

19 8-1-11



TRAFFIC CRASH REPORT

CRASH REPORT # 11MPD 1403	CRASH SEVERITY 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN 3	PRIVATE PROPERTY *X IF YES <input type="checkbox"/>	HIT / SKIP 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED 1	PHOTOS TAKEN *X IF YES <input type="checkbox"/>	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 98 ANIMAL 99 UNKNOWN 01	DATE OF CRASH 7/29/2011	

TIME OF CRASH 07:55	DAY OF WEEK FRI	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40331502	LONGITUDE 081551001
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CRASH OCCURRED ON PREFIX W	CRASH LOCATION JACKSON	TYPE LOC 1	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION
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AT/REFERENCE DIST. REF. 75 F	DIR W	PREFIX	REFERENCE MAD ANTHONY	REF POINT 02	REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION OF TWO STREETS 03 COUNTY LINE 04 HOUSE NUMBER 05 MILE POST 06 TOWNSHIP BOUNDARY 07 CORPORATION LIMIT 08 PLACE NAME WITHOUT REFEREN 09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE
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MOTORIST / NON-MOTORIST

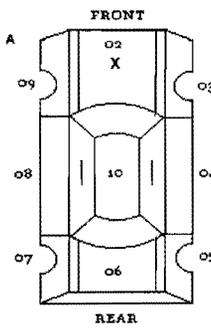
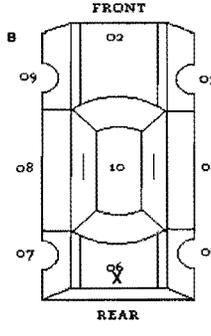
A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) CROSEY JAMES H	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 10775 TR 274 MILLERSBURG OH 44654	SOCIAL SECURITY NUMBER	DATE OF BIRTH 01/19/1941	AGE 70	SEX M	HOME PHONE # (330)231-2416	WORK PHONE #	
DL STATE OH	DL # RQ423314	LP STATE OH	LP # ETP6150	INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE 1	TRANSPORTED BY	INJURED TAKEN TO					
OWNER NAME (IF SAME, WRITE "SAME") CROSEY, JAMES H			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 10775 TR 274 MILLERSBURG OH 44654								
YEAR 2007	MAKE FORD	MODEL OTHER	COLOR WHITE	INSURANCE COMPANY HUMMEL	TOWING SERVICE	OWNER PHONE #					
OFFENSE CHARGED	OFFENSE DESCRIPTION					CITATION #	LOCAL CODE *X IF YES <input type="checkbox"/>				

B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) WEBER TIFFANY D	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3173 CR 25 GLENMONT OH 44628	SOCIAL SECURITY NUMBER	DATE OF BIRTH 06/10/1983	AGE 28	SEX F	HOME PHONE # (330)231-2642	WORK PHONE #	
DL STATE OH	DL # RX165268	LP STATE OH	LP # FGQ1817	INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE 1	TRANSPORTED BY	INJURED TAKEN TO					
OWNER NAME (IF SAME, WRITE "SAME") WEBER, TIFFANY D			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3173 CR 25 GLENMONT OH 44628								
YEAR 2011	MAKE CHEVROLE	MODEL OTHER	COLOR GREY	INSURANCE COMPANY HABRUN	TOWING SERVICE	OWNER PHONE #					
OFFENSE CHARGED	OFFENSE DESCRIPTION					CITATION #	LOCAL CODE *X IF YES <input type="checkbox"/>				

OCCUPANT

C	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)			INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 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 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	

