

OHIO

# TRAFFIC CRASH REPORT

CRASH REPORT #  
**12-MV 02633**

CRASH SEVERITY  
**3** 1.FATAL ERROR 3.PDO  
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  
**1**

UNIT ERROR  
**01** 98 ANIMAL  
99 UNKNOWN

DATE OF CRASH  
**4/4/2012**

TIME OF CRASH **01:50** DAY OF WEEK **WED** CITY/VILLAGE/TOWNSHIP **TOWNSHIP** NAME (OF CITY, VILLAGE OR TOWNSHIP) **MONTVILLE (TOWNSHIP OF)** COUNTY # **52** LATITUDE **4107416839** LONGITUDE **0814934836**

CRASH OCCURRED ON PREFIX **E. SMITH** CRASH LOCATION **E. SMITH** TYPE LOC **1** TYPE LOCATION POINT USED 1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE LOCAL INFORMATION **E. SMITH RD**

AT/REFERENCE DIST. REF. DIR **N** PREFIX REFERENCE **003881** REF POINT **04** 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

MOTORIST / NON-MOTORIST

UNIT # **01** # OF OCC **1** NAME (LAST, FIRST, MIDDLE) **BRIGGS ROBERT**

ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**313 E. PROSPECT MEDINA OH 44256**

SOCIAL SECURITY NUMBER DATE OF BIRTH **06/22/1977** AGE **34** SEX **M** HOME PHONE # **(330)725-1765** WORK PHONE #

DL STATE **OH** DL # **RT793304** LP STATE **OH** LP # **PPZ2014** INJURED TAKEN BY **1** 1.NONE 2.EMS 3.POLICE 4.OTHER 5.UNKNOWN TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") **BRIGGS, ROBERT** OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) **313 E. PROSPECT MEDINA OH 44256**

YEAR **2008** MAKE **VOLKSWA** MODEL **RABBIT** COLOR **BLACK** INSURANCE COMPANY **ALL STATE** TOWING SERVICE **TRANS COUNTY** OWNER PHONE #

OFFENSE CHARGED **4511.202** OFFENSE DESCRIPTION **OPERATION WITHOUT REASONABLE CONTROL** CITATION # **Y33587** LOCAL CODE  "X" IF YES

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 1.NONE 2.EMS 3.POLICE 4.OTHER 5.UNKNOWN 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

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

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

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

ADDRESS (STREET, CITY, STATE, ZIP-CODE) INJURED TAKEN BY 1.NONE 2.EMS 3.POLICE 4.OTHER 5.UNKNOWN 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.TRALLING UNIT  
14.EXTERIOR  
15.OTHER  
16.NON-MOTORIST  
17.UNKNOWN

SAFETY EQUIPMENT  
A **04** MOTORIST  
01.HORIE 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.HORIE 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 FRONTSIDE  
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

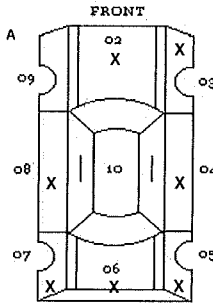
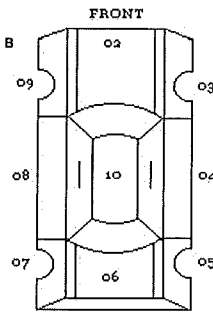
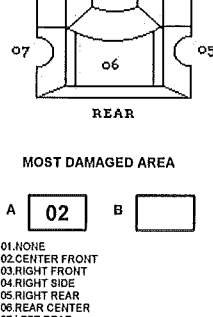
EJECTION  
A **1** 1. NOT EJECTED  
2. TOTALLY EJECTED  
3. PARTIALLY EJECTED  
4. NOT APPLICABLE  
5. UNKNOWN

