



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>12-MV 00811</b>	CRASH SEVERITY <b>2</b> 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> *X IF YES	HIT / SKIP <b>3</b> 1 NOT HIT / SKOP 2 SOLVED 3 NOT SOLVED	PHOTOS TAKEN <input type="checkbox"/> *X IF YES	OH-2 <input checked="" type="checkbox"/>	OH-3 <input checked="" 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>3</b>	UNIT ERROR <b>99</b> 98 ANNUAL 99 UNKNOWN	DATE OF CRASH <b>1/28/2012</b>				

TIME OF CRASH <b>07:38</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>4104172465</b>	LONGITUDE <b>0814823150</b>
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CRASH OCCURRED ON PREFIX <b>WADSWORTH</b>	CRASH LOCATION <b>WADSWORTH</b>	TYPE LOC <b>1</b>	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION
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DIST. REF. <b>300 F</b>	DIR <b>N</b>	PREFIX	REFERENCE <b>RIVER STYX</b>	REF POINT <b>02</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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<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>DRYER BARBARA A.</b>	ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>377 LONGVIEW DR. MEDINA OH 44256</b>
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SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>10/13/1933</b>	AGE <b>78</b>	SEX <b>F</b>	HOME PHONE # <b>(330)723-0182</b>	WORK PHONE #
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DL STATE <b>OH</b>	DL # <b>RF793988</b>	LP STATE <b>OH</b>	LP # <b>CTA5304</b>	INJURED TAKEN BY <b>2</b> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY <b>L.S.T.</b>	INJURED TAKEN TO <b>MGH</b>
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OWNER NAME (IF SAME, WRITE "SAME") <b>DRYER, BARBARA A.</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>377 LONGVIEW DR. MEDINA OH 44256</b>
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YEAR <b>2006</b>	MAKE <b>KIA</b>	MODEL <b>OTHER</b>	COLOR <b>RED</b>	INSURANCE COMPANY <b>U.S.A.A.</b>	TOWING SERVICE <b>LLOYDS</b>	OWNER PHONE # <b>(330)723-0182</b>
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES
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<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>RABER LEROY L.</b>	ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>1618 W. MARKET ST. ORRVILLE OH 44667</b>
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SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>09/18/1977</b>	AGE <b>34</b>	SEX <b>M</b>	HOME PHONE # <b>(330)642-0045</b>	WORK PHONE # <b>(330)722-3141</b>
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DL STATE <b>OH</b>	DL # <b>RE704578</b>	LP STATE <b>OH</b>	LP # <b>PFU6990</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") <b>ARMSTRONG UTILITIES INC. 1785</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>1141 LAFAYETTE RD. MEDINA OH 44256</b>
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YEAR <b>2007</b>	MAKE <b>FORD</b>	MODEL <b>VAN</b>	COLOR <b>WHITE</b>	INSURANCE COMPANY <b>TRAVELER'S PROP.</b>	TOWING SERVICE <b>LLOYDS</b>	OWNER PHONE #
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES
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<b>C</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

<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

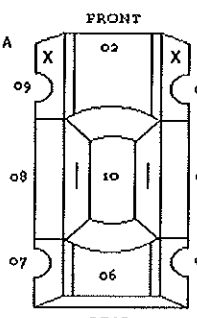
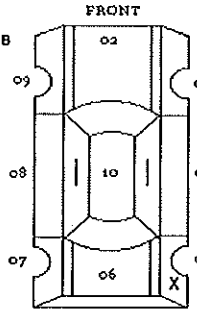
SEATING POSITION A <b>01</b> 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER'S/IDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO 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 B <b>04</b> 04 SHOULDER AND LAP BELT USED 05 CHILD SAFETY SEAT USED 06 HELMET USED 07 RESTRAINT USE UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG A <b>2</b> 1. NOT-DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONTS/IDE 5 NOT APPLICABLE 6 DEPLOYMENT UNKNOWN	AIR BAG SWITCH A <b>1</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>2</b> 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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BLANK FOR WITNESS

