



Traffic Crash Report

Local Report # 71-0894-66	Crash Severity Fatal	Private Property N	Hit/Skip Not Hit/Skip	Photos Taken Y	NCIC # OHP71
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Reporting Agency OHIO STATE HIGHWAY P	# Units 2	Unit Error 1	Date and Time of Crash 7/14/2010 3:48:00 PM
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Day of Week WED	City Village Township Township	Name (of City, Village or Township) Seal	County # 66	Latitude 39 3 11.95	Longitude 82 56 9.53
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Crash Occurred On			Local Information
Prefix	Crash Location 0032	Type Loc Numbered Route	

AT / Reference				Ref Point
Dist Reference 0	DR	Prefix	Reference CR0066	Intersection 2 Streets

Type of Intersection Four-Way Intersection	Occurrence On Roadway	Road Contour Straight Level	Road Conditions Primary: Dry Secondary: Unknown	** Secondary Road Conditions ONLY
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Police Action					
Date and Time Crash Reported 7/14/2010 3:49:00 PM	Dispatch 7/14/2010 3:49:00 PM	Arrived 7/14/2010 4:05:00 PM	Cleared 7/14/2010 8:23:00 PM	Other 180	Total Minutes 454
Officer's Name* DORCEY, MICHELLE	Badge #* 1216	Checked By DADEBORD	Date Report Filed* 8/4/2010 12:00:00 AM		
Report Taken By Police Agency	Report Taken At Scene				

Manner of Collision or Impact Angle	Diagram
School Bus Related No	
Work Zone Related No	
Weather Clear	
Type of Work Zone	Workers Present
Location of Crash in Work Zone	
Light Conditions	
Primary Daylight	
Secondary Unknown	

Narrative
UNIT #1 WAS NORTHBOUND ON CR 66. UNIT #2 WAS EASTBOUND ON SR32. UNIT #1 ATTEMPTED TO TURN WEST ONTO SR32 DRIVING INTO THE PATH OF UNIT #2. UNIT #2 STRUCK UNIT #1. UNIT #1 AND UNIT #2 SKID INTO THE WESTBOUND LANES OF SR32 FACING EASTBOUND. THERE WAS ANOTHER SEMI-TRACTOR TRAILER, UNIT A EASTBOUND ON SR 32 TURNING RIGHT ONTO CR 66.



Traffic Crash Report

Local Report # 71-0977-66	Crash Severity Injury	Private Property N	Hit/Skip Not Hit/Skip	Photos Taken Y	NCIC # OHP71
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Reporting Agency OHIO STATE HIGHWAY P	# Units 2	Unit Error 2	Date and Time of Crash 8/4/2010 2:58:00 PM
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Day of Week WED	City Village Township Township	Name (of City, Village or Township) Seal	County # 66	Latitude 39 3 11.77	Longitude 82 56 12.19
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Crash Occurred On			Local Information
Prefix	Crash Location 0032	Type Loc Numbered Route	

At / Reference				Ref Point
Dist Reference 0	DR	Prefix	Reference 0220	Intersection 2 Streets

Type of Intersection Four-Way Intersection	Occurrence On Roadway	Road Contour Straight Level	Road Conditions Primary: Dry Secondary: Unknown	** Secondary Road Conditions ONLY
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Police Action					
Date and Time Crash Reported 8/4/2010 3:03:00 PM	Dispatch 8/4/2010 3:03:00 PM	Arrived 8/4/2010 3:33:00 PM	Cleared 8/4/2010 4:30:00 PM	Other 90	Total Minutes 177
Officer's Name* RUTH, ROBERT	Badge #* 0632	Checked By TSBARNES	Date Report Filed* 8/15/2010 12:00:00 AM		
Report Taken By Police Agency	Report Taken At Scene				

Manner of Collision or Impact Angle	Diagram
School Bus Related No	
Work Zone Related No	
Weather Cloudy	
Type of Work Zone	
Workers Present	
Location of Crash in Work Zone	
Light Conditions Primary: Daylight Secondary: Unknown	

Narrative UNIT #1 WESTBOUND ON SR 32 AT SR 220. UNIT #2 WAS NORTHBOUND ON GERMANY ROAD AT SR 32, FAILED TO YIELD AT FLASHING RED LIGHT AND CROSSED OVER SR 32 AND STRUCK UNIT #1.
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Traffic Crash Report

