



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>12-MV 01145</b>	CRASH SEVERITY <b>3</b> 1 FATAL ERROR 3 FDO 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 checked="" 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>99</b> 99 ANIMAL 99 UNKNOWN	DATE OF CRASH <b>2/11/2012</b>	

TIME OF CRASH <b>12:17</b>	DAY OF WEEK <b>SAT</b>	CITY/VILLAGE/TOWNSHIP <b>TOWNSHIP</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>MONTVILLE (TOWNSHIP OF)</b>	COUNTY # <b>52</b>	LATITUDE <b>4106483868</b>	LONGITUDE <b>0814847503</b>
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>LAKE RIDGE</b>	1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE <b>1</b>	

DIST. REF. <b>10 F</b>	DIR <b>E</b>	PREFIX	REFERENCE <b>3505 LAKE RIDGE</b>	REF POINT <b>09</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

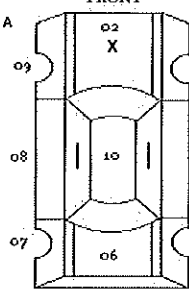
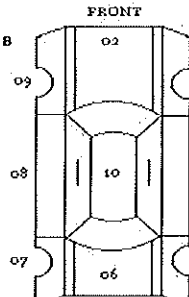
<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>2</b>	NAME (LAST, FIRST, MIDDLE) <b>NAGY ROSE C</b>	ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>3827 EASTERN ROAD NORTON OH 44203</b>		
SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>04/16/1993</b>	AGE <b>18</b>	SEX <b>F</b>	HOME PHONE # <b>(330)658-2296</b>	WORK PHONE # <b>(330)715-5747</b>	
DL STATE <b>OH</b>	DL # <b>TP291185</b>	LP STATE <b>OH</b>	LP # <b>FLH2655</b>	INJURED TAKEN BY <b>1</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME") <b>JEFFREY E. NAGY</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>3827 EASTERN ROAD NORTON OH 44203</b>			
YEAR <b>1999</b>	MAKE <b>HONDA</b>	MODEL <b>CIVIC</b>	COLOR <b>TAN</b>	INSURANCE COMPANY <b>ALL STATE</b>	TOWING SERVICE <b>OTHER</b>	OWNER PHONE # <b>(330)658-2296</b>
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #			LOCAL CODE <input type="checkbox"/> *X IF YES	

<b>B</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 <input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	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 <input type="checkbox"/> *X IF YES	

OCCUPANT

<b>C</b>	UNIT # <b>01</b>	NAME (LAST, FIRST, MIDDLE) <b>NAGY RACHEL</b>	HOME PHONE # <b>(330)658-2296</b>	DATE OF BIRTH <b>04/16/1993</b>	AGE <b>18</b>	SEX <b>F</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>3827 EASTERN ROAD NORTON OH 44203</b>			INJURED TAKEN BY <b>1</b> 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
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 A <b>01</b> 01 FRONT - LEFT (VC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (VC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (VC 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 <b>04</b> 01 NONE USED 02 SHOULDER BELT ONLY USED 03 LAP BELT ONLY USED 04 SHOULDER AND LAP BELT USED 05 CHLD 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	AIR BAG A <b>1</b> 1 NOT-DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	AIR BAG SWITCH A <b>4</b> 1 ON-OFF SWITCH NOT PRESENT 2 SWITCH IN ON POSITION 3 SWITCH IN OFF POSITION 4 UNKNOWN POSITION	EJECTION A <b>1</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED A <b>1</b> 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES A <b>1</b> 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT *X IF YES

