

RPH 7-18-11



TRAFFIC CRASH REPORT

CRASH REPORT # 11MPD 1342	CRASH SEVERITY 3 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY X *X IF YES	HIT / SKIP 3 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED	PHOTOS TAKEN X *X IF YES	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 06 ANIMAL 09 UNKNOWN	DATE OF CRASH 7/17/2011	

TIME OF CRASH 17:00	DAY OF WEEK SUN	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40320404	LONGITUDE 081550800
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CRASH OCCURRED ON PREFIX PRIVATE PROPERTY	TYPE LOC 1	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION WAL-MART
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AT/REFERENCE DIST. REF. S	DIR	PREFIX 001640	REFERENCE WASHINGTON ST.	REF POINT 04	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

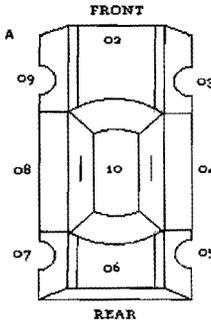
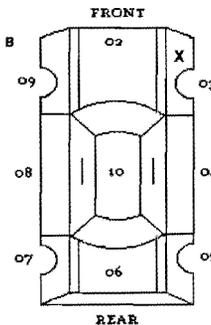
A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) UNKNOWN DRIVER
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			
SOCIAL SECURITY NUMBER	DATE OF BIRTH //	AGE	SEX U
DL STATE	DL #	LP STATE	LP #
OWNER NAME (IF SAME, WRITE "SAME") UNKNOWN		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) UNKNOWN UNKNOWN UNKNOWN	
YEAR 0	MAKE UNKNOWN	MODEL UNKNOWN	COLOR RED
OFFENSE CHARGED		OFFENSE DESCRIPTION	CITATION #
INJURED TAKEN BY 5 1 NONE 2 EMS 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO
YEAR 0	MAKE UNKNOWN	MODEL UNKNOWN	COLOR RED
OFFENSE CHARGED		OFFENSE DESCRIPTION	CITATION #

B	UNIT # 02	# OF OCC 0	NAME (LAST, FIRST, MIDDLE) UNOCCUPIED PARKED
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			
SOCIAL SECURITY NUMBER	DATE OF BIRTH //	AGE	SEX
DL STATE	DL #	LP STATE OH	LP # DCT8053
OWNER NAME (IF SAME, WRITE "SAME") KLING, RICHARD A.		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4269 TR 225 GLENMONT OH 44628	
YEAR 1999	MAKE CHEVROLE	MODEL OTHER TR	COLOR BLUE
OFFENSE CHARGED		OFFENSE DESCRIPTION	CITATION #
INJURED TAKEN BY <input type="checkbox"/> 1 NONE 2 EMS 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO
YEAR 1999	MAKE CHEVROLE	MODEL OTHER TR	COLOR BLUE
OFFENSE CHARGED		OFFENSE DESCRIPTION	CITATION #

OCCUPANT

C	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)						
INJURED TAKEN BY <input type="checkbox"/> 1 NONE 2 EMS 3 POLICE		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 <input type="checkbox"/> 1 NONE 2 EMS 3 POLICE		TRANSPORTED BY		INJURED TAKEN TO		

SEATING POSITION A 01 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 07 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 MOTORIST 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG A 6 1. NOT DEPLOYED 2. DEPLOYED - FRONT 3. DEPLOYED - SIDE 4. DEPLOYED BOTH FRONT/SIDE 5. NOT APPLICABLE 6. DEPLOYMENT UNKNOWN	AIR BAG SWITCH A 4 1. ON-OFF SWITCH NOT PRESENT 2. SWITCH IN ON POSITION 3. SWITCH IN OFF POSITION 4. UNKNOWN POSITION	EJECTION A 5 1. NOT EJECTED 2. TOTALLY EJECTED 3. PARTIALLY EJECTED 4. NOT APPLICABLE 5. UNKNOWN	TRAPPED A 1 1. NOT TRAPPED 2. EXTRICATED BY MECHANICAL MEANS 3. FREED BY NON-MECHANICAL MEANS 4. UNKNOWN	INJURIES A 6 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						

