

ACS 9-29-14



TRAFFIC CRASH REPORT

LOCAL INFORMATION				LOCAL REPORT NUMBER * 14MPD1614	CRASH SEVERITY 3 1-FATAL 2-INJURY 3-PDO	HIT/SKIP <input type="checkbox"/> 1-SOLVED <input type="checkbox"/> 2-UNSOLVED
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <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 * 03801	REPORTING AGENCY NAME * MILLERSBURG POLICE DEPARTMENT	NUMBER OF UNITS 2	UNIT IN ERROR 01 98-ANIMAL 99-UNKNOWN
COUNTY * 38	<input checked="" type="checkbox"/> CITY * MILLERSBURG	CITY, VILLAGE, TOWNSHIP * MILLERSBURG	CRASH DATE * 9/28/2014	TIME OF CRASH 09:33	DAY OF WEEK SUN	
DEGREES / MINUTES / SECONDS LATITUDE 40332470			DECIMAL DEGREES LONGITUDE -81549040			
ROADWAY DIVISION <input checked="" type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL <input type="checkbox"/> N-NORTHBOUND <input type="checkbox"/> S-SOUTHBOUND	NUMBER OF THRU LANES 2	ROAD TYPES OR MILEPOST ² 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			
LOCATION ROUTE TYPE 1	LOCATION ROUTE NUMBER	LOC PREFIX E N.S. E.W.	LOCATION ROAD NAME JACKSON ST	ROUTE TYPES ¹ ST IR-INTERSTATE ROUTE (INC. TURNPIKE) US-US ROUTE SR-STATE ROUTE	CR-NUMBERED COUNTY ROUTE TR-NUMBERED TOWNSHIP ROUTE	
DISTANCE FROM REFERENCE POINT 3	REFERENCE MILES <input checked="" type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR FROM REF N N.S. E.W.	REFERENCE ROUTE TYPE	REFERENCE ROUTE NUMBER	REF PREFIX N N.S. E.W.	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) CRAWFORD
REFERENCE POINT USED 1 1-INTERSECTION 2-MILE POST 3-HOUSE NUMBER	CRASH LOCATION 03 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/ALLEY ACCESS	11-RAILWAY GRADE CROSSING 12-SHARED-USE PATHS OR TRAILS 99-UNKNOWN	<input type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT 1 1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFICWAY 9-UNKNOWN	
ROAD CONTOUR 1 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL	ROAD CONDITIONS 01 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 99-UNKNOWN	*SECONDARY CONDITION ONLY	
MANNER OF CRASH COLLISION/IMPACT 1 1-NOT COLLISION BETWEEN TWO MOTOR 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			WEATHER 1 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL 6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-OTHER/UNKNOWN			
ROAD SURFACE 2 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 6-OTHER	LIGHT CONDITIONS 1 PRIMARY SECONDARY 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	<input type="checkbox"/> SCHOOL ZONE RELATED	SCHOOL BUS 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"/> 2-LANE SHIFT/CROSSOVER <input type="checkbox"/> 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 <input type="checkbox"/> 2-ADVANCE WARNING AREA <input type="checkbox"/> 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA			
NARRATIVE Unit #1 Was heading West on Jackson St then driver turned into on coming traffic to turn on to Crawford St. striking Unit #2 causing damage to both vehicles. All parties stated that there was no injuries. Both Units were able to drive away from the scene.						
<p style="text-align: right;"><i>Not To Scale</i></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 ODP)				
DATE CRASH REPORTED 9/28/2014	TIME CRASH REPORTED 09:33	DISPATCH TIME 09:34	ARRIVAL TIME 09:36	TIME CLEARED 10:01	OTHER INVESTIGATION TIME 0	TOTAL MINUTES 27
OFFICER'S NAME* PTL. ROBERT P. HARTMAN			OFFICER'S BADGE NUMBER 120	CHECKED BY 100		



UNIT

LOCAL REPORT NUMBER
14MPD1614

UNIT NUMBER: 01, OWNER NAME: BALLACCHINO, CHRISTINE, OWNER PHONE NUMBER, DAMAGE SCALE: 2, DAMAGE AREA: FRONT, REAR, 1-NONE, 2-MINOR, 3-FUNCTIONAL, 4-DISABLING, 9-UNKNOWN, LP STATE: OH, LICENSE PLATE NUMBER: CL87MW, VEHICLE IDENTIFICATION NUMBER: 1J4PN2GK3AW111962, #OCCUPANTS: 1, VEHICLE YEAR: 2010, VEHICLE MAKE: JEEP, VEHICLE MODEL: LIBERTY, VEHICLE COLOR: TAN, INSURANCE COMPANY: NATIONWIDE, POLICY NUMBER: P234K124461, CARRIER NAME, ADDRESS, CITY, STATE, ZIP, CARRIER PHONE - INCLUDE AREA CODE

