



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HITS/SKIP
160-13-3575	3 1-FATAL 2-INJURY 3-PDO	<input type="checkbox"/> 1-SOLVED <input type="checkbox"/> 2-UNSOLVED

LOCAL INFORMATION		REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR
MEDINA / NORMANDY PARK		05213	MONTVILLE TOWNSHIP POLICE	1	01 98-ANIMAL 99-UNKNOWN

COUNTY *	CITY *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
52	<input type="checkbox"/> VILLAGE* <input checked="" type="checkbox"/> TOWNSHIP*	MONTVILLE (TOWNSHIP OF)	4/14/2013	00:30	SUN

DEGREES / MINUTES / SECONDS		DECIMAL DEGREES	
LATITUDE	LONGITUDE	LATITUDE	LONGITUDE
-	-	41136326	-81800337

ROADWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST ²	HE - HEIGHTS	MP - MILEPOST	PL - PLACE	ST - STREET	WA - WAY
<input checked="" type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED	<input type="checkbox"/> N - NORTHBOUND <input type="checkbox"/> E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND <input type="checkbox"/> W - WESTBOUND	6	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE					

LOCATION ROUTE TYPE ¹	LOCATION ROUTE NUMBER	LOC PREFIX	LOCATION ROAD NAME	RD	LOCATION ROUTE TYPE ²	ROUTE TYPES ¹	IR - INTERSTATE ROUTE (INC. TURNPIKE)	CR - NUMBERED COUNTY ROUTE	TR - NUMBERED TOWNSHIP ROUTE
SR	18		MEDINA						

DISTANCE FROM REFERENCE POINT	DIR FROM REFERENCE POINT	REFERENCE ROUTE NUMBER	REF PREFIX	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE ¹
				NORMANDY PARK	DR

REFERENCE POINT USED	CRASH LOCATION	LOCATION OF FIRST HARMFUL EVENT
1- INTERSECTION 2- MILE POST 3- HOUSE NUMBER	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/ ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	1- ON ROADWAY 2- ON SHOULDER 3- IN MEDIAN 4- ON ROADSIDE 5- ON GORE 6- OUTSIDE TRAFFICWAY 9- UNKNOWN

ROAD CONTOUR	ROAD CONDITIONS	WEATHER
1- STRAIGHT LEVEL 2- STRAIGHT GRADE 3- CURVE LEVEL 4- CURVE GRADE 9- UNKNOWN	01 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 99 - UNKNOWN	1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/ UNKNOWN

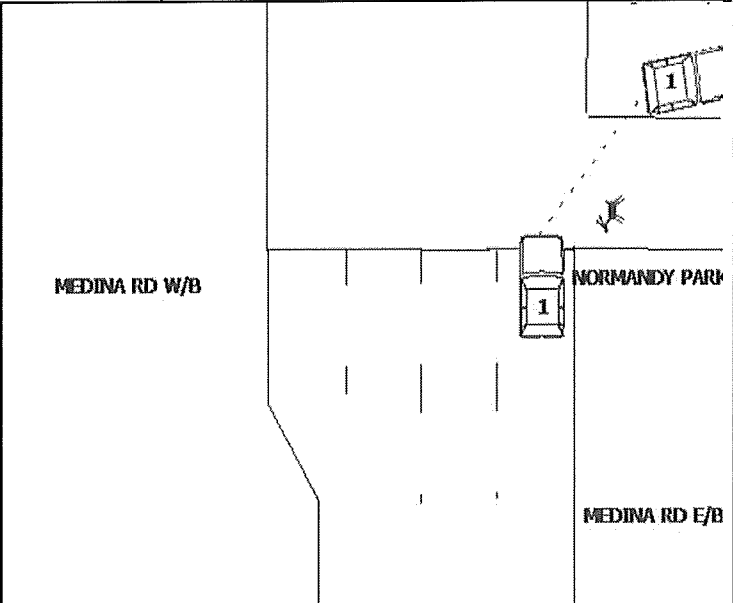
MANNER OF CRASH COLLISION/IMPACT	WEATHER
1- NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2- REAR-END 3- HEAD-ON 4- REAR-TO-REAR 5- BACKING 6- ANGLE 7- SIDESWIPE, SAME DIRECTION 8- SIDESWIPE, OPPOSITE DIRECTION 9- UNKNOWN	1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/ UNKNOWN

