



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>160-12- 009854</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> "X" IF YES	HIT / SKIP <b>1</b> 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 type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/>
N.C.I.C. # <b>05213</b>	REPORTING AGENCY <b>MONTVILLE TOWNSHIP POLICE</b>	# UNITS <b>1</b>	UNIT ERROR <b>01</b> 08 ANIMAL 09 UNKNOWN	DATE OF CRASH <b>11/27/2012</b>	

TIME OF CRASH <b>01:30</b>	DAY OF WEEK <b>TUE</b>	CITY/VILLAGE/TOWNSHIP <b>TOWNSHIP</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MONTVILLE (TOWNSHIP OF)</b>	COUNTY # <b>52</b>	LATITUDE <b>4104084971</b>	LONGITUDE <b>0814811991</b>
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CRASH OCCURRED ON PREFIX <b>0057</b>	CRASH LOCATION <b>0057</b>	TYPE LOC <b>3</b>	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION <b>7521 WADSWORTH</b>
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AT/REFERENCE DIST. REF.	DIR	PREFIX	REFERENCE <b>007521</b>	REF POINT <b>04</b>	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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MOTORIST / NON-MOTORIST

<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>DAVIS II THOMAS J</b>
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**694 WHIPPOORWILL LN WADSWORTH OH 44281**

SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>10/21/1991</b>	AGE <b>21</b>	SEX <b>M</b>	HOME PHONE # <b>(330)267-8829</b>	WORK PHONE #
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DL STATE <b>OH</b>	DL # <b>TJ632138</b>	LP STATE <b>OH</b>	LP # <b>FHN1711</b>	INJURED TAKEN BY <b>1</b> 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")  
**DAVIS II, THOMAS J**

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**694 WHIPPOORWILL LN WADSWORTH OH 44281**

YEAR <b>1998</b>	MAKE <b>FORD</b>	MODEL <b>MUSTANG</b>	COLOR <b>GREEN</b>	INSURANCE COMPANY <b>GEICO</b>	TOWING SERVICE <b>PINNACLE TOWING</b>	OWNER PHONE #
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OFFENSE CHARGED <b>4511.202</b>	OFFENSE DESCRIPTION <b>OPERATION WITHOUT REASONABLE CONTROL</b>	CITATION # <b>Y35208</b>	LOCAL CODE <input type="checkbox"/> "X" IF YES
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<b>B</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)

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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OCCUPANT

<b>C</b>	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  
 1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

<b>D</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)

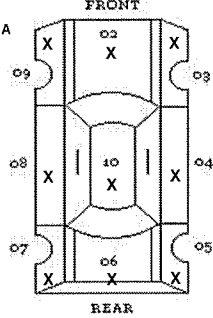
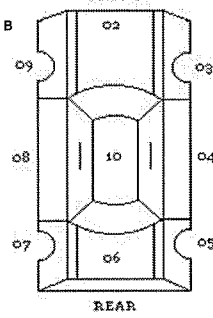
INJURED TAKEN BY  
 1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