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

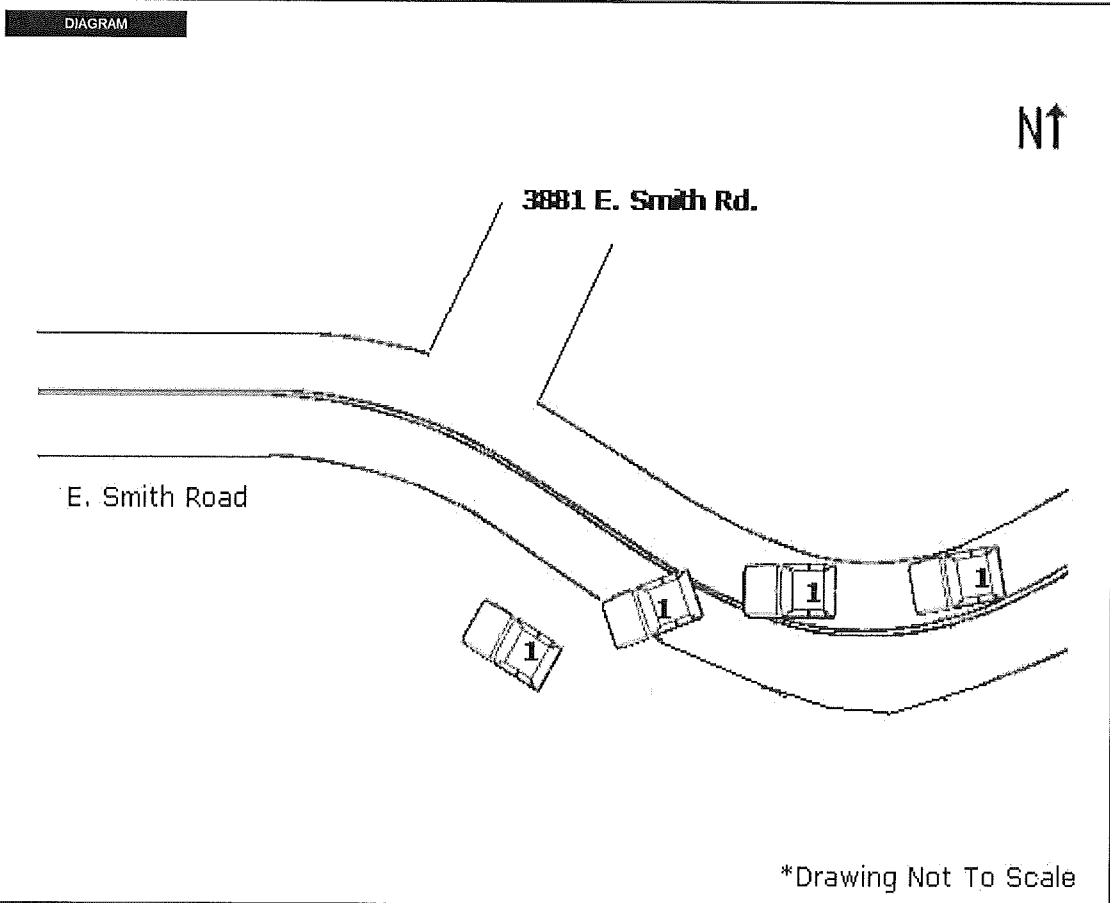
SUPPLEMENT 'X' IF YES

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="09"/> B <input type="text"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr> <td>A</td> <td><input type="text" value="10"/></td> <td>B</td> <td><input type="text"/></td> </tr> <tr> <td>1</td> <td><input type="text" value="09"/></td> <td>1</td> <td><input type="text"/></td> </tr> <tr> <td>2</td> <td><input type="text" value="40"/></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="10"/>	B	<input type="text"/>	1	<input type="text" value="09"/>	1	<input type="text"/>	2	<input type="text" value="40"/>	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="45"/> B <input type="text"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/>
A	<input type="text" value="10"/>	B	<input type="text"/>																						
1	<input type="text" value="09"/>	1	<input type="text"/>																						
2	<input type="text" value="40"/>	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" value="06"/> B <input type="text"/>		<b>MOTORIST</b> 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 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. UNKNOWN 23. UNKNOWN	<b>NON-COLLISION</b> 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 OF ROAD RIGHT 09. RAN OFF ROAD LEFT 10. CROSS MEDIA/CENTERLINE 11. DOWNHILL RUIAWAY 12. OTHER NON-COLLISION 13. UNKNOWN NON-COLLISION 14. COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 15. PEDESTRIAN 16. PEDACYCLE 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. UNKNOWN MOVABLE OBJECT 26. COLLISION WITH FIXED OBJECT 27. IMPACT ATTENUATOR/CRASH CUSHION 28. BRIDGE OVERHEAD STRUCTURE 29. BRIDGE PIER OR ABUTMENT 30. BRIDGE PARAPET 31. GUARDRAIL FACE 32. GUARDRAIL END 33. MEDIAN BARRIER 34. HIGHWAY TRAFFIC SIGN POST 35. OVERHEAD SIGN POST 36. LIGHT/LUMINARIES SUPPORT 37. UTILITY POLE 38. OTHER POST, POLE OR SUPPORT 39. CURB 40. CURB 41. DITCH 42. EMBARKMENT 43. FENCE 44. MAILBOX 45. TREE 46. OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL ETC) 47. WORK ZONE MAINTENANCE EQUIPMENT 48. UNKNOWN FIXED OBJECT 49. OTHER 50. UNKNOWN	<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>TYPE OF UNIT</b> A <input type="text" value="02"/> B <input type="text"/>		<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="15"/> B <input type="text"/>	<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/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, 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/SPILLING 21. OTHER IMPROPER ACTION 22. UNKNOWN 23. UNKNOWN 