



TRAFFIC CRASH REPORT

CRASH REPORT # 160-12- 006042	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 <input checked="" type="checkbox"/>	OH-3 <input checked="" type="checkbox"/>	OH-1P <input type="checkbox"/>	OTHER <input type="checkbox"/>
N.C.I.C. # 05213	REPORTING AGENCY MONTVILLE TOWNSHIP POLICE	# UNITS 2	UNIT ERROR 01 98 ANIMAL 99 UNKNOWN	DATE OF CRASH 7/24/2012				

TIME OF CRASH 12:56	DAY OF WEEK TUE	CITY/VILLAGE/TOWNSHIP TOWNSHIP	NAME (OF CITY, VILLAGE OR TOWNSHIP) MONTVILLE (TOWNSHIP OF)	COUNTY # 52	LATITUDE 4104355902	LONGITUDE 0815151333
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX WOOSTER	TYPE LOC 1 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE	

AT/REFERENCE	REFERENCE POINT USED						
DIST. REF. 10 F	DIR E	PREFIX CHIPPEWA	REFERENCE CHIPPEWA	REF POINT 02	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

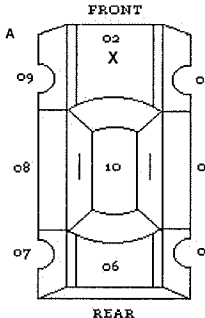
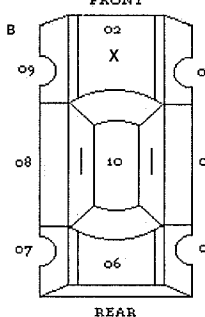
MOTORIST / NON-MOTORIST

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) JARVIS CASEY J.			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 5596 CHIPPEWA RD. CHIPPEWA LAKE OH 44125						
SOCIAL SECURITY NUMBER	DATE OF BIRTH 09/30/1977	AGE 34	SEX M	HOME PHONE # (330)416-8112	WORK PHONE #	
DL STATE OH	DL # RE490731	LP STATE OH	LP # FLH2632	INJURED TAKEN BY 2 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY SEVILLE/GUILFORD	INJURED TAKEN TO MEDINA HOSPITAL
OWNER NAME (IF SAME, WRITE "SAME") MELISSA L. JARVIS			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 5596 CHIPPEWA RD. CHIPPEWA LAKE OH 44215			
YEAR 1998	MAKE PONTIAC	MODEL OTHER	COLOR WHITE	INSURANCE COMPANY ERIE INS. CO.	TOWING SERVICE OTHER	OWNER PHONE # (330)416-8043
OFFENSE CHARGED 4511.42	OFFENSE DESCRIPTION RIGHT OF WAY-LEFT TURN				CITATION # Y33969	LOCAL CODE <input type="checkbox"/> "X" IF YES

B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) MCCONNELL BARBARA E.			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1193 WILLOW BEND MEDINA OH 44256						
SOCIAL SECURITY NUMBER	DATE OF BIRTH 12/03/1957	AGE 54	SEX F	HOME PHONE # (330)304-7206	WORK PHONE #	
DL STATE OH	DL # RA157981	LP STATE OH	LP # EJB4914	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") MCCONNELL, MICHAEL W.			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1193 WILLOW BEND MEDINA OH 44256			
YEAR 2004	MAKE LEXUS	MODEL OTHER	COLOR BLACK	INSURANCE COMPANY ALLSTATE	TOWING SERVICE LLOYDS	OWNER PHONE # (330)304-7206
OFFENSE CHARGED	OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> "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 <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) 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	A 01 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 USED UNKNOWN 08.NONE USED 09.HELMET USED 10.PROTECTIVE PADS 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN	A 2 1. NOT-DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT/SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN	A 4 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 1 1.NO TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN	A 3 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN
B 01	B 04	B 1	B 4	B 1	B 1	B 2
C	C	C	C	C	C	C
D	D	D	D	D	D	D
BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT "X" IF YES

