



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

161516

CRASH SEVERITY

3 1 - FATAL  
2 - INJURY  
3 - PDO

HIT/SKIP

1 - SOLVED  
2 - UNSOLVED

LOCAL INFORMATION

☐ PHOTOS TAKEN  
☐ OH-2 ☐ OH-1P  
☐ OH-3 ☐ OTHER☐ PDO UNDER STATE REPORTABLE DOLLAR AMOUNT☐ PRIVATE PROPERTYREPORTING AGENCY NCIC \*  
067P3REPORTING AGENCY NAME \*  
Kent Police DeptNUMBER OF UNITS  
02UNIT IN ERROR  
01 98 - ANIMAL  
99 - UNKNOWNCOUNTY \*  
C7☒ CITY \*  
☐ VILLAGE \*  
☐ TOWNSHIP \*CITY, VILLAGE, TOWNSHIP \*  
KentCRASH DATE \*  
01/17/2016TIME OF CRASH  
1618DAY OF WEEK  
SUNDEGREES / MINUTES / SECONDS  
LATITUDE

0 / 0

LONGITUDE

DECIMAL DEGREES

41.155887

LONGITUDE

-81.358145

ROADWAY DIVISION  
☐ DIVIDED  
☒ UNDIVIDEDDIVIDED LANE DIRECTION OF TRAVEL  
☐ N - NORTHBOUND  
☐ E - EASTBOUND  
☐ S - SOUTHBOUND  
☐ W - WESTBOUNDNUMBER OF THRU LANES  
02ROAD TYPES OR MILEPOST<sup>2</sup>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 - TRAILLOCATION ROUTE TYPE<sup>1</sup>

LOCATION ROUTE NUMBER

LOC PREFIX  
N, S, E, WLOCATION ROAD NAME  
PortageLOCATION ROAD TYPE<sup>2</sup>ROUTE TYPES<sup>1</sup>  
IR - INTERSTATE ROUTE (INC. TURNPIKE)  
US - US ROUTE  
SR - STATE ROUTECR - NUMBERED COUNTY ROUTE  
TR - NUMBERED TOWNSHIP ROUTEDISTANCE FROM REFERENCE  
ATDIR FROM REF  
MILES  
FEET  
YARDSREFERENCE ROUTE TYPE<sup>1</sup>

REFERENCE ROUTE NUMBER

REF PREFIX  
N, S, E, WREFERENCE NAME (ROAD, MILEPOST, HOUSE #)  
WATERREFERENCE ROAD TYPE<sup>2</sup>REFERENCE POINT USED  
1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE NUMBERCRASH LOCATION  
0301 - 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 ACCESS11 - RAILWAY GRADE CROSSING  
12 - SHARED-USE PATHS OR TRAILS  
99 - UNKNOWN☐ INTERSECTION RELATEDLOCATION OF FIRST HARMFUL EVENT  
1 - ON ROADWAY  
2 - ON SHOULDER  
3 - IN MEDIAN  
4 - ON ROADSIDE  
5 - ON GORE  
6 - OUTSIDE TRAFFICWAY  
9 - UNKNOWNROAD CONTOUR  
2 1 - STRAIGHT LEVEL  
2 - STRAIGHT GRADE  
3 - CURVE LEVEL4 - CURVE GRADE  
9 - UNKNOWNROAD CONDITIONS  
PRIMARY  
03SECONDARY  
0401 - DRY  
02 - WET  
03 - SNOW  
04 - ICE  
05 - SAND, MUD, DIRT, OIL, GRAVEL  
06 - WATER (STANDING, MOVING)  
07 - SLUSH  
08 - DEBRIS\*09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT\*  
10 - OTHER  
99 - UNKNOWN

\* SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT

2 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

WEATHER

6 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/UNKNOWNROAD SURFACE  
2 1 - CONCRETE  
2 - BLACKTOP, BITUMINOUS, ASPHALT  
3 - BRICK/BLOCK4 - SLAG, GRAVEL, STONE  
5 - DIRT  
6 - OTHERLIGHT CONDITIONS  
1 PRIMARY  
12 SECONDARY  
1 - DAYLIGHT  
2 - DAWN  
3 - DUSK  
4 - DARK - LIGHTED ROADWAY  
5 - DARK - ROADWAY NOT LIGHTED  
6 - DARK - UNKNOWN ROADWAY LIGHTING  
7 - GLARE\*  
8 - OTHER9 - UNKNOWN  
\* SECONDARY CONDITION ONLY☐ SCHOOL ZONE RELATEDSCHOOL BUS RELATED  
☐ YES, SCHOOL BUS DIRECTLY INVOLVED  
☐ YES, SCHOOL BUS INDIRECTLY INVOLVED☐ WORK ZONE RELATED☐ WORKERS PRESENT  
☐ LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)  
☐ LAW ENFORCEMENT PRESENT (VEHICLE ONLY)

