



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
1177119	2 - 1 - FATAL 2 - INJURY 3 - PDO	1 - SOLVED 2 - UNSOLVED

PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	PRIVATE PROPERTY	REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR
			106703	Kent Police Dept.	102	01 98 - ANIMAL 99 - UNKNOWN

COUNTY *	CITY *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
167	Kent	Kent	1011120117	113116	WED

DEGREES / MINUTES / SECONDS	LONGITUDE	DECIMAL DEGREES	LONGITUDE
0 0 0	0 0 0	41.153780	781.358173

ROADWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST ²
<input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	<input type="checkbox"/> N - NORTHBOUND E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND W - WESTBOUND	102	AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL

LOCATION ROUTE TYPE ¹	LOCATION ROUTE NUMBER	LOC PREFIX N,S,E,W	LOCATION ROAD NAME	LOCATION ROAD TYPE ²	ROUTE TYPES ¹
		N	Water	ST	IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE

DISTANCE FROM REFERENCE	DIR FROM REF	REFERENCE ROUTE TYPE ¹	REFERENCE ROUTE NUMBER	REF PREFIX N,S,E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE ²
at		E		E	Main	ST

REFERENCE POINT USED	CRASH LOCATION	CRASH LOCATION	LOCATION OF FIRST HARMFUL EVENT
1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOAT	06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS	1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIUM 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN

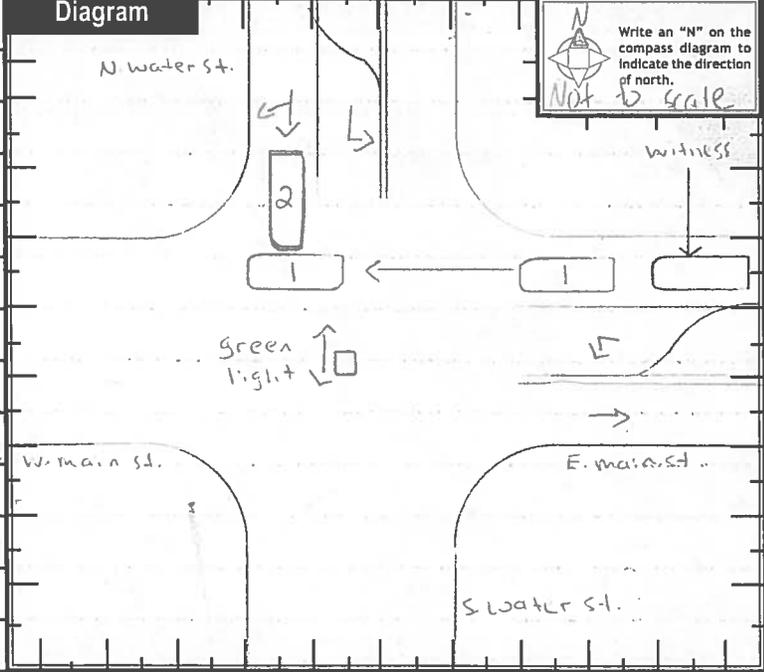
ROAD CONTOUR	ROAD CONDITIONS	ROAD CONDITIONS	WEATHER
1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	01 - DRY 02 - WET 03 - SNOW 04 - ICE	05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS*	1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 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 - 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
1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	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	<input type="checkbox"/> SCHOOL ZONE 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
				1 - LANE 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
Unit 2 had the green light as the driver travelled south through the intersection. Witness stated Unit 1 did not stop for the red light. Unit 2 struck Unit 1. Driver of Unit 1 complained of chest pain and had a friend drive her to University Hospital. Both vehicles were towed. I cited Unit 1. I had the witness complete a written statement. Driver of Unit 2 had a cut on her left hand but didn't need treatment.



REPORT TAKEN BY	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)	DATE CRASH REPORTED	TIME CRASH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST		1011120117	113116	113117	113122	114100	20	58
OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKER BY	PAGE 1 OF 5					
PH Hillermeier	237	at Hillermeier #241						



