

TRAFFIC CRASH REPORT

OHIO



CRASH REPORT # 09MPD 0477	CRASH SEVERITY 3 <small>1 FATAL (OR 4 FATAL) 2 SERIOUS / UNKNOWN</small>	PRIVATE PROPERTY <input type="checkbox"/> NO <input type="checkbox"/> YES	HIT/SKIP 1 <small>1 NOT HIT / SKIP 2 SOLVED / UNSOLVED</small>	PHOTOS TAKEN <input type="checkbox"/> NO <input type="checkbox"/> YES	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # 03801	REPORTING AGENCY MILLERSBURG POLICE DEPARTMENT		# UNITS 2	UNIT ERROR 01 <small>98 ASIAN 99 UNKNOWN</small>	DATE OF CRASH 03/02/2009

TIME OF CRASH 17:35	DAY OF WEEK MON	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) MILLERSBURG	COUNTY # 38	LATITUDE 40330506	LONGITUDE 081552208
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CRASH OCCURRED ON			TYPE LOCATION POINT USED		LOCAL INFORMATION	
PREFIX	CRASH LOCATION	TYPE LOC	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE			
	FORLOW	1				

DIST. REF.			DR	PREFIX	REFERENCE	REF POINT	REFERENCE POINT USED <small>01 STATE LINE 02 INTERSECTION OF TWO STREETS 03 COUNTY LINE 04 HOUSE NUMBER</small>			<small>05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME WITHOUT REFERENCE</small>		<small>09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE</small>	
					001035 FORLOW	04							

MOTORIST / NON-MOTORIST

A	UNIT # 01	# OF OCC 3	NAME (LAST, FIRST, MIDDLE) CHRAPOWICKI JOSHUA D		ADDRESS (STREET, CITY, STATE, ZIP-CODE) 110 S TAYLOR ST HOLMESVILLE OH 44633		SOCIAL SECURITY NUMBER [REDACTED]		DATE OF BIRTH 02/27/1979	AGE 30	SEX M	HOME PHONE # (330)279-2522	WORK PHONE # (330)674-1926
DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY 1 <small>1 NONE / OTHER 2 EMS / UNKNOWN 3 POLICE</small>		TRANSPORTED BY		INJURED TAKEN TO					
OH	RK054645		NONE (EMS VEH)	1									
OWNER NAME (IF SAME, WRITE 'SAME') HOLMES FIRE DISTRICT #1				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 8478 SR 39 MILLERSBURG OH 44654									
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY		TOWING SERVICE		OWNER PHONE# (330)674-1926					
1998	FORD	OTHER	RED	AMERICAN ALTERN.									
OFFENSE CHARGED			OFFENSE DESCRIPTION						CITATION #		LOCAL CODE <input type="checkbox"/> 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	LP #	INJURED TAKEN BY <input type="checkbox"/>		TRANSPORTED BY		INJURED TAKEN TO					
OH		OH	R347237										
OWNER NAME (IF SAME, WRITE 'SAME') MELLERT, HEATHER M				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1480 TR 80 KILLBUCK OH 44637									
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY		TOWING SERVICE		OWNER PHONE# (330)473-5097					
2004	MITSUBISHI	GALANT	MAROON	STATE FARM									
OFFENSE CHARGED			OFFENSE DESCRIPTION						CITATION #		LOCAL CODE <input type="checkbox"/> YES		

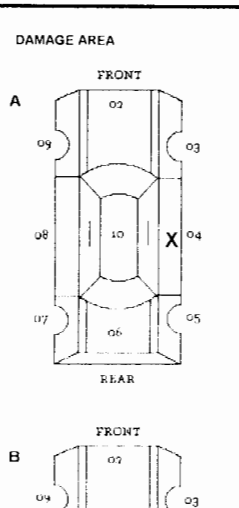
C	UNIT # 01	NAME (LAST, FIRST, MIDDLE) STELLATO CHRISTOPHER M		HOME PHONE# (330)674-6718	DATE OF BIRTH 04/14/1991	AGE 17	SEX M		
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7 RUSTIC DR MILLERSBURG OH 44654				INJURED TAKEN BY 1 <small>1 NONE / OTHER 2 EMS / UNKNOWN 3 POLICE</small>		TRANSPORTED BY		INJURED TAKEN TO	
				1					
D	UNIT # 01	NAME (LAST, FIRST, MIDDLE) BENADETTI BENJAMIN M		HOME PHONE# (567)203-8728	DATE OF BIRTH 04/10/1985	AGE 23	SEX M		
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 103 E MAIN ST HOLMESVILLE OH 44633				INJURED TAKEN BY 1 <small>1 NONE / OTHER 2 EMS / UNKNOWN 3 POLICE</small>		TRANSPORTED BY		INJURED TAKEN TO	
				1					