TYPE OF WORK ZONE

1 - LANE CLOSURE  
2 - LANE SHIFT/CROSSOVER  
3 - WORK ON SHOULDER OR MEDIAN  
4 - INTERMITTENT OR MOVING WORK  
5 - OTHER

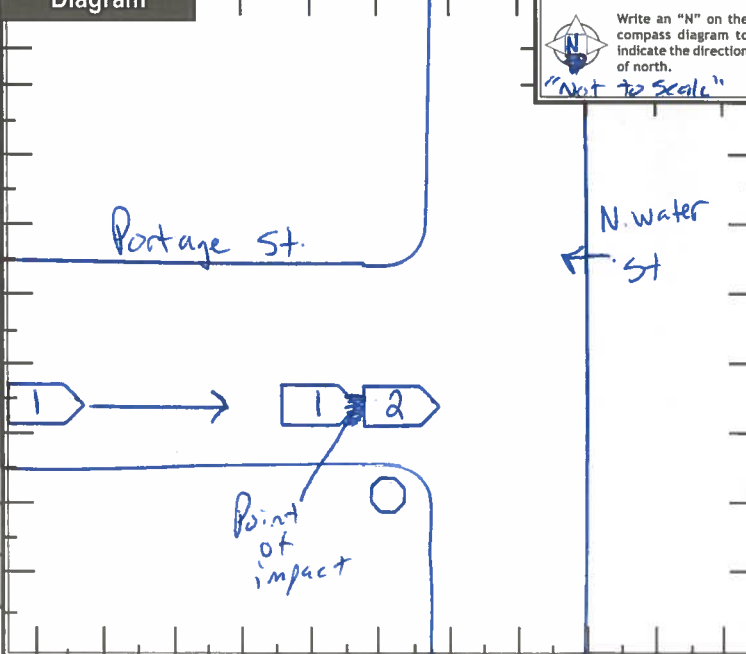
LOCATION OF CRASH IN WORK ZONE

1 - BEFORE THE FIRST WORK ZONE WARNING SIGN  
2 - ADVANCE WARNING AREA  
3 - TRANSITION AREA  
4 - ACTIVITY AREA  
5 - TERMINATION AREA

NARRATIVE

Unit #2 was stopped at a stop sign on Portage at N. Water St. Unit #1 was W/B on Portage St. traveling about 8-10mph. Unit #1 applied brakes about 40-50 ft but, due to the ice and snowy road, Unit #1 slid into the rear of Unit #2.

Diagram



REPORT TAKEN BY

☒ POLICE AGENCY ☐ MOTORIST☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPs)

DATE CRASH REPORTED

01/17/2016

TIME CRASH REPORTED

1618

DISPATCH TIME

1618

ARRIVAL TIME

1618

TIME CLEARED

1631

OTHER INVESTIGATION TIME

20

TOTAL MINUTES

33

OFFICER'S NAME \*

M. Smith

OFFICER'S BADGE NUMBER

231

CHECKED BY

J. J. J. J.

PAGE 1 OF 4



OHIO  
DEPARTMENT OF  
PUBLIC SAFETY  
SAFETY • SERVICE • PROTECTION

# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

1/61/516

|                           |   |                                    |                  |   |
|---------------------------|---|------------------------------------|------------------|---|
| UNIT NUMBER<br><b>011</b> | NAME: LAST, FIRST, MIDDLE<br><b>Hirz, Alexander, Martin</b> | DATE OF BIRTH<br><b>03/08/1995</b> | AGE<br><b>20</b> | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |
|---------------------------|---|------------------------------------|------------------|---|

|  |  |
|--|--|
| Address, City, State, Zip<br><b>5791 ARLYNE LN</b> | CONTACT PHONE- INCLUDE AREA CODE<br><b>(1330) 421-3866</b> |
|--|--|

