

OHIO

# TRAFFIC CRASH REPORT

CRASH REPORT #  
12-MV 01777

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

PRIVATE PROPERTY  
 \*X IF YES

HIT / SKIP  
1 NOT HIT / SKP  
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 88 ANNUAL  
99 UNKNOWN

DATE OF CRASH  
3/5/2012

TIME OF CRASH  
14:36

DAY OF WEEK  
MON

CITY/VILLAGE/TOWNSHIP  
TOWNSHIP

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

COUNTY #  
52

LATITUDE  
4107399611

LONGITUDE  
0814830866

CRASH OCCURRED ON  
PREFIX RIVER STYX  
CRASH LOCATION RIVER STYX  
TYPE LOC 1  
TYPE LOCATION POINT USED  
LOCAL INFORMATION

AT/REFERENCE  
DIST. REF. 20 F DIR N PREFIX REFERENCE RUSTIC HILLS COUNTRY CLUB REFPPOINT 09  
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/LMT 06 PLACE NAME WITHOUT REFEREN  
04 HOUSE NUMBER

A UNIT # 01 # OF OCC 1 NAME (LAST, FIRST, MIDDLE) HALL WILLIAM E  
ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
3201 RUSTIC VALLEY DRIVE MEDINA OH 44256

SOCIAL SECURITY NUMBER DATE OF BIRTH 07/31/1968 AGE 43 SEX M HOME PHONE # (216)246-2389 WORK PHONE # (216)999-4343

DL STATE OH DL # RM813531 LP STATE OH LP # CSY2816 INJURED TAKEN BY 1 1 NONE 4 OTHER 5 UNKNOWN 2 EMS 3 POLICE TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") GARRETT, AMANDA, M OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3201 RUSTIC VALLEY DRIVE MEDINA OH 44256

YEAR 2001 MAKE VOLKSWA MODEL JETTA COLOR BLACK INSURANCE COMPANY LIBERTY MUTUAL TOWING SERVICE OWNER PHONE # (216)246-2389

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

B UNIT # 02 # OF OCC 1 NAME (LAST, FIRST, MIDDLE) KEMER ANDREW JOHN  
ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
3646 MUIRTAP DR MEDINA OH 44256-6466

SOCIAL SECURITY NUMBER DATE OF BIRTH 06/03/1994 AGE 17 SEX M HOME PHONE # (330)725-7069 WORK PHONE # (330)725-7069

DL STATE OH DL # TS969965 LP STATE OH LP # FCJ7727 INJURED TAKEN BY 1 1 NONE 4 OTHER 5 UNKNOWN 2 EMS 3 POLICE TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") KEMER, DEBRA, OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 3646 MUIRTAP DRIVE MEDINA OH 44256

YEAR 2003 MAKE MITSUBISHI MODEL MONTERO COLOR SILVER INSURANCE COMPANY ALLSTATE TOWING SERVICE OWNER PHONE # (330)725-7069

OFFENSE CHARGED 4511.21A OFFENSE DESCRIPTION ASSURED CLEAR DISTANCE AHEAD CITATION # Y33785 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 5 UNKNOWN 2 EMS 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 5 UNKNOWN 2 EMS 3 POLICE TRANSPORTED BY INJURED TAKEN TO

SEATING POSITION  
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

SAFETY EQUIPMENT  
A 04 MOTORIST  
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

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

AIR BAG SWITCH  
A 4 1 ON-OFF SWITCH NOT PRESENT  
2 SWITCH IN ON POSITION  
3 SWITCH IN OFF POSITION  
4 UNKNOWN POSITION  
5 UNKNOWN POSITION

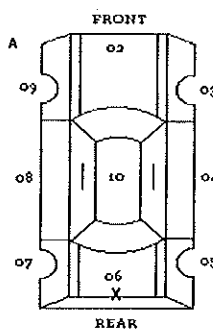
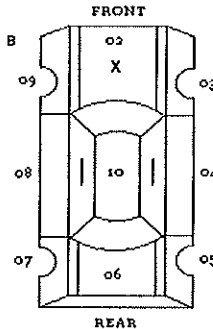
EJECTION  
A 1 1 NOT EJECTED  
2 TOTALLY EJECTED  
3 PARTIALLY EJECTED  
4 NOT APPLICABLE  
5 UNKNOWN

