

9-20-18 DWB



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
18 MPD 1729	3 1 - FATAL 2 - INJURY 3 - PDO	<input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED

PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	PRIVATE PROPERTY	REPORTING AGENCY NCIC * 03801	REPORTING AGENCY NAME * Millersburg Police Department	NUMBER OF UNITS 2	UNIT IN ERROR 1 98 - ANIMAL 99 - UNKNOWN
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COUNTY * Holmes	CITY, VILLAGE, TOWNSHIP * Millersburg	CRASH DATE * 09/18/2018	TIME OF CRASH 1435	DAY OF WEEK Tue
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DEGREES/MINUTES/SECONDS LATITUDE 40:33:20.14	LONGITUDE 81:54:20.86	DECIMAL DEGREES LATITUDE LONGITUDE
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ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND	NUMBER OF THRU LANES 2	ROAD TYPES OR MILEPOST 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
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LOCATION ROUTE NUMBER <input type="checkbox"/>	LOC PREFIX E N,S E,W	LOCATION ROAD NAME Jackson Street	LOCATION ROUTE TYPE ST	ROUTE TYPES IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE CR - NUMBERED COUNTY ROUTE SR - STATE ROUTE TR - NUMBERED TOWNSHIP ROUTE
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DISTANCE FROM REFERENCE At <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR FROM REF N,S E,W	REFERENCE ROUTE NUMBER <input type="checkbox"/>	REF PREFIX N,S E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) Lakeview Drive	REFERENCE ROAD TYPE DR
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REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOAT	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	INTERSECTION RELATED <input checked="" type="checkbox"/>	LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN
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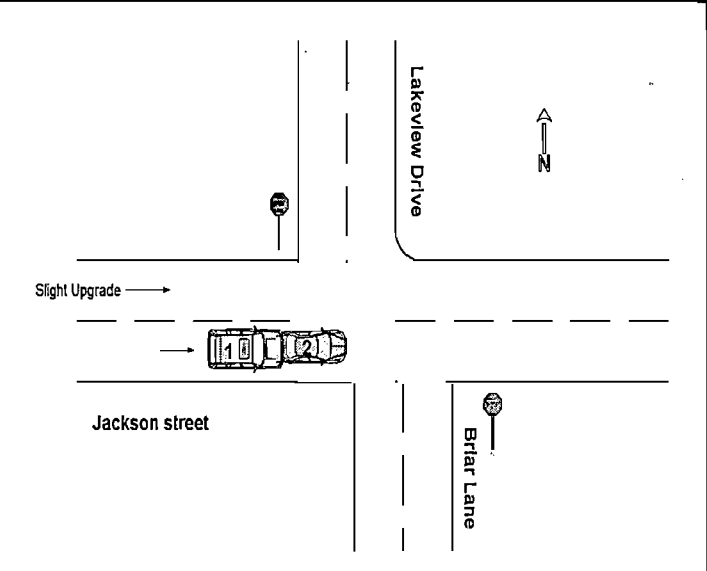
ROAD CONTOUR 2 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS 01 PRIMARY SECONDARY 01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT 10 - OTHER 99 - UNKNOWN
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MANNER OF CRASH COLLISION/IMPACT 2 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 2 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 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	SCHOOL BUS RELATED <input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
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WORK ZONE RELATED <input type="checkbox"/>	WORKERS PRESENT <input type="checkbox"/>	LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/>	LAW ENFORCEMENT PRESENT (VEHICLE ONLY) <input type="checkbox"/>	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 number two was stopped on East Jackson street waiting on traffic to make a left turn when he was struck in the rear by unit number one who was Eastbound on Jackson street.



REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPIS) <input type="checkbox"/>
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DATE CRASH REPORTED 09/18/2018	TIME CRASH REPORTED 1435	DISPATCH TIME 1435	ARRIVAL TIME 1437	TIME CLEARED 1509	OTHER INVESTIGATION TIME 30	TOTAL MINUTES 64
OFFICER'S NAME Herman, Kim	OFFICER'S BADGE NUMBER 101	CHECKED BY				



