

OHIO

TRAFFIC CRASH REPORT

| | | | | | |
|--------------------------------------|--|--|---|---|--|
| CRASH REPORT # 12-MV 00592 | CRASH SEVERITY 2 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 NOT SOLVED | 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. # 05213 | REPORTING AGENCY MONTVILLE TOWNSHIP POLICE | # UNITS 2 | UNIT ERROR 01 98 ANIMAL 99 UNKNOWN | DATE OF CRASH 1/19/2012 | |

| | | | | | | |
|-------------------------------|---------------------------|--|---|-----------------------|-------------------------------|--------------------------------|
| TIME OF CRASH 15:22 | DAY OF WEEK THU | CITY/VILLAGE/TOWNSHIP TOWNSHIP | NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF) | COUNTY # 52 | LATITUDE 4106225378 | LONGITUDE 0815149556 |
|-------------------------------|---------------------------|--|---|-----------------------|-------------------------------|--------------------------------|

| | | | | | | | | |
|-----------------------|-------------------------------|----------------------|---|--|--|-------------------------------------|--|--|
| CRASH OCCURRED ON | | | TYPE LOCATION POINT USED | | | LOCAL INFORMATION | | |
| PREFIX 0003 | CRASH LOCATION 0003 | TYPE LOC 3 | 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE | | | WOOSTER PIKE / SHARON COPLEY | | |

| | | | | | | | | | | | | | | | | | | | |
|-------------|--|--|--|--|-----------|--|--|--|--|--|--|--|--|--|---|--|--|--|--|
| DIST. REF. | | | | | REFERENCE | | | | | REF POINT | | | | | REFERENCE POINT USED | | | | |
| 0162 | | | | | 02 | | | | | 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 REFEREN 09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE | | | | |

MOTORIST / NON-MOTORIST

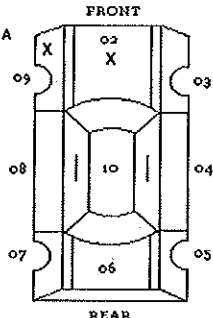
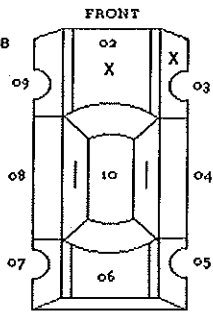
| | | | | | | | | | | |
|---|-------------------------|------------------------------------|---|--|---------------------------------|--------------------------------------|------------|------------------|--|--|
| A | UNIT # 01 | # OF OCC 1 | NAME (LAST, FIRST, MIDDLE) KRANS REBECCA S | | | | | | | |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) 110 GREENWICH RD SEVILLE OH 44273 | | | | | | | | | | |
| SOCIAL SECURITY NUMBER | | DATE OF BIRTH 06/01/1960 | | AGE 51 | SEX F | HOME PHONE # (330)769-4472 | | WORK PHONE # | | |
| DL STATE OH | DL # RU893151 | LP STATE OH | LP # DVW7462 | 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") KRANS, REBECCA S | | | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 110 GREENWICH RD SEVILLE OH 44273 | | | | | | | |
| YEAR 1998 | MAKE FORD | MODEL OTHER | COLOR GRAY | INSURANCE COMPANY PLUMER INSURAN | TOWING SERVICE SHUES' | OWNER PHONE # | | | | |
| OFFENSE CHARGED | | OFFENSE DESCRIPTION | | | | | CITATION # | | LOCAL CODE <input type="checkbox"/> *X IF YES | |

| | | | | | | | | | | |
|---|-------------------------|--|---|--|--------------------------------------|--------------------------------------|------------------------------|------------------|--|--|
| B | UNIT # 02 | # OF OCC 1 | NAME (LAST, FIRST, MIDDLE) SMITH EMILY H | | | | | | | |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7210 BALLASH RD MEDINA OH 44256 | | | | | | | | | | |
| SOCIAL SECURITY NUMBER | | DATE OF BIRTH 05/08/1994 | | AGE 17 | SEX F | HOME PHONE # (330)975-4058 | | WORK PHONE # | | |
| DL STATE OH | DL # TS967501 | LP STATE OH | LP # ENT5612 | 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") SMITH, EMILY H | | | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 7210 BALLASH RD MEDINA OH 44256 | | | | | | | |
| YEAR 2005 | MAKE CHEVROLE | MODEL MALIBU | COLOR BLACK | INSURANCE COMPANY | TOWING SERVICE WORLD TRUCK | OWNER PHONE # | | | | |
| OFFENSE CHARGED 4511.202 | | OFFENSE DESCRIPTION OPERATION WITHOUT REASONABLE CONTROL | | | | | CITATION # Y-34027 | | LOCAL CODE <input type="checkbox"/> *X IF YES | |

