

072811  
Feb



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>11MPD 1388</b>	CRASH SEVERITY <b>3</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 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>07/27/2011</b>				

TIME OF CRASH <b>16:10</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>40331005</b>	LONGITUDE <b>081545305</b>
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CRASH OCCURRED ON PREFIX <b>E</b>	CRASH LOCATION <b>JACKSON STREET</b>	TYPE LOC <b>1</b>	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION
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AT REFERENCE DIST. REF. <b>50 F</b>	DIR <b>E</b>	PREFIX <b>N</b>	REFERENCE <b>CRAWFORD STREET</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

<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>MILLER MATTHEW B</b>
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**4487 SR557 MILLERSBURG OH 44654**

SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>12/21/1992</b>	AGE <b>18</b>	SEX <b>M</b>	HOME PHONE # <b>(330)231-7737</b>	WORK PHONE #
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DL STATE <b>OH</b>	DL # <b>TW016427</b>	LP STATE <b>OH</b>	LP # <b>FDH7620</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME") <b>MILLER, MATTHEW B</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>4487 SR557 MILLERSBURG OH 44654</b>
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YEAR <b>2002</b>	MAKE <b>GMC</b>	MODEL <b>OTHER</b>	COLOR <b>BLACK</b>	INSURANCE COMPANY <b>STATE FARM</b>	TOWING SERVICE	OWNER PHONE # <b>(330)231-7737</b>
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OFFENSE CHARGED <b>331.34A</b>	OFFENSE DESCRIPTION <b>FAILURE TO CONTROL</b>	CITATION # <b>10536</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 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME")	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)
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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 <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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<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 <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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SEATING POSITION

<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 CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN
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BLANK FOR WITNESS

SAFETY EQUIPMENT

<b>A</b>	<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 USE UNKNOWN 08 MOTORIST 09 NONE USED 10 HELMET PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN
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AIR BAG

<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
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AIR BAG SWITCH

<b>A</b>	<b>4</b> 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 NOT APPLICABLE 5 UNKNOWN
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EJECTION

<b>A</b>	<b>1</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN
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TRAPPED

<b>A</b>	<b>1</b> 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN
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INJURIES

<b>A</b>	<b>1</b> 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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SUPPLEMENT "X" IF YES

