



TRAFFIC CRASH REPORT

CRASH REPORT # 12-MV 00043	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 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 00 ANIMAL 99 UNKNOWN	DATE OF CRASH 1/2/2012	

TIME OF CRASH 09:49	DAY OF WEEK MON	CITY/VILLAGE/TOWNSHIP TOWNSHIP	NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF)	COUNTY # 52	LATITUDE 410624051	LONGITUDE 0815150893
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CRASH OCCURRED ON PREFIX 0003	CRASH LOCATION 0003	TYPE LOC 3	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION WOOSTER PIKE & SHARON COPLE
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DIST. REF.	DIR	PREFIX	REFERENCE 0162	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 REFEREN 09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE
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A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) OBERT TIMOTHY W
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)
216 GLOUCESTER DRIVE MEDINA OH 44256

SOCIAL SECURITY NUMBER	DATE OF BIRTH 08/29/1974	AGE 37	SEX M	HOME PHONE # (330)721-1940	WORK PHONE # (330)590-0626
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DL STATE OH	DL # RL247606	LP STATE OH	LP # ES17KW	INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME") TIMOTHY W. OBERT	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 216 GLOUCESTER DRIVE MEDINA OH 44256
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YEAR 2009	MAKE CHEVROLE	MODEL MALIBU	COLOR BLUE	INSURANCE COMPANY LIBERTY MUTUAL	TOWING SERVICE LLOYD'S TOWING	OWNER PHONE # (330)721-1940
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES
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B	UNIT #	# OF OCC	NAME (LAST, FIRST, MIDDLE)
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)

SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #
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DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME")	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)
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YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES
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C	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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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
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D	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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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
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MOTORIST / NON-MOTORIST

OCCUPANT

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

<p>UNIT NUMBERS A <input type="text" value="01"/> B <input type="text"/></p> <p>NON-MOTORIST LOCATION A <input type="text" value="11"/> B <input type="text"/></p> <p>TYPE OF UNIT A <input type="text" value="03"/> B <input type="text"/></p> <p>IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text"/></p> <p>DAMAGE SCALE A <input type="text" value="3"/> B <input type="text"/></p>	<p>DAMAGE AREA</p> <p>FRONT</p> <p>REAR</p> <p>MOST DAMAGED AREA A <input type="text" value="03"/> B <input type="text"/></p> <p>POINT OF IMPACT A <input type="text" value="03"/> B <input type="text"/></p> <p>ACTION A <input type="text" value="3"/> B <input type="text"/></p> <p>STRIKING VEHICLE OVERRIDE/UNDERIDE A <input type="text" value="1"/> B <input type="text"/></p>	<p>PRE-CRASH ACTIONS A <input type="text" value="05"/> B <input type="text"/></p> <p>CONTRIBUTING CIRCUMSTANCES A <input type="text" value="15"/> B <input type="text"/></p> <p>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/></p>	<p>SEQUENCE OF EVENTS</p> <p>A B</p> <p>1 <input type="text" value="09"/> <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>FIRST HARMFUL EVENT A <input type="text" value="2"/> B <input type="text"/></p> <p>MOST HARMFUL EVENT A <input type="text" value="3"/> B <input type="text"/></p> <p>SPEED DETECTED A <input type="text" value="1"/> B <input type="text"/></p> <p>SPEED A <input type="text" value="30"/> B <input type="text"/></p>	<p>POSTED SPEED A <input type="text" value="45"/> B <input type="text"/></p> <p>TRAFFIC CONTROL A <input type="text" value="02"/> B <input type="text"/></p> <p>DIRECTION</p> <p>FROM TO FROM TO</p> <p>A <input type="text" value="3"/> <input type="text" value="1"/> B <input type="text"/> <input type="text"/></p> <p>CONDITION A <input type="text" value="1"/> B <input type="text"/></p> <p>ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text"/></p> <p>ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text"/></p> <p>ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text"/></p> <p>ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/></p>	<p>DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text"/></p> <p>DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text"/></p> <p>DRUG TEST 1 & 2 RESULT A <input type="text" value="1"/> <input type="text" value="1"/> B <input type="text"/> <input type="text"/></p> <p>TYPE OF INTERSECTION <input type="text" value="03"/></p> <p>OCCURRENCE <input type="text" value="4"/></p> <p>ROAD CONTOUR <input type="text" value="1"/></p> <p>ROAD CONDITIONS PRIMARY <input type="text" value="03"/> SECONDARY <input type="text" value="07"/></p>
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SUPPLEMENT 'X' IF YES

LOCAL REPORT #
12-MV 00043

NARRATIVE

UNIT #1 WAS EASTBOUND ON S.R. 162, PREPARING TO STOP AND MAKE A RIGHT TURN NORTH ON S.R. 3, WHEN IT LOST CONTROL ON THE SNOW COVERED ROADWAY. UNIT #1 SLID THROUGH THE INTERSECTION, AND OFF THE WEST SIDE OF S.R. 3. UNIT #1 COLLIDED WITH THE DITCH AND THEN A TREE BEFORE COMING TO REST. THE VEHICLE SUSTAINED FUNCTIONAL DAMAGE TO THE RIGHT FRONT (PASSENGER SIDE) OF THE VEHICLE AND THE UNDER CARRIAGE. THE VEHICLE WAS REMOVED FROM ITS LOCATION OF FINAL REST BY LLOYD'S TOWING. THE DRIVER OF UNIT #1 WAS NOT INJURED IN THE INCIDENT AND DECIDED TO DRIVE THE VEHICLE FROM THE SCENE AFTER IDENTIFYING A LOSS OF TRANSMISSION FLUID DURING THE ACCIDENT.

<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 SIDESWIPE SAME DIRECTION 8 SIDESWIPE 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 style="text-align: center;">DIAGRAM</p>
<p>WEATHER</p> <p><input checked="" type="checkbox"/> 08</p> <p>01 CLEAR 02 CLOUDY 03 FOG/SMOG/SMOKE 04 RAIN 05 SLEET/HAUL (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND/SOIL/DIRT/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"/> 1 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 SHFT/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>	

*DRAWING NOT TO SCALE

TRUCK/BUS	<p>UNIT #</p> <p><input type="text"/></p>	<p>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10000 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 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</p>

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 GRAIN CHIPS/GRAVITY <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</p>	<p>WEIGHT (GVWR)</p> <p><input type="checkbox"/> 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 28,000 <input type="checkbox"/> 3 MORE THAN 28,000</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	
1/2/2012	09:49	09:49	10:06	10:40	0	51	
OFFICER'S NAME			BADGE #		CHECKED BY		DATE REPORT FILED
P.O. CHRISTOPHER A. LAFOND			1609		SGT. NEIL		1/2/2012
REPORT TAKEN BY		REPORT TAKEN AT		<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT #	
<input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST <input type="checkbox"/> 3 UNKNOWN		<input checked="" type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER				12-MV 00043	