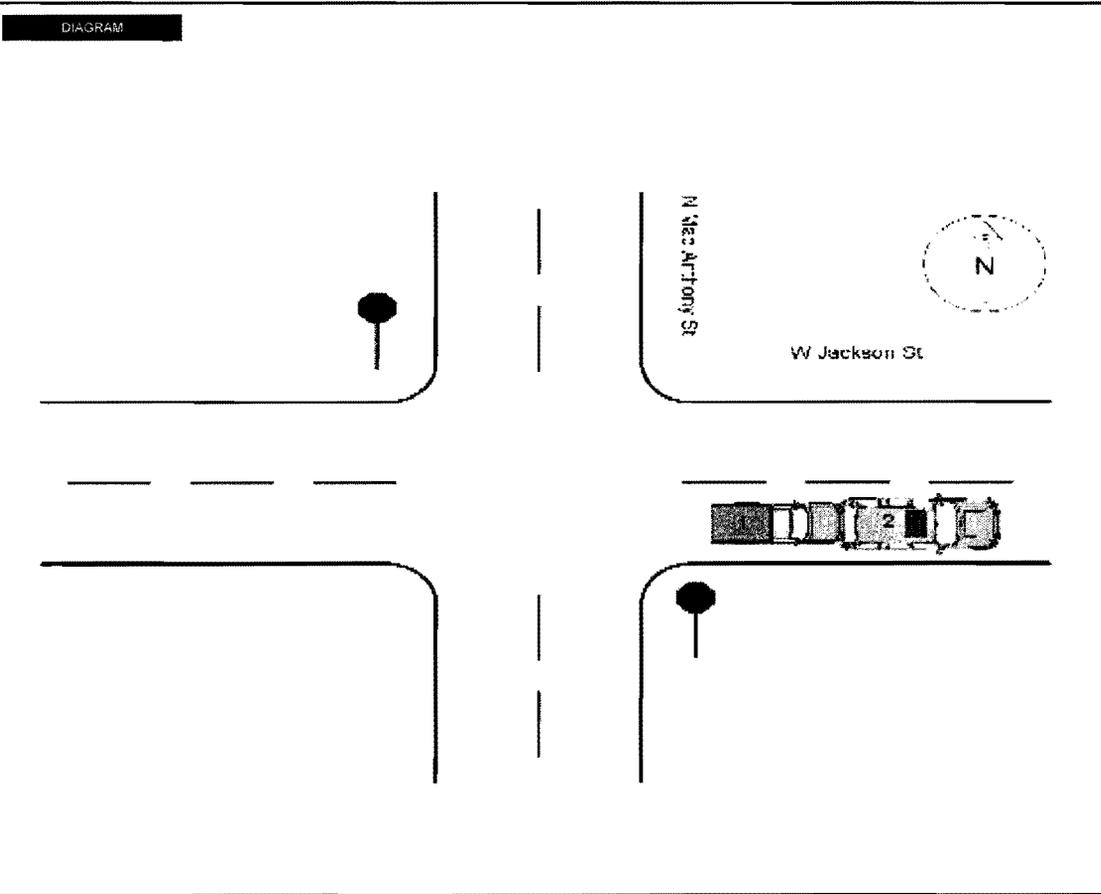
SEATING POSITION A 01 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	SAFETY EQUIPMENT A 04 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 NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG A 2 1 NOT-DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	AIR BAG SWITCH A 1 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN DN POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN 5 UNKNOWN POSITION	EJECTION A 1 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 1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
BLANK FOR WITNESS						SUPPLEMENT *X IF YES <input type="checkbox"/>

