

TRAFFIC CRASH REPORT

CRASH REPORT # 10CR 19 04	CRASH SEVERITY 4 1.FATAL ERROR 3.PDO 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> 'X' IF YES	HIT/SKIP 1 1.NOT HIT/SKIP 2.SOLVED 3.UNSOLVED	PHOTOS TAKEN <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"/>
N.C.I.C. # 01313	REPORTING AGENCY WILLIAMSBURG POLICE DEPT	# UNITS 2	UNIT ERROR 01 98.ANIMAL 99.UNKNOWN	DATE OF CRASH 4/24/2010	

TIME OF CRASH 16:10	DAY OF WEEK SAT	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) WILLIAMSBURG	COUNTY # 13	LATITUDE 2903254124	LONGITUDE 0840326294
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CRASH OCCURRED ON			TYPE LOCATION POINT USED		LOCAL INFORMATION	
PREFIX N	CRASH LOCATION FIFTH	TYPE LOC 1	1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE			

AT/REFERENCE				REFERENCE POINT USED			
DIST. REF. E	DR E	PREFIX E	REFERENCE MAIN	REF POINT 09	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

A	UNIT # 01	# OF OCC 2	NAME (LAST, FIRST, MIDDLE) RUSCHMAN TOMMY J				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 2911 OLD ST RT 32 BATAVIA OH 45103							
SOCIAL SECURITY NUMBER		DATE OF BIRTH 04/04/1991	AGE 19	SEX M	HOME PHONE # (513)557-8247	WORK PHONE #	
DL STATE OH	DL # TS671626	LP STATE OH	LP # S586749	INJURED TAKEN BY 1 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE 'SAME')			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)				
YEAR 1994	MAKE DODGE	MODEL UNKNOWN	COLOR MAROON	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE#	
OFFENSE CHARGED	OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> 'X' IF YES	

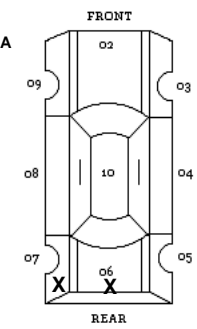
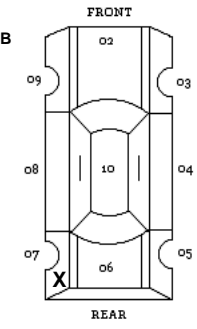
B	UNIT # 02	# OF OCC 0	NAME (LAST, FIRST, MIDDLE) UNOCCUPIED PARKED			
ADDRESS (STREET, CITY, STATE, ZIP-CODE)						
SOCIAL SECURITY NUMBER		DATE OF BIRTH / /	AGE	SEX	HOME PHONE #	WORK PHONE #
DL STATE	DL #	LP STATE OH	LP # DQH7952	INJURED TAKEN BY <input type="checkbox"/> 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME')			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3235 CLOVER ROAD BETHEL OH 45106			
YEAR 1994	MAKE FORD	MODEL OTHER TRUC	COLOR RED / GRY	INSURANCE COMPANY STATE FARM	TOWING SERVICE	OWNER PHONE# (513)417-0379
OFFENSE CHARGED	OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> 'X' IF YES

C	UNIT # 01	NAME (LAST, FIRST, MIDDLE) JONES TIFFANY			HOME PHONE# (513)557-8247	DATE OF BIRTH / /	AGE 16	SEX F
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 2911 OLD ST RT 32 APT 10 BATAVIA OH 45103					INJURED TAKEN BY 1 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO	
D	UNIT #	NAME (LAST, FIRST, MIDDLE)			HOME PHONE#	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)					INJURED TAKEN BY <input type="checkbox"/> 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO	

SEATING POSITION A 01 B 16 C 03 D BLANK FOR WITNESS	SAFETY EQUIPMENT A 04 B 08 C 04 D	AIR BAG A 1 B 1 C 1 D	AIR BAG SWITCH A 4 B 4 C 4 D	EJECTION A 1 B 1 C 1 D	TRAPPED A 1 B 1 C 1 D	INJURIES A 1 B 1 C 1 D <input type="checkbox"/> SUPPLEMENT 'X' IF YES
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MOTORIST / NON-MOTORIST

