

OHIO

# TRAFFIC CRASH REPORT

CRASH REPORT #  
**160-13- 4765**

CRASH SEVERITY  
**3** 1 FATAL ERROR 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
 "X" IF YES

HIT / SKIP  
**1** 1 NOT HIT / SKIP  
2 SOLVED 3 NOT SOLVED

PHOTOS TAKEN  
 "X" IF YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C. #  
**05213**

REPORTING AGENCY  
**MONTVILLE TOWNSHIP POLICE**

# UNITS  
**1**

UNIT ERROR  
**01** 98 ANIMAL  
99 UNKNOWN

DATE OF CRASH  
**5/17/2013**

TIME OF CRASH  
**13:44**

DAY OF WEEK  
**FRI**

CITY/VILLAGE/TOWNSHIP  
**TOWNSHIP**

NAME (OF CITY, VILLAGE OR TOWNSHIP)  
**MONTVILLE (TOWNSHIP OF)**

COUNTY #  
**52**

LATITUDE  
**41161200**

LONGITUDE  
**082101200**

**CRASH OCCURRED ON**

PREFIX

CRASH LOCATION  
**WINDFALL**

TYPE LOC  
**1**

**TYPE LOCATION POINT USED**

1 NAMED STREET  
2 NUMBERED STREET  
3 NUMBERED ROUTE

**LOCAL INFORMATION**

**WINDFALL / SUNBURT**

**AT/REFERENCE**

DIST. REF.

DIR  
**W**

PREFIX

REFERENCE  
**SUNBURST**

REF POINT  
**02**

**REFERENCE POINT USED**

01 STATE LINE 05 TOWNSHIP BOUNDARY 09 DRIVEWAY  
02 INTERSECTION OF TWO STREETS 06 MILE POST 10 STREET OR ROUTE  
03 COUNTY LINE 07 CORPORATION LIMIT WITHOUT REFERENCE  
04 HOUSE NUMBER 08 PLACE NAME WITHOUT REFEREN

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**A**

UNIT #  
**01**

# OF OCC  
**1**

NAME (LAST, FIRST, MIDDLE)  
**ROCCO JOHN**

ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**4715 RIDGE RD WADSWORTH OH 44281**

SOCIAL SECURITY NUMBER

DATE OF BIRTH  
**07/15/1956**

AGE  
**56**

SEX  
**M**

HOME PHONE #  
**(216)214-5721**

WORK PHONE #

DL STATE  
**OH**

DL #  
**RN972337**

LP STATE  
**OH**

LP #  
**TLD8746**

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")  
**ROCCO MASONRY**

OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**4715 RIDGE RD WADSWORTH HI 22481**

YEAR  
**1997**

MAKE  
**INTERNATI**

MODEL

COLOR

INSURANCE COMPANY  
**WESTERN**

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE  
 "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  
 1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

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  
 "X" IF YES

O  
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A  
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T

**C**

UNIT #

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP-CODE)

INJURED TAKEN BY  
 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  
 1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

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.UNENCLOSED CARGO AREA
- 13.TRAILING UNIT
- 14.EXTERIOR
- 15.OTHER
- 16.NON-MOTORIST
- 17.UNKNOWN

**SAFETY EQUIPMENT**

- A **14** MOTORIST
- 01.NONE USED
- 02.SHOLDER BELT ONLY USED
- 03.LAP BELT ONLY USED
- 04.SHOLDER 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

**EJECTION**

- A **1** 1.NOT EJECTED
- 2.TOTALLY EJECTED
- 3.PARTIALLY EJECTED
- 4.NOT APPLICABLE
- 5.UNKNOWN

**TRAPPED**

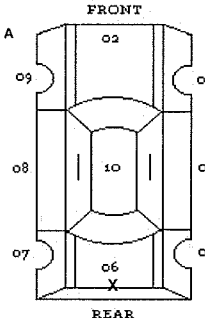
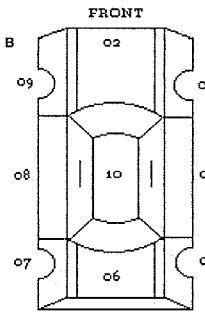
- A **1** 1.NOT TRAPPED
- 2.EXTRICATED BY MECHANICAL MEANS
- 3.FREED BY NON-MECHANICAL MEANS
- 4.UNKNOWN