|  |  |                      |   |                                      |  |                                    |                                 |                               |                                |                              |                |
|--|--|----------------------|---|--------------------------------------|--|------------------------------------|---------------------------------|-------------------------------|--------------------------------|------------------------------|----------------|
| INJURIES<br><b>1</b>                                   | INJURED TAKEN BY<br><b>1</b>               | EMS AGENCY           | MEDICAL FACILITY INJURED TAKEN TO                     | SAFETY EQUIPMENT USED<br><b>04</b>   | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>01</b>      | AIR BAG USAGE<br><b>1</b>       | EJECTION<br><b>1</b>          | TRAPPED<br><b>1</b>            |                              |                |
| OL STATE<br><b>OH</b>                                  | OPERATOR LICENSE NUMBER<br><b>TX282943</b> | OL CLASS<br><b>H</b> | No<br><input type="checkbox"/> VALID<br>OL            | M/C<br><input type="checkbox"/> END. | CONDITION<br><b>1</b>  | ALCOHOL/DRUG SUSPECTED<br><b>1</b> | ALCOHOL TEST STATUS<br><b>1</b> | ALCOHOL TEST TYPE<br><b>1</b> | ALCOHOL TEST VALUE<br><b>1</b> | DRUG TEST STATUS<br><b>1</b> | DRUG TEST TYPE |
| OFFENSE CHARGED<br><input type="checkbox"/> LOCAL CODE | OFFENSE DESCRIPTION                        | CITATION NUMBER      | HANDS-FREE<br><input type="checkbox"/> DEVICE<br>USED | DRIVER DISTRACTED BY<br><b>1</b>     |  |                                    |                                 |                               |                                |                              |                |

|                           |   |                                    |                  |   |
|---------------------------|---|------------------------------------|------------------|---|
| UNIT NUMBER<br><b>012</b> | NAME: LAST, FIRST, MIDDLE<br><b>Williams, Dante, D.</b> | DATE OF BIRTH<br><b>07/03/1969</b> | AGE<br><b>46</b> | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |
|---------------------------|---|------------------------------------|------------------|---|

|   |   |
|---|---|
| Address, City, State, Zip<br><b>1239 Niagara Ave. Akron, OH 44305</b> | CONTACT PHONE- INCLUDE AREA CODE<br><b>(330) 285-2040</b> |
|---|---|

|  |  |                      |   |                                      |  |                                    |                                 |                               |                                |                              |                |
|--|--|----------------------|---|--------------------------------------|--|------------------------------------|---------------------------------|-------------------------------|--------------------------------|------------------------------|----------------|
| INJURIES<br><b>1</b>                                   | INJURED TAKEN BY<br><b>1</b>               | EMS AGENCY           | MEDICAL FACILITY INJURED TAKEN TO                     | SAFETY EQUIPMENT USED<br><b>04</b>   | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>01</b>      | AIR BAG USAGE<br><b>1</b>       | EJECTION<br><b>1</b>          | TRAPPED<br><b>1</b>            |                              |                |
| OL STATE<br><b>OH</b>                                  | OPERATOR LICENSE NUMBER<br><b>RN520670</b> | OL CLASS<br><b>H</b> | No<br><input type="checkbox"/> VALID<br>OL            | M/C<br><input type="checkbox"/> END. | CONDITION<br><b>1</b>  | ALCOHOL/DRUG SUSPECTED<br><b>1</b> | ALCOHOL TEST STATUS<br><b>1</b> | ALCOHOL TEST TYPE<br><b>1</b> | ALCOHOL TEST VALUE<br><b>1</b> | DRUG TEST STATUS<br><b>1</b> | DRUG TEST TYPE |
| OFFENSE CHARGED<br><input type="checkbox"/> LOCAL CODE | OFFENSE DESCRIPTION                        | CITATION NUMBER      | HANDS-FREE<br><input type="checkbox"/> DEVICE<br>USED | DRIVER DISTRACTED BY<br><b>1</b>     |  |                                    |                                 |                               |                                |                              |                |

|  |  |  |
|--|--|--|
| INJURIES<br>1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL | INJURED TAKEN BY<br>1 - NOT TRANSPORTED /<br>TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN | SAFETY EQUIPMENT USED<br>MOTORIST<br>01 - NONE USED - VEHICLE OCCUPANT<br>02 - SHOULDER BELT ONLY USED<br>03 - LAP BELT ONLY USED<br>04 - SHOULDER AND LAP BELT USED<br>99 - UNKNOWN SAFETY EQUIPMENT<br>Non-MOTORIST<br>05 - CHILD RESTRAINT SYSTEM-FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM- REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED<br>09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED<br>(ELBOWS, KNEES, ETC)<br>12 - REFLECTIVE CLOTHING<br>13 - LIGHTING<br>14 - OTHER |
|--|--|--|

|  |  |
|--|--|
| SEATING POSITION<br>01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>02 - FRONT - MIDDLE<br>03 - FRONT - RIGHT SIDE<br>04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>05 - SECOND - MIDDLE<br>06 - SECOND - RIGHT SIDE<br>07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>08 - THIRD - MIDDLE<br>09 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF CAB (TRUCK)<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA<br>(NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN | AIR BAG USAGE<br>1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |
|--|--|

