



Safety Committee Minutes
October 26, 2011

Meeting called to order at 6:30 p.m.

Pledge of Allegiance

Roll Call:

Kathy Rhoads, Richard Barbera, Mayor Carter, and Jim Lovejoy

Mayor Carter made a motion to approve the minutes of September 28, 2011, and the motion was seconded by Richard Barbera. Three aye votes and Jim Lovejoy abstained. The minutes were approved as written.

Request any Additional Agenda Items from the Committee for Possible Consideration:

None

Privilege of the Floor

Robert Gankee of Bobby Y's noticed the two Squad Cars were disabled and proposed using both cars to make one work. Mr. Gankee discussed the different options depending what is wrong with each car. Mr. Gankee estimates he could do the work for under \$4,000. Mr. Gankee estimated he could have a vehicle up and running in two months. Kathy Rhoads let Mr. Gankee know that his offer is appreciated and it is definitely something the Committee will keep in mind. The Committee is currently waiting for the status from the insurance company.

Chief's Report

Chief Burson reported that he is in a holding pattern while waiting to hear back from the insurance company on the recently damaged squad car. The Ohio State Highway Patrol is handling the investigation for Officer Matt Heidleman's incident on October 14, 2011. The report was not available at this time. When the police report is available it will be added to the minutes.

The new police car is being worked on as we speak. The installers started at 7:00 a.m. and said it would be operational when they left. The prisoner's cage was shipped with incorrect parts and the proper parts are being airlifted. The car will be on display at the next meeting.

Officer Scott Phillips has started working with us and has passed his physicals. Chief Burson asked that Officer Phillips' initiation be at the next Council Meeting. The Committee is fine with that.

An update for some training that has been going on at the Range. Chris Cerino is in the process of putting on a three day rifle class for our officers and officers from other departments. We have four officers in attendance. The Chief would like to stress how wonderful it is to have such an outstanding trainer in our own back yard. Mr. Cerino's training is at the National level and because he lives locally and through a lot of hard work we were able to get him right here and our guys are receiving some excellent training.

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Mrs. Rhoads reopened Privilege of the Floor momentarily to see if there were any questions and make sure everyone had a chance to speak. There were none.

New Business:

The status on the existing police cruisers: Chief Burson informed the Committee the Police Department currently has a 2004 with 82,000 miles, a 2006 with 49,000 miles and the new 2011. The Chief will order a new car when advised that he can do so. It was discussed that it took six months to get the current new car up and running. It was also discussed how the different car companies process the car orders. Mrs. Rhoads complimented Sgt Reed for keeping the process of assembling the car problem free. The few challenges encountered were due to the tsunami in Japan. Maintenance records are on file and most work is done with our Streets Department, Marathon, and Pallotta Ford depending on the nature of what needs to be done.

Some of the delay is due to the cars were delivered to the various departments all at one time. The installers then set up shop with each department. We were able to talk with the installers about our current condition and they left another customer to do this for us. There are only so many people to put police cars together. It is not an easy process due to the electronics involved and complex with video cameras and different power distributions that go with it. There has been a crew of four different people working since 7:00 a.m.

Mrs. Rhoads asked if there are any year-end items that we, the Committee, have not been done? The Chief thought it had all been handled.

Kathy Rhoads would like to know how the Committee would like to move forward in updating the current Disaster Plan. It was discussed about being National Incident Management System (NIMS) compliant. There may be a template to follow in creating a disaster plan. It was decided Chief Burson will start with EMA, Christina, and email the Committee on his findings. The Committee would like to break this process of updating into steps and will continue discussion at the next meeting.

Old Business:

Everything was discussed previously in the meeting.

A motion to adjourn the meeting by Richard Barbera was seconded by Jim Lovejoy and all were in favor. The meeting was adjourned at 7:24 p.m.

