

5-18-15 SLS



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
15MPD0747	3 1-FATAL 2-INJURY 3-PDO	<input type="checkbox"/> 1-SOLVED <input type="checkbox"/> 2-UNSOLVED

<input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" 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 checked="" type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC * 03801	REPORTING AGENCY NAME * MILLERSBURG POLICE DEPARTMENT	NUMBER OF UNITS 1	UNIT IN ERROR 01 98-ANIMAL 99-UNKNOWN
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COUNTY * 38	<input type="checkbox"/> CITY * <input checked="" type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * MILLERSBURG	CRASH DATE * 5/13/2015	TIME OF CRASH 14:55	DAY OF WEEK WED
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DEGREES / MINUTES / SECONDS	DECIMAL DEGREES
LATITUDE 40335699	LONGITUDE -81551701

ROADWAY DIVISION <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 1	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 SO-SQUARE TL-TRAIL
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LOCATION ROUTE TYPE 1	LOCATION ROUTE NUMBER	LOC PREFIX <input type="checkbox"/> N.S. <input type="checkbox"/> E.W.	LOCATION ROAD NAME PRIVATE PROPERTY	DR LOCATION ROAD TYPE 2	ROUTE TYPES ¹ IR-INTERSTATE ROUTE (INC. TURNPIKE) CR-NUMBERED COUNTY ROUTE US-US ROUTE TR-NUMBERED TOWNSHIP ROUTE SR-STATE ROUTE
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DISTANCE FROM REFERENCE MILES 3	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 #) 1056 WOOSTER RD	REFERENCE ROAD TYPE 1
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REFERENCE POINT USED 3 1-INTERSECTION 2-MILE POST 3-HOUSE NUMBER	CRASH LOCATION 10 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 9 1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFICWAY 9-UNKNOWN
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ROAD CONTOUR 1 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-UNKNOWN	ROAD CONDITIONS PRIMARY 01 SECONDARY 99 01-DRY 02-WET 03-SNDW 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
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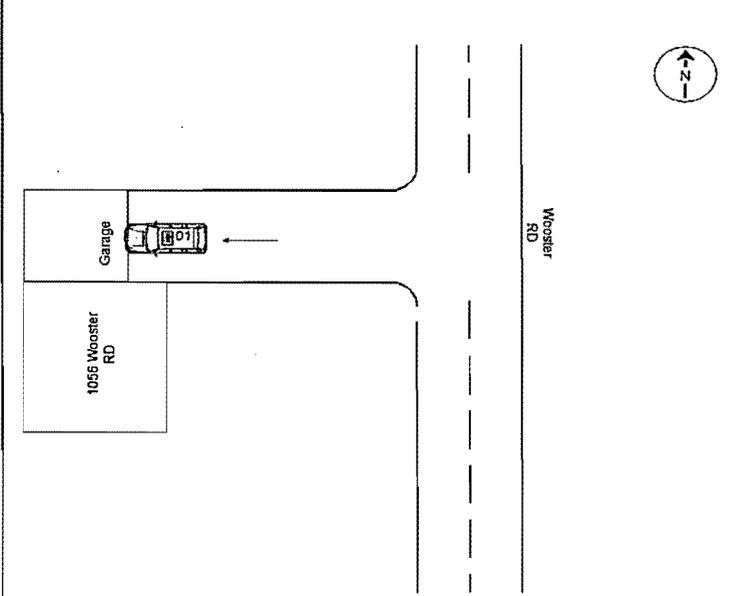
MANNER OF CRASH COLLISION/IMPACT 1 1-NDT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2-REAR-END 3-HEAD-ON 4-REAR-TO-REAR 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-UNKNOWN	WEATHER 1 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL 6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-OTHER/UNKNOWN
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ROAD SURFACE 1 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 6-OTHER	LIGHT CONDITIONS 1 1-PRIMARY 9-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 *SECONDARY CONDITION ONLY	<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
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<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 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER	LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE FIRST WORK ZONE WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA
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NARRATIVE

Unit #01 was parked in the driveway at 1056 Wooster RD, when he went to put his vehicle in reverse but instead put his vehicle in drive and ran into the garage door.