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

<p><b>UNIT NUMBERS</b></p> <p>A <input type="text" value="01"/> B <input type="text"/></p>	<p><b>DAMAGE AREA</b></p> <p style="text-align: center;">FRONT</p>  <p style="text-align: center;">REAR</p>	<p><b>PRE-CRASH ACTIONS</b></p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01. MOVEMENTS ESSENTIALLY STRAIGHT AHEAD</li> <li>02. BACKING</li> <li>03. CHANGING LANES</li> <li>04. OVERTAKING/PASSING</li> <li>05. TURNING RIGHT</li> <li>06. TURNING LEFT</li> <li>07. MAKING U-TURN</li> <li>08. ENTERING TRAFFIC LANE</li> <li>09. LEAVING TRAFFIC LANE</li> <li>10. PARKED</li> <li>11. SLOWING OR STOPPED IN TRAFFIC</li> <li>12. DRIVERLESS</li> <li>13. OTHER</li> <li>14. UNKNOWN</li> </ol> <p><b>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>15. ENTERING OR CROSSING SPECIFIED LOCATION</li> <li>16. WALKING, RUNNING, JOGGING, PLAYING, CYCLING</li> <li>17. WORKING</li> <li>18. PUSHING VEHICLE</li> <li>19. APPROACHING OR LEAVING VEHICLE</li> <li>20. PLAYING OR WORKING ON VEHICLE</li> <li>21. STANDING</li> <li>22. OTHER</li> <li>23. UNKNOWN</li> </ol>	<p><b>SEQUENCE OF EVENTS</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <p>A</p> <p>1 <input type="text" value="09"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p> </td> <td style="width:50%;"> <p>B</p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p> </td> </tr> </table>	<p>A</p> <p>1 <input type="text" value="09"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p>	<p>B</p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p>	<p><b>POSTED SPEED</b></p> <p>A <input type="text" value="55"/> B <input type="text"/></p>	<p><b>DRUG TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. NONE GIVEN</li> <li>2. TEST REFUSED</li> <li>3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE</li> <li>4. TEST GIVEN, RESULTS KNOWN</li> <li>5. GIVEN, RESULTS UNKNOWN</li> <li>6. UNKNOWN</li> </ol>	
<p>A</p> <p>1 <input type="text" value="09"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p>	<p>B</p> <p>1 <input type="text"/></p> <p>2 <input type="text"/></p> <p>3 <input type="text"/></p> <p>4 <input type="text"/></p>							
<p><b>NON-MOTORIST LOCATION</b></p> <p>A <input type="text"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>01. MARKED CROSSWALK AT INTERSECTION</li> <li>02. AT INTERSECTION BUT NO CROSSWALK</li> <li>03. NON-INTERSECTION CROSSWALK</li> <li>04. DRIVEWAY ACCESS CROSSWALK</li> <li>05. IN ROADWAY</li> <li>06. NOT IN ROADWAY</li> <li>07. MEDIAN (BUT NOT ON SHOULDER)</li> <li>08. ISLAND</li> <li>09. SHOULDER</li> <li>10. SIDEWALK</li> <li>11. WITHIN 10 FEET OF ROADWAY (BUT NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)</li> <li>12. BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)</li> <li>13. OUTSIDE TRAFFICWAY</li> <li>14. SHARED USE PATHS OR TRAILS</li> <li>15. UNKNOWN</li> </ol>	<p style="text-align: center;">FRONT</p>  <p style="text-align: center;">REAR</p>	<p><b>CONTRIBUTING CIRCUMSTANCES</b></p> <p>A <input type="text" value="15"/> B <input type="text"/></p> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01. NONE</li> <li>02. FAILURE