

# TRAFFIC CRASH REPORT



<b>CRASH REPORT #</b> 10CR 15 03	<b>CRASH SEVERITY</b> 3 <small>1.FATAL ERROR 3.PDO 2.INJURY 4.UNKNOWN</small>	<b>PRIVATE PROPERTY</b> <input checked="" type="checkbox"/> "X" IF YES	<b>HITS/SKIP</b> 1 <small>1.NOT HITSKIP 2.SOLVED 3.UNSOLVED</small>	<b>PHOTOS TAKEN</b> <input checked="" type="checkbox"/> "X" IF YES	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>N.C.I.C. #</b> 01313	<b>REPORTING AGENCY</b> WILLIAMSBURG POLICE DEPT		<b># UNITS</b> 2	<b>UNIT ERROR</b> 01 <small>98.ANIMAL 99.UNKNOWN</small>	<b>DATE OF CRASH</b> 3/22/2010

<b>TIME OF CRASH</b> 15:00	<b>DAY OF WEEK</b> MON	<b>CITY/VILLAGE/TOWNSHIP</b> VILLAGE	<b>NAME (OF CITY, VILLAGE OR TOWNSHIP)</b> WILLIAMSBURG	<b>COUNTY #</b> 13	<b>LATITUDE</b> 3903229226	<b>LONGITUDE</b> 0840328386
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<b>CRASH OCCURRED ON</b> PREFIX: W    CRASH LOCATION: MAIN    TYPE LOC: 1	<b>TYPE LOCATION POINT USED</b> 1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE	<b>LOCAL INFORMATION</b> BP GAS STATION
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<b>AT/REFERENCE</b> DIST. REF.	DR N	PREFIX	REFERENCE 000609	REF POINT 04	<b>REFERENCE POINT USED</b> 01.STATE LINE 02.INTERSECTION OF TWO STREETS 03.COUNTY LINE 04.HOUSE NUMBER	05.TOWNSHIP BOUNDARY 06.MILE POST 07.CORPORATION LIMIT 08.PLACE NAME WITHOUT REFERENCE	09.DRIVEWAY 10.STREET OR ROUTE WITHOUT REFERENCE
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<b>A</b>	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) HANCOCK ROBERT				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3536 TODDS RUN ROAD WILLIAMSBURG OH 45176							
SOCIAL SECURITY NUMBER		DATE OF BIRTH 11/13/1928		AGE 81	SEX M	HOME PHONE # (513)724-7372	WORK PHONE #
DL STATE OH	DL # RG461695	LP STATE OH	LP # BC68AS	INJURED TAKEN BY 1 <small>1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE</small>	TRANSPORTED BY		INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') AMY HANCOCK			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3536 TODDS RUN WILLIAMSBURG OH 45176				
YEAR 2001	MAKE DODGE	MODEL CARAVAN	COLOR TAN	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE# (513)724-7372	
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> "X" IF YES

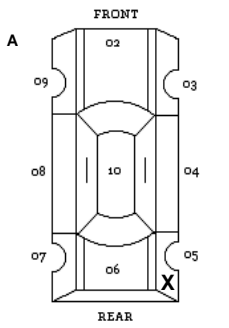
<b>B</b>	UNIT # 02	# OF OCC 0	NAME (LAST, FIRST, MIDDLE)				
ADDRESS (STREET, CITY, STATE, ZIP-CODE)							
SOCIAL SECURITY NUMBER		DATE OF BIRTH / /		AGE	SEX	HOME PHONE #	WORK PHONE #
DL STATE	DL #	LP STATE OH	LP # DV67NT	INJURED TAKEN BY <input type="checkbox"/> <small>1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE</small>	TRANSPORTED BY		INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') RAYMOND EXTERKAMP			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4181 DELA PALMA ROAD WILLIAMSBURG OH 45176				
YEAR 2001	MAKE FORD	MODEL TAURUS	COLOR TAN	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE# (513)724-3446	
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> "X" IF YES

<b>C</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)			HOME PHONE#	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)				INJURED TAKEN BY <input type="checkbox"/> <small>1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE</small>	TRANSPORTED BY		INJURED TAKEN TO	
<b>D</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)			HOME PHONE#	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)				INJURED TAKEN BY <input type="checkbox"/> <small>1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE</small>	TRANSPORTED BY		INJURED TAKEN TO	

