



# TRAFFIC CRASH REPORT

4-15-15

LOCAL INFORMATION LOCAL REPORT NUMBER * <b>15MPD0570</b>				CRASH SEVERITY <input checked="" type="checkbox"/> 1 - FATAL <input type="checkbox"/> 2 - INJURY <input type="checkbox"/> 3 - PDO		HITSKIP <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-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> <small>88 - ANIMAL 99 - UNKNOWN</small>			
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>4/15/2015</b>		TIME OF CRASH <b>10:05</b>		DAY OF WEEK <b>WED</b>			
DEGREES / MINUTES / SECONDS LATITUDE <b>40320800</b>						OR		DECIMAL DEGREES LONGITUDE <b>-81550106</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>2</b>		ROAD TYPES OR MILEPOST 2 <small>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</small>									
<input type="checkbox"/> LOCATION ROUTE TYPE 1		LOCATION ROUTE NUMBER		LOC PREFIX <input checked="" type="checkbox"/> N.S. <input type="checkbox"/> E.W		LOCATION ROAD NAME <b>WASHINGTON STREET</b>		LOCATION ROUTE TYPE 2 <b>ST</b>		ROUTE TYPES 1 <small>IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE          US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE          SR - STATE ROUTE</small>					
DISTANCE FROM REFERENCE POINT USED <input type="checkbox"/> 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 <b>1586 S WASHINGTON STREET</b>		REF PREFIX <input checked="" type="checkbox"/> N.S. <input type="checkbox"/> E.W		REFERENCE NAME (ROAD, MILEPOST, HOUSE #) <b>1586 S WASHINGTON STREET</b>		REFERENCE ROAD 1 TYPE			
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"/> 02 - FOUR-WAY INTERSECTION <input type="checkbox"/> 03 - T-INTERSECTION <input type="checkbox"/> 04 - Y-INTERSECTION <input type="checkbox"/> 05 - TRAFFIC CIRCLE/ROUNDBOUT		<input type="checkbox"/> 06 - FIVE-POINT, OR MORE <input type="checkbox"/> 07 - ON RAMP <input type="checkbox"/> 08 - OFF RAMP <input type="checkbox"/> 09 - CROSSOVER <input type="checkbox"/> 10 - DRIVEWAY/ ALLEY ACCESS		<input type="checkbox"/> 11 - RAILWAY GRADE CROSSING <input type="checkbox"/> 12 - SHARED-USE PATHS OR TRAILS <input type="checkbox"/> 99 - UNKNOWN		<input type="checkbox"/> INTERSECTION RELATED		LOCATION OF FIRST HARMFUL EVENT <input checked="" type="checkbox"/> 1 - ON ROADWAY <input type="checkbox"/> 2 - ON SHOULDER <input type="checkbox"/> 3 - IN MEDIAN <input type="checkbox"/> 4 - ON ROADSIDE <input type="checkbox"/> 5 - ON GORE <input type="checkbox"/> 6 - OUTSIDE TRAFFICWAY <input type="checkbox"/> 9 - UNKNOWN					
ROAD CONTOUR <input checked="" type="checkbox"/> 1 - STRAIGHT LEVEL <input type="checkbox"/> 2 - STRAIGHT GRADE <input type="checkbox"/> 3 - CURVE LEVEL <input type="checkbox"/> 4 - CURVE GRADE <input type="checkbox"/> 9 - UNKNOWN				ROAD CONDITIONS PRIMARY <input checked="" type="checkbox"/> 01 SECONDARY <input type="checkbox"/>				<input type="checkbox"/> 01 - DRY <input type="checkbox"/> 02 - WET <input type="checkbox"/> 03 - SNOW <input type="checkbox"/> 04 - ICE <input type="checkbox"/> 05 - SAND, MUD, DIRT, OIL, GRAVEL <input type="checkbox"/> 06 - WATER (STANDING, MOVING) <input type="checkbox"/> 07 - SLUSH <input type="checkbox"/> 08 - DEBRIS *				<input type="checkbox"/> 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT * <input type="checkbox"/> 10 - OTHER <input type="checkbox"/> 99 - UNKNOWN <small>*SECONDARY CONDITION ONLY</small>			
MANNER OF CRASH COLLISION/IMPACT <input checked="" type="checkbox"/> 6 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT <input type="checkbox"/> 2 - REAR-END <input type="checkbox"/> 3 - HEAD-ON <input type="checkbox"/> 4 - REAR-TO-REAR <input type="checkbox"/> 5 - BACKING <input type="checkbox"/> 6 - ANGLE <input type="checkbox"/> 7 - SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 8 - SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 9 - UNKNOWN				WEATHER <input checked="" type="checkbox"/> 2 - CLOUDY <input type="checkbox"/> 1 - CLEAR <input type="checkbox"/> 3 - FOG, SMOG, SMOKE <input type="checkbox"/> 4 - RAIN <input type="checkbox"/> 5 - SLEET, HAIL <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											
<input checked="" type="checkbox"/> 2 - CONCRETE <input type="checkbox"/> 1 - BLACKTOP, BITUMINOUS, ASPHALT <input type="checkbox"/> 3 - BRICK/BLOCK		<input type="checkbox"/> 4 - SLAG, GRAVEL, STONE <input type="checkbox"/> 5 - DIRT <input type="checkbox"/> 6 - OTHER		LIGHT CONDITIONS <input checked="" type="checkbox"/> 1 - PRIMARY <input type="checkbox"/> 2 - SECONDARY <input type="checkbox"/> 1 - DAYLIGHT <input type="checkbox"/> 2 - DAWN <input type="checkbox"/> 3 - DUSK <input type="checkbox"/> 4 - DARK - LIGHTED ROADWAY		<input type="checkbox"/> 5 - DARK - ROADWAY NOT LIGHTED <input type="checkbox"/> 6 - DARK - UNKNOWN ROADWAY LIGHTING <input type="checkbox"/> 7 - GLARE * <input type="checkbox"/> 8 - OTHER <small>*SECONDARY CONDITION ONLY</small>		<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"/> 2 - LANE SHIFT/ CROSSOVER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK <input type="checkbox"/> 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 <input type="checkbox"/> 4 - ACTIVITY AREA <input type="checkbox"/> 5 - TERMINATION AREA											
NARRATIVE Unit number two was Northbound on Washington street when unit number one attempted to enter the Northbound lane from the center turn lane and struck unit number two.															
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 ODDS)													
DATE CRASH REPORTED <b>4/15/2015</b>		TIME CRASH REPORTED <b>10:09</b>		DISPATCH TIME <b>10:09</b>		ARRIVAL TIME <b>10:09</b>		TIME CLEARED <b>10:23</b>		OTHER INVESTIGATION TIME <b>30</b>		TOTAL MINUTES <b>44</b>			
OFFICER'S NAME * <b>CAPT. KIM HERMAN</b>						OFFICER'S BADGE NUMBER <b>101</b>		CHECKED BY <b>100</b>							

