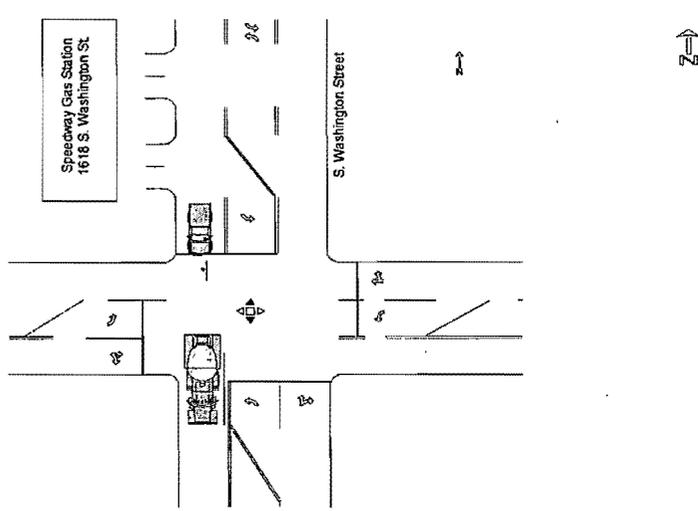


ACS 9-12-14



# TRAFFIC CRASH REPORT

LOCAL INFORMATION <b>S WASHINGTON</b>				LOCAL REPORT NUMBER * <b>14MPD1492</b>		CRASH SEVERITY <input checked="" type="checkbox"/> 1 - FATAL <input type="checkbox"/> 2 - INJURY <input type="checkbox"/> 3 - PDO		HIT/SKIP <input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED							
<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER		<input type="checkbox"/> PDD UNDER STATE REPORTABLE DOLLAR AMOUNT		<input type="checkbox"/> PRIVATE PROPERTY		REPORTING AGENCY NCIC * <b>03801</b>		REPORTING AGENCY NAME * <b>MILLERSBURG POLICE DEPARTMENT</b>		NUMBER OF UNITS <b>2</b>		UNIT IN ERROR <b>01</b>		98 - ANIMAL 99 - UNKNOWN	
COUNTY * <b>38</b>		<input type="checkbox"/> CITY * <input checked="" type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *		CITY, VILLAGE, TOWNSHIP * <b>MILLERSBURG</b>				CRASH DATE * <b>9/9/2014</b>		TIME OF CRASH <b>15:30</b>		DAY OF WEEK <b>TUE</b>			
DEGREES / MINUTES / SECONDS LATITUDE <b>40320150</b>						DECIMAL DEGREES LONGITUDE <b>-81550400</b>									
<input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED		DIVIDED LANE DIRECTION OF TRAVEL <input type="checkbox"/> N - NORTHBOUND <input type="checkbox"/> E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND <input type="checkbox"/> W - WESTBOUND		NUMBER OF THRU LANES <b>3</b>		ROAD TYPES OR MILEPOST <sup>2</sup> AL - ALLEY   CR - CIRCLE   HE - HEIGHTS   MP - MILEPOST   PL - PLACE   ST - STREET   WA - WAY AV - AVENUE   CT - COURT   HW - HIGHWAY   PK - PARKWAY   RD - ROAD   TE - TERRACE BL - BOULEVARD   DR - DRIVE   LA - LANE   PI - PIKE   SQ - SQUARE   TL - TRAIL									
<input type="checkbox"/> LOCATION ROUTE TYPE 1		<input type="checkbox"/> LOCATION ROUTE NUMBER		LOC PREFIX <input checked="" type="checkbox"/> S   N.S.   E.W.		LOCATION ROAD NAME <b>WASHINGTON</b>		<input checked="" type="checkbox"/> LOCATION ROAD TYPE 2 <b>ST</b>		ROUTE TYPES <sup>1</sup> IR - INTERSTATE ROUTE (INC. TURNPIKE)   CR - NUMBERED COUNTY ROUTE US - US ROUTE   TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE					
DISTANCE FROM REFERENCE MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS		DIR FROM REF <input type="checkbox"/> N.S. <input type="checkbox"/> E.W.		REFERENCE ROUTE TYPE		REFERENCE ROUTE NUMBER		REF PREFIX <input type="checkbox"/> N.S. <input type="checkbox"/> E.W.		REFERENCE NAME (ROAD, MILEPOST, HOUSE #) <b>WAL-MART SOUTH DRIVE</b>		<input checked="" type="checkbox"/> ST   REFERENCE ROAD TYPE 1			
REFERENCE POINT USED <input checked="" type="checkbox"/> 1 - INTERSECTION <input type="checkbox"/> 2 - MILE POST <input type="checkbox"/> 3 - HOUSE NUMBER		CRASH LOCATION <input checked="" type="checkbox"/> 01 - NOT AN INTERSECTION <input type="checkbox"/> 06 - FIVE-POINT, OR MORE <input type="checkbox"/> 02 - FOUR-WAY INTERSECTION <input type="checkbox"/> 07 - ON RAMP <input type="checkbox"/> 03 - T-INTERSECTION <input type="checkbox"/> 08 - OFF RAMP <input type="checkbox"/> 04 - Y-INTERSECTION <input type="checkbox"/> 09 - CROSSOVER <input type="checkbox"/> 05 - TRAFFIC CIRCLE/ROUNDBOUT <input type="checkbox"/> 10 - DRIVEWAY ALLEY ACCESS						<input checked="" type="checkbox"/> INTERSECTION RELATED		LOCATION OF FIRST HARMFUL EVENT <input checked="" type="checkbox"/> 1 - ON ROADWAY <input type="checkbox"/> 5 - ON GORE <input type="checkbox"/> 2 - ON SHOULDER <input type="checkbox"/> 6 - OUTSIDE TRAFFICWAY <input type="checkbox"/> 3 - IN MEDIAN <input type="checkbox"/> 9 - UNKNOWN <input type="checkbox"/> 4 - ON ROADSIDE					