# UNIT

LOCAL REPORT NUMBER

18 MPD 1729

UNIT NUMBER 1	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) Miller, Cornelius, A	OWNER PHONE NUMBER 740-291-7503	DAMAGE SCALE 3	DAMAGE AREA FRONT 
OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) 11340 TR 71, Killbuck, OH, 44637				
LP STATE OH	LICENSE PLATE NUMBER FRB8475	VEHICLE IDENTIFICATION NUMBER 1FMEU74E98UA7592	# OCCUPANTS 1	
VEHICLE YEAR 2008	VEHICLE MAKE Ford	VEHICLE MODEL Explorer XI 4x4	VEHICLE COLOR RED	
<input type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY Tennessee Chistian	POLICY NUMBER MILCOR001	TOWED BY	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE
US DOT	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS <input type="checkbox"/> 2 - 10,001 TO 26,000K LBS <input type="checkbox"/> 3 - MORE THAN 26,000K LBS.	CARGO BODY TYPE 01	TRAFFICWAY DESCRIPTION 1	
HM PLACARD ID NO.	HAZARDOUS MATERIAL RELATED <input type="checkbox"/>	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	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.) MEDIA 4 - T wo-Way, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT	
NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/>	TYPE OF USE 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	MEDI/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 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MEDI/HEAVY VEHICLE	
SPECIAL FUNCTION 01		MOST DAMAGED AREA 02		ACTION 3
PRE-CRASH ACTIONS 01		NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATIO 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING		21 - OTHER NON-MOTORIST ACTION
CONTRIBUTING CIRCUMSTANCE PRIMARY 09		VEHICLE DEFECTS <input type="checkbox"/>		
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		
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		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		
UNIT SPEED 30	POSTED SPEED 35	TRAFFIC CONTROL 12	UNIT DIRECTION FROM 4 TO 3	



# UNIT

LOCAL REPORT NUMBER

18 MPD 1729

UNIT NUMBER <b>2</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) <b>Chupp, Phillip, E</b>	OWNER PHONE NUMBER <b>330-466-8074</b>	DAMAGE SCALE <b>4</b>	DAMAGE AREA FRONT  REAR
OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) <b>9184 TR 301, Millersburg, OH, 44654</b>			1 - NONE	
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>HDB6795</b>	VEHICLE IDENTIFICATION NUMBER <b>1HGCG56662AD52863</b>	2 - MINOR	
VEHICLE YEAR <b>2002</b>	VEHICLE MAKE <b>Honda</b>	VEHICLE MODEL <b>Accord</b>	3 - FUNCTIONAL	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>Erie</b>	POLICY NUMBER <b>Q126003289</b>	4 - DISABLING	
		TOWED BY <b>Rigz Towing</b>	9 - UNKNOWN	

CARRIER NAME, ADDRESS, CITY, STATE, ZIP \_\_\_\_\_ CARRIER PHONE \_\_\_\_\_

US DOT	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS <input type="checkbox"/> 2 - 10,001 TO 26,000K LBS <input type="checkbox"/> 3 - MORE THAN 26,000K 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	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	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.	HAZARDOUS MATERIAL RELATED <input type="checkbox"/>			
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 - DRIVE WAY 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>03</b> PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 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	13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOSTAL) 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) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDICYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST	<input type="checkbox"/> HAS HM PLACARD
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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>06</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	99 - UNKNOWN	ACTION <b>4</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS <b>11</b> 99 - UNKNOWN	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 CIRCUMSTANCE PRIMARY <b>01</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 99 - UNKNOWN	MOTORIST 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERING TO AVOID (DUE TO EXTERNAL CONDITIONS) 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>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/FOLLOVER 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 LANE 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 - PEACYCLE 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
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UNIT SPEED <b>0</b> <input checked="" type="checkbox"/> STATED <input 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/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM <b>4</b> TO <b>3</b> 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