|   |  |   |   |   |
|---|--|---|---|---|
| EJECTION<br>1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE | TRAPPED<br>1 - NOT TRAPPED<br>2 - EXTRICATED BY<br>MECHANICAL MEANS<br>3 - EXTRICATED BY<br>NON-MECHANICAL MEANS | OPERATOR LICENSE CLASS<br>1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO IS "D")<br>5 - MC/MOPED ONLY | CONDITION<br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED<br>6 - UNDER THE INFLUENCE OF<br>MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER | ALCOHOL/DRUG SUSPECTED<br>1 - NONE<br>2 - YES - ALCOHOL SUSPECTED<br>3 - YES - HBD NOT IMPAIRED<br>4 - YES - DRUGS SUSPECTED<br>5 - YES - ALCOHOL AND DRUGS SUSPECTED |
|---|--|---|---|---|

|   |  |  |   |  |
|---|--|--|---|--|
| ALCOHOL TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN | ALCOHOL TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER | DRUG TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN | DRUG TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER | DRIVER DISTRACTED BY<br>1 - NO DISTRACTION REPORTED<br>2 - PHONE<br>3 - TEXTING/E-MAILING<br>4 - ELECTRONIC COMMUNICATION DEVICE<br>5 - OTHER ELECTRONIC DEVICE<br>(NAVIGATION DEVICE, RADIO, DVD)<br>6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION |
|---|--|--|---|--|

|                           |                           |               |     |   |
|---------------------------|---------------------------|---------------|-----|---|
| UNIT NUMBER<br><b>011</b> | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |
|---------------------------|---------------------------|---------------|-----|---|

|                           |                                  |
|---------------------------|----------------------------------|
| Address, City, State, Zip | CONTACT PHONE- INCLUDE AREA CODE |
|---------------------------|----------------------------------|

|                      |                              |            |                                   |                                    |  |                               |                           |                      |                     |
|----------------------|------------------------------|------------|-----------------------------------|------------------------------------|--|-------------------------------|---------------------------|----------------------|---------------------|
| INJURIES<br><b>0</b> | INJURED TAKEN BY<br><b>0</b> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br><b>00</b> | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>00</b> | AIR BAG USAGE<br><b>0</b> | EJECTION<br><b>0</b> | TRAPPED<br><b>0</b> |
|----------------------|------------------------------|------------|-----------------------------------|------------------------------------|--|-------------------------------|---------------------------|----------------------|---------------------|

|                           |                           |               |     |   |
|---------------------------|---------------------------|---------------|-----|---|
| UNIT NUMBER<br><b>011</b> | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |
|---------------------------|---------------------------|---------------|-----|---|

|                           |                                  |
|---------------------------|----------------------------------|
| Address, City, State, Zip | CONTACT PHONE- INCLUDE AREA CODE |
|---------------------------|----------------------------------|

|                      |                              |            |                                   |                                    |  |                               |                           |                      |                     |
|----------------------|------------------------------|------------|-----------------------------------|------------------------------------|--|-------------------------------|---------------------------|----------------------|---------------------|
| INJURIES<br><b>0</b> | INJURED TAKEN BY<br><b>0</b> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br><b>00</b> | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>00</b> | AIR BAG USAGE<br><b>0</b> | EJECTION<br><b>0</b> | TRAPPED<br><b>0</b> |
|----------------------|------------------------------|------------|-----------------------------------|------------------------------------|--|-------------------------------|---------------------------|----------------------|---------------------|