OCCUPANT

| | | | | | | | | | | | |
|---|--------|----------------------------|--|--|--------------|--|---------------|----------------|-----|------------------|--|
| C | 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 | |
| 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 | | SAFETY EQUIPMENT | | AIR BAG | | AIR BAG SWITCH | | EJECTION | | TRAPPED | | INJURIES | |
| A | 01 | A | 04 | A | 2 | A | 1 | A | 1 | A | 1 | A | 2 |
| B | 01 | B | 04 | B | 1 | B | 1 | B | 1 | B | 1 | B | 1 |
| C | | C | | C | | C | | C | | C | | C | |
| D | | D | | D | | D | | D | | D | | D | |
| BLANK FOR WITNESS | | <input type="checkbox"/> SUPPLEMENT *X IF YES | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | |
|--|---|--|--|---|---|-----------------------------------|-----------------------------------|---------------------------------|---------------------------------|---|------------------------|---|--|--|--|--------------------------------|--------------------------------|
| UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/> | DAMAGE AREA  | PRE-CRASH ACTIONS A <input type="text" value="01"/> B <input type="text" value="01"/> | SEQUENCE OF EVENTS <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td>1 <input type="text" value="20"/></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="20"/> | 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="45"/> B <input type="text" value="45"/> | DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> | | |
| A | B | | | | | | | | | | | | | | | | |
| 1 <input type="text" value="20"/> | 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"/> 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 |  | 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 ENTERING OR CROSSING SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROXCHING OR LEAVING VEHICLE 20 PLAYING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN | NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMBROSION 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 FIED 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 25 COLLISION WITH FIXED OBJECT 26 TRAFFIC LIGHT/CRASH CUSHION 27 BRIDGE OVERHEAD STRUCTURE 28 BRIDGE PIER OR ABUTMENT 29 BRIDGE PARAPET 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/ILLUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 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"/> 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/BIKE 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" value="1"/> 1 NONE 2 BLOOD 3 URINE 4 OTHER DRUG TEST 1 & 2 RESULT <table border="1"> <tr> <td>A</td> <td>1</td> <td>2</td> <td>B</td> <td>1</td> <td>2</td> </tr> <tr> <td>A</td> <td><input type="text" value="1"/></td> <td><input type="text" value="1"/></td> <td>B</td> <td><input type="text" value="1"/></td> <td><input type="text" value="1"/></td> </tr> </table> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPiates 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING | A | 1 | 2 | B | 1 | 2 | A | <input type="text" value="1"/> | <input type="text" value="1"/> | B | <input type="text" value="1"/> | <input type="text" value="1"/> |
| A | 1 | 2 | B | 1 | 2 | | | | | | | | | | | | |
| A | <input type="text" value="1"/> | <input type="text" value="1"/> | B | <input type="text" value="1"/> | <input type="text" value="1"/> | | | | | | | | | | | | |
| TYPE OF UNIT A <input type="text" value="05"/> B <input type="text" value="03"/> MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID-SIZED 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 09 SINGLE UNIT TRUCK; 2 AXLES, 8 TIRES 10 SINGLE UNIT TRUCK; 3 OR MORE AXLES 11 TRUCK/TRAILER 12 TRUCK/TRACTOR (SOBTAH) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE - SHORT 15 TRACTOR DOUBLE - LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRAILERS 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 SHOW/MOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL W/ RIDER 36 ANIMAL W/ SUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER NON-MOTORIST (WHEELCHAIR, ETC) 42 UNKNOWN | MOST DAMAGED AREA A <input type="text" value="09"/> B <input type="text" value="03"/> 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 | CONTRIBUTING CIRCUMSTANCES A <input type="text" value="01"/> B <input type="text" value="05"/> 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 INTERFERING TO ANIMAL (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 OARTING 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 WYING/SIDE OF THE ROAD 32 OTHER 33 UNKNOWN | FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) | DIRECTION <table border="1"> <tr> <td>A</td> <td>FROM TO</td> <td>B</td> <td>FROM TO</td> </tr> <tr> <td>A</td> <td><input type="text" value="1"/> <input type="text" value="2"/></td> <td>B</td> <td><input type="text" value="2"/> <input type="text" value="1"/></td> </tr> </table> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN | A | FROM TO | B | FROM TO | A | <input type="text" value="1"/> <input type="text" value="2"/> | B | <input type="text" value="2"/> <input type="text" value="1"/> | TYPE OF INTERSECTION <input type="text" value="03"/> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDABOUT 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 | | | | |
| A | FROM TO | B | FROM TO | | | | | | | | | | | | | | |
| A | <input type="text" value="1"/> <input type="text" value="2"/> | B | <input type="text" value="2"/> <input type="text" value="1"/> | | | | | | | | | | | | | | |
| IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NO 2 YES 3 UNKNOWN | ACTION A <input type="text" value="4"/> B <input type="text" value="3"/> 1 NON-CONTACT 2 NON-COLLISION 3 STRICKING 4 STRUCK 5 BOTH STRICKING AND STRUCK 6 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 SUNK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS 12 NO DEFECTS | MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> 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" value="1"/> 1. NONE 2. YES ALCOHOL SUSPECTED 3. YES HBD NOT WPAIRED 4. YES DRUGS SUSPECTED 5. YES ALCOHOL AND DRUGS SUSPECTED 6. UNKNOWN | 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="4"/> B <input type="text" value="4"/> 1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN | STRIKING VEHICLE OVERRIDE/UNDERIDE A <input type="text" value="1"/> B <input type="text" value="1"/> 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 | | SPEED DETECTED A <input type="text" value="1"/> B <input type="text" value="1"/> 1 STATED 2 ESTIMATED | ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 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"/> | | | | | | | | |
| PRIMARY | SECONDARY | | | | | | | | | | | | | | | | |
| <input type="text" value="03"/> | <input type="text" value="04"/> | | | | | | | | | | | | | | | | |
| | | | SPEED A <input type="text" value="35"/> B <input type="text" value="35"/> | ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER | ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/> | | | | | | | | | | | | |
| <input type="text"/> SUPPLEMENT 'X' IF YES | | | | LOCAL REPORT # 12-MV 00592 | | | | | | | | | | | | | |