TO YIELD</li> <li>03. RAN RED LIGHT OR STOP SIGN</li> <li>04. EXCEEDED SPEED LIMIT</li> <li>05. UNSAFE SPEED</li> <li>06. IMPROPER TURN</li> <li>07. LEFT OF CENTER</li> <li>08. FOLLOWED TOO CLOSELY/ACDA</li> <li>09. IMPROPER LANE CHANGE/DROVE OFF ROAD/IMPROPER PASSING</li> <li>10. IMPROPER BACKING</li> <li>11. IMPROPER START FROM PARKED POSITION</li> <li>12. STOPPED OR PARKED ILLEGALLY</li> <li>13. OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER</li> <li>14. SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.)</li> <li>15. FAILURE TO CONTROL</li> <li>16. VISION OBSTRUCTION</li> <li>17. DRIVER INATTENTION</li> <li>18. FATIGUE/SLEEP</li> <li>19. OPERATING DEFECTIVE EQUIPMENT</li> <li>12. LOAD /TRAILER</li> <li>13. TOTAL (ALL AREAS)</li> <li>14. OTHER</li> <li>15. UNKNOWN</li> </ol> <p><b>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>23. NONE</li> <li>24. IMPROPER CROSSING</li> <li>25. DARTING</li> <li>26. LYING AND/OR ILLEGALLY IN ROADWAY</li> <li>27. FAILURE TO YIELD RIGHT OF WAY</li> <li>28. NOT VISIBLE (DARK CLOTHING)</li> <li>29. INATTENTIVE</li> <li>30. FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER</li> <li>31. WRONG SIDE OF THE ROAD</li> <li>32. OTHER</li> <li>33. UNKNOWN</li> </ol>	<p><b>SEQUENCE OF EVENTS</b></p> <p><b>NON-COLLISION</b></p> <ol style="list-style-type: none"> <li>01. OVERTURN/ROLLOVER</li> <li>02. FIRE/EXPLOSION</li> <li>03. IMMERSION</li> <li>04. JACKKNIFE</li> <li>05. CARGO/EQUIPMENT LOSS OR SHIFT</li> <li>06. EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.)</li> <li>07. SEPARATION OF UNITS</li> <li>08. RAN OFF ROAD RIGHT</li> <li>09. RAN OFF ROAD LEFT</li> <li>10. CROSS MEDIAN/CENTERLINE</li> <li>11. DOWNHILL RUNAWAY</li> <li>12. OTHER NON-COLLISION</li> <li>13. UNKNOWN NON-COLLISION</li> </ol> <p><b>COLLISION W/PERSON, VEHICLE OR OBJECT NOT FIXED</b></p> <ol style="list-style-type: none"> <li>14. PEDESTRIAN</li> <li>15. PEDICYCLE</li> <li>16. RAILWAY VEHICLE (E.G. TRAIN, ENGINE)</li> <li>17. ANIMAL - FARM</li> <li>18. ANIMAL - DEER</li> <li>19. ANIMAL - OTHER</li> <li>20. MOTOR VEHICLE IN TRANSPORT</li> <li>21. PARKED MOTOR VEHICLE</li> <li>22. WORK ZONE MAINTENANCE EQUIPMENT</li> <li>23. OTHER MOVABLE OBJECT</li> <li>24. UNKNOWN MOVABLE OBJECT</li> <li>25. COLLISION WITH FIXED OBJECT</li> <li>26. IMPACT ATTENUATOR/CRASH CUSHION</li> <li>27. BRIDGE OVERHEAD STRUCTURE</li> <li>27. BRIDGE PIER OR ABUTMENT</li> <li>28. BRIDGE PARAPET</li> <li>29. BRIDGE RAIL</li> <li>30. GUARDRAIL FACE</li> <li>31. GUARDRAIL END</li> <li>32. MEDIAN BARRIER</li> <li>33. HIGHWAY TRAFFIC SIGN POST</li> <li>34. OVERHEAD SIGN POST</li> <li>35. LIGHT/LUMINARIES SUPPORT</li> <li>36. UTILITY POLE</li> <li>37. OTHER POST, POLE OR SUPPORT</li> <li>38. CULVERT</li> <li>39. CURB</li> <li>40. DITCH</li> <li>41. EMBANKMENT</li> <li>42. FENCE</li> <li>43. MAILBOX</li> <li>44. TREE</li> <li>45. OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL ETC.)