

OHIO

TRAFFIC CRASH REPORT

CRASH REPORT #
12-MV 00102

CRASH SEVERITY
3 1 FATAL ERROR 3PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
 *IF YES

HIT / SKIP
2 1 NOT HIT / SKIP
2 SOLVED 3 NOT SOLVED

PHOTOS TAKEN
X *IF YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C. #
05213

REPORTING AGENCY
MONTVILLE TOWNSHIP POLICE

UNITS
1

UNIT ERROR
01 98 ANIMAL
99 UNKNOWN

DATE OF CRASH
1/4/2012

TIME OF CRASH
11:06

DAY OF WEEK
WED

CITY/VILLAGE/TOWNSHIP
TOWNSHIP

NAME (OF CITY, VILLAGE OR TOWNSHIP)
MONTVILLE (TOWNSHIP OF)

COUNTY #
52

LATITUDE
4104121216

LONGITUDE
0814819443

CRASH OCCURRED ON

PREFIX

CRASH LOCATION
0057

TYPE LOC
3

TYPE LOCATION POINT USED

- 1 NAMED STREET
- 2 NUMBERED STREET
- 3 NUMBERED ROUTE

LOCAL INFORMATION

WADSWORTH RD./ RIVER STYX RD.

AT/REFERENCE

DIST. REF.

DIR

PREFIX

REFERENCE

REF POINT

RIVER STYX

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 DRAINWAY
- 10 STREET OR ROUTE WITHOUT REFERENCE

MOTORIST / NON-MOTORIST

A

UNIT #
01

OF OCC
2

NAME (LAST, FIRST, MIDDLE)
SIMPSON ORION L.

ADDRESS (STREET, CITY, STATE, ZIP-CODE)
9308 HUBBARD VALLEY SEVILLE OH 44273

SOCIAL SECURITY NUMBER

DATE OF BIRTH
02/02/1943

AGE
68

SEX
M

HOME PHONE #
(330)294-0945

WORK PHONE #

DL STATE
OH

DL #
RL235079

LP STATE
OH

LP #
EAV8407

INJURED TAKEN BY
1 NONE 2 EMS 3 POLICE
4 OTHER 5 UNKNOWN

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")
SARA L. SIMPSON

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)
9308 HUBBARD VALLEY SEVILLE OH 44273

YEAR
1998

MAKE
HONDA

MODEL
CIVIC

COLOR
RED

INSURANCE COMPANY
STATE FARM

TOWING SERVICE

OWNER PHONE #
(330)294-0945

OFFENSE CHARGED
4511.202

OFFENSE DESCRIPTION
OPERATION WITHOUT REASONABLE CONTROL

CITATION #
Y33237

LOCAL CODE
 *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
 1 NONE 2 EMS 3 POLICE
4 OTHER 5 UNKNOWN

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
 *IF YES

OCCUPANT

C

UNIT #
01

NAME (LAST, FIRST, MIDDLE)
SIMPSON SARA

HOME PHONE #
(330)294-0945

DATE OF BIRTH
11/16/1940

AGE
71

SEX
F

ADDRESS (STREET, CITY, STATE, ZIP-CODE)
9308 HUBBARD VALLEY SEVILLE OH 44273

INJURED TAKEN BY
1 NONE 2 EMS 3 POLICE
4 OTHER 5 UNKNOWN

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
 1 NONE 2 EMS 3 POLICE
4 OTHER 5 UNKNOWN

TRANSPORTED BY

INJURED TAKEN TO

- SEATING POSITION**
- A 01 01 FRONT - LEFT (MC DRIVER)
 - 02 FRONT - MIDDLE
 - 03 FRONT - RIGHT
 - 04 SECOND - LEFT (WC PASS)
 - B 05 SECOND - MIDDLE
 - 06 SECOND - RIGHT
 - 07 THIRD - LEFT (WC PASSENGER SIDE CAR)
 - 08 THIRD - MIDDLE
 - 09 THIRD - RIGHT
 - C 10 SLEEPER SECTION OF CAB
 - 11 ENCLOSED CARGO AREA
 - D 12 UNENCLOSED CARGO AREA
 - 13 TRAILING UNIT
 - 14 EXTERIOR
 - 15 OTHER
 - 16 NON-MOTORIST
 - 17 UNKNOWN