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
A 01	A 04	A 1	A 4	A 1	A 1	A 1
B	B	B	B	B	B	B
C 11	C 01	C 5	C 4	C 1	C 1	C 1
D 03	D 04	D 1	D 4	D 1	D 1	D 1
<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> <p>BLANK FOR WITNESS</p> <p>1 NONE / UNKNOWN 2 POSSIBLE 3 INCAPACITATING 4 FATAL INJURY 5 UNKNOWN</p> </div> <div style="width: 15%;"> <p>1 NONE / OTHER 2 EMS / UNKNOWN 3 POLICE</p> </div> <div style="width: 10%;"> <p>1 NONE / OTHER 2 EMS / UNKNOWN 3 POLICE</p> </div> <div style="width: 10%;"> <p>1 NONE / OTHER 2 EMS / UNKNOWN 3 POLICE</p> </div> <div style="width: 10%;"> <p>1 NONE / OTHER 2 EMS / UNKNOWN 3 POLICE</p> </div> <div style="width: 10%;"> <p>1 NONE / OTHER 2 EMS / UNKNOWN 3 POLICE</p> </div> <div style="width: 10%;"> <p>1 NONE / OTHER 2 EMS / UNKNOWN 3 POLICE</p> </div> </div>						
						<input type="checkbox"/> SUPPLEMENT 'X' IF YES

UNIT NUMBERS
 A B

NON-MOTORIST LOCATION
 A B

01 MARKED CROSSWALK AT INTERSECTION
 02 VEHICLE POSITION
 03 CROSSWALK
 04 NON-INTERSECTION CROSSWALK
 05 SIDEWALK ACCESS CROSSWALK
 06 SIDEWALK
 07 MEDIAN SIDEWALK BORDER
 08 SIDEWALK
 09 SIDEWALK
 10 SIDEWALK
 11 MEDIAN SIDEWALK BORDER
 12 SIDEWALK
 13 SIDEWALK
 14 SIDEWALK
 15 UNKNOWN



PRE-CRASH ACTIONS
 A B

01 BRAKING
 02 BRAKING
 03 BRAKING
 04 BRAKING
 05 BRAKING
 06 BRAKING
 07 BRAKING
 08 BRAKING
 09 BRAKING
 10 BRAKING
 11 BRAKING
 12 BRAKING
 13 BRAKING
 14 BRAKING
 15 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"/>

01 NO COLLISION
 02 COLLISION
 03 COLLISION
 04 COLLISION
 05 COLLISION
 06 COLLISION
 07 COLLISION
 08 COLLISION
 09 COLLISION
 10 COLLISION
 11 COLLISION
 12 COLLISION
 13 COLLISION
 14 COLLISION
 15 UNKNOWN

POSTED SPEED
 A B

TRAFFIC CONTROL
 A B

01 NO CONTROL
 02 STOP SIGN
 03 YIELD SIGN
 04 TRAFFIC SIGNAL
 05 TRAFFIC SIGNAL
 06 TRAFFIC SIGNAL
 07 TRAFFIC SIGNAL
 08 TRAFFIC SIGNAL
 09 TRAFFIC SIGNAL
 10 TRAFFIC SIGNAL
 11 TRAFFIC SIGNAL
 12 TRAFFIC SIGNAL
 13 TRAFFIC SIGNAL
 14 TRAFFIC SIGNAL
 15 UNKNOWN

DRUG TEST STATUS
 A B

1 NONE GIVEN
 2 TEST REFUSED
 3 TEST GIVEN, CONTAMINATED SAMPLE UNSAMPLEABLE
 4 TEST GIVEN, RESULT IS KNOWN
 5 GIVEN, RESULT UNKNOWN
 6 UNKNOWN

