

TRAFFIC CRASH REPORT

CRASH REPORT # 10CR 21 04	CRASH SEVERITY 1.FATAL ERROR 3.PDO 2.INJURY 4.UNKNOWN 3	PRIVATE PROPERTY <input checked="" type="checkbox"/> 'X' IF YES	HIT/SKIP 1.NOT HIT/SKIP 2.SOLVED 3.UNSOLVED 3	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 98.ANIMAL 99.UNKNOWN 01	DATE OF CRASH 4/28/2010	

TIME OF CRASH 16:30	DAY OF WEEK WED	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) WILLIAMSBURG	COUNTY # 13	LATITUDE 3903181088	LONGITUDE 0810316297
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CRASH OCCURRED ON			TYPE LOCATION POINT USED			LOCAL INFORMATION		
PREFIX W	CRASH LOCATION MAIN	TYPE LOC 1	1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE					

AT/REFERENCE				REFERENCE POINT USED				
DIST. REF.	DR	PREFIX	REFERENCE 000348	REF POINT 04	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 1	NAME (LAST, FIRST, MIDDLE) UNKNOWN DRIVER						
ADDRESS (STREET, CITY, STATE, ZIP-CODE)									
SOCIAL SECURITY NUMBER		DATE OF BIRTH //		AGE	SEX U	HOME PHONE #		WORK PHONE #	
DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE 5		TRANSPORTED BY		INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE 'SAME') UNKNOWN				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) UNKNOWN UNKNOWN UNKNOWN					
YEAR 0	MAKE UNKNOWN MA	MODEL UNKNOWN	COLOR	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 # DYA9571	INJURED TAKEN BY 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE <input type="checkbox"/>		TRANSPORTED BY		INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE 'SAME') GUENTHER, FRANK J.				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1624 NIXON ROAD WILLIAMSBURG OH 45176					
YEAR 1998	MAKE FORD	MODEL F-SERIES PIC	COLOR RED / SILVER	INSURANCE COMPANY GEICO	TOWING SERVICE		OWNER PHONE# (513)724-0089		
OFFENSE CHARGED		OFFENSE DESCRIPTION					CITATION #	LOCAL CODE <input type="checkbox"/> 'X' IF YES	

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

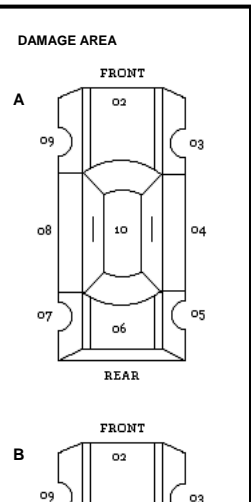
SEATING POSITION A 01 B C D BLANK FOR WITNESS	SAFETY EQUIPMENT A 07 B C D	AIR BAG A 6 B C D	AIR BAG SWITCH A 4 B C D	EJECTION A 5 B C D	TRAPPED A 1 B C D	INJURIES A 6 B C D SUPPLEMENT 'X' IF YES
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MOTORIST / NON-MOTORIST

UNIT NUMBERS
A B

NON-MOTORIST LOCATION
A B

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



PRE-CRASH ACTIONS
A B

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
15.NON-MOTORIST
16.ENTRANCE OR CROSSING SPECIFIED LOCATION
17.WORKING
18.PUSHING VEHICLE
19.APPROACHING OR LEAVING VEHICLE
20.PLAYING OR WORKING ON VEHICLE
21.STANDING
22.OTHER
23.UNKNOWN

SEQUENCE OF EVENTS

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-COLLISION
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
COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED
14.PEDESTRIAN
15.PEDALCYCLE
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