</li> <li>46. WORK ZONE MAINTENANCE EQUIPMENT</li> <li>47. UNKNOWN FIXED OBJECT</li> <li>48. OTHER</li> <li>49. UNKNOWN</li> </ol>	<p><b>TRAFFIC CONTROL</b></p> <p>A <input type="text" value="12"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>01. NO CONTROLS</li> <li>02. STOP SIGN</li> <li>03. YIELD SIGN</li> <li>04. TRAFFIC SIGNAL</li> <li>05. TRAFFIC FLASHERS</li> <li>06. SCHOOL ZONE</li> <li>07. RAILROAD CROSSBUCKS</li> <li>08. RAILROAD FLASHERS</li> <li>09. RAILROAD GATES</li> <li>10. CONSTRUCTION BARRICADE</li> <li>11. POLICE OFFICER</li> <li>12. PAVEMENT MARKINGS</li> <li>13. CROSSWALK LINES</li> <li>14. WALK/DONT WALK</li> <li>15. TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED</li> <li>16. OTHER</li> <li>17. NOT REPORTED</li> <li>18. UNKNOWN</li> </ol>	<p><b>DRUG TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. NONE</li> <li>2. BLOOD</li> <li>3. URINE</li> <li>4. OTHER</li> </ol>			
<p><b>TYPE OF UNIT</b></p> <p>A <input type="text" value="03"/> B <input type="text"/></p> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01. SUB-COMPACT</li> <li>02. COMPACT</li> <li>03. MID SIZE</li> <li>04. FULL SIZE</li> <li>05. MINIVAN</li> <li>06. SPORT UTILITY VEHICLE</li> <li>07. PICKUP</li> <li>08. PANELVAN</li> <li>09. SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES</li> <li>10. SINGLE UNIT TRUCK; 3 OR MORE AXLES</li> <li>11. TRUCK/TRAILER</li> <li>12. TRUCK TRACTOR (BOBTAIL)</li> <li>13. TRACTOR/SEMI-TRAILER</li> <li>14. TRACTOR/DOUBLE - SHIRT</li> <li>15. TRACTOR DOUBLE - LONG</li> <li>16. FIFTH WHEEL OR CONVERTER DOLLY</li> <li>17. TRACTOR/TRIPLES</li> <li>18. MOTORCYCLE</li> <li>19. MOTORIZED BICYCLE</li> <li>20. SCHOOL BUS</li> <li>21. CHURCH BUS</li> <li>22. PUBLIC BUS</li> <li>23. OTHER BUS</li> <li>24. POLICE VEHICLE</li> <li>25. FIRE TRUCK</li> <li>26. AMBULANCE/RESCUE</li> <li>27. TAXI</li> <li>28. MOTOR HOME</li> <li>29. TRAIN</li> <li>30. FARM VEHICLE</li> <li>31. FARM EQUIPMENT</li> <li>32. SNOWMOBILE</li> <li>33. CONSTRUCTION EQUIPMENT</li> <li>34. ALL OTHERS</li> </ol> <p><b>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>35. ANIMAL W/ RIDER</li> <li>36. ANIMAL W/ BUGGY</li> <li>37. BICYCLE</li> <li>38. PEDESTRIAN</li> <li>39. PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)</li> <li>40. SKATER</li> <li>41. OTHER-NON MOTORIST (WHEELCHAIR, ETC)</li> <li>42. UNKNOWN</li> </ol>	<p><b>MOST DAMAGED AREA</b></p> <p>A <input type="text" value="04"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>01. NONE</li> <li>02. CENTER FRONT</li> <li>03. RIGHT FRONT</li> <li>04. RIGHT SIDE</li> <li>05. RIGHT REAR</li> <li>06. REAR CENTER</li> <li>07. LEFT REAR</li> <li>08. LEFT SIDE</li> <li>09. LEFT FRONT</li> <li>10. TOP AND WINDOWS</li> <li>11. UNDERCARRIAGE</li> <li>12. LOAD /TRAILER</li> <li>13. TOTAL (ALL AREAS)</li> <li>14. OTHER</li> <li>15. UNKNOWN</li> </ol>	<p><b>CONTRIBUTING CIRCUMSTANCES</b></p> <p>A <input type="text" value="15"/> B <input type="text"/></p> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01. NONE</li> <li>02. FAILURE TO YIELD</li> <li>03. RAN RED LIGHT OR STOP SIGN</li> <li>04. EXCEEDED SPEED LIMIT</li> <li>05. UNSAFE SPEED</li> <li>06. IMPROPER TURN</li> <li>07. LEFT OF CENTER</li> <li>08. FOLLOWED TOO CLOSELY/ACDA</li> <li>09. IMPROPER LANE CHANGE/DROVE OFF ROAD/IMPROPER PASSING</li> <li>10. IMPROPER BACKING</li> <li>11. IMPROPER START FROM PARKED POSITION</li> <li>12. STOPPED OR PARKED ILLEGALLY</li> <li>13. OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER</li> <li>14. SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.)