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

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

BLANK FOR WITNESS  SUPPLEMENT \*X IF YES

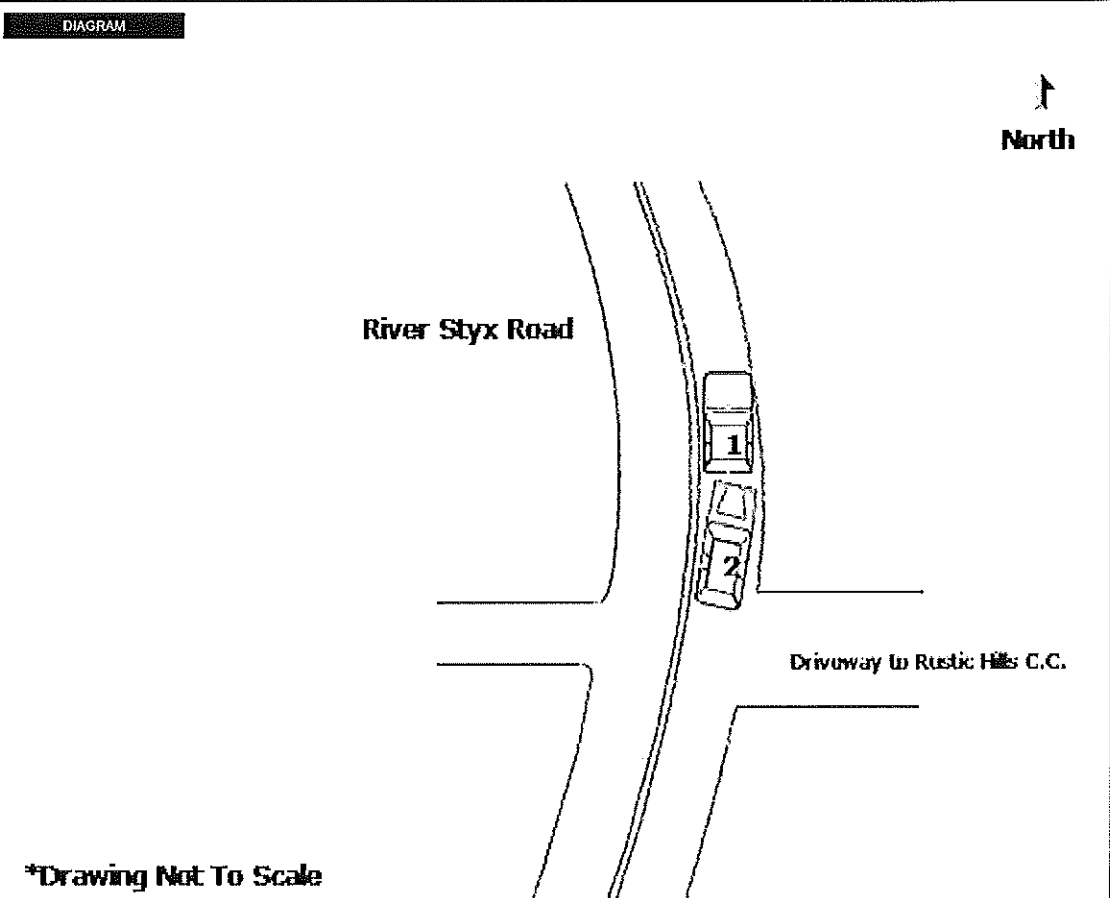
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<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="11"/> B <input type="text" value="01"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr> <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><input type="text"/></td><td>1</td><td><input type="text"/></td> </tr> <tr> <td>2</td><td><input type="text"/></td><td>2</td><td><input type="text"/></td> </tr> <tr> <td>3</td><td><input type="text"/></td><td>3</td><td><input type="text"/></td> </tr> <tr> <td>4</td><td><input type="text"/></td><td>4</td><td><input type="text"/></td> </tr> </table>	A	<input type="text" value="20"/>	B	<input type="text" value="20"/>	1	<input type="text"/>	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="35"/> B <input type="text" value="35"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>
A	<input type="text" value="20"/>	B	<input type="text" value="20"/>																						
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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" value="05"/> B <input type="text" value="05"/>		<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="01"/> B <input type="text" value="08"/>	<b>TRAFFIC CONTROL</b> A <input type="text" value="12"/> B <input type="text" value="12"/>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>DRUG TEST 1 &amp; 2 RESULT</b> <table border="1"> <tr> <td>1</td><td>2</td><td>1</td><td>2</td> </tr> <tr> <td>A</td><td><input type="text" value="1"/></td><td>B</td><td><input type="text" value="1"/></td> </tr> </table>	1	2	1	2	A	<input type="text" value="1"/>	B	<input type="text" value="1"/>												
1	2	1	2																						
A	<input type="text" value="1"/>	B	<input type="text" value="1"/>																						
<b>TYPE OF UNIT</b> A <input type="text" value="02"/> B <input type="text" value="06"/>	<b>MOST DAMAGED AREA</b> A <input type="text" value="06"/> B <input type="text" value="02"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> 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" value="2"/> <input type="text" value="1"/>	<b>CONDITION</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<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" value="1"/>	<b>ACTION</b> A <input type="text" value="4"/> B <input type="text" value="3"/>	<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" value="1"/>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>OCCURRENCE</b> <input type="text" value="1"/>																				
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text" value="2"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<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" value="1"/>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/>																				
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text" value="2"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<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" value="1"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="01"/> SECONDARY <input type="text" value="05"/>																				
<b>SUPPLEMENT *X IF YES</b>			<b>LOCAL REPORT #</b> 12-MV 01777																						

