

WLB4-9-12

# OHIO TRAFFIC CRASH REPORT

<b>CRASH REPORT #</b> 12MPD 0637	<b>CRASH SEVERITY</b> 3 1 FATAL ERROR 3 POO 2 INJURY 4 UNKNOWN	<b>PRIVATE PROPERTY</b> X *X IF YES	<b>HIT / SKIP</b> 1 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED	<b>PHOTOS TAKEN</b> X *X IF YES	<b>OH-2 OH-3 OH-1P OTHER</b> X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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 96 ANIMAL 99 UNKNOWN	<b>DATE OF CRASH</b> 4/7/2012	

<b>TIME OF CRASH</b> 12:10	<b>DAY OF WEEK</b> SAT	<b>CITY/VILLAGE/TOWNSHIP</b> VILLAGE	<b>NAME (OF CITY, VILLAGE OR TOWNSHIP)</b> MILLERSBURG	<b>COUNTY #</b> 38	<b>LATITUDE</b> 40331404	<b>LONGITUDE</b> 081545702
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<b>CRASH OCCURRED ON</b>	<b>TYPE LOCATION POINT USED</b>	<b>LOCAL INFORMATION</b>
PREFIX CRASH LOCATION PRIVATE PROPERTY	TYPE LOC 1	MILLERSBURG BP STATION

<b>AT/REFERENCE</b>	<b>REFERENCE POINT USED</b>
DIST. REF. DIR PREFIX REFERENCE REF POINT E 000111 JACKSON ST 04	01 STATE LINE 02 INTERSECTION OF TWO STREETS 03 COUNTY LINE 04 HOUSE NUMBER 06 TOWNSHIP BOUNDARY 08 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME WITHOUT REFEREN 09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE

<b>A</b>	<b>UNIT #</b> 01	<b># OF OCC</b> 1	<b>NAME (LAST, FIRST, MIDDLE)</b> DURST HOLLY A.
<b>ADDRESS (STREET, CITY, STATE, ZIP-CODE)</b> 9688 TR 301 MILLERSBURG OH 44654			

<b>SOCIAL SECURITY NUMBER</b>	<b>DATE OF BIRTH</b> 11/10/1951	<b>AGE</b> 60	<b>SEX</b> F	<b>HOME PHONE #</b> (330)231-0524	<b>WORK PHONE #</b>
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<b>DL STATE</b> OH	<b>DL #</b> RT052525	<b>LP STATE</b> OH	<b>LP #</b> DAS3360	<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> DURST, HOLLY A.	<b>OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)</b> 9688 TR 301 MILLERSBURG OH 44654
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<b>YEAR</b> 2006	<b>MAKE</b> HONDA	<b>MODEL</b> OTHER	<b>COLOR</b> BLUE	<b>INSURANCE COMPANY</b> HUMMEL INSURAN	<b>TOWING SERVICE</b>	<b>OWNER PHONE #</b> (330)231-0524
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<b>OFFENSE CHARGED</b>	<b>OFFENSE DESCRIPTION</b>	<b>CITATION #</b>	<b>LOCAL CODE</b> *X IF YES
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<b>B</b>	<b>UNIT #</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> 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> *X IF YES
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<b>C</b>	<b>UNIT #</b>	<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> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	<b>TRANSPORTED BY</b>	<b>INJURED TAKEN TO</b>	

<b>D</b>	<b>UNIT #</b>	<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> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	<b>TRANSPORTED BY</b>	<b>INJURED TAKEN TO</b>	

<b>SEATING POSITION</b>	<b>SAFETY EQUIPMENT</b>	<b>AIR BAG</b>	<b>AIR BAG SWITCH</b>	<b>EJECTION</b>	<b>TRAPPED</b>	<b>INJURIES</b>
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	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 NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	A 1 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	A 1 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	A 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	A 1 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	A 1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN

BLANK FOR WITNESS

SUPPLEMENT \*X IF YES

MOTORIST - 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

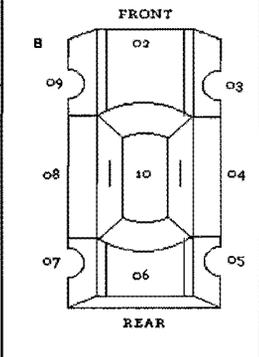
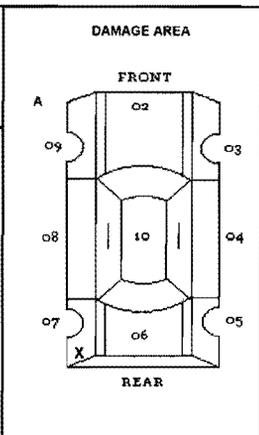
**NON-MOTORIST**  
35 ANIMAL W/DRIVER  
36 ANIMAL W/BOGGY  
37 BICYCLE  
38 PEDESTRIAN  
39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)  
40 SKATER  
41 OTHER-NON MOTORIST (WHEELCHAIR, ETC)  
42 UNKNOWN

