

MX02-29-12



TRAFFIC CRASH REPORT

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| CRASH REPORT # 12MPD 0327 | CRASH SEVERITY 2 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN | PRIVATE PROPERTY X *X IF YES | HIT / SKIP 1 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 98 ANIMAL 99 UNKNOWN | DATE OF CRASH 2/27/2012 | |

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| TIME OF CRASH 11:49 | DAY OF WEEK MON | CITY/VILLAGE/TOWNSHIP VILLAGE | NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG | COUNTY # 38 | LATITUDE 40320408 | LONGITUDE 081550209 |
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| CRASH OCCURRED ON | | | TYPE LOCATION POINT USED | | | LOCAL INFORMATION | | |
| PREFIX PRIVATE PROPERTY | CRASH LOCATION PRIVATE PROPERTY | TYPE LOC 1 | 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE | | | MCDONALDS | | |

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| AT/REFERENCE | | | | | REFERENCE POINT USED | | | | |
| DIST. REF. | DIR | PREFIX | REFERENCE | REF POINT | 01 STATE LINE | 05 TOWNSHIP BOUNDARY | 09 DRIVEWAY | | |
| | | S | 001586 WASHINGTON ST. | 04 | 02 INTERSECTION OF TWO STREETS | 06 MILE POST | 10 STREET OR ROUTE WITHOUT REFERENCE | | |
| | | | | | 03 COUNTY LINE | 07 CORPORATION LIMIT | | | |
| | | | | | 04 HOUSE NUMBER | 08 PLACE NAME WITHOUT REFEREN | | | |

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| A | UNIT # 01 | # OF OCC 1 | NAME (LAST, FIRST, MIDDLE) STEVENS CYNTHIA A. | | |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7099 TR 319 MILLERSBURG OH 44654 | | | | | |

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|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|
| SOCIAL SECURITY NUMBER | DATE OF BIRTH 07/07/1939 | AGE 72 | SEX F | HOME PHONE # (330)674-7882 | WORK PHONE # |
|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|

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|-----------------------|-------------------------|-----------------------|------------------------|--|----------------|------------------|
| DL STATE OH | DL # RR382060 | LP STATE OH | LP # FIB2694 | INJURED TAKEN BY 1 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN | TRANSPORTED BY | INJURED TAKEN TO |
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| OWNER NAME (IF SAME, WRITE "SAME") STEVENS, CYNTHIA A. | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7099 TR 319 MILLERSBURG OH 44654 |
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|---------------------|--------------------------|-------------------------|----------------------|----------------------------------|----------------|---------------------------------------|
| YEAR 2009 | MAKE MITSUBISH | MODEL ECLIPSE | COLOR BLUE | INSURANCE COMPANY ERIE | TOWING SERVICE | OWNER PHONE # (330)674-7882 |
|---------------------|--------------------------|-------------------------|----------------------|----------------------------------|----------------|---------------------------------------|

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|-----------------|---------------------|------------|--|
| OFFENSE CHARGED | OFFENSE DESCRIPTION | CITATION # | LOCAL CODE <input type="checkbox"/> *X IF YES |
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| B | UNIT # 02 | # OF OCC 1 | NAME (LAST, FIRST, MIDDLE) ZIMMERLY JULIA E. | | |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) 625 KENTON ALLEY APT. B MILLERSBURG OH 44654 | | | | | |

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|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|
| SOCIAL SECURITY NUMBER | DATE OF BIRTH 12/28/1988 | AGE 23 | SEX F | HOME PHONE # (330)473-9141 | WORK PHONE # |
|------------------------|------------------------------------|------------------|-----------------|--------------------------------------|--------------|

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| DL STATE OH | DL # SW220428 | LP STATE OH | LP # FKA5427 | INJURED TAKEN BY 4 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN | TRANSPORTED BY PRIVATE VEHICLE | INJURED TAKEN TO JOEL POMERENE HOSPI |
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| OWNER NAME (IF SAME, WRITE "SAME") ZIMMERLY, JULIA E. | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 625 KENTON ALLEY APT. B MILLERSBURG OH 44654 |
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|---------------------|------------------------|------------------------|---------------------|--|----------------|---------------------------------------|
| YEAR 2000 | MAKE VOLKSWA | MODEL BEEBLE | COLOR RED | INSURANCE COMPANY NATIONWIDE | TOWING SERVICE | OWNER PHONE # (330)473-9141 |
|---------------------|------------------------|------------------------|---------------------|--|----------------|---------------------------------------|

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|-----------------|---------------------|------------|--|
| OFFENSE CHARGED | OFFENSE DESCRIPTION | CITATION # | LOCAL CODE <input type="checkbox"/> *X IF YES |
|-----------------|---------------------|------------|--|

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| C | UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) | | | | | | |
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|---|--------|----------------------------|--------------|---------------|-----|-----|
| D | UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) | | | | | | |
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| 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 |
| B | 01 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 |
| C | |
| D | |
| BLANK FOR WITNESS | |