Respectfully Submitted,



Kathy Rhoads
Safety Committee Chair

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/83)



LOCAL REPORT # 5 2 - 1 3 7 4 - 5 2	CRASH SEVERITY 3 1 FATAL 2 PDD 3 INJURY & UNKNOWN	PRIVATE PROPERTY X IF YES	HITSHIP 1 NOT HITSHIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN X IF YES	OH-2 X	OH-3 X	OH-1P X	OTHER
N.O.I.C. # O H P 5 2	REPORTING AGENCY Ohio State Highway Patrol	# UNITS 0 1	UNIT # PREFIX 0 1	DATE OF CRASH 1 0 1 4 2 0 1 1				
TIME OF CRASH 2 2 3 0	DAY OF WEEK F R I	CITY Gullford	MILEAGE X	NAME (OF CITY, VILLAGE OR TOWNSHIP)	COUNTY # 5 2	LATITUDE 41:01:40.21	LONGITUDE 81:51:50.53	

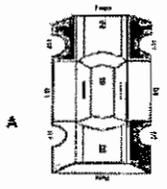
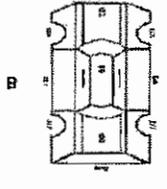
CRASH OCCURRED ON PREFIX SR0003	TYPE LOC 3	TYPE LOCATION POINT USED 1 IN MED STREET 2 NUMBERED PLAZA 3 NUMBERED STREET	LOCAL INFORMATION
REFERENCE 5M S 4	REF POINT 06	REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE	04 ROUTE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE WHERE NO REFERENCE 09 DRAINWAY 10 STREET OR ROUTE NO REFERENCE

UNIT # A 0 1	# OF OCC. 0 1	NAME (LAST, FIRST, MIDDLE) Heidelman, Matthew A				
ADDRESS (STREET, CITY, STATE, ZIP CODE) 120 Royal Crest DR, Seville, Ohio 44273						
SOCIAL SECURITY NUMBER	DATE OF BIRTH 0 6 2 8 1 9 8 8	AGE 2 3	SEX M	HOME PHONE # (330)769-4003	WORK PHONE #	
IN STATE OH	EL # SV637671	LP STATE LP #	INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE	1 NONE 2 OTHER 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME") Village Of, Seville			ADDRESS (STREET, CITY, STATE, ZIP CODE) 120 Royal Crest DR, Seville, Ohio 44273			
YEAR 2 0 0 8	MAKE FORD	MODEL Crown Victoria	COLOR SIL	INSURANCE COMPANY Public Entities Pool Of Ohio	TOWING SERVICE World Truck	OWNER PHONE # (330)769-4003
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE # X IF YES			

UNIT # B	# OF OCC.	NAME (LAST, FIRST, MIDDLE)					
ADDRESS (STREET, CITY, STATE, ZIP CODE)							
SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #		
IN STATE	EL #	LP STATE	LP #	INJURED TAKEN BY	1 NONE 2 OTHER 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME")			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				

UNIT # C	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)					
INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE			TRANSPORTED BY	INJURED TAKEN TO	
UNIT # D	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)					
INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE			TRANSPORTED BY	INJURED TAKEN TO	

