

# TRAFFIC CRASH REPORT

CRASH REPORT # <b>160-12- 010939</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> "X" IF YES	HIT / SKIP <b>1</b> 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 type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/>
N.C.I.C. # <b>05213</b>	REPORTING AGENCY <b>MONTVILLE TOWNSHIP POLICE</b>	# UNITS <b>1</b>	UNIT ERROR <b>01</b> 98 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>12/31/2012</b>	

TIME OF CRASH <b>17:00</b>	DAY OF WEEK <b>MON</b>	CITY/VILLAGE/TOWNSHIP <b>TOWNSHIP</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MONTVILLE (TOWNSHIP OF)</b>	COUNTY # <b>52</b>	LATITUDE <b>41062236</b>	LONGITUDE <b>081472583</b>
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>2859 SHARON COPLEY</b>	TYPE LOC <b>1</b> 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	

AT/REFERENCE	REFERENCE POINT USED						
DIST. REF. <b>30 F</b>	DIR <b>N</b>	PREFIX	REFERENCE <b>2859 SHARON COPLEY</b>	REF POINT <b>09</b>	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

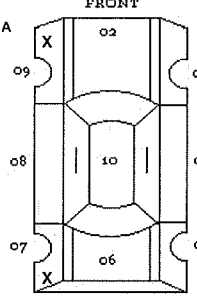
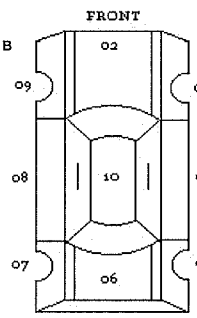
<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>HARRISON BRETT J.</b>			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>1755 LAKELAND AVE. AKRON OH 44320</b>						
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>02/08/1978</b>	AGE <b>34</b>	SEX <b>M</b>	HOME PHONE # <b>(330)334-4832</b>	WORK PHONE # <b>(330)328-3305</b>	
DL STATE <b>OH</b>	DL # <b>RF788968</b>	LP STATE <b>OH</b>	LP # <b>106XZJ</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME") <b>HARRISON, BRETT J.</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>1755 LAKELAND AVE. AKRON OH 44320</b>			
YEAR <b>2005</b>	MAKE <b>PONTIAC</b>	MODEL <b>OTHER</b>	COLOR <b>ORANGE</b>	INSURANCE COMPANY <b>STATE FARM</b>	TOWING SERVICE	OWNER PHONE # <b>(330)328-3305</b>
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> "X" IF YES			

<b>B</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 <input type="checkbox"/> "X" IF YES			

