



# TRAFFIC CRASH REPORT

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| CRASH REPORT #<br><b>160-12- 002812</b> | CRASH SEVERITY<br><b>3</b><br>1 FATAL ERROR 3 PDO<br>2 INJURY 4 UNKNOWN | PRIVATE PROPERTY<br><input type="checkbox"/> *X IF YES | HIT / SKIP<br><b>1</b><br>1 NOT HIT / SKIP<br>2 SOLVED<br>3 NOT SOLVED | PHOTOS TAKEN<br><input checked="" type="checkbox"/> *X IF YES | OH-2 OH-3 OH-1P OTHER<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| N.C.I.C. #<br><b>05213</b>              | REPORTING AGENCY<br><b>MONTVILLE TOWNSHIP POLICE</b>                    | # UNITS<br><b>2</b>                                    | UNIT ERROR<br><b>02</b><br>98 ANIMAL<br>99 UNKNOWN                     | DATE OF CRASH<br><b>4/10/2012</b>                             |  |

MOTORIST / NON-MOTORIST

OCCUPANT

|                               |                           |  |   |                       |                               |                                |
|-------------------------------|---------------------------|--|---|-----------------------|-------------------------------|--------------------------------|
| TIME OF CRASH<br><b>09:04</b> | DAY OF WEEK<br><b>TUE</b> | CITY/VILLAGE/TOWNSHIP<br><b>TOWNSHIP</b> | NAME (OF CITY, VILLAGE OR TOWNSHIP)<br><b>MONTVILLE (TOWNSHIP OF)</b> | COUNTY #<br><b>52</b> | LATITUDE<br><b>4108103969</b> | LONGITUDE<br><b>0814807740</b> |
|-------------------------------|---------------------------|--|---|-----------------------|-------------------------------|--------------------------------|

|  |                          |                   |
|--|--------------------------|-------------------|
| CRASH OCCURRED ON                          | TYPE LOCATION POINT USED | LOCAL INFORMATION |
| PREFIX<br><b>CRASH LOCATION<br/>MEDINA</b> | TYPE LOC<br><b>1</b>     |                   |

|                           |                      |        |                                    |                        |
|---------------------------|----------------------|--------|------------------------------------|------------------------|
| AT/REFERENCE              | REFERENCE POINT USED |        |                                    |                        |
| DIST. REF.<br><b>50 F</b> | DIR<br><b>W</b>      | PREFIX | REFERENCE<br><b>TRANSPORTATION</b> | REF POINT<br><b>02</b> |

|   |                                    |                       |   |   |                |                                       |
|---|------------------------------------|-----------------------|---|---|----------------|---------------------------------------|
| <b>A</b>  | UNIT #<br><b>01</b>                | # OF OCC<br><b>2</b>  | NAME (LAST, FIRST, MIDDLE)<br><b>KENNEDY MARLA J.</b>                                       |   |                |                                       |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>978 COUNTRYSIDE DR. MEDINA OH 44256</b> |                                    |                       |   |   |                |                                       |
| SOCIAL SECURITY NUMBER  | DATE OF BIRTH<br><b>09/12/1980</b> | AGE<br><b>31</b>      | SEX<br><b>F</b>   | HOME PHONE #<br><b>(330)204-9210</b>  | WORK PHONE #   |                                       |
| DL STATE<br><b>OH</b>   | DL #<br><b>TK200331</b>            | LP STATE<br><b>OH</b> | LP #<br><b>ECC9525</b>  | INJURED TAKEN BY<br><b>1</b><br>1 NONE 4 OTHER<br>2 EMS 5 UNKNOWN<br>3 POLICE | TRANSPORTED BY | INJURED TAKEN TO                      |
| OWNER NAME (IF SAME, WRITE "SAME")<br><b>KENNEDY, MARLA J.</b>                        |                                    |                       | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>978 COUNTRYSIDE DR. MEDINA OH 44256</b> |   |                |                                       |
| YEAR<br><b>2003</b>   | MAKE<br><b>FORD</b>                | MODEL<br><b>EXP</b>   | COLOR<br><b>BEIGE</b>   | INSURANCE COMPANY<br><b>ALLSTATE / LARRY</b>                                  | TOWING SERVICE | OWNER PHONE #<br><b>(330)204-9210</b> |
| OFFENSE CHARGED   | OFFENSE DESCRIPTION                | CITATION #            | LOCAL CODE<br><input type="checkbox"/> *X IF YES  |   |                |                                       |