SUPPLEMENT \*X IF YES

MONTVILLE TOWNSHIP POLICE

OCCUPANT

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="01"/> B <input type="text" value="11"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>1 <input type="text" value="20"/></td><td>1 <input type="text" value="09"/></td></tr> <tr><td>2 <input type="text" value="20"/></td><td>2 <input type="text" value="20"/></td></tr> <tr><td>3 <input type="text"/></td><td>3 <input type="text"/></td></tr> <tr><td>4 <input type="text"/></td><td>4 <input type="text"/></td></tr> </table>	A	B	1 <input type="text" value="20"/>	1 <input type="text" value="09"/>	2 <input type="text" value="20"/>	2 <input type="text" value="20"/>	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="55"/> B <input type="text" value="55"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>		
A	B																
1 <input type="text" value="20"/>	1 <input type="text" value="09"/>																
2 <input type="text" value="20"/>	2 <input type="text" value="20"/>																
3 <input type="text"/>	3 <input type="text"/>																
4 <input type="text"/>	4 <input type="text"/>																
<b>NON-MOTORIST LOCATION</b> A <input type="text"/> B <input type="text"/>  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 UNDESIRED USE PATHS OR TRAILS 15 UNKNOWN	<b>REAR</b> 	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 STOPPING OR STOPPED BY 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 SLEEPING 22 OTHER 23 UNKNOWN	<b>TRAFFIC CONTROL</b> A <input type="text" value="01"/> B <input type="text" value="01"/>  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 WALKWAY/TWALK 15 TRAFFIC CONTROL DEVICE 16 OPERATIVE, MISSING, OBSCURED 17 NOT REPORTED 18 UNKNOWN	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>  1 NONE 2 BLOOD 3 URINE 4 OTHER	<b>DRUG TEST 1 &amp; 2 RESULT</b> <table border="1"> <tr><td>A</td><td>1</td><td>2</td><td>B</td><td>1</td><td>2</td></tr> <tr><td>A</td><td><input type="text" value="1"/></td><td><input type="text" value="1"/></td><td>B</td><td><input type="text" value="1"/></td><td><input type="text" value="1"/></td></tr> </table>	A	1	2	B	1	2	A	<input type="text" value="1"/>	<input type="text" value="1"/>	B	<input type="text" value="1"/>	<input type="text" value="1"/>
A	1	2	B	1	2												
A	<input type="text" value="1"/>	<input type="text" value="1"/>	B	<input type="text" value="1"/>	<input type="text" value="1"/>												
<b>TYPE OF UNIT</b> A <input type="text" value="03"/> B <input type="text" value="08"/>  MOTORIST 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 (BOBTAU) 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 PULBUS 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 W/DRIVER 36 ANIMAL W/BLGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER-NON MOTORIST (WHEELCHAIR, ETC) 42 UNKNOWN	<b>MOST DAMAGED AREA</b> A <input type="text" value="09"/> B <input type="text" value="05"/>  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	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="22"/> B <input type="text" value="01"/>  MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 INSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ACC'D 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/SPLING 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	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/>  OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	<b>DIRECTION</b> <table border="1"> <tr><td>A</td><td>FROM</td><td>TO</td><td>B</td><td>FROM</td><td>TO</td></tr> <tr><td>A</td><td><input type="text" value="1"/></td><td><input type="text" value="2"/></td><td>B</td><td><input type="text" value="2"/></td><td><input type="text" value="1"/></td></tr> </table>	A	FROM	TO	B	FROM	TO	A	<input type="text" value="1"/>	<input type="text" value="2"/>	B	<input type="text" value="2"/>	<input type="text" value="1"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="01"/>  01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDABOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSS-OVER 10 DRIVEWAY 11 RAILWAY GRADE CROSSING 12 SHARED-USE PATHS OR TRAILS 13 UNKNOWN
A	FROM	TO	B	FROM	TO												
A	<input type="text" value="1"/>	<input type="text" value="2"/>	B	<input type="text" value="2"/>	<input type="text" value="1"/>												
<b>POINT OF IMPACT</b> A <input type="text" value="03"/> B <input type="text" value="05"/>  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	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text" value="4"/>  1 NON-CONTACT 2 NON-COLLISION 3 STRICKING 4 STRUCK 5 BOTH STRICKING AND STRUCK 6 UNKNOWN	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>  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	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="2"/>  OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/>  1 NONE 2 YES ALCOHOL SUSPECTED 3 YES-HBD NOT IMPAIRED 4 YES-DRUGS SUSPECTED 5 YES-ALCOHOL AND DRUGS SUSPECTED 6 UNKNOWN	<b>ROAD CONTOUR</b> <input type="text" value="2"/>  1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 5 UNKNOWN												
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>  1 NO 2 YES 3 UNKNOWN	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>  1 NO UNDERRIDE OR OVERRIDE 2 UNDERRIDE, COMPARTMENT INTRUSION 3 UNDERRIDE, NO COMPARTMENT INTRUSION 4 OVERRIDE, COMPARTMENT INTRUSION 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN IF UNDERRIDE OR OVERRIDE	<b>SPEED DETECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/>  1 STATED 2 ESTIMATED	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>  1 NONE GIVEN 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>  1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	<b>ROAD CONDITIONS</b> <table border="1"> <tr><td>PRIMARY</td><td>SECONDARY</td></tr> <tr><td><input type="text" value="03"/></td><td><input type="text" value="04"/></td></tr> </table>	PRIMARY	SECONDARY	<input type="text" value="03"/>	<input type="text" value="04"/>								
PRIMARY	SECONDARY																
<input type="text" value="03"/>	<input type="text" value="04"/>																
<b>DAMAGE SCALE</b> A <input type="text" value="4"/> B <input type="text" value="2"/>  1 NONE 2 NON-FUNCTIONAL 3 FUNCTIONAL DAMAGE 4 D/SABLING DAMAGE 5 SEVERE 6 UNKNOWN	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>SPEED</b> A <input type="text" value="25"/> B <input type="text" value="25"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>LOCAL REPORT #</b> <input type="text" value="12-MV 00811"/>	<b>LOCAL REPORT #</b> 12-MV 00811												

