



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

11613464

CRASH SEVERITY
1 - FATAL
2 - INJURY
3 - PDO

3

HIT/SKIP
1 - SOLVED
2 - UNSOLVED

0

LOCAL INFORMATION

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| 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 <input type="checkbox"/> PRIVATE PROPERTY | REPORTING AGENCY NCIC * 106171031 | REPORTING AGENCY NAME * Kent Police Department | NUMBER OF UNITS 02 | UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN |
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| COUNTY * 67 | CITY * <input checked="" type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWNSHIP | CITY, VILLAGE, TOWNSHIP * Kent | CRASH DATE * 021122016 | TIME OF CRASH 1546 | DAY OF WEEK FRI |
|----------------|---|-----------------------------------|---------------------------|-----------------------|--------------------|

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|--|--------------------|----|--|-------------------------|
| DEGREES / MINUTES / SECONDS LATITUDE 0 / / | LONGITUDE 0 / / | OR | DECIMAL DEGREES LATITUDE 41.141657 | LONGITUDE 781.357500 |
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| ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED | DIVIDED LANE DIRECTION OF TRAVEL <input type="checkbox"/> N - NORTHBOUND E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND W - WESTBOUND | NUMBER OF THRU LANES 04 | ROAD TYPES OR MILEPOST ² 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 |
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|-----------------------------|------------------------------|-----------------|-----------------------------|----------------------------|--|
| LOCATION ROUTE TYPE 1 SR | LOCATION ROUTE NUMBER 413 | LOC PREFIX S | LOCATION ROAD NAME Water | LOCATION ROAD TYPE 2 ST | ROUTE TYPES ¹ IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE |
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| DISTANCE FROM REFERENCE 5 | DIR FROM REF S | REFERENCE ROUTE TYPE 1 N,S,E,W | REFERENCE ROUTE NUMBER 5 | REFERENCE NAME (ROAD, MILEPOST, HOUSE #) Cherry | REFERENCE ROAD TYPE 2 ST |
|------------------------------|-------------------|-----------------------------------|-----------------------------|--|-----------------------------|

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| REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER | CRASH LOCATION 01 | 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 11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN | INTERSECTION RELATED <input checked="" type="checkbox"/> | LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN |
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| ROAD CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN | ROAD CONDITIONS PRIMARY SECONDARY | 01 - 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 |
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| MANNER OF CRASH COLLISION/IMPACT 7 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 2 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 |
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| ROAD SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER | LIGHT CONDITIONS PRIMARY SECONDARY 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 9 - UNKNOWN | SCHOOL BUS RELATED <input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED |
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| | | | | | |
|---|---|---|--|---|---|
| WORK ZONE RELATED <input type="checkbox"/> | WORKERS PRESENT <input type="checkbox"/> | LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> | LAW ENFORCEMENT PRESENT (VEHICLE ONLY) <input type="checkbox"/> | 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 |
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| NARRATIVE Unit #1 and Unit #2 were traveling Northbound on S. Water St. Unit #1 was in the curb lane. Unit #2 was in the inside lane. Unit #2 was stopped behind a vehicle making a left turn onto Cherry St. Unit #2 attempted to change lanes. Unit #2 did not see Unit #1. Unit #2 sideswiped Unit #1. Unit #2 was cited. | Diagram |
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| REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) <input type="checkbox"/> | DATE CRASH REPORTED 1021122016 | TIME CRASH REPORTED 1546 | DISPATCH TIME 1548 | ARRIVAL TIME 1601 | TIME CLEARED 1616 | OTHER INVESTIGATION TIME 10 | TOTAL MINUTES 25 | OFFICER'S NAME * PTC J. Nelson | OFFICER'S BADGE NUMBER 232 | CHECKED BY J. Nelson #241 | PAGE 1 OF 5 |
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| 1 | 6 | 3 | 4 | 6 | 4 | | | | | | | |
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| UNIT NUMBER | | NAME: LAST, FIRST, MIDDLE | | AGE | | GENDER | |
| 011 | | Schwarzinger, Heather, Amy | | 110281988 | | 27 F - FEMALE M - MALE | |
| ADDRESS, CITY, STATE, ZIP | | | | CONTACT PHONE- INCLUDE AREA CODE | | | |
| 401 Strader Rd. Akron, OH 44305 | | | | 330-338-6532 | | | |
| INJURIES | | INJURED TAKEN BY | | EMS AGENCY | | MEDICAL FACILITY INJURED TAKEN TO | |
| 1 | | | | | | | |
| SAFETY EQUIPMENT USED | | DOT COMPLIANT | | SEATING POSITION | | AIR BAG USAGE | |
| 04 | | Motorcycle Helmet | | 01 | | 1 | |
| EJECTION | | TRAPPED | | | | | |
| 1 | | 1 | | | | | |
| OL STATE | | OPERATOR LICENSE NUMBER | | OL CLASS | | No VALID OL | |
| OH | | SW834771 | | 4 | | M/C END. | |
| ALCOHOL/DRUG SUSPECTED | | ALCOHOL TEST STATUS | | ALCOHOL TEST TYPE | | ALCOHOL TEST VALUE | |
| 1 | | 1 | | 1 | | 1 | |
| DRUG TEST STATUS | | DRUG TEST TYPE | | | | | |
| 1 | | 1 | | | | | |
| OFFENSE CHARGED (Local Code) | | OFFENSE DESCRIPTION | | CITATION NUMBER | | HANDS-FREE DEVICE Used | |
| | | | | | | DRIVER DISTRACTED BY | |
| | | | | | | 1 | |

