

MLB 10-7-11



# TRAFFIC CRASH REPORT

<b>CRASH REPORT #</b> 11MPD 1877	<b>CRASH SEVERITY</b> 3 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	<b>PRIVATE PROPERTY</b> <input type="checkbox"/> *X IF YES	<b>HIT / SKIP</b> 1 1 NOT HIT / SKIP 2 2 SOLVED 3 3 NOT SOLVED	<b>PHOTOS TAKEN</b> <input checked="" type="checkbox"/> *X IF YES	<b>OH-2</b> <input checked="" type="checkbox"/> <b>OH-3</b> <input type="checkbox"/> <b>OH-1P</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>
<b>N.C.I.C. #</b> 03801	<b>REPORTING AGENCY</b> MILLERSBURG POLICE DEPARTMENT	<b># UNITS</b> 1	<b>UNIT ERROR</b> 01 98 ANIMAL 99 UNKNOWN	<b>DATE OF CRASH</b> 10/05/2011	

<b>TIME OF CRASH</b> 09:47	<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> 40331916	<b>LONGITUDE</b> 081544829
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<b>CRASH OCCURRED ON</b>	<b>TYPE LOCATION POINT USED</b>	<b>LOCAL INFORMATION</b>
<b>PREFIX</b> MASSILLON	<b>TYPE LOC</b> 1 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	

<b>AT/REFERENCE</b>	<b>REFERENCE POINT USED</b>
<b>DIST. REF.</b> N	<b>REF POINT</b> 04
<b>REFERENCE</b> 000187 CRAWFORD	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

<b>UNIT #</b> 01	<b># OF OCC</b> 1	<b>NAME (LAST, FIRST, MIDDLE)</b> HOSTETLER ERVIN N
<b>ADDRESS (STREET, CITY, STATE, ZIP-CODE)</b> 31220 SR 83 COSHOCTON OH 43812		

<b>SOCIAL SECURITY NUMBER</b>	<b>DATE OF BIRTH</b> 12/09/1967	<b>AGE</b> 43	<b>SEX</b> M	<b>HOME PHONE #</b> (740)294-8251	<b>WORK PHONE #</b> (330)674-7488
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<b>DL STATE</b> OH	<b>DL #</b> RP798190	<b>LP STATE</b> OH	<b>LP #</b> PGV3682	<b>INJURED TAKEN BY</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	<b>TRANSPORTED BY</b>	<b>INJURED TAKEN TO</b>
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<b>OWNER NAME (IF SAME, WRITE "SAME")</b> KANDEL, TIMOTHY A	<b>OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)</b> 8221 CR 201 FREDERICKSBURG OH 44627
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<b>YEAR</b> 2000	<b>MAKE</b> OTHER MA	<b>MODEL</b> NOT STAT	<b>COLOR</b> WHITE	<b>INSURANCE COMPANY</b> WHITAKER-MYERS	<b>TOWING SERVICE</b> EMMONS TOWING	<b>OWNER PHONE #</b> (330)674-7488
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<b>OFFENSE CHARGED</b>	<b>OFFENSE DESCRIPTION</b>	<b>CITATION #</b>	<b>LOCAL CODE</b> <input type="checkbox"/> *X IF YES
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<b>UNIT #</b> B	<b># OF OCC</b>	<b>NAME (LAST, FIRST, MIDDLE)</b>
<b>ADDRESS (STREET, CITY, STATE, ZIP-CODE)</b>		

<b>SOCIAL SECURITY NUMBER</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>SEX</b>	<b>HOME PHONE #</b>	<b>WORK PHONE #</b>
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<b>DL STATE</b>	<b>DL #</b>	<b>LP STATE</b>	<b>LP #</b>	<b>INJURED TAKEN BY</b> <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	<b>TRANSPORTED BY</b>	<b>INJURED TAKEN TO</b>
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<b>OWNER NAME (IF SAME, WRITE "SAME")</b>	<b>OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)</b>
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<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>COLOR</b>	<b>INSURANCE COMPANY</b>	<b>TOWING SERVICE</b>	<b>OWNER PHONE #</b>
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<b>OFFENSE CHARGED</b>	<b>OFFENSE DESCRIPTION</b>	<b>CITATION #</b>	<b>LOCAL CODE</b> <input type="checkbox"/> *X IF YES
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<b>UNIT #</b> C	<b>NAME (LAST, FIRST, MIDDLE)</b>	<b>HOME PHONE #</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>SEX</b>
<b>ADDRESS (STREET, CITY, STATE, ZIP-CODE)</b>			<b>INJURED TAKEN BY</b> <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	<b>TRANSPORTED BY</b>	<b>INJURED TAKEN TO</b>

