

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)



200502682

CRASH SEVERITY
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
HIT/SKIP
1 NOT HIT/SKIP
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN
OH-2 OH-3 OH-1P Other

REPORTING AGENCY *
04807 TOLEDO POLICE 02 02 99 = ANIMAL
99 = UNKNOWN 03102005

DAY OF WEEK: 1350 THU *
NAME (OF CITY, VILLAGE OR TOWNSHIP) #: TOLEDO 48
LATITUDE: _____ LONGITUDE: _____

CRASH OCCURRED ON:
PREST: W BANCROFT TYPE LOC: 1 TYPE LOCATION POINT USED:
1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

AT/REFERENCE: ASHLAND REF POINT: 02
REFERENCE POINT USED:
01 STATE LINE 04 HOUSE NUMBER 08 PLACE NAME W/D REFERENCE
02 INTERSECTION 2 STREETS 05 TOWNSHIP BOUNDARY 09 DRIVEWAY
03 COUNTY LINE 06 MILE POST 10 STREET OR ROUTE W/D REFERENCE
07 CORPORATION LIMIT

Address (STREET, CITY, STATE, ZIP CODE):
[REDACTED]
HOME PHONE #: _____ WORK PHONE #: _____

IN-STATE: OH UL #: _____ LP STATE: _____ LP #: _____
INJURED TAKEN BY: 4 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
TRANSPORTED BY: LIFE SQUAD INJURED TAKEN TO: ST. VINCENT
OWNER NAME (IF SAME, WRITE "SAME"): CITY-TOLEDO (FIRE DEPT.) ADDRESS (STREET, CITY, STATE, ZIP CODE): 545 N FLORIN; TOLEDO OH 43624

YEAR: _____ MAKE: FRIGTLNR MODEL: PUMPER COLOR: RED INSURANCE COMPANY: SELF TOWING SERVICE: Muni OWNER PHONE #: _____

OFFENSE CHARGED: _____ OFFENSE DESCRIPTION: _____

Name (Last, First, Middle):
[REDACTED]
Address (STREET, CITY, STATE, ZIP CODE):
[REDACTED]
HOME PHONE #: _____ WORK PHONE #: _____

IN-STATE: OH UL #: _____ LP STATE: _____ LP #: _____
INJURED TAKEN BY: 2 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
TRANSPORTED BY: LIFE STAR INJURED TAKEN TO: TOLEDO
OWNER NAME (IF SAME, WRITE "SAME"): SAME ADDRESS (STREET, CITY, STATE, ZIP CODE): _____

YEAR: 2000 MAKE: PONTIAC MODEL: GRAND AM COLOR: BLUE INSURANCE COMPANY: NONE TOWING SERVICE: PLT-STOP OWNER PHONE #: _____

OFFENSE CHARGED: 331.19 OFFENSE DESCRIPTION: FIY EMERGENCY VEHICLE

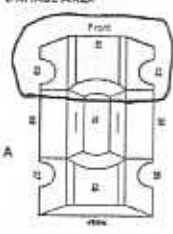
Name (Last, First, Middle): _____ HOME PHONE #: _____
Address (STREET, CITY, STATE, ZIP CODE): _____
INJURED TAKEN BY: _____ TRANSPORTED BY: _____ INJURED TAKEN TO: _____
NAME (Last, First, Middle): _____ HOME PHONE #: _____

Address (STREET, CITY, STATE, ZIP CODE): _____
INJURED TAKEN BY: _____ TRANSPORTED BY: _____ INJURED TAKEN TO: _____

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 FRONT - LEFT (MC DRIVER)	01 NONE USED	1 NOT-DEPLOYED	1 NOT PRESENT	1 NOT EJECTED	1 NOT TRAPPED	1 NO INJURY
02 FRONT - MIDDLE	02 SHOULDER BELT ONLY	2 DEPLOYED-FRONT	2 IN ON POSITION	2 TOTALLY EJECTED	2 EXTRICATED BY MECHANICAL MEANS	2 POSSIBLE
03 FRONT - RIGHT	03 LAP BELT ONLY	3 DEPLOYED-SIDE	3 IN OFF POSITION	3 PARTIALLY EJECTED	3 FRIED BY NON-MECHANICAL MEANS	3 NON-INCAPACITATING
04 SECOND - LEFT (MC PASS)	04 SHOULDER/LAP BELT	4 DEPLOYED BOTH	4 UNKNOWN	4 NOT APPLICABLE	4 UNKNOWN	4 INCAPACITATING
05 SECOND - MIDDLE	05 CHILD SAFETY SEAT	5 NOT APPLICABLE		5 UNKNOWN		5 FATAL INJURY
06 SECOND - RIGHT	06 MC HELMET USED	6 UNKNOWN				6 UNKNOWN
07 THIRD - LEFT (MC PASSENGER/SIDE CAR)	07 USE UNKNOWN					
08 THIRD - MIDDLE	NON-MOTORIST					
09 THIRD - RIGHT	08 NONE USED					
10 SLEEPER SECTION OF CAR	09 HELMET USED					
11 ENCLOSED CARGO AREA	10 PROTECTIVE PADS					
12 UNENCLOSED CARGO AREA	11 REFLECTIVE CLOTHING					
13 TRAILING UNIT	12 LIGHTING					
14 EXTERIOR	13 OTHER					
15 OTHER	14 UNKNOWN					
16 NON-MOTORIST						
17 UNKNOWN						