- SAFETY EQUIPMENT**
- A 04 01 NONE USED
 - 02 SHOULDER BELT ONLY USED
 - 03 LAP BELT ONLY USED
 - B 04 SHOULDER AND LAP BELT USED
 - 05 CHILD SAFETY SEAT USED
 - C 04 06 HELMET USED
 - 07 RESTRAINT USE UNKNOWN
 - D 08 MOTORIST
 - 09 NONE USED
 - 06 HELMET USED
 - 10 PROTECTIVE PADS
 - 11 REFLECTIVE CLOTHING
 - 12 LIGHTING
 - 13 OTHER
 - 14 UNKNOWN

- AIR BAG**
- A 1 1 NOT DEPLOYED
 - 2 DEPLOYED - FRONT
 - 3 DEPLOYED - SIDE
 - 4 DEPLOYED BOTH FRONT/SIDE
 - B 5 NOT APPLICABLE
 - 6 DEPLOYMENT UNKNOWN
 - C 1
 - D

- AIR BAG SWITCH**
- A 4 1 ON-OFF SWITCH NOT PRESENT
 - 2 SWITCH IN ON POSITION
 - 3 SWITCH IN OFF POSITION
 - B
 - C 4
 - D

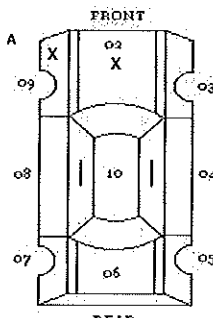
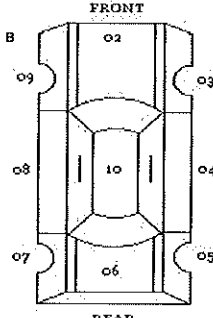
- EJECTION**
- A 1 1 NOT EJECTED
 - 2 TOTALLY EJECTED
 - 3 PARTIALLY EJECTED
 - B
 - C 1
 - D

- TRAPPED**
- A 1 1 NOT TRAPPED
 - 2 EXTRICATED BY MECHANICAL MEANS
 - 3 FREED BY NON-MECHANICAL MEANS
 - B
 - C 1
 - D

- INJURIES**
- A 1 1 NO INJURY
 - 2 POSSIBLE
 - 3 NON-INCAPACITATING
 - 4 INCAPACITATING
 - 5 FATAL INJURY
 - 6 UNKNOWN
 - B
 - C 1
 - D

