

TRAFFIC CRASH REPORT

CRASH REPORT # 12-MV 00087	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 01 ANNUAL 02 UNKNOWN	DATE OF CRASH 1/3/2012	

TIME OF CRASH 16:19	DAY OF WEEK TUE	CITY/VILLAGE/TOWNSHIP TOWNSHIP	NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF)	COUNTY # 52	LATITUDE 4104205077	LONGITUDE 081515118
-------------------------------	---------------------------	--	---	-----------------------	-------------------------------	-------------------------------

CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX 0003	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	7388 WOOSTER PIKE
CRASH LOCATION 0003	TYPE LOC 3	

AT/REFERENCE	REFERENCE POINT USED
DIST. REF. 007388	01 STATE LINE 02 INTERSECTION OF TWO STREETS 03 COUNTY LINE 04 HOUSE NUMBER
DIR 04	05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME WITHOUT REFEREN 09 DRIVEWAY 10 STREET OR ROUTE WITHOUT REFERENCE
PREFIX 007388	REF POINT 04

MOTORIST / NON-MOTORIST

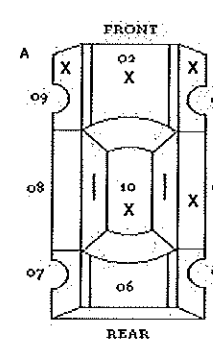
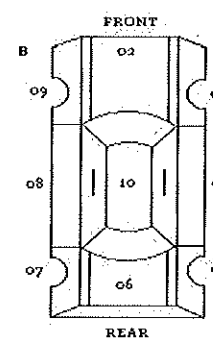
A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) HANEY DANIELLE RENEE
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 6718 BUFFHAM ROAD SEVILLE OH 44273-8821			
SOCIAL SECURITY NUMBER	DATE OF BIRTH 05/17/1993	AGE 18	SEX F
HOME PHONE # (330)421-0682	WORK PHONE #		
DL STATE OH	DL # TR115760	LP STATE OH	LP # EZX9625
INJURED TAKEN BY 1 1 NONE 2 EMS 3 POLICE		TRANSPORTED BY	
OWNER NAME (IF SAME, WRITE "SAME") MARCIA R. HANEY		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 6718 BUFFHAM ROAD SEVILLE OH 44273-8821	
YEAR 2000	MAKE FORD	MODEL OTHER	COLOR TAN
INSURANCE COMPANY NATIONWIDE INSU	TOWING SERVICE LLOYD'S TOWING	OWNER PHONE # (330)421-0682	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	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	
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

C	UNIT #	NAME (LAST, FIRST, MIDDLE) SHANNO JENNIE	HOME PHONE # (330)591-5124	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3769 E. STERLING ROAD CRESTON OH 44217						
INJURED TAKEN BY		TRANSPORTED BY		INJURED TAKEN TO		
D	UNIT #	NAME (LAST, FIRST, MIDDLE) TINNEY JOHN	HOME PHONE # (330)604-8564	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 55 E HIRAM BARBERTON OH 44203						
INJURED TAKEN BY		TRANSPORTED BY		INJURED TAKEN TO		

