

TRAFFIC CRASH REPORT

CRASH REPORT # 160-12- -003682	CRASH SEVERITY 2 1 FATAL ERROR 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> *X IF YES	HIT / SKIP 1 1 NOT HIT / SKIP 2 SOLVED 3 NOT SOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> *X IF YES	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # 05213	REPORTING AGENCY MONTVILLE TOWNSHIP POLICE	# UNITS 2	UNIT ERROR 01 99 ANIMAL 99 UNKNOWN	DATE OF CRASH 5/10/2012	

TIME OF CRASH 08:14	DAY OF WEEK THU	CITY/VILLAGE/TOWNSHIP TOWNSHIP	NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF)	COUNTY # 52	LATITUDE 4108086806	LONGITUDE 0814734948
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOGAL INFORMATION
PREFIX 0018	CRASH LOCATION 0018	TYPE LOC 3
1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	MEDINA / I-71	

AT/REFERENCE	REFERENCE POINT USED
DIST. REF. 0071	DIR 02
1 STATE LINE 2 INTERSECTION OF TWO STREETS 3 COUNTY LINE 4 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

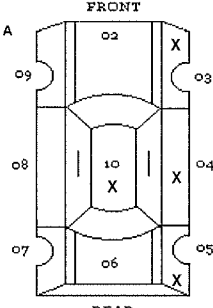
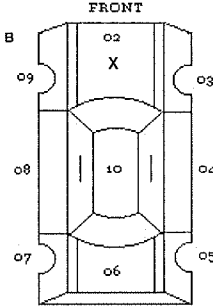
A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) VIANUEVA KRYSTAL M
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 136 STEVENSON DRIVE WADSWORTH OH 44281			
SOCIAL SECURITY NUMBER	DATE OF BIRTH 11/28/1988	AGE 23	SEX F
HOME PHONE # (330)419-1113	WORK PHONE # (330)764-9464		
DL STATE OH	DL # SR771104	LP STATE OH	LP # FKL6656
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") VIANUEVA, KRYSTAL M		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 136 STEVENSON DRIVE WADSWORTH OH 44281	
YEAR 2008	MAKE JEEP	MODEL OTHER	COLOR BLACK
INSURANCE COMPANY PROGRESSIVE	TOWING SERVICE EXCALIBUR	OWNER PHONE # (330)419-1113	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> *X IF YES

B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) TAYLOR TERESA A
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 24 WEST MAPLE STREET SEVILLE OH 44273			
SOCIAL SECURITY NUMBER	DATE OF BIRTH 06/16/1970	AGE 41	SEX F
HOME PHONE # (330)769-5037	WORK PHONE # (330)636-1600		
DL STATE OH	DL # RN970825	LP STATE OH	LP # DPV5637
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") TAYLOR, TERESA A		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 24 WEST MAPLE STREET SEVILLE OH 44273	
YEAR 2011	MAKE CADILLAC	MODEL OTHER	COLOR SILVER
INSURANCE COMPANY NATIONWIDE	TOWING SERVICE WORLD TRUCK	OWNER PHONE #	
OFFENSE CHARGED 4511.13C	OFFENSE DESCRIPTION SIGNAL LIGHTS-RED LIGHT-VIOLATION	CITATION # Y35101	LOCAL CODE <input type="checkbox"/> *X IF YES