<p>UNIT NUMBERS</p> <p>A <input type="text" value="01"/> B <input type="text" value="02"/></p>	<p>DAMAGE AREA</p>  <p>REAR</p>	<p>PRE-CRASH ACTIONS</p> <p>A <input type="text" value="06"/> B <input type="text" value="01"/></p> <p>MOTORIST</p> <ol style="list-style-type: none"> MOVEMENTS ESSENTIALLY STRAIGHT AHEAD BACKING CHANGING LANES OVERTAKING/PASSING TURNING RIGHT TURNING LEFT MAKING U-TURN ENTERING TRAFFIC LANE LEAVING TRAFFIC LANE PARKED SLOWING OR STOPPED IN TRAFFIC DRIVERLESS OTHER UNKNOWN NON-MOTORIST ENTERING OR CROSSING SPECIFIED LOCATION WALKING, RUNNING, JOGGING, PLAYING, CYCLING WORKING PUSHING VEHICLE APPROACHING OR LEAVING VEHICLE PLAYING OR WORKING ON VEHICLE STANDING OTHER UNKNOWN 	<p>SEQUENCE OF EVENTS</p> <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td>1 <input type="text" value="20"/></td> <td>1 <input type="text" value="20"/></td> </tr> <tr> <td>2 <input type="text"/></td> <td>2 <input type="text"/></td> </tr> <tr> <td>3 <input type="text"/></td> <td>3 <input type="text"/></td> </tr> <tr> <td>4 <input type="text"/></td> <td>4 <input type="text"/></td> </tr> </table>	A	B	1 <input type="text" value="20"/>	1 <input type="text" value="20"/>	2 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	<p>POSTED SPEED</p> <p>A <input type="text" value="55"/> B <input type="text" value="55"/></p>	<p>DRUG TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> NONE GIVEN TEST REFUSED TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE TEST GIVEN, RESULTS KNOWN GIVEN, RESULTS UNKNOWN UNKNOWN 		
A	B																
1 <input type="text" value="20"/>	1 <input type="text" value="20"/>																
2 <input type="text"/>	2 <input type="text"/>																
3 <input type="text"/>	3 <input type="text"/>																
4 <input type="text"/>	4 <input type="text"/>																
<p>NON-MOTORIST LOCATION</p> <p>A <input type="text"/></p>	 <p>FRONT</p> <p>REAR</p>	<p>CONTRIBUTING CIRCUMSTANCES</p> <p>A <input type="text" value="02"/> B <input type="text" value="01"/></p> <p>MOTORIST</p> <ol style="list-style-type: none"> NONE FAILURE TO YIELD RAN RED LIGHT OR STOP SIGN EXCEEDED SPEED LIMIT UNSAFE SPEED IMPROPER TURN LEFT OF CENTER FOLLOWED TOO CLOSELY/ACDA IMPROPER LANE CHANGE/DROVE OFF ROAD/IMPROPER PASSING IMPROPER BACKING IMPROPER START FROM PARKED POSITION STOPPED OR PARKED ILLEGALLY OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.) FAILURE TO CONTROL VISION OBSTRUCTION DRIVER INATTENTION FATIGUE/ASLEEP OPERATING DEFECTIVE EQUIPMENT LOAD SHIFTING/FALLING/SPILLING OTHER IMPROPER ACTION UNKNOWN NON-MOTORIST NONE IMPROPER CROSSING DARTING LYING AND/OR ILLEGALLY IN ROADWAY FAILURE TO YIELD RIGHT OF WAY NOT VISIBLE (DARK CLOTHING) INATTENTIVE FAILURE TO FOLLOW TRAFFIC SIGNS, SIGNALS OR OFFICER WRONG SIDE OF THE ROAD OTHER UNKNOWN 	<p>NON-COLLISION</p> <ol style="list-style-type: none"> OVERTURN/ROLL-OVER FIRE/EXPLOSION IMMERSION JACKKNIFE CARGO/EQUIPMENT LOSS OR SHIFT EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) SEPARATION OF UNITS RAN OFF ROAD RIGHT RAN OFF ROAD LEFT CROSS MEDIAN/CENTERLINE DOWNHILL RUNAWAY OTHER NON-COLLISION UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED PEDESTRIAN PEDALCYCLE RAILWAY VEHICLE (E.G. TRAIN, ENGINE) ANIMAL - FARM ANIMAL - DEER ANIMAL - OTHER MOTOR VEHICLE IN TRANSPORT PARKED MOTOR VEHICLE WORK ZONE MAINTENANCE EQUIPMENT OTHER MOVABLE OBJECT UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT IMPACT ATTENUATOR/CRASH CUSHION BRIDGE OVERHEAD STRUCTURE BRIDGE PIER OR ABUTMENT BRIDGE PARAPET BRIDGE RAIL GUARDRAIL