DRUG TEST TYPE
 A B

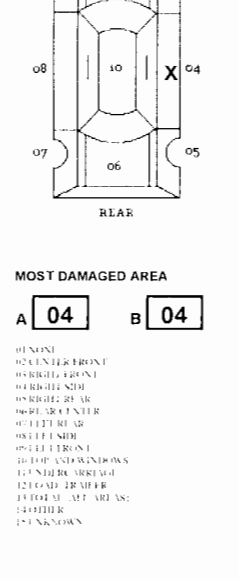
1 NONE
 2 BLOOD
 3 URINE
 4 OTHER

DRUG TEST 1 & 2 RESULT
 A B

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

TYPE OF UNIT
 A B

01 MOTORIST
 02 NON-MOTORIST
 03 NON-MOTORIST
 04 NON-MOTORIST
 05 NON-MOTORIST
 06 NON-MOTORIST
 07 NON-MOTORIST
 08 NON-MOTORIST
 09 NON-MOTORIST
 10 NON-MOTORIST
 11 NON-MOTORIST
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 97 NON-MOTORIST
 98 NON-MOTORIST
 99 NON-MOTORIST
 100 NON-MOTORIST



CONTRIBUTING CIRCUMSTANCES
 A B

01 ROADWAY
 02 ROADWAY
 03 ROADWAY
 04 ROADWAY
 05 ROADWAY
 06 ROADWAY
 07 ROADWAY
 08 ROADWAY
 09 ROADWAY
 10 ROADWAY
 11 ROADWAY
 12 ROADWAY
 13 ROADWAY
 14 ROADWAY
 15 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"/>

01 NO COLLISION
 02 COLLISION
 03 COLLISION
 04 COLLISION
 05 COLLISION
 06 COLLISION
 07 COLLISION
 08 COLLISION
 09 COLLISION
 10 COLLISION
 11 COLLISION
 12 COLLISION
 13 COLLISION
 14 COLLISION
 15 UNKNOWN

DIRECTION

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

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

CONDITION
 A B

1 APPARENTLY NORMAL
 2 PHYSICAL IMPAIRMENT
 3 EMOTIONAL OR DISRESSED ANGRY DISTURBED
 4 ILLNESS
 5 FLEE AND/OR FAINTED FATHERED ETC
 6 UNDER THE INFLUENCE OF DRUGS ALCOHOL
 7 OTHER
 8 UNKNOWN

TYPE OF INTERSECTION

01 NOT AN INTERSECTION
 02 T-ROADWAY INTERSECTION
 03 Y-INTERSECTION
 04 T-INTERSECTION
 05 TRAFFIC CIRCLE ROUNDABOUT
 06 T-POINT-TO-POINT
 07 T-RAMP
 08 OTHER
 09 OTHER
 10 OTHER
 11 OTHER
 12 OTHER
 13 UNKNOWN

OCCURRENCE

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

POINT OF IMPACT
 A B

01 FRONT
 02 FRONT
 03 FRONT
 04 FRONT
 05 FRONT
 06 FRONT
 07 FRONT
 08 FRONT
 09 FRONT
 10 FRONT
 11 FRONT
 12 FRONT
 13 FRONT
 14 FRONT
 15 UNKNOWN

ACTION
 A B

1 NONE
 2 NONE
 3 NONE
 4 NONE
 5 NONE
 6 NONE
 7 NONE
 8 NONE
 9 NONE
 10 NONE
 11 NONE
 12 NONE
 13 NONE
 14 NONE
 15 UNKNOWN

VEHICLE DEFECT CODE ONLY IF '1' SELECTED ABOVE
 A B

01 BRAKING
 02 BRAKING
 03 BRAKING
 04 BRAKING
 05 BRAKING
 06 BRAKING
 07 BRAKING
 08 BRAKING
 09 BRAKING
 10 BRAKING
 11 BRAKING
 12 BRAKING
 13 BRAKING
 14 BRAKING
 15 UNKNOWN

FIRST HARMFUL EVENT
 A B

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

MOST HARMFUL EVENT
 A B

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

ALCOHOL/DRUG SUSPECTED
 A B

1 NONE
 2 YES ALCOHOL SUSPECTED
 3 YES - DRUGS SUSPECTED
 4 YES - DRUGS SUSPECTED
 5 YES - ALCOHOL AND DRUGS SUSPECTED
 6 UNKNOWN

ALCOHOL TEST STATUS
 A B

1 NONE GIVEN
 2 TEST REFUSED
 3 TEST GIVEN, CONTAMINATED SAMPLE UNSAMPLEABLE
 4 TEST GIVEN, RESULT IS KNOWN
 5 GIVEN, RESULT UNKNOWN
 6 UNKNOWN