POSTED SPEED
A B

TRAFFIC CONTROL
A B

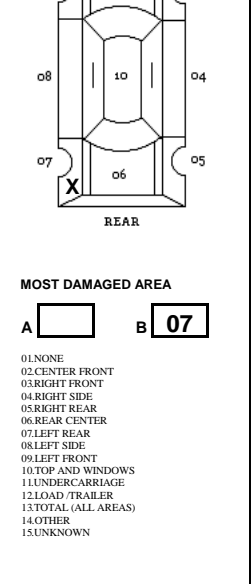
01.NO CONTROLS
02.STOP SIGN
03.YIELD SIGN
04.TRAFFIC SIGNAL
05.TRAFFIC FLASHERS
06.SCHOOL ZONE
07.RAILROAD CROSSBUCKS
08.RAILROAD FLASHERS
09.RAILROAD GATES
10.CONSTRUCTION BARRICADE
11.POLICE OFFICER
12.PAVEMENT MARKINGS
13.CROSSWALK LINES
14.WALK/DONT WALK
15.TRAFFIC CONTROL DEVICE
16.OPERATIVE, MISSING, OBSCURED
17.NOT REPORTED

DRUG TEST STATUS
A B

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

TYPE OF UNIT
A B

MOTORIST
01.SUB-COMPACT
02.COMPACT
03.MID SIZED
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 OR MORE AXLES
11.TRUCK/TRAILER
12.TRUCK TRACTOR (BOBTAIL)
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.TRAIN
30.FARM VEHICLE
31.FARM EQUIPMENT
32.SNOWMOBILE
33.CONSTRUCTION EQUIPMENT
34.ALL OTHERS
35.ANIMAL W/RIDER
36.ANIMAL W/BUGGY
37.BICYCLE
38.PEDESTRIAN
39.PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)
40.SKATER
41.OTHER-NON MOTORIST (WHEELCHAIR, ETC)
42.UNKNOWN



CONTRIBUTING CIRCUMSTANCES
A B

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
23.NON-MOTORIST
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 OTHER
31.WRONG SIDE OF THE ROAD
32.OTHER
33.UNKNOWN

DIRECTION
FROM TO FROM TO
A B

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

CONDITION
A B

1.APPARENTLY NORMAL
2.PHYSICAL IMPAIRMENT
3.EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)
4.ILLNESS
5.FELL, ASLEEP, FAINTED, FATIGUED, ETC
6.UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
7.OTHER
8.UNKNOWN

FIRST HARMFUL EVENT
A B

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

MOST HARMFUL EVENT
A B

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

SPEED DETECTED
A B

1.STATED
2.ESTIMATED

SPEED
A B

DRUG TEST TYPE
A B

1.NONE
2.BLOOD
3.URINE
4.OTHER

DRUG TEST 1 & 2 RESULT

1	2	1	2
A <input type="text" value="1"/>	B <input type="text" value="1"/>	A <input type="text"/>	B <input type="text"/>

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

TYPE OF INTERSECTION
A

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

OCCURRENCE
A

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

ROAD CONTOUR
A

11.STRAIGHT LEVEL
2.STRAIGHT GRADE
3.CURVE LEVEL
4.CURVE GRADE
5.UNKNOWN

ROAD CONDITIONS
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
11.UNKNOWN

POINT OF IMPACT
A 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
15.UNKNOWN

ACTION
A B

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

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE
A B

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
12.NO DEFECTS

IN EMERGENCY RESPONSE
A B

1.NO
2.YES
3.UNKNOWN

STRIKING VEHICLE OVERRIDE/UNDERIDE
A B

1.NO UNDERIDE OR OVERRIDE
2.UNDERIDE, COMPARTMENT INTRUSION
3.UNDERIDE, NO COMPARTMENT INTRUSION
4.UNDERIDE, COMPARTMENT INTRUSION UNKNOWN
5.OVERRIDE, MOTOR VEHICLE IN TRANSPORT
6.OVERRIDE, OTHER VEHICLE
7.UNKNOWN IF UNDERIDE OR OVERRIDE