ROAD CONTOUR <input checked="" type="checkbox"/> 1 - STRAIGHT LEVEL <input type="checkbox"/> 4 - CURVE GRADE <input type="checkbox"/> 2 - STRAIGHT GRADE <input type="checkbox"/> 9 - UNKNOWN <input type="checkbox"/> 3 - CURVE LEVEL		ROAD CONDITIONS <input checked="" type="checkbox"/> 01 - PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> 02 - DRY <input type="checkbox"/> 05 - SAND, MUD, DIRT, OIL, GRAVEL <input type="checkbox"/> 03 - WET <input type="checkbox"/> 06 - WATER (STANDING, MOVING) <input type="checkbox"/> 04 - SNOW <input type="checkbox"/> 07 - SLUSH <input type="checkbox"/> 05 - ICE <input type="checkbox"/> 08 - DEBRIS *						<input type="checkbox"/> 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT <input type="checkbox"/> 10 - OTHER <input type="checkbox"/> 99 - UNKNOWN *SECONDARY CONDITION ONLY							
MANNER OF CRASH COLLISION/IMPACT <input checked="" type="checkbox"/> 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT <input type="checkbox"/> 2 - REAR-END <input type="checkbox"/> 5 - BACKING <input type="checkbox"/> 3 - HEAD-ON <input type="checkbox"/> 6 - ANGLE <input type="checkbox"/> 4 - REAR-TO-REAR <input type="checkbox"/> 7 - SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 8 - SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 9 - UNKNOWN				WEATHER <input checked="" type="checkbox"/> 1 - CLEAR <input type="checkbox"/> 4 - RAIN <input type="checkbox"/> 2 - CLOUDY <input type="checkbox"/> 5 - SLEET, HAIL <input type="checkbox"/> 3 - FOG, SMOG, SMOKE <input type="checkbox"/> 6 - SNOW <input type="checkbox"/> 7 - SEVERE CROSSWINDS <input type="checkbox"/> 8 - BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> 9 - OTHER/UNKNOWN											
ROAD SURFACE <input checked="" type="checkbox"/> 1 - CONCRETE <input type="checkbox"/> 4 - SLAG, GRAVEL, STONE <input type="checkbox"/> 2 - BLACKTOP, BITUMINOUS, ASPHALT <input type="checkbox"/> 5 - DIRT <input type="checkbox"/> 3 - BRICK/BLOCK <input type="checkbox"/> 6 - OTHER		LIGHT CONDITIONS <input checked="" type="checkbox"/> 1 - PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> 1 - DAYLIGHT <input type="checkbox"/> 2 - DAWN <input type="checkbox"/> 2 - DUSK <input type="checkbox"/> 3 - DARK - ROADWAY NOT LIGHTED <input type="checkbox"/> 3 - DARK - UNKNOWN ROADWAY LIGHTING <input type="checkbox"/> 4 - DARK - LIGHTED ROADWAY <input type="checkbox"/> 7 - GLARE* <input type="checkbox"/> 8 - OTHER *SECONDARY CONDITION ONLY		<input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED											
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)		TYPE OF WORK ZONE <input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK <input type="checkbox"/> 2 - LANE SHIFT/CROSSOVER <input type="checkbox"/> 5 - OTHER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN		LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 4 - ACTIVITY AREA <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 5 - TERMINATION AREA <input type="checkbox"/> 3 - TRANSITION AREA											
NARRATIVE <p>Unit 01 speed up to make it through a yellow light. While doing so a chip of gravel fell from it and hit the window of Unit 02 who stopped abruptly when the light turned red after Unit 01 went through.</p>															
REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST						<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)									
DATE CRASH REPORTED <b>9/11/2014</b>		TIME CRASH REPORTED <b>19:05</b>		DISPATCH TIME <b>19:11</b>		ARRIVAL TIME <b>19:15</b>		TIME CLEARED <b>19:31</b>		OTHER INVESTIGATION TIME <b>60</b>		TOTAL MINUTES <b>80</b>			
OFFICER'S NAME* <b>PTL ZACKARY K. STEELE</b>						OFFICER'S BADGE NUMBER <b>116</b>		CHECKED BY <b>100</b>							





