



TRAFFIC CRASH REPORT

CRASH REPORT # 160-12- 007805	CRASH SEVERITY 3 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> *X* IF YES	HIT / SKIP 2 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 2	UNIT ERROR 01 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 9/21/2012	

TIME OF CRASH 15:29	DAY OF WEEK FRI	CITY/VILLAGE/TOWNSHIP TOWNSHIP	NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF)	COUNTY # 52	LATITUDE 4106518400	LONGITUDE 0815150720
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX 0003	CRASH LOCATION 0003	TYPE LOC 3
DIST. REF. DIR PREFIX REFERENCE REF POINT		REFERENCE POINT USED
N 005897 09		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

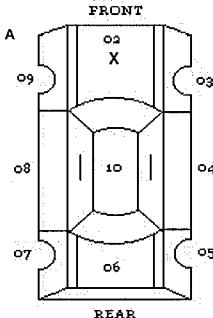
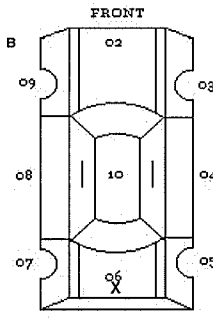
A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) RICHARDS ROSEANNE M.			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3399 LAUREL ROAD BRUNSWICK OH 44256						
SOCIAL SECURITY NUMBER		DATE OF BIRTH 01/27/1977	AGE 35	SEX F	HOME PHONE # (330)225-5750	WORK PHONE #
DL STATE OH	DL # RT797485	LP STATE OH	LP # DVT8744	INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME") RICHARDS, ROSEANNE M.			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3399 LAUREL ROAD BRUNSWICK OH 44256			
YEAR 1996	MAKE MITSUBISH	MODEL GALANT	COLOR WHITE	INSURANCE COMPANY WESTFIELD	TOWING SERVICE	OWNER PHONE #
OFFENSE CHARGED	OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> *X* IF YES

B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) SIVAPATHAM THUSHYANTH			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 6410 SILVERSTONE LANE MEDINA OH 44256						
SOCIAL SECURITY NUMBER		DATE OF BIRTH 05/09/1972	AGE 40	SEX U	HOME PHONE # (440)715-3349	WORK PHONE #
DL STATE OH	DL # RD058019	LP STATE OH	LP # FNP4273	INJURED TAKEN BY 5 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME") GELCO CORPORATION			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) THREE CAPITAL DRIVE EDEN PRAIRIE MN 55344			
YEAR 2012	MAKE FORD	MODEL OTHER	COLOR SILVER	INSURANCE COMPANY STATE FARM	TOWING SERVICE	OWNER PHONE #
OFFENSE CHARGED	OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> *X* IF YES

C	UNIT #	NAME (LAST, FIRST, MIDDLE)			HOME PHONE #	DATE OF BIRTH	AGE	SEX
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	
D	UNIT #	NAME (LAST, FIRST, MIDDLE)			HOME PHONE #	DATE OF BIRTH	AGE	SEX
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	