**INJURIES**

- A **1** 1.NO INJURY
- 2.POSSIBLE
- 3.NON-INCAPACITATING
- 4.INCAPACITATING
- 5.FATAL INJURY
- 6.UNKNOWN

BLANK FOR WITNESS

SUPPLEMENT "X" IF YES

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="02"/> B <input type="text"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td>1 <input type="text" value="37"/></td> <td>1 <input type="text"/></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="37"/>	1 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	<b>POSTED SPEED</b> A <input type="text" value="50"/> B <input type="text"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/>						
A	B																				
1 <input type="text" value="37"/>	1 <input type="text"/>																				
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4 <input type="text"/>	4 <input type="text"/>																				
<b>NON-MOTORIST LOCATION</b> A <input type="text" value="05"/> B <input type="text"/>		<b>MOTORIST</b> 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 <b>NON-MOTORIST</b> 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	<b>NON-COLLISION</b> 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 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 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	<b>TRAFFIC CONTROL</b> A <input type="text" value="12"/> B <input type="text"/>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/>																
<b>TYPE OF UNIT</b> A <input type="text" value="11"/> B <input type="text"/>	<b>MOTORIST</b> 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/DIGGLE - 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 <b>NON-MOTORIST</b> 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	<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="01"/> B <input type="text"/>	<b>DIRECTION</b> <table border="1"> <tr> <td>FROM</td> <td>TO</td> <td>FROM</td> <td>TO</td> </tr> <tr> <td>A <input type="text" value="3"/></td> <td>A <input type="text" value="4"/></td> <td>B <input type="text"/></td> <td>B <input type="text"/></td> </tr> </table>	FROM	TO	FROM	TO	A <input type="text" value="3"/>	A <input type="text" value="4"/>	B <input type="text"/>	B <input type="text"/>	<b>NO CONTROLS</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 WALK/DONT WALK 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16 OTHER 17 NOT REPORTED 18 UNKNOWN	<b>DRUG TEST 1 &amp; 2 RESULT</b> <table border="1"> <tr> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>A <input type="text" value="1"/></td> <td>A <input type="text" value="1"/></td> <td>B <input type="text"/></td> <td>B <input type="text"/></td> </tr> </table>	1	2	1	2	A <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text"/>	B <input type="text"/>
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<b>POINT OF IMPACT</b> A <input type="text" value="06"/> B <input type="text"/>	<b>POINT OF IMPACT</b> A <input type="text" value="06"/> B <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="6"/> B <input type="text"/>	<b>OCCURRENCE</b> <input type="text" value="2"/>																
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ACTION</b> A <input type="text" value="4"/> B <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>SPEED DETECTED</b> A <input type="text"/> B <input type="text"/>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="4"/>																
<b>DAMAGE SCALE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>STRIKING VEHICLE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>SPEED</b> A <input type="text" value="0"/> B <input type="text"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/>	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="01"/> SECONDARY <input type="text" value="10"/>																
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**NARRATIVE**

**UNIT #1 WAS TRAVELING SOUTH ON WINDFALL RD. UNIT #1 STOPPED ON THE ROADWAY AND ATTEMPTED TO BACK UP ONTO SUNBURST DR. UNIT #1 TURNED TOO SHARPLY AND THE TRAILER BEING PULLED BY UNIT #1 STRUCK THE STREET SIGN AND KNOCKED IT DOWN.**

<p><b>MANNER OF COLLISION OR IMPACT</b></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><b>SCHOOL BUS RELATED</b></p> <p><input checked="" type="checkbox"/> 1</p> <p>1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN</p>	<p><b>DIAGRAM</b></p>
<p><b>WEATHER</b></p> <p><input checked="" type="checkbox"/> 01</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><b>WORK ZONE RELATED</b></p> <p><input checked="" type="checkbox"/> 1</p> <p>1. NO 2. YES 3. UNKNOWN</p>	
<p><b>LIGHT CONDITIONS</b></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><b>TYPE OF WORK ZONE</b></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><b>TRUCK/BUS UNIT #</b></p> <p><input type="text"/></p>	<p><b>LOCATION OF CRASH IN WORK ZONE</b></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>	

<b>TRUCK/BUS UNIT #</b>	<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 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
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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><b>CARGO BODY TYPE</b></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</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><b>WEIGHT (GVWR)</b></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><b>CDL CLASS</b></p> <p><input type="checkbox"/></p> <p>1. CLASS A 2. CLASS B 3. CLASS C 4. CLASS D 5. CLASS E</p>	<p><b>HAZARDOUS MATERIALS PLACARD</b></p> <p><input type="checkbox"/></p> <p>1. NO 2. YES 3. UNKNOWN</p>	<p><b>HAZARDOUS MATERIALS RELEASED</b></p> <p><input type="checkbox"/></p> <p>1. NO 4. UNKNOWN 2. YES 3. NOT APPLICABLE</p>
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<b>POLICE ACTION</b>						
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
5/17/2013	13:44	13:44	14:20	14:25	10	51
OFFICER'S NAME		BADGE #	CHECKED BY	DATE REPORT FILED		
P.O. TRAVIS MCCOURT		1608	1605 <i>[Signature]</i>	5/17/2013		
REPORT TAKEN BY	REPORT TAKEN AT			SUPPLEMENT 'X' IF YES	LOCAL REPORT #	
<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 1			<input type="checkbox"/>	160-13- 4765	