<p><b>UNIT NUMBERS</b></p> <p>A <input type="text" value="01"/> B <input type="text"/></p>	<p><b>DAMAGE AREA</b></p>	<p><b>PRE-CRASH ACTIONS</b></p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD</li> <li>02 BACKING</li> <li>03 CHANGING LANES</li> <li>04 OVERTAKING/PASSING</li> <li>05 TURNING RIGHT</li> <li>06 TURNING LEFT</li> <li>07 MAKING U-TURN</li> <li>08 ENTERING TRAFFIC LANE</li> <li>09 LEAVING TRAFFIC LANE</li> <li>10 PARKED</li> <li>11 SLOWING OR STOPPED IN TRAFFIC</li> <li>12 DRIVERLESS</li> <li>13 OTHER</li> <li>14 UNKNOWN</li> </ol> <p><b>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>15 ENTERING OR CROSSING SPECIFIED LOCATION</li> <li>16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING</li> <li>17 WORKING</li> <li>18 PUSHING VEHICLE</li> <li>19 APPROACHING OR LEAVING VEHICLE</li> <li>20 PLAYING OR WORKING ON VEHICLE</li> <li>21 STANDING</li> <li>22 OTHER</li> <li>23 UNKNOWN</li> </ol>	<p><b>SEQUENCE OF EVENTS</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <p>A</p> <p>1 <input type="text" value="33"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p> </td> <td style="width:50%;"> <p>B</p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p> </td> </tr> </table> <p><b>NON-COLLISION</b></p> <ol style="list-style-type: none"> <li>01 OVERTURN/ROLLOVER</li> <li>02 FIRE/EXPLOSION</li> <li>03 IMMERSION</li> <li>04 JACKKNIFE</li> <li>05 CARGO/EQUIPMENT LOSS OR SHIFT</li> <li>06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)</li> <li>07 SEPARATION OF UNITS</li> <li>08 RAN OFF ROAD RIGHT</li> <li>09 RAN OFF ROAD LEFT</li> <li>10 CROSS-MEDIAN/CENTERLINE</li> <li>11 DOWNHILL RUNAWAY</li> <li>12 OTHER NON-COLLISION</li> <li>13 UNKNOWN NON-COLLISION</li> <li>14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED</li> <li>15 PEDESTRIAN</li> <li>16 PEDALCYCLE</li> <li>17 RAILWAY VEHICLE (E.G. TRAIN ENGINE)</li> <li>18 ANIMAL - FARM</li> <li>19 ANIMAL - DEER</li> <li>20 ANIMAL - OTHER</li> <li>21 MOTOR VEHICLE IN TRANSPORT</li> <li>22 PARKEED MOTOR VEHICLE</li> <li>23 WORK ZONE MAINTENANCE EQUIPMENT</li> <li>24 OTHER MOVABLE OBJECT</li> <li>25 UNKNOWN MOVABLE OBJECT</li> <li>26 COLLISION WITH FIXED OBJECT</li> <li>27 IMPACT ATTENUATOR/CRASH CUSHION</li> <li>28 BRIDGE OVERHEAD STRUCTURE</li> <li>29 BRIDGE PIER OR ABUTMENT</li> <li>30 BRIDGE PARAPET</li> <li>31 GUARDRAIL FACE</li> <li>32 GUARDRAIL END</li> <li>33 MEDIAN BARRIAGE</li> <li>34 HIGHWAY TRAFFIC SIGN POST</li> <li>35 OVERHEAD SIGN POST</li> <li>36 LIGHT/LUMINARIES SUPPORT</li> <li>37 UTILITY POLE</li> <li>38 OTHER POST, POLE OR SUPPORT</li> <li>39 CULVERT</li> <li>40 CURB</li> <li>41 DITCH</li> <li>42 EMBARKMENT</li> <li>43 FENCE</li> <li>44 MAILBOX</li> <li>45 TREE</li> <li>46 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC)</li> <li>47 WORK ZONE MAINTENANCE EQUIPMENT</li> <li>48 UNKNOWN FIXED OBJECT</li> <li>49 UNKNOWN</li> </ol>	<p>A</p> <p>1 <input type="text" value="33"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p>	<p>B</p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p>	<p><b>POSTED SPEED</b></p> <p>A <input type="text" value="25"/> B <input type="text"/></p>	<p><b>DRUG TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1 NONE GIVEN</li> <li>2 TEST REFUSED</li> <li>3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE</li> <li>4 TEST GIVEN, RESULTS KNOWN</li> <li>5 GIVEN, RESULTS UNKNOWN</li> <li>6 UNKNOWN</li> </ol>
<p>A</p> <p>1 <input type="text" value="33"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p>	<p>B</p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p>						