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
117719

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE Layeth, Hadeel Kaddam Mohammed Al	DATE OF BIRTH 09/15/1977	AGE 39	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 6600 Alpha Dr. Apt. 317 Kent, Ohio 44240	CONTACT PHONE- INCLUDE AREA CODE 330 389 4910
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INJURIES 2	INJURED TAKEN BY 4	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO University Hospital	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 3	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER UQ611451	OL CLASS 4	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE .	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (Local Code) 313.03	OFFENSE DESCRIPTION Red light	CITATION NUMBER 32758	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
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UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE Butler, Jill J.	DATE OF BIRTH 11/02/1943	AGE 73	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 344 High St. Kent, Ohio 44240	CONTACT PHONE- INCLUDE AREA CODE 330 673 7354
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INJURIES 3	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER RF903117	OL CLASS 4	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE .	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (Local Code)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
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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 USED 99 - UNKNOWN SAFETY EQUIPMENT	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
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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
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED 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
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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
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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Unit

Local Report Number

1177119

Unit Number 101	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver)	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver)	Damage Scale 4	Damaged Area 	
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver)			1 - None		
LP State OH	License Plate Number 6VP9933	Vehicle Identification Number 13N11B1C11C1P11C1K1211914751	2 - Minor		
Vehicle Year 2011	Vehicle Make Nissan	Vehicle Model Versa	3 - Functional		
Vehicle Color White	Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company General	4 - Disabling		
Policy Number 920H 297C114	Towed By Plaza Towing	9 - Unknown			
Carrier Name, Address, City, State, Zip			Carrier Phone- include area code		
US DOT	Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs.	Cargo Body Type 01 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	Trafficway Description 1 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway		
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	<input type="checkbox"/> Hit / Skip Unit		
HM Class Number		Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist	
Non-Motorist Location Prior to Impact 01	Type of Use 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 02 99 - Unknown or Hit / Skip	<input type="checkbox"/> Has HM Placard		
Special Function 01	01 - None 02 - Taxi 03 - Rental Truck (Over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other	09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.	17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area 04 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	Action 4 08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other
Pre-Crash Actions 01	Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn	07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless	13 - Negotiating a Curve 14 - Other Motorist Action	Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing	21 - Other Non-Motorist Action
Contributing Circumstances	Primary 03 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road	Motorist 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action	Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	Vehicle Defects 01 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects	
Sequence of Events	1 70 2 00 3 00 4 00 5 00 6 00 First Harmful Event 1 Most Harmful Event 11 99 - Unknown	Non-Collision Events 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 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision	
Collision with Person, Vehicle or Object Not Fixed	14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (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 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other 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 - Portable Barrier	33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole	
Unit Speed 70	Posted Speed 75	Traffic Control 04 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 - Person (Flagger, Officer) 12 - Pavement Markings	13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	
Unit Direction From 3 To 4	1 - North 2 - South 3 - East 4 - West	5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest	9 - Unknown		