|  |   |                             |  |   |                |                                       |
|--|---|-----------------------------|--|---|----------------|---------------------------------------|
| <b>B</b>   | UNIT #<br><b>02</b>                           | # OF OCC<br><b>1</b>        | NAME (LAST, FIRST, MIDDLE)<br><b>DAVILA YOMAR</b>  |   |                |                                       |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>55 PARADISE DR. APT. 1 WOONSOCKET RI 02895</b> |   |                             |  |   |                |                                       |
| SOCIAL SECURITY NUMBER   | DATE OF BIRTH<br><b>11/29/1985</b>            | AGE<br><b>26</b>            | SEX<br><b>M</b>  | HOME PHONE #<br><b>(401)309-5835</b>  | WORK PHONE #   |                                       |
| DL STATE<br><b>RI</b>  | DL #<br><b>2173454</b>                        | LP STATE<br><b>RI</b>       | LP #<br><b>17795</b>   | INJURED TAKEN BY<br><b>1</b><br>1 NONE 4 OTHER<br>2 EMS 5 UNKNOWN<br>3 POLICE | TRANSPORTED BY | INJURED TAKEN TO                      |
| OWNER NAME (IF SAME, WRITE "SAME")<br><b>N &amp; D TRANSPORTATION CO. INC.</b>               |   |                             | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>PO BOX 919 NORTH SMITHFIELD RI 02896</b> |   |                |                                       |
| YEAR<br><b>2007</b>  | MAKE<br><b>FREIGHTLI</b>                      | MODEL<br><b>NOT STAT</b>    | COLOR<br><b>WHITE</b>  | INSURANCE COMPANY<br><b>GALLO THOMAS IN</b>                                   | TOWING SERVICE | OWNER PHONE #<br><b>(800)343-9309</b> |
| OFFENSE CHARGED<br><b>4511.33A</b>   | OFFENSE DESCRIPTION<br><b>LANE STRADDLING</b> | CITATION #<br><b>Y33868</b> | LOCAL CODE<br><input type="checkbox"/> *X IF YES   |   |                |                                       |

|  |                     |  |  |                                    |                  |                 |
|--|---------------------|--|--|------------------------------------|------------------|-----------------|
| <b>C</b>   | UNIT #<br><b>01</b> | NAME (LAST, FIRST, MIDDLE)<br><b>KENNEDY MYA</b> | HOME PHONE #<br><b>(330)204-9210</b>   | DATE OF BIRTH<br><b>02/15/2008</b> | AGE<br><b>4</b>  | SEX<br><b>F</b> |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>978 COUNTRYSIDE DR. MEDINA OH 44256</b>  |                     |  | INJURED TAKEN BY<br><b>1</b><br>1 NONE 4 OTHER<br>2 EMS 5 UNKNOWN<br>3 POLICE              | TRANSPORTED BY                     | INJURED TAKEN TO |                 |
| <b>D</b>   | UNIT #              | NAME (LAST, FIRST, MIDDLE)<br><b>BANKS TONY</b>  | HOME PHONE #<br><b>(330)723-0091</b>   | DATE OF BIRTH                      | AGE              | SEX             |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>3220 MEDINA RD. ODOT MEDINA OH 44256</b> |                     |  | INJURED TAKEN BY<br><input type="checkbox"/> 1 NONE 4 OTHER<br>2 EMS 5 UNKNOWN<br>3 POLICE | TRANSPORTED BY                     | INJURED TAKEN TO |                 |