OCCUPANT

C	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	
D	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	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
A 01 01.FRONT - LEFT (MC DRIVER) 02.FRONT - MIDDLE 03.FRONT - RIGHT 04.SECOND - LEFT (MC PASS)	A 04 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.NON-MOTORIST 09.NONE USED 10.HELMET USED 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN	A 4 1. NOT-DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT/SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN	A 1 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION	A 1 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN	A 3 1.NOT TRAPPED 2.EXTRICATED BY MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN	A 2 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN
B 01 05.SECOND - MIDDLE 06.SECOND - RIGHT 07.THIRD - LEFT (MC PASSENGER/SIDE CAR)	B 04 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.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN	B 1 1. NOT-DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT/SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN	B 1 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION	B 1 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN	B 1 1.NOT TRAPPED 2.EXTRICATED BY MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN	B 1 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN
C	C	C	C	C	C	C
D	D	D	D	D	D	D
BLANK FOR WITNESS						<input type="checkbox"/> 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="06"/>	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><input type="text" value="01"/></td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>2</td> <td><input type="text"/></td> <td>3</td> <td><input type="text"/></td> </tr> <tr> <td>3</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" value="01"/>	2	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>	POSTED SPEED A <input type="text" value="45"/> B <input type="text" value="45"/>	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	<input type="text" value="01"/>	2	<input type="text"/>																		
2	<input type="text"/>	3	<input type="text"/>																		
3	<input type="text"/>	4	<input type="text"/>																		
NON-MOTORIST LOCATION 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. SHARED USE PATHS OR TRAILS 15. UNKNOWN		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. LEAVING OR WORKING ON VEHICLE 21. STANDING 22. OTHER 23. UNKNOWN	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. PEDACYCLE 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 AT TENDATOR/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/LUMINARIES 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	TRAFFIC CONTROL A <input type="text" value="04"/> B <input type="text" value="04"/> 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. WALK/DON'T WALK 15. TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16. OTHER 17. NOT REPORTED 18. UNKNOWN	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> 1. NONE 2. BLOOD 3. URINE DRUG TEST 1 & 2 RESULT <table border="1"> <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	<input type="text" value="1"/>	<input type="text" value="1"/>	B	<input type="text" value="1"/>	<input type="text" value="1"/>										
A	<input type="text" value="1"/>	<input type="text" value="1"/>	B	<input type="text" value="1"/>	<input type="text" value="1"/>																
TYPE OF UNIT A <input type="text" value="06"/> B <input type="text" value="06"/> 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. SNOWMOBILE 33. CONSTRUCTION EQUIPMENT 34. ALL OTHERS NON-MOTORIST 35. ANIMAL WRIDDER 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 <input type="text" value="04"/> B <input type="text" value="02"/> 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	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="01"/> B <input type="text" value="03"/> 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	FIRST HARMFUL EVENT 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)	DIRECTION <table border="1"> <tr> <td>FROM</td> <td>TO</td> <td>FROM</td> <td>TO</td> </tr> <tr> <td>A</td> <td><input type="text" value="4"/></td> <td>B</td> <td><input type="text" value="3"/></td> </tr> <tr> <td>A</td> <td><input type="text" value="2"/></td> <td>B</td> <td><input type="text" value="4"/></td> </tr> </table> 01. NORTH 02. SOUTH 03. EAST 04. WEST 05. NORTHEAST 06. NORTHWEST 07. SOUTHEAST 08. SOUTHWEST 09. UNKNOWN	FROM	TO	FROM	TO	A	<input type="text" value="4"/>	B	<input type="text" value="3"/>	A	<input type="text" value="2"/>	B	<input type="text" value="4"/>	TYPE OF INTERSECTION <input type="text" value="02"/> 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. CROSSOVER 10. DRIVEWAY 11. RAILWAY GRADE CROSSING 12. SHARED-USE PATHS OR TRAILS 13. UNKNOWN				
FROM	TO	FROM	TO																		
A	<input type="text" value="4"/>	B	<input type="text" value="3"/>																		
A	<input type="text" value="2"/>	B	<input type="text" value="4"/>																		
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/> 1. NO 2. YES 3. UNKNOWN	POINT OF IMPACT A <input type="text" value="04"/> B <input type="text" value="02"/> 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	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	MOST HARMFUL EVENT A <input type="text" value="2"/> B <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	ALCOHOL/DRUG SUSPECTED 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	ROAD CONTOUR <input type="text" value="1"/> 1. STRAIGHT LEVEL 2. STRAIGHT GRADE 3. CURVE LEVEL 4. CURVE GRADE 5. UNKNOWN																
DAMAGE SCALE A <input type="text" value="4"/> B <input type="text" value="4"/> 1. NONE 2. NON-FUNCTIONAL 3. FUNCTIONAL DAMAGE 4. DISABLING DAMAGE 5. SEVERE 6. UNKNOWN	ACTION A <input type="text" value="4"/> B <input type="text" value="3"/> 1. NON-CONTACT 2. NON-COLLISION 3. STRICKING 4. STRUCK 5. BOTH STRICKING AND STRUCK 6. UNKNOWN	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"/> 1. STATED 2. ESTIMATED	ALCOHOL TEST STATUS 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	ROAD CONDITIONS <table border="1"> <tr> <td>PRIMARY</td> <td><input type="text" value="01"/></td> <td>SECONDARY</td> <td><input type="text"/></td> </tr> </table> 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	PRIMARY	<input type="text" value="01"/>	SECONDARY	<input type="text"/>												
PRIMARY	<input type="text" value="01"/>	SECONDARY	<input type="text"/>																		
DAMAGE SCALE A <input type="text" value="4"/> B <input type="text" value="4"/> 1. NONE 2. NON-FUNCTIONAL 3. FUNCTIONAL DAMAGE 4. DISABLING DAMAGE 5. SEVERE 6. UNKNOWN	STRIKING VEHICLE OVERRIDE/UNDERRIE A <input type="text" value="1"/> B <input type="text" value="1"/> 1. NO UNDERRIE OR OVERRIDE 2. UNDERRIE, COMPARTMENT INTRUSION 3. UNDERRIE, NO COMPARTMENT INTRUSION 4. UNDERRIE, COMPARTMENT INTRUSION UNKNOWN 5. OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6. OVERRIDE, OTHER VEHICLE 7. UNKNOWN IF UNDERRIE OR OVERRIDE	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	SPEED A <input type="text" value="35"/> B <input type="text" value="10"/>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/> 1. NONE 2. BLOOD 3. URINE 4. BREATH 5. OTHER	ALCOHOL TEST RESULT A <input type="text"/> B <input type="text"/>																
<input type="text"/> SUPPLEMENT 'X' IF YES					LOCAL REPORT # 160-12- -003682																