Motorist/Non-Motorist

Occupant

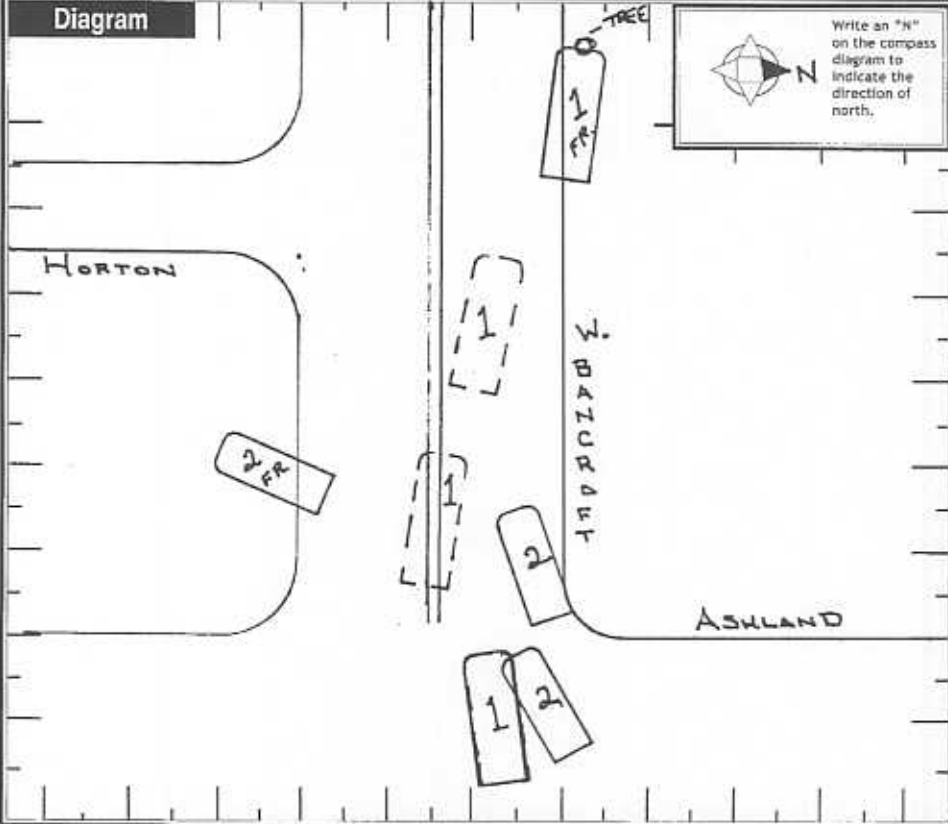
UNIT NUMBERS	DAMAGE AREA	PRE-CRASH ACTIONS	SEQUENCE OF EVENTS	POSTED SPEED	DRUG TEST STATUS
01 02		01 01	20 20		
NON-MOTORIST LOCATION		MOTORIST		TRAFFIC CONTROL	
01 MARKED CROSSWALK AT INTERSECTION		01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD		04 04	1 NONE
02 INTERSECTION/NO CROSSWALK		02 BACKING			2 TEST REFUSED
03 NON-INTERSECTION/CROSSWALK		03 CHANGING LANES			3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
04 DRIVEWAY ACCESS CROSSWALK		04 OVERTAKING/PASSING			4 TEST GIVEN, RESULTS KNOWN
05 IN ROADWAY		05 TURNING RIGHT			5 TEST GIVEN, RESULTS UNKNOWN
06 NOT IN ROADWAY		06 TURNING LEFT			5 UNKNOWN
07 MEDIAN (BUT NOT SHOULDER)		07 MAKING U-TURN			DRUG TEST TYPE
08 ISLAND		08 ENTERING TRAFFIC LANE			1 NONE
09 SHOULDER		09 LEAVING TRAFFIC LANE			2 BLOOD
10 SIDEWALK		10 PARKED			3 URINE
11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)		11 SLOWING/STOPPED IN TRAFFIC			4 OTHER
12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)		12 DRIVERLESS			DRUG TEST 1&7 RESULT
13 OUTSIDE TRAFFICWAY		13 OTHER			
14 SHARED USE PATHS OR TRAILS		14 UNKNOWN			
15 UNKNOWN		15 ENTRIES/CROSSING IN SPECIFIED LOCATION			
TYPE OF UNIT		16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING			
25 04	02 06	17 WORKING			
MOTORIST		18 PUSHING VEHICLE			
01 SUB-COMPACT		19 APPROACHING/LEAVING VEHICLE			
02 COMPACT		20 PLAYING/WORKING ON VEHICLE			
03 MID SIZE		21 STANDING			
04 FULL SIZE		22 OTHER			
05 MINIVAN		23 UNKNOWN			
06 SPORT UTILITY VEHICLE					
07 PICKUP					
08 PANELVAN					
09 SINGLE UNIT TRUCK: 2 AXLES, 6 TIRES					
10 SINGLE UNIT TRUCK: 3+ AXLES					
11 TRUCK/TRAILER					
12 TRUCK TRACTOR (BORTAL)					
13 TRACTOR/SEMI-TRAILER					
14 TRACTOR/DOUBLE SHORT					
15 TRACTOR/DOUBLE LONG					
16 FIFTH WHEEL OR CONVERTER DOLLY					
17 TRACTOR/SEMI-TRAILER					
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 TRAILER					
30 FARM VEHICLE					
31 FARM EQUIPMENT					
32 SNOWMOBILE					
33 CONSTRUCTION EQUIPMENT					
34 ALL OTHERS					
NON-MOTORIST					
35 ANIMAL W/DRIVER					
36 ANIMAL W/BOGGY					
37 BICYCLE					
38 PEDESTRIAN					
39 PEDALCYCLIST					
40 SKATER					
41 OTHER NON-MOTORIST					
42 UNKNOWN					
IN EMERGENCY RESPONSE					
2 1					
1 NO					
2 YES					
3 UNKNOWN					
DAMAGE SCALE					
5 4					
1 NONE					
2 NON-FUNCTIONAL DAMAGE					
3 FUNCTIONAL DAMAGE					
4 DISABLING DAMAGE					
5 SEVERE					
5 UNKNOWN					
STRIKING VEHICLE: OVERRIDE/ UNDERRIDE					
1 1					
1 NO UNDERRIDE OR OVERRIDE					
2 UNDERRIDE, COMPARTMENT INTRUSION					
3 UNDERRIDE, NO COMPARTMENT INTRUSION					
4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN					
5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT					
6 OVERRIDE, OTHER VEHICLE					