<b>SEATING POSITION</b> A 01 <small>01.FRONT - LEFT (MC DRIVER) 02.FRONT - MIDDLE 03.FRONT - RIGHT 04.SECOND - LEFT (MC PASS) 05.SECOND - MIDDLE 06.SECOND - RIGHT 07.THIRD - LEFT (MC PASSENGER/SIDE CAR) 08.THIRD - MIDDLE 09.THIRD - RIGHT 10.SLEEPER SECTION OF CAB 11.ENCLOSED CARGO AREA 12.UNENCLOSED CARGO AREA 13.TRAILING UNIT 14.EXTERIOR 15.OTHER 16.NON-MOTORIST 17.UNKNOWN</small>	<b>SAFETY EQUIPMENT</b> A 04 <small>MOTORIST 01.NONE USED 02.SHOULDER BELT ONLY USED 03.LAP BELT ONLY USED 04.SHOULDER AND LAP BELT USED 05.CHILD SAFETY SEAT USED 06.HELMET USED 07.RESTRAINT USE UNKNOWN NON-MOTORIST 08.NONE USED 09.HELMET USED 10.PROTECTIVE PADS 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN</small>	<b>AIR BAG</b> A 1 <small>1.NOT DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN</small>	<b>AIR BAG SWITCH</b> A 1 <small>1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION</small>	<b>EJECTION</b> A 1 <small>1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN</small>	<b>TRAPPED</b> A 1 <small>1.NOT TRAPPED 2.EXTRACTED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN</small>	<b>INJURIES</b> A 1 <small>1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN</small>
<input type="checkbox"/> SUPPLEMENT "X" IF YES						

