

OHIO TRAFFIC CRASH REPORT

LOCAL REPORT # * 2 0 1 0 1 5 2	CRASH SEVERITY 1 FATAL 3 FDD 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY X YES	NET/SHOP 1 NOT HIT/SHOP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN X YES	OH-2 X	OH-3 X	OH-1P	Other
N.C.I.C.# * 1 8 5 3	Reporting Agency # Valley View Police	UNIT ENDS 0 2	UNIT ERROR 0 1	DATE OF CRASH * 0 9 2 9 2 0 1 0				
TYP. OF CRASH 1 6 0 4	DAY OF WEEK W E D	CITY #	WALACE # X	TWP #	NAME (OF CITY, VILLAGE OR TOWNSHIP) # VALLEY VIEW	COUNTY # * 1 8	LATITUDE	LONGITUDE

CRASH LOCATION ROCKSIDE RD E/B	TYPE LOC 1	TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET	REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE	04 HOUR NUMBER	05 TOWNSHIP BOUNDARY	06 PLACE NAME WHO REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE WID REFERENCE
DRIVEWAY SWEET VALLEY DR	REF POINT 02					

DRIVER A	PLATE # 0 1 0 1	NAME (LAST, FIRST, MIDDLE) TARACS ISTVAN
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Address (Street, City, State, Zip Code)
9571 BEYERLE HILL RD VALLEY VIEW OH 44125

SOCIAL SECURITY NUMBER	DATE OF BIRTH 1 2 1 3 1 9 3 3	AGE 7 6	SEX M	HOME PHONE # 216-447-9264	WORK PHONE #
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DL STATE OH	DL # RJ786929	LP STATE	LP #	INSURED TAKEN BY 2	1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY VVFD	INSURED TAKEN TO METRO
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Owner Name (If same, write "Same")
Address (Street, City, State, Zip Code)

YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWNSHIP	OWNER PHONE #
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OFFENSE CHARGED	OFFENSE DESCRIPTION	SECTION #	LOCAL CODE X Y Z 4 YES
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DRIVER B	PLATE # 0 2 0 1	NAME (LAST, FIRST, MIDDLE) CROSS, JR RALPH J
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Address (Street, City, State, Zip Code)
9167 WALTER RD STREETSBORO OH 44241

SOCIAL SECURITY NUMBER	DATE OF BIRTH 1 1 2 8 1 9 6 4	AGE 4 5	SEX M	HOME PHONE # 330-618-7005	WORK PHONE # 216-525-8113
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DL STATE OH	DL # RQ088389	LP STATE OH	LP # AB83RS	INSURED TAKEN BY 1	1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INSURED TAKEN TO
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Owner Name (If same, write "Same")
Address (Street, City, State, Zip Code)

YEAR 2 0 0 3	MAKE CHEV	MODEL SILV	COLOR BLK	INSURANCE COMPANY AMERICAN	TOWNSHIP	OWNER PHONE #
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OFFENSE CHARGED	OFFENSE DESCRIPTION	SECTION #	LOCAL CODE X Y Z 4 YES
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OCCUPANT C	PLATE # 1	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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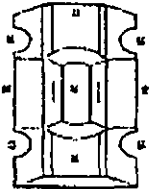
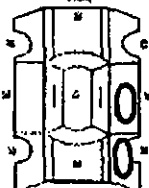
Address (Street, City, State, Zip Code)