7 UNKNOWN					
CONTRIBUTING CIRCUMSTANCES					
01 21					
MOTORIST					
01 NONE					
02 FAILS 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 CLOSE/ACDA					
09 IMPROPER LANE CHANGE/ DRIVE 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 OBTUSE					
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					
VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE					
31 TURN SIGNALS					
32 HEAD LAMPS					
33 TAIL LAMPS					
34 BRAKES					
35 STEERING					
36 TIRE BLOWOUT					
37 WORK ON BLACK TIRES					
38 TRAILER EQUIPMENT DEFECTIVE					
39 MOTOR TROUBLE					
40 DISABLED FROM PRIOR CRASH					
41 OTHER DEFECTS					
SEVERE DETECTED					
1 SLATED					
2 ESTIMATED SPEED					
SPEED					
4 1					
01/02 SEQUENCE OF EVENTS - WHICH ONE IS THE "FIRST MAJOR EVENT" (1-4)					
1 SEVERE					
2 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE					
3 TEST GIVEN, RESULTS KNOWN					
4 TEST GIVEN, RESULTS UNKNOWN					
5 UNKNOWN					
ALCOHOL TEST TYPE					
1 NONE					
2 BLOOD					
3 URINE					
4 OTHER					
ALCOHOL TEST RESULT					
1 NONE					
2 BLOOD					
3 URINE					
4 OTHER					
DIRECTION					
3 4 3 4					
1 NORTH					
2 SOUTH					
3 EAST					
4 WEST					
5 NORTHEAST					
6 NORTHWEST					
7 SOUTHEAST					
8 SOUTHWEST					
9 UNKNOWN					
CONDITION					
1 1					
1 APPARENTLY NORMAL					
2 PHYSICAL IMPAIRMENT					
3 EMOTIONAL					
4 ILLNESS					
5 FULL ASLEEP, FAINTED, FATIGUED, ETC					
6 UNDER THE INFLUENCE OF MEDICATION/DRUGS/ALCOHOL					
7 OTHER					
8 UNKNOWN					
ALCOHOL / DRUGS SUSPECTED					
1 1					
1 NONE					
2 YES - ALCOHOL SUSPECTED					
3 YES - BOD FLUID IMPAIRED					
4 YES - DRUGS SUSPECTED					
5 YES - ALCOHOL / DRUGS SUSPECTED					
6 UNKNOWN					
Road Condition					
1 1					
1 STRAIGHT LANE					
2 SHARED USE PATHS OR TRAILS					
3 CURVE LEFT					
4 CURVE RIGHT					
TYPE OF INTERSECTION					
0 2					
01 NOT AN INTERSECTION					
02 FOUR-WAY INTERSECTION					
03 T-Y INTERSECTION					
04 T-INTERSECTION					
05 TRI-ANGLE CIRCLE/ROUNDABOUT					
06 FIVE-POINT, OR MORE					
07 ON RAMP					
08 OFF RAMP					
09 CROSSOVER					
10 DRIVEWAY/ACCESS					
11 DRIVEWAY/GRASS CROSSING					
12 SHARED-USE PATHS OR TRAILS					
13 UNKNOWN					
OCCURRENCE					
1 1					
1 ON ROADWAY					
2 ON SHOULDER					
3 IN MEDIAN					
4 ON ROADSIDE					
5 ON GPO					
6 OUTSIDE TRAFFICWAY					
7 UNKNOWN					
ROAD CONDITIONS					
1 1					
1 STRAIGHT LANE					
2 SHARED USE PATHS OR TRAILS					
3 CURVE LEFT					
4 CURVE RIGHT					
TYPE OF COLLISION					
0 1					
01 STRUCK					
02 HIT					
03 BUMP					
04 ICE					
05 SWAY, HULL, CRASH, ON, GRASS					
06 WATER (STATIONARY/MOVED)					
07 SLUSH					
08 DAMAGED					
09 FULL HOLE, BUMPS, UNEVEN PAVEMENT **					
10 OTHER					
11 UNKNOWN					
** Secondary Road Conditions ONLY					