</li> <li>15. FAILURE TO CONTROL</li> <li>16. VISION OBSTRUCTION</li> <li>17. DRIVER INATTENTION</li> <li>18. FATIGUE/SLEEP</li> <li>19. OPERATING DEFECTIVE EQUIPMENT</li> <li>12. LOAD /TRAILER</li> <li>13. TOTAL (ALL AREAS)</li> <li>14. OTHER</li> <li>15. UNKNOWN</li> </ol> <p><b>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>23. NONE</li> <li>24. IMPROPER CROSSING</li> <li>25. DARTING</li> <li>26. LYING AND/OR ILLEGALLY IN ROADWAY</li> <li>27. FAILURE TO YIELD RIGHT OF WAY</li> <li>28. NOT VISIBLE (DARK CLOTHING)</li> <li>29. INATTENTIVE</li> <li>30. FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER</li> <li>31. WRONG SIDE OF THE ROAD</li> <li>32. OTHER</li> <li>33. UNKNOWN</li> </ol>	<p><b>DIRECTION</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <p>FROM TO</p> <p>A <input type="text" value="1"/> <input type="text" value="2"/></p> </td> <td style="width:50%;"> <p>FROM TO</p> <p>B <input type="text"/> <input type="text"/></p> </td> </tr> </table> <ol style="list-style-type: none"> <li>1. NORTH</li> <li>2. SOUTH</li> <li>3. EAST</li> <li>4. WEST</li> <li>5. NORTHEAST</li> <li>6. NORTHWEST</li> <li>7. SOUTHEAST</li> <li>8. SOUTHWEST</li> <li>9. UNKNOWN</li> </ol>	<p>FROM TO</p> <p>A <input type="text" value="1"/> <input type="text" value="2"/></p>	<p>FROM TO</p> <p>B <input type="text"/> <input type="text"/></p>	<p><b>DRUG TEST 1 &amp; 2 RESULT</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <p>1 2</p> <p>A <input type="text" value="1"/> <input type="text" value="1"/></p> </td> <td style="width:50%;"> <p>1 2</p> <p>B <input type="text"/> <input type="text"/></p> </td> </tr> </table> <ol style="list-style-type: none"> <li>1. NONE</li> <li>2. MARIJUANA</li> <li>3. COCAINE</li> <li>4. OPiates</li> <li>5. AMPHETAMINES</li> <li>6. PCP</li> <li>7. OTHER</li> <li>8. UNKNOWN AT TIME OF REPORTING</li> </ol>	<p>1 2</p> <p>A <input type="text" value="1"/> <input type="text" value="1"/></p>	<p>1 2</p> <p>B <input type="text"/> <input type="text"/></p>
<p>FROM TO</p> <p>A <input type="text" value="1"/> <input type="text" value="2"/></p>	<p>FROM TO</p> <p>B <input type="text"/> <input type="text"/></p>							
<p>1 2</p> <p>A <input type="text" value="1"/> <input type="text" value="1"/></p>	<p>1 2</p> <p>B <input type="text"/> <input type="text"/></p>							
<p><b>IN EMERGENCY RESPONSE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. NO</li> <li>2. YES</li> <li>3. UNKNOWN</li> </ol>	<p><b>POINT OF IMPACT</b></p> <p>A <input type="text" value="04"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>01. NONE</li> <li>02. CENTER FRONT</li> <li>03. RIGHT FRONT</li> <li>04. RIGHT SIDE</li> <li>05. RIGHT REAR</li> <li>06. REAR CENTER</li> <li>07. LEFT REAR</li> <li>08. LEFT SIDE</li> <li>09. LEFT FRONT</li> <li>10. TOP