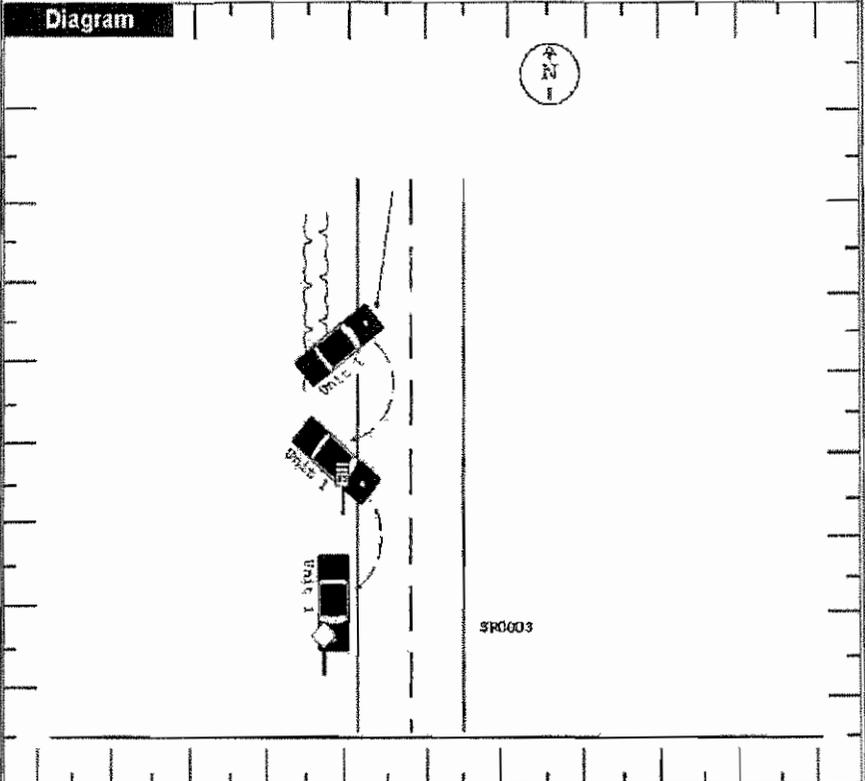
SEATING POSITION 0 1 01 FRONT - LEFT (DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT 08 PASSENGER/REAR 09 THIRD - MIDDLE 10 THIRD - RIGHT 11 SEATER SECTION OF CAR 12 ENCLOSURE/CARGO AREA 13 TRUNCATED CARGO AREA 14 TRAILING UNIT 15 ESTERON 16 OTHER 17 UNKNOWN	SAFETY EQUIPMENT 0 4 01 MOTORIST 02 NONE USED 03 SHOULDER BELT ONLY 04 LAP BELT ONLY 05 SHOULDER BELT 06 CHILD SAFETY SEAT 07 BELT USED 08 UNKNOWN 09 NON-MOTORIST 10 NONE USED 11 BELT USED 12 PROTECTIVE PADS 13 REFLECTIVE CLOTHING 14 LIGHTING 15 OTHER 16 UNKNOWN	AIR BAG 1 1 01 NOT DEPLOYED 02 DEPLOYED-FRONT 03 DEPLOYED-REAR 04 DEPLOYED-BOTH FRONT/REAR 05 NOT APPLICABLE 06 UNKNOWN	AIR BAG SWITCH 1 1 01 NOT PRESENT 02 NON-POSITION 03 WORK POSITION 04 UNKNOWN	EJECTION 1 1 01 NOT EJECTED 02 TOTALLY EJECTED 03 PARTIALLY EJECTED 04 NOT APPLICABLE 05 UNKNOWN	TRAPPED 1 1 01 NOT TRAPPED 02 EXTRACTED BY MECHANICAL MEANS 03 RELEASER BY MECHANICAL MEANS 04 UNKNOWN	INJURIES 1 1 01 NO INJURY 02 POSSIBLE 03 NONE 04 INCAPACITATED 05 FATAL INJURY 06 UNKNOWN
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UNIT NUMBERS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	DAMAGE AREA  	PRE-CRASH ACTIONS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>0</td><td>8</td><td></td><td></td></tr> <tr><td>3</td><td>8</td><td></td><td></td></tr> <tr><td>3</td><td>3</td><td></td><td></td></tr> <tr><td>3</td><td>3</td><td></td><td></td></tr> </table>	0	8			3	8			3	3			3	3			POSTED SPEED <input type="text" value="4"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text"/>
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3	8																				
3	3																				
3	3																				
NON-MOTORIST LOCATION <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 01 BARRICADE/SWALK AT INTERSECTION 02 HIF RESECTION NO CROSSWALK 03 NON-INTERSECTION FROM WALK 04 DRIVEWAY ACCESS FROM WALK 05 INTERDRIFT 06 NOT IN DRIVEWAY 07 MEDIAN (BUT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF DRIVEWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF DRIVEWAY (NOT IN DRIVEWAY) 13 OUTSIDE DRIVEWAY 14 SHARED PATH OF TRAILS 15 UNKNOWN	MUST DAMAGED AREA <input type="text" value="0"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	MOTORIST 01 MOST WENT ESSENTIALLY STRAIGHT AHEAD 02 BRACING 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 ALREADY STOPPED IN TRAFFIC 12 LANE CHANGE 13 OTHER 14 UNKNOWN NON-MOTORIST 15 STOPPING/STOPPING IN SPECIFIED LOCATION 16 WALKING, RUNNING, LOADING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	NON-COLLISION 01 OVERTURN/OVERFLOW 02 FIBER PULSION 03 IMPERSON 04 JACKKNIFE 05 DANGEROUS EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 NON-ROAD ROADWAY 09 RAMP OFF ROAD LEFT 10 CROSSING MEDIAN/CENTERLINE 11 CORNFIELD RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE, OBJECT, ANIMAL, ETC. 14 PEDESTRIAN 15 BICYCLIST 16 RAILWAY VEHICLE 17 ANIMAL - FAUN 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRAFFIC 21 PARKED MOTOR VEHICLE 22 NON-ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT 25 IMPACT ATTENTION/WORK SIGN/SHIELD 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE RAMP/PIER 29 BRIDGE PILL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIERS 33 HOV LANE TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT PULSION/RESUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 39 DITCH 40 EMBANKMENT 41 FENCE 42 TREE 43 OTHER FIXED OBJECT 44 UNKNOWN FIXED OBJECT 