

OHIO

TRAFFIC CRASH REPORT

CRASH REPORT #
12-MV 01634

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

PRIVATE PROPERTY
 *X IF YES

HIT / SKIP
1 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
2

UNIT ERROR
02 99 ANIMAL
99 UNKNOWN

DATE OF CRASH
2/28/2012

TIME OF CRASH
22:35

DAY OF WEEK
TUE

CITY/VILLAGE/TOWNSHIP
TOWNSHIP

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

COUNTY #
52

LATITUDE
4105098862

LONGITUDE
0814957084

CRASH OCCURRED ON

PREFIX

CRASH LOCATION
0071

TYPE LOC
1

TYPE LOCATION POINT USED

1 NAMED STREET
2 NUMBERED STREET
3 NUMBERED ROUTE

LOCAL INFORMATION

171 AT THE 215MM

AT REFERENCE

DIST. REF.

DIR
N

PREFIX

REFERENCE
215.0

REF POINT
06

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 REFEREN

MOTORIST / NON-MOTORIST

A UNIT #
01

OF OCC
1

NAME (LAST, FIRST, MIDDLE)
MCCLURE BRIAN F

ADDRESS (STREET, CITY, STATE, ZIP-CODE)
4233 HELENA AVE YOUNGSTOWN OH 44512

SOCIAL SECURITY NUMBER

DATE OF BIRTH
03/30/1979

AGE
32

SEX
M

HOME PHONE #
(724)864-7805

WORK PHONE #

DL STATE
OH

DL #
TL596444

LP STATE
OH

LP #
EVH4716

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

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

MCCLURE, BRIAN F

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

4233 HELENA AVE YOUNGSTOWN OH 44512

YEAR
1999

MAKE
HONDA

MODEL
OTHER

COLOR
GREEN

INSURANCE COMPANY
ERIE

TOWING SERVICE

OWNER PHONE #
(724)864-7805

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE
 *X IF YES

B UNIT #
02

OF OCC
1

NAME (LAST, FIRST, MIDDLE)
MILLER CHARLES W

ADDRESS (STREET, CITY, STATE, ZIP-CODE)
1989 N ELYRIA RD WOOSTER OH 44691

SOCIAL SECURITY NUMBER

DATE OF BIRTH
10/29/1952

AGE
59

SEX
M

HOME PHONE #
(330)262-1837

WORK PHONE #

DL STATE
OH

DL #
RG180035

LP STATE
OH

LP #
PUZ4527

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

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

PAULA MILLER

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

1989 N ELYRIA RD WOOSTER OH 44691

YEAR
2004

MAKE
VOLVO

MODEL
OTHER

COLOR
YELLOW

INSURANCE COMPANY
PROTECTIVE INS. C

TOWING SERVICE

OWNER PHONE #
(330)262-1837

OFFENSE CHARGED

4511.21A

OFFENSE DESCRIPTION

ASSURED CLEAR DISTANCE AHEAD

CITATION #

Y-33582

LOCAL CODE
 *X IF YES

C UNIT #

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

AGE

SEX

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

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

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
 1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

SEATING POSITION

A 01 FRONT - LEFT (MC DRIVER)

B 01 02 FRONT - MIDDLE

C 01 03 FRONT - RIGHT

D 01 04 SECOND - LEFT (MC PASS)

02 SECOND - MIDDLE

03 SECOND - RIGHT

04 THIRD - LEFT (MC PASSENGER'S/SE CAR)

05 THIRD - MIDDLE

06 THIRD - RIGHT

07 THRD - LEFT (MC PASSENGER'S/SE CAR)

08 THRD - MIDDLE

09 THRD - RIGHT

10 SLEEPER SECTION OF CAB

11 ENCLOSED CARGO AREA

12 UNENCLOSED CARGO AREA

13 TRAILING UNIT

14 EXTERIOR

15 OTHER

16 NON-MOTORIST

17 UNKNOWN

SAFETY EQUIPMENT

A 04 MOTORIST

B 04 01 NONE USED

C 04 02 SHOULDER BELT ONLY USED

D 04 03 LAP BELT ONLY USED

04 SHOULDER AND LAP BELT USED

05 CHILD SAFETY SEAT USED

06 HELMET USED

07 RESTRAINT USE UNKNOWN

08 NON-MOTORIST

09 NONE USED

10 HELMET USED

11 PROTECTIVE PADS

12 REFLECTIVE CLOTHING

13 LIGHTING

14 OTHER

15 UNKNOWN

AIR BAG

A 1 1 NOT DEPLOYED

B 1 2 DEPLOYED - FRONT

C 1 3 DEPLOYED - S/D

D 1 4 DEPLOYED BOTH FRONT/S/D

5 NOT APPLICABLE

6 DEPLOYMENT UNKNOWN

AIR BAG SWITCH

A 4 1 ON-OFF SWITCH NOT PRESENT

B 1 2 SWITCH IN ON POSITION

C 1 3 SWITCH IN OFF POSITION

D 1 4 UNKNOWN POSITION

EJECTION

A 1 1 NOT EJECTED

B 1 2 TOTALLY EJECTED

C 1 3 PARTIALLY EJECTED

D 1 4 NOT APPLICABLE

5 UNKNOWN

TRAPPED

A 1 1 NOT TRAPPED

B 1 2 EXTRICATED BY MECHANICAL MEANS

C 1 3 FREED BY NON-MECHANICAL MEANS

D 1 4 UNKNOWN

INJURIES

A 1 1 NO INJURY

B 1 2 POSSIBLE

C 1 3 NON-INCAPACITATING

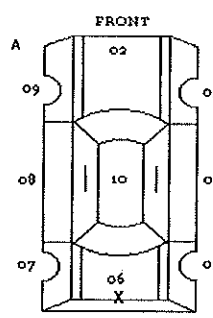
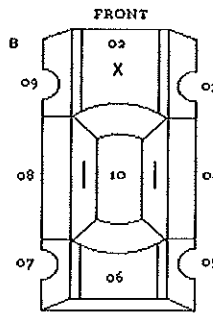
D 1 4 INCAPACITATING