ROAD SURFACE	LIGHT CONDITIONS	SCHOOL BUS RELATED
2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	4 PRIMARY 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	<input type="checkbox"/> SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED

WORK ZONE RELATED	WORKERS PRESENT	LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)	LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE	LOCATION OF CRASH IN WORK ZONE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 - L ANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA

NARRATIVE

WHILE TRAVELING EAST ON MEDINA RD, UNIT 1 ATTEMPTED TO TURN SOUTH ONTO NORMANDY PARK DR. WHEN A DEER RAN OUT IN FRONT OF UNIT 1. UNIT 1 SWERVED TO MISS THE DEER AND RAN OFF THE ROAD. UNIT 1 DROVE UP AND OVER THE CURB AND OVER A HOLE IN THE GROUND AND THE FRONT RIGHT BUMPER WAS TORN OFF. UNIT 1 DROVE AWAY FROM THE SCENE AND REPORTED THE ACCIDENT SIXTEEN HOURS LATER.



REPORT TAKEN BY	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)					
<input checked="" type="checkbox"/> POLICE AGENCY P.O. BRETT HARRISON	<input type="checkbox"/>					
DATE CRASH REPORTED	TIME CRASH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
4/14/2013	15:42	15:43	15:55	16:23	0	40
OFFICER'S NAME*	OFFICER'S BADGE NUMBER	CHECKED BY				
P.O. BRETT HARRISON	1614	LAFOND				



UNIT

LOCAL REPORT NUMBER 160-13-3575

UNIT NUMBER 01, OWNER NAME: JAMES HOLMES, OWNER PHONE NUMBER, DAMAGE SCALE 3, DAMAGE AREA diagram, OWNER ADDRESS: 3149 N PARK LN MEDINA OH 44256, LP STATE OH, LICENSE PLATE NUMBER DREW4U, VEHICLE IDENTIFICATION NUMBER 1G1AM18B187276915, OCCUPANTS 1, VEHICLE YEAR 2008, VEHICLE MAKE CHEVROLET, VEHICLE MODEL CAVALIER, VEHICLE COLOR GRAY, INSURANCE COMPANY ALLSTATE, POLICY NUMBER 926445794, CARRIER NAME, ADDRESS, CITY, STATE, ZIP, CARRIER PHONE - INCLUDE AREA CODE

US DOT, HM PLACARD ID NO., HM CLASS NUMBER, VEHICLE WEIGHT GWR/GCWR, CARGO BODY TYPE 01, TRAFFICWAY DESCRIPTION 4, HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT 3, TYPE OF USE 1, UNIT TYPE 02, PASSENGER VEHICLES (LESS THAN 9 PASSENGERS), MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS, BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER), ACTION 3, HAS HM PLACARD

SPECIAL FUNCTION 01, MOST DAMAGED AREA 03, IMPACT AREA 03, ACTION 3

PRE-CRASH ACTION 05, MOTORIST, NON-MOTORIST

CONTRIBUTING CIRCUMSTANCES 15, PRIMARY, SECONDARY, VEHICLE DEFECTS

SEQUENCE OF EVENTS 1, 2, 3, 4, 5, 6, NON-COLLISION EVENTS, COLLISION WITH FIXED OBJECT

COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED, COLLISION WITH FIXED OBJECT

UNIT SPEED 0, POSTED SPEED 40, TRAFFIC CONTROL 04, UNIT DIRECTION FROM 4 TO 2



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
160-13-3575

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE Holmes, Jaleesa, D	DATE OF BIRTH 08/06/1990	AGE 22	GENDER F F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP 3149 N Park Ln, , Medina, OH, 44256			CONTACT PHONE - INCLUDE AREA CODE (330)461-1911								
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER TP053558	OL CLASS 4	NO VALID OL	M/C END	CONDITION 1	ALCOHOL/DRUG SUSPECTED 2	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED 4511.202	<input type="checkbox"/> LOCAL CODE	OFFENSE DESCRIPTION Operating vehicle without reasonable control			CITATION NUMBER Y35548	<input type="checkbox"/> HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY 1 7				

INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT ONLY USED NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER	99 - UNKNOWN SAFETY EQUIPMENT
SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN			AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS 'D') 5 - MCMOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING / E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION

Motorist / Non-Motorist