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 ODPSS)					
DATE CRASH REPORTED 5/13/2015	TIME CRASH REPORTED 14:55	DISPATCH TIME 14:55	ARRIVAL TIME 14:55	TIME CLEARED 15:11	OTHER INVESTIGATION TIME 0	TOTAL MINUTES 16
OFFICER'S NAME PTL. BENJAMIN H RUBENSTEIN	OFFICER'S BADGE NUMBER 119	CHECKED BY 100				

UNIT NUMBER 01		OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> (SAME AS DRIVER) MARION LEWIS		OWNER PHONE NUMBER - INC, AREA C <input type="checkbox"/> (SAME AS DRIVER) (330)231-1829		DAMAGE SCALE 2		DAMAGE AREA																					
OWNER ADDRESS: CITY, STATE, ZIP <input type="checkbox"/> (SAME AS DRIVER) 8400 CR 245 HOLMESVILLE OH 44633		LP STATE OH		LICENSE PLATE NUMBER GLW7702		VEHICLE IDENTIFICATION NUMBER 1j4nf26b2ad505467																							
VEHICLE YEAR 2010		VEHICLE MAKE JEEP		VEHICLE MODEL PATRIOT		VEHICLE COLOR RED																							
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN		INSURANCE COMPANY NATION WIDE		POLICY NUMBER 6716875		TOWED BY																							
CARRIER NAME, ADDRESS, CITY, STATE, ZIP								CARRIER PHONE - INCLUDE AREA CODE																					
US DOT		VEHICLE WEIGHT GVWR/GCWR		CARGO BODY TYPE				TRAFFICWAY DESCRIPTION																					
HM PLACARD ID NO.		<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.		<input type="checkbox"/> 01 01 - NO CARGO BODY TYPE/NOT APPLICABLE 09 - POLE <input type="checkbox"/> 02 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 10 - CARGO TANK <input type="checkbox"/> 03 03 - BUS (16+ SEATS, INC DRIVER) 11 - FLAT BED <input type="checkbox"/> 04 04 - VEHICLE TOWING ANOTHER VEHICLE 12 - DUMP <input type="checkbox"/> 05 05 - LOGGING 13 - CONCRETE MIXER <input type="checkbox"/> 06 06 - INTERMODAL CONTAINER CHASSIS 14 - AUTO TRANSPORTER <input type="checkbox"/> 07 07 - CARGO VAN/ENCLOSED BOX 15 - GARBAGE /REFUSE <input type="checkbox"/> 08 08 - GRAIN, CHIPS, GRAVEL 99 - OTHER/UNKNOWN				<input type="checkbox"/> 1 1 - T WO-WAY, NOT DIVIDED <input type="checkbox"/> 2 2 - T WO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE <input type="checkbox"/> 3 3 - T WO-WAY, DIVIDED, UNPROTECTED/PAINTED OR GRASS >4FT.) MEDIAN <input type="checkbox"/> 4 4 - T WO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER <input type="checkbox"/> 5 5 - ONE-WAY TRAFFICWAY																					
HM CLASS NUMBER		<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED		<input type="checkbox"/> 01 01 - INTERSECTION - MARKED CROSSWALK <input type="checkbox"/> 02 02 - INTERSECTION - NO CROSSWALK <input type="checkbox"/> 03 03 - INTERSECTION OTHER <input type="checkbox"/> 04 04 - MIDLOCK - MARKED CROSSWALK <input type="checkbox"/> 05 05 - TRAVEL LANE - OTHER LOCATION <input type="checkbox"/> 06 06 - BICYCLE LANE <input type="checkbox"/> 07 07 - SHOULDER/ROADSIDE <input type="checkbox"/> 08 08 - SIDEWALK <input type="checkbox"/> 09 09 - MEDIAN/CROSSING ISLAND <input type="checkbox"/> 10 10 - DRIVEWAY ACCESS <input type="checkbox"/> 11 11 - SHARED-USE PATH OR TRAIL <input type="checkbox"/> 12 12 - NON-TRAFFICWAY AREA <input type="checkbox"/> 99 99 - OTHER/UNKNOWN				<input type="checkbox"/> HIT / SKIP UNIT																					
NON-MOTORIST LOCATION PRIOR TO IMPACT		TYPE OF USE		UNIT TYPE		MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS		ACTION																					