**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



**MOST DAMAGED AREA**  
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

**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

**ACTION**  
A  B

1 NON-CONTACT  
2 NON-COLLISION  
3 STRICKING  
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

**PRE-CRASH ACTIONS**  
A  B

**MOTORIST**  
01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD  
02 BRAKING  
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/ADROVE OFF ROAD/IMPROPER PASSING  
09 IMPROPER BACKING  
10 IMPROPER START FROM PARKED POSITION  
11 STOPPED OR PARKED ILLEGALLY  
12 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER  
13 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE OBJECT, NON-MOTORIST IN ROADWAY, ETC.)  
14 VISION OBSTRUCTION  
15 DRIVER INATTENTION  
16 FATIGUE/SLEEP  
17 OPERATING DEFECTIVE EQUIPMENT  
18 LOAD SHIFTING/FALLING/SPILLING  
19 OTHER IMPROPER ACTION  
20 UNKNOWN

**NON-MOTORIST**  
21 NONE  
22 IMPROPER CROSSING  
23 DARTING  
24 LYING AND/OR ILLEGALLY IN ROADWAY  
25 FAILURE TO YIELD RIGHT OF WAY  
26 NOT VISIBLE (DARK CLOTHING)  
27 INATTENTIVE  
28 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER  
29 WRONG SIDE OF THE ROAD  
30 OTHER  
31 UNKNOWN

**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	<input type="text" value="45"/>	B	<input type="text"/>
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-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 PEDICYCLE  
17 RAILWAY VEHICLE (E.G. TRAIN, ENGINE)  
18 ANIMAL - FARM  
19 ANIMAL - DEER  
20 ANIMAL - OTHER  
21 MOTOR VEHICLE IN TRANSPORT  
22 PARKED MOTOR VEHICLE  
23 WORK ZONE MAINTENANCE EQUIPMENT  
24 OTHER MOVABLE OBJECT  
25 COLLISION WITH FIXED OBJECT  
26 IMPACT ATTENUATOR/CRASH CUSHION  
27 BRIDGE OVERHEAD STRUCTURE  
28 BRIDGE PIER OR ABUTMENT  
29 BRIDGE RAIL  
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 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

**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)

**SPEED DETECTED**  
A  B

1 STATED  
2 ESTIMATED

**SPEED**  
A  B

**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 BREATH  
5 OTHER

**ALCOHOL TEST RESULT**  
A   
B

**ALCOHOL TEST RESULT**  
A   
B

**POSTED SPEED**  
A  B

**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 <input type="text" value="4"/> <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

**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

**ROAD CONTOUR**  
A  B

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/MUD/DIRT/OIL/GRAVEL  
06 WATER (STANDING, MOVING)  
07 SLUSH  
08 DEBRIS  
09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT  
10 OTHER  
11 UNKNOWN

**LOCAL REPORT #**

**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**  
A  B

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**  
A  B

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

**LOCAL REPORT #**

**SUPPLEMENT 'X' IF YES**

**NARRATIVE**

**UNIT 01 WAS ATTEMPTING TO BACK UP IN THE LOT FOR MILLERSBURG BP STATION BECAUSE OF ANOTHER VEHICLE THAT PULLED INTO THE LOT. SHE THOUGHT SHE WAS CLEAR OF THE GAS PUMP AND STARTED TO TURN TO THE LEFT AND STRUCK PUMP #8.**

<p><b>MANNER OF COLLISION OR IMPACT</b></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><b>SCHOOL BUS RELATED</b></p> <p><input checked="" type="checkbox"/> 1</p> <p>1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN</p>	<p><b>DIAGRAM</b></p> <p style="text-align: center;">Millersburg BP Station 111 E. Jackson St. Millersburg, OH 44654</p>
<p><b>WEATHER</b></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/SOLID DIRT/SNOW 09 OTHER 10 UNKNOWN</p>		
<p><b>LIGHT CONDITIONS</b></p> <p>PRIMARY <input checked="" type="checkbox"/> 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><b>WORKERS PRESENT</b></p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>		

<b>TRUCK/BUS UNIT #</b>	<input type="text"/>	<p>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING</p> <p>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</p> <p>N A FATALITY, OR</p> <p>D 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>

<b>COMPANY (FROM SHIPPING PAPERS)</b>	<b>COMPANY PHONE</b>
<b>ADDRESS (STREET, CITY, ST, ZIP CODE)</b>	

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

<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>	
4/7/2012	12:12	12:12	12:14	12:22	10	20	
<b>OFFICER'S NAME</b>		<b>BADGE #</b>	<b>CHECKED BY</b>		<b>DATE REPORT FILED</b>		
PTL. KEVIN BROWN		108			4/7/2012		
<b>REPORT TAKEN BY</b>	<b>REPORT TAKEN AT</b>	<input type="checkbox"/> SUPPLEMENT 'X' IF YES			<b>LOCAL REPORT #</b>		
1	1				12MPD 0637		

LOCAL REPORT # <b>12MPD 0637</b>	REPORTING AGENCY <b>MILLERSBURG POLICE DEPARTMENT</b>	DATE OF CRASH <b>4/7/2012</b>
COUNTY# <b>38</b>	CRASH LOCATION <b>PRIVATE PROPERTY</b>	

Crash Diagram Number :	<b>2</b>
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**Millersburg BP Station  
Pump #8  
111 E. Jackson St.  
Millersburg, OH 44654  
330-674-1609**

Page 1 of 1	OFFICER'S NAME <b>PTL. KEVIN BROWN</b>	BADGE # <b>108</b>
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