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|---|--|--|--|-------------------------------------|--|--|--|-------------------------------|--|--|--|
| UNIT NUMBER 1012 | | NAME: LAST, FIRST, MIDDLE Hammel, Dawn, Renae | | | | DATE OF BIRTH 10/31/94/1/9/59 | | AGE 56 | | GENDER F - FEMALE M - MALE | |
| ADDRESS, CITY, STATE, ZIP 7605 St Rt 43 Kent, OH 44240 | | | | | | CONTACT PHONE- INCLUDE AREA CODE 330-221-9550 | | | | | |
| INJURIES 1 | | INJURED TAKEN BY [] | | EMS AGENCY | | MEDICAL FACILITY INJURED TAKEN TO | | SAFETY EQUIPMENT USED 04 | | DOT COMPLIANT [] MOTORCYCLE HELMET | |
| SEATING POSITION 01 | | AIR BAG USAGE 1 | | EJECTION 1 | | TRAPPED 1 | | | | | |
| OL STATE 1014 | | OPERATOR LICENSE NUMBER RH142564 | | OL CLASS 4 | | No [] VALID OL | | M/C [] END. | | 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 | |
| OFFENSE CHARGED ([] LOCAL CODE) 331.08 | | | | OFFENSE DESCRIPTION Marked lanes | | | | CITATION NUMBER 42772 | | HANDS-FREE [] DEVICE USED | |
| | | | | | | | | DRIVER DISTRACTED BY 1 [] | | | |

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

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

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

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

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| UNIT NUMBER 1011 | NAME: LAST, FIRST, MIDDLE Schwarzinger, James, E. | DATE OF BIRTH 10/9/11/21/1981 | AGE 34 | GENDER M F - FEMALE M - MALE |
| ADDRESS, CITY, STATE, ZIP 401 Strader Rd. Akron, OH 44305 | | | CONTACT PHONE- INCLUDE AREA CODE 330-338-6470 | |

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| INJURIES 1 | INJURED TAKEN BY 1 | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION 03 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
|---------------|-----------------------|------------|-----------------------------------|-----------------------------|--|------------------------|--------------------|---------------|--------------|

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| UNIT NUMBER 011 | NAME: LAST, FIRST, MIDDLE Schwarzinger, Rainer, E. | DATE OF BIRTH 10/21/42/01/21 | AGE 3 | GENDER F - FEMALE M - MALE F |
| ADDRESS, CITY, STATE, ZIP 401 Strader Rd. Akron, OH 44305 | | | CONTACT PHONE - INCLUDE AREA CODE 330-338-6470 | |

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| INJURIES 1 | INJURED TAKEN BY [] | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO. | SAFETY EQUIPMENT USED 07 | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION 04 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
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PAGE 2 OF 5



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

1161341641

| | | | | |
|-------------------|---|-----------------------------|----------|------------------------------------|
| UNIT NUMBER 01 | NAME: LAST, FIRST, MIDDLE Schwarzinger, Colten, R. | DATE OF BIRTH 1111820113 | AGE 2 | GENDER M F - FEMALE M - MALE |
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| Address, City, State, Zip 401 Strader, Rd. Akron, OH 44305 | CONTACT PHONE- INCLUDE AREA CODE 330-338-6470 |
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| INJURIES 1 | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 05 | DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION 06 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
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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 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 MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|------------|-----------------------------------|-----------------------|------------------------------------|------------------|---------------|----------|---------|

| | | | | |
|-------------|---------------------------|---------------|-----|----------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE |
|-------------|---------------------------|---------------|-----|----------------------------------|

| | |
|---------------------------|----------------------------------|
| 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 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 |
|-------------|---------------------------|---------------|-----|----------------------------------|

| | |
|---------------------------|----------------------------------|
| 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 MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|------------|-----------------------------------|-----------------------|------------------------------------|------------------|---------------|----------|---------|

| | | | | |
|-------------|---------------------------|---------------|-----|----------------------------------|
| 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 MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|------------|-----------------------------------|-----------------------|------------------------------------|------------------|---------------|----------|---------|