<input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK <input type="checkbox"/> 02 - INTERSECTION - NO CROSSWALK <input type="checkbox"/> 03 - INTERSECTION OTHER <input type="checkbox"/> 04 - MIDLOCK - MARKED CROSSWALK <input type="checkbox"/> 05 - TRAVEL LANE - OTHER LOCATION <input type="checkbox"/> 06 - BICYCLE LANE <input type="checkbox"/> 07 - SHOULDER/ROADSIDE <input type="checkbox"/> 08 - SIDEWALK <input type="checkbox"/> 09 - MEDIAN/CROSSING ISLAND <input type="checkbox"/> 10 - DRIVEWAY ACCESS <input type="checkbox"/> 11 - SHARED-USE PATH OR TRAIL <input type="checkbox"/> 12 - NON-TRAFFICWAY AREA <input type="checkbox"/> 99 - OTHER/UNKNOWN		<input type="checkbox"/> 1 1 - PERSONAL <input type="checkbox"/> 2 2 - COMMERCIAL <input type="checkbox"/> 3 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		<input type="checkbox"/> 03 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) <input type="checkbox"/> 99 - UNKNOWN OR HIT/SKIP		<input type="checkbox"/> 13 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES <input type="checkbox"/> 14 14 - SINGLE UNIT TRUCK : 3+ AXLES <input type="checkbox"/> 15 15 - SINGLE UNIT TRUCK / TRAILER <input type="checkbox"/> 16 16 - TRUCK/TRACTOR (BOBTAIL) <input type="checkbox"/> 17 17 - TRACTOR/SEMI-TRAILER <input type="checkbox"/> 18 18 - TRACTOR/DOUBLE <input type="checkbox"/> 19 19 - TRACTOR/TRIPLES <input type="checkbox"/> 20 20 - OTHER MED/HEAVY VEHICLE		<input type="checkbox"/> 21 21 - BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) <input type="checkbox"/> 22 22 - BUS (16+ SEATS, INC DRIVER) <input type="checkbox"/> 23 23 - ANIMAL WITH RIDER <input type="checkbox"/> 24 24 - ANIMAL WITH BUGGY, WAGON, SURREY <input type="checkbox"/> 25 25 - BICYCLE/PEDACYCLIST <input type="checkbox"/> 26 26 - PEDESTRIAN/SKATER <input type="checkbox"/> 27 27 - OTHER NON-MOTORIST																					
SPECIAL FUNCTION		09 - AMBULANCE		17 - FARM VEHICLE		MOST DAMAGED AREA		ACTION																					
<input type="checkbox"/> 01 01 - NONE <input type="checkbox"/> 02 02 - TAXI <input type="checkbox"/> 03 03 - RENTAL TRUCK (OVER 10K LBS) <input type="checkbox"/> 04 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) <input type="checkbox"/> 05 05 - BUS - TRANSIT <input type="checkbox"/> 06 06 - BUS - CHARTER <input type="checkbox"/> 07 07 - BUS - SHUTTLE <input type="checkbox"/> 08 08 - BUS - OTHER		<input type="checkbox"/> 10 10 - FIRE <input type="checkbox"/> 11 11 - HIGHWAY/MAINTENANCE <input type="checkbox"/> 12 12 - MILITARY <input type="checkbox"/> 13 13 - POLICE <input type="checkbox"/> 14 14 - PUBLIC UTILITY <input type="checkbox"/> 15 15 - OTHER GOVERNMENT <input type="checkbox"/> 16 16 - CONSTRUCTION EQUIP.		