US DOT, HM PLACARD ID NO., HM CLASS NUMBER, VEHICLE WEIGHT GVWR/GCWR, CARGO BODY TYPE: 01, TRAFFICWAY DESCRIPTION: 1, 1-TWO-WAY, NOT DIVIDED, 2-TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE, 3-TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIAN, 4-TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER, 5-ONE-WAY TRAFFICWAY, HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT: 5, TYPE OF USE: 1, UNIT TYPE: 06, PASSENGER VEHICLES (LESS THAN 9 PASSENGERS), 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, 14-SINGLE UNIT TRUCK / 3+ AXLES, 15-SINGLE UNIT TRUCK / TRAILER, 16-TRACTOR/TRACTOR (BOBTAIL), 17-TRACTOR/SEMI-TRAILER, 18-TRACTOR/DOUBLE, 19-TRACTOR/TRIPLES, 20-OTHER MED/HEAVY VEHICLE, 21-BUS/VAN (9-15 SEATS, INC DRIVER), 22-BUS (16+ SEATS, INC DRIVER), 23-ANIMAL WITH RIDER, 24-ANIMAL WITH BUGGY, WAGON, SURREY, 25-BICYCLE/PEDALCYCLIST, 26-PEDESTRIAN/SKATER, 27-OTHER NON-MOTORIST, HAS HM PLACARD

SPECIAL FUNCTION: 01, 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: 03, 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: 3, 1-NON-CONTACT, 2-NON-COLLISION, 3-STRIKING, 4-STRUCK, 5-STRIKING/STRUCK, 9-UNKNOWN

PRE-CRASH ACTION: 06, 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

CONTRIBUTING CIRCUMSTANCES: PRIMARY: 02, MOTORIST: 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-FAILURE TO YIELD, 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: 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

SEQUENCE OF EVENTS: 1-20, 2, 3, 4, 5, 6, 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, 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

UNIT SPEED: 0, POSTED SPEED: 25, TRAFFIC CONTROL: 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-PERSON (FLAGGER, OFFICER), 12-PAVEMENT MARKINGS, 13-CROSSWALK LINES, 14-WALK/DON'T WALK, 15-OTHER, 16-NOT REPORTED, UNIT DIRECTION: FROM 3 TO 2, 1-NORTH, 2-SOUTH, 3-EAST, 4-WEST, 5-NORTHEAST, 6-NORTHWEST, 7-SOUTHEAST, 8-SOUTHWEST, 9-UNKNOWN



UNIT

LOCAL REPORT NUMBER
14MPD1614

UNIT NUMBER 02	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> (SAME AS DRIVER) GEIBEL, GREG	OWNER PHONE NUMBER - INC, AREA C <input type="checkbox"/> (SAME AS DRIVER)	DAMAGE SCALE 2	DAMAGE AREA
OWNER ADDRESS: CITY, STATE, ZIP <input type="checkbox"/> (SAME AS DRIVER) 640 PARKVIEW AVE PITTSBURGH PA 15202			1 - NONE	
LP STATE PA	LICENSE PLATE NUMBER FPP3065	VEHICLE IDENTIFICATION NUMBER JA4JT3AW4DU021149	2 - MINOR	
VEHICLE YEAR 2013	VEHICLE MAKE MITSUBISHI	VEHICLE MODEL OTHER	3 - FUNCTIONAL	
VEHICLE COLOR WHITE	PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY ERIE INSURANCE	4 - DISABLING	
POLICY NUMBER Q102305646	TOWED BY		9 - UNKNOWN	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE - INCLUDE AREA CODE	

US DOT	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS. <input type="checkbox"/> 2 - 10,001 TO 26,000 LBS. <input type="checkbox"/> 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE 01 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 1 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.	HAZARDOUS MATERIAL RELEASED <input type="checkbox"/>	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 5 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 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 06 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 - MOTORIZED 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/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
<input type="checkbox"/> HAS HM PLACARD				

SPECIAL FUNCTION 01 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 02 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	99 - UNKNOWN	ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING TRUCK 9 - UNKNOWN
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PRE-CRASH ACTION 01	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 01 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN SECONDARY 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 99 - UNKNOWN 10 - IMPROPER LANE CHANGE / PASSING/OFF ROAD	MOTORIST 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 20 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 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	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 0 <input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED	POSTED SPEED 25	TRAFFIC CONTROL 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 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS	13 - CROSSWALK LINES 14 - WALK/DONT WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM 3 TO 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
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MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

14MPD1614

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE Ballacchino, Christine,	DATE OF BIRTH 08/03/1945	AGE 69	GENDER F F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP 11801 Oak Valley Rd, ,Fresno,OH,43824			CONTACT PHONE - INCLUDE AREA CODE								
INJURIES 1	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER RF135590	OL CLASS 4	<input type="checkbox"/> NO VALID OL	<input type="checkbox"/> M/C 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 (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION			CITATION NUMBER		<input type="checkbox"/> HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY 1			

UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE Geibel, Greg,	DATE OF BIRTH 04/07/1970	AGE 44	GENDER M F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP 640 Parkview Ave, ,Pittsburgh,PA,15202			CONTACT PHONE - INCLUDE AREA CODE (412)629-0803								
INJURIES 1	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE PA	OPERATOR LICENSE NUMBER 22059983	OL CLASS 4	<input type="checkbox"/> NO VALID OL	<input type="checkbox"/> M/C 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 (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION			CITATION NUMBER		<input type="checkbox"/> 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 99 - UNKNOWN SAFETY EQUIPMENT	99 - UNKNOWN SAFETY EQUIPMENT	NON-MOTORIST 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 '01') 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 - HBD 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 (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION

UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE Geibel, Jennifer, R	DATE OF BIRTH 02/06/1980	AGE 34	GENDER F F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP 640 Parkview Ave, , Pittsburgh, PA,15202			CONTACT PHONE - INCLUDE AREA CODE (412)629-0803						
INJURIES 1	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1