 SUFFICIENT  
 IF YES

OHIO

# TRAFFIC CRASH REPORT

CRASH REPORT #  
12-MV 00811

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

PRIVATE PROPERTY  
 \*X IF YES

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

PHOTOS TAKEN  
 \*X IF YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C. #  
05213

REPORTING AGENCY  
MONTVILLE TOWNSHIP POLICE

# UNITS  
3

UNIT ERROR  
99 98 ANIMAL  
99 UNKNOWN

DATE OF CRASH  
1/28/2012

TIME OF CRASH  
07:38

DAY OF WEEK  
SAT

CITY/VILLAGE/TOWNSHIP  
TOWNSHIP

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

COUNTY #  
52

LATITUDE  
4104172465

LONGITUDE  
0814823150

CRASH OCCURRED ON  
PREFIX CRASH LOCATION WADSWORTH TYPE LOC 1  
TYPE LOCATION POINT USED  
1 NAMED STREET  
2 NUMBERED STREET  
3 NUMBERED ROUTE

LOCAL INFORMATION  
DIST. REF. DIR PREFIX REFERENCE REF POINT  
300 F N RIVER STYX 02  
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 WITHOUT REFERENCE  
04 HOUSE NUMBER 08 PLACE NAME WITHOUT REFERENCE

UNIT # # OF OCC NAME (LAST, FIRST, MIDDLE)  
A 03 1 BARONE ANTHONY V.

ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
341 E. RIDDLE ST. RAVENNA OH 44266

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
01/19/1963 49 M (330)298-0529 (330)264-7400

DL STATE DL # LP STATE LP # INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO  
OH RQ078049 OH PHA4726 1 1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

OWNER NAME (IF SAME, WRITE "SAME") OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
D&S DISTRIBUTION SERVICES INC. 3500 OLD AIRPORT RD. WOOSTER OH 44691

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
2003 OTHER MA NOT STAT WHITE TAYLOR INS. CO. (330)264-7400

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

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

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  
 1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

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

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

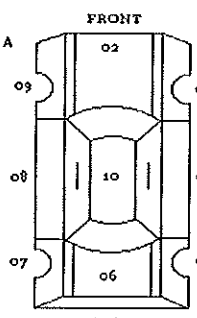
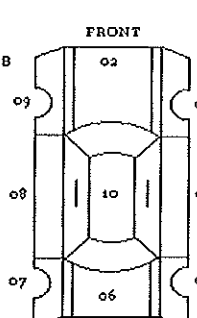
ADDRESS (STREET, CITY, STATE, ZIP-CODE) INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO  
 1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

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

ADDRESS (STREET, CITY, STATE, ZIP-CODE) INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO  
 1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