AND WINDOWS</li> <li>11. UNDERCARRIAGE</li> <li>12. LOAD /TRAILER</li> <li>13. TOTAL (ALL AREAS)</li> <li>14. OTHER</li> <li>15. UNKNOWN</li> </ol>	<p><b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b></p> <p>A <input type="text"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>01. TURN SIGNALS</li> <li>02. HEAD LAMPS</li> <li>03. TAIL LAMPS</li> <li>04. BRAKES</li> <li>05. STEERING</li> <li>06. TIRE BLOWOUT</li> <li>07. WORN OR SLICK TIRES</li> <li>08. TRAILER EQUIPMENT DEFECTIVE</li> <li>09. MOTOR TROUBLE</li> <li>10. DISABLED FROM PRIOR ACCIDENT</li> <li>11. OTHER DEFECTS</li> <li>12. NO DEFECTS</li> </ol>	<p><b>FIRST HARMFUL EVENT</b></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><b>ALCOHOL/DRUG SUSPECTED</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. NONE</li> <li>2. YES ALCOHOL SUSPECTED</li> <li>3. YES-HBD NOT IMPAIRED</li> <li>4. YES-DRUGS SUSPECTED</li> <li>5. YES-ALCOHOL AND DRUGS SUSPECTED</li> <li>6. UNKNOWN</li> </ol>	<p><b>TYPE OF INTERSECTION</b></p> <p style="text-align: center;"><input type="text" value="01"/></p> <ol style="list-style-type: none"> <li>01. NOT AN INTERSECTION</li> <li>02. FOUR-WAY INTERSECTION</li> <li>03. T-INTERSECTION</li> <li>04. Y-INTERSECTION</li> <li>05. TRAFFIC CIRCLE/ROUNDBOUT</li> <li>06. FIVE-POINT, OR MORE</li> <li>07. ON RAMP</li> <li>08. OFF RAMP</li> <li>09. CROSSOVER</li> <li>10. DRIVEWAY</li> <li>11. RAILWAY GRADE CROSSING</li> <li>12. SHARED-USE PATHS OR TRAILS</li> <li>13. UNKNOWN</li> </ol>			
<p><b>DAMAGE SCALE</b></p> <p>A <input type="text" value="4"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. NONE</li> <li>2. NON-FUNCTIONAL</li> <li>3. FUNCTIONAL DAMAGE</li> <li>4. DISABLING DAMAGE</li> <li>5. SEVERE</li> <li>6. UNKNOWN</li> </ol>	<p><b>ACTION</b></p> <p>A <input type="text" value="3"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. NON-CONTACT</li> <li>2. NON-COLLISION</li> <li>3. STRUCK</li> <li>4. STRUCK</li> <li>5. BOTH STRICKING AND STRUCK</li> <li>6. UNKNOWN</li> </ol>	<p><b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b></p> <p>A <input type="text"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>01. TURN SIGNALS</li> <li>02. HEAD LAMPS</li> <li>03. TAIL LAMPS</li> <li>04. BRAKES</li> <li>05. STEERING</li> <li>06. TIRE BLOWOUT</li> <li>07. WORN OR SLICK TIRES</li> <li>08. TRAILER EQUIPMENT DEFECTIVE</li> <li>09. MOTOR TROUBLE</li> <li>10. DISABLED FROM PRIOR ACCIDENT</li> <li>11. OTHER DEFECTS</li> <li>12. NO DEFECTS</li> </ol>	<p><b>MOST HARMFUL EVENT</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<p><b>ALCOHOL TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. NONE GIVEN</li> <li>2. TEST REFUSED</li> <li>3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE</li> <li>4. TEST GIVEN, RESULTS KNOWN</li> <li>5. TEST GIVEN, RESULTS UNKNOWN</li> <li>6. UNKNOWN</li> </ol>	<p><b>OCCURRENCE</b></p> <p style="text-align: center;"><input type="text" value="4"/></p> <ol style="list-style-type: none"> <li>1. ON ROADWAY</li> <li>2. ON SHOULDER</li> <li>3. IN MEDIAN</li> <li>4. ON ROADSIDE</li> <li>5. ON GORE</li> <li>6. OUTSIDE TRAFFICWAY</li> <li>7. UNKNOWN</li> </ol>			
