

TRAFFIC CRASH REPORT

CRASH REPORT # 12-MV 00371	CRASH SEVERITY 2 1 FATAL ERROR 3 FDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> *X IF YES	HIT / SKIP 1 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED	PHOTOS TAKEN <input type="checkbox"/> *X IF YES	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # 05213	REPORTING AGENCY MONTVILLE TOWNSHIP POLICE	# UNITS 1	UNIT ERROR 01 08 ANIMAL 09 UNKNOWN	DATE OF CRASH 1/12/2012	

TIME OF CRASH 23:04	DAY OF WEEK THU	CITY/VILLAGE/TOWNSHIP TOWNSHIP	NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF)	COUNTY # 52	LATITUDE 4105305339	LONGITUDE 0815151188
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CRASH OCCURRED ON PREFIX POE	CRASH LOCATION POE	TYPE LOC 1	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION POE ROAD & WOOSTER PIKE
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DIST. REF.	DIR	PREFIX	REFERENCE 0003	REF POINT 02	REFERENCE POINT USED 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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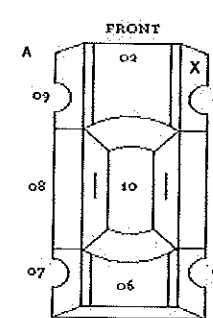
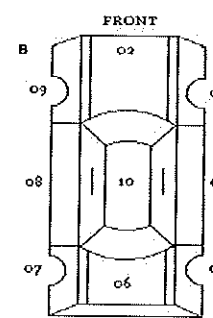
MOTORIST / NON-MOTORIST

A	UNIT # 01	# OF OCC 3	NAME (LAST, FIRST, MIDDLE) CONSTANTINE ARIELLE CHRISTINE		
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 63 1/2 GRANT STREET RITTMAN OH 44270					
SOCIAL SECURITY NUMBER		DATE OF BIRTH 05/24/1991		AGE 20	SEX F
DL STATE OH		DL # SY014280		LP STATE OH	LP # FJE6091
INJURED TAKEN BY 2 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE			TRANSPORTED BY L.S.T.		INJURED TAKEN TO MEDINA HOSPITAL
OWNER NAME (IF SAME, WRITE "SAME") MICHAEL J. HEFFELFINGER			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 63 1/2 GRANT STREET RITTMAN OH 44270		
YEAR 1992	MAKE VOLKSWA	MODEL JETTA	COLOR SILVER	INSURANCE COMPANY GENERAL AUTOMO	TOWING SERVICE ACTION TOWING
OFFENSE CHARGED		OFFENSE DESCRIPTION			CITATION #
OWNER PHONE # (330)697-4683					

B	UNIT #	# OF OCC	NAME (LAST, FIRST, MIDDLE)		
ADDRESS (STREET, CITY, STATE, ZIP-CODE)					
SOCIAL SECURITY NUMBER		DATE OF BIRTH		AGE	SEX
DL STATE		DL #		LP STATE	LP #
INJURED TAKEN BY			TRANSPORTED BY		INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME")			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)		
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE
OFFENSE CHARGED		OFFENSE DESCRIPTION			CITATION #
OWNER PHONE #					

C	UNIT # 01	NAME (LAST, FIRST, MIDDLE) MAYNARD DELLA Y			HOME PHONE # (330)785-8310	DATE OF BIRTH 02/06/1994	AGE 17	SEX F
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 519 BEAVER STREET LOT 5 ORRVILLE OH 44667-2050								
INJURED TAKEN BY 2 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE			TRANSPORTED BY L.S.T.		INJURED TAKEN TO MEDINA HOSPITAL			
D	UNIT # 01	NAME (LAST, FIRST, MIDDLE) O'DONNELL JESSICA L			HOME PHONE # (330)906-9881	DATE OF BIRTH 01/06/1991	AGE 21	SEX F
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 344 DIANE STREET RITTMAN OH 44270								
INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE			TRANSPORTED BY		INJURED TAKEN TO			

SEATING POSITION A 01 01 FRONT - LEFT (VC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (VC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (VC PASSENGER'S/DE 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 NONMOTORIST 17 UNKNOWN	SAFETY EQUIPMENT A 04 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 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG A 5 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT'S/DE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	AIR BAG SWITCH A 1 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	EJECTION A 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED A 1 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NONMECHANICAL MEANS 4 UNKNOWN	INJURIES A 1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN	
BLANK FOR WITNESS							<input type="checkbox"/> SUPPLEMENT *X IF YES