<p><b>NON-MOTORIST LOCATION</b></p> <p>A <input type="text"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>01 MARKED CROSSWALK AT INTERSECTION</li> <li>02 AT INTERSECTION BUT NO CROSSWALK</li> <li>03 NON-INTERSECTION CROSSWALK</li> <li>04 DRIVEWAY ACCESS CROSSWALK</li> <li>05 IN ROADWAY</li> <li>06 NOT IN ROADWAY</li> <li>07 MEDIAN (BUT NOT ON SHOULDER)</li> <li>08 ISLAND</li> <li>09 SHOULDER</li> <li>10 SIDEWALK</li> <li>11 WITHIN 10 FEET OF ROADWAY (BUT NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)</li> <li>12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)</li> <li>13 OUTSIDE TRAFFICWAY</li> <li>14 SHARED USE PATHS OR TRAILS</li> <li>15 UNKNOWN</li> </ol>	<p><b>TYPE OF UNIT</b></p> <p>A <input type="text" value="06"/> B <input type="text"/></p> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01 SUB-COMPACT</li> <li>02 COMPACT</li> <li>03 MID SIZED</li> <li>04 FULL SIZE</li> <li>05 MINIVAN</li> <li>06 SPORT UTILITY VEHICLE</li> <li>07 PICKUP</li> <li>08 PANELVAN</li> <li>09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES</li> <li>10 SINGLE UNIT TRUCK, 3 OR MORE AXLES</li> <li>11 TRUCK/TRAILER</li> <li>12 TRUCK TRACTOR (BOBTAIL)</li> <li>13 TRACTOR/SEMI-TRAILER</li> <li>14 TRACTOR/DOUBLE - SHORT</li> <li>15 TRACTOR DOUBLE - LONG</li> <li>16 FIFTH WHEEL OR CONVERTER DOLLY</li> <li>17 TRACTOR/TRIPLES</li> <li>18 MOTORCYCLE</li> <li>19 MOTORIZED BICYCLE</li> <li>20 SCHOOL BUS</li> <li>21 CHURCH BUS</li> <li>22 PUBLIC BUS</li> <li>23 OTHER BUS</li> <li>24 POLICE VEHICLE</li> <li>25 FIRE TRUCK</li> <li>26 AMBULANCE/RESCUE</li> <li>27 TAXI</li> <li>28 MOTOR HOME</li> <li>29 TRAIN</li> <li>30 FARM VEHICLE</li> <li>31 FARM EQUIPMENT</li> <li>32 SNOWMOBILE</li> <li>33 CONSTRUCTION EQUIPMENT</li> <li>34 ALL OTHERS</li> </ol> <p><b>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>35 ANIMAL W/DRIVER</li> <li>36 ANIMAL W/BUGGY</li> <li>37 BICYCLE</li> <li>38 PEDESTRIAN</li> <li>39 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)</li> <li>40 SKATER</li> <li>41 OTHER NON-MOTORIST (WHEELCHAIR, ETC)</li> <li>42 UNKNOWN</li> </ol>	<p><b>CONTRIBUTING CIRCUMSTANCES</b></p> <p>A <input type="text" value="15"/> B <input type="text"/></p> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01 NONE</li> <li>02 FAILURE TO YIELD</li> <li>03 RAN RED LIGHT OR STOP SIGN</li> <li>04 EXCEEDED SPEED LIMIT</li> <li>05 UNSAFE SPEED</li> <li>06 IMPROPER TURN</li> <li>07 LEFT OF CENTER</li> <li>08 FOLLOWED TOO CLOSELY/ACDA</li> <li>09 IMPROPER LANE CHANGE/DROVE OFF ROAD/IMPROPER PASSING</li> <li>10 IMPROPER BACKING</li> <li>11 IMPROPER START FROM PARKED POSITION</li> <li>12 STOPPED OR PARKED ILLEGALLY</li> <li>13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER</li> <li>14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.)</li> <li>15 FAILURE TO CONTROL</li> <li>16 VISION OBSTRUCTION</li> <li>17 DRIVER INATTENTION</li> <li>18 FATIGUE/ASLEEP</li> <li>19 OPERATING DEFECTIVE EQUIPMENT</li> <li>20 LOAD /TRAILER</li> <li>21 TOTAL (ALL AREAS)</li> <li>24 OTHER</li> <li>25 UNKNOWN</li> </ol> <p><b>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>23 NONE</li> <li>24 IMPROPER CROSSING</li> <li>25 DARTING</li> <li>26 LYING AND/OR ILLEGALLY IN ROADWAY</li> <li>27 FAILURE TO YIELD RIGHT OF WAY</li> <li>28 NOT VISIBLE (DARK CLOTHING)</li> <li>29 INATTENTIVE</li> <li>30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER</li> <li>31 WRONG SIDE OF THE ROAD</li> <li>32 OTHER</li> <li>33 UNKNOWN</li> </ol>	<p><b>TRAFFIC CONTROL</b></p> <p>A <input type="text" value="12"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>01 NO CONTROLS</li> <li>02 STOP SIGN</li> <li>03 YIELD SIGN</li> <li>04 TRAFFIC SIGNAL</li> <li>05 TRAFFIC FLASHERS</li> <li>06 SCHOOL ZONE</li> <li>07 RAILROAD CROSSBUCKS</li> <li>08 RAILROAD FLASHERS</li> <li>09 RAILROAD GATES</li> <li>10 CONSTRUCTION BARRICADE</li> <li>11 POLICE OFFICER</li> <li>12 PAVEMENT MARKINGS</li> <li>13 CROSSWALK LINES</li> <li>14 WALK/DONT WALK</li> <li>15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED</li> <li>16 OTHER</li> <li>17 NOT REPORTED</li> <li>18 UNKNOWN</li> </ol>	<p><b>DRUG TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1 NONE</li> <li>2 BLOOD</li> <li>3 URINE</li> <li>4 OTHER</li> </ol>			