NARRATIVE
 UNIT #1 WAS TRAVELING EAST ON MEDINA ROAD AT I-71. UNIT #2 WAS EXITING THE I-71 SOUTHBOUND RAMP AND WAS STOPPED AT THE BOTTOM OF THE RAMP, AT THE RED LIGHT. UNIT #1 ADVISED HER LIGHT WAS GREEN AND SHE WAS TRAVELING THROUGH THE INTERSECTION WHEN UNIT #2 BEGAN TO PULL OUT AND STRUCK HER RIGHT SIDE, CAUSING HER TO ROLLOVER AND SKID DOWN THE ROAD. UNIT #2 ADVISED THAT HER LIGHT TURNED GREEN AND SHE BEGAN TO ENTER THE INTERSECTION WHEN UNIT #1 CAME INTO THE INTERSECTION CAUSING THE TWO TO COLLIDE. THREE SEPARATE INDEPENDENT WITNESSES THAT WERE ALSO STOPPED ON THE I-71 SOUTHBOUND EXIT RAMP, DIRECTLY BEHIND AND BESIDE UNIT #2, ADVISED THAT THE LIGHT FOR THE EXIT RAMP WAS STILL RED WHEN UNIT #2 BEGAN TO ENTER THE INTERSECTION AND STRUCK UNIT #1.

ALL WITNESSES AND BOTH DRIVERS OF UNIT #1 & UNIT #2 FILLED OUT WITNESS STATEMENTS. BASED ON THE FOUR WRITTEN STATEMENTS SAYING THAT UNIT #1 HAD A GREEN LIGHT AND UNIT #2 HAD A RED LIGHT, UNIT #2 WAS ISSUED A CITATION FOR RED LIGHT VIOLATION. BOTH VEHICLES WERE TOWED FROM THE SCENE.

MANNER OF COLLISION OR IMPACT <input type="checkbox"/> 6 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	SCHOOL BUS RELATED <input type="checkbox"/> 1 1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN	DIAGRAM 					
WEATHER <input type="checkbox"/> 01 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	WORK ZONE RELATED <input type="checkbox"/> 1 1. NO 2. YES 3. UNKNOWN			DIAGRAM 			
LIGHT CONDITIONS PRIMARY <input 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	TYPE OF WORK ZONE <input type="checkbox"/> 1. LANE CLOSURE 2. LANE SHIFT/CROSSOVER 3. WORK ON SHOULDER OR MEDIAN 4. INTERMITTENT OR MOVING WORK 5. OTHER					DIAGRAM 	
TRUCK/BUS UNIT # <input type="text"/>	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1. BEFORE THE FIRST WORK ZONE WARNING SIGN 2. ADVANCE WARNING AREA 3. TRANSITION AREA 4. ACTIVITY AREA						

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

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
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CARGO BODY TYPE <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. GRN/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	WEIGHT (GVWR) <input type="checkbox"/> 1. LESS/EQUAL 10,000 <input type="checkbox"/> 2. 10,001 - 25,000 <input type="checkbox"/> 3. MORE THAN 25,000	CDL CLASS <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	HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. UNKNOWN	HAZARDOUS MATERIALS RELEASED <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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POLICE ACTION

DATE CRASH REPORTED 5/10/2012	TIME REC CALL 08:14	DISPATCH 08:14	ARRIVED 08:14	CLEARED 09:30	OTHER 45	TOTAL MINUTES 121
OFFICER'S NAME SGT. MATTHEW NEIL	BADGE # 1606	CHECKED BY MAN	DATE REPORT FILED 5/10/2012			
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	<input type="checkbox"/> SUPPLEMENT 'X' IF YES		LOCAL REPORT # 160-12- -003682		