BLANK FOR WITNESS

SUPPLEMENT *IF YES

<p>UNIT NUMBERS</p> <p>A <input type="text" value="01"/> B <input type="text"/></p>	<p>DAMAGE AREA</p> 	<p>PRE-CRASH ACTIONS</p> <p>A <input type="text" value="05"/> B <input type="text"/></p> <p>MOTORIST</p> <ol style="list-style-type: none"> MOVEMENTS ESSENTIALLY STRAIGHT AHEAD BACKING CHANGING LANES OVERTAKING/PASSING TURNING RIGHT TURNING LEFT MAKING U-TURN ENTERING TRAFFIC LANE LEAVING TRAFFIC LANE PARKED SLOWING OR STOPPED IN TRAFFIC DRIVERLESS OTHER UNKNOWN <p>NON-MOTORIST</p> <ol style="list-style-type: none"> ENTERING OR CROSSING SPECIFIED LOCATION WALKING, RUNNING, JOGGING, PLAYING, CYCLING WORKING PUSHING VEHICLE APPROACHING OR LEAVING VEHICLE PLAYING OR WORKING ON VEHICLE STANDING OTHER UNKNOWN 	<p>SEQUENCE OF EVENTS</p> <table border="1"> <tr> <td>A</td> <td><input type="text" value="09"/></td> <td>B</td> <td><input type="text"/></td> </tr> <tr> <td>1</td> <td><input type="text" value="33"/></td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>3</td> <td><input type="text"/></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> <p>NON-COLLISION</p> <ol style="list-style-type: none"> OVERTURN/ROLLOVER FIRE/EXPLOSION INVERSION JACKKNIFE CARGO EQUIPMENT LOSS OR SHIFT EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) SEPARATION OF UNITS RAN OFF ROAD RIGHT RAN OFF ROAD LEFT CROSS MEDIAN/CENTERLINE DOWN HILL RUNAWAY OTHER NON-COLLISION UNKNOWN NON-COLLISION COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED PEDESTRIAN FED/AG CYCLE RAILWAY VEHICLE (E.G. TRAIN, ENGINE) ANIMAL - FARM ANIMAL - DEER ANIMAL - OTHER MOTOR VEHICLE IN TRANSPORT PARKED MOTOR VEHICLE WORK ZONE MAINTENANCE EQUIPMENT OTHER MOVABLE OBJECT UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT IMPACT ATTENUATOR/CRASH CUSHION BRIDGE OVERHEAD STRUCTURE BRIDGE PIER OR ABUTMENT BRIDGE PARAPET GUARDRAIL GUARDRAIL FACE GUARDRAIL END MEDIAN BARRIER HIGHWAY TRAFFIC SIGN POST OVERHEAD SIGN POST LIGHT/LUMINARIES SUPPORT UTILITY POLE OTHER POST, POLE OR SUPPORT CULVERT CURB DITCH EMBANKMENT FENCE MALIBOX TREE OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) WORK ZONE MAINTENANCE EQUIPMENT UNKNOWN FIXED OBJECT OTHER UNKNOWN 	A	<input type="text" value="09"/>	B	<input type="text"/>	1	<input type="text" value="33"/>	2	<input type="text"/>	3	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>	4	<input type="text"/>	<p>POSTED SPEED</p> <p>A <input type="text" value="55"/> B <input type="text"/></p>	<p>DRUG TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> NONE GIVEN TEST REFUSED TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE TEST GIVEN, RESULTS KNOWN GIVEN, RESULTS UNKNOWN UNKNOWN
A	<input type="text" value="09"/>	B	<input type="text"/>																		
1	<input type="text" value="33"/>	2	<input type="text"/>																		
3	<input type="text"/>	3	<input type="text"/>																		
4	<input type="text"/>	4	<input type="text"/>																		
<p>NON-MOTORIST LOCATION</p> <p>A <input type="text"/> B <input type="text"/></p> <ol style="list-style-type: none"> MARKED CROSSWALK AT INTERSECTION AT INTERSECTION BUT NO CROSSWALK NON-INTERSECTION CROSSWALK DRIVEWAY ACCESS CROSSWALK IN ROADWAY NOT IN ROADWAY MEDIAN (BUT NOT ON SHOULDER) ISLAND SHOULDER SIDEWALK WITHIN 10 FEET OF ROADWAY (BUT NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND) BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) OUTSIDE TRAFFICWAY SHARED USE PATHS OR TRAILS UNKNOWN 		<p>CONTRIBUTING CIRCUMSTANCES</p> <p>A <input type="text" value="15"/> B <input type="text"/></p> <p>MOTORIST</p> <ol style="list-style-type: none"> NONE FAILURE TO YIELD RAN RED LIGHT OR STOP SIGN EXCEEDED SPEED LIMIT UNSAFE SPEED IMPROPER TURN LEFT OF CENTER FOLLOWED TOO CLOSELY/ACOA IMPROPER LANE