|  |  |   |   |   |  |   |
|--|--|---|---|---|--|---|
| SEATING POSITION   | SAFETY EQUIPMENT   | AIR BAG   | AIR BAG SWITCH  | EJECTION  | TRAPPED  | INJURIES  |
| <b>A</b> <b>01</b><br>01.FRONT - LEFT (MC DRIVER)<br>02.FRONT - MIDDLE<br>03.FRONT - RIGHT<br>04.SECOND - LEFT (MC PASS)<br>05.SECOND - MIDDLE<br>06.SECOND - RIGHT<br>07.THIRD - LEFT (MC PASSENGER/SIDE CAR)<br>08.THIRD - MIDDLE<br>09.THIRD - RIGHT<br>10.SLEEPER SECTION OF CAB<br>11.ENCLOSED CARGO AREA<br>12.UNENCLOSED CARGO AREA<br>13.TRAILING UNIT<br>14.EXTERIOR<br>15.OTHER<br>16.NON-MOTORIST<br>17.UNKNOWN | <b>A</b> <b>04</b><br>01.NONE USED<br>02.SHOLDER BELT ONLY USED<br>03.LAP BELT ONLY USED<br>04.SHOULDER AND LAP BELT USED<br>05.CHILD SAFETY SEAT USED<br>06.HELMET USED<br>07.RESTRAINT USE UNKNOWN<br>08.NON-MOTORIST<br>09.NONE USED<br>09.HELMET USED<br>10.PROTECTIVE PADS<br>11.REFLECTIVE CLOTHING<br>12.LIGHTING<br>13.OTHER<br>14.UNKNOWN | <b>A</b> <b>1</b><br>1. NOT-DEPLOYED<br>2.DEPLOYED - FRONT<br>3.DEPLOYED - SIDE<br>4.DEPLOYED BOTH FRONT/SIDE<br>5.NOT APPLICABLE<br>6.DEPLOYMENT UNKNOWN | <b>A</b> <b>4</b><br>1.ON-OFF SWITCH NOT PRESENT<br>2.SWITCH IN ON POSITION<br>3.SWITCH IN OFF POSITION<br>4.UNKNOWN POSITION | <b>A</b> <b>1</b><br>1.NOT EJECTED<br>2.TOTALLY EJECTED<br>3.PARTIALLY EJECTED<br>4.NOT APPLICABLE<br>5.UNKNOWN | <b>A</b> <b>1</b><br>1.NOT TRAPPED<br>2.EXTRICATED BY MECHANICAL MEANS<br>3.FREED BY NON-MECHANICAL MEANS<br>4.UNKNOWN | <b>A</b> <b>1</b><br>1.NO INJURY<br>2.POSSIBLE<br>3.NON-INCAPACITATING<br>4.INCAPACITATING<br>5.FATAL INJURY<br>6.UNKNOWN |
| <b>B</b> <b>01</b>   | <b>B</b> <b>04</b>   | <b>B</b> <b>1</b>   | <b>B</b> <b>4</b>   | <b>B</b> <b>1</b>   | <b>B</b> <b>1</b>  | <b>B</b> <b>1</b>   |
| <b>C</b> <b>04</b>   | <b>C</b> <b>05</b>   | <b>C</b> <b>1</b>   | <b>C</b> <b>4</b>   | <b>C</b> <b>1</b>   | <b>C</b> <b>1</b>  | <b>C</b> <b>1</b>   |
| <b>D</b>   | <b>D</b>   | <b>D</b>  | <b>D</b>  | <b>D</b>  | <b>D</b>   | <b>D</b>  |
| BLANK FOR WITNESS  |  |   |   |   |  | <input type="checkbox"/> SUPPLEMENT *X IF YES   |

**UNIT NUMBERS**

A  B

**NON-MOTORIST LOCATION**

A  B

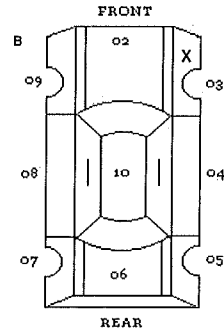
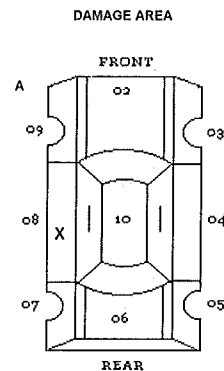
01. MARKED CROSSWALK AT INTERSECTION  
02. AT INTERSECTION BUT NO CROSSWALK  
03. NON-INTERSECTION CROSSWALK  
04. DRIVEWAY ACCESS CROSSWALK  
05. IN ROADWAY  
06. NOT IN ROADWAY  
07. MEDIAN (BUT NOT ON SHOULDER)  
08. ISLAND  
09. SHOULDER  
10. SIDEWALK  
11. WITHIN 10 FEET OF ROADWAY (BUT NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)  
12. BEYOND 10 FEET OF ROADWAY (BUT IN ROADWAY)  
13. OUTSIDE TRAFFICWAY  
14. SHARED USE PATHS OR TRAILS  
15. UNKNOWN