FACE GUARDRAIL END MEDIAN BARRIER HIGHWAY TRAFFIC SIGN POST OVERHEAD SIGN POST LIGHTS/LUMINARIES SUPPORT UTILITY POLE OTHER POST, POLE OR SUPPORT CULVERT CURB DITCH EMBARKMENT FENCE MAILBOX TREE OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL ETC) WORK ZONE MAINTENANCE EQUIPMENT UNKNOWN FIXED OBJECT OTHER UNKNOWN 	<p>TRAFFIC CONTROL</p> <p>A <input type="text" value="05"/> B <input type="text" value="05"/></p> <ol style="list-style-type: none"> NO CONTROLS STOP SIGN YIELD SIGN TRAFFIC SIGNAL TRAFFIC FLASHERS SCHOOL ZONE RAILROAD CROSSBUCKS RAILROAD FLASHERS RAILROAD GATES CONSTRUCTION BARRICADE POLICE OFFICER PAVEMENT MARKINGS CROSSWALK LINES WALK/DON'T WALK TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED OTHER NOT REPORTED UNKNOWN 	<p>DRUG TEST TYPE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> NONE BLOOD URINE OTHER <p>DRUG TEST 1 & 2 RESULT</p> <table border="1"> <tr> <td>A</td> <td>1</td> <td>2</td> <td>B</td> <td>1</td> <td>2</td> </tr> <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> <ol style="list-style-type: none"> NONE MARIJUANA COCAINE OPATES AMPHETAMINES PCP OTHER UNKNOWN AT TIME OF REPORTING 	A	1	2	B	1	2	A	<input type="text" value="1"/>	<input type="text" value="1"/>	B	<input type="text" value="1"/>	<input type="text" value="1"/>
A	1	2	B	1	2												
A	<input type="text" value="1"/>	<input type="text" value="1"/>	B	<input type="text" value="1"/>	<input type="text" value="1"/>												
<p>TYPE OF UNIT</p> <p>A <input type="text" value="02"/> B <input type="text" value="03"/></p> <p>MOTORIST</p> <ol style="list-style-type: none"> SUB-COMPACT COMPACT MID-SIZED FULL SIZE MINIVAN SPORT UTILITY VEHICLE PICKUP PANELVAN SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES SINGLE UNIT TRUCK; 3 OR MORE AXLES TRUCK/TRAILER TRUCK TRACTOR (BOBTAIL) TRACTOR/SEMI-TRAILER TRACTOR/DUBLE - SHORT TRACTOR DOUBLE - LONG FIFTH WHEEL OR CONVERTER DOLLY TRACTOR/TRIPLES MOTORCYCLE MOTORIZED BICYCLE SCHOOL BUS CHURCH BUS PUBLIC BUS OTHER BUS POLICE VEHICLE FIRE TRUCK AMBULANCE/RESCUE TAXI MOTOR HOME TRAIN FARM VEHICLE FARM EQUIPMENT SNOWMOBILE CONSTRUCTION EQUIPMENT ALL OTHERS NON-MOTORIST ANIMAL WRIDER ANIMAL W/BUGGY BICYCLE PEDESTRIAN PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) SKATER OTHER-NON MOTORIST (WHEELCHAIR, ETC) UNKNOWN 	<p>MOST DAMAGED AREA</p> <p>A <input type="text" value="02"/> B <input type="text" value="02"/></p> <p>POINT OF IMPACT</p> <p>A <input type="text" value="02"/> B <input type="text" value="02"/></p> <p>ACTION</p> <p>A <input type="text" value="5"/> B <input type="text" value="5"/></p> <ol style="list-style-type: none"> NON-CONTACT NON-COLLISION STRUCK STRUCK BOTH STRICKING AND STRUCK UNKNOWN 	<p>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</p> <p>A <input type="text"/></p>	<p>FIRST HARMFUL EVENT</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p> <p>MOST HARMFUL EVENT</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<p>DIRECTION</p> <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="2"/></td> <td>B</td> <td><input type="text" value="1"/></td> </tr> <tr> <td></td> <td><input type="text" value="4"/></td> <td></td> <td><input type="text" value="2"/></td> </tr> </table> <ol style="list-style-type: none"> NORTH SOUTH EAST WEST NORTHEAST NORTHWEST SOUTHEAST SOUTHWEST UNKNOWN <p>CONDITION</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> APPARENTLY NORMAL PHYSICAL IMPAIRMENT EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) ILLNESS FELL ASLEEP, FAINTED, FATIGUED, ETC UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL OTHER UNKNOWN 	FROM	TO	FROM	TO	A	<input type="text" value="2"/>	B	<input type="text" value="1"/>		<input type="text" value="4"/>		<input type="text" value="2"/>	<p>TYPE OF INTERSECTION</p> <p><input type="text" value="03"/></p> <ol style="list-style-type: none"> NOT AN INTERSECTION FOUR-WAY INTERSECTION T-INTERSECTION Y-INTERSECTION TRAFFIC CIRCLE/ROUNDBOUT FIVE-POINT, OR MORE ON RAMP OFF RAMP CROSSOVER DRIVEWAY RAILWAY GRADE CROSSING SHARED-USE PATHS OR TRAILS UNKNOWN <p>OCCURRENCE</p> <p><input type="text" value="1"/></p> <ol style="list-style-type: none"> ON ROADWAY ON SHOULDER IN MEDIAN ON ROADSIDE ON GORE OUTSIDE TRAFFICWAY UNKNOWN
FROM	TO	FROM	TO														
A	<input type="text" value="2"/>	B	<input type="text" value="1"/>														
	<input type="text" value="4"/>		<input type="text" value="2"/>														
<p>IN EMERGENCY RESPONSE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> NO YES UNKNOWN 	<p>STRIKING VEHICLE OVERRIDE/UNDERRIDE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> NO OVERRIDE OR OVERRIDE UNDERRIDE, COMPARTMENT INTRUSION UNDERRIDE, NO COMPARTMENT INTRUSION UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN OVERRIDE, MOTOR VEHICLE IN TRANSPORT OVERRIDE, OTHER VEHICLE UNKNOWN IF UNDERRIDE OR OVERRIDE 	<p>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</p> <p>A <input type="text"/></p>	<p>SPEED DETECTED</p> <p>A <input type="text" value="2"/> B <input type="text" value="2"/></p> <ol style="list-style-type: none"> STATED ESTIMATED 	<p>ALCOHOL/DRUG SUSPECTED</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> NONE YES ALCOHOL SUSPECTED YES-HBD NOT IMPAIRED YES-DRUGS SUSPECTED YES-ALCOHOL AND DRUGS SUSPECTED UNKNOWN <p>ALCOHOL TEST STATUS</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> NONE GIVEN TEST REFUSED TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE TEST GIVEN, RESULTS KNOWN TEST GIVEN, RESULTS UNKNOWN UNKNOWN 	<p>ROAD CONTOUR</p> <p><input type="text" value="1"/></p> <ol style="list-style-type: none"> STRAIGHT LEVEL STRAIGHT GRADE CURVE LEVEL CURVE GRADE UNKNOWN <p>ROAD CONDITIONS</p> <p>PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/></p> <ol style="list-style-type: none"> DRY WET SNOW ICE SAND/MUD/DIRT/OIL/GRAVEL WATER (STANDING, MOVING) SLUSH DEBRIS RUT, HOLES, BUMPS, UNEVEN PAVEMENT OTHER UNKNOWN 												
<p>DAMAGE SCALE</p> <p>A <input type="text" value="5"/> B <input type="text" value="5"/></p> <ol style="list-style-type: none"> NONE NON-FUNCTIONAL FUNCTIONAL DAMAGE DISABLING DAMAGE SEVERE UNKNOWN 	<p>DAMAGE SCALE</p> <p>A <input type="text" value="5"/> B <input type="text" value="5"/></p> <ol style="list-style-type: none"> NONE NON-FUNCTIONAL FUNCTIONAL DAMAGE DISABLING DAMAGE SEVERE UNKNOWN 	<p>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</p> <p>A <input type="text"/></p> <ol style="list-style-type: none"> TURN SIGNALS HEAD LAMPS TAIL LAMPS BRAKES STEERING TIRE BLOWOUT WORK OR SICK TIRES TRAILER EQUIPMENT DEFECTIVE MOTOR TROUBLE DISABLED FROM PRIOR ACCIDENT OTHER DEFECTS NO DEFECTS 	<p>SPEED</p> <p>A <input type="text" value="15"/> B <input type="text" value="55"/></p>	<p>ALCOHOL TEST TYPE</p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <ol style="list-style-type: none"> NONE BLOOD URINE BREATH OTHER <p>ALCOHOL TEST RESULT</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>	<p>LOCAL REPORT #</p> <p>160-12- 006042</p>												
<p><input type="checkbox"/> SUPPLEMENT 'X' IF YES</p>			<p>LOCAL REPORT #</p> <p>160-12- 006042</p>														

