

OHIO

TRAFFIC CRASH REPORT

| | | | | | | | | |
|--------------------------------------|---|--|--|---|----------------------------------|---|-----------------------------------|-----------------------------------|
| CRASH REPORT # 12-MV 00611 | CRASH SEVERITY 3 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 <input type="checkbox"/> | OH-3 <input checked="" type="checkbox"/> | OH-1P <input type="checkbox"/> | OTHER <input type="checkbox"/> |
| N.C.I.C. # 05213 | REPORTING AGENCY MONTVILLE TOWNSHIP POLICE | # UNITS 1 | UNIT ERROR 01 88 ANIMAL 89 UNKNOWN | DATE OF CRASH 1/20/2012 | | | | |

Traffic Crash Report

| | | | | | | |
|-------------------------------|---------------------------|--|---|-----------------------|-------------------------------|--------------------------------|
| TIME OF CRASH 08:45 | DAY OF WEEK FRI | CITY/VILLAGE/TOWNSHIP TOWNSHIP | NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF) | COUNTY # 52 | LATITUDE 4104279299 | LONGITUDE 0814836939 |
|-------------------------------|---------------------------|--|---|-----------------------|-------------------------------|--------------------------------|

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|-----------------------|-------------------------------|----------------------------------|
| CRASH OCCURRED ON | TYPE LOCATION POINT USED | LOCAL INFORMATION |
| PREFIX 0057 | CRASH LOCATION 0057 | TYPE LOC 3 |
| REFERENCE POINT USED | | 7300 BLOCK WADSWORTH ROAD |

| | | | | | |
|------------|-----|--------|---------------|-----------|--|
| DIST. REF. | DIR | PREFIX | REFERENCE | REF POINT | REFERENCE POINT USED |
| | | | 007333 | 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 REFEREN 09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE |

MOTORIST / NON-MOTORIST OCCUPANT

| | | | |
|---|--|---|---|
| A | UNIT # 01 | # OF OCC 1 | NAME (LAST, FIRST, MIDDLE) BEHNER RACHEL A. |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) 6719 STONE ROAD MEDINA OH 44256 | | | |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH 10/20/1990 | AGE 21 | SEX F |
| HOME PHONE # (330)723-0677 | WORK PHONE # (330)461-0499 | | |
| DL STATE OH | DL # SS870352 | LP STATE OH | LP # EDZ6833 |
| INJURED TAKEN BY 1 1 NONE 2 EMS 3 POLICE | TRANSPORTED BY | INJURED TAKEN TO | |
| OWNER NAME (IF SAME, WRITE "SAME") BEHNER, ANITA | | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 6719 STONE ROAD MEDINA OH 44256 | |
| YEAR 2001 | MAKE FORD | MODEL TAURUS | COLOR RED |
| INSURANCE COMPANY LIBERTY MUTUAL | TOWING SERVICE DAB | OWNER PHONE # (330)723-0677 | |
| OFFENSE CHARGED 4511.202 | OFFENSE DESCRIPTION OPERATION WITHOUT REASONABLE CONTROL | CITATION # Y 34037 | LOCAL CODE <input type="checkbox"/> *X IF YES |

| | | | |
|---|---------------------|---|----------------------------|
| B | UNIT # | # OF OCC | NAME (LAST, FIRST, MIDDLE) |
| 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 | 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 | OWNER PHONE # | |
| OFFENSE CHARGED | OFFENSE DESCRIPTION | CITATION # | LOCAL CODE |

| | | | | | | |
|---|--------|----------------------------|------------------|----------------|------------------|-----|
| C | UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) | | | INJURED TAKEN BY | 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 | TRANSPORTED BY | INJURED TAKEN TO | |