<b>UNIT #</b> D	<b>NAME (LAST, FIRST, MIDDLE)</b>	<b>HOME PHONE #</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>SEX</b>
<b>ADDRESS (STREET, CITY, STATE, ZIP-CODE)</b>			<b>INJURED TAKEN BY</b> <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	<b>TRANSPORTED BY</b>	<b>INJURED TAKEN TO</b>

<b>SEATING POSITION</b> A <input checked="" type="checkbox"/> 01 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) B <input type="checkbox"/> 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) C <input type="checkbox"/> 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	<b>SAFETY EQUIPMENT</b> A <input checked="" type="checkbox"/> 04 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED B <input type="checkbox"/> 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED C <input type="checkbox"/> 06 HELMET USED 07 RESTRAINT USE UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS D <input type="checkbox"/> 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	<b>AIR BAG</b> A <input checked="" type="checkbox"/> 1 1 NOT-DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	<b>AIR BAG SWITCH</b> A <input checked="" type="checkbox"/> 1 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	<b>EJECTION</b> A <input checked="" type="checkbox"/> 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	<b>TRAPPED</b> A <input checked="" type="checkbox"/> 1 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	<b>INJURIES</b> A <input checked="" type="checkbox"/> 1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
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BLANK FOR WITNESS  SUPPLEMENT \*X IF YES

MOTORIST / NON-MOTORIST OCCUPANT

**UNIT NUMBERS**  
A  B

**NON-MOTORIST LOCATION**  
A  B

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

**TYPE OF UNIT**  
A  B

**MOTORIST**  
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 (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/RIDER  
36 ANIMAL W/BUGGY  
37 BICYCLE  
38 PEDES/STRAIN  
39 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)  
40 SKATER  
41 OTHER-NON MOTORIST (WHEELCHAIR, ETC.)  
42 UNKNOWN

**POINT OF IMPACT**  
A  B

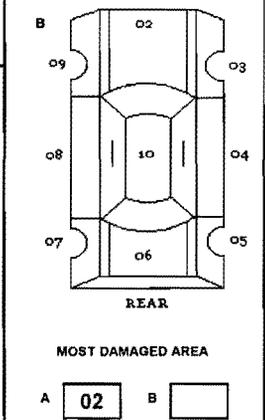
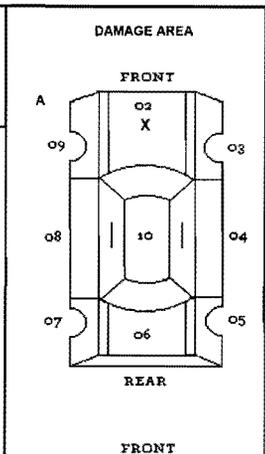
01 NONE  
02 CENTER FRONT  
03 RIGHT FRONT  
04 RIGHT SIDE  
05 RIGHT REAR  
06 REAR CENTER  
07 LEFT REAR  
08 LEFT SIDE  
09 LEFT FRONT  
10 TOP AND WINDOWS  
11 UNDERCARRIAGE  
12 LOAD /TRAILER  
13 TOTAL (ALL AREAS)  
14 OTHER  
15 UNKNOWN