UNIT NUMBER <b>01</b>	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> (SAME AS DRIVER) <b>HOXWORTH PAUL R JR</b>	OWNER PHONE NUMBER - INC, AREA C <input type="checkbox"/> (SAME AS DRIVER) <b>(330)231-1530</b>	DAMAGE SCALE <b>2</b>	DAMAGE AREA FRONT 09 02 03 08 10 04 07 06 05 REAR
OWNER ADDRESS: CITY, STATE, ZIP <input type="checkbox"/> (SAME AS DRIVER) <b>1817 SR 83 UNIT 377 MILLERSBURG OH 44654</b>			1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN	
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>EXY6873</b>	VEHICLE IDENTIFICATION NUMBER <b>1GNEK13T41J132693</b>	#OCCUPANTS <b>1</b>	
VEHICLE YEAR <b>2001</b>	VEHICLE MAKE <b>CHEVROLET</b>	VEHICLE MODEL <b>TAHOE</b>	VEHICLE COLOR <b>TAN</b>	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY <b>STATE FARM</b>	POLICY NUMBER <b>452-0663-F04-35C</b>	TOWED BY	
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 <b>01</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 <input type="checkbox"/> 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>1</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>06</b> 99 - UNKNOWN OR HIT/SKIP 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 <b>01</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>03</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>3</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
--	---	---	--	--	--

PRE - CRASH ACTION <b>03</b> MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN	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 <b>02</b> 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN SECONDARY <input type="checkbox"/> 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 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
--	---	--	--

SEQUENCE OF EVENTS 1 <b>20</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
--	---	--	---

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 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
--	---	---	--	--	--

UNIT SPEED <b>25</b> <input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED	POSTED SPEED <b>35</b>	TRAFFIC CONTROL <b>12</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>2</b> TO <b>5</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
---	---------------------------	---	--	--	--