X 200502682

Narrative

UNIT 1 WAS WIB ON W. BANCROFT IN EMERGENCY MODE (LIGHTS & SIREN) WHEN UNIT 2 PULLED AWAY FROM CURB WAS STRUCK BY FIRE TRUCK. AT IMPACT FIRE TRUCK LOST BRAKES AND STEERING CONTROL UNIT 1 CONTINUED WIB ON W. BANCROFT SHEARED OFF EDISON POLE AND THEN STRUCK TREE HEAD-ON.

- MANNER OF COLLISION OR IMPACT**
7
- NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
 - REAR-END
 - HEAD-ON
 - REAR-TO-REAR
 - BACKING
 - ANGLE
 - SIDESWIP, SAME DIRECTION
 - SIDESWIP, OPPOSITE DIRECTION
 - UNKNOWN
- SCHOOL BUS RELATED**
1
- NO
 - YES, DIRECTLY INVOLVED
 - YES, INDIRECTLY INVOLVED
 - UNKNOWN
- WEATHER**
02
- CLEAR
 - CLOUDY
 - FOG, SMOG, SMOKE
 - RAIN
 - SLEET, HAIL (FREEZING RAIN DRIZZLE)
 - SNOW
 - SEVERE CROSSWINDS
 - BLOWING SAND, SOIL, DIRT, SNOW
 - OTHER
 - UNKNOWN
- LIGHT CONDITIONS**
1
- DAYLIGHT
 - DAWN
 - DUSK
 - DARK - LIGHTED ROADWAY
 - DARK - NOT LIGHTED
 - DARK - UNKNOWN LIGHTING
 - GLARE
 - OTHER
 - UNKNOWN
- WORK ZONE RELATED**
1
- NO
 - YES
 - UNKNOWN
- TYPE OF WORK ZONE**
- LANE CLOSURE
 - LANE SHIFT/CROSSOVER
 - WORK ON SHOULDER OR MEDIAN
 - INTERMITTENT/ MOVING WORK
 - OTHER
- LOCATION OF CRASH IN WORK ZONE**
- BEFORE FIRST WORK ZONE WARNING SIGN
 - ADVANCE WARNING AREA
 - TRANSITION AREA
 - ACTIVITY AREA
- WORKERS PRESENT**
- NO
 - YES
 - UNKNOWN



Truck/Bus

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.