INSURED TAKEN BY	TRANSPORTED BY	INSURED TAKEN TO
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OCCUPANT D	PLATE # 1	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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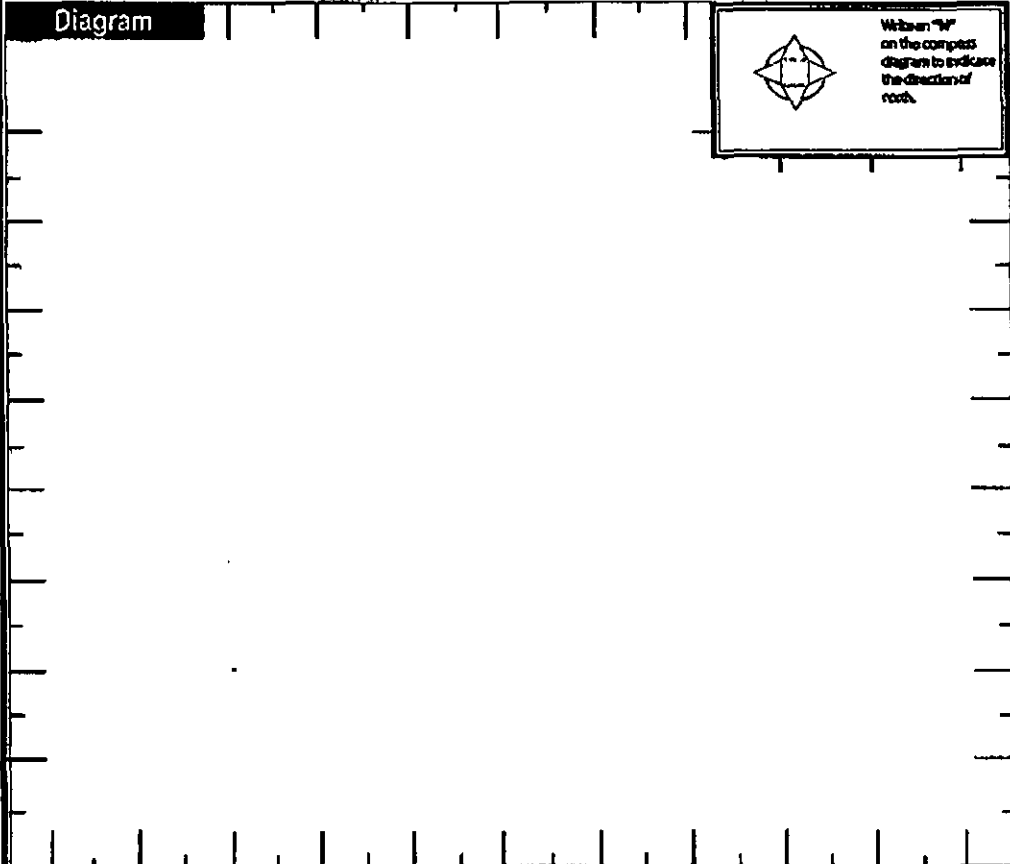
Address (Street, City, State, Zip Code)