MOTORIST / NON-MOTORIST

OCCUPANT

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="02"/> B <input type="text" value="10"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td>1 <input type="text" value="21"/></td> <td>1 <input type="text" value="20"/></td> </tr> <tr> <td>2 <input type="text"/></td> <td>2 <input type="text"/></td> </tr> <tr> <td>3 <input type="text"/></td> <td>3 <input type="text"/></td> </tr> <tr> <td>4 <input type="text"/></td> <td>4 <input type="text"/></td> </tr> </table>	A	B	1 <input type="text" value="21"/>	1 <input type="text" value="20"/>	2 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	<b>POSTED SPEED</b> A <input type="text" value="0"/> B <input type="text" value="0"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/>
A	B														
1 <input type="text" value="21"/>	1 <input type="text" value="20"/>														
2 <input type="text"/>	2 <input type="text"/>														
3 <input type="text"/>	3 <input type="text"/>														
4 <input type="text"/>	4 <input type="text"/>														
<b>NON-MOTORIST LOCATION</b> A <input type="text"/>	<b>MOST DAMAGED AREA</b> A <input type="text" value="05"/> B <input type="text" value="08"/>	<b>MOTORIST</b> 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 OR STOPPED IN TRAFFIC 12.DRIVERLESS 13.OTHER 14.UNKNOWN <b>NON-MOTORIST</b> 15.ENTRING OR CROSSING SPECIFIED LOCATION 16.WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17.WORKING 18.PUSHING VEHICLE 19.APPROCHING OR LEAVING VEHICLE 20.PLAYING OR WORKING ON VEHICLE 21.STANDING 22.OTHER 23.UNKNOWN	<b>NON-COLLISION</b> 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 OF ROAD RIGHT 09.RAN OFF ROAD LEFT 10.CROSS MEDIAN/CENTERLINE 11.DOWNHILL RUNAWAY 12.OTHER NON-COLLISION 13.UNKNOWN NON-COLLISION <b>COLLISION W/PERSON, VEHICLE, OR OBJECT - NOT FIXED</b> 14.PEDESTRIAN 15.PEDACYCLE 16.RAILWAY VEHICLE (E.G. 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.OTHER MOVABLE OBJECT 24.UNKNOWN MOVABLE OBJECT <b>COLLISION WITH FIXED OBJECT</b> 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.EMBARKMENT 42.FENCE 43.MAILBOX 44.TREE 45.OTHER FIXED OBJECT(WALL, BUILDING, TUNNEL ETC) 46.WORK ZONE MAINTENANCE EQUIPMENT 47.UNKNOWN FIXED OBJECT 48.OTHER 49.UNKNOWN	<b>TRAFFIC CONTROL</b> A <input type="text" value="01"/> B <input type="text" value="01"/>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/>										
<b>TYPE OF UNIT</b> A <input type="text" value="05"/> B <input type="text" value="03"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="17"/> B <input type="text" value="01"/>	<b>MOTORIST</b> 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 MROPER ACTION 22.UNKNOWN <b>NON-MOTORIST</b> 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	<b>DIRECTION</b> <b>FROM TO</b> A <input type="text" value="2"/> <input type="text" value="1"/> B <input type="text"/>	<b>CONDITION</b> A <input type="text" value="1"/> B <input type="text"/>	<b>DRUG TEST 1 &amp; 2 RESULT</b> <table border="1"> <tr> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>A <input type="text" value="1"/></td> <td>A <input type="text" value="1"/></td> <td>B <input type="text"/></td> <td>B <input type="text"/></td> </tr> </table>	1	2	1	2	A <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text"/>	B <input type="text"/>		
1	2	1	2												
A <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text"/>	B <input type="text"/>												
<b>POINT OF IMPACT</b> A <input type="text" value="05"/> B <input type="text" value="08"/>	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text" value="4"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/>	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="01"/>										
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>01.TURN SIGNALS</b> <b>02.HEAD LAMPS</b> <b>03.TAIL LAMPS</b> <b>04.BRAKES</b> <b>05.STEERING</b> <b>06.TIRE BLOWOUT</b> <b>07.WORN OR SLICK TIRES</b> <b>08.TRAILER EQUIPMENT DEFECTIVE</b> <b>09.MOTOR TROUBLE</b> <b>10.DISABLED FROM PRIOR ACCIDENT</b> <b>11.OTHER DEFECTS</b> <b>12.NO DEFECTS</b>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="1"/>										
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text" value="2"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>SPEED DETECTED</b> A <input type="text" value="2"/> B <input type="text" value="1"/>	<b>SPEED</b> A <input type="text" value="1"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/>	<b>ROAD CONDITIONS</b> <table border="1"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> </tr> <tr> <td><input type="text" value="02"/></td> <td><input type="text"/></td> </tr> </table>	PRIMARY	SECONDARY	<input type="text" value="02"/>	<input type="text"/>						
PRIMARY	SECONDARY														
<input type="text" value="02"/>	<input type="text"/>														
<b>SUPPLEMENT 'X' IF YES</b> <input type="checkbox"/>		<b>LOCAL REPORT #</b> <b>10CR 15 03</b>													

**NARRATIVE**

RESPONDED FOR A CRASH ON PRIVATE PROPERTY. UNIT 1 BACKED INTO UNIT 2. OH-1 TAKEN.