CHANGE/DROVE OFF ROAD/IMPROPER PASSING IMPROPER BACKING IMPROPER START FROM PARKED POSITION STOPPED OR PARKED ILLEGALLY OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER SWERVING TO AVOID (DUE TO WIND, SUPPLY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.) FAILURE TO CONTROL VISION OBSTRUCTION DRIVER INATTENTION FATIGUE/ASLEEP OPERATING DEFECTIVE EQUIPMENT LOAD SHIFTING/FALLING/SPILLING OTHER W/PROF ACTION UNKNOWN <p>NON-MOTORIST</p> <ol style="list-style-type: none"> IMPROPER CROSSING DARTING LYING AND/OR ILLEGALLY IN ROADWAY FAILURE TO YIELD RIGHT OF WAY NOT VISIBLE (DARK CLOTHING) INATTENTIVE FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER WRONG SIDE OF THE ROAD OTHER UNKNOWN 	<p>TRAFFIC CONTROL</p> <p>A <input type="text" value="12"/> B <input type="text"/></p> <ol style="list-style-type: none"> NO CONTROLS STOP SIGN YIELD SIGN TRAFFIC SIGNAL TRAFFIC FLASHERS SCHOOL ZONE RAILROAD CROSSBUCKS RAILROAD GATES CONSTRUCTION BARRICADE POLICE OFFICER PAVEMENT MARKINGS CROSSWALK LINES WALKWAY/TWALK TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED OTHER NOT REPORTED UNKNOWN 	<p>DRUG TEST TYPE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> NONE BLOOD URINE OTHER 	<p>DRUG TEST 1 & 2 RESULT</p> <p>A <input type="text" value="1"/> <input type="text" value="1"/> B <input type="text"/> <input type="text"/></p> <ol style="list-style-type: none"> NONE MARIJUANA COCAINE OPiates AMPHETAMINES BPCP OTHER UNKNOWN AT TIME OF REPORTING 																
<p>TYPE OF UNIT</p> <p>A <input type="text" value="02"/> B <input type="text"/></p> <p>MOTORIST</p> <ol style="list-style-type: none"> SUB-COMPACT COMPACT MD SIZE FULL SIZE MINIVAN SPORT UTILITY VEHICLE PICKUP PANELVAN SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES SINGLE UNIT TRUCK, 3 OR MORE AXLES TRUCK/TRAILER TRUCK TRACTOR (BOBTAIL) TRACTOR, SEMI-TRAILER TRACTOR DOUBLE - SHORT TRACTOR DOUBLE - LONG WHEEL OR CONVERTER DOLLY TRACTOR/TRIPLES MOTORCYCLE MOTORIZED BICYCLE SCHOOL BUS CHURCH BUS PUBLIC BUS OTHER BUS POLICE VEHICLE FIRE TRUCK AMBULANCE/RESCUE TAXI MOTOR HOME TRAIN FARM VEHICLE FARM EQUIPMENT SNOWMOBILE CONSTRUCTION EQUIPMENT ALL OTHERS NON-MOTORIST ANIMAL W/ RIDER ANIMAL W/ BUGGY BICYCLE PEDESTRIAN PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) SKATER OTHER, NON-MOTORIST (WHEELCHAIR, ETC.) UNKNOWN 	<p>MOST DAMAGED AREA</p> <p>A <input type="text" value="09"/> B <input type="text"/></p> <ol style="list-style-type: none"> NONE CENTER FRONT RIGHT FRONT RIGHT SIDE RIGHT REAR REAR CENTER LEFT REAR LEFT SIDE LEFT FRONT TOP AND WINDOWS UNDERCARRIAGE LOAD (TRAILER) TOTAL (ALL AREAS) OTHER UNKNOWN 	<p>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</p> <p>A <input type="text"/> B <input type="text"/></p> <ol style="list-style-type: none"> TURN SIGNALS HEAD LAMPS TAIL LAMPS BRAKES STEERING TIRE BLOWOUT WORN OR SUNK TIRES TRAILER EQUIPMENT DEFECTIVE MOTOR TROUBLE DISABLED FROM PRIOR ACCIDENT OTHER DEFECTS NO DEFECTS 	<p>FIRST HARMFUL EVENT</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	<p>DIRECTION</p> <p>FROM TO FROM TO</p> <p>A <input type="text" value="2"/> <input type="text" value="5"/> B <input type="text"/> <input type="text"/></p> <ol style="list-style-type: none"> NORTH SOUTH EAST WEST NORTHEAST NORTHWEST SOUTHEAST SOUTHWEST UNKNOWN 	<p>TYPE OF INTERSECTION</p> <p>A <input type="text" value="04"/> B <input type="text"/></p> <ol style="list-style-type: none"> NOT AN INTERSECTION FOUR-WAY INTERSECTION T-INTERSECTION Y-INTERSECTION TRAFFIC CIRCLE/ROUNDOABOUT ONE POINT, OR MORE ON RAMP CROSSOVER DRIVEWAY RAILWAY GRADE CROSSING SHARED-USE PATHS OR TRAILS UNKNOWN 																