ROAD CONTOUR

1 STRAIGHT LEVEL
 2 STRAIGHT GRADE
 3 CURVE LEVEL
 4 CURVE GRADE
 5 UNKNOWN

ROAD CONDITIONS

PRIMARY	SECONDARY
<input type="text" value="01"/>	<input type="text"/>

01 DRY
 02 WET
 03 UNKNOWN
 04 ICE
 05 SAND/DIRT/OIL/GRAVEL
 06 WATER (STANDING/MOVING)
 07 SLUSH
 08 DEBRIS
 09 HOT TARS/ASPHALT
 10 OTHER
 11 UNKNOWN

IN EMERGENCY RESPONSE
 A B

1 YES
 2 YES
 3 UNKNOWN

STRIKING VEHICLE OVERRIDE/UNDERIDE
 A B

1 NONE
 2 NONE
 3 NONE
 4 NONE
 5 NONE
 6 NONE
 7 NONE
 8 NONE
 9 NONE
 10 NONE
 11 NONE
 12 NONE
 13 NONE
 14 NONE
 15 UNKNOWN

VEHICLE DEFECT CODE ONLY IF '1' SELECTED ABOVE
 A B

01 BRAKING
 02 BRAKING
 03 BRAKING
 04 BRAKING
 05 BRAKING
 06 BRAKING
 07 BRAKING
 08 BRAKING
 09 BRAKING
 10 BRAKING
 11 BRAKING
 12 BRAKING
 13 BRAKING
 14 BRAKING
 15 UNKNOWN

SPEED DETECTED
 A B

1 STAFFED
 2 UNSTAFFED

SPEED
 A B

ALCOHOL TEST TYPE
 A B

1 NONE
 2 BREATH
 3 BLOOD
 4 OTHER
 5 OTHER

ALCOHOL TEST RESULT
 A B

ALCOHOL TEST TYPE
 A B

1 NONE
 2 BREATH
 3 BLOOD
 4 OTHER
 5 OTHER

ALCOHOL TEST RESULT
 A B

DAMAGE SCALE
 A B

1 NONE
 2 NONE
 3 NONE
 4 NONE
 5 NONE
 6 UNKNOWN

STRIKING VEHICLE OVERRIDE/UNDERIDE
 A B

1 NONE
 2 NONE
 3 NONE
 4 NONE
 5 NONE
 6 NONE
 7 NONE
 8 NONE
 9 NONE
 10 NONE
 11 NONE
 12 NONE
 13 NONE
 14 NONE
 15 UNKNOWN

VEHICLE DEFECT CODE ONLY IF '1' SELECTED ABOVE
 A B

01 BRAKING
 02 BRAKING
 03 BRAKING
 04 BRAKING
 05 BRAKING
 06 BRAKING
 07 BRAKING
 08 BRAKING
 09 BRAKING
 10 BRAKING
 11 BRAKING
 12 BRAKING
 13 BRAKING
 14 BRAKING
 15 UNKNOWN