Local Report # 71-0915-66	Crash Severity Injury	Private Property N	Hit/Skip Not Hit/Skip	Photos Taken Y	NCIC # OHP71
Reporting Agency OHIO STATE HIGHWAY P	# Units 2	Unit Error 2	Date and Time of Crash 7/18/2010 2:37:00 PM		
Day of Week SUN	City Village Township Township	Name (of City, Village or Township) Seal	County # 66	Latitude 39 3 12.29	Longitude 82 56 12.75
Crash Occurred On			Local Information		
Prefix	Crash Location 0032	Type Loc Numbered Route			
At / Reference			Ref Point		
Dist Reference 0	DR	Prefix	Reference 0220	Intersection 2 Streets	

Type of Intersection Four-Way Intersection	Occurrence On Roadway	Road Contour Straight Level	Road Conditions ** Secondary Road Conditions ONLY
			Primary Dry
			Secondary Unknown

Police Action					
Date and Time Crash Reported 7/18/2010 2:37:00 PM	Dispatch 7/18/2010 2:37:00 PM	Arrived 7/18/2010 3:01:00 PM	Cleared 7/18/2010 4:00:00 PM	Other 60	Total Minutes 143
Officer's Name* MIZER, RACHEL	Badge # * 0268	Checked By GAMCKEEVER	Date Report Filed * 7/21/2010 12:00:00 AM		
Report Taken By Police Agency	Report Taken At Scene				

Manner of Collision or Impact Angle	Diagram	
School Bus Related No		
Work Zone Related No		
Weather Clear		
Type of Work Zone		Workers Present
Location of Crash in Work Zone		
Light Conditions		
Primary Daylight		
Secondary Unknown		

Narrative
UNIT #1 WAS TRAVELING WEST ON SR32. UNIT #2 WAS TRAVELING NORTH FROM GERMANY ROAD, CROSSING SR32. UNIT #1 STRUCK UNIT #2.



Traffic Crash Report

Local Report # 71-0186-66	Crash Severity PDO	Private Property N	Hit/Skip Not Hit/Skip	Photos Taken Y	NCIC # OHP71
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Reporting Agency OHIO STATE HIGHWAY P	# Units 2	Unit Error 2	Date and Time of Crash 1/28/2010 2:05:00 PM
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Day of Week THU	City Village Township Township	Name (of City, Village or Township) Seal	County # 66	Latitude 39 3 8.63	Longitude 82 56 9.93
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Crash Occurred On			Local Information
Prefix	Crash Location 0032	Type Loc Numbered Route	

At / Reference				Ref Point
Dist Reference 0	DR	Prefix	Reference CR0066	Intersection 2 Streets

Type of Intersection Four-Way Intersection	Occurrence On Roadway	Road Contour Straight Level	Road Conditions Primary: Dry Secondary: Unknown	** Secondary Road Conditions ONLY
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Police Action					
Date and Time Crash Reported 1/28/2010 2:10:00 PM	Dispatch 1/28/2010 2:10:00 PM	Arrived 1/28/2010 3:10:00 PM	Cleared 1/28/2010 4:40:00 PM	Other 30	Total Minutes 180
Officer's Name* DIEHL, NICHOLAS	Badge # * 1735	Checked By TSBARNES	Date Report Filed * 2/1/2010 12:00:00 AM		
Report Taken By Police Agency	Report Taken At Scene				

Manner of Collision or Impact	Diagram	
Angle		
School Bus Related No		
Work Zone Related No		
Weather Clear		
Type of Work Zone		Workers Present
Location of Crash in Work Zone		
Light Conditions Primary: Daylight Secondary: Unknown		

Narrative
UNIT 1 WAS EASTBOUND ON SR 32 MAKING A RIGHT TURN ONTO GERMANY ROAD. UNIT 2 FAILED TO MAINTAIN ASSURED CLEAR DISTANCE AHEAD AND STRUCK UNIT 1 ON THE RIGHT DOOR.

TRAFFIC CRASH REPORT



101427

CRASH SEVERITY
3 1 FATAL 3 PDO 2 INJURY 4 UNKNOWN

PRIVATE PROPERTY

HIT/SKIP
1 NOT HIT/SKIP
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN

OH-2 OH-3 OH-1P OTHER

06600

REPORTING AGENCY *
PIKE COUNTY S.O.