COMPANY (FROM SHIPPING PAPERS) _____

Address (Street, City, St, Zip Code) _____

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
A FATALITY; OR
AN INJURY REQUIRING TRANSPORTATION FOR 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 PHONE _____

US DOT _____ ICC MC _____ PUCD _____ TRAILER LP ST. _____ TRAILER LP YEAR _____ TRAILER LP # _____

CARGO BODY TYPE

D1 NOT APPLICABLE	D5 POLE	D9 CONCRETE MIXER	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released			
D2 BUS (8-15 INCLUDING DRIVER)	D6 CARGO TANK	D10 AUTO TRANSPORTER					1 LESS/EQUAL 10,000	1 CLASS A	1 NO
D3 VAN/ENCLOSED BOX	D7 FLATBED	D11 GARBAGE/REFUSE					2 10,001 - 26,000	2 CLASS B	2 YES
D4 GRAIN/CORN/GRAVEL	D8 DUMP	D12 OTHER					3 MORE THAN 26,000	3 CLASS C	3 UNKNOWN
		D13 UNKNOWN		4 CLASS M		3 NOT APPLICABLE			
				5 CLASS D		4 UNKNOWN			

Police Action

DISPATCH: 1351 ARRIVED: 1355 CLEARED: 1830 OTHER: 60

OFFICER'S NAME: _____ CHECKED BY: _____ DATE REPORT FILED: _____

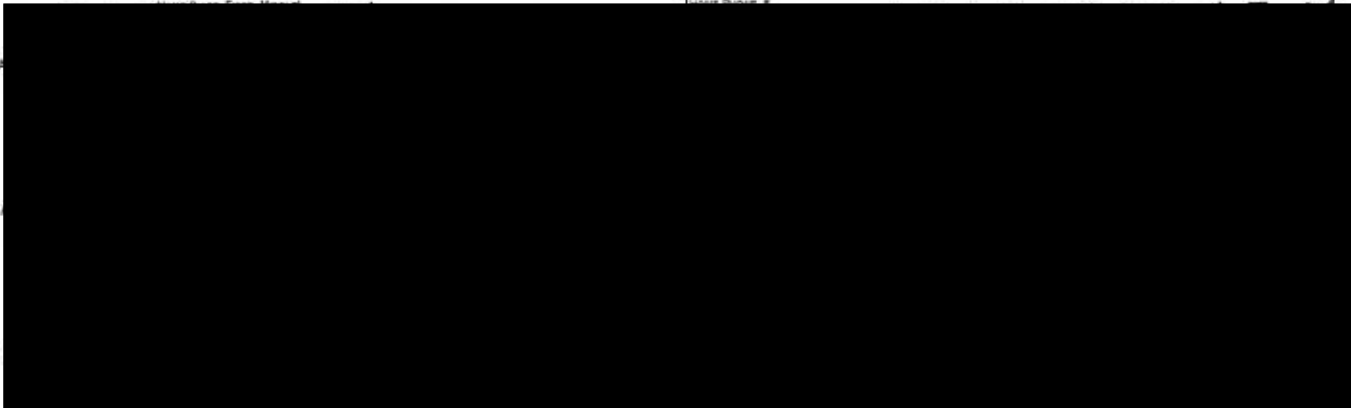
REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT: 1 SCENE 2 STATION 3 OTHER

200502682

TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

OH-1-P (Rev. 11/99)

200502682 04807 Toledo Police 03102005



NAME (LAST, FIRST, MIDDLE) ADDRESS (STREET, CITY, STATE, ZIP CODE)	HOME PHONE # INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
NAME (LAST, FIRST, MIDDLE) ADDRESS (STREET, CITY, STATE, ZIP CODE)	HOME PHONE # INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
NAME (LAST, FIRST, MIDDLE) ADDRESS (STREET, CITY, STATE, ZIP CODE)	HOME PHONE # INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
NAME (LAST, FIRST, MIDDLE) ADDRESS (STREET, CITY, STATE, ZIP CODE)	HOME PHONE # INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE

03	SEATING POSITION 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/SEAT CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAR 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	07	SAFETY EQUIPMENT MOTORIST 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER/LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 USE UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	5	AIR BAG 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	3	AIR BAG SWITCH 1 IN ON POSITION 2 IN OFF POSITION 3 NOT PRESENT 4 UNKNOWN	1	EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	2	TRAPPED 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	4	INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
04		07		5	3		1		2		4		
06		07		5	3		1		1		3		

BLANK FOR WITNESS

HSY 8355

TOP COPY - DDPS BOTTOM COPY - AGENCY