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="01"/> B <input type="text" value="11"/>	SEQUENCE OF EVENTS <table border="1"> <tr> <td>A</td> <td><input type="text" value="20"/></td> <td>B</td> <td><input type="text" value="20"/></td> </tr> <tr> <td>1</td> <td><input type="text"/></td> <td>1</td> <td><input type="text"/></td> </tr> <tr> <td>2</td> <td><input type="text"/></td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>3</td> <td><input type="text"/></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="20"/>	B	<input type="text" value="20"/>	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"/>	POSTED SPEED A <input type="text" value="25"/> B <input type="text" value="25"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/>
A	<input type="text" value="20"/>	B	<input type="text" value="20"/>																						
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"/>																						
NON-MOTORIST LOCATION A <input type="text"/> B <input type="text"/>		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 APPROACHING OR LEAVING VEHICLE 20 PLAYING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	TRAFFIC CONTROL A <input type="text" value="01"/> B <input type="text" value="01"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>	DRUG TEST 1 & 2 RESULT <table border="1"> <tr> <td>1</td> <td><input type="text" value="1"/></td> <td>2</td> <td><input type="text" value="1"/></td> </tr> <tr> <td>A</td> <td><input type="text" value="1"/></td> <td>B</td> <td><input type="text" value="1"/></td> </tr> </table>	1	<input type="text" value="1"/>	2	<input type="text" value="1"/>	A	<input type="text" value="1"/>	B	<input type="text" value="1"/>												
1	<input type="text" value="1"/>	2	<input type="text" value="1"/>																						
A	<input type="text" value="1"/>	B	<input type="text" value="1"/>																						
TYPE OF UNIT A <input type="text" value="07"/> B <input type="text" value="06"/>	MOST DAMAGED AREA A <input type="text" value="02"/> B <input type="text" value="06"/>	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="08"/> B <input type="text" value="01"/>	NON-COLLISION 01 DIVERT/TURN/OVERFLOW 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 MEDIUM/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 PEDICYCLE 16 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOT OR 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 FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LAMINARIES 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	DIRECTION <table border="1"> <tr> <td>FROM TO</td> <td><input type="text" value="4"/></td> <td><input type="text" value="3"/></td> <td>FROM TO</td> <td><input type="text" value="4"/></td> <td><input type="text" value="3"/></td> </tr> <tr> <td>A</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>B</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	FROM TO	<input type="text" value="4"/>	<input type="text" value="3"/>	FROM TO	<input type="text" value="4"/>	<input type="text" value="3"/>	A	<input type="text"/>	<input type="text"/>	B	<input type="text"/>	<input type="text"/>	TYPE OF INTERSECTION <input type="text" value="01"/>								
FROM TO	<input type="text" value="4"/>	<input type="text" value="3"/>	FROM TO	<input type="text" value="4"/>	<input type="text" value="3"/>																				
A	<input type="text"/>	<input type="text"/>	B	<input type="text"/>	<input type="text"/>																				
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/>	ACTION A <input type="text" value="3"/> B <input type="text" value="4"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="2"/>																				
DAMAGE SCALE A <input type="text" value="3"/> B <input type="text" value="2"/>	STRIKING VEHICLE OVERRIDE/UNDERDRIVE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONDITIONS <table border="1"> <tr> <td>PRIMARY</td> <td><input type="text" value="01"/></td> <td>SECONDARY</td> <td><input type="text"/></td> </tr> </table>	PRIMARY	<input type="text" value="01"/>	SECONDARY	<input type="text"/>																
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DAMAGE SCALE A <input type="text" value="3"/> B <input type="text" value="2"/>	STRIKING VEHICLE OVERRIDE/UNDERDRIVE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	SPEED A <input type="text" value="20"/> B <input type="text" value="0"/>	ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/>	SUPPLEMENT 'X' IF YES																				

NARRATIVE

UNIT # 2 WAS STOPPED FOR TRAFFIC. UNIT #1 WAS EASTBOUND ON WEST JACKSON STREET. UNIT #1 LOOKED AWAY FOR A MINUTE. UNIT #1 DID NOT SEE THAT UNIT #2 WAS STOPPED. UNIT #1 STRUCK UNIT #2 IN THE REAR END.

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



TRUCK/BUS UNIT # <input type="text"/>	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	A THE CRASH RESULTED IN ONE OF THE FOLLOWING A FATALITY, OR N AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT, OR D AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER
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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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CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (8-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAIN/CHIPS/GRAVEL/WN <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 28,000 <input type="checkbox"/> 3 MORE THAN 28,000	CDL CLASS <input type="checkbox"/> 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN	HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> 1 NO 2 YES 3 NOT APPLICABLE
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POLICE ACTION						
DATE CRASH REPORTED 7/29/2011	TIME REC CALL 07:58	DISPATCH 07:58	ARRIVED 07:59	CLEARED 08:09	OTHER 0	TOTAL MINUTES 11
OFFICER'S NAME CAPT. SCOTT AKINS		BADGE # 103	CHECKED BY 100		DATE REPORT FILED 7/29/2011	
REPORT TAKEN BY 1 POLICE AGENCY 2 MOTORIST 3 UNKNOWN <input checked="" type="checkbox"/> 1	REPORT TAKEN AT 1 SCENE 2 STATION 3 OTHER <input checked="" type="checkbox"/> 1		<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT # 11MPD 1403	

LOCAL REPORT # 11MPD 1403	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT	DATE OF CRASH 7/29/2011
COUNTY# 38	CRASH LOCATION JACKSON	

Crash Diagram Number :	
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Page 1 of 1	OFFICER'S NAME CAPT. SCOTT AKINS	BADGE # 103
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