18 MPD 1729

UNIT NUMBER 1	NAME: LAST, FIRST, MIDDLE Miller, Esther, N	DATE OF BIRTH 08/08/1995	AGE 23	GENDER <input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
ADDRESS, CITY, STATE, ZIP 11340 TR 71, Killbuck, OH, 44637			CONTACT PHONE - INCLUDE AREA CODE 740-291-2653	
INJURIES <input checked="" type="checkbox"/>	INJURED TAKEN BY <input checked="" type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION <input checked="" type="checkbox"/>	TRAPPED <input checked="" type="checkbox"/>
OL STATE OH	OPERATOR LICENSE NUMBER UD582464	OL CLASS 4	No <input type="checkbox"/> VALID DL	M/C <input type="checkbox"/> 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	OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE ) 333.03A	OFFENSE DESCRIPTION ACDA	CITATION NUMBER YKPXPPX
HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input checked="" type="checkbox"/>	UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE Chupp, Cedric, G	DATE OF BIRTH 05/04/2001
AGE 17	GENDER <input checked="" type="checkbox"/> M - MALE <input type="checkbox"/> F - FEMALE	ADDRESS, CITY, STATE, ZIP 9184 TR 301, Millersburg, OH, 44654		
			CONTACT PHONE - INCLUDE AREA CODE 330-466-3557	
INJURIES <input checked="" type="checkbox"/>	INJURED TAKEN BY <input checked="" type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION <input checked="" type="checkbox"/>	TRAPPED <input checked="" type="checkbox"/>
OL STATE OH	OPERATOR LICENSE NUMBER US317033	OL CLASS 4	No <input type="checkbox"/> VALID DL	M/C <input type="checkbox"/> 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	OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )	OFFENSE DESCRIPTION	CITATION NUMBER
HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input checked="" type="checkbox"/>	INJURIES		
		INJURED TAKEN BY		
		SAFETY EQUIPMENT USED: 99 - UNKNOWN SAFETY EQUIPMENT		
1 - NO INJURY / NONE REPORTED		1 - NOT TRANSPORTED / TREATED AT SCENE		
2 - POSSIBLE		2 - EMS		
3 - NON-INCAPACITATING		3 - POLICE		
4 - INCAPACITATING		4 - OTHER		
5 - FATAL		9 - UNKNOWN		
MOTORIST		NON-MOTORIST		
01 - NONE USED - VEHICLE OCCUPANT		05 - CHILD RESTRAINT SYSTEM-FORWARD FACING		
02 - SHOULDER BELT ONLY USED		06 - CHILD RESTRAINT SYSTEM-REAR FACING		
03 - LAP BELT ONLY USED		07 - BOOSTER SEAT		
04 - SHOULDER AND LAP BELT ONLY USED		08 - HELMET USED		
09 - NONE USED		10 - HELMET USED		
12 - REFLECTIVE COATING		13 - LIGHTING		
11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)		14 - OTHER		
SEATING POSITION		AIR BAG USAGE		
01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED		
02 - FRONT - MIDDLE		2 - DEPLOYED FRONT		
03 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE		
04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT/SIDE		
05 - SECOND - MIDDLE		5 - NOT APPLICABLE		
06 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		
07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		12 - PASSENGER IN UNENCLOSED CARGO AREA		
08 - THIRD - MIDDLE		13 - TRAILING UNIT		
09 - THIRD - RIGHT SIDE		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		
10 - SLEEPER SECTION OF CAB (TRUCK)		15 - NON-MOTORIST		
11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP)		16 - OTHER		
		99 - UNKNOWN		
EJECTION		TRAPPED		
1 - NOT EJECTED		1 - NOT TRAPPED		
2 - TOTALLY EJECTED		2 - EXTRICATED BY MECHANICAL MEANS		
3 - PARTIALLY EJECTED		3 - EXTRICATED BY NON-MECHANICAL MEANS		
4 - NOT APPLICABLE				
OPERATOR LICENSE CLASS		CONDITION		
1 - CLASS A		1 - APPARENTLY NORMAL		
2 - CLASS B		2 - PHYSICAL IMPAIRMENT		
3 - CLASS C		3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)		
4 - REGULAR CLASS (OTHER THAN "D")		4 - ILLNESS		
5 - MC/MOPED ONLY		5 - FELL ASLEEP, FAINTED, FATIGUE		
		6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL		
		7 - OTHER		
ALCOHOL/DRUG SUSPECTED		DRIVER DISTRACTED BY		
1 - NONE		1 - NO DISTRACTION REPORTED		
2 - YES - ALCOHOL SUSPECTED		2 - PHONE		
3 - YES - HBD NOT IMPAIRED		3 - TEXTING / EMAILING		
4 - YES - DRUGS SUSPECTED		4 - ELECTRONIC COMMUNICATION DEVICE		
5 - YES - ALCOHOL AND DRUGS SUSPECTED		5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)		
		6 - OTHER INSIDE THE VEHICLE		
		7 - EXTERNAL DISTRACTION		
ALCOHOL TEST STATUS		ALCOHOL TEST TYPE		DRUG TEST STATUS
1 - NONE GIVEN		1 - NONE		1 - NONE GIVEN
2 - TEST REFUSED		2 - BLOOD		2 - TEST REFUSED
3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE		3 - URINE		3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
4 - TEST GIVEN, RESULTS KNOWN		4 - BREATH		4 - TEST GIVEN, RESULTS KNOWN
5 - TEST GIVEN, RESULTS UNKNOWN		5 - OTHER		5 - TEST GIVEN, RESULTS UNKNOWN
DRUG TEST TYPE		DRIVER DISTRACTED BY		
1 - NONE		1 - NO DISTRACTION REPORTED		
2 - BLOOD		2 - PHONE		
3 - URINE		3 - TEXTING / EMAILING		
4 - OTHER		4 - ELECTRONIC COMMUNICATION DEVICE		
		5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)		
UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
				<input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE	
INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED
<input type="checkbox"/>	<input type="checkbox"/>			DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET
SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
				<input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE	
INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED
<input type="checkbox"/>	<input type="checkbox"/>			DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET
SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	