0202

98 = ANIMAL
99 = UNKNOWN

04152010

DAY OF WEEK
1926 THU

NAME (OF CITY, VILLAGE OR TOWNSHIP) *
X Union

LATITUDE
LONGITUDE
66

CRASH OCCURRED ON
PREFIX CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED
SR32 WB 3 1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

LOCAL INFORMATION
AT/REFERENCE DIST REFERENCE DR PREFIX REFERENCE REF POINT REFERENCE POINT USED
GERMANY RD. - SR220 2 01 STATE LINE
02 INTERSECTION 2 STREETS
03 COUNTY LINE
04 HOUSE NUMBER
05 TOWNSHIP BOUNDARY
06 MILE POST
07 CORPORATION LIMIT
08 PLACE NAME W/O REFERENCE
09 DRIVEWAY
10 STREET OR ROUTE W/O REFERENCE

0102

ADDRESS (STREET, CITY, STATE, ZIP CODE)

NAME (LAST, FIRST, MIDDLE)

50

HOME PHONE # WORK PHONE #

24 F

DL STATE DL # LP STATE LP # INJURED TAKEN BY INJURED
OH OH 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2004 FORD ESCAPE BLUE U.S. AUTO ASSOCIATION

OFFENSE CHARGED OFFENSE DESCRIPTION

0202

ADDRESS (STREET, CITY, STATE, ZIP CODE)

NAME (LAST, FIRST, MIDDLE)

HOME PHONE # WORK PHONE #

77 M

DL STATE DL # LP STATE LP # INJURED TAKEN BY INJURED
OH R OH 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2004 FORD SILHOUETTE GOLD PARKER & PARKER

OFFENSE CHARGED OFFENSE DESCRIPTION
4511.43A FAILURE TO YIELD 00000001732

01

ADDRESS (STREET, CITY, STATE, ZIP CODE)

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

24 M

INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO
1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE

02

ADDRESS (STREET, CITY, STATE, ZIP CODE)

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

60 M

INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO
1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE

Motorist/Non-Motorist

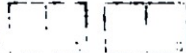
Occupant

SEATING POSITION	SEATBELT EQUIPMENT	SEATBELT	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 FRONT - LEFT (MC DRIVER)	04 MOTORIST 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER/LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 USE UNKNOWN	1 1 NOT-DEPLOYED 2 2 DEPLOYED-FRONT 3 3 DEPLOYED-SIDE 4 4 DEPLOYED BOTH FRONT/SIDE 5 5 NOT APPLICABLE 6 6 UNKNOWN	1 1 NOT PRESENT 2 2 IN ON POSITION 3 3 IN OFF POSITION 4 4 UNKNOWN	1 1 NOT EJECTED 2 2 TOTALLY EJECTED 3 3 PARTIALLY EJECTED 4 4 NOT APPLICABLE 5 5 UNKNOWN	1 1 NOT TRAPPED 2 2 EXTRICATED BY MEANS 3 3 FREED BY NON-MECHANICAL MEANS 4 4 UNKNOWN	1 1 NO INJURY 2 2 POSSIBLE 3 3 NON-INCAPACITATED 4 4 INCAPACITATED 5 5 FATAL INJURY 6 6 UNKNOWN
02 FRONT - MIDDLE	04 NON-MOTORIST 08 NONE USED 09 HELMET USED	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1
03 FRONT - RIGHT	04 NON-MOTORIST 08 NONE USED 09 HELMET USED	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1
04 SECOND - LEFT (MC PASS)	04 NON-MOTORIST 08 NONE USED 09 HELMET USED	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1
05 SECOND - MIDDLE	04 NON-MOTORIST 08 NONE USED 09 HELMET USED	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1
06 SECOND - RIGHT	04 NON-MOTORIST 08 NONE USED 09 HELMET USED	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1
07 THIRD - LEFT (MC PASSENGER/SIDE CAR)	04 NON-MOTORIST 08 NONE USED 09 HELMET USED	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1
08 THIRD - MIDDLE	04 NON-MOTORIST 08 NONE USED 09 HELMET USED	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1
09 THIRD - RIGHT	04 NON-MOTORIST 08 NONE USED 09 HELMET USED	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1
10 SLEEPER SECTION OF CAB	04 NON-MOTORIST 08 NONE USED 09 HELMET USED	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1
11 ENCLOSED CARGO AREA	04 NON-MOTORIST 08 NONE USED 09 HELMET USED	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1
12 UNENCLOSED CARGO AREA	04 NON-MOTORIST 08 NONE USED 09 HELMET USED	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1
13 TRAILING UNIT	04 NON-MOTORIST 08 NONE USED 09 HELMET USED	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1
14 EXTERIOR	04 NON-MOTORIST 08 NONE USED 09 HELMET USED	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1
15 OTHER	04 NON-MOTORIST 08 NONE USED 09 HELMET USED	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1
16 NON-MOTORIST	04 NON-MOTORIST 08 NONE USED 09 HELMET USED	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1
17 UNKNOWN	04 NON-MOTORIST 08 NONE USED 09 HELMET USED	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1