M  
O  
T  
O  
R  
I  
S  
T  
/  
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<b>SEATING POSITION</b> A <input type="checkbox"/> 01 FRONT - LEFT (VC DRIVER) <input type="checkbox"/> 02 FRONT - MIDDLE <input type="checkbox"/> 03 FRONT - RIGHT <input type="checkbox"/> 04 SECOND - LEFT (VC PASS) <input type="checkbox"/> 05 SECOND - MIDDLE <input type="checkbox"/> 06 SECOND - RIGHT <input type="checkbox"/> 07 THIRD - LEFT (VC PASSENGER/SIDE CAR) <input type="checkbox"/> 08 THIRD - MIDDLE <input type="checkbox"/> 09 THIRD - RIGHT <input type="checkbox"/> 10 SLEEPER SECTION OF CAB <input type="checkbox"/> 11 ENCLOSED CARGO AREA <input type="checkbox"/> 12 UNENCLOSED CARGO AREA <input type="checkbox"/> 13 TRAILING UNIT <input type="checkbox"/> 14 EXTERIOR <input type="checkbox"/> 15 OTHER <input type="checkbox"/> 16 NON-MOTORIST <input type="checkbox"/> 17 UNKNOWN  BLANK FOR WITNESS	<b>SAFETY EQUIPMENT</b> A <input type="checkbox"/> 04 MOTORIST <input type="checkbox"/> 01 NONE USED <input type="checkbox"/> 02 SHOULDER BELT ONLY USED <input type="checkbox"/> 03 LAP BELT ONLY USED B <input type="checkbox"/> 04 SHOULDER AND LAP BELT USED C <input type="checkbox"/> 05 CHILD SAFETY SEAT USED <input type="checkbox"/> 06 HELMET USED <input type="checkbox"/> 07 RESTRAINT USE UNKNOWN <input type="checkbox"/> 08 NON-MOTORIST <input type="checkbox"/> 09 NONE USED <input type="checkbox"/> 09 HELMET USED <input type="checkbox"/> 10 PROTECTIVE PADS <input type="checkbox"/> 11 REFLECTIVE CLOTHING <input type="checkbox"/> 12 LIGHTING <input type="checkbox"/> 13 OTHER <input type="checkbox"/> 14 UNKNOWN	<b>AIR BAG</b> A <input type="checkbox"/> 1 1. NOT DEPLOYED <input type="checkbox"/> 2 DEPLOYED - FRONT <input type="checkbox"/> 3 DEPLOYED - SIDE <input type="checkbox"/> 4 DEPLOYED BOTH FRONT/SIDE <input type="checkbox"/> 5 NOT APPLICABLE <input type="checkbox"/> 6 DEPLOYMENT UNKNOWN B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	<b>AIR BAG SWITCH</b> A <input type="checkbox"/> 4 1.ON-OFF SWITCH NOT PRESENT <input type="checkbox"/> 2 SWITCH IN ON POSITION <input type="checkbox"/> 3 SWITCH IN OFF POSITION <input type="checkbox"/> 4 UNKNOWN POSITION <input type="checkbox"/> 5 UNKNOWN POSITION B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	<b>EJECTION</b> A <input type="checkbox"/> 1 1 NOT EJECTED <input type="checkbox"/> 2 TOTALLY EJECTED <input type="checkbox"/> 3 PARTIALLY EJECTED <input type="checkbox"/> 4 NOT APPLICABLE <input type="checkbox"/> 5 UNKNOWN B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	<b>TRAPPED</b> A <input type="checkbox"/> 1 1 NOT TRAPPED BY MECHANICAL MEANS <input type="checkbox"/> 2 FREED BY NON-MECHANICAL MEANS <input type="checkbox"/> 3 MEANS <input type="checkbox"/> 4 UNKNOWN B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	<b>INJURIES</b> A <input type="checkbox"/> 1 1 NO INJURY <input type="checkbox"/> 2 POSSIBLE <input type="checkbox"/> 3 HIGH-CAPACITY <input type="checkbox"/> 4 INCAPACITATING <input type="checkbox"/> 5 FATAL INJURY <input type="checkbox"/> 6 UNKNOWN  <input type="checkbox"/> SUPPLEMENT *X IF YES
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<b>UNIT NUMBERS</b> A <input type="text" value="03"/> B <input type="text"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="01"/> B <input type="text"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>1 <input type="text" value="20"/></td><td>1 <input type="text"/></td></tr> <tr><td>2 <input type="text"/></td><td>2 <input type="text"/></td></tr> <tr><td>3 <input type="text"/></td><td>3 <input type="text"/></td></tr> <tr><td>4 <input type="text"/></td><td>4 <input type="text"/></td></tr> </table>	A	B	1 <input type="text" value="20"/>	1 <input type="text"/>	2 <input type="text"/>	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="55"/> B <input type="text"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/>
A	B														
1 <input type="text" value="20"/>	1 <input type="text"/>														
2 <input type="text"/>	2 <input type="text"/>														
3 <input type="text"/>	3 <input type="text"/>														
4 <input type="text"/>	4 <input type="text"/>														
<b>NON-MOTORIST LOCATION</b> A <input type="text"/> B <input type="text"/>		<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="01"/> B <input type="text"/>	<b>TRAFFIC CONTROL</b> A <input type="text" value="01"/> B <input type="text"/>	<b>DIRECTION</b> FROM TO FROM TO A <input type="text" value="2"/> <input type="text" value="1"/> B <input type="text"/> <input type="text"/>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/>										
<b>TYPE OF UNIT</b> A <input type="text" value="13"/> B <input type="text"/>	<b>MOST DAMAGED AREA</b> A <input type="text" value="12"/> B <input type="text"/>	<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>CONDITION</b> A <input type="text" value="1"/> B <input type="text"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="01"/>										
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>POINT OF IMPACT</b> A <input type="text" value="12"/> 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="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="1"/>										
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text"/>	<b>ACTION</b> A <input type="text" value="4"/> 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 TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/>										
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</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="15"/> B <input type="text"/>	<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"/>										
<input type="text"/> SUPPLEMENT 'X' IF YES					LOCAL REPORT # <b>12-MV 00811</b>										