**TYPE OF UNIT**

A  B

**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 (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. SHOWMOBILE  
33. CONSTRUCTION EQUIPMENT  
34. ALL OTHERS  
**NON-MOTORIST**  
35. ANIMAL WRIDER  
36. ANIMAL W/BUGGY  
37. BICYCLE  
38. PEDESTRIAN  
39. PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)  
40. SKATER  
41. OTHER-NON MOTORIST (WHEELCHAIR, ETC)  
42. UNKNOWN



**MOST DAMAGED AREA**

A  B

**POINT OF IMPACT**

A  B

**ACTION**

A  B

1. NON-CONTACT  
2. NON-COLLISION  
3. STRUCK  
4. STRUCK  
5. BOTH STRICKING AND STRUCK  
6. UNKNOWN

**IN EMERGENCY RESPONSE**

A  B

1. NO  
2. YES  
3. UNKNOWN

**STRIKING VEHICLE OVERRIDE/UNDERRIDE**

A  B

**DAMAGE SCALE**

A  B

1. NONE  
2. NON-FUNCTIONAL  
3. FUNCTIONAL DAMAGE  
4. DISABLING DAMAGE  
5. SEVERE  
6. UNKNOWN

**PRE-CRASH ACTIONS**

A  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. 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

**CONTRIBUTING CIRCUMSTANCES**

A  B

**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, 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  
**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  B

**VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE**

A  B

**VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE**

A  B

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

**SEQUENCE OF EVENTS**

A  B

1  1   
2  2   
3  3   
4  4

**NON-COLLISION**

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 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 FIXED**  
14. PEDESTRIAN  
15. PEDICYCLE  
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. WORK ZONE 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/ILLUMINARIES 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. WORK ZONE MAINTENANCE EQUIPMENT  
47. UNKNOWN FIXED OBJECT  
48. OTHER  
49. UNKNOWN

**FIRST HARMFUL EVENT**

A  B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

**MOST HARMFUL EVENT**

A  B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

**SPEED DETECTED**

A  B

1. STATED  
2. ESTIMATED

**SPEED**

A   
B

**POSTED SPEED**

A  B

**TRAFFIC CONTROL**

A  B

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. WALKDON'T WALK  
15. TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED  
16. OTHER  
17. NOT REPORTED  
18. UNKNOWN

**DIRECTION**

FROM TO FROM TO

A   B

1. NORTH  
2. SOUTH  
3. EAST  
4. WEST  
5. NORTHEAST  
6. NORTHWEST  
7. SOUTHEAST  
8. SOUTHWEST  
9. UNKNOWN

**CONDITION**

A  B

1. APPARENTLY NORMAL  
2. PHYSICAL IMPAIRMENT  
3. EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)  
4. ILLNESS  
5. FELL ASLEEP, FAINTED, FATIGUED, ETC.  
6. UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL  
7. OTHER  
8. UNKNOWN

**ALCOHOL/DRUG SUSPECTED**

A  B

1. NONE  
2. YES ALCOHOL SUSPECTED  
3. YES-HBD NOT IMPAIRED  
4. YES-DRUGS SUSPECTED  
5. YES-ALCOHOL AND DRUGS SUSPECTED  
6. UNKNOWN

**ALCOHOL TEST STATUS**

A  B

1. NONE GIVEN  
2. TEST REFUSED  
3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  
4. TEST GIVEN, RESULTS KNOWN  
5. TEST GIVEN, RESULTS UNKNOWN  
6. UNKNOWN

**ALCOHOL TEST TYPE**

A  B

1. NONE  
2. BLOOD  
3. URINE  
4. BREATH  
5. OTHER

**ALCOHOL TEST RESULT**

A   
B

**DRUG TEST STATUS**

A  B

1. NONE GIVEN  
2. TEST REFUSED  
3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  
4. TEST GIVEN, RESULTS KNOWN  
5. GIVEN, RESULTS UNKNOWN  
6. UNKNOWN