UNIT

LOCAL REPORT NUMBER

14MPD1492

UNIT NUMBER <b>01</b>	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> (SAME AS DRIVER) <b>REDIMIX CO.</b>	OWNER PHONE NUMBER - INC, AREA C <input type="checkbox"/> (SAME AS DRIVER) <b>(330)674-8121</b>	DAMAGE SCALE <b>1</b>	DAMAGE AREA 
OWNER ADDRESS: CITY, STATE, ZIP <input type="checkbox"/> (SAME AS DRIVER) <b>5420 CR 349 MILLERSBURG OH 44654</b>			1 - NONE	
LP STATE <b>OH</b>	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	2 - MINOR	
VEHICLE YEAR <b>2004</b>	VEHICLE MAKE <b>KENWORTH MOTOR TRUCK CO.</b>	VEHICLE MODEL <b>T800</b>	3 - FUNCTIONAL	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>HUMMEL</b>	POLICY NUMBER <b>TRA3556797</b>	4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP <b>redimix, 5420 CR 349, , Millersburg, OH, 44654</b>			9 - UNKNOWN	
			CARRIER PHONE - INCLUDE AREA CODE <b>(330) 674-8121</b>	

US DOT	VEHICLE WEIGHT GVWR/GCWR <b>2</b> 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE <b>13</b> 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL	TRAFFICWAY DESCRIPTION <b>1</b> 1 - T WO-WAY, NOT DIVIDED 2 - T WO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - T WO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIAN 4 - T WO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY
HM PLACARD ID NO.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE (REFUSE) 99 - OTHER/UNKNOWN	<input type="checkbox"/> HIT / SKIP UNIT
HM CLASS NUMBER			