45 OTHER	TRAFFIC CONTROL <input type="text" value="1"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/> 01 NO CONTROL 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSINGS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 EVENT MARKINGS 13 CROSSWALK LINES 14 VEHICLE CONTROL SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, MISCONFIGURED 16 OTHER	DRUG TEST TYPE <input type="text" value="1"/> <input type="text"/> 1 NONE 2 BLOOD 3 URINE 4 OTHER DRUG TEST 192 RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																
TYPE OF VEH <input type="text" value="2"/> <input type="text" value="4"/> <input type="text"/> <input type="text"/> MOTORIST 01 SUBCOMPACT 02 COMPACT 03 MIDSIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PASSENGER 09 SINGLE UNIT TRUCK (2 AXLES, 6 WHEELS) 10 SINGLE UNIT TRUCK (3 AXLES) 11 TRUCK TRAILER 12 TRUCK TRACTOR (SEMI) 13 TRACTOR (WITH RAILLET) 14 TRACTOR (DOUBLE MOUNT) 15 TRACTOR (SINGLE MOUNT) 16 FIFTH WHEEL OR CONVENTIONAL 17 TRACTOR (TRIPLES) NON-MOTORIST 18 MOTORCYCLE 19 MOTORCYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/EMERGENCY 27 TAXI 28 MOTOR HOME 29 TRAIN 30 RAILWAY VEHICLE 31 FARM EQUIPMENT 32 UNKNOWN	POINT OF IMPACT <input type="text" value="0"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/> 01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP/ROOF/HOODS 11 UNDERCARRIAGE 12 UNDERTRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	CONTRIBUTING CIRCUMSTANCES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MOTORIST 01 NONE 02 TO BLAME TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNLAWFUL SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY 09 IMPROPER LANE CHANGING 10 IMPROPER PASSING 11 IMPROPER STOP AT STOP SIGN 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE INERRATIC, RECKLESS, OR RELEASING INTO OR AGGRESSIVE BARRIER 14 SWERVING TO AVOID OBSTACLE TO TURN, SLIPPERY SURFACE, VEHICLE DEFECT (NON-MOTORIST IN ROADWAY, ETC.) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 IMPROPER INTERSECTION 18 FATIGUE/SLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFT/MOVING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 DERTING 26 LYING UNDER/SLIPPERY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT WORKING (IN ROADWAY) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNAL, SIGNAL, OR OFFICER 31 BEING A GUE OF ROAD 32 OTHER 33 UNKNOWN	FIRST HARMFUL EVENT <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	DIRECTION <table border="1"> <tr><td>FROM</td><td>TO</td><td>FROM</td><td>TO</td></tr> <tr><td>1</td><td>2</td><td></td><td></td></tr> </table> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN	FROM	TO	FROM	TO	1	2			TYPE OF INTERSECTION <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/> 01 NOT AN INTERSECTION 02 T-INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CONTROL/CONTROL 06 T-JUNCTION, OR DOME 07 ON RAMP 08 OFF RAMP 09 OVERPASS 10 DRIVEWAY ACCESS 11 RAILWAY GRADE CROSSING 12 SHARED USE PATHS OR TRAILS 13 UNKNOWN								
FROM	TO	FROM	TO																		