<p>IN EMERGENCY RESPONSE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> NO YES UNKNOWN 	<p>POINT OF IMPACT</p> <p>A <input type="text" value="09"/> B <input type="text"/></p> <ol style="list-style-type: none"> NONE CENTER FRONT RIGHT FRONT RIGHT SIDE RIGHT REAR REAR CENTER LEFT REAR LEFT SIDE LEFT FRONT TOP AND WINDOWS UNDERCARRIAGE LOAD (TRAILER) TOTAL (ALL AREAS) OTHER UNKNOWN 	<p>ACTION</p> <p>A <input type="text" value="3"/> B <input type="text"/></p> <ol style="list-style-type: none"> NON-CONTACT NON-COLLISION STRICKEN STRUCK BOTH STRICKEN AND STRUCK UNKNOWN 	<p>FIRST HARMFUL EVENT</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	<p>ALCOHOL/DRUG SUSPECTED</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> NONE YES ALCOHOL SUSPECTED YES-HD NOT APPARED YES-DRUGS SUSPECTED YES-ALCOHOL AND DRUGS SUSPECTED UNKNOWN 	<p>ROAD CONTOUR</p> <p>A <input type="text" value="3"/> B <input type="text"/></p> <ol style="list-style-type: none"> STRAIGHT LEVEL STRAIGHT GRADE CURVE LEVEL CURVE GRADE UNKNOWN 																
<p>DAMAGE SCALE</p> <p>A <input type="text" value="2"/> B <input type="text"/></p> <ol style="list-style-type: none"> NONE NON-FUNCTIONAL FUNCTIONAL DAMAGE DESTRUCTIVE DAMAGE SEVERE UNKNOWN 	<p>STRIKING VEHICLE OVERRIDE/UNDERIDE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> NO UNDERIDE OR OVERRIDE UNDERIDE, COMPARTMENT INTRUSION UNDERIDE, NO COMPARTMENT INTRUSION UNDERIDE, COMPARTMENT INTRUSION UNKNOWN OVERRIDE, MOTOR VEHICLE IN TRANSPORT OVERRIDE, OTHER VEHICLE UNKNOWN IF UNDERIDE OR OVERRIDE 	<p>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</p> <p>A <input type="text"/> B <input type="text"/></p> <ol style="list-style-type: none"> TURN SIGNALS HEAD LAMPS TAIL LAMPS BRAKES STEERING TIRE BLOWOUT WORN OR SUNK TIRES TRAILER EQUIPMENT DEFECTIVE MOTOR TROUBLE DISABLED FROM PRIOR ACCIDENT OTHER DEFECTS NO DEFECTS 	<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>ALCOHOL TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> NONE GIVEN TEST REFUSED TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE TEST GIVEN, RESULTS KNOWN TEST GIVEN, RESULTS UNKNOWN UNKNOWN 	<p>ROAD CONDITIONS</p> <p>PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/></p> <ol style="list-style-type: none"> DRY WET SNOW SLICE SAND/MUD/DIRT/OIL/GRAVEL WATER (STANDING, MOVING) SLUSH DEBRIS RUT, HOLES, BUMPS, UNEVEN PAVEMENT OTHER UNKNOWN 																
<p>DAMAGE SCALE</p> <p>A <input type="text" value="2"/> B <input type="text"/></p> <ol style="list-style-type: none"> NONE NON-FUNCTIONAL FUNCTIONAL DAMAGE DESTRUCTIVE DAMAGE SEVERE UNKNOWN 	<p>STRIKING VEHICLE OVERRIDE/UNDERIDE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> NO UNDERIDE OR OVERRIDE UNDERIDE, COMPARTMENT INTRUSION UNDERIDE, NO COMPARTMENT INTRUSION UNDERIDE, COMPARTMENT INTRUSION UNKNOWN OVERRIDE, MOTOR VEHICLE IN TRANSPORT OVERRIDE, OTHER VEHICLE UNKNOWN IF UNDERIDE OR OVERRIDE 	<p>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</p> <p>A <input type="text"/> B <input type="text"/></p> <ol style="list-style-type: none"> TURN SIGNALS HEAD LAMPS TAIL LAMPS BRAKES STEERING TIRE BLOWOUT WORN OR SUNK TIRES TRAILER EQUIPMENT DEFECTIVE MOTOR TROUBLE DISABLED FROM PRIOR ACCIDENT OTHER DEFECTS NO DEFECTS 	<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>ALCOHOL TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> NONE GIVEN TEST REFUSED TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE TEST GIVEN, RESULTS KNOWN TEST GIVEN, RESULTS UNKNOWN UNKNOWN 	<p>ROAD CONDITIONS</p> <p>PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/></p> <ol style="list-style-type: none"> DRY WET SNOW SLICE SAND/MUD/DIRT/OIL/GRAVEL WATER (STANDING, MOVING) SLUSH DEBRIS RUT, HOLES, BUMPS, UNEVEN PAVEMENT OTHER UNKNOWN 																
<p><input type="checkbox"/> SUPPLEMENT 'X' IF YES</p>				<p>LOCAL REPORT # 12-MV 00102</p>																	