NON-MOTORIST LOCATION PRIOR TO IMPACT <b>01</b> 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	TYPE OF USE <b>2</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>20</b> PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MDTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK ; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
			<input type="checkbox"/> HAS HM PLACARD	

SPECIAL FUNCTION <b>16</b> 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP.	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA <b>01</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	ACTION <b>1</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTION <b>01</b>	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN	07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	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 - STANDING	21 - OTHER NON-MOTORIST ACTION
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CONTRIBUTING CIRCUMSTANCES PRIMARY <b>20</b> 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE / PASSING/OFF ROAD	11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITION) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS / SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS <input type="checkbox"/> 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
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SEQUENCE OF EVENTS 1 <b>05</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b> 99 - UNKNOWN	NON-COLLISION EVENTS 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 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION
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COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (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 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION B OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER 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 - PORTABLE BARRIER	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE	41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX	48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
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UNIT SPEED <b>35</b> <input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED	POSTED SPEED <b>35</b>	TRAFFIC CONTROL <b>04</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 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS	13 - CROSSWALK LINES 14 - WALK/DONT WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM <b>1</b> TO <b>2</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST	9 - UNKNOWN
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UNIT

LOCAL REPORT NUMBER 14MPD1492

UNIT NUMBER 02, OWNER NAME: JARVIS, JAMES D, OWNER PHONE NUMBER: (740)485-3350, DAMAGE SCALE 2, DAMAGE AREA FRONT, 207 E WALNUT ST. APT 11B DANVILLE OH 43014, LP STATE OH, LICENSE PLATE NUMBER EWB7597, VEHICLE IDENTIFICATION NUMBER 1FTCR15X8PPB78920, OCCUPANTS 1, VEHICLE YEAR 1993, VEHICLE MAKE FORD, VEHICLE MODEL RANGER, VEHICLE COLOR RED, INSURANCE COMPANY UNITED OHIO INSURANCE CO., POLICY NUMBER NSA1136639 00, TOWED BY, CARRIER NAME, ADDRESS, CITY, STATE, ZIP, CARRIER PHONE - INCLUDE AREA CODE

US DOT, VEHICLE WEIGHT GVWR/GCWR, CARGO BODY TYPE 01, TRAFFICWAY DESCRIPTION 1, HM PLACARD ID NO., HM CLASS NUMBER, HAZARDOUS MATERIAL RELEASED, NON-MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE 1, UNIT TYPE 07, MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS, BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER), 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES, 21 - BUS/VAN (9-15 SEATS, INC DRIVER), 14 - SINGLE UNIT TRUCK; 3+ AXLES, 22 - BUS (16+ SEATS, INC DRIVER), 15 - SINGLE UNIT TRUCK / TRAILER, NON-MOTORIST, 16 - TRUCK/TRACTOR (BOBTAIL), 23 - ANIMAL WITH RIDER, 17 - TRACTOR/SEMI-TRAILER, 24 - ANIMAL WITH BUGGY, WAGON, SURREY, 18 - TRACTOR/DOUBLE, 25 - BICYCLE/PEDALCYCLIST, 19 - TRACTOR/TRIPLES, 26 - PEDESTRIAN/SKATER, 20 - OTHER MED/HEAVY VEHICLE, 27 - OTHER NON-MOTORIST, HAS HM PLACARD

SPECIAL FUNCTION 01, MOST DAMAGED AREA 10, IMPACT AREA 10, ACTION 4, PRE-CRASH ACTION 01, MOTORIST, NON-MOTORIST, CONTRIBUTING CIRCUMSTANCES, VEHICLE DEFECTS

SEQUENCE OF EVENTS, COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED, COLLISION WITH FIXED OBJECT, UNIT SPEED 0, POSTED SPEED 35, TRAFFIC CONTROL 04, UNIT DIRECTION FROM 1 TO 2