SPEED DETECTED
 A B

1 STAFFED
 2 UNSTAFFED

SPEED
 A B

ALCOHOL TEST TYPE
 A B

1 NONE
 2 BREATH
 3 BLOOD
 4 OTHER
 5 OTHER

ALCOHOL TEST RESULT
 A B

ALCOHOL TEST TYPE
 A B

1 NONE
 2 BREATH
 3 BLOOD
 4 OTHER
 5 OTHER

ALCOHOL TEST RESULT
 A B

SUPPLEMENT 'X' IF YES

LOCAL REPORT # **09MPD 0477**

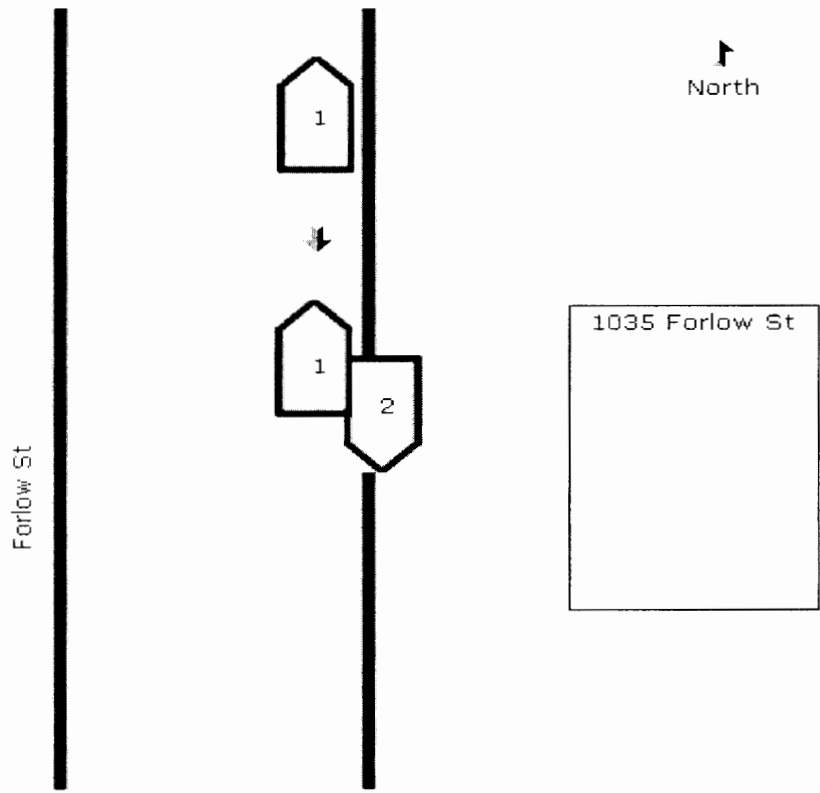
NARRATIVE

UNIT 1, A BOX STYLE MILLER MCCOY AMBULANCE WAS BACKING SOUTHBOUND ON FORLOW ST. UNIT 2 WAS PARKED ON THE SIDE OF THE STREET AND PARTIALLY IN THE YARD IN FRONT OF 1035 FORLOW ST. OPERATOR OF UNIT 1 STATED THAT AS HE WAS BACKING HE WAS "LOOKING IN THE WRONG MIRROR" AND STRUCK UNIT 2 IN A SIDESWIPE FASHION. UNIT 1 HAD MINOR DAMAGE TO THE SIDE OF THE BOX PORTION OF THE AMBULANCE. UNIT 2 HAD A DENT AND PAINT DAMAGE IN THE RIGHT REAR QUARTER PANEL. UNIT 2 HAD BEEN PARKED FACING REVERSE OF TRAFFIC, HOWEVER THIS HAD NO CONTRIBUTING CAUSE TO THE CRASH.

MANNER OF COLLISION OR IMPACT
7
 1 NOT COLLISION BETWEEN TWO VEHICLES
 2 REAR END
 3 SIDE SWIPE
 4 FRONT END
 5 FRONT QUARTER
 6 SIDE
 7 SIDESWIPE
 8 SIDESWIPE OPPOSITE DIRECTION
 9 UNKNOWN

SCHOOL BUS RELATED
1
 1 NO
 2 YES, DIRECTLY INVOLVED
 3 YES, INDIRECTLY INVOLVED
 4 UNKNOWN

DIAGRAM



WORK ZONE RELATED
1
 1 NO
 2 YES
 3 UNKNOWN

WEATHER
01
 01 CLEAR
 02 CLOUDY
 03 FOG/SMOG/SMOKE
 04 RAIN
 05 STEEL BEAM FREEZING RAIN OR DRIZZLE
 06 SNOW
 07 SEVERE CROSSWIND
 08 HAIL
 09 SAND/SOIL DIRT/SNOW
 10 OTHER
 11 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
 1 DAYLIGHT
 2 DAWN
 3 DUSK
 4 DARK - LIGHTED ROADWAY
 5 DARK - ROADWAY NOT LIGHTED
 6 DARK - UNKNOWN ROADWAY LIGHTING
 7 GARAGE
 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 OR OTHER VEHICLE WITH A GVWR MORE THAN 10,000 POUNDS, OR
 A TRUCK OR OTHER VEHICLE WITH A LICENSED DRIVER'S LICENSE OR
 A LICENSED DRIVER'S LICENSE FOR AT LEAST ONE PERSON, NOT THE DRIVER

