

OHIO

TRAFFIC CRASH REPORT

CRASH REPORT #
160-12- 010087

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

PRIVATE PROPERTY
 *X IF YES

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

PHOTOS TAKEN
X *X IF YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C. #
05213

REPORTING AGENCY
MONTVILLE TOWNSHIP POLICE

UNITS
2

UNIT ERROR
02 98 ANIMAL
99 UNKNOWN

DATE OF CRASH
12/4/2012

TIME OF CRASH: 11:55 DAY OF WEEK: TUE CITY/VILLAGE/TOWNSHIP: TOWNSHIP NAME (OF CITY, VILLAGE OR TOWNSHIP): MONTVILLE (TOWNSHIP OF) COUNTY #: 52 LATITUDE: 4106243057 LONGITUDE: 0815012475

CRASH OCCURRED ON: PREFIX: 00057 CRASH LOCATION: 00057 TYPE LOC: 3 TYPE LOCATION POINT USED: 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE LOCAL INFORMATION: WADSWORTH / SHARON COPLEY

AT/REFERENCE: DIST. REF. DIR PREFIX REFERENCE: 00162 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

A UNIT # 01 # OF OCC 1 NAME (LAST, FIRST, MIDDLE) CROSTON CAROL J ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3596 ERHART RD LITCHFIELD OH 44253 SOCIAL SECURITY NUMBER DATE OF BIRTH 11/17/1959 AGE 53 SEX F HOME PHONE # (330)723-1675 WORK PHONE # DL STATE OH DL # RS066514 LP STATE OH LP # ESB5350 INJURED TAKEN BY 2 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY L.S.T. INJURED TAKEN TO MGH OWNER NAME (IF SAME, WRITE "SAME") CROSTON CONSTRUCTION OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3596 ERHART RD LITCHFIELD OH 44253 YEAR 1997 MAKE HONDA MODEL OTHER COLOR RED INSURANCE COMPANY OHIO INSURANCE TOWING SERVICE LLOYDS OWNER PHONE # OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE

B UNIT # 02 # OF OCC 1 NAME (LAST, FIRST, MIDDLE) MALY GAYLE E ADDRESS (STREET, CITY, STATE, ZIP-CODE) 70 HIGH POINT DR UNIT 78 MEDINA OH 44256 SOCIAL SECURITY NUMBER DATE OF BIRTH 01/04/1940 AGE 72 SEX F HOME PHONE # (330)241-4038 WORK PHONE # DL STATE OH DL # RT967691 LP STATE OH LP # ELC2095 INJURED TAKEN BY 1 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY ACTION INJURED TAKEN TO OWNER NAME (IF SAME, WRITE "SAME") MALY, GAYLE E OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 70 HIGH POINT DR UNIT 78 MEDINA OH 44256 YEAR 2006 MAKE CHRYSLER MODEL OTHER COLOR RED INSURANCE COMPANY PROGRESSIVE TOWING SERVICE ACTION OWNER PHONE # (330)241-4038 OFFENSE CHARGED 4511.13C OFFENSE DESCRIPTION SIGNAL LIGHTS-RED LIGHT-VIOLATION CITATION # Y35231 LOCAL CODE

C 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
D 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: A 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/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
SAFETY EQUIPMENT: A 04 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.NON-MOTORIST 09.NONE USED 09.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 5 NOT APPLICABLE 6.DEPLOYMENT UNKNOWN
AIR BAG SWITCH: A 4 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION
EJECTION: A 1 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN
TRAPPED: A 1 1.NOT TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN
INJURIES: A 3 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN
BLANK FOR WITNESS
SUPPLEMENT 'X' IF YES