UNIT NUMBERS

01 02

NON-MOTORIST LOCATION



- 01 MARKED CROSSWALK AT INTERSECTION
02 INTERSECTION/NO CROSSWALK
03 NON-INTERSECTION CROSSWALK
04 DRIVEWAY ACCESS CROSSWALK
05 IN ROADWAY
06 NOT IN ROADWAY
07 MEDIAN (BUT NOT SHOULDER)
08 ISLAND
09 SHOULDER
10 SIDEWALK
11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)
12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
13 OUTSIDE TRAFFICWAY
14 SHARED USE PATHS OR TRAILS
15 UNKNOWN

TYPE OF UNIT

06 05

MOTORIST

- 01 SUB-COMPACT
02 COMPACT
03 MID SIZE
04 FULL SIZE
05 MINIVAN
06 SPORT UTILITY VEHICLE
07 PICKUP
08 PANEL/VAN
09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES
10 SINGLE UNIT TRUCK; 3+ AXLES
11 TRUCK/TRAILER
12 TRUCK TRACTOR (BOBTAI)
13 TRACTOR/SEMI-TRAILER
14 TRACTOR/DOUBLE SHORT
15 TRACTOR/DOUBLE LONG
16 FIFTH WHEEL OR CONVERTER DOLLY
17 TRACTOR/TRIPLES
18 MOTORCYCLE
19 MOTORIZED BICYCLE
20 SCHOOL BUS
21 CHURCH BUS
22 PUBLIC BUS
23 OTHER BUS
24 POLICE VEHICLE
25 FIRE TRUCK
26 AMBULANCE/RESCUE
27 TAXI
28 MOTOR HOME
29 TRAM
30 FARM VEHICLE
31 FARM EQUIPMENT
32 SNOWMOBILE
33 CONSTRUCTION EQUIPMENT
34 ALL OTHERS
NON-MOTORIST
35 ANIMAL W/RIDER
36 ANIMAL W/BUGGY
37 BICYCLE
38 PEDESTRIAN
39 PEDALCYCLIST
40 SKATER
41 OTHER-NON MOTORIST
42 UNKNOWN

IN EMERGENCY RESPONSE

1 1

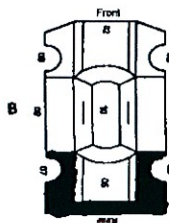
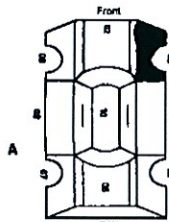
- 1 NO
2 YES
3 UNKNOWN

DAMAGE SCALE

2 2

- 1 NONE
2 NON-FUNCTIONAL DAMAGE
3 FUNCTIONAL DAMAGE
4 DISABLING DAMAGE
5 SEVERE
6 UNKNOWN
7 UNKNOWN

DAMAGE AREA



MOST DAMAGED AREA

03 06

- 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
15 UNKNOWN

POINT OF IMPACT

03 05

- 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
15 UNKNOWN

ACTION

3 4

- 1 NON-CONTACT
2 NON-COLLISION
3 STRIKING
4 STRUCK
5 BOTH STRIKING AND STRUCK
6 UNKNOWN

STRIKING VEHICLE: OVERRIDE/ UNDERRIDE

1 1

- 1 NO UNDERRIDE OR OVERRIDE
2 UNDERRIDE, COMPARTMENT INTRUSION
3 UNDERRIDE, NO COMPARTMENT INTRUSION
4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN
5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT
6 OVERRIDE, OTHER VEHICLE
7 UNKNOWN

