



TRAFFIC CRASH REPORT

CRASH REPORT # 160-12- 003687	CRASH SEVERITY 3 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 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/>
N.C.I.C. # 05213	REPORTING AGENCY MONTVILLE TOWNSHIP POLICE	# UNITS 1	UNIT ERROR 01 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 5/10/2012	

TIME OF CRASH 11:55	DAY OF WEEK THU	CITY/VILLAGE/TOWNSHIP TOWNSHIP	NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF)	COUNTY # 52	LATITUDE 4106179996	LONGITUDE 0814801706
-------------------------------	---------------------------	--	---	-----------------------	-------------------------------	--------------------------------

CRASH OCCURRED ON PREFIX E CRASH LOCATION 0162 TYPE LOC 2	TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	LOCAL INFORMATION 3126 SHARON COPLEY RD
---	---	---

DIST. REF.	DIR E	PREFIX	REFERENCE 003126 SHARON COPLEY	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

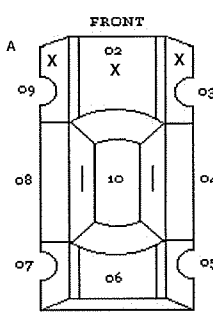
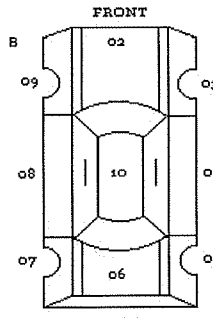
A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) KRCAL LEONARD J
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 257 ABBEYVILLE RD. APT 44 MEDINA OH 44256			
SOCIAL SECURITY NUMBER	DATE OF BIRTH 05/16/1975	AGE 36	SEX M
HOME PHONE # (216)269-1007	WORK PHONE # (330)764-1987		
DL STATE OH	DL # RQ038915	LP STATE OH	LP # PFJ5615
INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME") COUNTRY LAWN & LANDSCAPE SERVI		OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 4774 LAKE FOREST TRAIL MEDINA OH 44256	
YEAR 2006	MAKE FORD	MODEL F-SERIES P	COLOR GREEN
INSURANCE COMPANY FARMERS	TOWING SERVICE WORLD TRUCK TOW	OWNER PHONE # (330)764-1987	
OFFENSE CHARGED 4511.202	OFFENSE DESCRIPTION OPERATION WITHOUT REASONABLE CONTROL	CITATION # Y33198	LOCAL CODE <input type="checkbox"/> 'X' IF YES

B	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		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 <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	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	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.LINENCLOSED 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 NON-MOTORIST 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						<input type="checkbox"/> SUPPLEMENT 'X' IF YES