**DRUG TEST TYPE**

A  B

1. NONE  
2. BLOOD  
3. URINE  
4. OTHER

**DRUG TEST 1 & 2 RESULT**

A   B

1. NONE  
2. MARIJUANA  
3. COCAINE  
4. OPIATES  
5. AMPHETAMINES  
6. PCP  
7. OTHER  
8. UNKNOWN AT TIME OF REPORTING

**TYPE OF INTERSECTION**

01. NOT AN INTERSECTION  
02. FOUR-WAY INTERSECTION  
03. INTERSECTION  
04. Y-INTERSECTION  
05. TRAFFIC CIRCLE/ROUNDBOUT  
06. FIVE-POINT, OR MORE  
07. ON RAMP  
08. OFF RAMP  
09. CROSSOVER  
10. DRIVEWAY  
11. RAILWAY GRADE CROSSING  
12. SHARED-USE PATHS OR TRAILS  
13. UNKNOWN

**OCCURRENCE**

1. ON ROADWAY  
2. ON SHOULDER  
3. IN MEDIAN  
4. ON ROADSIDE  
5. ON GORE  
6. OUTSIDE TRAFFICWAY  
7. UNKNOWN

**ROAD CONTOUR**

1. STRAIGHT LEVEL  
2. STRAIGHT GRADE  
3. CURVE LEVEL  
4. CURVE GRADE  
5. UNKNOWN

**ROAD CONDITIONS**

PRIMARY  SECONDARY

01. DRY  
02. WET  
03. SNOW  
04. ICE  
05. SAND/MUD/DIRT/OIL/GRAVEL  
06. WATER (STANDING, MOVING)  
07. SLUSH  
08. DEBRIS  
09. RUT, HOLES, BUMPS, UNEVEN PAVEMENT  
10. OTHER  
11. UNKNOWN

SUPPLEMENT 'X' IF YES

LOCAL REPORT #  
**160-12- 002812**

**NARRATIVE**  
 UNIT #1 WAS EASTBOUND ON MEDINA RD. IN THE SOUTHERNMOST (CURB) LANE, JUST WEST OF TRANSPORTATION DR. UNIT #2 WAS ALSO EASTBOUND IN THE LANE IMMEDIATELY LEFT (NORTH) OF THE EASTBOUND CURB LANE. UNIT #2 PROCEEDED TO TURN RIGHT ONTO TRANSPORTATION DR. FROM THE CENTER LANE, STRIKING THE DRIVERS DOOR OF UNIT #1 AS IT PASSED IN AN EASTBOUND DIRECTION. UNIT #1 SPUN PAST THE INTERSECTION AND CAME TO REST FACING WESTBOUND, JUST EAST OF THE INTERSECTION.

NO INJURIES WERE CLAIMED AND BOTH VEHICLES WERE ABLE TO BE DRIVEN FROM THE SCENE.

|   |  |  |  |                    |  |  |  |   |  |
|---|--|--|--|--------------------|--|--|--|---|--|
| <b>MANNER OF COLLISION OR IMPACT</b><br><b>7</b><br>1. NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT<br>2. REAR-END<br>3. HEAD-ON<br>4. REAR-TO-REAR<br>5. BACKING<br>6. ANGLE<br>7. SIDESWIPE SAME DIRECTION<br>8. SIDESWIPE OPPOSITE DIRECTION<br>9. UNKNOWN            |  | <b>SCHOOL BUS RELATED</b><br><b>1</b><br>1. NO<br>2. YES, DIRECTLY INVOLVED<br>3. YES, INDIRECTLY INVOLVED<br>4. UNKNOWN   |  | <b>DIAGRAM</b><br> |  |  |  |   |  |
| <b>WEATHER</b><br><b>02</b><br>01. CLEAR<br>02. CLOUDY<br>03. FOG/SMOG/SMOKE<br>04. RAIN<br>05. SLEET/HAUL (FREEZING RAIN OR DRIZZLE)<br>06. SNOW<br>07. SEVERE CROSSWINDS<br>08. BLOWING SAND/SOIL/DIRT/SNOW<br>09. OTHER<br>10. UNKNOWN                                   |  | <b>WORK ZONE RELATED</b><br><b>1</b><br>1. NO<br>2. YES<br>3. UNKNOWN  |  |                    |  |  |  | <b>TYPE OF WORK ZONE</b><br><input type="checkbox"/><br>1. LANE CLOSURE<br>2. LANE SHIFT/CROSSOVER<br>3. WORK ON SHOULDER OR MEDIAN<br>4. INTERMITTENT OR MOVING WORK<br>5. OTHER |  |
| <b>LIGHT CONDITIONS</b><br><b>PRIMARY</b> <b>1</b> <b>SECONDARY</b> <input type="checkbox"/><br>1. DAYLIGHT<br>2. DAWN<br>3. DUSK<br>4. DARK - LIGHTED ROADWAY<br>5. DARK - ROADWAY NOT LIGHTED<br>6. DARK - UNKNOWN ROADWAY LIGHTING<br>7. GLARE<br>8. OTHER<br>9. UNKNOWN |  | <b>LOCATION OF CRASH IN WORK ZONE</b><br><input type="checkbox"/><br>1. BEFORE THE FIRST WORK ZONE WARNING SIGN<br>2. ADVANCE WARNING AREA<br>3. TRANSITION AREA<br>4. ACTIVITY AREA |  |                    |  |  |  | <b>WORKERS PRESENT</b><br><input type="checkbox"/><br>1. NO<br>2. YES<br>3. UNKNOWN   |  |