**IN EMERGENCY RESPONSE**  
A  B

1 NO  
2 YES  
3 UNKNOWN

**DAMAGE SCALE**  
A  B

1 NONE  
2 NON-FUNCTIONAL  
3 FUNCTIONAL DAMAGE  
4 DISABLING DAMAGE  
5 SEVERE  
6 UNKNOWN



**ACTION**  
A  B

1 NON-CONTACT  
2 NON-COLLISION  
3 STRUCK  
4 STRUCK  
5 BOTH STRICKING AND STRUCK  
6 UNKNOWN

**STRIKING VEHICLE OVERRIDE/UNDERRIDE**  
A  B

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  
7 UNKNOWN IF UNDERRIDE OR OVERRIDE

**VEHICLE DEFECT CODE ONLY IF "19" SELECTED ABOVE**  
A  B

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

**PRE-CRASH ACTIONS**  
A  B

MOTORIST  
01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD  
02 CHANGING LANES  
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

**CONTRIBUTING CIRCUMSTANCES**  
A  B

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/ADDA  
09 IMPROPER LANE CHANGE/OVERROVE OF 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

NON-MOTORIST  
22 UNKNOWN  
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  B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

**MOST HARMFUL EVENT**  
A  B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

**VEHICLE DEFECT CODE ONLY IF "19" SELECTED ABOVE**  
A  B

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

**SEQUENCE OF EVENTS**

A	1	<input type="text" value="11"/>	B	1	<input type="text"/>
A	2	<input type="text" value="10"/>	B	2	<input type="text"/>
A	3	<input type="text" value="09"/>	B	3	<input type="text"/>
A	4	<input type="text" value="41"/>	B	4	<input type="text"/>

**NON-COLLISION**  
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 PEDALCYCLE  
17 RAILWAY VEHICLE (E.G. TRAIN, ENGINE)  
18 ANIMAL - FARM  
19 ANIMAL - DEER  
20 ANIMAL - OTHER  
21 PARKED MOTOR VEHICLE  
22 WORK ZONE MAINTENANCE EQUIPMENT  
23 OTHER MOVABLE OBJECT  
24 UNKNOWN MOVABLE OBJECT  
25 COLLISION WITH FIXED 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 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 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 UNKNOWN  
49 UNKNOWN  
50 UNKNOWN

**TRAFFIC CONTROL**  
A  B

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

**DIRECTION**  
FROM TO FROM TO  
A   B

1 NORTH  
2 SOUTH  
3 EAST  
4 WEST  
5 NORTHEAST  
6 NORTHWEST  
7 SOUTHEAST  
8 SOUTHWEST  
9 UNKNOWN

**CONDITION**  
A  B

1 APPARENTLY NORMAL  
2 PHYSICAL IMPAIRMENT  
3 EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)  
4 ILLNESS  
5 FELL ASLEEP, FAINTED, FATIGUED, ETC.  
6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL  
7 OTHER  
8 UNKNOWN

**ALCOHOL/DRUG SUSPECTED**  
A  B

1. NONE  
2. YES-ALCOHOL SUSPECTED  
3. YES-HBD NOT IMPAIRED  
4. YES-DRUGS SUSPECTED  
5. YES-ALCOHOL AND DRUGS SUSPECTED  
6. UNKNOWN

**ALCOHOL TEST STATUS**  
A  B

1 NONE GIVEN  
2 TEST REFUSED  
3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  
4 TEST GIVEN, RESULTS KNOWN  
5 TEST GIVEN, RESULTS UNKNOWN  
6 UNKNOWN

**ALCOHOL TEST TYPE**  
A  B

1 NONE  
2 BLOOD  
3 URINE  
4 OTHER

**ALCOHOL TEST RESULT**  
A

B

**SPEED DETECTED**  
A  B

1 STATED  
2 ESTIMATED

**SPEED**  
A  B

**POSTED SPEED**  
A  B

**DRUG TEST STATUS**  
A  B

1 NONE GIVEN  
2 TEST REFUSED  
3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  
4 TEST GIVEN, RESULTS KNOWN  
5 GIVEN, RESULTS UNKNOWN  
6 UNKNOWN

**DRUG TEST TYPE**  
A  B

1 NONE  
2 BLOOD  
3 URINE  
4 OTHER

**DRUG TEST 1 & 2 RESULT**  
A   B

1 NONE  
2 MARIJUANA  
3 COCAINE  
4 OPIATES  
5 AMPHETAMINES  
6 PCP  
7 OTHER  
8 UNKNOWN AT TIME OF REPORTING

**TYPE OF INTERSECTION**

01 NOT AN INTERSECTION  
02 FOUR-WAY INTERSECTION  
03 T-INTERSECTION  
04 Y-INTERSECTION  
05 TRAFFIC CIRCLE/ROUNDBOUT  
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

**OCCURRENCE**

1 ON ROADWAY  
2 ON SHOULDER  
3 IN MEDIAN  
4 ON ROADSIDE  
5 ON GORE  
6 OUTSIDE TRAFFICWAY  
7 UNKNOWN

**ROAD CONTOUR**

1 STRAIGHT LEVEL  
2 STRAIGHT GRADE  
3 CURVE LEVEL  
4 CURVE GRADE  
5 UNKNOWN

**ROAD CONDITIONS**  
PRIMARY  SECONDARY

01 DRY  
02 WET  
03 SNOW  
04 ICE  
05 SAND/AUD/DIRT/TOIL/GRAVEL  
06 WATER (STANDING, MOVING)  
07 SLUSH  
08 DEBRIS  
09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT  
10 OTHER  
11 UNKNOWN