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EMERGENCY RESPONSE <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NO 2 YES 3 UNKNOWN	ACTION <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NO CONTACT 2 NO COLLISION 3 STRIKER 4 STRUCK 5 BOTH STRIKER AND STRUCK 6 UNKNOWN	VEHICLE DEFECT CODE ONLY IF 149 SELECTED ABOVE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 01 TIRE SIGNALS 02 HAZARD LIGHTS 03 BRAKE LIGHTS 04 BELLER 05 CREEPING 06 TIRE BLOWOUT 07 HORN OR SIREN DEFECTIVE 08 TRAILER LIGHTS DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	MOST HARMFUL EVENT <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	CONDITION <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 APPARENTLY NORMAL 2 PHYSICAL IMPEDIMENT 3 ENVIRONMENTAL 4 ILLNESS 5 FELL ASLEEP, PAINTED, FATIGUE, ETC. 6 UNDER THE INFLUENCE OF PRECIPITATION/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN	ALCOHOLDRUG SUSPECTED <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NONE 2 YES-ALCOHOL SUSPECTED 3 YES-IBO NOT IMPAIRED 4 YES- DRUGS SUSPECTED 5 YES-ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN																
DAMAGE SCALE <input type="text" value="4"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 USABLE DAMAGE 5 SEVERE 6 UNKNOWN	STRIKING VEHICLE: OVERRIDE/UNDERRIDE <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NO UNDERRIDE OR OVERRIDE 2 UNDERRIDE, COMPLETE/BIAS INTERSECTION 3 UNDERRIDE, NO CONTACT/BIAS INTERSECTION 4 UNDERRIDE, CONTACT/BIAS INTERSECTION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRAFFIC 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN	VEHICLE DEFECT CODE ONLY IF 149 SELECTED ABOVE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 01 TIRE SIGNALS 02 HAZARD LIGHTS 03 BRAKE LIGHTS 04 BELLER 05 CREEPING 06 TIRE BLOWOUT 07 HORN OR SIREN DEFECTIVE 08 TRAILER LIGHTS DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	SPEED DETECTED <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 STATED 2 ESTIMATED SPEED	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTINUED SAMPLE UNUSABLE 4 TEST GIVEN, RESULTS UNKNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	ROAD CONDITION <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 SUFFICIENT LEVEL 2 W/RAILWAY/RAILROAD 3 CURB LEVELS 4 CURB/RAILROAD ROAD CONDITION <table border="1"> <tr><td>PRIMARY</td><td>SECONDARY</td></tr> <tr><td>0</td><td>2</td></tr> </table>	PRIMARY	SECONDARY	0	2												
PRIMARY	SECONDARY																				
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EMERGENCY RESPONSE <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NO 2 YES 3 UNKNOWN	STRIKING VEHICLE: OVERRIDE/UNDERRIDE <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NO UNDERRIDE OR OVERRIDE 2 UNDERRIDE, COMPLETE/BIAS INTERSECTION 3 UNDERRIDE, NO CONTACT/BIAS INTERSECTION 4 UNDERRIDE, CONTACT/BIAS INTERSECTION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRAFFIC 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN	VEHICLE DEFECT CODE ONLY IF 149 SELECTED ABOVE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 01 TIRE SIGNALS 02 HAZARD LIGHTS 03 BRAKE LIGHTS 04 BELLER 05 CREEPING 06 TIRE BLOWOUT 07 HORN OR SIREN DEFECTIVE 08 TRAILER LIGHTS DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	SPEED <input type="text" value="5"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/> 1 STATED 2 ESTIMATED SPEED	ALCOHOL TEST RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	ALCOHOL TEST RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER																
SUPPLEMENTAL 'N' EYES <input type="text" value="5"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="2"/>		LOCAL REPORT #		ROAD CONDITION 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, GR, GRAVEL 06 WATER/STANDING, MOVING 07 GLUSH 08 DEBRIS** 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN ** DEPENDS ON ROAD CONDITIONS ONLY																	