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="14"/> B <input type="text" value="10"/>	SEQUENCE OF EVENTS <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="21"/></td> <td><input type="text" value="20"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	A	B	<input type="text" value="21"/>	<input type="text" value="20"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	POSTED SPEED A <input type="text" value="0"/> B <input type="text" value="0"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text"/>
A	B														
<input type="text" value="21"/>	<input type="text" value="20"/>														
<input type="text"/>	<input type="text"/>														
<input type="text"/>	<input type="text"/>														
<input type="text"/>	<input type="text"/>														
NON-MOTORIST LOCATION A <input type="text"/> B <input type="text"/> 01 MARKED CROSSWALK AT INTERSECTION 02 AT INTERSECTION BUT NOT 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		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 PUSHING VEHICLE 19 APPROCHING OR LEAVING VEHICLE 20 PLAYING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	TRAFFIC CONTROL A <input type="text" value="12"/> B <input type="text" value="12"/> 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	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text"/> 1 NONE 2 BLOOD 3 URINE 4 OTHER	DRUG TEST 1 & 2 RESULT <table border="1"> <tr> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>A <input type="text" value="1"/></td> <td><input type="text" value="1"/></td> <td>B <input type="text"/></td> <td><input type="text"/></td> </tr> </table> 1 NONE 2 MARIJUANA 3 COCAINE 4 PIPATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING	1	2	1	2	A <input type="text" value="1"/>	<input type="text" value="1"/>	B <input type="text"/>	<input type="text"/>		
1	2	1	2												
A <input type="text" value="1"/>	<input type="text" value="1"/>	B <input type="text"/>	<input type="text"/>												
TYPE OF UNIT A <input type="text" value="34"/> B <input type="text" value="07"/> 01 MOTORIST 02 SUB-COMPACT 03 COMPACT 04 MID SIZE 05 FULL SIZE 06 MINIVAN 07 SPORT UTILITY VEHICLE 08 PICKUP 09 PANELVAN 10 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES 11 SINGLE UNIT TRUCK, 3 OR MORE AXLES 12 TRUCK TRACTOR (BOBTAIL) 13 TRACTOR/SEMI-TRAILER 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 W/DRIVER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER NON MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN	MOST DAMAGED AREA A <input type="text" value="15"/> B <input type="text" value="03"/> 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	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="22"/> B <input type="text" value="01"/> 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/ACDA 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 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	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	DIRECTION FROM TO FROM TO A <input type="text"/> B <input type="text"/> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN	TYPE OF INTERSECTION <input type="text" value="01"/> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDOABOUT 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										
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NO 2 YES 3 UNKNOWN	ACTION A <input type="text" value="3"/> B <input type="text" value="4"/> 1 NON-CONTACT 2 NON-COLLISION 3 STRUCK 4 STRUCK 5 BOTH STRICKING AND STRUCK 6 UNKNOWN	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE 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	MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	ALCOHOL/DRUG SUSPECTED A <input type="text" value="6"/> 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	OCURRENCE <input type="text" value="6"/> 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN										
DAMAGE SCALE A <input type="text" value="6"/> B <input type="text" value="2"/> 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	POINT OF IMPACT A <input type="text" value="15"/> B <input type="text" value="03"/> 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		SPEED DETECTED A <input type="text"/> B <input type="text" value="2"/> 1 STATED 2 ESTIMATED	ALCOHOL TEST STATUS 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	ROAD CONTOUR <input type="text" value="1"/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN										
	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NO UNDERPRIDE OR OVERRIDE 2 UNDERPRIDE, COMPARTMENT INTRUSION 3 UNDERPRIDE, NO COMPARTMENT INTRUSION 4 UNDERPRIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN IF UNDERPRIDE OR OVERRIDE		SPEED A <input type="text" value="0"/> B <input type="text" value="0"/>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text"/> 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/>										
SUPPLEMENT 'X' IF YES		LOCAL REPORT # 11MPD 1342													