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text"/>	<b>DAMAGE AREA</b> FRONT  REAR  <b>MOST DAMAGED AREA</b> A <input type="text" value="02"/> B <input type="text"/>	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="01"/> B <input type="text"/>	<b>SEQUENCE OF EVENTS</b> A B 1 <input type="text" value="09"/> 1 <input type="text"/> 2 <input type="text" value="44"/> 2 <input type="text"/> 3 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 4 <input type="text"/>	<b>POSTED SPEED</b> A <input type="text" value="25"/> B <input type="text"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/>
<b>NON-MOTORIST LOCATION</b> A <input type="text"/> B <input type="text"/>	<b>TYPE OF UNIT</b> A <input type="text" value="02"/> B <input type="text"/>	<b>MOTORIST</b> 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 10 TO 100 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="01"/> B <input type="text"/>	<b>TRAFFIC CONTROL</b> A <input type="text" value="12"/> B <input type="text"/>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/>
<b>MOTORIST</b> 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 (BOBTAI) 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 SIGN/MOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS 35 ANIMAL RIDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCUST (BICYCLE, TRI-CYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER-NON MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN	<b>MOTORIST</b> 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 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER DISTRACTION 18 FATIGUE/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPLASHING 21 OTHER IMPROPER ACTION 22 UNKNOWN 23 NON-MOTORIST 24 NONE 25 IMPROPER CROSSING 26 DARTING 27 LYING AND/OR ILLEGALLY IN ROADWAY 28 FAILURE TO YIELD/RIGHT OF WAY 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	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text"/>	<b>DIRECTION</b> FROM TO FROM TO A <input type="text" value="4"/> <input type="text" value="3"/> B <input type="text"/> <input type="text"/>	<b>DRUG TEST 1 &amp; 2 RESULT</b> A <input type="text" value="1"/> <input type="text" value="1"/> B <input type="text"/> <input type="text"/>
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="2"/> B <input type="text"/>	<b>CONDITION</b> A <input type="text" value="1"/> B <input type="text"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="01"/>
<b>DAMAGE SCALE</b> A <input type="text" value="4"/> B <input type="text"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERIDE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>SPEED DETECTED</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text"/>	<b>OCCURRENCE</b> <input type="text" value="4"/>
<b>DAMAGE SCALE</b> A <input type="text" value="4"/> B <input type="text"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERIDE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>SPEED</b> A <input type="text" value="10"/> B <input type="text"/>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/>
				<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="03"/> SECONDARY <input type="text" value="04"/>
				<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>LOCAL REPORT #</b> 12-MV 01145

 SUPPLEMENT 'X' IF YES

**NARRATIVE**

UNIT #1 WAS TRAVELING EASTBOUND ON LAKE RIDGE DRIVE ON THE HILL, AND LOST CONTROL OF THE VEHICLE IN THE EXTREME SNOW AND ICE. UNIT #1 LEFT THE ROADWAY ON THE NORTH SIDE OF THE STREET STRIKING A TREE. DUE TO THE TREACHEROUS ROAD CONDITIONS THE DRIVER WAS NOT CITED.

CONTACT WAS MADE WITH THE HOMEOWNER AT 3505 LAKE RIDGE DRIVE, AND THE CRASH REPORT NUMBER WAS PROVIDED DUE TO DAMAGES SUSTAINED ON THE PROPERTY.

<p><b>MANNER OF COLLISION OR IMPACT</b></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><b>SCHOOL BUS RELATED</b></p> <p><input checked="" type="checkbox"/> 1</p> <p>1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN</p>	<p><b>DIAGRAM</b></p> <p style="text-align: center;"><b>* NOT TO SCALE *</b></p>
<p><b>WEATHER</b></p> <p><input checked="" type="checkbox"/> 06</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><input checked="" type="checkbox"/> 1</p> <p>1 NO 2 YES 3 UNKNOWN</p>	
<p><b>LIGHT CONDITIONS</b></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><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 MEDIAN 4 INTERMITTENT OR MOVING WORK 5 OTHER</p>	
<p><b>TRUCK/BUS</b></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    THE CRASH RESULTED IN ONE OF THE FOLLOWING: N    A FATALITY; OR D    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>	

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
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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 2 YES 3 NOT APPLICABLE 4 UNKNOWN</p>
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<b>POLICE ACTION</b>							
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES	
2/11/2012	12:17	12:17	12:25	13:00	0	43	
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED			
P.O. JUSTIN BENNETT		1612	SGT. NEIL	2/11/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT 'X' IF YES		LOCAL REPORT #			
<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 1	<input type="checkbox"/>		12-MV 01145			