<p><b>STRIKING VEHICLE OVERRIDE/UNDERIDE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. NO UNDERIDE OR OVERRIDE</li> <li>2. UNDERIDE, COMPARTMENT INTRUSION</li> <li>3. UNDERIDE, NO COMPARTMENT INTRUSION</li> <li>4. UNDERIDE, COMPARTMENT INTRUSION UNKNOWN</li> <li>5. OVERRIDE, MOTOR VEHICLE IN TRANSPORT</li> <li>6. OVERRIDE, OTHER VEHICLE</li> <li>7. UNKNOWN IF UNDERIDE OR OVERRIDE</li> </ol>	<p><b>ALCOHOL TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. NONE</li> <li>2. BLOOD</li> <li>3. URINE</li> <li>4. BREATH</li> <li>5. OTHER</li> </ol>	<p><b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b></p> <p>A <input type="text"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>01. TURN SIGNALS</li> <li>02. HEAD LAMPS</li> <li>03. TAIL LAMPS</li> <li>04. BRAKES</li> <li>05. STEERING</li> <li>06. TIRE BLOWOUT</li> <li>07. WORN OR SLICK TIRES</li> <li>08. TRAILER EQUIPMENT DEFECTIVE</li> <li>09. MOTOR TROUBLE</li> <li>10. DISABLED FROM PRIOR ACCIDENT</li> <li>11. OTHER DEFECTS</li> <li>12. NO DEFECTS</li> </ol>	<p><b>SPEED DETECTED</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. STATED</li> <li>2. ESTIMATED</li> </ol>	<p><b>ALCOHOL TEST RESULT</b></p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	<p><b>ROAD CONTOUR</b></p> <p style="text-align: center;"><input type="text" value="4"/></p> <ol style="list-style-type: none"> <li>1. STRAIGHT LEVEL</li> <li>2. STRAIGHT GRADE</li> <li>3. CURVE LEVEL</li> <li>4. CURVE GRADE</li> <li>5. UNKNOWN</li> </ol>			
<p><b>ALCOHOL TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> <li>1. NONE</li> <li>2. BLOOD</li> <li>3. URINE</li> <li>4. BREATH</li> <li>5. OTHER</li> </ol>	<p><b>ROAD CONDITIONS</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <p>PRIMARY</p> <p style="text-align: center;"><input type="text" value="02"/></p> </td> <td style="width:50%;"> <p>SECONDARY</p> <p style="text-align: center;"><input type="text"/></p> </td> </tr> </table> <ol style="list-style-type: none"> <li>01. DRY</li> <li>02. WET</li> <li>03. SNOW</li> <li>04. ICE</li> <li>05. SAND/MUD/DIRT/OIL/GRAVEL</li> <li>06. WATER (STANDING, MOVING)</li> <li>07. SLUSH</li> <li>08. DEBRIS</li> <li>09. RUT, HOLES, BUMPS, UNEVEN PAVEMENT</li> <li>10. OTHER</li> <li>11. UNKNOWN</li> </ol>	<p>PRIMARY</p> <p style="text-align: center;"><input type="text" value="02"/></p>	<p>SECONDARY</p> <p style="text-align: center;"><input type="text"/></p>	<p><b>ALCOHOL TEST TYPE</b></p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	<p><b>SPEED</b></p> <p>A <input type="text" value="55"/></p> <p>B <input type="text"/></p>	<p><b>ALCOHOL TEST RESULT</b></p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	<p><b>LOCAL REPORT #</b></p> <p style="text-align: center;"><b>160-12- 009854</b></p>	
<p>PRIMARY</p> <p style="text-align: center;"><input type="text" value="02"/></p>	<p>SECONDARY</p> <p style="text-align: center;"><input type="text"/></p>							
<p><input type="text"/> SUPPLEMENT 'X' IF YES</p>					<p><b>LOCAL REPORT #</b></p> <p style="text-align: center;"><b>160-12- 009854</b></p>			