NARRATIVE

UNIT 1 WAS TRAVELING NORTH ON STATE ROUTE 57 (WADSWORTH ROAD) APPROACHING RIVER STYX ROAD. UNIT 1'S DRIVER WAS ADVISED BY HIS PASSENGER TO TURN ON RIVER STYX INSTEAD OF CONTINUING ON SR 57. UNIT 1 LOST CONTROL AND WENT IN BETWEEN THE TWO ROADWAYS STRIKING A ROAD SIGN AND NARROWLY MISSING A TELEPHONE POLE. A CABLE WORKER WAS IN THE AREA AND HEARD THE COMMOTION BUT THE VEHICLE WAS GONE BY THE TIME HE MADE IT TO THE INTERSECTION. DUE TO STRIKING THE SIGN, A LICENSE PLATE (OHIO-EAV8407) AND WELL AS RED AUTO BODY PIECES WERE LEFT IN THE SNOW. I WAS ABLE TO FIND THE DRIVER BY THESE ITEMS AND FOUND THE DAMAGED VEHICLE IN THE OPEN GARAGE AT THE VEHICLE OWNER'S RESIDENCE. ORION SIMPSON ADMITTED TO DRIVING AND ADVISED HE DID NOT STOP DUE TO BELIEVING IT WAS ONLY A SMALL AMOUNT OF PROPERTY DAMAGE. HE WAS ISSUED A CITATION FOR REASONABLE CONTROL. THIS REPORT WILL BE FORWARDED TO ODOT IN REFERENCE TO THE SIGN.

<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>DIAGRAM</p>
<p>WEATHER</p> <p><input checked="" type="checkbox"/> 02</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 OR T/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>TYPE OF WORK ZONE</p> <p><input type="checkbox"/> 1</p> <p>1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIUM 4 INTERMITTENT OR MOVING WORK 5 OTHER</p>	
<p>LIGHT CONDITIONS</p> <p>PRIMARY <input checked="" type="checkbox"/> 1</p> <p>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>LOCATION OF CRASH IN WORK ZONE</p> <p><input type="checkbox"/> 1</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"/> 1</p> <p>1 NO 2 YES 3 UNKNOWN</p>	

*Drawing Not To Scale

<p>TRUCK/BUS</p> <p>UNIT # <input type="text"/></p>	<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 N D</p> <p>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 DRAINING 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 (3-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAB CRPS GRAVELVN</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 - 25,000 <input type="checkbox"/> 3 MORE THAN 25,000</p>	<p>CDL CLASS</p> <p><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</p>	<p>HAZARDOUS MATERIALS PLACARD</p> <p><input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN</p>	<p>HAZARDOUS MATERIALS RELEASED</p> <p><input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------	------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

POLICE ACTION							
DATE CRASH REPORTED 1/4/2012	TIME REC CALL 11:08	DISPATCH 11:08	ARRIVED 11:08	CLEARED 11:38	OTHER 80	TOTAL MINUTES 110	
OFFICER'S NAME P.O. DAVID M. PINKAS		BADGE # 1615	CHECKED BY 1606		DATE REPORT FILED 1/4/2012		
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	SUPPLEMENT 'X' IF YES <input type="checkbox"/>		LOCAL REPORT # 12-MV 00102			