UNIT SPEED 0, POSTED SPEED 35, TRAFFIC CONTROL 04, UNIT DIRECTION FROM 1 TO 2, 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 - PERSON (FLAGGER, OFFICER), 12 - PAVEMENT MARKINGS, 13 - CROSSWALK LINES, 14 - WALK/DONT WALK, 15 - OTHER, 16 - NOT REPORTED, 1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST, 5 - NORTHEAST, 6 - NORTHWEST, 7 - SOUTHEAST, 8 - SOUTHWEST, 9 - UNKNOWN

UNIT SPEED 0, POSTED SPEED 35, TRAFFIC CONTROL 04, UNIT DIRECTION FROM 1 TO 2, 14 - PEDESTRIAN, 15 - PEDALCYCLE, 16 - RAILWAY VEHICLE (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 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE, 24 - OTHER MOVABLE 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 - PORTABLE BARRIER, 33 - MEDIAN CABLE BARRIER, 34 - MEDIAN GUARDRAIL BARRIER, 35 - MEDIAN CONCRETE BARRIER, 36 - MEDIAN OTHER BARRIER, 37 - TRAFFIC SIGN POST, 38 - OVERHEAD SIGN POST, 39 - LIGHT/LUMINARIES SUPPORT, 40 - UTILITY POLE, 41 - OTHER POST, POLE OR SUPPORT, 42 - CULVERT, 43 - CURB, 44 - DITCH, 45 - EMBANKMENT, 46 - FENCE, 47 - MAILBOX, 48 - TREE, 49 - FIRE HYDRANT, 50 - WORK ZONE MAINTENANCE EQUIPMENT, 51 - WALL, BUILDING, TUNNEL, 52 - OTHER FIXED OBJECT, 10 - CROSS MEDIAN, 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL, 12 - DOWNHILL RUNAWAY, 13 - OTHER NON-COLLISION

UNIT SPEED 0, POSTED SPEED 35, TRAFFIC CONTROL 04, UNIT DIRECTION FROM 1 TO 2, 01 - NONE, 02 - FAILURE TO YIELD, 03 - RAN RED LIGHT, 04 - RAN STOP SIGN, 05 - EXCEEDED SPEED LIMIT, 06 - UNSAFE SPEED, 07 - IMPROPER TURN, 08 - LEFT OF CENTER, 09 - FOLLOWED TOO CLOSELY/ACDA, 10 - IMPROPER LANE CHANGE / PASSING/OFF ROAD, 11 - IMPROPER BACKING, 12 - IMPROPER START FROM PARKED POSITION, 13 - STOPPED OR PARKED ILLEGALLY, 14 - OPERATING VEHICLE IN NEGLIGENT MANNER, 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITION), 16 - WRONG SIDE/WRONG WAY, 17 - FAILURE TO CONTROL, 18 - VISION OBSTRUCTION, 19 - OPERATING DEFECTIVE EQUIPMENT, 20 - LOAD SHIFTING/FALLING/SPILLING, 21 - OTHER IMPROPER ACTION, 22 - NONE, 23 - IMPROPER CROSSING, 24 - DARTING, 25 - LYING AND/OR ILLEGALLY IN ROADWAY, 26 - FAILURE TO YIELD RIGHT OF WAY, 27 - NOT VISIBLE (DARK CLOTHING), 28 - INATTENTIVE, 29 - FAILURE TO OBEY TRAFFIC SIGNS/SIGNALS/OFFICER, 30 - WRONG SIDE OF THE ROAD, 31 - OTHER NON-MOTORIST ACTION, 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