**NARRATIVE**

UNIT #1 WAS TRAVELING SOUTHBOUND ON WADSWORTH ROAD. AFTER PASSING RIVER STYX ROAD, THE ROAD CURVED T THE RIGHT AND UNIT #1 LOST CONTROL AND DROVE OFF THE LEFT SIDE OF THE ROAD. AFTER LEAVING THE ROAD WAY, UNIT #1 SPUN AND STRUCK SEVERAL TREES WITH THE PASSENGER SIDE OF THE VEHICLE. THE DRIVER WAS CHECKED BY LST AND DID NOT NEED TO BE TRANSPORTED. HE DID NOT REPORT ANY INJURIES.

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>1</b></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><b>SCHOOL BUS RELATED</b></p> <p><b>1</b></p> <p>1. NO                  2. YES, DIRECTLY INVOLVED                  3. YES, INDIRECTLY INVOLVED                  4. UNKNOWN</p>	<p><b>DIAGRAM</b></p>
<p><b>WEATHER</b></p> <p><b>05</b></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><b>WORK ZONE RELATED</b></p> <p><b>1</b></p> <p>1. NO                  2. YES                  3. UNKNOWN</p>	
<p><b>LIGHT CONDITIONS</b></p> <p>PRIMARY <b>4</b>      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><b>TYPE OF WORK ZONE</b></p> <p><input type="checkbox"/></p> <p>1. LANE CLOSURE                  2. LANE SHIFT/CROSSOVER                  3. WORK ON SHOULDER OR MEDIUM                  4. INTERMITTENT OR MOVING WORK                  5. OTHER</p>	
<p><b>LOCATION OF CRASH IN WORK ZONE</b></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><b>WORKERS PRESENT</b></p> <p><input type="checkbox"/></p> <p>1. NO                  2. YES                  3. UNKNOWN</p>	

<b>TRUCK/BUS UNIT #</b>	<input type="text"/>	<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                  N AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT; OR                  D 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><b>CARGO BODY TYPE</b></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/WN</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><b>WEIGHT (GVWR)</b></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><b>CDL CLASS</b></p> <p><input type="checkbox"/></p> <p>1. CLASS A                  2. CLASS B                  3. CLASS C                  4. CLASS D                  5. CLASS E</p>	<p><b>HAZARDOUS MATERIALS PLACARD</b></p> <p><input type="checkbox"/></p> <p>1. NO                  2. YES                  3. UNKNOWN</p>	<p><b>HAZARDOUS MATERIALS RELEASED</b></p> <p><input type="checkbox"/></p> <p>1. NO 4. UNKNOWN                  2. YES 2. YES                  3. NOT APPLICABLE 3. NOT APPLICABLE</p>
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<b>POLICE ACTION</b>						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
11/27/2012	01:33	01:35	01:37	03:00	0	85
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED		
P.O. SETH GAEDE		1616	MAN	11/27/2012		
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT 'X' IF YES		LOCAL REPORT #		
<input type="checkbox"/> 1. POLICE AGENCY <input type="checkbox"/> 2. MOTORIST <input type="checkbox"/> 3. UNKNOWN	<input type="checkbox"/> 1. SCENE <input type="checkbox"/> 2. STATION <input type="checkbox"/> 3. OTHER	<input type="checkbox"/>		160-12- 009854		



LOCAL REPORT NUMBER 160-12-009854	REPORTING AGENCY Montville Twp. Police Dept.	DATE OF CRASH M 11   D 27   Y 12
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**FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, <u>Tommy Davis</u> PRINTED	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
<u>John Jule</u> #1616 OFFICER'S NAME	AT <u>7521 Wadsworth Rd.</u> LOCATION

I SPUNG OUT coming around the  
turn wadsworth road and lost control  
and and hit trees

ADDRESS OF WITNESS <u>694 Whippoorwill lane wadsworth oh 44281</u>	PHONE <u>330-267-8829</u>
SIGNATURE OF WITNESS X <u>Tommy Davis</u>	OFFICER'S SIGNATURE X <u>John Jule</u> #1616



LOCAL REPORT NUMBER 160-12-009354	REPORTING AGENCY Mantville Twp. Police Dept.	DATE OF CRASH M 11   D 27   Y 12
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**FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, Angela Konopinski HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
Seth Jule #1616 AT 7521 Wadsworth Rd.  
OFFICER'S NAME LOCATION

I heard a loud bang and came outside to see what happened. Saw lights in the tree again. (like a few weeks ago.) I heard the man yell for someone named Paula twice. He said he was okay when we asked him. And then ~~where's Paula~~ Paula is somewhere with you, are you okay. Do you need to use the phone. (Paula) He said he needed a charger for his phone. And he didn't know a Paula, he seemed really shook up. But no visible injuries. We asked if he was drinking, and he said no. He was on his way home from work. We have a tow truck so he was waiting my husband to help get him out so he didn't have to call the police. So then Tony (my husband) went up to get dressed and said he'd be out to help in a minute is when he called 911 because something seemed odd because the car was badly wrecked and we wanted to make sure ~~more~~ more was hurt.

(216) 903-6607 Tony (216) 855-1751  
 ADDRESS OF WITNESS: 7521 Wadsworth Rd. Medina OH 44136 PHONE: \_\_\_\_\_  
 SIGNATURE OF WITNESS: [Signature] OFFICER'S SIGNATURE: Seth Jule #1616  
 X RL006916 X