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| SAFETY EQUIPMENT | |
| A | 04 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 NON-MOTORIST 09 NONE USED 10 HELMET USED 11 PROTECTIVE PADS 12 LIGHTING 13 OTHER 14 UNKNOWN |
| B | 01 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 NON-MOTORIST 09 NONE USED 10 HELMET USED 11 PROTECTIVE PADS 12 LIGHTING 13 OTHER 14 UNKNOWN |
| C | |
| D | |

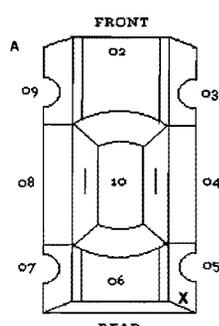
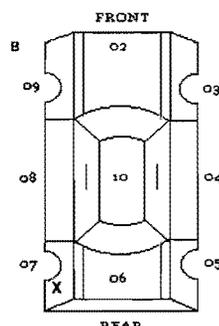
| | |
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| AIR BAG | |
| A | 1 1. NOT DEPLOYED 2. DEPLOYED - FRONT 3. DEPLOYED - SIDE 4. DEPLOYED BOTH FRONT/SIDE 5. NOT APPLICABLE 6. DEPLOYMENT UNKNOWN |
| B | 1 1. NOT DEPLOYED 2. DEPLOYED - FRONT 3. DEPLOYED - SIDE 4. DEPLOYED BOTH FRONT/SIDE 5. NOT APPLICABLE 6. DEPLOYMENT UNKNOWN |
| C | |
| D | |

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| AIR BAG SWITCH | |
| A | 1 1. ON-OFF SWITCH NOT PRESENT 2. SWITCH IN ON POSITION 3. SWITCH IN OFF POSITION 4. UNKNOWN POSITION |
| B | 1 1. ON-OFF SWITCH NOT PRESENT 2. SWITCH IN ON POSITION 3. SWITCH IN OFF POSITION 4. UNKNOWN POSITION |
| C | |
| D | |

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| EJECTION | |
| A | 1 1. NOT EJECTED 2. TOTALLY EJECTED 3. PARTIALLY EJECTED 4. NOT APPLICABLE 5. UNKNOWN |
| B | 1 1. NOT EJECTED 2. TOTALLY EJECTED 3. PARTIALLY EJECTED 4. NOT APPLICABLE 5. UNKNOWN |
| C | |
| D | |

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| TRAPPED | |
| A | 1 1. NOT TRAPPED 2. EXTRICATED BY MECHANICAL MEANS 3. FREED BY NON-MECHANICAL MEANS 4. UNKNOWN |
| B | 1 1. NOT TRAPPED 2. EXTRICATED BY MECHANICAL MEANS 3. FREED BY NON-MECHANICAL MEANS 4. UNKNOWN |
| C | |
| D | |

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| INJURIES | |
| A | 1 1. NO INJURY 2. POSSIBLE 3. NON-INCAPACITATING 4. INCAPACITATING 5. FATAL INJURY 6. UNKNOWN |
| B | 2 1. NO INJURY 2. POSSIBLE 3. NON-INCAPACITATING 4. INCAPACITATING 5. FATAL INJURY 6. UNKNOWN |
| C | |
| D | |
| SUPPLEMENT *X IF YES | |

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| UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/> | DAMAGE AREA  | PRE-CRASH ACTIONS A <input type="text" value="02"/> 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> </table> | A | B | <input type="text" value="21"/> | <input type="text" value="20"/> | <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" value="1"/> |
| 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"/> | | | | | | | | | | | | | | | | |
| <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 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 |  | 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 | 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 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 PEDACYCLE 16 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 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 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 39 CURB 40 DITCH 41 EMBARKMENT 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 | 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 16 OTHER 17 NOT REPORTED 18 UNKNOWN | DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NONE 2 BLOOD 3 URINE 4 OTHER | | | | | | | | | | | | |
| TYPE OF UNIT A <input type="text" value="03"/> B <input type="text" value="02"/> 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 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 - WILDLIFE 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="05"/> B <input type="text" value="07"/> 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="10"/> 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 CHANGING/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" value="1"/> <input type="text" value="3"/> B <input type="text"/> <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/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 | | | | | | | | | | | | |
| IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NO 2 YES 3 UNKNOWN | POINT OF IMPACT A <input type="text" value="05"/> B <input type="text" value="07"/> 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 | 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="1"/> B <input type="text" value="1"/> 1 NONE 2 YES ALCOHOL SUSPECTED 3 YES/HD 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="2"/> B <input type="text" value="2"/> 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN | ACTION A <input type="text" value="3"/> B <input type="text" value="4"/> 1 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING 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 | SPEED DETECTED A <input type="text" value="2"/> B <input type="text" value="1"/> 1 STATED 2 ESTIMATED | ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> 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 | | | | | | | | | | | | |
| DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="2"/> 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN | STRIKING VEHICLE OVERRIDE/UNDERDRIDE A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NO UNDERDRIVE OR OVERRIDE 2 UNDERDRIVE, COMPARTMENT INTRUSION 3 UNDERDRIVE, NO COMPARTMENT INTRUSION 4 UNDERDRIVE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN IF UNDERDRIVE OR OVERRIDE | 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 | SPEED A <input type="text" value="15"/> B <input type="text" value="0"/> | ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER | ROAD CONDITIONS PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND/MUD/DIRT/OIL/GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN | | | | | | | | | | | | |
| SUPPLEMENT 'X' IF YES <input type="checkbox"/> | | | | LOCAL REPORT # 12MPD 0327 | | | | | | | | | | | | | |

NARRATIVE

UNIT 01 WAS BACKING OUT OF A PARKING SPACE IN THE MCDONALDS PARKING LOT AND STRUCK UNIT 02 WHO WAS PARKED IN A PARKING SPACE. UNIT 02 WAS COMPLAINING ABOUT A POSSIBLE NECK INJURY, BUT REFUSED TO HAVE A SQUAD COME TO THE SCENE AND ADVISED THAT HER HUSBAND WOULD TAKE HER TO THE HOSPITAL.

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| <p>MANNER OF COLLISION OR IMPACT</p> <p><input checked="" type="checkbox"/> 1</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>SCHOOL BUS RELATED</p> <p><input checked="" type="checkbox"/> 1</p> <p>1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN</p> | <p>DIAGRAM</p> <p style="text-align: center;"> McDonalds 1586 S. Washington St. Millersburg, OH 44654 </p> |
| <p>WEATHER</p> <p><input checked="" type="checkbox"/> 01</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>WORK ZONE RELATED</p> <p><input checked="" type="checkbox"/> 1</p> <p>1 NO 2 YES 3 UNKNOWN</p> | |
| <p>LIGHT CONDITIONS</p> <p>PRIMARY <input checked="" type="checkbox"/> 1 SECONDARY <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>TYPE OF WORK ZONE</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>LOCATION OF CRASH IN WORK ZONE</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>WORKERS PRESENT</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p> | |

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| TRUCK/BUS UNIT # | <p>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</p> | <p>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</p> |
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|--|-----------------------|
| COMPANY (FROM SHIPPING PAPERS): | COMPANY PHONE: |
|--|-----------------------|

ADDRESS (STREET, CITY, ST, ZIP CODE):

| | | | | | | | |
|--------|--------|------|----------------|-----------------|--------------|-----------|-------|
| US DOT | ICC MC | PUCO | TRAILER LP ST. | TRAILER LP YEAR | TRAILER LP # | PLACARD # | # DIA |
|--------|--------|------|----------------|-----------------|--------------|-----------|-------|

| | | | | | | |
|---|---|--|--|--|---|--|
| <p>CARGO BODY TYPE</p> <p><input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAIN/CHIPS/GRAVEL/WN</p> | <p>05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER</p> | <p>10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN</p> | <p>WEIGHT (GVWR)</p> <p><input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000</p> | <p>CDL CLASS</p> <p><input type="checkbox"/></p> <p>1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E</p> | <p>HAZARDOUS MATERIALS PLACARD</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p> | <p>HAZARDOUS MATERIALS RELEASED</p> <p><input type="checkbox"/></p> <p>1 NO 4 UNKNOWN 2 YES 2 YES 3 NOT APPLICABLE 3 NOT APPLICABLE</p> |
|---|---|--|--|--|---|--|

| | | | | | | |
|---|--|--|------------------------------------|--|--|---------------------------------------|
| POLICE ACTION | | | | | | |
| <p>DATE CRASH REPORTED</p> <p>2/27/2012</p> | <p>TIME REC CALL</p> <p>11:51</p> | <p>DISPATCH</p> <p>11:52</p> | <p>ARRIVED</p> <p>11:55</p> | <p>CLEARED</p> <p>12:23</p> | <p>OTHER</p> <p>0</p> | <p>TOTAL MINUTES</p> <p>31</p> |
| <p>OFFICER'S NAME</p> <p>PTL. KEVIN BROWN</p> | | <p>BADGE #</p> <p>108</p> | <p>CHECKED BY</p> | | <p>DATE REPORT FILED</p> <p>2/27/2012</p> | |
| <p>REPORT TAKEN BY</p> <p><input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST <input type="checkbox"/> 3 UNKNOWN</p> | <p>REPORT TAKEN AT</p> <p><input checked="" type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER</p> | <p><input type="checkbox"/> SUPPLEMENT 'X' IF YES</p> | | <p>LOCAL REPORT #</p> <p>12MPD 0327</p> | | |