SEATING POSITION 01 FRONT - LEFT (DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT 08 TRUCK - MIDDLE 09 TRUCK - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILER UNIT 14 EQUIPMENT 15 OTHER 16 NON-MOVING 17 UNKNOWN	SAFETY EQUIPMENT 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER/LAP BELT 05 CHILD SAFETY SEAT 06 HELMET USED 07 USE UNKNOWN 08 NONE USED 09 HELMET USED 10 PHOTOGRAPHIC 11 REFLECTIVE CLOTHING 12 OTHER 13 OTHER 14 UNKNOWN	AIR BAG 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	AIR BAG SMOOTHER 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED 1 NOT TRAPPED 2 EXTRACTED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	DISCREET 01 NO INJURY 02 POSSIBLE 03 NON-INCAPACITATING 04 FATAL INJURY 05 UNKNOWN
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<p>UNITS NUMBERS</p> <p>01 02</p> <p>NON-MOTORIST LOCATION</p> <p>05</p> <p>01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHOULD USE PATHS OR TRAILS 15 UNKNOWN</p>	<p>DAMAGE AREA</p>   <p>Most Damaged Area</p> <p>15 05</p>	<p>PRE-CRASH ACTIONS</p> <p>16 01</p> <p>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/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN</p> <p>NON-MOTORIST 15 ENTERING/CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLATING, CYCLING 17 WHEELING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORSHIP ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN</p>	<p>SEQUENCE OF EVENTS</p> <p>A: 2 4, 2 0, 3, 4</p> <p>B: 2 0, 3, 4</p> <p>NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 INVERSION 04 JACOBI'S 05 CARGO/EQUIPMENT LOOSE/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUMBLEY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION w/ PERSON, VEHICLE, OR OBJECT NOT ENTERED</p>	<p>POSTED SPEED</p> <p>35</p> <p>TRAFFIC CONTROL</p> <p>1 2, 1 2</p> <p>01 NO CONTROL 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSINGS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAYMENT MARKING 13 CROSSWALK LINES 14 WALK/DONT WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBLSCURED 16 OTHER</p>	<p>DRUG TEST STATUS</p> <p>1 1</p> <p>1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED/SAMPLING UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p> <p>DRUG TEST TYPE</p> <p>A H</p> <p>1 NONE 2 BLOOD 3 URINE 4 OTHER</p> <p>DRUG TEST I & Z RESULT</p> <p>A B</p> <p>1 2, 1 2</p> <p>1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINE 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING</p>
<p>TYPE OF UNIT</p> <p>37 07</p> <p>MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL/VAN 09 SINGLE UNIT TRUCK 7 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK, 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BIFURCAL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE END 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTIBLE DOLLY 17 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOPED/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 TRAM 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS</p> <p>NON-MOTORIST 35 ANIMAL WAGON 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLE 40 SKATER 41 OTHER NON-MOTORIST 42 UNKNOWN</p>	<p>POINT OF IMPACT</p> <p>15 05</p> <p>01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 FRONT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 TOP AND WINDOWS 10 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN</p>	<p>CONTRIBUTING CIRCUMSTANCES</p> <p>33 01</p> <p>MOTORIST 01 NONE 02 FAILED TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNLAW SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/CADDA 09 IMPROPER LANE CHANGES/DRIVE OFF ROAD/IMPROPER PASSING/IMPROPER BACKING 10 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN EMERGENCY, RECKLESS, CARELESS, NEGLIGENT OR ADDRESSABLE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, ITEM NOT OBJECT IN ROADWAY, ETC) 16 FAILURE TO CONTROL 18 VISION OBSTRUCTION 17 DRIVER DISTRACTION 18 FATIGUE/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTS/FALLING/SPLASHING 21 OTHER EMPLOYER ACTION 22 UNKNOWN</p> <p>NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 OVERTURN 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 SIGNALS, SIGNALS, OR OFFICER 31 WILFUL SIDE OF THE ROAD 32 OTHER 33 UNKNOWN</p>	<p>FIRST HARMFUL EVENT</p> <p>1 1</p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p> <p>MOST HARMFUL EVENT</p> <p>1 1</p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<p>DIRECTION</p> <p>FROM TO FROM TO</p> <p>4 3, 4 3</p> <p>1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHWEST 8 SOUTHWEST 9 UNKNOWN</p> <p>CONDITION</p> <p>8 1</p> <p>1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FATIGUED, ETC 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN</p>	<p>TYPE OF INTERSECTION</p> <p>0 1</p> <p>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/ACCESS 11 RAILROAD CROSSING 12 DRIVEWAY/PATH ON TRAILS 13 UNKNOWN</p>
<p>IN EMERGENCY RESPONSE</p> <p>1 1</p> <p>1 NO 2 YES 3 UNKNOWN</p>	<p>ACCIDENT</p> <p>3 4</p> <p>1 NON-CONTACT 2 NON-COLLISION 3 STRUCK 4 STRUCK 5 BOTH STRUCK AND STRUCK 6 UNKNOWN</p>	<p>VEHICLE DEFECT CODE ONLY IF "1'S" SELECTED ABOVE</p> <p>A B</p> <p>01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORK ON BACK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM FRONT CRASH 11 OTHER DEFECTS</p>	<p>SPEED DETECTED</p> <p>A 1 B</p> <p>1 STATED 2 ESTIMATED SPEED</p> <p>SPEED</p> <p>A B</p> <p>3 0 B</p>	<p>ALCOHOL TEST STATUS</p> <p>1 1</p> <p>1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED/SAMPLING UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p>	<p>ROAD CONTOUR</p> <p>2</p> <p>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE</p>
<p>DAMAGE SCALE</p> <p>6 2</p> <p>1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DESTRUCTIVE DAMAGE 5 SEVERE 6 UNKNOWN</p>	<p>STRUCK VEHICLE: OVERSIDE/ UNDERSIDE</p> <p>7 7</p> <p>1 NO UNDERSIDE OR OVERSIDE 2 UNDERSIDE, COMPARTMENT INTERIORS 3 UNDERSIDE, NO COMPARTMENT INTERIORS 4 UNDERSIDE, COMPARTMENT INTERIORS UNKNOWN 5 OVERSIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERSIDE, OTHER VEHICLE 7 UNKNOWN</p>	<p>ALCOHOL TEST TYPE</p> <p>A B</p> <p>1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER</p> <p>ALCOHOL TEST RESULT</p> <p>A B</p>	<p>ALCOHOL TEST STATUS</p> <p>1 1</p> <p>1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED/SAMPLING UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p>	<p>ROAD CONDITIONS</p> <p>PRIMARY: 0 1 SECONDARY: 1 1</p> <p>01 DRY 02 WET 03 GLOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS 09 RUT, HOLE, BUMP, UNUSUAL PAVEMENT 10 OTHER 11 UNKNOWN *SECONDARY ROAD CONDITIONS ONLY</p>	<p>LOCAL REPORT #</p> <p>2 0 1 0 1 5 2</p> <p>SUPPLEMENTAL "X" IF YES</p>

UNIT #1, ON A BICYCLE, WAS TRAVELING E/B ON ROCKSIDE RD. IN THE CURB LANE WHEN UNIT #2 WAS PASSING UNIT #1 IN THE NUMBER 2 LANE. UNIT #1 THEN PROCEEDED TO CROSS INTO UNIT #2'S LANE. UNIT #2 ATTEMPTED TO AVOID STRIKING UNIT #1, CROSSING INTO ON-COMING TRAFFIC. UNIT #1 STRUCK UNIT #2 IN THE RIGHT QUARTER PANEL. UNIT #2 PROCEEDED TO STOP AND GIVE ASSISTANCE TO UNIT #1 UNTIL HELP ARRIVED. UNIT #1 WAS TRANSPORTED BY VVFD TO METRO.