**MANNER OF COLLISION OR IMPACT**

- 5**
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

**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

**WEATHER**

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

**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

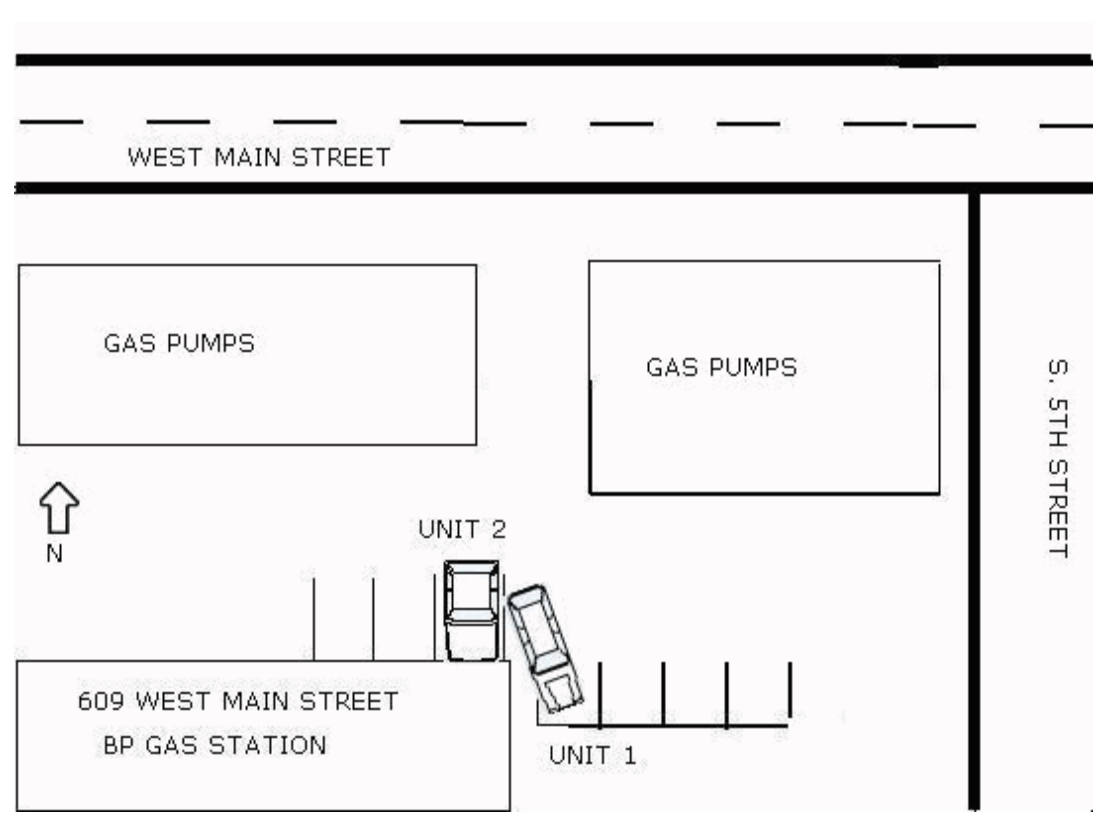
**LIGHT CONDITIONS**

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

**WORKERS PRESENT**

- 
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 8 PERSONS, INCLUDING DRIVER.

THE CRASH RESULTED IN ONE OF THE FOLLOWING:  
 A FATALITY; OR  
 AN INJURY REQUIRING TRANSPORTATION OR 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)

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
<b>CARGO BODY TYPE</b>	05. POLE 06. CARGO TANK 07. FLATBED 08. DUMP 09. CONCRETE MIXER	10. AUTO TRANSPORTER 11. GARBAGE/REFUSE 12. OTHER 13. UNKNOWN	<b>WEIGHT (GVWR)</b>	<b>CDL CLASS</b>	1. CLASS A 2. CLASS B 3. CLASS C 4. CLASS D 5. CLASS E	<b>HAZARDOUS MATERIALS</b>	<b>HAZARDOUS MATERIALS RFI FASFD</b>
<input type="checkbox"/>	01. NOT APPLICABLE 02. BUS (9-15 INCLUDING DRIVER) 03. VAN/ENCLOSED BOX 04. GRAIN/CHIPS/GRAVEL		1. LESS-EQUAL 10,000 2. 10,001 - 26,000 3. MORE THAN 26,000	<input type="checkbox"/>		1. NO 2. YES 3. UNKNOWN	1. NO 4. UNKNOWN 2. YES 3. NOT APPLICABLE

**POLICE ACTION**

<b>DATE CRASH REPORTED</b> 3/22/2010	<b>TIME REC CALL</b> 15:00	<b>DISPATCH</b> 15:00	<b>ARRIVED</b> 15:00	<b>CLEARED</b> 15:30	<b>OTHER</b> 0	<b>TOTAL MINUTES</b> 30
<b>OFFICER'S NAME</b> OFC. C. SHARP		<b>BADGE #</b> 4W21	<b>CHECKED BY</b> 4W85		<b>DATE REPORT FILED</b> 3/22/2010	
<b>REPORT TAKEN BY</b> 1. POLICE AGENCY 2. MOTORIST	<b>REPORT TAKEN AT</b> 1. SCENE 2. STATION 3. OTHER		<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>	<b>LOCAL REPORT #</b> 10CR 15 03		