<input type="checkbox"/> 18 18 - FARM EQUIPMENT <input type="checkbox"/> 19 19 - MOTORHOME <input type="checkbox"/> 20 20 - GOLF CART <input type="checkbox"/> 21 21 - TRAIN <input type="checkbox"/> 22 22 - OTHER (EXPLAIN IN NARRATIVE)		<input type="checkbox"/> 02 01 - NONE <input type="checkbox"/> 03 02 - CENTER FRONT <input type="checkbox"/> 04 03 - RIGHT FRONT <input type="checkbox"/> 05 04 - RIGHT SIDE <input type="checkbox"/> 06 05 - RIGHT REAR <input type="checkbox"/> 07 06 - REAR CENTER <input type="checkbox"/> 08 07 - LEFT REAR		<input type="checkbox"/> 08 08 - LEFT SIDE <input type="checkbox"/> 09 09 - LEFT FRONT <input type="checkbox"/> 10 10 - TOP AND WINDOWS <input type="checkbox"/> 11 11 - UNDERCARRIAGE <input type="checkbox"/> 12 12 - LOAD/TRAILER <input type="checkbox"/> 13 13 - TOTAL (ALL AREAS) <input type="checkbox"/> 14 14 - OTHER		<input type="checkbox"/> 3 1 - NON-CONTACT <input type="checkbox"/> 2 2 - NON-COLLISION <input type="checkbox"/> 3 3 - STRIKING <input type="checkbox"/> 4 4 - STRUCK <input type="checkbox"/> 5 5 - STRIKING/STRUCK <input type="checkbox"/> 9 9 - UNKNOWN																			
PRE-CRASH ACTION																													
<input type="checkbox"/> 01 MOTORIST <input type="checkbox"/> 01 01 - STRAIGHT AHEAD <input type="checkbox"/> 02 02 - BACKING <input type="checkbox"/> 03 03 - CHANGING LANES <input type="checkbox"/> 04 04 - OVERTAKING/PASSING <input type="checkbox"/> 05 05 - MAKING RIGHT TURN <input type="checkbox"/> 06 06 - MAKING LEFT TURN <input type="checkbox"/> 99 99 - UNKNOWN										<input type="checkbox"/> 01 NON-MOTORIST <input type="checkbox"/> 07 07 - MAKING U-TURN <input type="checkbox"/> 08 08 - ENTERING TRAFFIC LANE <input type="checkbox"/> 09 09 - LEAVING TRAFFIC LANE <input type="checkbox"/> 10 10 - PARKED <input type="checkbox"/> 11 11 - SLOWING OR STOPPED IN TRAFFIC <input type="checkbox"/> 12 12 - DRIVERLESS <input type="checkbox"/> 13 13 - NEGOTIATING A CURVE <input type="checkbox"/> 14 14 - OTHER MOTORIST ACTION																			
CONTRIBUTING CIRCUMSTANCES					VEHICLE DEFECTS																								
PRIMARY <input type="checkbox"/> 14 01 - NONE <input type="checkbox"/> 02 02 - FAILURE TO YIELD <input type="checkbox"/> 03 03 - RAN RED LIGHT <input type="checkbox"/> 04 04 - RAN STOP SIGN SECONDARY <input type="checkbox"/> 05 05 - EXCEEDED SPEED LIMIT <input type="checkbox"/> 06 06 - UNSAFE SPEED <input type="checkbox"/> 07 07 - IMPROPER TURN <input type="checkbox"/> 08 08 - LEFT OF CENTER <input type="checkbox"/> 09 09 - FOLLOWED TOO CLOSELY/ACDA <input type="checkbox"/> 10 10 - IMPROPER LANE CHANGE / PASSING/OFF ROAD 99 - UNKNOWN					MOTORIST <input type="checkbox"/> 11 11 - IMPROPER BACKING <input type="checkbox"/> 12 12 - IMPROPER START FROM PARKED POSITION <input type="checkbox"/> 13 13 - STOPPED OR PARKED ILLEGALLY <input type="checkbox"/> 14 14 - OPERATING VEHICLE IN NEGLIGENT MANNER <input type="checkbox"/> 15 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITION) <input type="checkbox"/> 16 16 - WRONG SIDE/WRONG WAY <input type="checkbox"/> 17 17 - FAILURE TO CONTROL <input type="checkbox"/> 18 18 - VISION OBSTRUCTION <input type="checkbox"/> 19 19 - OPERATING DEFECTIVE EQUIPMENT <input type="checkbox"/> 20 20 - LOAD SHIFTING/FALLING/SPILLING <input type="checkbox"/> 21 21 - OTHER IMPROPER ACTION					NON-MOTORIST <input type="checkbox"/> 22 22 - NONE <input type="checkbox"/> 23 23 - IMPROPER CROSSING <input type="checkbox"/> 24 24 - DARTING <input type="checkbox"/> 25 25 - LYING AND/OR ILLEGALLY IN ROADWAY <input type="checkbox"/> 26 26 - FAILURE TO YIELD RIGHT OF WAY <input type="checkbox"/> 27 27 - NOT VISIBLE (DARK CLOTHING) <input type="checkbox"/> 28 28 - INATTENTIVE <input