkbox"/> <b>1</b> 1 NO 2 YES 3 NOT APPLICABLE	

<b>POLICE ACTION</b>							
<b>DATE CRASH REPORTED</b> 4/17/2011	<b>TIME REC CALL</b> 10:43	<b>DISPATCH</b> 10:43	<b>ARRIVED</b> 10:45	<b>CLEARED</b> 15:00	<b>OTHER</b> 120	<b>TOTAL MINUTES</b> 377	
<b>OFFICER'S NAME</b> PTL. BROOKE A. STROTHER		<b>BADGE #</b> 119	<b>CHECKED BY</b> 100		<b>DATE REPORT FILED</b> 4/17/2011		
<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> <b>1</b> 1 POLICE AGENCY 2 MOTORIST 3 UNKNOWN	<b>REPORT TAKEN AT</b> <input checked="" type="checkbox"/> <b>1</b> 1 SCENE 2 STATION 3 OTHER		<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>		<b>LOCAL REPORT #</b> 11MPD 0664		