PRE-CRASH ACTIONS

01 01

MOTORIST

- 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD
02 BACKING
03 CHANGING LANES
04 OVERTAKING/PASSING
05 TURNING RIGHT
06 TURNING LEFT
07 MAKING U-TURN
08 ENTERING TRAFFIC LANE
09 LEAVING TRAFFIC LANE
10 PARKED
11 SLOWING/STOPPED IN TRAFFIC
12 DRIVERLESS
13 OTHER
14 UNKNOWN
NON-MOTORIST
15 ENTERING/CROSSING IN SPECIFIED LOCATION
16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING
17 WORKING
18 PUSHING VEHICLE
19 APPROACHING/LEAVING VEHICLE
20 PLAYING/WORKING ON VEHICLE
21 STANDING
22 OTHER
23 UNKNOWN

CONTRIBUTING CIRCUMSTANCES

01 02

MOTORIST

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

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE

1 1 1

- 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 CRASH
11 OTHER DEFECTS

SEQUENCE OF EVENTS

20 20

NON-COLLISION

- 01 OVERTURN/Rollover
02 FIRE/EXPLOSION
03 IMMERSION
04 JACKKNIFE
05 CARGO/EQUIPMENT LOSS/SHIFT
06 EQUIPMENT FAILURE
07 SEPARATION OF UNITS
08 RAN OFF ROAD RIGHT
09 RAN OFF ROAD LEFT
10 CROSS MEDIAN/CENTERLINE
11 DOWNHILL RUNAWAY
12 OTHER NON-COLLISION
13 UNKNOWN NON-COLLISION
COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED
14 PEDESTRIAN
15 PEDALCYCLE
16 RAILWAY VEHICLE
17 ANIMAL - FARM
18 ANIMAL - DEER
19 ANIMAL - OTHER
20 MOTOR VEHICLE IN TRANSPORT
21 PARKED MOTOR VEHICLE
22 WORK ZONE MAINTENANCE EQUIPMENT
23 OTHER MOVABLE OBJECT
24 UNKNOWN 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 MEDIAN BARRIER
33 HIGHWAY TRAFFIC SIGN POST
34 OVERHEAD SIGN POST
35 LIGHT/LUMINARIES SUPPORT
36 UTILITY POLE
37 OTHER POST, POLE OR SUPPORT
38 CULVERT
39 CURB
40 DITCH
41 EMBANKMENT
42 FENCE
43 MAILBOX
44 TREE
45 OTHER FIXED OBJECT
46 WORK ZONE MAINTENANCE EQUIPMENT
47 UNKNOWN FIXED OBJECT
48 OTHER
49 UNKNOWN

FIRST HARMFUL EVENT

1 1

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

MOST HARMFUL EVENT

1 1

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

SPEED DETECTED

2 2

- 1 STATED
2 ESTIMATED SPEED

SPEED

060 020

POSTED SPEED

60 55

TRAFFIC CONTROL

05 05

- 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 POLICE OFFICER
12 PAVEMENT MARKINGS
13 CROSSWALK LINES
14 WALK/DON'T WALK SIGNAL
15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
16 OTHER

DIRECTION

3 4 2 1

- 1 NORTH
2 SOUTH
3 EAST
4 WEST
5 NORTHEAST
6 NORTHWEST
7 SOUTHWEST
8 SOUTHWEST
9 UNKNOWN

CONDITION

1 1

- 1 APPARENTLY NORMAL
2 PHYSICAL IMPAIRMENT
3 EMOTIONAL
4 ILLNESS
5 FELL ASLEEP, FAIMTED, FATIGUED, ETC
6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
7 OTHER
8 UNKNOWN

ALCOHOL/DRUG SUSPECTED

1 1

- 1 NONE
2 YES - ALCOHOL SUSPECTED
3 YES - HBD NOT IMPAIRED
4 YES - DRUGS SUSPECTED
5 YES - ALCOHOL/DRUGS SUSPECTED
6 UNKNOWN

ALCOHOL TEST STATUS

1 1

- 1 NONE
2 TEST REFUSED
3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
4 TEST GIVEN, RESULTS KNOWN
5 TEST GIVEN, RESULTS UNKNOWN
6 UNKNOWN