type="checkbox"/> 29 29 - FAILURE TO OBEY TRAFFIC SIGNS / SIGNALS / OFFICER <input type="checkbox"/> 30 30 - WRONG SIDE OF THE ROAD <input type="checkbox"/> 31 31 - OTHER NON-MOTORIST ACTION					<input type="checkbox"/> 01 01 - TURN SIGNALS <input type="checkbox"/> 02 02 - HEAD LAMPS <input type="checkbox"/> 03 03 - TAIL LAMPS <input type="checkbox"/> 04 04 - BRAKES <input type="checkbox"/> 05 05 - STEERING <input type="checkbox"/> 06 06 - TIRE BLOWOUT <input type="checkbox"/> 07 07 - WORN OR SLICK TIRES <input type="checkbox"/> 08 08 - TRAILER EQUIPMENT DEFECTIVE <input type="checkbox"/> 09 09 - MOTOR TROUBLE <input type="checkbox"/> 10 10 - DISABLED FROM PRIOR ACCIDENT <input type="checkbox"/> 11 11 - OTHER DEFECTS														
SEQUENCE OF EVENTS																													
1 <input type="checkbox"/> 51 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT <input type="checkbox"/> 1 MOST HARMFUL EVENT <input type="checkbox"/> 1 99 - UNKNOWN										NON-COLLISION EVENTS					NON-COLLISION EVENTS														
<input type="checkbox"/> 01 01 - OVERTURN/ROLLOVER <input type="checkbox"/> 02 02 - FIRE/EXPLOSION <input type="checkbox"/> 03 03 - IMMERSION <input type="checkbox"/> 04 04 - JACKKNIFE <input type="checkbox"/> 05 05 - CARGO/EQUIPMENT LOSS OR SHIFT					<input type="checkbox"/> 06 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) <input type="checkbox"/> 07 07 - SEPARATION OF UNITS <input type="checkbox"/> 08 08 - RAN OFF ROAD RIGHT <input type="checkbox"/> 09 09 - RAN OFF ROAD LEFT					<input type="checkbox"/> 10 10 - CROSS MEDIAN <input type="checkbox"/> 11 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL <input type="checkbox"/> 12 12 - DOWNHILL RUNAWAY <input type="checkbox"/> 13 13 - OTHER NON-COLLISION																			
COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED																													
<input type="checkbox"/> 14 14 - PEDESTRIAN <input type="checkbox"/> 15 15 - PEDALCYCLE <input type="checkbox"/> 16 16 - RAILWAY VEHICLE (TRAIN, ENGINE) <input type="checkbox"/> 17 17 - ANIMAL - FARM <input type="checkbox"/> 18 18 - ANIMAL - DEER <input type="checkbox"/> 19 19 - ANIMAL - OTHER <input type="checkbox"/> 20 20 - MOTOR VEHICLE IN TRANSPORT					<input type="checkbox"/> 21 21 - PARKED MOTOR VEHICLE <input type="checkbox"/> 22 22 - WORK ZONE MAINTENANCE EQUIPMENT <input type="checkbox"/> 23 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION B OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE <input type="checkbox"/> 24 24 - OTHER MOVABLE OBJECT					<input type="checkbox"/> 25 25 - IMPACT ATTENUATOR/CRASH CUSHION <input type="checkbox"/> 26 26 - BRIDGE OVERHEAD STRUCTURE <input type="checkbox"/> 27 27 - BRIDGE PIER OR ABUTMENT <input type="checkbox"/> 28 28 - BRIDGE PARAPET <input type="checkbox"/> 29 29 - BRIDGE RAIL <input type="checkbox"/> 30 30 - GUARDRAIL FACE <input type="checkbox"/> 31 31 - GUARDRAIL END <input type="checkbox"/> 32 32 - PORTABLE BARRIER					<input type="checkbox"/> 33 33 - MEDIAN CABLE BARRIER <input type="checkbox"/> 34 34 - MEDIAN GUARDRAIL BARRIER <input type="checkbox"/> 35 35 - MEDIAN CONCRETE BARRIER <input type="checkbox"/> 36 36 - MEDIAN OTHER BARRIER <input type="checkbox"/> 37 37 - TRAFFIC SIGN POST <input