\*DRAWING NOT TO SCALE

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>TRUCK/BUS</b><br><b>UNIT #</b><br><input type="text"/> |  | THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:<br>A. TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR<br>A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR<br>A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER |  | <b>A</b> THE CRASH RESULTED IN ONE OF THE FOLLOWING:<br>A. FATALITY; OR<br><b>N</b> AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT; OR<br><b>D</b> AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER |  |
|---|--|---|--|---|--|

|                                |  |  |  |               |  |  |  |
|--------------------------------|--|--|--|---------------|--|--|--|
| 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 |
|--------|--------|------|----------------|-----------------|--------------|-----------|-------|

|  |  |  |  |   |  |  |  |   |  |
|--|--|--|--|---|--|--|--|---|--|
| <b>CARGO BODY TYPE</b><br><input type="checkbox"/> 01. NOT APPLICABLE<br><input type="checkbox"/> 02. BUS (9-15 INCLUDING DRIVER)<br><input type="checkbox"/> 03. VAN/ENCLOSED BOX<br><input type="checkbox"/> 04. GRAIN/CHIPS/GRAVEL/WN<br><input type="checkbox"/> 05. POLE<br><input type="checkbox"/> 06. CARGO TANK<br><input type="checkbox"/> 07. FLATBED<br><input type="checkbox"/> 08. DUMP<br><input type="checkbox"/> 09. CONCRETE MIXER<br><input type="checkbox"/> 10. AUTO TRANSPORTER<br><input type="checkbox"/> 11. GARBAGE/REFUSE<br><input type="checkbox"/> 12. OTHER<br><input type="checkbox"/> 13. UNKNOWN |  | <b>WEIGHT (GVWR)</b><br><input type="checkbox"/> 1. LESS/EQUAL 10,000<br><input type="checkbox"/> 2. 10,001 - 26,000<br><input type="checkbox"/> 3. MORE THAN 26,000 |  | <b>CDL CLASS</b><br><input type="checkbox"/> 1. CLASS A<br><input type="checkbox"/> 2. CLASS B<br><input type="checkbox"/> 3. CLASS C<br><input type="checkbox"/> 4. CLASS D<br><input type="checkbox"/> 5. CLASS E |  | <b>HAZARDOUS MATERIALS PLACARD</b><br><input type="checkbox"/> 1. NO<br><input type="checkbox"/> 2. YES<br><input type="checkbox"/> 3. UNKNOWN |  | <b>HAZARDOUS MATERIALS RELEASED</b><br><input type="checkbox"/> 1. NO<br><input type="checkbox"/> 2. YES<br><input type="checkbox"/> 3. NOT APPLICABLE<br><input type="checkbox"/> 4. UNKNOWN |  |
|--|--|--|--|---|--|--|--|---|--|

|  |                               |                          |   |                         |   |                            |  |
|--|-------------------------------|--------------------------|---|-------------------------|---|----------------------------|--|
| <b>POLICE ACTION</b>                       |                               |                          |   |                         |   |                            |  |
| DATE CRASH REPORTED<br><b>4/10/2012</b>    | TIME REC CALL<br><b>09:04</b> | DISPATCH<br><b>09:04</b> | ARRIVED<br><b>09:08</b>                           | CLEARED<br><b>10:08</b> | OTHER<br><b>0</b>                       | TOTAL MINUTES<br><b>64</b> |  |
| OFFICER'S NAME<br><b>P.O. DANIEL HAZEK</b> |                               | BADGE #<br><b>1607</b>   | CHECKED BY<br><b>1606</b>                         |                         | DATE REPORT FILED<br><b>4/10/2012</b>   |                            |  |
| REPORT TAKEN BY<br><b>1</b>                | REPORT TAKEN AT<br><b>1</b>   |                          | SUPPLEMENT 'X' IF YES<br><input type="checkbox"/> |                         | LOCAL REPORT #<br><b>160-12- 002812</b> |                            |  |