|  |  |  |  |  |  |   |  |   |  |
|--|--|--|--|--|--|---|--|---|--|
| Unit Number<br><b>01</b>   |  | Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver )<br><b>Hirz, Christina, Biadas</b>  |  | Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver )   |  | Damage Scale<br><b>2</b>  |  | Damaged Area<br>  |  |
| Owner Address: City, State, Zip ( <input type="checkbox"/> Same As Driver )  |  | LP State<br><b>OH</b>  |  | License Plate Number<br><b>FEM2519</b>   |  | Vehicle Identification Number<br><b>JTMZK31N775009658</b>   |  | # Occupants<br><b>01</b>  |  |
| Vehicle Year<br><b>2007</b>  |  | Vehicle Make<br><b>TOYOTA</b>  |  | Vehicle Model<br><b>RAV4</b>   |  | Vehicle Color<br><b>Blue</b>  |  | Towed By  |  |
| <input checked="" type="checkbox"/> Proof of Insurance Shown   |  | Insurance Company<br><b>ALL STATE</b>  |  | Policy Number<br><b>926-552-639</b>  |  | Carrier Name, Address, City, State, Zip   |  | Carrier Phone- include area code  |  |
| US DOT   |  | Vehicle Weight GVWR/GCWR<br><b>1</b><br>1 - Less Than or Equal to 10k Lbs.<br>2 - 10,001 to 26,000 Lbs.<br>3 - More Than 26,000 Lbs.   |  | Cargo Body Type<br><b>01</b><br>01 - No Cargo Body Type/Not Applicable<br>02 - Bus/Van (9-15 Seats, Inc Driver)<br>03 - Bus (16+ Seats, Inc Driver)<br>04 - Vehicle Towing Another Vehicle<br>05 - Logging<br>06 - Intermodal Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel  |  | Trafficway Description<br><b>1</b><br>1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Continuous Left Turn Lane<br>3 - Two-Way, Divided, Unprotected (Painted or Grass 4 Ft.) Median<br>4 - Two-Way, Divided, Positive Median Barrier<br>5 - One-Way Trafficway   |  | <input type="checkbox"/> Hit / Skip Unit  |  |
| HM Placard ID No.  |  | <input type="checkbox"/> Hazardous Material Released   |  | Passenger Vehicles (less than 9 passengers)<br>01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sport Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle  |  | Med/Heavy Trucks or Combo Units > 10k lbs<br>13 - Single Unit Truck or Van 2axle, 6 tires<br>14 - Single Unit Truck; 3+ axles<br>15 - Single Unit Truck / Trailer<br>16 - Truck/Tractor (Bobtail)<br>17 - Tractor/Semi-Trailer<br>18 - Tractor/Double<br>19 - Tractor/Triples<br>20 - Other Med/Heavy Vehicle                       |  | Bus/Van/Limo (9 or More Including Driver)<br>21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - Bus (16+ Seats, Inc Driver)<br>Non-Motorist<br>23 - Animal with Rider<br>24 - Animal with Buggy, Wagon, Surrey<br>25 - Bicycle/Pedacyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist    |  |
| Non-Motorist Location Prior to Impact<br><b>01</b><br>01 - Intersection - Marked Crosswalk<br>02 - Intersection - No Crosswalk<br>03 - Intersection - Other<br>04 - Midblock - Marked Crosswalk<br>05 - Travel Lane - Other Location<br>06 - Bicycle Lane<br>07 - Shoulder/Roadside<br>08 - Sidewalk<br>09 - Median/Crossing Island<br>10 - Driveway Access<br>11 - Shared-Use Path or Trail<br>12 - Non-Trafficway Area<br>99 - Other/Unknown |  | Type of Use<br><b>1</b><br>1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response  |  | Unit Type<br><b>06</b><br>99 - Unknown or Hit / Skip   |  | <input type="checkbox"/> Has HM Placard   |  |   |  |
| Special Function<br><b>01</b><br>01 - None<br>02 - Taxi<br>03 - Rental Truck (Over 10k Lbs)<br>04 - Bus - School (Public or Private)<br>05 - Bus - Transit<br>06 - Bus - Charter<br>07 - Bus - Shuttle<br>08 - Bus - Other   |  | 09 - Ambulance<br>10 - Fire<br>11 - Highway/Maintenance<br>12 - Military<br>13 - Police<br>14 - Public Utility<br>15 - Other Government<br>16 - Construction Equip.  |  | 17 - Farm Vehicle<br>18 - Farm Equipment<br>19 - Motorhome<br>20 - Golf Cart<br>21 - Train<br>22 - Other (Explain in Narrative)  |  | Most Damaged Area<br><b>02</b><br>01 - None<br>02 - Center Front<br>03 - Right Front<br>04 - Right Side<br>05 - Right Rear<br>06 - Rear Center<br>07 - Left Rear  |  | 08 - Left Side<br>09 - Left Front<br>10 - Top and Windows<br>11 - Undercarriage<br>12 - Load/Trailer<br>13 - Total(All Areas)<br>14 - Other   |  |