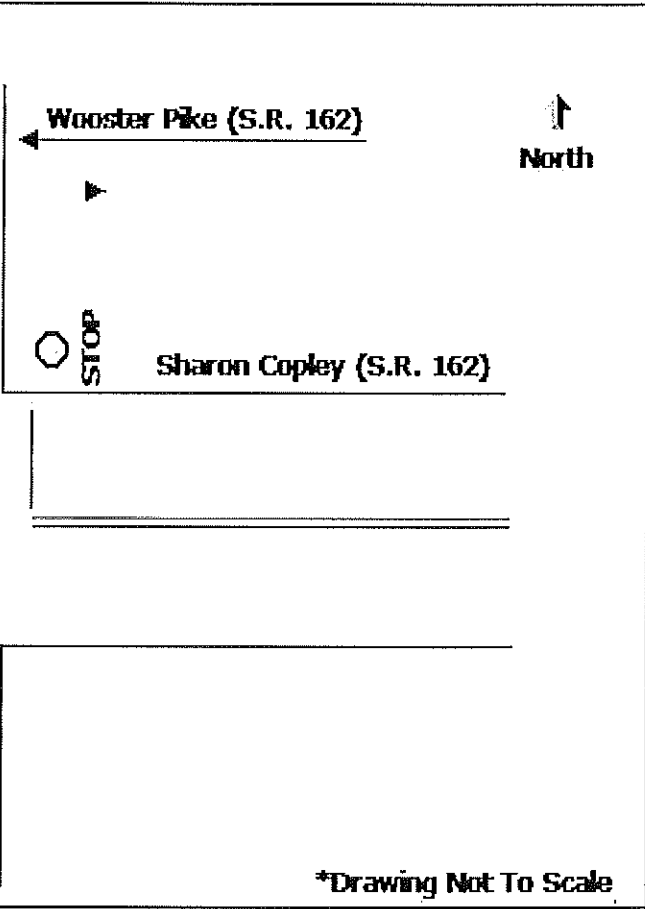
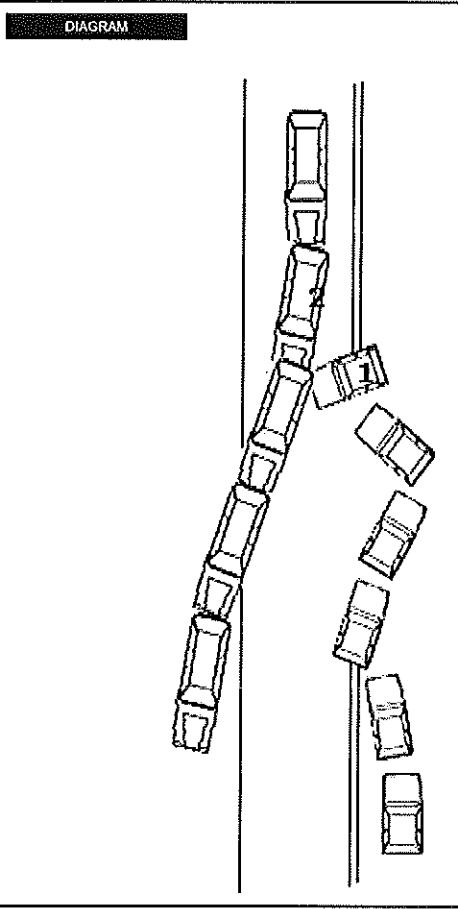
NARRATIVE