NUMBER OF COLLISION OR IMPACT 7 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRAFFIC 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACK-ON 6 ANGLE 7 SIDEWAYS, SAME DIRECTION 8 SIDEWAYS, OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER 0 1 01 CLEAR 02 CLOUDY 03 Fog, Smoke, Mist 04 RAIN 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) 06 SNOW 07 SEVERE CROSSWIND 08 BLOWING SAND, SOIL, DIRT, DUST 09 OTHER 10 UNKNOWN	WORK ZONE RELATED 1 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS PRIMARY: 1 SECONDARY: <input type="checkbox"/> 1 DAYLIGHT 2 Dawn 3 Dusk 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERCHANGING/ MERGING WORK 5 OTHER
LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA WORKERS PRESENT <input type="checkbox"/> 1 No 2 Yes 3 UNKNOWN	Diagram



Truck/Bus Unit # 1	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (OR TRACTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR A TRUCK (OR TRACTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.	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 DEBILITATING DAMAGE OR REQUIRED BY-CYCLING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
COMPANY (FROM SHIPPING PAPER) ADDRESS (STREET, CITY, ST, ZIP CODE)	COMPANY PHONE	

US DOT	ICC MC	PLCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# Dia
CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 Bus (8-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAM/CHEP/GRAYS <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TAN <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 CARGO/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	Weight (GVWR) <input type="checkbox"/> 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 20,000 <input type="checkbox"/> 3 MORE THAN 20,000	CDL CLASS <input type="checkbox"/> 1 CLASS A <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS M <input type="checkbox"/> 5 CLASS D	Hazardous Materials Placard <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 UNKNOWN	Hazardous Material Released <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN			

Police Action						
DATE CRASH REPORTED 0 9 2 9 2 0 1 0	TIME REC CALL 1 6 0 4	DISPATCH 1 6 0 4	ARRIVED 1 6 0 7	CLEARED 1 6 3 4	OTHER 2 5	TOTAL MINUTES 5 5
OFFICER'S NAME # PTL. M. ARNOLD	BADGE # 7 3 2 2	CHECKED BY 	DATE REPORT FILED # 0 9 2 9 2 0 1 0			
REPORT TAKEN BY 1 1 POLICE AGENCY 2 MOTORIST	REPORT TAKEN AT 1 1 SCENE 2 STATION 3 OTHER	SUPPLEMENTARY 'I' # YES <input type="checkbox"/>	LOCAL REPORT # 2 0 1 0 1 5 2			

OHIO TRAFFIC CRASH-DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/00)

Local Report Number: 2010-152	Reporting Agency: Valley View Police Dept.	Date of Crash: 9-29-10
In County of: Cuyahoga	Crash Location: Rockside E/B @ Sweet Valley	

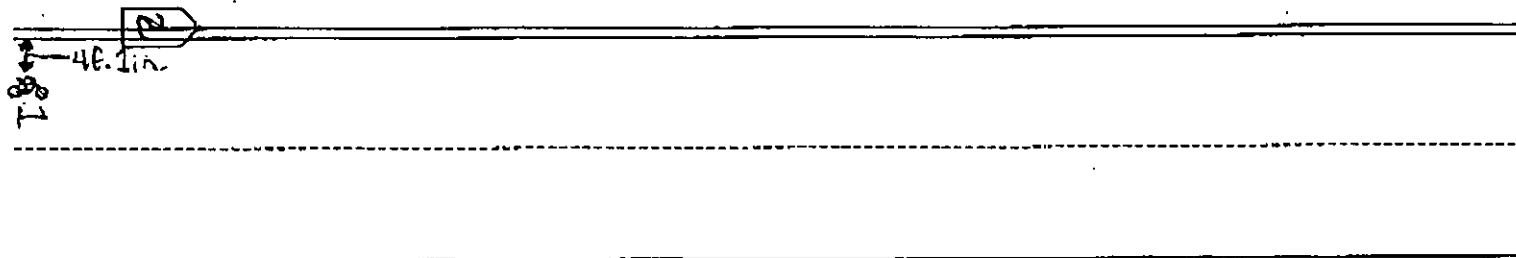
N



North Indicator

Sweetvalley Dr.

Access Drive to Oil Pump



Rockside Rd.

Diagram not to scale.

Officers Signature: <i>[Signature]</i>	Officers Badge Number: 7322
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