| Pre-Crash Actions<br><b>11</b><br>99 - Unknown   |  | Motorist<br>01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>04 - Overtaking/Passing<br>05 - Making Right Turn<br>06 - Making Left Turn   |  | 07 - Making U-Turn<br>08 - Entering Traffic Lane<br>09 - Leaving Traffic Lane<br>10 - Parked<br>11 - Slowing or Stopped in Traffic<br>12 - Driverless  |  | Non-Motorist<br>13 - Negotiating a Curve<br>14 - Other Motorist Action  |  | 15 - Entering or Crossing Specified Location<br>16 - Walking, Running, Jogging, Playing, Cycling<br>17 - Working<br>18 - Pushing Vehicle<br>19 - Approaching or Leaving Vehicle<br>20 - Standing  |  |
| Contributing Circumstances<br>Primary<br><b>17</b><br>Secondary<br><b>00</b><br>99 - Unknown   |  | Motorist<br>01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road |  | 11 - Improper Backing<br>12 - Improper Start From Parked Position<br>13 - Stopped or Parked Illegally<br>14 - Operating Vehicle in Negligent Manner<br>15 - Swerving to Avoid (Due to External Conditions)<br>16 - Wrong Side/Wrong Way<br>17 - Failure to Control<br>18 - Vision Obstruction<br>19 - Operating Defective Equipment<br>20 - Load Shifting/Falling/Spilling<br>21 - Other Improper Action             |  | Non-Motorist<br>22 - None<br>23 - Improper Crossing<br>24 - Darting<br>25 - Lying and/or Illegally in Roadway<br>26 - Failure to Yield Right of Way<br>27 - Not Visible (Dark Clothing)<br>28 - Inattentive<br>29 - Failure to Obey Traffic Signs /Signals/Officer<br>30 - Wrong Side of the Road<br>31 - Other Non-Motorist Action |  | Vehicle Defects<br><b>00</b><br>01 - Turn Signals<br>02 - Head Lamps<br>03 - Tail Lamps<br>04 - Brakes<br>05 - Steering<br>06 - Tire Blowout<br>07 - Worn or Slick tires<br>08 - Trailer Equipment Defective<br>09 - Motor Trouble<br>10 - Disabled From Prior Accident<br>11 - Other Defects |  |
| Sequence of Events<br>1 <b>20</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b><br>First Harmful Event <b>1</b> Most Harmful Event <b>1</b><br>99 - Unknown  |  | Non-Collision Events<br>01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift  |  | 06 - Equipment Failure (Blown Tire, Brake Failure, etc)<br>07 - Separation of Units<br>08 - Ran Off Road Right<br>09 - Ran Off Road Left   |  | 10 - Cross Median<br>11 - Cross Center Line Opposite Direction of Travel<br>12 - Downhill Runaway<br>13 - Other Non-Collision   |  |   |  |
| Collision with Person, Vehicle or Object Not Fixed<br>14 - Pedestrian<br>15 - Pedalcycle<br>16 - Railway Vehicle (Train/Engine)<br>17 - Animal - Farm<br>18 - Animal - Deer<br>19 - Animal - Other<br>20 - Motor Vehicle in Transport  |  | 21 - Parked Motor Vehicle<br>22 - Work Zone Maintenance Equipment<br>23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle<br>24 - Other Movable Object  |  | Collision With Fixed Object<br>25 - Impact Attenuator/Crash Cushion<br>26 - Bridge Overhead Structure<br>27 - Bridge Pier or Abutment<br>28 - Bridge Parapet<br>29 - Bridge Rail<br>30 - Guardrail Face<br>31 - Guardrail End<br>32 - Portable Barrier   |  | 33 - Median Cable Barrier<br>34 - Median Guardrail Barrier<br>35 - Median Concrete Barrier<br>36 - Median Other Barrier<br>37 - Traffic Sign Post<br>38 - Overhead Sign Post<br>39 - Light/Luminaries Support<br>40 - Utility Pole  |  | 41 - Other Post, Pole or Support<br>42 - Culvert<br>43 - Curb<br>44 - Ditch<br>45 - Embankment<br>46 - Fence<br>47 - Mailbox<br>48 - Tree<br>49 - Fire Hydrant<br>50 - Work Zone Maintenance Equipment<br>51 - Wall, Building, Tunnel<br>52 - Other Fixed Object                              |  |
| Unit Speed<br><b>09</b><br><input type="checkbox"/> Stated<br><input checked="" type="checkbox"/> Estimated  |  | Posted Speed<br><b>25</b>  |  | Traffic Control<br><b>12</b><br>01 - No Controls<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Flashers<br>06 - School Zone<br>07 - Railroad Crossbucks<br>08 - Railroad Flashers<br>09 - Railroad Gates<br>10 - Construction Barricade<br>11 - Person (Flagger, Officer)<br>12 - Pavement Markings<br>13 - Crosswalk Lines<br>14 - Walk/Don't Walk<br>15 - Other<br>16 - Not Reported |  | Unit Direction<br>From <b>3</b> To <b>4</b><br>1 - North<br>2 - South<br>3 - East<br>4 - West<br>5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest<br>9 - Unknown  |  |   |  |