UNIT #1 WAS SOUTH ON WOOSTER PIKE. UNIT #2 WAS NORTH ON WOOSTER PIKE. UNIT #2 SLOWED AS THE CAR IN FRONT OF HER TURNED RIGHT. AS UNIT #2 ACCELERATED SHE ACCELERATED SHE LOST CONTROL OF THE VEHICLE ON THE ICY SNOW COVERED ROADWAY, CROSSED THE CENTER LINE, STRUCK UNIT #1 PUSHING HER OFF THE WEST SIDE OF THE ROADWAY AND INTO A RAVINE. UNIT #1 THEN CONTINUED NORTH WHERE SHE FINALLY WENT OFF THE EAST SIDE OF THE ROADWAY, IN A DEEP DITCH.

MANNER OF COLLISION OR IMPACT
 6
 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
 06
 01 CLEAR
 02 CLOUDY
 03 FOG/SMOG/SMOKE
 04 RAIN
 05 SLEET/HAIL (FREEZING RAIN OR DRIZZLE)
 06 SNOWY
 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

LIGHT CONDITIONS
 PRIMARY **1** 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

LOCATION OF CRASH IN WORK ZONE

 1 BEFORE THE FIRST WORK ZONE WARNING SIGN
 2 ADVANCE WARNING AREA
 3 TRANSITION AREA
 4 ACTIVITY AREA

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

A
N
D

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) COMPANY PHONE

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 <input type="checkbox"/> 02 BUS (4-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN-ENCLOSED BOX <input type="checkbox"/> 04 GRAIN CHIPS/GRAVEL/WN | <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER | <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN | WEIGHT (GVWR) <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 20,000 <input type="checkbox"/> 3 MORE THAN 20,000 | CDL CLASS <input type="checkbox"/> 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E | HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN | HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN |
|--|---|--|---|---|---|---|

POLICE ACTION

| | | | | | | |
|---|--|--|---------------------------------------|--------------------------------------|--------------------|----------------------------|
| DATE CRASH REPORTED 1/19/2012 | TIME REC CALL 15:22 | DISPATCH 15:22 | ARRIVED 15:22 | CLEARED 16:25 | OTHER 30 | TOTAL MINUTES 93 |
| OFFICER'S NAME SGT. MATTHEW NEIL | BADGE # 1606 | CHECKED BY MAN | DATE REPORT FILED 1/19/2012 | | | |
| REPORT TAKEN BY <input checked="" type="checkbox"/> 1 1 POLICE AGENCY 2 MOTORIST 3 UNKNOWN | REPORT TAKEN AT <input checked="" type="checkbox"/> 1 1 SCENE 2 STATION 3 OTHER | SUPPLEMENT 'X' IF YES <input type="checkbox"/> | | LOCAL REPORT # 12-MV 00592 | | |