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
05 - CHILD RESTRAINT SYSTEM-FORWARD FACING
06 - CHILD RESTRAINT SYSTEM- REAR FACING
07 - BOOSTER SEAT
08 - HELMET USED

Non-Motorist
09 - NONE USED
10 - HELMET USED
11 - PROTECTIVE PADS USED (Elbows, Knees, Etc)
12 - REFLECTIVE CLOTHING
13 - LIGHTING
14 - OTHER

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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| Unit Number 1011 | | Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Schwarzinger, Janice, A. | | Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) 330-606-1924 | | Damage Scale 2 | | Damaged Area Front 09 02 03 08 10 04 07 06 05 Rear | |
| Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 1064 Lindsay Ave. Akron, OH 44306 | | | | | | 1 - None | | | |
| LP State 1011 | | License Plate Number 783XXC | | Vehicle Identification Number 11G112G57B1841190802 | | # Occupants 104 | | 2 - Minor | |
| Vehicle Year 12101018 | | Vehicle Make Chrysler | | Vehicle Model Malibu | | Vehicle Color Gold | | 3 - Functional | |
| <input checked="" type="checkbox"/> Proof of Insurance Shown | | Insurance Company State Farm | | Policy Number G027224E2035H | | Towed By | | 4 - Disabling | |
| Carrier Name, Address, City, State, Zip | | | | | | 9 - Unknown | | | |
| | | | | | | Carrier Phone- include area code | | | |
| US DOT | | Vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs. 1 | | 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 | | 09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown | | 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 <input type="checkbox"/> Hit / Skip Unit | |
| HM Placard ID No. 1 | | <input type="checkbox"/> Hazardous Material Released | | | | | | | |
| HM Class Number 1 | | | | | | | | | |
| Non-Motorist Location Prior to Impact 01 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown | | Type of Use 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response | | Unit Type 04 99 - Unknown or Hit / Skip 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 <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 07 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 and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other | |
| Pre-Crash Actions 01 99 - Unknown | | 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 | | Non-Motorist 13 - Negotiating a Curve 14 - Other Motorist Action | | 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 01 Secondary 01 99 - Unknown | | Motorist 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 | | 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 20 2 01 3 01 4 01 5 01 6 01 First Harmful Event 1 Most Harmful Event 1 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 | | 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 | | 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox | |
| Unit Speed 25 | | Posted Speed 25 | | Traffic Control 12 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 | | Unit Direction From 2 To 1 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown | |
| <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated | | | | | | | | | |

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| Unit Number 102 | Owner Name: Last, First, Middle (Same As Driver) | Owner Phone Number - inc. area code (Same As Driver) | Damage Scale 2 | Damaged Area Front 09 02 03 08 10 04 07 06 05 Rear |
| Owner Address: City, State, Zip (Same As Driver) | | | 1 None | |
| LP State OH | License Plate Number FXR 6380 | Vehicle Identification Number 13VWP1L71K99M343136 | 2 - Minor | |
| Vehicle Year 2010 | Vehicle Make Volk | Vehicle Model Jetta | 3 - Functional | |
| Vehicle Color White | Proof of Insurance Shown Grange | Insurance Company Grange | 4 - Disabling | |
| Policy Number PA9673122 | Towed By | | 9 - Unknown | |
| Carrier Name, Address, City, State, Zip | | | Carrier Phone- include area code | |

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| US DOT | Vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 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 | | | |

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| Non-Motorist Location Prior to Impact 01 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown | Type of Use 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response | Unit Type 04 99 - Unknown or Hit / Skip 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 |
| <input type="checkbox"/> Has HM Placard | | | | |

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|--|---|---|--|---|--|
| 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 03 Impact Area 03 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 and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other | Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown |
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| Pre-Crash Actions 03 99 - Unknown | 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 |
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| Contributing Circumstances Primary 10 Secondary 00 99 - Unknown | Motorist 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 | 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 00 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 |
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| Sequence of Events 1 20 2 00 3 00 4 00 5 00 6 00 First Harmful Event 1 Most Harmful Event 1 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 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 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object |
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| Unit Speed 10 <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated | Posted Speed 25 | Traffic Control 12 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 2 To 1 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown |
|---|---------------------------|--|--|