OCUPANT

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="02"/> B <input type="text" value="10"/>	SEQUENCE OF EVENTS <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"/>	POSTED SPEED A <input type="text" value="25"/> B <input type="text" value="0"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/>		
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"/>																
NON-MOTORIST LOCATION A <input type="text" value="05"/> B <input type="text" value="05"/>		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 OR STOPPED IN TRAFFIC 12.DRIVERLESS 13.OTHER 14.UNKNOWN NON-MOTORIST 15.ENTRNG OR CROSSING SPECIFIED LOCATION 16.WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17.WORKING 18.PUSHING VEHICLE 19.APPROACHING OR LEAVING VEHICLE 20.PLAYING OR WORKING ON VEHICLE 21.STANDING 22.OTHER 23.UNKNOWN	NON-COLLISION 01.OVERTURN/ROLL/OVER 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 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 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 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(WALL, BUILDING, TUNNEL, ETC) 46.WORK ZONE MAINTENANCE EQUIPMENT 47.UNKNOWN FIXED OBJECT 48.OTHER 49.UNKNOWN	TRAFFIC CONTROL A <input type="text" value="01"/> B <input type="text" value="01"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>												
TYPE OF UNIT A <input type="text" value="03"/> B <input type="text" value="11"/>	MOST DAMAGED AREA A <input type="text" value="07"/> B <input type="text" value="08"/>	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="10"/> B <input type="text" value="01"/>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	DIRECTION <table border="1"> <tr> <td>FROM TO</td> <td>FROM TO</td> </tr> <tr> <td>A <input type="text" value="4"/> <input type="text" value="3"/></td> <td>B <input type="text" value="2"/> <input type="text" value="1"/></td> </tr> </table>	FROM TO	FROM TO	A <input type="text" value="4"/> <input type="text" value="3"/>	B <input type="text" value="2"/> <input type="text" value="1"/>	DRUG TEST 1 & 2 RESULT <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><input type="text" value="1"/></td> <td>B <input type="text" value="1"/></td> <td><input type="text" value="1"/></td> </tr> </table>	1	2	1	2	A <input type="text" value="1"/>	<input type="text" value="1"/>	B <input type="text" value="1"/>	<input type="text" value="1"/>
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IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/>	POINT OF IMPACT A <input type="text" value="07"/> B <input type="text" value="08"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/>	OCURRENCE <input type="text" value="1"/>												
DAMAGE SCALE A <input type="text" value="3"/> B <input type="text" value="3"/>	ACTION A <input type="text" value="3"/> B <input type="text" value="4"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	SPEED DETECTED A <input type="text"/> B <input type="text" value="2"/>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="1"/>												
DAMAGE SCALE A <input type="text" value="3"/> B <input type="text" value="3"/>	STRIKING VEHICKE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	SPEED A <input type="text" value="0"/> B <input type="text" value="0"/>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONDITIONS <table border="1"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> </tr> <tr> <td><input type="text" value="01"/></td> <td><input type="text" value="10"/></td> </tr> </table>	PRIMARY	SECONDARY	<input type="text" value="01"/>	<input type="text" value="10"/>								
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<input type="text" value="01"/>	<input type="text" value="10"/>																
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/>		VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>		ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/>	SUPPLEMENT 'X' IF YES <input type="checkbox"/>												
LOCAL REPORT # 10CR 19 04		SUPPLEMENT 'X' IF YES <input type="checkbox"/>		ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/>	LOCAL REPORT # 10CR 19 04												

NARRATIVE

RESPONDED TO ABOVE STATED ADDRESS FOR A CRASH. UNIT 1 WAS TRAVELING EAST BOUND ON NORTH FIFTH STREET AND STRUCK UNIT 2 THAT WAS STATIONARY FACING NORH BOUND ON NORHT FIFTH STREET. OH-1 TAKEN. BACK 33.