A THE CRASH RESULTED IN ONE OF THE FOLLOWING:
 1 FATALITY OR
 2 INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT, OR
 3 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
CARGO BODY TYPE <input type="checkbox"/> 01 NONE APPLICABLE <input type="checkbox"/> 02 BUS <input type="checkbox"/> 03 VAN <input type="checkbox"/> 04 CRAN/CRIPPER/GRABER <input type="checkbox"/> 05 TRUCK <input type="checkbox"/> 06 TRUCK BODY <input type="checkbox"/> 07 TRUCK BODY <input type="checkbox"/> 08 TRUCK BODY <input type="checkbox"/> 09 TRUCK BODY <input type="checkbox"/> 10 TRUCK BODY <input type="checkbox"/> 11 TRUCK BODY <input type="checkbox"/> 12 TRUCK BODY <input type="checkbox"/> 13 TRUCK BODY <input type="checkbox"/> 14 TRUCK BODY <input type="checkbox"/> 15 TRUCK BODY <input type="checkbox"/> 16 TRUCK BODY <input type="checkbox"/> 17 TRUCK BODY <input type="checkbox"/> 18 TRUCK BODY <input type="checkbox"/> 19 TRUCK BODY <input type="checkbox"/> 20 TRUCK BODY <input type="checkbox"/> 21 TRUCK BODY <input type="checkbox"/> 22 TRUCK BODY <input type="checkbox"/> 23 TRUCK BODY <input type="checkbox"/> 24 TRUCK BODY <input type="checkbox"/> 25 TRUCK BODY <input type="checkbox"/> 26 TRUCK BODY <input type="checkbox"/> 27 TRUCK BODY <input type="checkbox"/> 28 TRUCK BODY <input type="checkbox"/> 29 TRUCK BODY <input type="checkbox"/> 30 TRUCK BODY <input type="checkbox"/> 31 TRUCK BODY <input type="checkbox"/> 32 TRUCK BODY <input type="checkbox"/> 33 TRUCK BODY <input type="checkbox"/> 34 TRUCK BODY <input type="checkbox"/> 35 TRUCK BODY <input type="checkbox"/> 36 TRUCK BODY <input type="checkbox"/> 37 TRUCK BODY <input type="checkbox"/> 38 TRUCK BODY <input type="checkbox"/> 39 TRUCK BODY <input type="checkbox"/> 40 TRUCK BODY <input type="checkbox"/> 41 TRUCK BODY <input type="checkbox"/> 42 TRUCK BODY <input type="checkbox"/> 43 TRUCK BODY <input type="checkbox"/> 44 TRUCK BODY <input type="checkbox"/> 45 TRUCK BODY <input type="checkbox"/> 46 TRUCK BODY <input type="checkbox"/> 47 TRUCK BODY <input type="checkbox"/> 48 TRUCK BODY <input type="checkbox"/> 49 TRUCK BODY <input type="checkbox"/> 50 TRUCK BODY <input type="checkbox"/> 51 TRUCK BODY <input type="checkbox"/> 52 TRUCK BODY <input type="checkbox"/> 53 TRUCK BODY <input type="checkbox"/> 54 TRUCK BODY <input type="checkbox"/> 55 TRUCK BODY <input type="checkbox"/> 56 TRUCK BODY <input type="checkbox"/> 57 TRUCK BODY <input type="checkbox"/> 58 TRUCK BODY <input type="checkbox"/> 59 TRUCK BODY <input type="checkbox"/> 60 TRUCK BODY <input type="checkbox"/> 61 TRUCK BODY <input type="checkbox"/> 62 TRUCK BODY <input type="checkbox"/> 63 TRUCK BODY <input type="checkbox"/> 64 TRUCK BODY <input type="checkbox"/> 65 TRUCK BODY <input type="checkbox"/> 66 TRUCK BODY <input type="checkbox"/> 67 TRUCK BODY <input type="checkbox"/> 68 TRUCK BODY <input type="checkbox"/> 69 TRUCK BODY <input type="checkbox"/> 70 TRUCK BODY <input type="checkbox"/> 71 TRUCK BODY <input type="checkbox"/> 72 TRUCK BODY <input type="checkbox"/> 73 TRUCK BODY <input type="checkbox"/> 74 TRUCK BODY <input type="checkbox"/> 75 TRUCK BODY <input type="checkbox"/> 76 TRUCK BODY <input type="checkbox"/> 77 TRUCK BODY <input type="checkbox"/> 78 TRUCK BODY <input type="checkbox"/> 79 TRUCK BODY <input type="checkbox"/> 80 TRUCK BODY <input type="checkbox"/> 81 TRUCK BODY <input type="checkbox"/> 82 TRUCK BODY <input type="checkbox"/> 83 TRUCK BODY <input type="checkbox"/> 84 TRUCK BODY <input type="checkbox"/> 85 TRUCK BODY <input type="checkbox"/> 86 TRUCK BODY <input type="checkbox"/> 87 TRUCK BODY <input type="checkbox"/> 88 TRUCK BODY <input type="checkbox"/> 89 TRUCK BODY <input type="checkbox"/> 90 TRUCK BODY <input type="checkbox"/> 91 TRUCK BODY <input type="checkbox"/> 92 TRUCK BODY <input type="checkbox"/> 93 TRUCK BODY <input type="checkbox"/> 94 TRUCK BODY <input type="checkbox"/> 95 TRUCK BODY <input type="checkbox"/> 96 TRUCK BODY <input type="checkbox"/> 97 TRUCK BODY <input type="checkbox"/> 98 TRUCK BODY <input type="checkbox"/> 99 TRUCK BODY <input type="checkbox"/> 100 TRUCK BODY	WEIGHT (GVWR) <input type="checkbox"/> 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	CDL CLASS <input type="checkbox"/> 1 CLASS A <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS D <input type="checkbox"/> 5 CLASS E	HAZARDOUS MATERIALS <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	HAZARDOUS MATERIALS REFUSED <input type="checkbox"/> 1 NO - UNKNOWN <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE			