ALCOHOL TEST TYPE

1 1

- 1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

ALCOHOL TEST RESULT

1 1

DRUG TEST STATUS

1 1

- 1 NONE
2 TEST REFUSED
3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
4 TEST GIVEN, RESULTS KNOWN
5 TEST GIVEN, RESULTS UNKNOWN
6 UNKNOWN

DRUG TEST TYPE

1 1

- 1 NONE
2 BLOOD
3 URINE
4 OTHER

DRUG TEST 1&2 RESULT

1 1

- 1 NONE
2 MARIJUANA
3 COCAINE
4 ORPATES
5 AMPHETAMINES
6 PCP
7 OTHER
8 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION

02

- 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/ACCESS
11 RAILWAY GRADE CROSSING
12 SHARED-USE PATHS OR TRAILS
13 UNKNOWN

OCCURRENCE

1

- 1 ON ROADWAY
2 ON SHOULDER
3 IN MEDIAN
4 ON ROADSIDE
5 ON GORE
6 OUTSIDE TRAFFICWAY
7 UNKNOWN

ROAD CONTOUR

4

- 1 STRAIGHT LEVEL
2 STRAIGHT GRADE
3 CURVE LEVEL
4 CURVE GRADE

ROAD CONDITIONS

01 08

- 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
11 UNKNOWN
**SECONDARY ROAD CONDITIONS ONLY

SUPPLEMENTAL 'X' YES Local Report # 101427

Narrative

Vehicle "B" was crossing SR 32 WB intersection, failed to yield to Vehicle "A" travelling SR 32 WB. Vehicle "B" pulled out in front of Vehicle "A", which had right way. Vehicle "A" impacted Vehicle "B" in the passenger bumper area, causing damage to front bumper of Vehicle "A", as well as damage to the rear bumper area of Vehicle "B".

MANNER OF COLLISION OR IMPACT

6

- 1 NOT COLLISION BETWEEN TWO 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

01

- 01 CLEAR
- 02 CLOUDY
- 03 FOG, SMOG, SMOKE
- 04 RAIN
- 05 SLEET, HAIL (FREEZING RAIN DRIZZLES)
- 06 SNOW
- 07 SEVERE CROSSWINDS
- 08 BLOWING SAND, SOIL, DIRT, SNOW
- 09 OTHER
- 10 UNKNOWN

LIGHT CONDITIONS

1 3

- 1 DAYLIGHT
- 2 DAWN
- 3 DUSK
- 4 DARK - LIGHTED ROADWAY
- 5 DARK - NOT LIGHTED
- 6 DARK - UNKNOWN LIGHTING
- 7 GLARE
- 8 OTHER
- 9 UNKNOWN