5 FATAL INJURY

6 UNKNOWN

BLANK FOR WITNESS

SUPPLEMENT *X IF YES

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="01"/> B <input type="text" value="01"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td><input type="text" value="20"/></td><td>B</td><td><input type="text" value="20"/></td></tr> <tr><td>1</td><td></td><td>1</td><td></td></tr> <tr><td>2</td><td></td><td>2</td><td></td></tr> <tr><td>3</td><td></td><td>3</td><td></td></tr> <tr><td>4</td><td></td><td>4</td><td></td></tr> </table>	A	<input type="text" value="20"/>	B	<input type="text" value="20"/>	1		1		2		2		3		3		4		4		POSTED SPEED A <input type="text" value="65"/> B <input type="text" value="65"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/>
A	<input type="text" value="20"/>	B	<input type="text" value="20"/>																						
1		1																							
2		2																							
3		3																							
4		4																							
NON-MOTORIST LOCATION A <input type="text" value="05"/> B <input type="text" value="05"/>		MOTORIST 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 CHANGING LANE 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING OR STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING OR CROSSING SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING OR LEAVING VEHICLE 20 PLAYING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMERSION 04 JACKKIFE 05 CARGO/EQUIPMENT LOSS OR SHIFT 06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN-CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FEED 14 PEDESTRIAN 15 PEDALCYCLE 16 RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORKZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/ALUMINUM SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) 46 WORKZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	TRAFFIC CONTROL A <input type="text" value="12"/> B <input type="text" value="12"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>																				
TYPE OF UNIT A <input type="text" value="02"/> B <input type="text" value="13"/>	MOST DAMAGED AREA A <input type="text" value="07"/> B <input type="text" value="02"/>	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="01"/> B <input type="text" value="08"/>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	DIRECTION FROM TO FROM TO A <input type="text" value="2"/> <input type="text" value="1"/> B <input type="text" value="2"/> <input type="text" value="1"/>	DRUG TEST 1 & 2 RESULT A <input type="text" value="1"/> <input type="text" value="1"/> B <input type="text" value="1"/> <input type="text" value="1"/>																				
MOTORIST 01 SUB-COMPACT 02 COMPACT 03 M.D. SIZED 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 09 SINGLE UNIT TRUCK, 2 AXLES, 8 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/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 UNKNOWN 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL W/ RIDER 36 ANIMAL W/ SUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40 SKATER 41 OTHER NON-MOTORIST (WHEELCHAIR, ETC.) 42 UNKNOWN	MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ACDA 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, SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTION 18 FATIGUE/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	CONDITION A <input type="text" value="1"/> B <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="01"/>																				
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/>	ACTION A <input type="text" value="4"/> B <input type="text" value="3"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	SPEED DETECTED A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/>																				
DAMAGE SCALE A <input type="text" value="2"/> B <input type="text" value="3"/>	STRIKING VEHICLE OVERRIDE/UNDERIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	SPEED A <input type="text" value="65"/> B <input type="text" value="65"/>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/>																				
SUPPLEMENT 'X' IF YES			LOCAL REPORT # 12-MV 01634																						

NARRATIVE

UNIT #1 WAS TRAVELING NORTH ON INTERSTATE 71, IN THE EAST LANE. UNIT #2 WAS ALSO HEADING NORTH ON INTERSTATE 71 IN THE EAST LANE BEHIND UNIT #1. UNIT #2 STRUCK UNIT #1 IN THE REAR AT THE 215 MILE MARKER. IT IS IMPORTANT TO NOTE THAT UNIT #1 HAD DAMAGE TO THE BACK OF THE VEHICLE PRIOR TO THIS INCIDENT (BROKEN LENS ON THE LEFT REAR TAILLIGHT).

<p>MANNER OF COLLISION OR IMPACT</p> <p><input checked="" type="checkbox"/> 2</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> <div style="text-align: center;"> <p>I 71</p> <p>215MM</p> </div>			
<p>WEATHER</p> <p><input checked="" type="checkbox"/> 02</p> <p>01 CLEAR 02 CLOUDY 03 FOG SMOG SMOKE 04 RAIN 05 SLEET/MAIL (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"/> 5 SECONDARY <input checked="" type="checkbox"/> 8</p> <p>1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - ROADWAY NOT LIGHTED 6 DARK - UNKNOWN ROADWAY LIGHTING 7 SLARE 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 #	<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 N D</p> <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
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<p>CARGO BODY TYPE</p> <p><input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (IF IS 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>WEIGHT (GVWR)</p> <p><input type="checkbox"/> 1 LESS EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 25,000 <input type="checkbox"/> 3 MORE THAN 25,000</p>	<p>CDL CLASS</p> <p><input type="checkbox"/> 1 CLASS A <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS D <input type="checkbox"/> 5 CLASS E</p>	<p>HAZARDOUS MATERIALS PLACARD</p> <p><input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN</p>	<p>HAZARDOUS MATERIALS RELEASED</p> <p><input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN</p>
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POLICE ACTION							
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES	
2/28/2012	22:38	22:38	22:45	23:20	15	57	
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED			
P.O. TRAVIS MCCOURT		1608	1606	2/28/2012			
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 01634		