Unit

Local Report Number

1177119

Unit Number 102		Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver)		Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver)		Damage Scale 4		Damaged Area			
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver)								1 - None			
LP State OH		License Plate Number CDD 9446		Vehicle Identification Number 2T11BR112E12XC11131673				# Occupants 1011		2 - Minor	
Vehicle Year 119191		Vehicle Make Toyota		Vehicle Model Corolla				Vehicle Color White		3 - Functional	
<input checked="" type="checkbox"/> Proof of Insurance Shown		Insurance Company Erie		Policy Number PO56363552				Towed By Schumanns		4 - Disabling	
Carrier Name, Address, City, State, Zip						Carrier Phone- include area code					
US DOT		Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs.		Cargo Body Type <input type="checkbox"/> 01 - No Cargo Body Type/Not Applicable <input type="checkbox"/> 02 - Bus/Van (9-15 Seats, Inc Driver) <input type="checkbox"/> 03 - Bus (16+ Seats, Inc Driver) <input type="checkbox"/> 04 - Vehicle Towing Another Vehicle <input type="checkbox"/> 05 - Logging <input type="checkbox"/> 06 - Intermodal Container Chassis <input type="checkbox"/> 07 - Cargo Van/Enclosed Box <input type="checkbox"/> 08 - Grain, Chips, Gravel		Trafficway Description <input type="checkbox"/> 1 - Two-Way, Not Divided <input type="checkbox"/> 2 - Two-Way, Not Divided, Continuous Left Turn Lane <input type="checkbox"/> 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft.) Median <input type="checkbox"/> 4 - Two-Way, Divided, Positive Median Barrier <input type="checkbox"/> 5 - One-Way Trafficway		9 - Unknown			
HM Placard ID No.		<input type="checkbox"/> Hazardous Material Released		99 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown		<input type="checkbox"/> Hit / Skip Unit					
HM Class Number											
Non-Motorist Location Prior to Impact <input type="checkbox"/> 01 - Intersection - Marked Crosswalk <input type="checkbox"/> 02 - Intersection - No Crosswalk <input type="checkbox"/> 03 - Intersection - Other <input type="checkbox"/> 04 - Midblock - Marked Crosswalk <input type="checkbox"/> 05 - Travel Lane - Other Location <input type="checkbox"/> 06 - Bicycle Lane <input type="checkbox"/> 07 - Shoulder/Roadside <input type="checkbox"/> 08 - Sidewalk <input type="checkbox"/> 09 - Median/Crossing Island <input type="checkbox"/> 10 - Driveway Access <input type="checkbox"/> 11 - Shared-Use Path or Trail <input type="checkbox"/> 12 - Non-Trafficway Area <input type="checkbox"/> 99 - Other/Unknown		Type of Use <input type="checkbox"/> 1 - Personal <input type="checkbox"/> 2 - Commercial <input type="checkbox"/> 3 - Government <input type="checkbox"/> In Emergency Response		Unit Type <input type="checkbox"/> 01 - Sub-Compact <input type="checkbox"/> 02 - Compact <input type="checkbox"/> 03 - Mid Size <input type="checkbox"/> 04 - Full Size <input type="checkbox"/> 05 - Minivan <input type="checkbox"/> 06 - Sport Utility Vehicle <input type="checkbox"/> 07 - Pickup <input type="checkbox"/> 08 - Van <input type="checkbox"/> 09 - Motorcycle <input type="checkbox"/> 10 - Motorized Bicycle <input type="checkbox"/> 11 - Snowmobile/ATV <input type="checkbox"/> 12 - Other Passenger Vehicle		Passenger Vehicles (less than 9 passengers) Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle		Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist			
Special Function <input type="checkbox"/> 01 - None <input type="checkbox"/> 02 - Taxi <input type="checkbox"/> 03 - Rental Truck (Over 10k Lbs) <input type="checkbox"/> 04 - Bus - School (Public or Private) <input type="checkbox"/> 05 - Bus - Transit <input type="checkbox"/> 06 - Bus - Charter <input type="checkbox"/> 07 - Bus - Shuttle <input type="checkbox"/> 08 - Bus - Other		<input type="checkbox"/> 09 - Ambulance <input type="checkbox"/> 10 - Fire <input type="checkbox"/> 11 - Highway/Maintenance <input type="checkbox"/> 12 - Military <input type="checkbox"/> 13 - Police <input type="checkbox"/> 14 - Public Utility <input type="checkbox"/> 15 - Other Government <input type="checkbox"/> 16 - Construction Equip.		<input type="checkbox"/> 17 - Farm Vehicle <input type="checkbox"/> 18 - Farm Equipment <input type="checkbox"/> 19 - Motorhome <input type="checkbox"/> 20 - Golf Cart <input type="checkbox"/> 21 - Train <input type="checkbox"/> 22 - Other (Explain in Narrative)		Most Damaged Area <input type="checkbox"/> 01 - None <input type="checkbox"/> 02 - Center Front <input type="checkbox"/> 03 - Right Front <input type="checkbox"/> 04 - Right Side <input type="checkbox"/> 05 - Right Rear <input type="checkbox"/> 06 - Rear Center <input type="checkbox"/> 07 - Left Rear		Impact Area <input type="checkbox"/> 08 - Left Side <input type="checkbox"/> 09 - Left Front <input type="checkbox"/> 10 - Top and Windows <input type="checkbox"/> 11 - Undercarriage <input type="checkbox"/> 12 - Load/Trailer <input type="checkbox"/> 13 - Total(All Areas) <input type="checkbox"/> 14 - Other		Action <input type="checkbox"/> 1 - Non-Contact <input type="checkbox"/> 2 - Non-Collision <input type="checkbox"/> 3 - Striking <input type="checkbox"/> 4 - Struck <input type="checkbox"/> 5 - Striking/Struck <input type="checkbox"/> 9 - Unknown	