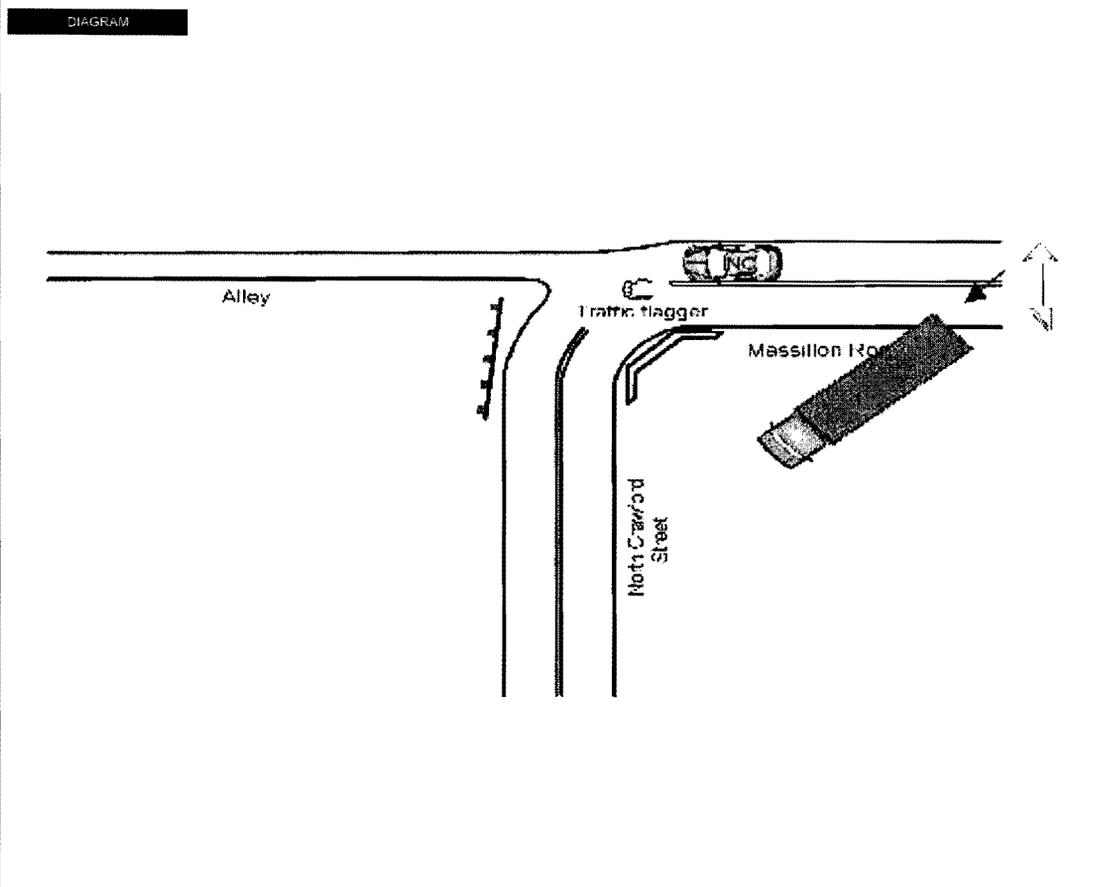
**LOCAL REPORT #**

**SUPPLEMENT 'X' IF YES**

**NARRATIVE**

UNIT 1 WAS WESTBOUND ON MASSILLON RD AND APPROACHING THE TRANSITION TO N CRAWFORD ST. AMERICAN ELECTRIC POWER WAS CONDUCTING WORK ON N. CRAWFORD ST. AND A WORKERS WERE PROVIDING TRAFFIC CONTROL FOR A LANE CLOSURE DUE TO THIS WORK. A TRAFFIC CONTROL WORKER HAD TRAFFIC STOPPED ON THE EAST SIDE OF THE WORK ZONE. UNIT 1 ATTEMPTED TO STOP WITH TRAFFIC STOPPING FOR THE WORK ZONE. THE DRIVER OF UNIT 1 INDICATED THAT HE HAD NO BRAKE PRESSURE AND HAD TO TAKE EVASIVE ACTION TO AVOID A CRASH. UNIT 1 CROSSED THE CENTER LINE, DROVE OFF OF THE LEFT SIDE OF THE ROADWAY, AND INTO THE YARD AT THE REAR OF 187 N. CRAWFORD ST. UNIT 1 WAS ABLE TO STOP IN THE YARD DUE TO A STEEP UPWARD EMBANKMENT IN THE YARD. UNIT 1 SUSTAINED LIGHT DAMAGE TO THE FRONT BUMPER, AND THE YARD HAD RUTS FROM THE TRUCK DRIVING IN TO IT. EMMONS TOWING WAS ON SCENE AND ATTEMPTED TO PULL THE TRUCK OUT OF THE YARD, BUT DUE TO THE LOAD SHIFTING HAD TO BE ASSISTED BY NORTH END TOWING.

<b>MANNER OF COLLISION OR IMPACT</b> <input checked="" type="checkbox"/> 1 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 8 ANGLE 7 SIDESWIPE SAME DIRECTION 6 SIDESWIPE OPPOSITE DIRECTION 9 UNKNOWN	<b>SCHOOL BUS RELATED</b> <input checked="" type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
<b>WEATHER</b> <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	<b>WORK ZONE RELATED</b> <input checked="" type="checkbox"/> 2 1 NO 2 YES 3 UNKNOWN
<b>LIGHT CONDITIONS</b> 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	<b>TYPE OF WORK ZONE</b> <input checked="" type="checkbox"/> 1 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT OR MOVING WORK 5 OTHER
<b>TRUCK/BUS</b> UNIT # <input type="text"/>	<b>LOCATION OF CRASH IN WORK ZONE</b> <input checked="" type="checkbox"/> 2 1 BEFORE THE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA
<b>WORKERS PRESENT</b> <input checked="" type="checkbox"/> 2 1 NO 2 YES 3 UNKNOWN	<b>DIAGRAM</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	A 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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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
<b>CARGO BODY TYPE</b> <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"/> 06 POLE <input type="checkbox"/> 08 CARGO TANK <input type="checkbox"/> 07 FLATBED <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	<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	<b>CDL CLASS</b> <input type="checkbox"/> 1 CLASS A <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS D <input type="checkbox"/> 5 CLASS E	<b>HAZARDOUS MATERIALS PLACARD</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<b>HAZARDOUS MATERIALS RELEASED</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN	

<b>POLICE ACTION</b>							
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES	
10/05/2011	11:06	11:06	11:08	12:36	35	125	
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED			
PTL. JUSTIN ESTILL		113		10/05/2011			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT 'X' IF YES		LOCAL REPORT #			
<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 1			11MPD 1877			