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="01"/> B <input type="text"/> MOTORIST 01 MOMENTS 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 ENTERING 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	SEQUENCE OF EVENTS <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td>1 <input type="text" value="08"/></td> <td>1 <input type="text"/></td> </tr> <tr> <td>2 <input type="text" value="40"/></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="08"/>	1 <input type="text"/>	2 <input type="text" value="40"/>	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="45"/> B <input type="text"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text"/> 1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 GIVEN, RESULTS UNKNOWN 6 UNKNOWN		
A	B																
1 <input type="text" value="08"/>	1 <input type="text"/>																
2 <input type="text" value="40"/>	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"/> B <input type="text"/> 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 (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN		CONTRIBUTING CIRCUMSTANCES A <input type="text" value="15"/> B <input type="text"/> 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 WALKING SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE EXPLOSION 03 INVERSION 04 JACKKNIFE 05 CARGO EQUIPMENT LOSS OR SHIFT 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) 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 PEDICYCLE 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 WORK ZONE 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 FIXTURES/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="02"/> B <input type="text"/> 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 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16 OTHER 17 NOT REPORTED 18 UNKNOWN	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text"/> 1 NONE 2 BLOOD 3 URINE 4 OTHER												
TYPE OF UNIT A <input type="text" value="03"/> B <input type="text"/> MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID-SIZED 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PAHELVAN 09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK, 3 OR MORE AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BORTAL) 13 TRACTOR-SEMI-TRAILER 14 TRACTOR DOUBLE - SHORT 15 TRACTOR DOUBLE - LONG 16 FTW WHEEL OR CONVERTER DOLLY 17 TRACTOR/Triples 18 MOTORCYCLE 19 MOTORCYCLEDI-CYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 FUEL/OIL BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAILER 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 PEDICYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER NON-MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN	MOST DAMAGED AREA A <input type="text" value="03"/> B <input type="text"/> 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	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/> 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	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	DIRECTION <table border="1"> <tr> <td>FROM TO</td> <td>FROM TO</td> </tr> <tr> <td>A <input type="text" value="3"/> <input type="text" value="4"/></td> <td>B <input type="text"/> <input type="text"/></td> </tr> </table> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN	FROM TO	FROM TO	A <input type="text" value="3"/> <input type="text" value="4"/>	B <input type="text"/> <input type="text"/>	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"/></td> <td><input type="text"/></td> </tr> </table> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPiates 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING	1	2	1	2	A <input type="text" value="1"/>	<input type="text" value="1"/>	B <input type="text"/>	<input type="text"/>
FROM TO	FROM TO																
A <input type="text" value="3"/> <input type="text" value="4"/>	B <input type="text"/> <input type="text"/>																
1	2	1	2														
A <input type="text" value="1"/>	<input type="text" value="1"/>	B <input type="text"/>	<input type="text"/>														
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text"/> 1 NO 2 YES 3 UNKNOWN	POINT OF IMPACT A <input type="text" value="03"/> B <input type="text"/> 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 <input type="text" value="3"/> B <input type="text"/> 1 NON-CONTACT 2 NON-COLLISION 3 STRUCK 4 STRUCK 5 BOTH STRUCK AND STRUCK 6 UNKNOWN	MOST HARMFUL EVENT A <input type="text" value="2"/> B <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text"/> 1 NONE 2 YES ALCOHOL SUSPECTED 3 YES-HED NOT IMPAIRED 4 YES-DRUGS SUSPECTED 5 YES-ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN	OCCURRENCE <input type="text" value="1"/> 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN												
DAMAGE SCALE A <input type="text" value="3"/> B <input type="text"/> 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 SEVERE DAMAGE 5 SEVERE 6 UNKNOWN	STRIKING VEHICLE OVERRIDE/UNDERIDE A <input type="text" value="1"/> B <input type="text"/> 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	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text"/> 1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	SPEED DETECTED A <input type="text" value="1"/> B <input type="text"/> 1 STATED 2 ESTIMATED	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text"/> 1 NONE 2 BREATH 3 BLOOD 4 URINE 5 OTHER	ROAD CONTOUR <input type="text" value="1"/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN												
DAMAGE SCALE A <input type="text" value="3"/> B <input type="text"/> 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 SEVERE DAMAGE 5 SEVERE 6 UNKNOWN	ROAD CONDITIONS <table border="1"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> </tr> <tr> <td><input type="text" value="03"/></td> <td><input type="text" value="04"/></td> </tr> </table> 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	PRIMARY	SECONDARY	<input type="text" value="03"/>	<input type="text" value="04"/>	ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/>	SPEED A <input type="text" value="25"/> B <input type="text"/>	ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/>	LOCAL REPORT # 12-MV 00371								
PRIMARY	SECONDARY																
<input type="text" value="03"/>	<input type="text" value="04"/>																