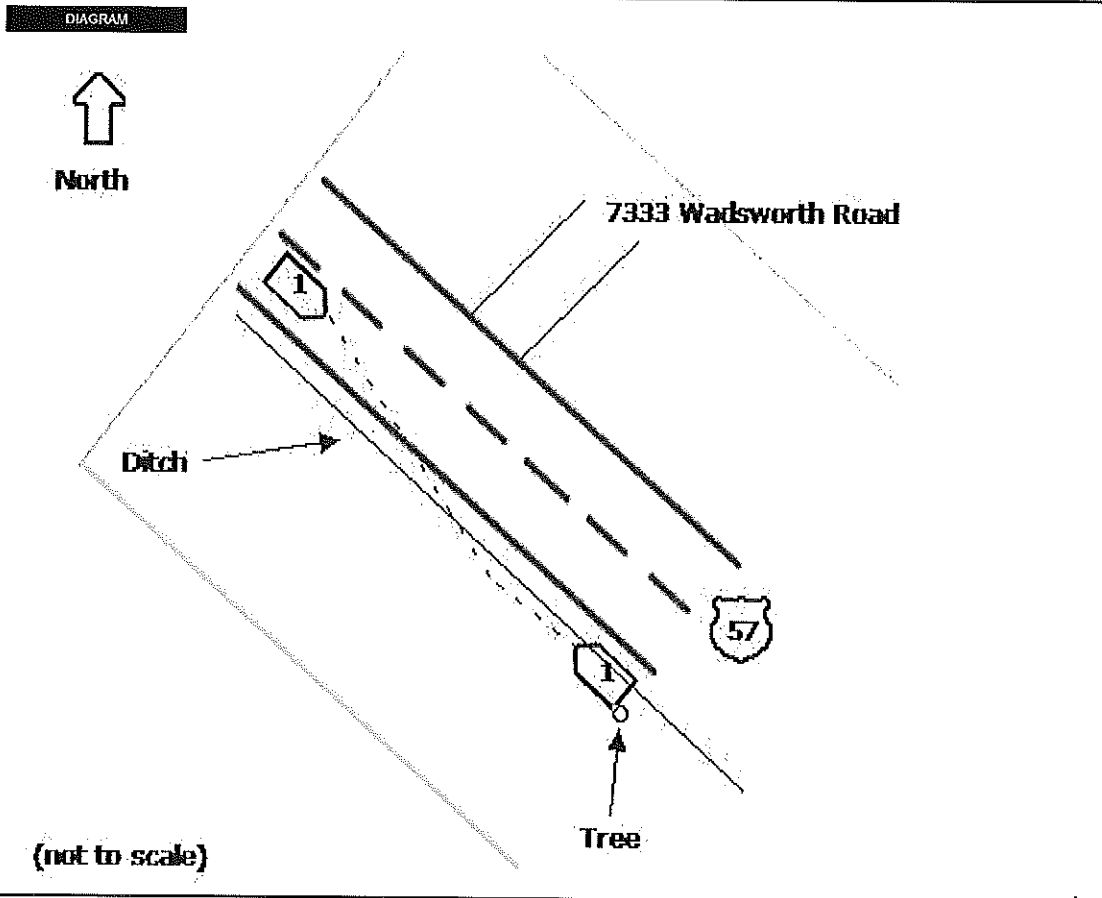
| | | | | | | |
|---|---|--|---|---|--|--|
| SEATING POSITION | SAFETY EQUIPMENT | AIR BAG | AIR BAG SWITCH | EJECTION | TRAPPED | INJURIES |
| 01 01 FRONT - LEFT (VC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (VC PAS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (VC PASSENGERS-DE 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 NON-MOTORIST 17 UNKNOWN | 04 A MOTORIST 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED B 04 SHOULDER AND LAP BELT USED C 05 CHILD SAFETY SEAT USED D 06 HELMET USED 07 RESTRAINT USE UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN | 1 A 1 NOT-DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN B C D | 1 A 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH ON POSITION 3 SWITCH OFF POSITION 4 UNKNOWN POSITION D | 1 A 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN B C D | 1 A 1 NOT TRAPPED BY MECHANICAL MEANS 2 FREED BY NON-MECHANICAL MEANS 3 UNKNOWN B C D | 1 A 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATED 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN B C D |
| BLANK FOR WITNESS | | | | | | <input type="checkbox"/> SUPPLEMENT *X IF YES |