Pre-Crash Actions <input type="checkbox"/> 01 - Straight Ahead <input type="checkbox"/> 02 - Backing <input type="checkbox"/> 03 - Changing Lanes <input type="checkbox"/> 04 - Overtaking/Passing <input type="checkbox"/> 05 - Making Right Turn <input type="checkbox"/> 06 - Making Left Turn <input type="checkbox"/> 99 - Unknown		<input type="checkbox"/> 07 - Making U-Turn <input type="checkbox"/> 08 - Entering Traffic Lane <input type="checkbox"/> 09 - Leaving Traffic Lane <input type="checkbox"/> 10 - Parked <input type="checkbox"/> 11 - Slowing or Stopped in Traffic <input type="checkbox"/> 12 - Driverless		<input type="checkbox"/> 13 - Negotiating a Curve <input type="checkbox"/> 14 - Other Motorist Action		<input type="checkbox"/> 15 - Entering or Crossing Specified Location <input type="checkbox"/> 16 - Walking, Running, Jogging, Playing, Cycling <input type="checkbox"/> 17 - Working <input type="checkbox"/> 18 - Pushing Vehicle <input type="checkbox"/> 19 - Approaching or Leaving Vehicle <input type="checkbox"/> 20 - Standing		<input type="checkbox"/> 21 - Other Non-Motorist Action			
Contributing Circumstances		Primary <input type="checkbox"/> 01 - None <input type="checkbox"/> 02 - Failure to Yield <input type="checkbox"/> 03 - Ran Red Light <input type="checkbox"/> 04 - Ran Stop Sign <input type="checkbox"/> 05 - Exceeded Speed Limit <input type="checkbox"/> 06 - Unsafe Speed <input type="checkbox"/> 07 - Improper Turn <input type="checkbox"/> 08 - Left of Center <input type="checkbox"/> 09 - Followed Too Closely/ACDA <input type="checkbox"/> 10 - Improper Lane Change /Passing/Off Road		Motorist <input type="checkbox"/> 11 - Improper Backing <input type="checkbox"/> 12 - Improper Start From Parked Position <input type="checkbox"/> 13 - Stopped or Parked Illegally <input type="checkbox"/> 14 - Operating Vehicle in Negligent Manner <input type="checkbox"/> 15 - Swerving to Avoid (Due to External Conditions) <input type="checkbox"/> 16 - Wrong Side/Wrong Way <input type="checkbox"/> 17 - Failure to Control <input type="checkbox"/> 18 - Vision Obstruction <input type="checkbox"/> 19 - Operating Defective Equipment <input type="checkbox"/> 20 - Load Shifting/Falling/Spilling <input type="checkbox"/> 21 - Other Improper Action		Non-Motorist <input type="checkbox"/> 22 - None <input type="checkbox"/> 23 - Improper Crossing <input type="checkbox"/> 24 - Darting <input type="checkbox"/> 25 - Lying and/or Illegally in Roadway <input type="checkbox"/> 26 - Failure to Yield Right of Way <input type="checkbox"/> 27 - Not Visible (Dark Clothing) <input type="checkbox"/> 28 - Inattentive <input type="checkbox"/> 29 - Failure to Obey Traffic Signs /Signals/Officer <input type="checkbox"/> 30 - Wrong Side of the Road <input type="checkbox"/> 31 - Other Non-Motorist Action		Vehicle Defects <input type="checkbox"/> 01 - Turn Signals <input type="checkbox"/> 02 - Head Lamps <input type="checkbox"/> 03 - Tail Lamps <input type="checkbox"/> 04 - Brakes <input type="checkbox"/> 05 - Steering <input type="checkbox"/> 06 - Tire Blowout <input type="checkbox"/> 07 - Worn or Slick tires <input type="checkbox"/> 08 - Trailer Equipment Defective <input type="checkbox"/> 09 - Motor Trouble <input type="checkbox"/> 10 - Disabled From Prior Accident <input type="checkbox"/> 11 - Other Defects			
Sequence of Events		1 <input type="checkbox"/> 20 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>		Non-Collision Events <input type="checkbox"/> 01 - Overturn/Rollover <input type="checkbox"/> 02 - Fire/Explosion <input type="checkbox"/> 03 - Immersion <input type="checkbox"/> 04 - Jackknife <input type="checkbox"/> 05 - Cargo/Equipment Loss or Shift		<input type="checkbox"/> 06 - Equipment Failure (Blown Tire, Brake Failure, etc) <input type="checkbox"/> 07 - Separation of Units <input type="checkbox"/> 08 - Ran Off Road Right <input type="checkbox"/> 09 - Ran Off Road Left		<input type="checkbox"/> 10 - Cross Median <input type="checkbox"/> 11 - Cross Center Line Opposite Direction of Travel <input type="checkbox"/> 12 - Downhill Runaway <input type="checkbox"/> 13 - Other Non-Collision			