DAMAGE SCALE
A B

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

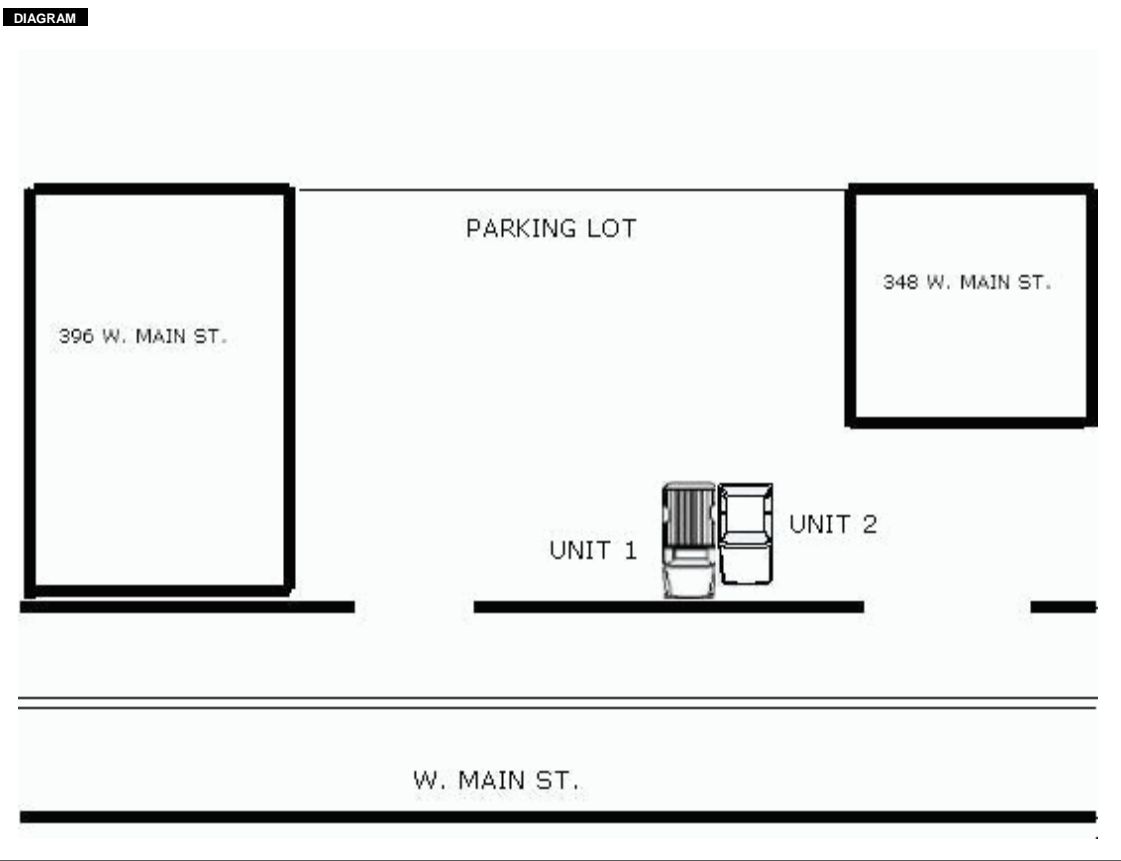
SUPPLEMENT 'X' IF YES

LOCAL REPORT #
10CR 21 04

NARRATIVE

UNIT 2 WAS PARKED IN THE PARKING LOT. UNIT 1, AN UNKNOWN TYPE OF UNIT STRUCK UNIT 2.

MANNER OF COLLISION OR IMPACT 9 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
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	WORK ZONE RELATED 1 1. NO 2. YES 3. UNKNOWN
LIGHT CONDITIONS PRIMARY 1 SECONDARY <input type="checkbox"/> 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	TYPE OF WORK ZONE <input type="checkbox"/> 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 <input type="checkbox"/> 1. BEFORE THE FIRST WORK ZONE WARNING SIGN 2. ADVANCE WARNING AREA 3. TRANSITION AREA 4. ACTIVITY AREA	LOC ATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1. NO 2. YES 3. UNKNOWN



TRUCK/BUS UNIT # <input type="checkbox"/>	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A. TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR N. A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR D. A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.	THE CRASH RESULTED IN ONE OF THE FOLLOWING: A. A FATALITY; OR N. AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT; OR D. AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
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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
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 FASED <input type="checkbox"/> 1. NO 4. UNKNOWN 2. YES 3. NOT APPLICABLE			

POLICE ACTION							
DATE CRASH REPORTED 4/28/2010	TIME REC CALL 17:48	DISPATCH 17:48	ARRIVED 17:48	CLEARED 18:00	OTHER 0	TOTAL MINUTES 12	
OFFICER'S NAME OFC. J. BEATTY		BADGE # 4W17	CHECKED BY 4W85		DATE REPORT FILED 4/28/2010		
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 21 04		