| | | | | | |
|--|--|--|---|---|--|
| <p>UNIT NUMBERS</p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <p>NON-MOTORIST LOCATION</p> <p>A <input type="text"/> B <input type="text"/></p> <p>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</p> <p>TYPE OF UNIT</p> <p>A <input type="text" value="03"/> B <input type="text"/></p> <p>MOTORIST</p> <p>01 SUB-COMPACT 02 COMPACT 03 MID-SIZED 04 FULL-SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PASSENGER 09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK, 3 OR MORE AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOBTAI) 13 TRACTOR, SEMI-TRAILER 14 TRACTOR DOUBLE - SHORT 15 TRACTOR DOUBLE - LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRAILER 18 MOTORCYCLE 19 MOTORCYCLE 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 TRAILER 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS 35 ANIMAL W/DRIVER 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</p> | <p>DAMAGE AREA</p> <p>FRONT</p> <p>REAR</p> <p>FRONT</p> <p>REAR</p> <p>MOST DAMAGED AREA</p> <p>A <input type="text" value="07"/> B <input type="text"/></p> <p>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</p> | <p>PRE-CRASH ACTIONS</p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <p>MOTORIST</p> <p>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 STOPPING OR STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN 15 ENTERING OR CROSSING SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROXIMATING OR LEAVING VEHICLE 20 PLAYING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN</p> <p>CONTRIBUTING CIRCUMSTANCES</p> <p>A <input type="text" value="15"/> B <input type="text"/></p> <p>MOTORIST</p> <p>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/ACD 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 OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN</p> <p>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</p> <p>A <input type="text"/> B <input type="text"/></p> <p>01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 HORN OR SLACK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS 12 NO DEFECTS</p> | <p>SEQUENCE OF EVENTS</p> <p>A <input type="text"/> B <input type="text"/></p> <p>1 <input type="text" value="08"/> <input type="text"/></p> <p>2 <input type="text" value="40"/> <input type="text"/></p> <p>3 <input type="text" value="44"/> <input type="text"/></p> <p>4 <input type="text"/> <input type="text"/></p> <p>NON-COLLISION</p> <p>01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 RIVERS/SON 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 14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 15 PEDESTRIAN 16 FEDACYCLE 17 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 18 ANIMAL - FARM 19 ANIMAL - DEER 20 ANIMAL - OTHER 21 MOTOR VEHICLE IN TRANSPORT 22 PARKED MOTOR VEHICLE 23 WORK ZONE MAINTENANCE EQUIPMENT 24 OTHER MOVABLE OBJECT 25 UNKNOWN MOVABLE OBJECT 26 COLLISION WITH FIXED OBJECT 27 IMPACT ATTERIATOR OR CRASH CUSHION 28 BRIDGE OVERHEAD STRUCTURE 29 BRIDGE PIER OR ABUTMENT 30 BRIDGE PARAPET 31 GUARDRAIL FACE 32 GUARDRAIL END 33 MEDIUM BARRIER 34 HIGHWAY TRAFFIC SIGN POST 35 OVERHEAD SIGN POST 36 LIGHT/LUMINARIES SUPPORT 37 UTILITY POLE 38 OTHER POST, POLE OR SUPPORT 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</p> <p>FIRST HARMFUL EVENT</p> <p>A <input type="text" value="2"/> B <input type="text"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p> <p>MOST HARMFUL EVENT</p> <p>A <input type="text" value="3"/> B <input type="text"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p> | <p>POSTED SPEED</p> <p>A <input type="text" value="55"/> B <input type="text"/></p> <p>TRAFFIC CONTROL</p> <p>A <input type="text" value="12"/> B <input type="text"/></p> <p>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 WALKWAY GATES 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16 OTHER 17 NOT REPORTED 18 UNKNOWN</p> <p>DIRECTION</p> <p>FROM TO FROM TO</p> <p>A <input type="text" value="1"/> <input type="text" value="2"/> B <input type="text"/> <input type="text"/></p> <p>1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN</p> <p>CONDITION</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4 ILLNESS 5 FELL ASLEEP, FAINTED, FATIGUED, ETC UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN</p> <p>ALCOHOL/DRUG SUSPECTED</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1 NONE 2 YES ALCOHOL SUSPECTED 3 YES-HD NOT IMPAIRED 4 YES-DRUGS SUSPECTED 5 YES-ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN</p> | <p>DRUG TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p> <p>DRUG TEST TYPE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1 NONE 2 BLOOD 3 URINE 4 OTHER</p> <p>DRUG TEST 1 & 2 RESULT</p> <p>1 2 1 2</p> <p>A <input type="text" value="1"/> <input type="text" value="1"/> B <input type="text"/> <input type="text"/></p> <p>1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING</p> <p>TYPE OF INTERSECTION</p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <p>01 NOT AN INTERSECTION 02 FOURWAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDOABOUT 06 FIVE-POINT, OR MORE 07 RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY 11 RAILWAY GRADE CROSSING 12 SHARED-USE PATHS OR TRAILS 13 UNKNOWN</p> <p>OCCURRENCE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN</p> <p>ROAD CONTOUR</p> <p>A <input type="text" value="2"/> B <input type="text"/></p> <p>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN</p> <p>ROAD CONDITIONS</p> <p>PRIMARY <input type="text" value="02"/> SECONDARY <input type="text" value="07"/></p> <p>01 DRY 02 WET 03 SNOW 04 ICE 05 SAND/MUD/DIRT/CL/GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN</p> |
| <p>IN EMERGENCY RESPONSE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1 NO 2 YES 3 UNKNOWN</p> <p>DAMAGE SCALE</p> <p>A <input type="text" value="4"/> B <input type="text"/></p> <p>1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN</p> | <p>ACTION</p> <p>A <input type="text" value="3"/> B <input type="text"/></p> <p>1 NON-CONTACT 2 NON-COLLISION 3 STRICKING 4 STRUCK 5 BOTH STRICKING AND STRUCK 6 UNKNOWN</p> <p>STRIKING VEHICLE OVERRIDE/UNDERRIDE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1 NO UNDERRIDE OR OVERRIDE 2 UNDERRIDE, COMPARTMENT INTRUSION 3 UNDERRIDE, NO COMPARTMENT INTRUSION 4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN IF UNDERRIDE OR OVERRIDE</p> | <p>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</p> <p>A <input type="text"/> B <input type="text"/></p> <p>01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 HORN OR SLACK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS 12 NO DEFECTS</p> | <p>SPEED DETECTED</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1 STATED 2 ESTIMATED</p> <p>SPEED</p> <p>A <input type="text" value="35"/> B <input type="text"/></p> | <p>ALCOHOL TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p> <p>ALCOHOL TEST TYPE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER</p> <p>ALCOHOL TEST RESULT</p> <p>A <input type="text"/> B <input type="text"/></p> | <p>LOCAL REPORT #</p> <p>12-MV 00611</p> |