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

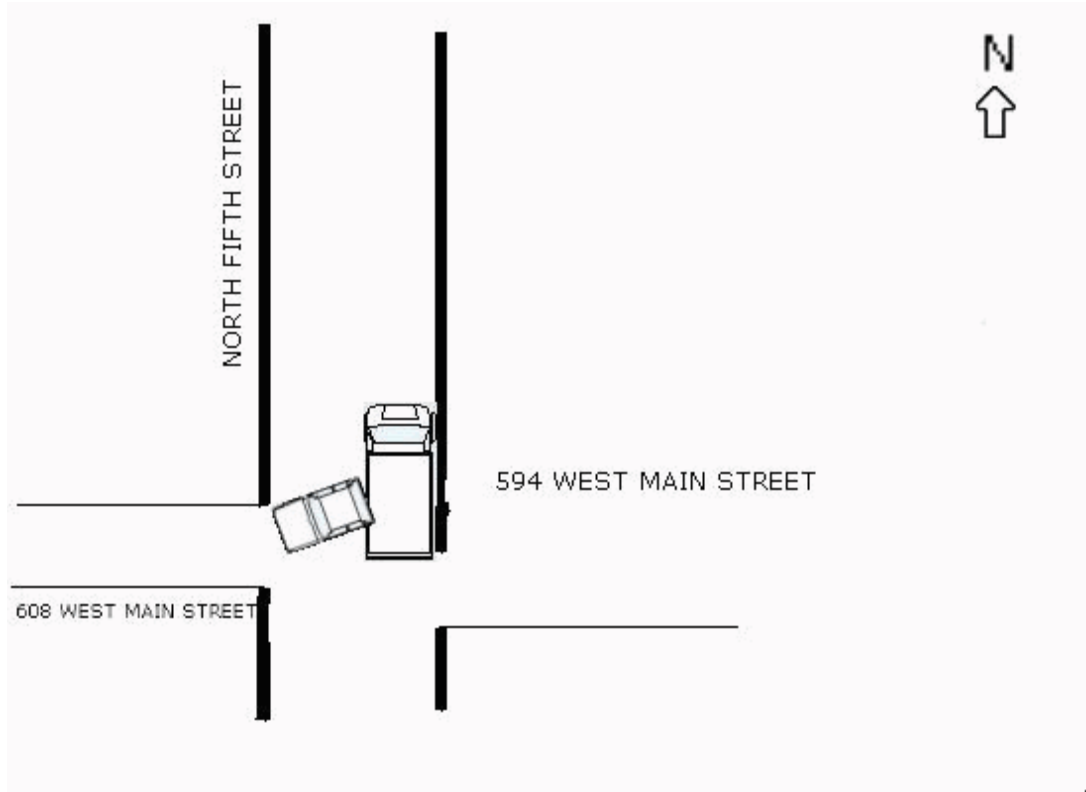
SCHOOL BUS RELATED

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

WORK ZONE RELATED

1
 1. NO
 2. YES
 3. UNKNOWN

DIAGRAM



WEATHER

01
 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

LOC ATION 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 8
 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

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
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CARGO BODY TYPE <input type="checkbox"/> 01. NOT APPLICABLE 02. BUS (9-15 INCLUDING DRIVER) 03. VAN/ENCLOSED BOX 04. GRAIN/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) <input type="checkbox"/> 1. LESS/EQUAL 10,000 2. 10,001 - 26,000 3. MORE THAN 26,000	CDL CLASS <input type="checkbox"/>	1. CLASS A 2. CLASS B 3. CLASS C 4. CLASS D 5. CLASS E	HAZARDOUS MATERIALS <input type="checkbox"/> 1. NO 2. YES 3. UNKNOWN	HAZARDOUS MATERIALS RFI FAFSD <input type="checkbox"/> 1. NO 4. UNKNOWN 2. YES 3. NOT APPLICABLE
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POLICE ACTION

DATE CRASH REPORTED 4/24/2010	TIME REC CALL 16:14	DISPATCH 16:14	ARRIVED 16:21	CLEARED 17:15	OTHER 0	TOTAL MINUTES 61
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OFFICER'S NAME OFC. T. CAMPBELL	BADGE # 4W22	CHECKED BY 4W85	DATE REPORT FILED 4/24/2010
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REPORT TAKEN BY 1 1. POLICE AGENCY 2. MOTORIST	REPORT TAKEN AT 1 1. SCENE 2. STATION 3. OTHER	<input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT # 10CR 19 04
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