UNIT SPEED 0, POSTED SPEED 35, TRAFFIC CONTROL 04, UNIT DIRECTION FROM 1 TO 2, 01 - NONE, 02 - TAXI, 03 - RENTAL TRUCK (OVER 10K LBS), 04 - BUS - SCHOOL (PUBLIC OR PRIVATE), 05 - BUS - TRANSIT, 06 - BUS - CHARTER, 07 - BUS - SHUTTLE, 08 - BUS - OTHER, 09 - AMBULANCE, 10 - FIRE, 11 - HIGHWAY/MAINTENANCE, 12 - MILITARY, 13 - POLICE, 14 - PUBLIC UTILITY, 15 - OTHER GOVERNMENT, 16 - CONSTRUCTION EQUIP., 17 - FARM VEHICLE, 18 - FARM EQUIPMENT, 19 - MOTORHOME, 20 - GOLF CART, 21 - TRAIN, 22 - OTHER (EXPLAIN IN NARRATIVE), 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, 1 - NON-CONTACT, 2 - NON-COLLISION, 3 - STRIKING, 4 - STRUCK, 5 - STRIKING/STRUCK, 9 - UNKNOWN

UNIT SPEED 0, POSTED SPEED 35, TRAFFIC CONTROL 04, UNIT DIRECTION FROM 1 TO 2, 01 - NONE, 02 - TAXI, 03 - RENTAL TRUCK (OVER 10K LBS), 04 - BUS - SCHOOL (PUBLIC OR PRIVATE), 05 - BUS - TRANSIT, 06 - BUS - CHARTER, 07 - BUS - SHUTTLE, 08 - BUS - OTHER, 09 - AMBULANCE, 10 - FIRE, 11 - HIGHWAY/MAINTENANCE, 12 - MILITARY, 13 - POLICE, 14 - PUBLIC UTILITY, 15 - OTHER GOVERNMENT, 16 - CONSTRUCTION EQUIP., 17 - FARM VEHICLE, 18 - FARM EQUIPMENT, 19 - MOTORHOME, 20 - GOLF CART, 21 - TRAIN, 22 - OTHER (EXPLAIN IN NARRATIVE), 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, 1 - NON-CONTACT, 2 - NON-COLLISION, 3 - STRIKING, 4 - STRUCK, 5 - STRIKING/STRUCK, 9 - UNKNOWN



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

14MPD1492

Motorist / Non-Motorist	UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE Hoover, Timothy, E	DATE OF BIRTH 09/18/1965	AGE 48	GENDER M F - FEMALE M - MALE						
	ADDRESS, CITY, STATE, ZIP 7783 TWP Rd 306, ,Milersburg ,OH,44654			CONTACT PHONE - INCLUDE AREA CODE (330)674-8121							
	INJURIES 1	INJURED TAKEN BY [ ]	EMS AGENCY [ ]	MEDICAL FACILITY INJURED TAKEN TO [ ]	SAFETY EQUIPMENT USED 99	DOT COMPLIANT MOTORCYCLE HELMET [ ]	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER RS296202	OL CLASS 2	NO VALID OL [ ]	MIC END [ ]	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE [ ]	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED ( [ ] LOCAL CODE ) [ ]		OFFENSE DESCRIPTION [ ]		CITATION NUMBER [ ]		HANDS-FREE DEVICE USED [ ]		DRIVER DISTRACTED BY 1 [ ]			

Motorist / Non-Motorist	UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE Jarvis, James, D	DATE OF BIRTH 07/03/1975	AGE 39	GENDER M F - FEMALE M - MALE						
	ADDRESS, CITY, STATE, ZIP 207 E Walnut St. Apt 11B, ,Danville,OH,43014			CONTACT PHONE - INCLUDE AREA CODE (740)485-3350							
	INJURIES 1	INJURED TAKEN BY [ ]	EMS AGENCY [ ]	MEDICAL FACILITY INJURED TAKEN TO [ ]	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET [ ]	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER RP410239	OL CLASS 4	NO VALID OL [ ]	MIC END [ ]	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE [ ]	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED ( [ ] LOCAL CODE ) [ ]		OFFENSE DESCRIPTION [ ]		CITATION NUMBER [ ]		HANDS-FREE DEVICE USED [ ]		DRIVER DISTRACTED BY 1 [ ]			

INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE, USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT ONLY USED NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE Clothing 13 - LIGHTING 14 - OTHER	SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN - UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MCMOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBC NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST, REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING / E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION