

OHIO

TRAFFIC CRASH REPORT

CRASH REPORT #
12-MV 01143

CRASH SEVERITY
3 1 FATAL ERROR 3PDO
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
1

UNIT ERROR
99 99 ANIMAL
99 UNKNOWN

DATE OF CRASH
2/11/2012

TIME OF CRASH
11:34

DAY OF WEEK
SAT

CITY/VILLAGE/TOWNSHIP
TOWNSHIP

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

COUNTY #
52

LATITUDE
4106242257

LONGITUDE
0814851269

CRASH OCCURRED ON

PREFIX SHARON Copley TYPE LOC 1

TYPE LOCATION POINT USED
1 NAMED STREET
2 NUMBERED STREET
3 NUMBERED ROUTE

LOCAL INFORMATION

AT REFERENCE

DIST. REF. DIR PREFIX REFERENCE REF POINT
200 F W 003475 SHARON Copley 04

REFERENCE POINT USED

01 STATE LINE 05 TOWNSHIP BOUNDARY 09 DRIVEWAY
02 INTERSECTION OF TWO STREETS 06 MILE POST 10 STREET OR ROUTE
03 COUNTY LINE 07 CORPORATION LIMIT
04 HOUSE NUMBER 08 PLACE NAME WITHOUT REFEREN

MOTORIST / NON-MOTORIST

A UNIT # 01 # OF OCC 1 NAME (LAST, FIRST, MIDDLE) TOMPKINS KATHERINE A.

ADDRESS (STREET, CITY, STATE, ZIP-CODE)
4686 SHARON Copley RD. MEDINA OH 44256

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
09/02/1991 20 F (330)635-8492

DL STATE DL # LP STATE LP # INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO
OH TG508802 OH EJT9194 1 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN

OWNER NAME (IF SAME, WRITE "SAME") OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)
ROBERT D. TOMPKINS 4686 SHARON Copley RD. MEDINA OH 44256

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
1995 JEEP WRANGLE BLACK ALLSTATE LLOYDS (330)353-1412

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE *X IF YES

B UNIT # # OF OCC NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP-CODE)

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #

DL STATE DL # LP STATE LP # INJURED TAKEN BY TRANSPORTED BY 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 *X IF YES

OCCUPANT

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

SAFETY EQUIPMENT

AIR BAG

AIR BAG SWITCH

EJECTION

TRAPPED

INJURIES

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

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 NONE USED
09 HELMET USED
10 PROTECTIVE PADS
11 REFLECTIVE CLOTHING
12 LIGHTING
13 OTHER
14 UNKNOWN

A 1 1. NOT-DEPLOYED
2. DEPLOYED - FRONT
3. DEPLOYED - SIDE
4. DEPLOYED BOTH FRONT/SIDE
5. NOT APPLICABLE
6. DEPLOYMENT UNKNOWN

A 4 1. ON-OFF SWITCH NOT PRESENT
2. SWITCH IN ON POSITION
3. SWITCH IN OFF POSITION
4. UNKNOWN POSITION

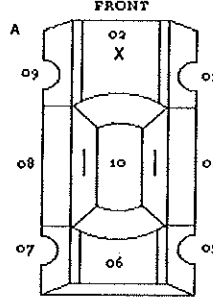
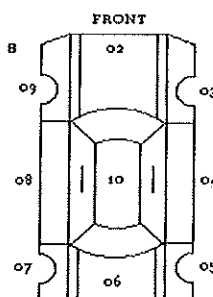
A 1 1. NOT EJECTED
2. TOTALLY EJECTED
3. PARTIALLY EJECTED
4. NOT APPLICABLE
5. UNKNOWN

A 1 1. NOT TRAPPED
2. EXTRICATED BY MECHANICAL MEANS
3. FREED BY NON-MECHANICAL MEANS
4. UNKNOWN

A 1 1. NO INJURY
2. POSSIBLE
3. NON-INCAPACITATING
4. INCAPACITATING
5. FATAL INJURY
6. UNKNOWN

BLANK FOR WITNESS

SUPPLEMENT *X IF YES

<p>UNIT NUMBERS</p> <p>A <input type="text" value="01"/> B <input type="text"/></p>	<p>DAMAGE AREA</p> <p>FRONT</p>  <p>REAR</p> 	<p>PRE-CRASH ACTIONS</p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <p>MOTORIST</p> <ol style="list-style-type: none"> 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 <p>NON-MOTORIST</p> <ol style="list-style-type: none"> 15 ENTERING OR CROSSING SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROCHING OR LEAVING VEHICLE 20 PAVING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN 	<p>SEQUENCE OF EVENTS</p> <p>A <input type="text" value="08"/> B <input type="text"/></p> <p>1 <input type="text" value="08"/> 1 <input type="text"/></p> <p>2 <input type="text" value="31"/> 2 <input type="text"/></p> <p>3 <input type="text"/> 3 <input type="text"/></p> <p>4 <input type="text"/> 4 <input type="text"/></p>	<p>POSTED SPEED</p> <p>A <input type="text" value="45"/> 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"> 01 NONE GIVEN 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN 	
<p>NON-MOTORIST LOCATION</p> <p>A <input type="text"/> B <input type="text"/></p> <ol style="list-style-type: none"> 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</p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <p>MOTORIST</p> <ol style="list-style-type: none"> 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/ACD 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 SERVING TO AVOID (DUE TO WIND, SUPPLY 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 TOTAL (ALL AREAS) 22 OTHER 23 UNKNOWN <p>NON-MOTORIST</p> <ol style="list-style-type: none"> 24 NONE 25 IMPROPER CROSSING 26 DARTING 27 LYING AND/OR ILLEGALLY IN ROADWAY 28 FAILURE TO YIELD RIGHT OF WAY 29 NOT VISIBLE (DARK CLOTHING) 30 INATTENTIVE 31 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER 32 WROTE SIDE OF THE ROAD 33 OTHER 34 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"> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS 12 NO DEFECTS 	<p>NON-COLLISION</p> <ol style="list-style-type: none"> 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 14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 15 PEDESTRIAN 16 PEDICYCLE 17 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 18 ANIMAL - FARM 19 ANIMAL - DEER 20 ANIMAL - OTHER 21 MOTOR VEHICLE IN TRANSPORT 22 PARKED MOTOR VEHICLE 23 WORK ZONE MAINTENANCE EQUIPMENT 24 OTHER MOVABLE OBJECT 25 COLLISION WITH FIXED OBJECT 26 IMPACT ATTENUATOR/CRASH CUSHION 27 BRIDGE OVERHEAD STRUCTURE 28 BRIDGE PIER OR ABUTMENT 29 BRIDGE PARAPET 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/ALUMINUM/STEEL SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN 	<p>TRAFFIC CONTROL</p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <ol style="list-style-type: none"> 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-OFF-TALK 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16 OTHER 17 NOT REPORTED 18 UNKNOWN 	<p>DRUG TEST TYPE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> 01 NONE 02 BLOOD 03 URINE 04 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"> 01 NONE 02 MARIJUANA 03 COCAINE 04 OPiates 05 AMPHETAMINES 06 PCP 07 OTHER 08 UNKNOWN AT TIME OF REPORTING 	
<p>TYPE OF UNIT</p> <p>A <input type="text" value="06"/> B <input type="text"/></p> <p>MOTORIST</p> <ol style="list-style-type: none"> 01 SUB-COMPACT 02 COMPACT 03 MID-SIZED 04 FULL SIZE 05 SUV/VAN 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/TRAILER 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 <p>NON-MOTORIST</p> <ol style="list-style-type: none"> 35 ANIMAL W/DRIVER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER NON-MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN 	<p>MOST DAMAGED AREA</p> <p>A <input type="text" value="02"/> B <input type="text"/></p> <ol style="list-style-type: none"> 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>POINT OF IMPACT</p> <p>A <input type="text" value="02"/> B <input type="text"/></p> <ol style="list-style-type: none"> 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</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="3"/> <input type="text" value="4"/> B <input type="text"/> <input type="text"/></p> <ol style="list-style-type: none"> 01 NORTH 02 SOUTH 03 EAST 04 WEST 05 NORTHEAST 06 NORTHWEST 07 SOUTHEAST 08 SOUTHWEST 09 UNKNOWN 	<p>TYPE OF INTERSECTION</p> <p>A <input type="text" value="01"/> B <input type="text"/></p> <ol style="list-style-type: none"> 01 NOT AN INTERSECTION 02 FOURWAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDBOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY 11 RAILWAY GRADE CROSSING 12 SHARED-USE PATHS OR TRAILS 13 UNKNOWN 	
<p>IN EMERGENCY RESPONSE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> 01 NO 02 YES 03 UNKNOWN 	<p>ACTION</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> 01 NON-CONTACT 02 NON-COLLISION 03 STRUCK 04 STRUCK 05 BOTH STRUCK AND STRUCK 06 UNKNOWN 	<p>STRIKING VEHICLE OVERRIDE/UNDERRIDE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> 01 NO UNDERIDE OR OVERRIDE 02 UNDERIDE, COMPARTMENT INTRUSION 03 UNDERIDE, NO COMPARTMENT INTRUSION 04 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERRIDE, OTHER VEHICLE 07 UNKNOWN IF UNDERIDE OR OVERRIDE 	<p>MOST 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 MOST 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"> 01 NONE 02 YES ALCOHOL SUSPECTED 03 YES-HBD NOT IMPAIRED 04 YES-DRUGS SUSPECTED 05 YES-ALCOHOL AND DRUGS SUSPECTED 06 UNKNOWN 	<p>OCCURRENCE</p> <p>A <input type="text" value="2"/> B <input type="text"/></p> <ol style="list-style-type: none"> 01 ON ROADWAY 02 ON SHOULDER 03 IN MEDIAN 04 ON ROADSIDE 05 ON GORE 06 OUTSIDE TRAFFICWAY 07 UNKNOWN 	
<p>DAMAGE SCALE</p> <p>A <input type="text" value="2"/> B <input type="text"/></p> <ol style="list-style-type: none"> 01 NONE 02 NON-FUNCTIONAL 03 FUNCTIONAL DAMAGE 04 SABLING DAMAGE 05 SEVERE 06 UNKNOWN 	<p>ROAD CONTOUR</p> <p>A <input type="text" value="2"/> B <input type="text"/></p> <ol style="list-style-type: none"> 01 STRAIGHT LEVEL 02 STRAIGHT GRADE 03 CURVE LEVEL 04 CURVE GRADE 05 UNKNOWN 	<p>ALCOHOL TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> 01 NONE GIVEN 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN 	<p>SPEED DETECTED</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> 01 STATED 02 ESTIMATED 	<p>ALCOHOL TEST TYPE</p> <p>A <input type="text" value="1"/> B <input type="text"/></p> <ol style="list-style-type: none"> 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER 	<p>ROAD CONDITIONS</p> <p>PRIMARY <input type="text" value="03"/> SECONDARY <input type="text" value="04"/></p> <ol style="list-style-type: none"> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND/MUD/DIRT/OIL GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS 09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN 	
<p><input type="checkbox"/> SUPPLEMENT 'X' IF YES</p>					<p>LOCAL REPORT #</p> <p>12-MV 01143</p>	

NARRATIVE

WHILE WESTBOUND ON SHARON COPLEY RD., UNIT #1 LOST CONTROL DUE TO EXTREMELY SNOWY, ICY ROADWAY CONDITIONS. UNIT #1 WENT OFF THE RIGHT SIDE OF THE ROADWAY AT A VERY SLOW RATE OF SPEED AND CAME TO REST AFTER STRIKING THE END OF THE METAL GUARDRAIL. THE IMPACT WAS JUST ENOUGH TO BREAK OFF THE WOODEN END POST OF THE GUARDRAIL, HOWEVER THERE WAS NO EVIDENT DAMAGE TO THE FACE OR OVERALL INTEGRITY OF THE GUARDRAIL.

DUE TO THE TREACHEROUS ROADWAY CONDITIONS FROM THE BLOWING AND DRIFTING SNOW, THE DRIVER OF UNIT #1 WAS NOT CITED. LLOYDS TOWING ARRIVED ON SCENE AND WAS ABLE TO WINCH UNIT #1 BACK ONTO THE ROADWAY.

<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 style="text-align: center;">I-71 (Overpass)</p> <p style="text-align: center;">Sharon Copley Rd.</p> <p style="text-align: right;">Unit #1</p> <p style="text-align: right;">Not to scale</p>
<p>WEATHER</p> <p><input checked="" type="checkbox"/> 08</p> <p>01 CLEAR 02 CLOUDY 03 FOG-SMOG-SHADE 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"/> 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>LOCATION OF CRASH IN WORK ZONE</p> <p><input type="checkbox"/></p> <p>1 BEFORE THE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA</p>	<p>WORKERS PRESENT</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	

TRUCK/BUS UNIT #	<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>	A	<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 DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER</p>
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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			WEIGHT (GVWR)		CDL CLASS		HAZARDOUS MATERIALS PLACARD		HAZARDOUS MATERIALS RELEASED	
<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 <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</p>			<p><input type="checkbox"/> 1 LESS EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 29,000 <input type="checkbox"/> 3 MORE THAN 29,000</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><input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN</p>		<p><input type="checkbox"/> 1 NO 4 UNKNOWN <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE</p>	

DATE CRASH REPORTED		TIME REC CALL		DISPATCH		ARRIVED		CLEARED		OTHER		TOTAL MINUTES	
2/11/2012		11:34		11:34		11:58		12:46		0		72	
OFFICER'S NAME				BADGE #		CHECKED BY		DATE REPORT FILED					
P.O. DANIEL HAZEK				1607		1606		2/11/2012					
REPORT TAKEN BY		REPORT TAKEN AT		<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT #							
<input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST <input type="checkbox"/> 3 UNKNOWN		<input checked="" type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER				12-MV 01143							