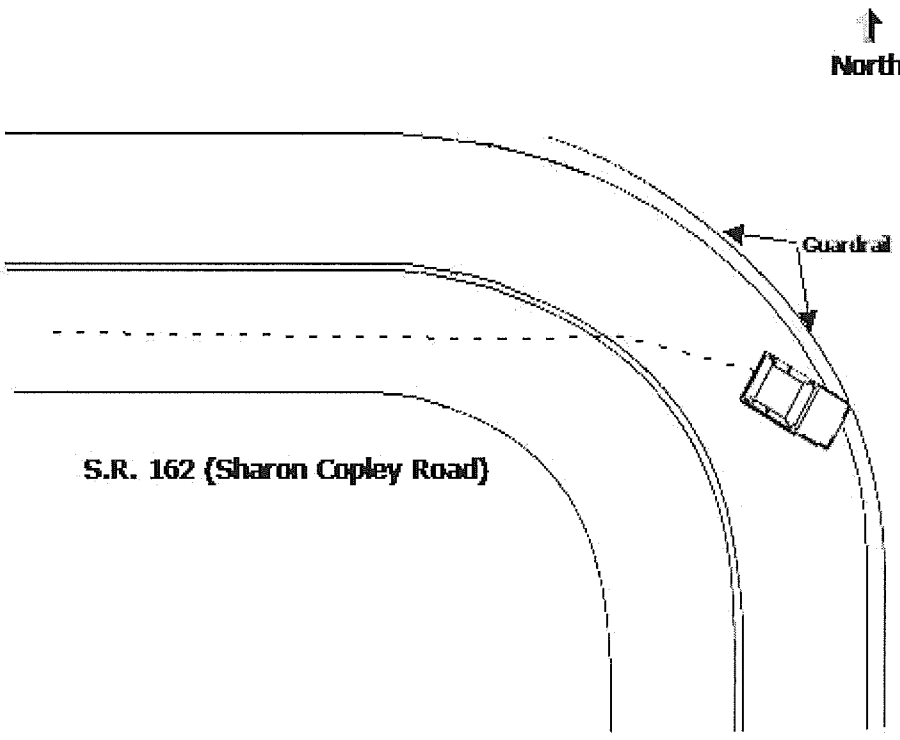
OCCUPANT

<b>C</b>	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	
<b>D</b>	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 <b>A 01</b> 01.FRONT - LEFT (MC DRIVER) 02.FRONT - MIDDLE 03.FRONT - RIGHT 04.SECOND - LEFT (MC PASS) <b>B</b> 05.SECOND - MIDDLE 06.SECOND - RIGHT 07.THIRD - LEFT (MC PASSENGER/SIDE CAR) <b>C</b> 08.THIRD - MIDDLE 09.THIRD - RIGHT 10.SLEEPER SECTION OF CAB 11.ENCLOSED CARGO AREA 12.UNENCLOSED CARGO AREA <b>D</b> 13.TRAILING UNIT 14.EXTERIOR 15.OTHER 16.NON-MOTORIST 17.UNKNOWN	SAFETY EQUIPMENT <b>A 04</b> 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 NON-MOTORIST 08.NONE USED 09.HELMET USED 10.PROTECTIVE PADS 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN	AIR BAG <b>A 1</b> 1. NOT-DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT/SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN	AIR BAG SWITCH <b>A 4</b> 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.PARTIALLY DEPLOYED 4.UNKNOWN POSITION	EJECTION <b>A 1</b> 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN	TRAPPED <b>A 1</b> 1.NOT TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN	INJURIES <b>A 1</b> 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

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="05"/> B <input type="text"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>A</td><td><input type="text" value="10"/></td><td>B</td><td><input type="text"/></td></tr> <tr><td>1</td><td></td><td>1</td><td></td></tr> <tr><td>2</td><td><input type="text" value="09"/></td><td>2</td><td><input type="text"/></td></tr> <tr><td>3</td><td><input type="text" value="30"/></td><td>3</td><td><input type="text"/></td></tr> <tr><td>4</td><td><input type="text"/></td><td>4</td><td><input type="text"/></td></tr> </table>	A	<input type="text" value="10"/>	B	<input type="text"/>	1		1		2	<input type="text" value="09"/>	2	<input type="text"/>	3	<input type="text" value="30"/>	3	<input type="text"/>	4	<input type="text"/>	4	<input type="text"/>	<b>POSTED SPEED</b> A <input type="text" value="50"/> B <input type="text"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/>
A	<input type="text" value="10"/>	B	<input type="text"/>																						
1		1																							
2	<input type="text" value="09"/>	2	<input type="text"/>																						
3	<input type="text" value="30"/>	3	<input type="text"/>																						
4	<input type="text"/>	4	<input type="text"/>																						
<b>NON-MOTORIST LOCATION</b> A <input type="text"/> B <input type="text"/>		<b>MOTORIST</b> 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 <b>NON-MOTORIST</b> 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	<b>TRAFFIC CONTROL</b> A <input type="text" value="12"/> B <input type="text"/>	<b>TRAFFIC CONTROL</b> A <input type="text" value="12"/> B <input type="text"/>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/>																				
<b>TYPE OF UNIT</b> A <input type="text" value="03"/> B <input type="text"/>	<b>MOST DAMAGED AREA</b> A <input type="text" value="09"/> B <input type="text"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="15"/> B <input type="text"/>	<b>NON-COLLISION</b> 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 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 WITH PERSON, VEHICLE, OR OBJECT NOT FIXED 15. PEDESTRIAN 16. PEDACYCLE 17. RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 18. ANIMAL - FARM 19. ANIMAL - DEER 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. IMPACT ATTENUATOR/CRASH CUSHION 27. BRIDGE OVERHEAD STRUCTURE 28. BRIDGE PIER OR ABUTMENT 29. BRIDGE PARAPET 30. GUARDRAIL FACE 31. GUARDRAIL END 32. MEDIUM 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	<b>DIRECTION</b> FROM TO FROM TO A <input type="text" value="4"/> <input type="text" value="2"/> B <input type="text"/> <input type="text"/>	<b>DRUG TEST 1 &amp; 2 RESULT</b> A <input type="text" value="1"/> <input type="text" value="2"/> B <input type="text"/> <input type="text"/>																				
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>POINT OF IMPACT</b> A <input type="text" value="09"/> B <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text"/>	<b>CONDITION</b> A <input type="text" value="1"/> B <input type="text"/>	<b>OCCURRENCE</b> A <input type="text" value="1"/> B <input type="text"/>																				
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="3"/> B <input type="text"/>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ROAD CONTOUR</b> A <input type="text" value="4"/> B <input type="text"/>																				
<b>DAMAGE SCALE</b> A <input type="text" value="3"/> B <input type="text"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>SPEED DETECTED</b> A <input type="text" value="2"/> B <input type="text"/>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="03"/> SECONDARY <input type="text" value="04"/>																				
<b>DAMAGE SCALE</b> A <input type="text" value="3"/> B <input type="text"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>SPEED</b> A <input type="text" value="5"/> B <input type="text"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>																				
<b>SUPPLEMENT 'X' IF YES</b>				<b>LOCAL REPORT #</b> 160-12- 010939																					