Narrative

Unit #1 (a patrol car) was traveling south on SR0003. Unit #1 was in emergency response to a location on Mennonite Rd. Unit #1 drove the right side of the road striking a culvert and two highway road signs.

MANNER OF COLLISION OR IMPACT <input type="checkbox"/> 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT <input type="checkbox"/> 2 REAR-END <input type="checkbox"/> 3 HEAD-ON <input type="checkbox"/> 4 REAR-TO-REAR <input type="checkbox"/> 5 EACH-WAY <input type="checkbox"/> 6 FRONT-TO-REAR <input type="checkbox"/> 7 SIDE-SWIP, SAME DIRECTION <input type="checkbox"/> 8 SIDE-SWIP, OPPOSITE DIRECTION <input type="checkbox"/> 9 UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES - DIRECTLY INVOLVED <input type="checkbox"/> 3 YES - INDIRECTLY INVOLVED <input type="checkbox"/> 4 UNKNOWN
WEATHER <input type="checkbox"/> 0 CLEAR <input type="checkbox"/> 1 CLOUDY <input type="checkbox"/> 2 FOG, SMOG, SHOG <input type="checkbox"/> 3 RAIN <input type="checkbox"/> 4 SLEET, ICE (FREEZING RAIN, FREEZE) <input type="checkbox"/> 5 SNOW <input type="checkbox"/> 6 SEVERE CROSSWINDS <input type="checkbox"/> 7 BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> 8 OTHER <input type="checkbox"/> 9 UNKNOWN	WORK ZONE RELATED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN
LIGHT CONDITIONS PRELUCE: <input type="checkbox"/> YES <input type="checkbox"/> NO NIGHT: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 1 DAYLIGHT <input type="checkbox"/> 2 DAWN <input type="checkbox"/> 3 DUSK <input type="checkbox"/> 4 DARK - LIGHTED ROADWAY <input type="checkbox"/> 5 DARK - NOT LIGHTED <input type="checkbox"/> 6 DARK - UNKNOWN LIGHTING <input type="checkbox"/> 7 CLARTE <input type="checkbox"/> 8 OTHER <input type="checkbox"/> 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 IN NEGOTIATE <input type="checkbox"/> 2 IN NEARBY POSSESSOR <input type="checkbox"/> 3 IN HIGHWAY COLLIDER OR BEYOND <input type="checkbox"/> 4 INTERMITTENT WORKING WORK <input type="checkbox"/> 5 OTHER
LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE MARKING SIGN <input type="checkbox"/> 2 IN WORK ZONE AREA <input type="checkbox"/> 3 BETWEEN MARKS <input type="checkbox"/> 4 AFTER LAST MARKING	WORKERS PRESENT <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN



Truck/Bus UNIT # <input type="text"/>	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (INSTEAD OF VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR A TRUCK IN OTHER VEHICLE WITH HAZARDOUS MATERIALS PLACARD; OR A BUS DESIGNED FOR AT LEAST 15 PERSONS, INCLUDING DRIVER	AND THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING: A FATALITY; OR AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR A LEAST ONE VEHICLE WAS TOWED DUE TO BRAKING DAMAGE OR REQUIRED ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER
COMPANY (FROM SHIPPING PAPERS) <input type="text"/>	COMPANY PHONE <input type="text"/>	ADDRESS (STREET, CITY, ST, ZIP CODE) <input type="text"/>

US DOT	ICC MC	PUSD	TRAILER LP ST	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIS
CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUSES (15 INCLUDING DRIVER) <input type="checkbox"/> 03 WAREHOUSE BODY <input type="checkbox"/> 04 GRAIN HOPPER/VEL <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <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 GARBAGE/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 D <input type="checkbox"/> 5 CLASS E	HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	HAZARDOUS MATERIALS 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 1 0 1 4 2 0 1 1	TIME REC CALL 2 3 0 0	DISPATCH 2 3 0 0	ARRIVED 2 3 2 5	CLEARED 0 0 2 3	OTHER 6 0	TOTAL MINUTES 0 1 4 3	
OFFICER'S NAME Jones, Daniel	RADGE # 1 8 5 8	CHECKED BY JBBITTINGER	DATE REPORT FILED 1 0 2 6 2 0 1 1	REPORT TAKEN BY 1 1 POLICE AGENCY 2 200 R/S	REPORT TAKEN AT 1 1 SCENE 2 200 R/S 3 OTHER	SUPPLEMENT # *X IF YES	LOCAL REPORT # 5 2 - 1 3 7 4 - 5 2