SCHOOL BUS RELATED

1

- 1 NO
- 2 YES, DIRECTLY INVOLVED
- 3 YES, INDIRECTLY INVOLVED
- 4 UNKNOWN

WORK ZONE RELATED

1

- 1 NO
- 2 YES
- 3 UNKNOWN

TYPE OF WORK ZONE

1

- 1 LANE CLOSURE
- 2 LANE SHIFT/CROSSOVER
- 3 WORK ON SHOULDER OR MEDIAN
- 4 INTERMITTENT/MOVING WORK
- 5 OTHER

LOCATION OF CRASH IN WORK ZONE

1

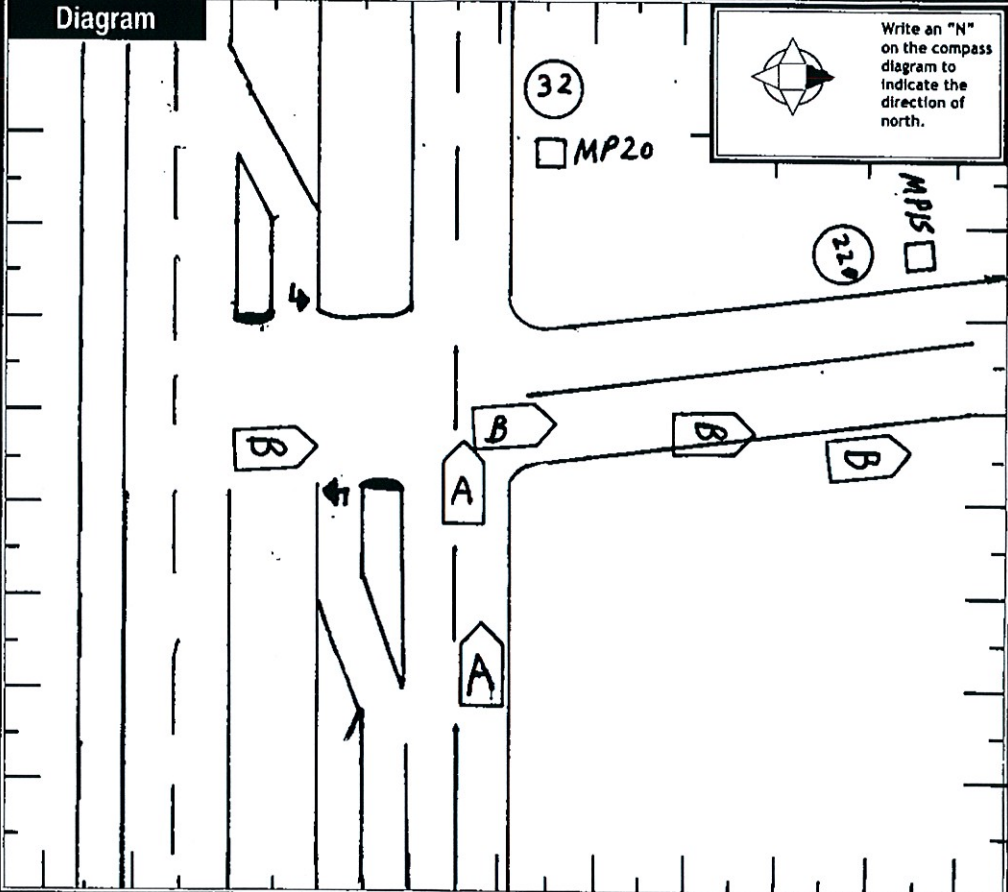
- 1 BEFORE FIRST WORK ZONE WARNING SIGN
- 2 ADVANCE WARNING AREA
- 3 TRANSITION AREA
- 4 ACTIVITY AREA

WORKERS PRESENT

1

- 1 NO
- 2 YES
- 3 UNKNOWN

Diagram



Truck/Bus

UNIT #

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
 A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
 A BUS DESIGNED FOR AT LEAST 9 PERSONS, INCLUDING DRIVER.

AND

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
 A FATALITY; OR
 AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
 AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

COMPANY (FROM SHIPPING PAPERS)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT

ICC MC

PUCO

TRAILER LP ST.

TRAILER LP YEAR

TRAILER LP #

PLATE #

DOT #

CARGO BODY TYPE

- 01 NOT APPLICABLE
- 02 BUS (9-15 INCLUDING DRIVER)
- 03 VAN/ENCLOSED BOD
- 04 GRAB/CHIPS/GRAVEL

- 05 POLE
- 06 CARGO TANK
- 07 FLATBED
- 08 DUMP

- 09 CONCRETE MIXER
- 10 AUTO TRANSPORTER
- 11 GARBAGE/REFUSE
- 12 OTHER
- 13 UNKNOWN

Weight (GVWR)

- 1 LESS/EQUAL 10,000
- 2 10,001 - 25,000
- 3 MORE THAN 25,000

CDL Class

- 1 CLASS A
- 2 CLASS B
- 3 CLASS C
- 4 CLASS M
- 5 CLASS D

Hazardous Materials Placard

- 1 NO
- 2 YES
- 3 UNKNOWN

Hazardous Materials Released

- 1 NO
- 2 YES
- 3 NOT APPLICABLE
- 4 UNKNOWN

Police Action

DATE CRASH REPORTED: 04/15/2010 TIME PLO CALL: 1928 DISPATCH: 1928 ARRIVED: 1935 CLEARED: 2033 OTHER: DATE REPORT FILED: 0058

OFFICER'S NAME: Dep. L. STINSON BADGE #: 06627 CHECKED BY: [Signature] DATE REPORT FILED: []

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT: 1 SCENE 2 STATION 3 OTHER SUPPLEMENT 'X' IF YES: LOCAL REPORT #: 101427