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="01"/> B <input type="text" value="01"/>	SEQUENCE OF EVENTS <table style="width:100%;"> <tr> <td style="width:50%;">A <input type="text" value="20"/></td> <td style="width:50%;">B <input type="text" value="20"/></td> </tr> <tr> <td>A <input type="text"/></td> <td>B <input type="text"/></td> </tr> <tr> <td>A <input type="text"/></td> <td>B <input type="text"/></td> </tr> <tr> <td>A <input type="text"/></td> <td>B <input type="text"/></td> </tr> </table>	A <input type="text" value="20"/>	B <input type="text" value="20"/>	A <input type="text"/>	B <input type="text"/>	A <input type="text"/>	B <input type="text"/>	A <input type="text"/>	B <input type="text"/>	POSTED SPEED A <input type="text" value="55"/> B <input type="text" value="45"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/>
A <input type="text" value="20"/>	B <input type="text" value="20"/>												
A <input type="text"/>	B <input type="text"/>												
A <input type="text"/>	B <input type="text"/>												
A <input type="text"/>	B <input type="text"/>												
NON-MOTORIST LOCATION A <input type="text"/> B <input type="text"/>		MOTORIST 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	TRAFFIC CONTROL A <input type="text" value="04"/> B <input type="text" value="04"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>									
TYPE OF UNIT A <input type="text" value="06"/> B <input type="text" value="03"/>	MOST DAMAGED AREA A <input type="text" value="08"/> B <input type="text" value="02"/>	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="01"/> B <input type="text" value="03"/>	NON-COLLISION 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. MEDIAN 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. 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	CONDITION A <input type="text" value="1"/> B <input type="text" value="1"/>	DRUG TEST 1 & 2 RESULT <table style="width:100%;"> <tr> <td style="width:50%;">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>	A <input type="text" value="1"/> <input type="text" value="1"/>	B <input type="text" value="1"/> <input type="text" value="1"/>						
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"/>	POINT OF IMPACT A <input type="text" value="08"/> B <input type="text" value="02"/>	MOTORIST 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/VADCA 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 SHIFTING/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	DIRECTION <table style="width:100%;"> <tr> <td style="width:50%;">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="3"/> <input type="text" value="4"/></td> </tr> </table>	FROM TO A <input type="text" value="1"/> <input type="text" value="2"/>	FROM TO B <input type="text" value="3"/> <input type="text" value="4"/>	TYPE OF INTERSECTION <input type="text" value="02"/>							
FROM TO A <input type="text" value="1"/> <input type="text" value="2"/>	FROM TO B <input type="text" value="3"/> <input type="text" value="4"/>												
DAMAGE SCALE A <input type="text" value="5"/> B <input type="text" value="5"/>	ACTION A <input type="text" value="4"/> B <input type="text" value="3"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/>	OCCURRENCE <input type="text" value="1"/>								
NON-FUNCTIONAL 1. NONE 2. NON-FUNCTIONAL 3. FUNCTIONAL DAMAGE 4. DISABLING DAMAGE 5. SEVERE 6. UNKNOWN	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	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	MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="2"/>								
LOCAL REPORT # 160-12- 010087	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONDITIONS PRIMARY <input type="text" value="02"/> SECONDARY <input type="text"/>								
SUPPLEMENT 'X' IF YES <input type="text"/>	OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) A <input type="text" value="1"/> B <input type="text" value="1"/>	OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) A <input type="text" value="1"/> B <input type="text" value="1"/>	SPEED DETECTED A <input type="text"/> B <input type="text"/>	ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/>	DRUG TEST TYPE 1. NONE 2. BLOOD 3. URINE 4. OTHER								

NARRATIVE

ON 12/04/2012, UNIT 1 WAS TRAVELING SOUTH ON WADSWORTH RD AND ENTERED THE INTERSECTION OF SHARON COPLEY RD. UNIT 2, TRAVELING WEST, RAN THE RED LIGHT AT THE INTERSECTION, AND STRUCK THE SIDE OF UNIT 1. THE DRIVER ON UNIT 1 WAS TRANSPORTED TO MEDINA HOSPITAL BY LST. BOTH UNITS WERE TOWED FROM THE SCENE.

<p>MANNER OF COLLISION OR IMPACT</p> <p>6</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>1</p> <p>1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN</p>	<p>DIAGRAM</p>
<p>WEATHER</p> <p>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>1</p> <p>1. NO 2. YES 3. UNKNOWN</p>	
<p>LIGHT CONDITIONS</p> <p>PRIMARY 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>	
<p>TRUCK/BUS UNIT #</p> <p><input type="text"/></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>

<p>COMPANY (FROM SHIPPING PAPERS)</p> <p><input type="text"/></p>	<p>COMPANY PHONE</p> <p><input type="text"/></p>
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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
<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/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 <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/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"/> 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>	

DATE CRASH REPORTED 12/4/2012		TIME REC CALL 11:56	DISPATCH 11:56	ARRIVED 12:00	CLEARED 12:52	OTHER 0	TOTAL MINUTES 56
OFFICER'S NAME P.O. BRETT HARRISON			BADGE # 1614	CHECKED BY SGT LAFOND <i>[Signature]</i> 1605	DATE REPORT FILED 12/4/2012		
REPORT TAKEN BY <input type="checkbox"/> 1. POLICE AGENCY <input type="checkbox"/> 2. MOTORIST <input type="checkbox"/> 3. UNKNOWN	REPORT TAKEN AT <input type="checkbox"/> 1. SCENE <input type="checkbox"/> 2. STATION <input type="checkbox"/> 3. OTHER	SUPPLEMENT 'X' IF YES <input type="checkbox"/>		LOCAL REPORT # 160-12- 010087			