SEATING POSITION 01 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER'S SIDE CAB) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILER'S UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 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 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. UNKNOWN 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-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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 OF MEDIAN (BUT NOT ON SHOULDER) 07 ISLAND 08 SHOULDER 09 SIDEWALK 10 WITHIN 10 FEET OF ROADWAY (EUT NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND) 11 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 12 OUTSIDE TRAFFICWAY 13 SHARED USE PATHS OR TRAILS 14 UNKNOWN</p> <p>TYPE OF UNIT</p> <p>A <input type="text" value="02"/> B <input type="text"/></p> <p>01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK, 3 OR MORE AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (DOBTAA) 13 TRACTOR, SEMI-TRAILER 14 TRACTOR DOUBLE - SHORT 15 TRACTOR DOUBLE - LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTORCYCLE-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 SIGN/MOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLES (BICYCLE, TRI-CYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER-NON MOTORIST (WHEEL CHAIR, ETC) 42 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>DAMAGE AREA</p>  <p>FRONT</p> <p>01 02 03</p> <p>04 05</p> <p>REAR</p> <p>06 07 08 09</p>  <p>FRONT</p> <p>01 02 03</p> <p>04 05</p> <p>REAR</p> <p>06 07 08 09</p> <p>MOST DAMAGED AREA</p> <p>A <input type="text" value="10"/> 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>POINT OF IMPACT</p> <p>A <input type="text" value="10"/> 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>ACTION</p> <p>A <input type="text" value="3"/> B <input type="text"/></p> <p>1. NON-CONTACT 2. NON-COLLISION 3. STRUCK 4. STRUCK 5. BOTH STRUCK 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>PRE-CRASH ACTIONS</p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <p>MOTORIST</p> <p>01. CRUISE CONTROL 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 15. NON-MOTORIST 16. ENTERING OR CROSSING SPECIFIED LOCATION 17. WALKING, RUNNING, JOGGING, PLAYING, CYCLING 18. WORKING 19. PUSHING VEHICLE 20. APPROXIMATING OR LEAVING VEHICLE 21. PLAYING OR WORKING ON VEHICLE 22. STANDING 23. OTHER 24. 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/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, SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.) 15. FAILURE TO CONTROL 16. VISION OBSTRUCTION 17. DISTRATTENTION 18. FATIGUE/ASLEEP 19. OPERATING DEFECTIVE EQUIPMENT 20. LOAD SHIFTING/FALLING/SPILLING 21. OTHER IMPROPER ACTION 22. UNKNOWN 23. NON-MOTORIST 24. NONE 25. IMPROPER CROSSING 26. DARTING 27. LYING AND/OR ILLEGALLY IN ROADWAY 28. FAILURE TO YIELD RIGHT OF WAY 29. NOT VISIBLE (DARK CLOTHING) 30. INATTENTIVE 31. FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER 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. WORN OR SLICK 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="10"/> <input type="text"/></p> <p>2. <input type="text" value="08"/> <input type="text"/></p> <p>3. <input type="text" value="23"/> <input type="text"/></p> <p>4. <input type="text" value="40"/> <input type="text"/></p> <p>NON-COLLISION</p> <p>01. OVERTURN ROLLOVER 02. FIRE EXPLOSION 03. IMVERSION 04. JACKKNIFE 05. CARGO EQUIPMENT LOSS OR SHIFT (BLOWN TIRE, BRAKE FAILURE, ETC.) 06. SEPARATION OF UNITS 07. RAN OFF ROAD RIGHT 08. RAN OFF ROAD LEFT 09. CROSS MEDIAN/CENTERLINE 10. DOWNHILL RUNAWAY 12. OTHER NON-COLLISION 13. UNKNOWN NON-COLLISION 14. COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED 15. PEDESTRIAN 16. PEDICYCLE 17. RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 18. ANIMAL - FARM 19. ANIMAL - DEER 20. ANIMAL - OTHER 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. BRIDGE RAIL 31. GUARDRAIL FACE 32. GUARDRAIL END 33. MEDIAN BARRIER 34. HIGHWAY TRAFFIC SIGN POST 35. OVERHEAD SIGN POST 36. LIGHT/LUMINAIRIES SUPPORT 37. UTILITY POLE 38. OTHER POST, POLE OR SUPPORT 39. CULVERT 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="3"/> 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="4"/> B <input type="text"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</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="40"/> B <input type="text"/></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. WALK/DO NOT WALK 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"/></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, DISTRESSED) 4. ILLNESS 5. FELL ASLEEP, FAINTED, FATIGUED, ETC. 6. 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-HBD NOT IMPAIRED 4. YES-DRUGS SUSPECTED 5. YES-ALCOHOL AND DRUGS SUSPECTED 6. UNKNOWN</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. BREATH 2. BLOOD 3. URINE 4. OTHER</p> <p>ALCOHOL TEST RESULT</p> <p>A <input type="text"/></p> <p>B <input type="text"/></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. TEST 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>A <input type="text" value="1"/> <input type="text" value="1"/> B <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. T-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</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 OF TRAFFICWAY 7. UNKNOWN</p> <p>ROAD CONTOUR</p> <p>A <input type="text" value="1"/> 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="03"/> SECONDARY <input type="text" value="07"/></p> <p>01. DRY 02. WET 03. SNOW 04. ICE 05. SAND/MUD/DIRT/LOG/GRAVEL 06. WATER (STANDING, MOVING) 07. SLUSH 08. DEBRIS 09. RUT, HOLES, BUMPS, UNEVEN PAVEMENT 10. OTHER 11. UNKNOWN</p> <p>SUPPLEMENT 'X' IF YES</p> <p>LOCAL REPORT #</p> <p>12-MV 00087</p>
--	---	--	---	---	---

NARRATIVE

UNIT #1 WAS SOUTHBOUND ON S.R. 3 (WOOSTER PIKE), WHEN IT LOST CONTROL ON THE SNOW/SLUSH COVERED ROADWAY. UNIT #1 FIRST CROSSED THE CENTERLINE AND ENTERED THE NORTHBOUND LANE, BEFORE AGAIN CROSSING THE CENTERLINE, PASSING THROUGH THE SOUTHBOUND LANE, AND OFF THE WEST SIDE OF THE ROADWAY. THE VEHICLE STRUCK TWO TRASH CANS BEFORE ENTERING THE DITCH AND ROLLING OVER ON ITS ROOF. THE DRIVER OF UNIT #1 WAS NOT INJURED IN THE ACCIDENT AND WAS ABLE TO EXIT OUT OF THE DRIVER'S DOOR. UNIT #1 SUSTAINED DAMAGE TO THE ROOF AND PASSENGER SIDE WINDOWS AND BODY. THE VEHICLE WAS TOWED FROM THE SCENE BY LLOYD'S TOWING.

<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 S-D (SIDEWIFE SAME DIRECTION) 8 S-D (SIDEWIFE 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="text-align: right;">NORTH</p> <p style="text-align: center;">Trash Cans</p> <p style="text-align: center;">Driveway to 7388</p> <p style="text-align: right;">S.R. 3 (WOOSTER PIKE)</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/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>	

TRUCK/BUS UNIT #	<input type="checkbox"/>	<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 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
--------------------------------	---------------

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
--------	--------	------	----------------	-----------------	--------------	-----------	-------

<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 GRAVEL/VN</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-EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000</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 4 UNKNOWN</p>
--	---	--	--	--	---	---

POLICE ACTION						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
1/3/2012	16:19	16:19	16:22	17:28	0	69
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED		
P.O. CHRISTOPHER A. LAFOND		1609	SGT. NEIL	1/3/2012		
REPORT TAKEN BY	REPORT TAKEN AT			<input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT #	
<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 1				12-MV 00087	

LOCAL REPORT # 12-MV 00087	REPORTING AGENCY MONTVILLE TOWNSHIP POLICE	DATE OF CRASH 1/3/2012
COUNTY# 52	CRASH LOCATION 0003	

Crash Diagram Number :	
------------------------	--