POLICE ACTION

DATE CRASH REPORTED 03/03/2009	TIME REC CALL 17:37	DISPATCH 17:42	ARRIVED 17:46	CLEARED 17:56	OTHER 10	TOTAL MINUTES 24
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OFFICER'S NAME PTL. JUSTIN ESTILL	BADGE # 113	CHECKED BY _____	DATE REPORT FILED 03/03/2009
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REPORT TAKEN BY 1 1. REPORTING AGENCY 2 2. REPORTING AGENCY 3 3. REPORTING AGENCY	REPORT TAKEN AT 1 1. AGENCY 2 2. AGENCY 3 3. AGENCY	<input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT # 09MPD 0477
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PUBLIC RECORDS REQUEST RESPONSE WORKSHEET

Some or all of the information you have requested has not been provided or has been intentionally obscured or deleted (redacted) because the information is exempt from the duty to permit public inspection or copying from an item that otherwise meets the definition of "record" in Section 149.011. In other words, it does not meet the definition of "public record" found in section 149.43(A) (1). The subsection of 149.43(A) (1) that applies is designated:

(a) "Medical records" defined as any document or combination of documents, except births, deaths, and the fact of admission to or discharge from a hospital, that pertains to the medical history, diagnosis, prognosis, or medical condition of a patient and that is generated and maintained in the process of medical treatment.

Records that pertain to a patient's medical history, diagnosis, prognosis or medical condition and that were generated and maintained in the process of medical treatment are not subject to disclosure under the Public Records Act.¹⁵² The record must have both of these characteristics to be exempt from public disclosure.¹⁵³ Birth records, death records, and the fact of admission to or discharge from a hospital are not "medical records,"¹⁵⁴ so they must be disclosed. The report of a medical professional that is generated for employment or litigation purposes, rather than in the process of medical treatment, is not a "medical record." For instance, a psychological report made as part of the hiring process was generated for employment purposes, not for medical treatment and is not a "medical record" for purposes of this exemption.¹⁵⁵ Similarly, when a run sheet created and maintained by a county emergency medical services (EMS) organization documents treatment of a living patient, the EMS organization may redact information that pertains to the patient's medical history, diagnosis, prognosis or medical condition.¹⁵⁶ The medical records exemption does not permit, however, the redaction of names, addresses or other non-medical personal information.¹⁵⁷ Such information may, at first blush, appear to be protected by the Health Insurance Portability And Accountability Act (HIPAA); however, a recent Ohio Supreme Court decision clarified that HIPAA is not available as a catch-all exemption under Ohio's Public Records Act.

¹⁵¹ Ohio Rev. Code Ann. §149.43(A)(1)(a) and (A)(3).

¹⁵² Ohio Rev. Code Ann. §149.43(A)(1)(a) and (A)(3); *Bartley v. Little* (Dec. 28, 2000), Muskingum App. No. CT99-16, 2000 Ohio App. LEXIS 6238.

¹⁵³ Ohio Rev. Code Ann. §149.43(A)(3); *State ex rel. Strothers v. Wertheim* (1997), 80 Ohio St.3d 155, 1997 Ohio 349, 684 N.E.2d 1239;

¹⁵⁴ Ohio Rev. Code Ann. §149.43(A)(1)(a) and (A)(3).