type="checkbox"/> 38 38 - OVERHEAD SIGN POST <input type="checkbox"/> 39 39 - LIGHT/LUMINARIES SUPPORT <input type="checkbox"/> 40 40 - UTILITY POLE					<input type="checkbox"/> 41 41 - OTHER POST, POLE OR SUPPORT <input type="checkbox"/> 42 42 - CULVERT <input type="checkbox"/> 43 43 - CURB <input type="checkbox"/> 44 44 - DITCH <input type="checkbox"/> 45 45 - EMBANKMENT <input type="checkbox"/> 46 46 - FENCE <input type="checkbox"/> 47 47 - MAILBOX					<input type="checkbox"/> 48 48 - TREE <input type="checkbox"/> 49 49 - FIRE HYDRANT <input type="checkbox"/> 50 50 - WORK ZONE MAINTENANCE EQUIPMENT <input type="checkbox"/> 51 51 - WALL, BUILDING, TUNNEL <input type="checkbox"/> 52 52 - OTHER FIXED OBJECT				
UNIT SPEED 2		POSTED SPEED 0		TRAFFIC CONTROL 01		UNIT DIRECTION																							
<input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED				<input type="checkbox"/> 01 01 - NO CONTROLS <input type="checkbox"/> 02 02 - STOP SIGN <input type="checkbox"/> 03 03 - YIELD SIGN <input type="checkbox"/> 04 04 - TRAFFIC SIGNAL <input type="checkbox"/> 05 05 - TRAFFIC FLASHERS <input type="checkbox"/> 06 06 - SCHOOL ZONE		<input type="checkbox"/> 07 07 - RAILROAD CROSSBUCKS <input type="checkbox"/> 08 08 - RAILROAD FLASHERS <input type="checkbox"/> 09 09 - RAILROAD GATES <input type="checkbox"/> 10 10 - CONSTRUCTION BARRICADE <input type="checkbox"/> 11 11 - PERSON (FLAGGER, OFFICER) <input type="checkbox"/> 12 12 - PAVEMENT MARKINGS		FROM <input type="checkbox"/> 3 TO <input type="checkbox"/> 4 <input type="checkbox"/> 1 1 - NORTH <input type="checkbox"/> 2 2 - SOUTH <input type="checkbox"/> 3 3 - EAST <input type="checkbox"/> 4 4 - WEST <input type="checkbox"/> 5 5 - NORTHEAST <input type="checkbox"/> 6 6 - NORTHWEST <input type="checkbox"/> 7 7 - SOUTHEAST <input type="checkbox"/> 8 8 - SOUTHWEST <input type="checkbox"/> 9 9 - UNKNOWN																					



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

15MPD0747

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE Lewis, Marion,		DATE OF BIRTH 10/16/1959	AGE 55	GENDER M F - FEMALE M - MALE						
ADDRESS, CITY, STATE, ZIP 8400 CR 245, ,Holmesville,OH,44533			CONTACT PHONE - INCLUDE AREA CODE (330)231-1829								
INJURIES 1	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="checkbox"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER RQ164519	OL CLASS 4	NO VALID OL <input type="checkbox"/>	M/C END <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE <input type="checkbox"/>	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION		CITATION NUMBER		HANDS-FREE DEVICE USED <input type="checkbox"/>		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		99 - UNKNOWN SAFETY EQUIPMENT 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 FRONTSIDE 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 - 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 TYP 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			

Motorist / Non-Motorist

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 15MPD0947	REPORTING AGENCY MPD	DATE OF ACCIDENT M 5 10 13 1985
IN COUNTY OF Holmes	ACCIDENT LOCATION 1056 Wooster RD	

Property owner
Jill Smith
1056 wooster RD millersburg, OH
330-473-7726

OFFICERS SIGNATURE

BADGE NO.