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 52-1374-52	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 10/14/2011
COUNTY OF Medina	ACCIDENT LOCATION SR0003	

Unit #1:

- 2008 Silver Ford Crown Victoria Patrol Car VIN#:
- Unit #1 driver claimed no injuries on scene.
- Unit #1 damage:
 - Contact: right rear bumper area, right rear tail light assembly, front bumper, left front fender, grill, right front fender, left and right rear quarter panel areas.
- Unit #1 was towed by World Truck Towing from scene.

Property Owner:

- Child Day Care Centers was advised of damage.
- 131 Greenwich Rd. Seville, OH 44273 phone #: 330-769-5437
- Property damage: grass area, shrubs

Medina County Sheriff's Office and Village of Seville Police Department were on scene upon arrival.

Photos taken by Tpr.D. Jones U-1858.

Unit #1 driver advised he was dispatched to back-up the Medina County Sheriff's Office that was en route to a burglary occurring on Mennonit Rd.

No citation issued due to Unit #1 being in emergency response to back-up the Medina County Sheriff's Office.

Road conditions: wet asphalt

Identify Reference Pt:Frontier Co. Pole#:130030
 Identify Point zero (Pt 0):39'11"W of RP
 Identify Baseline:West edge of SR0003 (Berm)
 Measuring device used:SP0515:Roll-A-Wheel

PT AE FE DESCRIPTION

- A 54'1"S 0'0" Unit #1 LR tire off berm
- B 93'9"S 0'0" Unit #1 RR tire off berm
- C 141'5"S 9'11"W Impact with culvert
- D 159'9"S 4'8"W Impact with highway speed limit sign
- E 223'11"S 6'9"W Impact with highway intersection sign

****Information will be supplemented when received of Unit #1 vehicle; insurance, VIN#.**

OFFICERS SIGNATURE	BADGE NO. 1858
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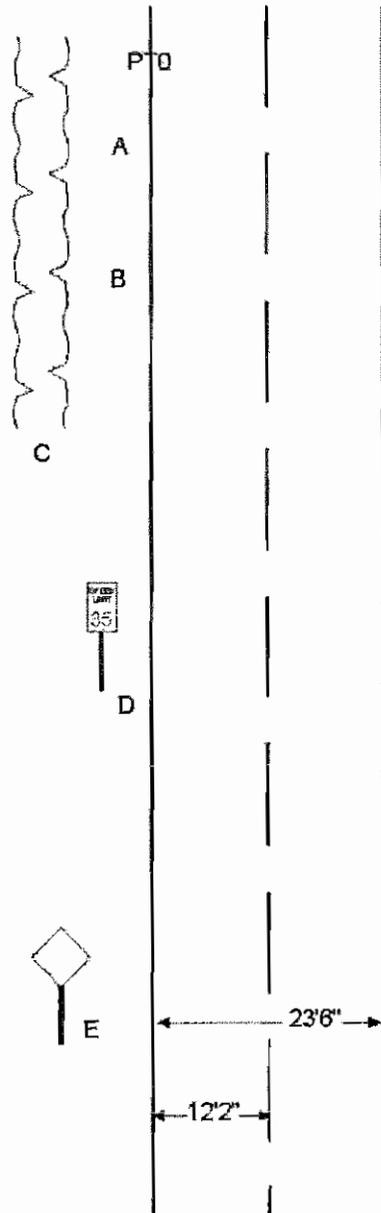
OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 52-1374-52	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 10/14/2011
COUNTY OF Medina	ACCIDENT LOCATION SR0003	



NOT TO SCALE



●
RP

SR0003

OFFICERS SIGNATURE	BADGE NO. 1858
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