NARRATIVE

UNIT #1 WAS WESTBOUND ON POE ROAD, PREPARING TO STOP AT THE INTERSECTION OF POE ROAD AND S.R. 3 (WOOSTER PIKE), WHEN IT LOST CONTROL ON THE SNOW/ICE COVERED ROADWAY. UNIT #1 SLID OFF THE NORTH SIDE OF THE ROAD AND CAME TO REST WHEN THE FRONT PASSENGER SIDE STRUCK THE DITCH. UNIT #1 SUSTAINED MINOR FUNCTIONAL DAMAGE TO THE FRONT PASSENGER SIDE BUMPER. UNIT #1 WAS REMOVED FROM THE DITCH BY ACTION TOWING. THE FRONT SEAT PASSENGER WAS TRANSPORTED TO MEDINA HOSPITAL BY L.S.T., WITH A POSSIBLE NECK INJURY. NONE OF THE OTHER OCCUPANTS WERE INJURED IN THE INCIDENT.

<p>MANNER OF COLLISION OR IMPACT</p> <p><input checked="" type="checkbox"/> 1</p> <p>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWIFE SAME DIRECTION 8 SIDESWIFE OPPOSITE DIRECTION 9 UNKNOWN</p>	<p>SCHOOL BUS RELATED</p> <p><input checked="" type="checkbox"/> 1</p> <p>1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN</p>	<p>DIAGRAM</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">S.R. 3 (WOOSTER PIKE)</p> <p>POE ROAD</p> <p style="text-align: right;">*DRAWING NOT TO SCALE</p>
<p>WEATHER</p> <p><input checked="" type="checkbox"/> 06</p> <p>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/RT/SNOW 09 OTHER 10 UNKNOWN</p>	<p>WORK ZONE RELATED</p> <p><input checked="" type="checkbox"/> 1</p> <p>1 NO 2 YES 3 UNKNOWN</p>	
<p>LIGHT CONDITIONS</p> <p>PRIMARY <input checked="" type="checkbox"/> 4 SECONDARY <input type="checkbox"/></p> <p>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</p>	<p>TYPE OF WORK ZONE</p> <p><input type="checkbox"/></p> <p>1 LANE CLOSURE 2 LANE SHIFT, CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT OR MOVING WORK 5 OTHER</p>	
<p>LOCATION OF CRASH IN WORK ZONE</p> <p><input type="checkbox"/></p> <p>1 BEFORE THE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA</p>	<p>WORKERS PRESENT</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	

TRUCK/BUS UNIT #	<input type="text"/>	<p>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</p>	<p>A THE CRASH RESULTED IN ONE OF THE FOLLOWING: A FATALITY; OR #1 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</p>
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COMPANY (FROM SHIPPING PAPERS)	COMPANY PHONE
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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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<p>CARGO BODY TYPE</p> <p><input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRANULARS GRAVEL/WN</p>	<p>05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER</p>	<p>10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN</p>	<p>WEIGHT (GVWR)</p> <p><input type="checkbox"/> 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 25,000 <input type="checkbox"/> 3 MORE THAN 25,000</p>	<p>CDL CLASS</p> <p><input type="checkbox"/></p> <p>1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E</p>	<p>HAZARDOUS MATERIALS PLACARD</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	<p>HAZARDOUS MATERIALS RELEASED</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 NOT APPLICABLE</p>
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POLICE ACTION						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
1/12/2012	23:04	23:04	23:10	23:49	0	45
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED		
P.O. CHRISTOPHER A. LAFOND		1609	SGT. NEIL	1/12/2012		
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT 'X' IF YES		LOCAL REPORT #		
<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 1	<input type="checkbox"/>		12-MV 00371		

LOCAL REPORT # 12-MV 00371	REPORTING AGENCY MONTVILLE TOWNSHIP POLICE	DATE OF CRASH 1/12/2012
COUNTY# 52	CRASH LOCATION POE	

Crash Diagram Number :	
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