<p><b>MOST DAMAGED AREA</b></p> <p>A <input type="text" value="02"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>01 NONE</li> <li>02 CENTER FRONT</li> <li>03 RIGHT FRONT</li> <li>04 RIGHT SIDE</li> <li>05 RIGHT REAR</li> <li>06 REAR CENTER</li> <li>07 LEFT REAR</li> <li>08 LEFT SIDE</li> <li>09 LEFT FRONT</li> <li>10 TOP AND WINDOWS</li> <li>11 UNDERCARRIAGE</li> <li>12 LOAD /TRAILER</li> <li>13 TOTAL (ALL AREAS)</li> <li>14 OTHER</li> <li>15 UNKNOWN</li> </ol>	<p><b>POINT OF IMPACT</b></p> <p>A <input type="text" value="02"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>01 NONE</li> <li>02 CENTER FRONT</li> <li>03 RIGHT FRONT</li> <li>04 RIGHT SIDE</li> <li>05 RIGHT REAR</li> <li>06 REAR CENTER</li> <li>07 LEFT REAR</li> <li>08 LEFT SIDE</li> <li>09 LEFT FRONT</li> <li>10 TOP AND WINDOWS</li> <li>11 UNDERCARRIAGE</li> <li>12 LOAD /TRAILER</li> <li>13 TOTAL (ALL AREAS)</li> <li>14 OTHER</li> <li>15 UNKNOWN</li> </ol>	<p><b>FIRST HARMFUL EVENT</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	<p><b>ALCOHOL/DRUG SUSPECTED</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1 NONE</li> <li>2 YES ALCOHOL SUSPECTED</li> <li>3 YES-HBD NOT IMPAIRED</li> <li>4 YES-DRUGS SUSPECTED</li> <li>5 YES-ALCOHOL AND DRUGS SUSPECTED</li> <li>6 UNKNOWN</li> </ol>				
<p><b>ACTION</b></p> <p>A <input type="text" value="3"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1 NON-CONTACT</li> <li>2 NON-COLLISION</li> <li>3 STRUCK</li> <li>4 STRUCK</li> <li>5 BOTH STRICKING AND STRUCK</li> <li>6 UNKNOWN</li> </ol>	<p><b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b></p> <p>A <input type="text"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>01 TURN SIGNALS</li> <li>02 HEAD LAMPS</li> <li>03 TAIL LAMPS</li> <li>04 BRAKES</li> <li>05 STEERING</li> <li>06 TIRE BLOWOUT</li> <li>07 WORN OR SLICK TIRES</li> <li>08 TRAILER EQUIPMENT DEFECTIVE</li> <li>09 MOTOR TROUBLE</li> <li>10 DISABLED FROM PRIOR ACCIDENT</li> <li>11 OTHER DEFECTS</li> <li>12 NO DEFECTS</li> </ol>	<p><b>MOST HARMFUL EVENT</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<p><b>ALCOHOL TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1 NONE GIVEN</li> <li>2 TEST REFUSED</li> <li>3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE</li> <li>4 TEST GIVEN, RESULTS KNOWN</li> <li>5 TEST GIVEN, RESULTS UNKNOWN</li> <li>6 UNKNOWN</li> </ol>				
<p><b>IN EMERGENCY RESPONSE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1 NO</li> <li>2 YES</li> <li>3 UNKNOWN</li> </ol>	<p><b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1 NO UNDERRIDE OR OVERRIDE</li> <li>2 UNDERRIDE - COMPARTMENT INTRUSION</li> <li>3 UNDERRIDE, NO COMPARTMENT INTRUSION</li> <li>4 OVERRIDE - COMPARTMENT INTRUSION UNKNOWN</li> <li>5 OVERRIDE - MOTOR VEHICLE IN TRANSPORT</li> <li>6 OVERRIDE - OTHER VEHICLE</li> <li>7 UNKNOWN IF UNDERRIDE OR OVERRIDE</li> </ol>	<p><b>SPEED DETECTED</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1 STATED</li> <li>2 ESTIMATED</li> </ol>	<p><b>ALCOHOL TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1 NONE</li> <li>4 BREATH</li> <li>2 BLOOD</li> <li>5 OTHER</li> <li>3 URINE</li> </ol>				
<p><b>DAMAGE SCALE</b></p> <p>A <input type="text" value="2"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1 NONE</li> <li>2 NON-FUNCTIONAL</li> <li>3 FUNCTIONAL DAMAGE</li> <li>4 DISABLING DAMAGE</li> <li>5 SEVERE</li> <li>6 UNKNOWN</li> </ol>	<p><b>ROAD CONTOUR</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1 STRAIGHT LEVEL</li> <li>2 STRAIGHT GRADE</li> <li>3 CURVE LEVEL</li> <li>4 CURVE GRADE</li> <li>5 UNKNOWN</li> </ol>	<p><b>ROAD CONDITIONS</b></p> <p>PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/></p> <ol style="list-style-type: none"> <li>01 DRY</li> <li>02 WET</li> <li>03 SNOW</li> <li>04 ICE</li> <li>05 SAND/MUD/DIRT/OIL/GRAVEL</li> <li>06 WATER (STANDING, MOVING)</li> <li>07 SLUSH</li> <li>08 DEBRIS</li> <li>09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT</li> <li>10 OTHER</li> <li>11 UNKNOWN</li> </ol>	<p><b>ALCOHOL TEST RESULT</b></p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>				
		<p><input type="text"/> SUPPLEMENT 'X' IF YES</p>	<p>LOCAL REPORT #</p> <p><b>11MPD 1388</b></p>				