UNIT

LOCAL REPORT NUMBER

15MPD0570

UNIT NUMBER <b>02</b>		OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> (SAME AS DRIVER) <b>MASON DRILLING INC.</b>		OWNER PHONE NUMBER - INC, AREA C <input type="checkbox"/> (SAME AS DRIVER) <b>(330)674-1599</b>		DAMAGE SCALE <b>2</b>		DAMAGE AREA 	
OWNER ADDRESS: CITY, STATE, ZIP <input type="checkbox"/> (SAME AS DRIVER) <b>5209 CR 349 MILLERSBURG OH 44654</b>									
LP STATE <b>OH</b>		LICENSE PLATE NUMBER <b>PHG1835</b>		VEHICLE IDENTIFICATION NUMBER <b>1GCSKSE30AZ131721</b>		#OCCUPANTS <b>1</b>		3-FUNCTIONAL	
VEHICLE YEAR <b>2010</b>		VEHICLE MAKE <b>CHEVROLET</b>		VEHICLE MODEL <b>SILVERADO</b>		VEHICLE COLOR <b>BLUE</b>		4-DISABLING	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN		INSURANCE COMPANY <b>HABRUN</b>		POLICY NUMBER <b>41-172-553-00</b>		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 <b>01</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		<input type="checkbox"/> HIT / SKIP UNIT	
HM PLACARD ID NO.		<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED		PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) <b>07</b> 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/PEDALCYCLIST 26- PEDESTRIAN/SKATER 27- OTHER NON-MOTORIST	
NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/> 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>1</b> 1- PERSONAL 2- COMMERCIAL 3- GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		UNIT TYPE <b>07</b> 99- UNKNOWN OR HIT/SKIP		<input type="checkbox"/> HAS HM PLACARD			
SPECIAL FUNCTION <b>01</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>08</b> 01- NONE 02- CENTER FRONT 03- RIGHT FRONT 04- RIGHT SIDE 05- RIGHT REAR 06- REAR CENTER 07- LEFT REAR		ACTION <b>4</b> 1- NON-CONTACT 2- NON-COLLISION 3- STRIKING 4- STRUCK 5- STRIKING/STUCK 9- UNKNOWN	
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 99- UNKNOWN 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 <b>01</b> 01- NONE 02- FAILURE TO YIELD 03- RAN RED LIGHT 04- RAN STOP SIGN SECONDARY <input type="checkbox"/> 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		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			
SEQUENCE OF EVENTS 1 <b>20</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			
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 51- WALL, BUILDING, TUNNEL 52- OTHER FIXED OBJECT									
UNIT SPEED <b>35</b> <input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED		POSTED SPEED <b>35</b>		TRAFFIC CONTROL <b>12</b> 01- NO CONTRDLS 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 <b>2</b> TO <b>1</b> 1- NORTH 2- SOUTH 3- EAST 4- WEST 5- NORTHEAST 6- NORTHWEST 7- SOUTHEAST 8- SOUTHWEST 9- UNKNOWN			



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

15MPD0570

Motorist / Non-Motorist	UNIT NUMBER	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER				
	01	Hoxworth - Uhl, Katheryn, G			01/09/1942	73	F - FEMALE M - MALE				
	ADDRESS, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
1817 SR 83 Unit 377, Millersburg, OH, 44654					(330)231-1530						
INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
1				04		01	1	1	1		
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M/C END	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OH	RU069003	4			1	1	1	1		1	1
OFFENSE CHARGED (LOCAL CODE)		OFFENSE DESCRIPTION			CITATION NUMBER		HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY			
								1			

Motorist / Non-Motorist	UNIT NUMBER	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER				
	02	Mason, Carri, A			08/02/1986	28	F - FEMALE M - MALE				
	ADDRESS, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
5560 TR 315, Millersburg, OH, 44654					(330)763-0362						
INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
1				04		01	1	1	1		
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M/C END	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OH	SL945796	4			1	1	1	1		1	1
OFFENSE CHARGED (LOCAL CODE)		OFFENSE DESCRIPTION			CITATION NUMBER		HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY			
								1			

INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED		99 - UNKNOWN SAFETY EQUIPMENT		
1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	MOTORIST	NON-MOTORIST			
		01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT ONLY USED	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			AIR BAG USAGE			
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 17 - UNKNOWN			1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONTSIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
EJECTION	TRAPPED	OPERATOR LICENSE CLASS	CONDITION	ALCOHOL/DRUG SUSPECTED		
1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS 'D') 5 - MCMOPED ONLY	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 TEST STATUS	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE	DRIVER DISTRACTED BY		
1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	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		