NARRATIVE

WHILE NORTHBOUND ON WOOSTER PIKE, UNIT #1 BEGAN TO TURN WEST ONTO CHIPPEWA RD. AND DURING THE COMMISSION OF THE TURN, FAILED TO YIELD THE RIGHT OF WAY TO UNIT #2, WHICH WAS SOUTHBOUND ON WOOSTER PIKE. THE POINT OF IMPACT WAS ON UNIT #1'S FRONT PASSENGER SIDE AND UNIT #2'S FRONT DRIVER SIDE. AFTER IMPACT, UNIT #1 CAME TO REST IN THE FRONT PARKING LOT OF THE SOLAR PANEL BUSINESS. UNIT #2 CAREENED THROUGH THE SAME LOT AND CAME TO REST IN THE GRASS, JUST PRIOR TO ENTERING AN ADJACENT FIELD.

THE DRIVER OF UNIT #1 WAS BLEEDING AND COMPLAINED OF LEG PAIN. HE STATED TO LST MEDICS THAT HE WAS NOT WEARING HIS SEAT BELT AT THE TIME OF THE CRASH. HE WAS TRANSPORTED TO MH BY SEVILLE/GUILFORD EMS, WHO WAS ON SCENE TO ASSIST LST. THE DRIVER OF UNIT #2 WAS VISIBLY SHAKEN, BUT WALKED TO THE SQUAD UNDER HER OWN POWER AND WAS NOT TRANSPORTED TO THE HOSPITAL. HEIDI'S TOWING RECOVERED UNIT #1 AND LLOYD'S TOWING RECOVERED UNIT #2.

<p>MANNER OF COLLISION OR IMPACT</p> <p>8</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>1</p> <p>1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN</p>	<p>DIAGRAM</p>
<p>WEATHER</p> <p>02</p> <p>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</p>	<p>WORK ZONE RELATED</p> <p>1</p> <p>1. NO 2. YES 3. UNKNOWN</p>	
<p>LIGHT CONDITIONS</p> <p>PRIMARY 1 SECONDARY <input type="checkbox"/></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="checkbox"/>	<p>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A. TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR B. TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR C. A BUS DESIGNED FOR AT LEAST 6 PERSONS, INCLUDING DRIVER</p>	<p>A THE CRASH RESULTED IN ONE OF THE FOLLOWING: A. FATALITY; OR B. AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT; OR C. AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER</p>
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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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<p>CARGO BODY TYPE</p> <p><input type="checkbox"/></p> <p>01. NOT APPLICABLE 02. BUS (9-15 INCLUDING DRIVER) 03. VAN/ENCLOSED BOX 04. GRAIN/CHIPS/GRAVEL/VN</p>	<p>05. POLE 06. CARGO TANK 07. FLATBED 08. DUMP 09. CONCRETE MIXER</p>	<p>10. AUTO TRANSPORTER 11. GARBAGE/REFUSE 12. OTHER 13. UNKNOWN</p>	<p>WEIGHT (GVWR)</p> <p><input type="checkbox"/></p> <p>1. LESS/EQUAL 10,000 2. 10,001 - 26,000 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>
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POLICE ACTION						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
7/24/2012	12:56	12:56	13:01	14:05	0	69
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED		
P.O. DANIEL HAZEK		1607	1605 <i>[Signature]</i>	7/24/2012		
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT 'X' IF YES		LOCAL REPORT #		
1	1	<input type="checkbox"/>		160-12- 006042		