**NARRATIVE**

**UNIT NUMBER ONE WAS WESTBOUND ON EAST JACKSON STREET WHEN HE FELL ASLEEP AND DROVE OFF THE NORTH SIDE OF THE ROADWAY STRIKING A TRAFFIC SIGN.**

<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><b>DIAGRAM</b></p>
<p><b>WEATHER</b></p> <p><input checked="" type="checkbox"/> <b>01</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 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>	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> <b>N</b> <b>D</b>	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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<b>COMPANY (FROM SHIPPING PAPERS)</b>	<b>COMPANY PHONE</b>
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**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>
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<b>CARGO BODY TYPE</b>	01 NOT APPLICABLE 02 BUS (8-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAIN/CHIPS/GRAVEL/LWN	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>	1 LESS/EQUAL 10,000 2 10,001 - 25,000 3 MORE THAN 26,000	<b>CDL CLASS</b>	1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	<b>HAZARDOUS MATERIALS PLACARD</b>	1 NO 2 YES 3 UNKNOWN	<b>HAZARDOUS MATERIALS RELEASED</b>	1 NO 2 YES 3 NOT APPLICABLE
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<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>
07/27/2011	16:14	16:17	16:20	16:35	30	48
<b>OFFICER'S NAME</b>		<b>BADGE #</b>	<b>CHECKED BY</b>		<b>DATE REPORT FILED</b>	
PTL. KIM HERMAN		101			07/27/2011	
<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 2 MOTORIST 3 UNKNOWN	<input checked="" type="checkbox"/> 2 1 SCENE 2 STATION 3 OTHER					11MPD 1388

LOCAL REPORT NUMBER 11MPD1388	REPORTING AGENCY MILLERSBURG PD	DATE OF ACCIDENT M 7 10 27 Y 11
IN COUNTY OF HOLMES	ACCIDENT LOCATION E. JACKSON STREET	

OWNER OF SPEED LIMIT SIGN :

Village of Millersburg

6 N. Washington St

Millersburg OH 44654

330-674-1886

OFFICERS SIGNATURE

*PRV [Signature]*

BADGE NO.

101