|   |  |                                   |
|---|--|-----------------------------------|
| LOCAL REPORT #<br><b>160-12- 002812</b> | REPORTING AGENCY<br><b>MONTVILLE TOWNSHIP POLICE</b> | DATE OF CRASH<br><b>4/10/2012</b> |
| COUNTY#<br><b>52</b>                    | CRASH LOCATION<br><b>MEDINA</b>                      |                                   |

|                        |  |
|------------------------|--|
| Crash Diagram Number : |  |
|------------------------|--|

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

|                                  |   |                            |
|----------------------------------|---|----------------------------|
| LOCAL REPORT #<br>160-12- 002812 | REPORTING AGENCY<br>MONTVILLE TOWNSHIP POLICE | DATE OF CRASH<br>4/10/2012 |
|----------------------------------|---|----------------------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, BANKS TONY HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
HAZEK AT SCENE  
(OFFICER NAME) (LOCATION)

|          |
|----------|
| ATTACHED |
|----------|

|  |                        |
|--|------------------------|
| ADDRESS OF WITNESS<br>3220 MEDINA RD. ODOT MEDINA OH 44256 | PHONE<br>(330)723-0091 |
| SIGNATURE OF WITNESS                                       | OFFICER'S SIGNATURE    |

# TRAFFIC CRASH REPORT - OCCUPANT ADDENDUM

OH-1-P

|   |                            |  |                                   |
|---|----------------------------|--|-----------------------------------|
| LOCAL REPORT #<br><b>160-12- 002812</b> | N.C.I.C. #<br><b>05213</b> | REPORTING AGENCY<br><b>MONTVILLE TOWNSHIP POLICE</b> | DATE OF CRASH<br><b>4/10/2012</b> |
|---|----------------------------|--|-----------------------------------|

|   |        |                            |  |                |     |                  |
|---|--------|----------------------------|--|----------------|-----|------------------|
| <input type="checkbox"/>                | UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE #   | DATE OF BIRTH  | AGE | SEX              |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) |        |                            | INJURED TAKEN BY<br><input type="checkbox"/> 1.NONE 4.OTHER<br>2.EMS 5.UNKNOWN<br>3.POLICE | TRANSPORTED BY |     | INJURED TAKEN TO |
| <input type="checkbox"/>                | UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE #   | DATE OF BIRTH  | AGE | SEX              |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) |        |                            | INJURED TAKEN BY<br><input type="checkbox"/> 1.NONE 4.OTHER<br>2.EMS 5.UNKNOWN<br>3.POLICE | TRANSPORTED BY |     | INJURED TAKEN TO |
| <input type="checkbox"/>                | UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE #   | DATE OF BIRTH  | AGE | SEX              |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) |        |                            | INJURED TAKEN BY<br><input type="checkbox"/> 1.NONE 4.OTHER<br>2.EMS 5.UNKNOWN<br>3.POLICE | TRANSPORTED BY |     | INJURED TAKEN TO |
| <input type="checkbox"/>                | UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE #   | DATE OF BIRTH  | AGE | SEX              |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) |        |                            | INJURED TAKEN BY<br><input type="checkbox"/> 1.NONE 4.OTHER<br>2.EMS 5.UNKNOWN<br>3.POLICE | TRANSPORTED BY |     | INJURED TAKEN TO |
| <input type="checkbox"/>                | UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE #   | DATE OF BIRTH  | AGE | SEX              |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) |        |                            | INJURED TAKEN BY<br><input type="checkbox"/> 1.NONE 4.OTHER<br>2.EMS 5.UNKNOWN<br>3.POLICE | TRANSPORTED BY |     | INJURED TAKEN TO |
| <input type="checkbox"/>                | UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE #   | DATE OF BIRTH  | AGE | SEX              |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE) |        |                            | INJURED TAKEN BY<br><input type="checkbox"/> 1.NONE 4.OTHER<br>2.EMS 5.UNKNOWN<br>3.POLICE | TRANSPORTED BY |     | INJURED TAKEN TO |