161516

|  |  |  |  |  |   |   |   |   |
|--|--|--|--|--|---|---|---|---|
| Unit Number<br><b>02</b>   |  | 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<br><b>2</b>  | Damaged Area  |   |
| Owner Address: City, State, Zip <input checked="" type="checkbox"/> Same As Driver   |  |  |  |  |   | 1 - None  |   |   |
| LP State<br><b>OH</b>  | License Plate Number<br><b>EDK6304</b> | Vehicle Identification Number<br><b>1HGKM5689HA1343AP</b>  |  |  | # Occupants<br><b>01</b>  |   |   |   |
| Vehicle Year<br><b>2004</b>  | Vehicle Make<br><b>HONDA</b>           | Vehicle Model<br><b>Civic</b>  | Vehicle Color<br><b>BLACK</b>                        |  |   |   |   |   |
| <input checked="" type="checkbox"/> Proof of Insurance Shown   | Insurance Company<br><b>Statefarm</b>  | Policy Number<br><b>480-4109-F23-35B</b>   | Towed By   |  |   |   |   |   |
| Carrier Name, Address, City, State, Zip  |  |  |  |  |   | Carrier Phone- include area code  |   |   |
| US DOT   |  | Vehicle Weight GVWR/GCWR<br><b>1</b><br>1 - Less Than or Equal to 10k Lbs.<br>2 - 10,001 to 26,000 Lbs.<br>3 - More Than 26,000 Lbs.   |  | Cargo Body Type<br><b>01</b><br>01 - No Cargo Body Type/Not Applicable<br>02 - Bus/Van (9-15 Seats, Inc Driver)<br>03 - Bus (16+ Seats, Inc Driver)<br>04 - Vehicle Towing Another Vehicle<br>05 - Logging<br>06 - Intermodal Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel  |   | Trafficway Description<br><b>1</b><br>1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Continuous Left Turn Lane<br>3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft.) Median<br>4 - Two-Way, Divided, Positive Median Barrier<br>5 - One-Way Trafficway   |   |   |
| HM Placard ID No.<br><b>1</b>  |  | <input type="checkbox"/> Hazardous Material Released   |  | 09 - Pole<br>10 - Cargo Tank<br>11 - Flat Bed<br>12 - Dump<br>13 - Concrete Mixer<br>14 - Auto Transporter<br>15 - Garbage/Refuse<br>99 - Other/Unknown  |   | <input type="checkbox"/> Hit / Skip Unit  |   |   |
| HM Class Number<br><b>1</b>  |  |  |  |  |   |   |   |   |
| Non-Motorist Location Prior to Impact<br><b>01</b><br>01 - Intersection - Marked Crosswalk<br>02 - Intersection - No Crosswalk<br>03 - Intersection - Other<br>04 - Midblock - Marked Crosswalk<br>05 - Travel Lane - Other Location<br>06 - Bicycle Lane<br>07 - Shoulder/Roadside<br>08 - Sidewalk<br>09 - Median/Crossing Island<br>10 - Driveway Access<br>11 - Shared-Use Path or Trail<br>12 - Non-Trafficway Area<br>99 - Other/Unknown |  | Type of Use<br><b>1</b><br>1 - Personal<br>2 - Commercial<br>3 - Government  | Unit Type<br><b>02</b><br>99 - Unknown or Hit / Skip |  | Passenger Vehicles (less than 9 passengers)<br>01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sport Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle |   | Med/Heavy Trucks or Combo Units > 10k lbs<br>13 - Single Unit Truck or Van 2axle, 6 tires<br>14 - Single Unit Truck; 3+ axles<br>15 - Single Unit Truck / Trailer<br>16 - Truck/Tractor (Bobtail)<br>17 - Tractor/Semi-Trailer<br>18 - Tractor/Double<br>19 - Tractor/Triples<br>20 - Other Med/Heavy Vehicle |   |
|  |  | <input type="checkbox"/> In Emergency Response   |  |  |   |   |   | Bus/Van/Limo (9 or More Including Driver)<br>21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - Bus (16+ Seats, Inc Driver)<br>Non-Motorist<br>23 - Animal with Rider<br>24 - Animal with Buggy, Wagon, Surrey<br>25 - Bicycle/Pedacyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist    |
| Special Function<br><b>01</b><br>01 - None<br>02 - Taxi<br>03 - Rental Truck (Over 10k Lbs)<br>04 - Bus - School (Public or Private)<br>05 - Bus - Transit<br>06 - Bus - Charter<br>07 - Bus - Shuttle<br>08 - Bus - Other   |  | 09 - Ambulance<br>10 - Fire<br>11 - Highway/Maintenance<br>12 - Military<br>13 - Police<br>14 - Public Utility<br>15 - Other Government<br>16 - Construction Equip.  |  | 17 - Farm Vehicle<br>18 - Farm Equipment<br>19 - Motorhome<br>20 - Golf Cart<br>21 - Train<br>22 - Other (Explain in Narrative)  |   | Most Damaged Area<br><b>06</b><br>01 - None<br>02 - Center Front<br>03 - Right Front<br>04 - Right Side<br>05 - Right Rear<br>06 - Rear Center<br>07 - Left Rear  |   | Action<br><b>4</b><br>1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown  |