UNIT NUMBERS A <input type="text" value="01"/> B <input type="text"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="09"/> B <input type="text"/>	SEQUENCE OF EVENTS A <input type="text" value="08"/> B <input type="text"/> 1 <input type="text" value="08"/> 1 <input type="text"/> 2 <input type="text" value="44"/> 2 <input type="text"/> 3 <input type="text" value="40"/> 3 <input type="text"/> 4 <input type="text"/> 4 <input type="text"/>	POSTED SPEED A <input type="text" value="45"/> B <input type="text"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text"/>
NON-MOTORIST LOCATION A <input type="text" value="06"/> B <input type="text"/>		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.APROACHING OR LEAVING VEHICLE 20.PLAYING OR WORKING ON VEHICLE 21.STANDING 22.OTHER 23.UNKNOWN	NON-COLLISION 01.OVERTURN/OVERLOVER 02.FIRE/EXPLOSION 03.IMMERSION 04.JACKKNIFE 05.CARGO OR 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.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.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/LUMINARIES SUPPORT 36.UTILITY POLE 37.OTHER POST, POLE OR SUPPORT 38.CULVERT 39.RAMP 40.DITCH 41.EMBARKMENT 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="12"/> B <input type="text"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text"/>
TYPE OF UNIT A <input type="text" value="07"/> B <input type="text"/>	MOST DAMAGED AREA A <input type="text" value="03"/> B <input type="text"/>	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="15"/> B <input type="text"/>	DIRECTION FROM TO FROM TO A <input type="text" value="4"/> <input type="text" value="3"/> B <input type="text"/> <input type="text"/>	CONDITION A <input type="text" value="1"/> B <input type="text"/>	DRUG TEST 1 & 2 RESULT 1 2 1 2 A <input type="text" value="1"/> <input type="text" value="1"/> B <input type="text"/> <input type="text"/>
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text"/>	POINT OF IMPACT A <input type="text" value="03"/> B <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	FIRST HARMFUL EVENT A <input type="text" value="2"/> B <input type="text"/>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text"/>	OCCURRENCE <input type="text" value="4"/>
DAMAGE SCALE A <input type="text" value="4"/> B <input type="text"/>	ACTION A <input type="text" value="4"/> B <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/> B <input type="text"/>	MOST HARMFUL EVENT <input type="text" value="2"/> B <input type="text"/>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text"/>	ROAD CONTOUR <input type="text" value="2"/>
DAMAGE SCALE A <input type="text" value="4"/> B <input type="text"/>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text"/>	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"/>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text"/>	ROAD CONDITIONS PRIMARY <input type="text" value="01"/> SECONDARY <input type="text" value="10"/>
SUPPLEMENT 'X' IF YES <input type="text"/>			LOCAL REPORT # 160-12- 003687		

NARRATIVE

UNIT #1 WAS TRAVELING EASTBOUND ON SHARON COPLEY RD. UNIT #1 DROVE OFF THE RIGHT SIDE OF THE ROADWAY AND STRUCK A TREE BEFORE ROTATING COUNTER CLOCKWISE AND SLIDING INTO A DITCH IN FRONT OF 3126 SHARON COPLEY RD.

<p>MANNER OF COLLISION OR IMPACT</p> <p><input checked="" type="checkbox"/> 1</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>
<p>WEATHER</p> <p><input checked="" type="checkbox"/> 01</p> <p>01. CLEAR 02. CLOUDY 03. FOG/SMOG/SMOKE 04. RAIN 05. SLEET/HAUL (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"/> 1 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. GLARE 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</p> <p>N</p> <p>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>
-------------------------	----------------------	--	----------------------------	---

COMPANY (FROM SHIPPING PAPERS)	COMPANY PHONE
--------------------------------	---------------

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICG MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
--------	--------	------	----------------	-----------------	--------------	-----------	-------

<p>CARGO BODY TYPE</p> <p><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. 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</p>	<p>WEIGHT (GVWR)</p> <p><input type="checkbox"/> 1. LESS/EQUAL 10,000 <input type="checkbox"/> 2. 10,001 - 26,000 <input type="checkbox"/> 3. MORE THAN 26,000</p>	<p>CDL CLASS</p> <p><input type="checkbox"/></p> <p>1. CLASS A 2. CLASS B 3. CLASS C 4. CLASS D 5. CLASS E</p>	<p>HAZARDOUS MATERIALS PLACARD</p> <p><input type="checkbox"/></p> <p>1. NO 2. YES 3. UNKNOWN</p>	<p>HAZARDOUS MATERIALS RELEASED</p> <p><input type="checkbox"/></p> <p>1. NO 4. UNKNOWN 2. YES 3. NOT APPLICABLE</p>
---	---	---	--	--

POLICE ACTION							
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES	
5/10/2012	11:55	11:55	11:59	13:28	20	113	
OFFICER'S NAME			BADGE #		DATE REPORT FILED		
P.O. TRAVIS MCCOURT			1608		5/10/2012		
REPORT TAKEN BY		REPORT TAKEN AT		SUPPLEMENT 'X' IF YES		LOCAL REPORT #	
<input checked="" type="checkbox"/> 1		<input checked="" type="checkbox"/> 2		<input type="checkbox"/>		160-12- 003687	