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

MOTORIST / NON-MOTORIST OCCUPANT

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA  REAR  MOST DAMAGED AREA A <input type="text" value="02"/> B <input type="text" value="15"/>	PRE-CRASH ACTIONS A <input type="text" value="01"/> B <input type="text" value="11"/> <p>MOTORIST</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. SLOWING OR STOPPED IN TRAFFIC 12. DRIVERLESS 13. OTHER 14. UNKNOWN NON-MOTORIST 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	SEQUENCE OF EVENTS <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> A <input type="text" value="20"/> 1 <input type="text" value=""/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 </td> <td style="width:50%;"> B <input type="text" value="20"/> 1 <input type="text" value=""/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4 </td> </tr> </table> <p>NON-COLLISION</p> 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 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 14. PEDESTRIAN 15. PEDACYCLE 16. RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 17. ANIMAL - FARM 18. ANIMAL - DEER 19. ANIMAL - OTHER 20. MOTOR VEHICLE IN TRANSPORT 21. PARKED MOTOR VEHICLE 22. WORK ZONE MAINTENANCE EQUIPMENT 23. OTHER MOVABLE OBJECT 24. UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT 25. IMPACT ATTENUATOR/CRASH CUSHION 26. BRIDGE OVERHEAD STRUCTURE 27. BRIDGE PIER OR ABUTMENT 28. BRIDGE PARAPET 29. BRIDGE RAIL 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. CURB 39. DITCH 40. DIRT 41. EMBARKMENT 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	A <input type="text" value="20"/> 1 <input type="text" value=""/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4	B <input type="text" value="20"/> 1 <input type="text" value=""/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4	POSTED SPEED A <input type="text" value="45"/> B <input type="text" value="45"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> <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>	
A <input type="text" value="20"/> 1 <input type="text" value=""/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4	B <input type="text" value="20"/> 1 <input type="text" value=""/> 2 <input type="text" value=""/> 3 <input type="text" value=""/> 4							
NON-MOTORIST LOCATION A <input type="text" value=""/> B <input type="text" value=""/> <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>	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="08"/> B <input type="text" value="01"/> <p>MOTORIST</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, 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 SHIFTER/FALLING/SPILLING 21. OTHER IMPROPER ACTION 22. UNKNOWN NON-MOTORIST 23. NONE 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	TRAFFIC CONTROL A <input type="text" value="12"/> B <input type="text" value="12"/> <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/DONT WALK 15. TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16. OTHER 17. NOT REPORTED 18. UNKNOWN</p>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. NONE 2. BLOOD 3. URINE 4. OTHER</p>					
TYPE OF UNIT A <input type="text" value="03"/> B <input type="text" value="03"/> <p>MOTORIST</p> 01. SUB-COMPACT 02. COMPACT 03. MID SIZED 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 (BOBTAIL) 13. TRACTOR/SEMI-TRAILER 14. TRACTOR/DOUBLE - SHORT 15. TRACTOR DOUBLE - LONG 16. FIFTH WHEEL OR CONVERTER DOLLY 17. TRACTOR/TRIPLES 18. MOTORCYCLE 19. MOTORIZED 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. SNOWMOBILE 33. CONSTRUCTION EQUIPMENT 34. ALL OTHERS NON-MOTORIST 35. ANIMAL WRIDER 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	POINT OF IMPACT A <input type="text" value="02"/> B <input type="text" value="06"/> <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>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	DIRECTION <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> FROM TO A <input type="text" value="1"/> <input type="text" value="2"/> </td> <td style="width:50%;"> FROM TO B <input type="text" value="1"/> <input type="text" value="2"/> </td> </tr> </table> <p>1. NORTH 2. SOUTH 3. EAST 4. WEST 5. NORTH/EAST 6. NORTH/WEST 7. SOUTH/EAST 8. SOUTH/WEST 9. UNKNOWN</p>	FROM TO A <input type="text" value="1"/> <input type="text" value="2"/>	FROM TO B <input type="text" value="1"/> <input type="text" value="2"/>	DRUG TEST 1 & 2 RESULT <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> A <input type="text" value="1"/> <input type="text" value="1"/> </td> <td style="width:50%;"> B <input type="text" value="1"/> <input type="text" value="1"/> </td> </tr> </table> <p>1. NONE 2. MARIJUANA 3. COCAINE 4. OPiates 5. AMPHETAMINES 6. PCP 7. OTHER 8. UNKNOWN AT TIME OF REPORTING</p>	A <input type="text" value="1"/> <input type="text" value="1"/>	B <input type="text" value="1"/> <input type="text" value="1"/>
FROM TO A <input type="text" value="1"/> <input type="text" value="2"/>	FROM TO B <input type="text" value="1"/> <input type="text" value="2"/>							
A <input type="text" value="1"/> <input type="text" value="1"/>	B <input type="text" value="1"/> <input type="text" value="1"/>							
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/> <p>1. NO 2. YES 3. UNKNOWN</p>	ACTION A <input type="text" value="3"/> B <input type="text" value="4"/> <p>1. NON-CONTACT 2. NON-COLLISION 3. STRICKING 4. STRUCK 5. BOTH STRICKING AND STRUCK 6. UNKNOWN</p>	MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	CONDITION A <input type="text" value="1"/> B <input type="text" value="8"/> <p>1. APPARENTLY NORMAL 2. PHYSICAL IMPAIRMENT 3. EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4. ILLNESS 5. FELL ASLEEP, FAINTED, FATIGUED, ETC 6. UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7. OTHER 8. UNKNOWN</p>	OCURRENCE <input type="text" value="1"/> <p>1. ON ROADWAY 2. ON SHOULDER 3. IN MEDIAN 4. ON ROADSIDE 5. ON RAMP 6. OUTSIDE TRAFFICWAY 7. UNKNOWN</p>				
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="6"/> <p>1. NONE 2. NON-FUNCTIONAL 3. FUNCTIONAL DAMAGE 4. DISABLING DAMAGE 5. SEVERE 6. UNKNOWN</p>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text" value=""/> B <input type="text" value=""/> <p>01. TURN SIGNALS 02. HEAD LAMPS 03. TAIL LAMPS 04. BRAKES 05. STEERING 06. TIRE BLOWOUT 07. WORK OR SLICK TIRES 08. TRAILER EQUIPMENT DEFECTIVE 09. MOTOR TROUBLE 10. DISABLED FROM PRIOR ACCIDENT 11. OTHER DEFECTS 12. NO DEFECTS</p>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="6"/> <p>1. NONE 2. YES ALCOHOL SUSPECTED 3. YES DRUG NOT IMPAIRED 4. YES-DRUGS SUSPECTED 5. YES-ALCOHOL AND DRUGS SUSPECTED 6. UNKNOWN</p>	ROAD CONTOUR <input type="text" value="1"/> <p>1. STRAIGHT LEVEL 2. STRAIGHT GRADE 3. CURVE LEVEL 4. CURVE GRADE 5. UNKNOWN</p>					
STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/> <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>	SPEED DETECTED A <input type="text" value="1"/> B <input type="text" value=""/> <p>1. STATED 2. ESTIMATED</p>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/> <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>	ROAD CONDITIONS <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> PRIMARY <input type="text" value="01"/> </td> <td style="width:50%;"> SECONDARY <input type="text" value=""/> </td> </tr> </table> <p>01. DRY 02. WET 03. SNOW 04. ICE 05. SAND/MUD/DIRT/OIL/GRAVEL 06. WATER (STANDING, MOVING) 07. SLUSH 08. DEBRIS 09. RUT, HOLES, BUMPS, UNEVEN PAVEMENT 10. OTHER 11. UNKNOWN</p>	PRIMARY <input type="text" value="01"/>	SECONDARY <input type="text" value=""/>			
PRIMARY <input type="text" value="01"/>	SECONDARY <input type="text" value=""/>							
SUPPLEMENT 'X' IF YES <input type="text" value=""/>		LOCAL REPORT # 160-12- 007805						