| Pre-Crash Actions<br><b>11</b><br>99 - Unknown   |  | Motorist<br>01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>04 - Overtaking/Passing<br>05 - Making Right Turn<br>06 - Making Left Turn   |  | Non-Motorist<br>07 - Making U-Turn<br>08 - Entering Traffic Lane<br>09 - Leaving Traffic Lane<br>10 - Parked<br>11 - Slowing or Stopped in Traffic<br>12 - Driverless  |   | Non-Motorist<br>13 - Negotiating a Curve<br>14 - Other Motorist Action<br>15 - Entering or Crossing Specified Location<br>16 - Walking, Running, Jogging, Playing, Cycling<br>17 - Working<br>18 - Pushing Vehicle<br>19 - Approaching or Leaving Vehicle<br>20 - Standing  |   | 21 - Other Non-Motorist Action  |
| Contributing Circumstances<br>Primary<br><b>01</b><br>Secondary<br><b>01</b><br>99 - Unknown   |  | Motorist<br>01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road |  | Non-Motorist<br>11 - Improper Backing<br>12 - Improper Start From Parked Position<br>13 - Stopped or Parked Illegally<br>14 - Operating Vehicle in Negligent Manner<br>15 - Swerving to Avoid (Due to External Conditions)<br>16 - Wrong Side/Wrong Way<br>17 - Failure to Control<br>18 - Vision Obstruction<br>19 - Operating Defective Equipment<br>20 - Load Shifting/Falling/Spilling<br>21 - Other Improper Action |   | Non-Motorist<br>22 - None<br>23 - Improper Crossing<br>24 - Darting<br>25 - Lying and/or Illegally in Roadway<br>26 - Failure to Yield Right of Way<br>27 - Not Visible (Dark Clothing)<br>28 - Inattentive<br>29 - Failure to Obey Traffic Signs /Signals/Officer<br>30 - Wrong Side of the Road<br>31 - Other Non-Motorist Action |   | Vehicle Defects<br><b>01</b><br>01 - Turn Signals<br>02 - Head Lamps<br>03 - Tail Lamps<br>04 - Brakes<br>05 - Steering<br>06 - Tire Blowout<br>07 - Worn or Slick tires<br>08 - Trailer Equipment Defective<br>09 - Motor Trouble<br>10 - Disabled From Prior Accident<br>11 - Other Defects |
| Sequence of Events<br>1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b><br>First Harmful Event <b>1</b> Most Harmful Event <b>1</b><br>99 - Unknown  |  | Non-Collision Events<br>01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift  |  | 06 - Equipment Failure (Blown Tire, Brake Failure, etc)<br>07 - Separation of Units<br>08 - Ran Off Road Right<br>09 - Ran Off Road Left   |   | 10 - Cross Median<br>11 - Cross Center Line Opposite Direction of Travel<br>12 - Downhill Runaway<br>13 - Other Non-Collision   |   |   |
| Collision with Person, Vehicle or Object Not Fixed<br>14 - Pedestrian<br>15 - Pedalcycle<br>16 - Railway Vehicle (Train, Engine)<br>17 - Animal - Farm<br>18 - Animal - Deer<br>19 - Animal - Other<br>20 - Motor Vehicle in Transport   |  | Collision With Fixed Object<br>21 - Parked Motor Vehicle<br>22 - Work Zone Maintenance Equipment<br>23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle<br>24 - Other Movable Object   |  | 25 - Impact Attenuator/Crash Cushion<br>26 - Bridge Overhead Structure<br>27 - Bridge Pier or Abutment<br>28 - Bridge Parapet<br>29 - Bridge Rail<br>30 - Guardrail Face<br>31 - Guardrail End<br>32 - Portable Barrier  |   | 33 - Median Cable Barrier<br>34 - Median Guardrail Barrier<br>35 - Median Concrete Barrier<br>36 - Median Other Barrier<br>37 - Traffic Sign Post<br>38 - Overhead Sign Post<br>39 - Light/Luminaries Support<br>40 - Utility Pole  |   |   |
| Unit Speed<br><b>100</b><br><input checked="" type="checkbox"/> Stated<br><input type="checkbox"/> Estimated   |  | Posted Speed<br><b>25</b>  |  | Traffic Control<br><b>02</b><br>01 - No Controls<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Flashers<br>06 - School Zone  |   | Unit Direction<br>From <b>3</b> To <b>4</b><br>1 - North<br>2 - South<br>3 - East<br>4 - West   |   |   |
|  |  | 07 - Railroad Crossbucks<br>08 - Railroad Flashers<br>09 - Railroad Gates<br>10 - Construction Barricade<br>11 - Person (Flagger, Officer)<br>12 - Pavement Markings   |  | 13 - Crosswalk Lines<br>14 - Walk/Don't Walk<br>15 - Other<br>16 - Not Reported  |   | 5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest<br>9 - Unknown   |   |   |