Collision with Person, Vehicle or Object Not Fixed		<input type="checkbox"/> 14 - Pedestrian <input type="checkbox"/> 15 - Pedalcycle <input type="checkbox"/> 16 - Railway Vehicle (Train, Engine) <input type="checkbox"/> 17 - Animal - Farm <input type="checkbox"/> 18 - Animal - Deer <input type="checkbox"/> 19 - Animal - Other <input type="checkbox"/> 20 - Motor Vehicle in Transport		<input type="checkbox"/> 21 - Parked Motor Vehicle <input type="checkbox"/> 22 - Work Zone Maintenance Equipment <input type="checkbox"/> 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle <input type="checkbox"/> 24 - Other Movable Object		<input type="checkbox"/> 25 - Impact Attenuator/Crash Cushion <input type="checkbox"/> 26 - Bridge Overhead Structure <input type="checkbox"/> 27 - Bridge Pier or Abutment <input type="checkbox"/> 28 - Bridge Parapet <input type="checkbox"/> 29 - Bridge Rail <input type="checkbox"/> 30 - Guardrail Face <input type="checkbox"/> 31 - Guardrail End <input type="checkbox"/> 32 - Portable Barrier		<input type="checkbox"/> 33 - Median Cable Barrier <input type="checkbox"/> 34 - Median Guardrail Barrier <input type="checkbox"/> 35 - Median Concrete Barrier <input type="checkbox"/> 36 - Median Other Barrier <input type="checkbox"/> 37 - Traffic Sign Post <input type="checkbox"/> 38 - Overhead Sign Post <input type="checkbox"/> 39 - Light/Luminaries Support <input type="checkbox"/> 40 - Utility Pole			
Collision with Person, Vehicle or Object Not Fixed		<input type="checkbox"/> 41 - Other Post, Pole or Support <input type="checkbox"/> 42 - Culvert <input type="checkbox"/> 43 - Curb <input type="checkbox"/> 44 - Ditch <input type="checkbox"/> 45 - Embankment <input type="checkbox"/> 46 - Fence <input type="checkbox"/> 47 - Mailbox		<input type="checkbox"/> 48 - Tree <input type="checkbox"/> 49 - Fire Hydrant <input type="checkbox"/> 50 - Work Zone Maintenance Equipment <input type="checkbox"/> 51 - Wall, Building, Tunnel <input type="checkbox"/> 52 - Other Fixed Object		Unit Speed <input type="checkbox"/> 75 <input type="checkbox"/> 75		Posted Speed <input type="checkbox"/> 75 <input type="checkbox"/> 75			
<input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated		Traffic Control <input type="checkbox"/> 01 - No Controls <input type="checkbox"/> 02 - Stop Sign <input type="checkbox"/> 03 - Yield Sign <input type="checkbox"/> 04 - Traffic Signal <input type="checkbox"/> 05 - Traffic Flashers <input type="checkbox"/> 06 - School Zone		<input type="checkbox"/> 07 - Railroad Crossbucks <input type="checkbox"/> 08 - Railroad Flashers <input type="checkbox"/> 09 - Railroad Gates <input type="checkbox"/> 10 - Construction Barricade <input type="checkbox"/> 11 - Person (Flagger, Officer) <input type="checkbox"/> 12 - Pavement Markings		Unit Direction From <input type="checkbox"/> 1 To <input type="checkbox"/> 2		<input type="checkbox"/> 1 - North <input type="checkbox"/> 2 - South <input type="checkbox"/> 3 - East <input type="checkbox"/> 4 - West <input type="checkbox"/> 5 - Northeast <input type="checkbox"/> 6 - Northwest <input type="checkbox"/> 7 - Southeast <input type="checkbox"/> 8 - Southwest <input type="checkbox"/> 9 - Unknown			



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
1171719

UNIT NUMBER [] [] []	NAME: LAST, FIRST, MIDDLE Sinclair, Lauren A.	DATE OF BIRTH 11/21/1996	AGE 21	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 575 Senhauser Dr. (Mcdowell Hall) Kent, OH 44240	CONTACT PHONE- INCLUDE AREA CODE 301 653 8930
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INJURIES [] [] []	INJURED TAKEN BY [] [] []	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED [] []	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION [] []	AIR BAG USAGE []	EJECTION []	TRAPPED []
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UNIT NUMBER [] [] []	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER [] F - FEMALE M - MALE
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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 USED 99 - UNKNOWN SAFETY EQUIPMENT 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
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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	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS
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