**NARRATIVE**  
**UNIT #1 WAS EASTBOUND ON SHARON COPLEY RD., EAST OF BRYNWOOD DR. AS UNIT #1 NEGOTIATED THE 90 DEGREE CURVE, IT SLID LEFT OF THE CENTER LINE AND STRUCK THE GUARDRAIL, DUE TO EXTREMELY SLIPPERY, UNTREATED ROADWAY CONDITIONS. UNIT #1 SUSTAINED DAMAGE TO THE DRIVER SIDE FRONT HEADLIGHT, FENDER AND REAR QUARTER. NO INJURY WAS REPORTED AND UNIT #1 WAS ABLE TO BE DRIVEN AWAY.**

<b>MANNER OF COLLISION OR IMPACT</b> <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	<b>SCHOOL BUS RELATED</b> <input checked="" type="checkbox"/> 1 1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN	<b>DIAGRAM</b>  <p style="text-align: center;"><b>S.R. 162 (Sharon Copley Road)</b></p> <p style="text-align: right;"><b>*Drawing Not Scale</b></p>
<b>WEATHER</b> <input checked="" type="checkbox"/> 06 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	<b>WORK ZONE RELATED</b> <input checked="" type="checkbox"/> 1 1. NO 2. YES 3. UNKNOWN	
<b>LIGHT CONDITIONS</b> 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	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1. LANE CLOSURE 2. LANE SHIFT/CROSSOVER 3. WORK ON SHOULDER OR MEDIAN 4. INTERMITTENT OR MOVING WORK 5. OTHER	
<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1. BEFORE THE FIRST WORK ZONE WARNING SIGN 2. ADVANCE WARNING AREA 3. TRANSITION AREA 4. ACTIVITY AREA	<b>WORKERS PRESENT</b> <input type="checkbox"/> 1. NO 2. YES 3. UNKNOWN	

<b>TRUCK/BUS UNIT #</b> <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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<b>COMPANY (FROM SHIPPING PAPERS)</b>	<b>COMPANY PHONE</b>
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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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<b>CARGO BODY TYPE</b> <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. GRAIN/CHIPS/GRAVEL/LWN <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	<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 1. LESS/EQUAL 10,000 <input type="checkbox"/> 2. 10,001 - 26,000 <input type="checkbox"/> 3. MORE THAN 26,000	<b>CDL CLASS</b> <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	<b>HAZARDOUS MATERIALS PLACARD</b> <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. UNKNOWN	<b>HAZARDOUS MATERIALS RELEASED</b> <input type="checkbox"/> 1. NO 4. UNKNOWN <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. NOT APPLICABLE
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<b>DATE CRASH REPORTED</b> 12/31/2012	<b>TIME REC CALL</b> 17:00	<b>DISPATCH</b> 17:00	<b>ARRIVED</b> 17:05	<b>CLEARED</b> 17:23	<b>OTHER</b> 0	<b>TOTAL MINUTES</b> 23
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<b>OFFICER'S NAME</b> P.O. DANIEL HAZEK	<b>BADGE #</b> 1607	<b>CHECKED BY</b> SGT LAFOND <i>[Signature]</i> #1605	<b>DATE REPORT FILED</b> 12/31/2012
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<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> 1. POLICE AGENCY <input type="checkbox"/> 2. MOTORIST <input type="checkbox"/> 3. UNKNOWN	<b>REPORT TAKEN AT</b> <input checked="" type="checkbox"/> 1. SCENE <input type="checkbox"/> 2. STATION <input type="checkbox"/> 3. OTHER	<b>SUPPLEMENT 'X' IF YES</b> <input type="checkbox"/>	<b>LOCAL REPORT #</b> 160-12- 010939
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