|   |  |  |   |   |  |  |
|---|--|--|---|---|--|--|
| <b>SEATING POSITION</b><br><input type="checkbox"/> 01.FRONT - LEFT (MC DRIVER)<br><input type="checkbox"/> 02.FRONT - MIDDLE<br><input type="checkbox"/> 03.FRONT - RIGHT<br><input type="checkbox"/> 04.SECOND - LEFT (MC PASS)<br><input type="checkbox"/> 05.SECOND - MIDDLE<br><input type="checkbox"/> 06.SECOND - RIGHT<br><input type="checkbox"/> 07.THIRD - LEFT (MC PASSENGER/SIDE CAR)<br><input type="checkbox"/> 08.THIRD - MIDDLE<br><input type="checkbox"/> 09.THIRD - RIGHT<br><input type="checkbox"/> 10.SLEEPER SECTION OF CAB<br><input type="checkbox"/> 11.ENCLOSED CARGO AREA<br><input type="checkbox"/> 12.UNENCLOSED CARGO AREA<br><input type="checkbox"/> 13.TRAILING UNIT<br><input type="checkbox"/> 14.EXTERIOR<br><input type="checkbox"/> 15.OTHER<br><input type="checkbox"/> 16.NON-MOTORIST<br><input type="checkbox"/> 17.UNKNOWN<br><br>BLANK FOR WITNESS | <b>SAFETY EQUIPMENT</b><br><input type="checkbox"/> 01.MOTORIST<br><input type="checkbox"/> 01.NONE USED<br><input type="checkbox"/> 02.SHoulder BELT ONLY USED<br><input type="checkbox"/> 03.LAP BELT ONLY USED<br><input type="checkbox"/> 04.SHoulder AND LAP BELT USED<br><input type="checkbox"/> 05.CHILD SAFETY SEAT USED<br><input type="checkbox"/> 06.HELMET USED<br><input type="checkbox"/> 07.RESTRAINT USE UNKNOWN<br><input type="checkbox"/> NON-MOTORIST<br><input type="checkbox"/> 08.NONE USED<br><input type="checkbox"/> 09.HELMET USED<br><input type="checkbox"/> 10.PROTECTIVE PADS<br><input type="checkbox"/> 11.REFLECTIVE CLOTHING<br><input type="checkbox"/> 12.LIGHTING<br><input type="checkbox"/> 13.OTHER<br><input type="checkbox"/> 14.UNKNOWN | <b>AIR BAG</b><br><input type="checkbox"/> 1. NOT-DEPLOYED<br><input type="checkbox"/> 2.DEPLOYED - FRONT<br><input type="checkbox"/> 4.DEPLOYED BOTH FRONT/SIDE<br><input type="checkbox"/> 5.NOT APPLICABLE<br><input type="checkbox"/> 6.DEPLOYMENT UNKNOWN | <b>AIR BAG SWITCH</b><br><input type="checkbox"/> 1.ON-OFF SWITCH NOT PRESENT<br><input type="checkbox"/> 2.SWITCH IN ON POSITION<br><input type="checkbox"/> 3.SWITCH IN OFF POSITION<br><input type="checkbox"/> 4.UNKNOWN POSITION | <b>EJECTION</b><br><input type="checkbox"/> 1. NOT EJECTED<br><input type="checkbox"/> 2.TOTALLY EJECTED<br><input type="checkbox"/> 3.PARTIALLY EJECTED<br><input type="checkbox"/> 4.NOT APPLICABLE<br><input type="checkbox"/> 5.UNKNOWN | <b>TRAPPED</b><br><input type="checkbox"/> 1. NOT TRAPPED<br><input type="checkbox"/> 2.EXTRICATED BY MECHANICAL MEANS<br><input type="checkbox"/> 3.FREED BY NON-MECHANICAL MEANS<br><input type="checkbox"/> 4.UNKNOWN | <b>INJURIES</b><br><input type="checkbox"/> 1. NO INJURY<br><input type="checkbox"/> 2.POSSIBLE<br><input type="checkbox"/> 3.NON-INCAPACITATING<br><input type="checkbox"/> 4.INCAPACITATING<br><input type="checkbox"/> 5.FATAL INJURY<br><input type="checkbox"/> 6.UNKNOWN |
|---|--|--|---|---|--|--|

SUPPLEMENT 'X' IF YES