¹⁵⁵ *State ex rel. Multimedia, Inc. v. Snowden* (1995), 72 Ohio St.3d 141, 144-45, 1995 Ohio 248, 647 N.E.2d 1374, 1378; *State v. Hall* (2001), 141 Ohio App.3d 561, *Lawrence App. No. 00CA23*, 2001 Ohio 4059, 752 N.E.2d 318 (psychiatric reports compiled solely to assist court with competency to stand trial determination are not medical records); *State ex rel. DeRemer v. Waller* (Mar. 17, 1997), 5th Dist. No. 1997CA00055, 1997 Ohio App. LEXIS 1909. See, also, *State ex rel. Richard v. Cleveland Metro Health Ctr.* (1992), 84 Ohio App.3d 142, 616 N.E.2d 549; *State ex rel. National Broadcasting Co. v. Cleveland* (1992), 82 Ohio App.3d 202, *Cuyahoga App. No. 52337*, 611 N.E.2d 838; *State ex rel. Toledo Blade Co. v. Telb* (1990), 50 Ohio Misc. 2d 1, 552 N.E.2d 243. But, see, *Sheely v. Norris* (Oct. 7, 1993), 11th Dist. No. 92-P-0027, No. 92-P-0028, 1993 Ohio App. LEXIS 5205 (emergency room records in custody of prosecutor are not public records). (Note other statutes such as the federal Americans with Disabilities Act (see 29 U.S.C. §2601, et seq. (1993)).

¹⁵⁸ *State ex rel. Enquirer v. Daniels* (2006), ___ Ohio St. 3d ___, 2006 Ohio 1215

(h) "Confidential law enforcement investigatory records" defined in Section 149.43 (A)(2) as any record that pertains to a law enforcement matter of a criminal, quasi-criminal, civil, or administrative nature, but only to the extent that the release of the record would create a high probability of disclosure of any of the following (check all that apply):

In determining whether a record constitutes a confidential law enforcement investigatory record, the courts use a two-step test.¹⁸¹ The record must both (a) pertain to a criminal, quasi-criminal, civil or administrative law enforcement matter, and (b) create a high probability of disclosing at least one of the five types of information highlighted above.¹⁸² If information does not meet the test, the information may not be withheld under CLEIRs.

Note, however, release of the information may still be restricted under any of the other express exemptions or the catch-all exemption.¹⁸³

¹⁸¹ State ex rel. Musial v. City of N. Olmsted (2005), 106 Ohio St.3d 459, 2005 Ohio 5521, 835 N.E.2d 1243; State ex rel. Beacon Journal Publ. Co. v. Maurer (2001), 91 Ohio St.3d 54, 2001 Ohio 282, 741 N.E.2d 511; State ex rel. Polovischak v. Mayfield (1990), 50 Ohio St.3d 51, 52, 552 N.E.2d 635, 636-37.

¹⁸² State ex rel. Multimedia, Inc. v. Snowden (1995), 72 Ohio St.3d 141, 1995 Ohio 248, 647 N.E.2d 1374; State ex rel. Polovischak v. Mayfield (1990), 50 Ohio St.3d 51, 552 N.E.2d 635.

¹⁸³ State ex rel. Beacon Journal Publ. Co. v. City of Akron (2004), 104 Ohio St.3d 399, 2004 Ohio 6557, overruling State ex rel. Beacon Journal Publ. Co. v. City of Akron (Apr. 12, 2004), 9th Dist. No. 21116, 2004 Ohio App. LEXIS 1814 (although incident reports are not exempt under CLEIRs, abuse reports from children services agencies incorporated therein are exempt from disclosure under a separate catch-all statute).

 X (v) Records the release of which is prohibited by state or federal law as follows (check all that apply):

 X Social Security numbers

Protecting (SSNs) is based on a federal constitutional right to privacy.³⁵⁷ Although the federal Privacy Act (5 U.S.C. §552a) does not expressly prohibit the release of SSNs by state and local public offices, it does create an individual expectation of privacy.³⁵⁸ Any federal, state, or local government agency that asks individuals to disclose their SSNs must state 1) whether that disclosure is mandatory or voluntary, and if mandatory under what authority the SSN is solicited, and 2) what use will be made of it.³⁵⁹ Therefore, a SSN can only be disclosed after individuals have been given prior notice that their SSNs will be publicly available. However, the Ohio Supreme Court has ruled that 911 tapes are always a public record which must be made immediately available. This is the case even if the tapes contain SSNs. The court found that there is no expectation of privacy when a person makes a 911 call. Instead, there is an expectation that the information will be recorded and disclosed to the public.³⁶⁰

³⁵⁷ State ex rel. Beacon Journal Publ. Co. v. City of Akron (1994), 70 Ohio St.3d 605, 1994 Ohio 6, 640 N.E.2d 164. See, also, State ex rel. Beacon