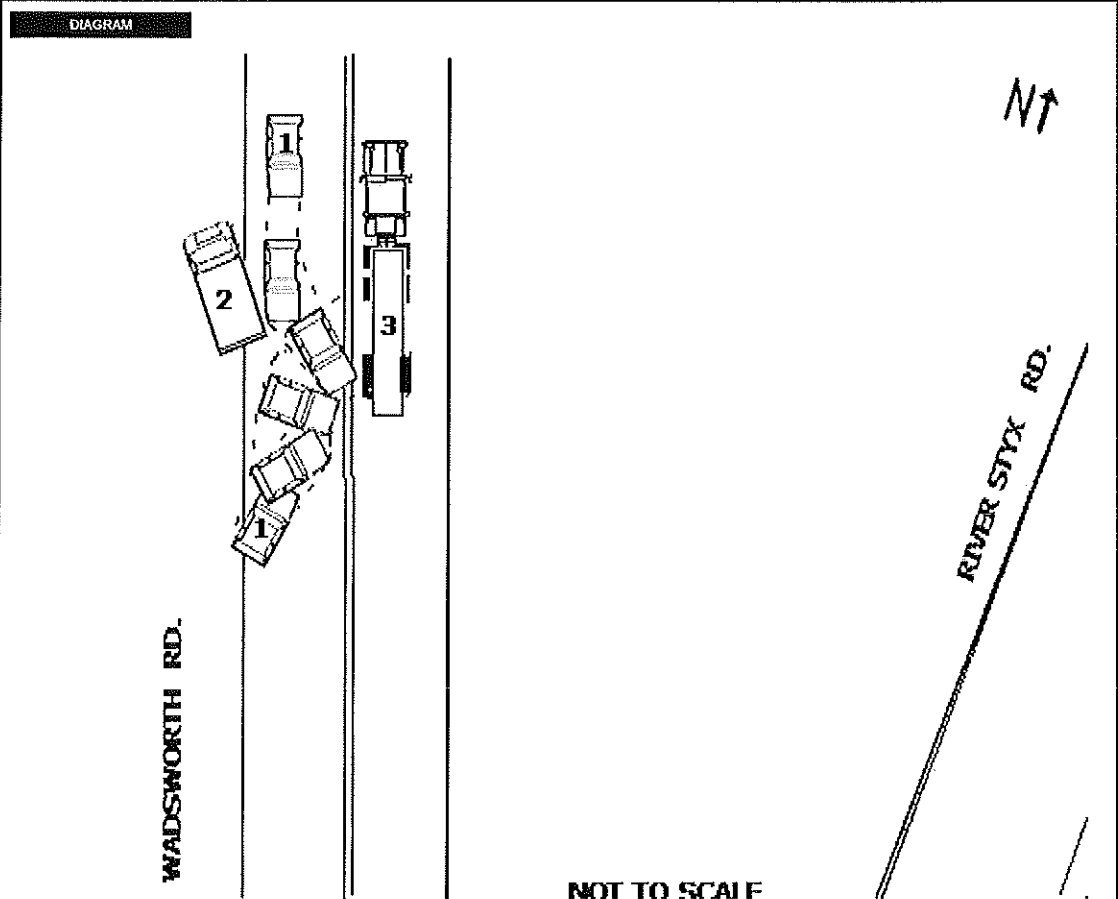
**NARRATIVE**

WHILE NORTHBOUND ON WADSWORTH RD., (SR 57), JUST NORTH OF RIVER STYX RD., UNIT #2 BEGAN TO "FISH TAIL" WHILE PROCEEDING UP THE GRADE. AS THE REAR TIRES LOST TRACTION ON THE UNTREATED, SNOW/ICE COVERED ROADWAY, UNIT #2 SLID UNCONTROLLABLY OFF THE LEFT SIDE OF THE ROADWAY, COMING TO REST IN THE SOUTHBOUND DITCH ON THE WEST SIDE OF THE ROAD. SEVERAL SECONDS LATER, UNIT #1 AND #4 WERE IN A SOUTHBOUND DIRECTION AND BEGAN DOWN THE GRADE, AS UNIT #3 SLOWLY MADE IT'S WAY UP THE TREACHEROUS HILL. UNABLE TO STOP IN TIME TO AVOID THE RIGHT REAR OF UNIT #2, UNIT #1 STRUCK UNIT #2, WHICH SENT UNIT #1 CAREENING INTO THE LEFT REAR SET OF TIRES ON THE TRAILER OF UNIT #3. UNIT #1 TURNED APPX. 180 DEGREES AND CAME TO REST JUST SOUTH OF UNIT #2.

UNIT #1 SUSTAINED HEAVY, DISABLING DAMAGE TO BOTH THE LEFT AND RIGHT FRONT AND SIDE AREAS, WHICH CAUSED THE DRIVER SIDE AIRBAG TO DEPLOY. THE DRIVER CLAIMED NO SPECIFIC INJURY AT THE SCENE, BUT AGREED TO BE TRANSPORTED TO MH ER BY MEDINA LST. UNIT #1 WAS FLAT-BEDED BY LLOYDS TOWING.

UNIT #2 SUSTAINED MODERATE DAMAGE TO THE RIGHT REAR LOWER QUARTER PANEL AND BUMPER AREA. ONCE WINCH FROM THE DITCH, UNIT #2 WAS ABLE TO BE DRIVEN FROM THE SCENE. THE DRIVER OF UNIT #2 CLAIMED NO INJURY AT THE SCENE.

<b>MANNER OF COLLISION OR IMPACT</b> <input type="checkbox"/> 8 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	<b>SCHOOL BUS RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
<b>WEATHER</b> <input type="checkbox"/> 06 01 CLEAR 02 CLOUDY 03 FOG-SMOG-SMOKE 04 RAIN 05 SLEET/RAIL (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND/SOIL/RT/SNOW 09 OTHER 10 UNKNOWN	<b>WORK ZONE RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN
<b>LIGHT CONDITIONS</b> PRIMARY <input type="checkbox"/> 2 <input type="checkbox"/> SECONDARY 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	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT OR MOVING WORK 5 OTHER
<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 BEFORE THE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN



<b>TRUCK/BUS</b> UNIT # <input type="checkbox"/>	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
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<b>CARGO BODY TYPE</b> <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (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	<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 1 LESS EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 25,000 <input type="checkbox"/> 3 MORE THAN 25,000	<b>CDL CLASS</b> <input type="checkbox"/> 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	<b>HAZARDOUS MATERIALS PLACARD</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<b>HAZARDOUS MATERIALS RELEASED</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE
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<b>POLICE ACTION</b>							
DATE CRASH REPORTED 1/28/2012	TIME REC CALL 07:38	DISPATCH 07:38	ARRIVED 07:43	CLEARED 09:45	OTHER 0	TOTAL MINUTES 127	
OFFICER'S NAME P.O. DANIEL HAZEK		BADGE # 1607	CHECKED BY 1606			DATE REPORT FILED 1/28/2012	
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 # 12-MV 00811		

LOCAL REPORT # 12-MV 00811	REPORTING AGENCY MONTVILLE TOWNSHIP POLICE	DATE OF CRASH 1/28/2012
COUNTY# 52	CRASH LOCATION WADSWORTH	

UNIT #3 SUSTAINED A BENT RIM AND FLAT TIRE TO THE LEFT SIDE, FRONT-REAR TANDEM TIRE OF THE ENCLOSED TRAILER. UNIT #3 WAS ABLE TO BE DRIVEN FROM THE SCENE. THE DRIVER OF UNIT #3 CLAIMED NO INJURY AT THE SCENE.

THE INCLEMENT WEATHER AND THE ROADWAY CONDITIONS WERE THE SOLE CONTRIBUTING CIRCUMSTANCES WHICH LED TO THE CRASH. NO CITATIONS WERE ISSUED.