NARRATIVE

VEHICLE #1 WAS SOUTHBOUND ON STATE ROUTE 57 (WADSWORTH ROAD) IN THE 7300 BLOCK WHEN THE DRIVER LOST CONTROL AND THE VEHICLE ROTATED. VEHICLE #1 ENTERED THE DITCH OFF THE RIGHT SIDE OF THE ROADWAY WHILE TRAVELING BACKWARD, STRIKING THE DITCH. VEHICLE #1 CONTINUED SOUTHBOUND BACKWARD IN THE DITCH UNTIL IT STRUCK A TREE, COMING TO REST AGAINST THE TREE.

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| MANNER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 1 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 <input checked="" type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN |
| WEATHER <input checked="" type="checkbox"/> 01 01 CLEAR 02 CLOUDY 03 FOG/SMOG/SMOKE 04 RAIN 05 SLEETHAIL (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND/SOIL/DIRT/SNOW 09 OTHER 10 UNKNOWN | WORK ZONE RELATED <input checked="" type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN |
| LIGHT CONDITIONS PRIMARY <input checked="" type="checkbox"/> 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 |
| LOCATION 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 | WORKERS PRESENT <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN |



| | | | |
|--|--|-------------|---|
| TRUCK/BUS UNIT # <input type="text"/> | 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 (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRANULARS/GRAPNEL/W | | | <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 - 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 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 |

POLICE ACTION

| | | | | | | |
|---|--|--|------------------------|-------------------------------|--------------------------------|----------------------|
| DATE CRASH REPORTED 1/20/2012 | TIME REC CALL 08:45 | DISPATCH 08:45 | ARRIVED 08:48 | CLEARED 10:06 | OTHER 59 | TOTAL MINUTES 140 |
| OFFICER'S NAME P.O. RICHARD PERCY | | BADGE # 1611 | CHECKED BY SGT NEIL | | DATE REPORT FILED 1/20/2012 | |
| REPORT TAKEN BY <input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST <input type="checkbox"/> 3 UNKNOWN | REPORT TAKEN AT <input checked="" type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER | <input type="checkbox"/> SUPPLEMENT 'X' IF YES | | LOCAL REPORT # 12-MV 00611 | | |