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. WRONG SIDE OF THE ROAD 33. OTHER 34. UNKNOWN	<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 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>POINT OF IMPACT</b> A <input type="text" value="02"/> 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="3"/> 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="3"/> B <input type="text"/>	<b>ACTION</b> A <input type="text" value="2"/> 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="3"/> 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>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> 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 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="4"/>																				
<b>DAMAGE SCALE</b> A <input type="text" value="3"/> 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="45"/> 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="01"/> SECONDARY <input type="text" value="10"/>																				
<input type="text"/> SUPPLEMENT 'X' IF YES				LOCAL REPORT # <b>12-MV 02633</b>																					

**NARRATIVE**

**UNIT #1 WAS TRAVELING NORTH ON E.SMITH RD. UNIT #1 RAN OFF THE LEFT SIDE OF THE ROADWAY AND DOWN INTO A RAVINE, IN THE AREA OF 3881 E. SMITH RD.**

<b>MANNER OF COLLISION OR IMPACT</b> <input type="checkbox"/> 1 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"/> 10 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	<b>WORK ZONE RELATED</b> <input type="checkbox"/> 1 1. NO 2. YES 3. UNKNOWN
<b>LIGHT CONDITIONS</b> PRIMARY <input type="checkbox"/> 6 SECONDARY <input type="checkbox"/> 8 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 (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03. VEHICLE/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 - 26,000 <input type="checkbox"/> 3. MORE THAN 26,000	<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 2. YES 3. UNKNOWN	<b>HAZARDOUS MATERIALS RELEASED</b> <input type="checkbox"/> 1. NO 2. YES 3. NOT APPLICABLE
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<b>POLICE ACTION</b>							
DATE CRASH REPORTED <b>4/4/2012</b>	TIME REC CALL <b>01:52</b>	DISPATCH <b>01:52</b>	ARRIVED <b>01:55</b>	CLEARED <b>02:54</b>	OTHER <b>20</b>	TOTAL MINUTES <b>82</b>	
OFFICER'S NAME <b>P.O. TRAVIS MCCOURT</b>		BADGE # <b>1608</b>	CHECKED BY <i>[Signature]</i> <b>1605</b>		DATE REPORT FILED <b>4/4/2012</b>		
REPORT TAKEN BY <input type="checkbox"/> 1 1. POLICE AGENCY 2. MOTORIST 3. UNKNOWN	REPORT TAKEN AT <input type="checkbox"/> 2 1. SCENE 2. STATION 3. OTHER	SUPPLEMENT 'X' IF YES <input type="checkbox"/>		LOCAL REPORT # <b>12-MV 02633</b>			