NARRATIVE

UNIT 1 WAS TRAVELING SOUTH ON S. COURT IN THE CITY OF MEDINA. THE DRIVER OF UNIT 1 ADVISED A MALE DRIVER OF AN UNKNOWN VEHICLE (LATER IDENTIFIED AS UNIT 2) BECAME ANGRY, CALLED HER AN EXPLETIVE AND CUT HER OFF AFTER SHE STOPPED PRIOR TO AN INTERSECTION. SHE STOPPED DUE TO KEEPING THE INTERSECTION CLEAR. THIS CONTINUED PAST STURBRIDGE UNTIL THE 5800 BLOCK OF WOOSTER PIKE IN MONTVILLE TOWNSHIP WHERE HE "BRAKE-CHECKED" HER. THE DRIVER OF UNIT 2 BRAKE-CHECKED ONE MORE TIME AND UNIT 1 STRUCK THE REAR END OF UNIT 2. UNIT 2 LEFT THE SCENE AND UNIT 1 PULLED INTO NEAR-BY MCDONALDS UNTIL I ARRIVED. I OBSERVED DAMAGE TO THE FRONT END OF UNIT 1 INCLUDING A MISSING FRONT LICENSE PLATE WHICH WAS FOUND BY P.O. PERCY IN FRONT OF 5897 WOOSTER PIKE. THE DRIVER OF UNIT 2 CONTACTED DISPATCH AT A LATER TIME AND ADVISED THEY WOULD ARRIVE AT OUR STATION LATER TO PREPARE A STATEMENT.

THE DRIVER OF UNIT 2 DID NOT ARRIVE FOR DAYS AND THEIR IDENTITY WENT UNKNOWN. DISPATCH WAS ABLE TO REPLAY THE RECORDED LINE AND THE IDENTITY WAS DISCOVERED. HE WAS ARRESTED FOR STOPPING AFTER ACCIDENT ON A PUBLIC ROADWAY. THE SUSPECT, THUSHYANTH SIVAPATHAM, ADVISED HE HAS NO RECOLLECTION OF THE CRASH. HOWEVER, HE DID ADMIT IT WAS HIS VOICE ON THE RECORDING WHERE HE STATED HE WAS IN A CRASH.

<p>MANNER OF COLLISION OR IMPACT</p> <p><input checked="" type="checkbox"/> 2</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/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 SHIFT/CROSSOVER 3. WORK ON SHOULDER OR MEDIAN 4. INTERMITTENT OR MOVING WORK 5. OTHER</p>	

TRUCK/BUS UNIT #	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
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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
CARGO BODY TYPE <input type="checkbox"/> 01. NOT APPLICABLE <input type="checkbox"/> 02. BUS (8-15 INCLUDING DRIVER) <input type="checkbox"/> 03. VAN/ENCLOSED BOX <input type="checkbox"/> 04. GRAIN/CHIPS/GRAVEL/WN <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 <input type="checkbox"/> 4. UNKNOWN	

POLICE ACTION						
DATE CRASH REPORTED 9/21/2012	TIME REC CALL 15:31	DISPATCH 15:31	ARRIVED 15:33	CLEARED 16:29	OTHER 35	TOTAL MINUTES 93
OFFICER'S NAME P.O. DAVID PINKAS			BADGE # 1615	CHECKED BY SGT LAFOND	DATE REPORT FILED 9/21/2012	
REPORT TAKEN BY <input checked="" type="checkbox"/> 1 1. POLICE AGENCY 2. MOTORIST 3. UNKNOWN	REPORT TAKEN AT <input checked="" type="checkbox"/> 1 1. SCENE 2. STATION 3. OTHER	SUPPLEMENT 'X' IF YES <input type="checkbox"/>		LOCAL REPORT # 160-12- 007805		