**NARRATIVE**

UNIT 1 WAS NORTHBOUND ON RIVER STYX ROAD, JUST NORTH OF THE ENTERANCE OF RUSTIC HILLS COUNTRY CLUB. UNIT 1 STOPPED IN TRAFFIC FOR ANOTHER VEHICLE WAITING TO TURN LEFT INTO A PRIVATE DRIVEWAY. UNIT 2 FAILED TO MAINTAIN ASSURED CLEARED DISTANCE AHEAD, AND STRUCK UNIT 1 IN THE REAR CAUSING MINOR COSMETIC DAMAGE TO BOTH VEHICLES. NO INJURIES WERE CLAIMED AT THE SCENE. BOTH VEHICLES WERE ABLE TO BE DRIVEN FROM THE SCENE. THE DRIVER OF UNIT 2 WAS CITED AND RECOMMENDED FOR JUVENILE DIVERSION.

<b>MANNER OF COLLISION OR IMPACT</b> <input checked="" type="checkbox"/> 2 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 checked="" type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
<b>WEATHER</b> <input checked="" type="checkbox"/> 02 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/RT/SNOW 09 OTHER 10 UNKNOWN	<b>WORK ZONE RELATED</b> <input checked="" type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN
<b>LIGHT CONDITIONS</b> PRIMARY <input checked="" type="checkbox"/> 1 <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 MEDIUM 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 UNIT #</b> <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	<b>A</b> <b>N</b> <b>D</b>	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 D-DAMAGING 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 (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAN/CHPS/GRAYLWN <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 THAN 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	<b>CDL CLASS</b> <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	<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 <input type="checkbox"/> 4 UNKNOWN
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<b>POLICE ACTION</b>						
DATE CRASH REPORTED 3/5/2012	TIME REC CALL 14:36	DISPATCH 14:38	ARRIVED 14:44	CLEARED 15:24	OTHER 25	TOTAL MINUTES 71
OFFICER'S NAME P.O. DANIEL HAZEK		BADGE # 1607	CHECKED BY 1606	DATE REPORT FILED 3/5/2012		
REPORT TAKEN BY <input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST <input type="checkbox"/> 3 UNKNOWN	REPORT TAKEN AT <input checked="" type="checkbox"/> 1 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER	SUPPLEMENT 'X' IF YES <input type="checkbox"/>		LOCAL REPORT # 12-MV 01777		