



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \* 1603672

CRASH SEVERITY  1 - FATAL  1 - SOLVED  
 2 - INJURY  2 - UNSOLVED  
 3 - PDO

LOCAL INFORMATION

PHOTOS TAKEN  OH-2  OH-1P  OH-3  OTHER

PDO UNDER STATE REPORTABLE DOLLAR AMOUNT

PRIVATE PROPERTY

REPORTING AGENCY NCIC \* 061703

REPORTING AGENCY NAME \* KENT POLICE

NUMBER OF UNITS 02

UNIT IN ERROR  98 - ANIMAL  99 - UNKNOWN

COUNTY \* 67 CITY \*  CITY  VILLAGE  TOWNSHIP

CITY, VILLAGE, TOWNSHIP \* KENT

CRASH DATE \* 02/15/2016 TIME OF CRASH 1539 DAY OF WEEK MON

DEGREES / MINUTES / SECONDS LATITUDE 0 ' 0 " LONGITUDE 0 ' 0 "

DECIMAL DEGREES LATITUDE 41.143135 LONGITUDE -81.340098

ROADWAY DIVISION  DIVIDED  UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL  N - NORTHBOUND  E - EASTBOUND  S - SOUTHBOUND  W - WESTBOUND

NUMBER OF THRU LANES 02

ROAD 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 - TRAIL

LOCATION ROUTE NUMBER  LOCATION ROUTE TYPE <sup>1</sup>

LOC PREFIX  N,S,E,W

LOCATION ROAD NAME SUMMIT

ROUTE TYPES <sup>1</sup>  
 IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE  
 US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE  
 SR - STATE ROUTE

DISTANCE FROM REFERENCE AT MILES  FEET  YARDS

DIR FROM REF  N,S,E,W

REFERENCE ROUTE TYPE <sup>1</sup>

REFERENCE ROUTE NUMBER

REF PREFIX  N,S,E,W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #) JOHNSTON

REFERENCE ROAD TYPE <sup>2</sup>

REFERENCE POINT USED  1 - INTERSECTION  2 - MILE POST  3 - HOUSE NUMBER

CRASH LOCATION  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

INTERSECTION RELATED

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

ROAD CONTOUR  1 - STRAIGHT LEVEL  2 - STRAIGHT GRADE  3 - CURVE LEVEL  4 - CURVE GRADE  9 - UNKNOWN

ROAD CONDITIONS PRIMARY  01 - DRY  02 - WET  03 - SNOW  04 - ICE

SECONDARY

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  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  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  1 - CONCRETE  2 - BLACKTOP, BITUMINOUS, ASPHALT  3 - BRICK/BLOCK  4 - SLAG, GRAVEL, STONE  5 - DIRT  6 - OTHER

LIGHT CONDITIONS PRIMARY  1 - DAYLIGHT  2 - DAWN  3 - DUSK  4 - DARK - LIGHTED ROADWAY

SECONDARY

5 - DARK - ROADWAY NOT LIGHTED  6 - DARK - UNKNOWN ROADWAY LIGHTING  7 - GLARE\*  8 - OTHER  9 - UNKNOWN

SCHOOL BUS RELATED  SCHOOL ZONE RELATED  YES, SCHOOL BUS DIRECTLY INVOLVED  YES, SCHOOL BUS INDIRECTLY INVOLVED

\* SECONDARY CONDITION ONLY

WORK ZONE RELATED

WORKERS PRESENT

LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)

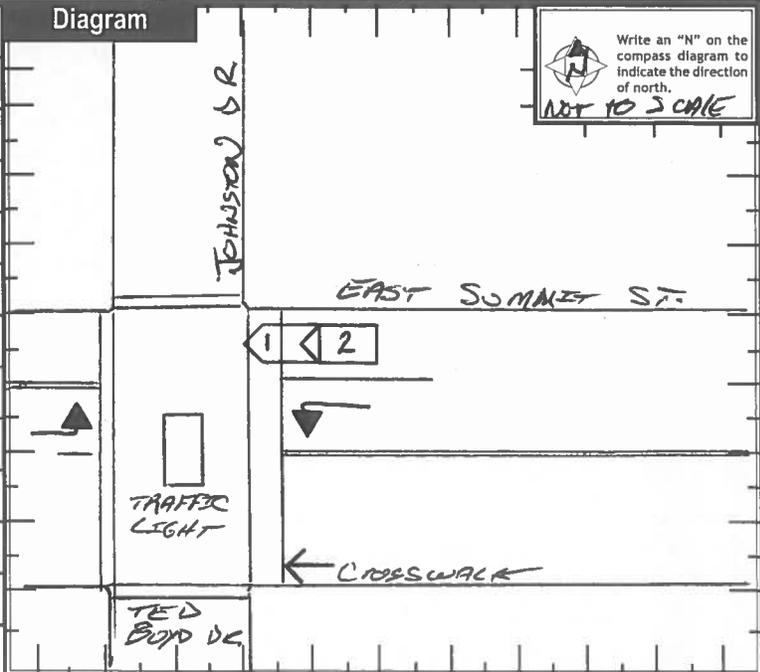
LAW ENFORCEMENT PRESENT (VEHICLE ONLY)

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

BOTH UNITS WERE TRAVELING WEST ON SUMMIT ST. APPROACHING JOHNSTON DR. UNIT ONE STOPPED FOR TRAFFIC. UNIT TWO FAILED TO MAINTAIN ASSURED CLEAR DISTANCE STRUCK UNIT ONE.



REPORT TAKEN BY  POLICE AGENCY  MOTORIST

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)

DATE CRASH REPORTED 02/15/2016 TIME CRASH REPORTED 1539 DI A H TIME 1543 ARRIVAL TIME 1545 TIME CLEARED 1614 OTHER INVESTIGATION TIME 10 TOTAL MINUTES 39

OFFICER'S NAME \* OFFICER Matthew G. Poole OFFICER'S BADGE NUMBER 230 CHECKED BY Sgt J. [unclear] #255 PAGE 1 OF 4



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
**163672**

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>NOWICKI, ADAM T.</b>	DATE OF BIRTH <b>05/14/1991</b>	AGE <b>24</b>	GENDER <b>M</b> F - FEMALE M - MALE
--------------------------	--	------------------------------------	------------------	---

ADDRESS, CITY, STATE, ZIP <b>1817 B HIGBY DR. STOW, OH. 44224</b>	CONTACT PHONE- INCLUDE AREA CODE <b>330-524-5680</b>
--	---

INJURIES <b>1</b>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
----------------------	--	------------	-----------------------------------	------------------------------------	---	-------------------------------	---------------------------	----------------------	---------------------

OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>TM176686</b>	OL CLASS <b>4</b>	<input type="checkbox"/> NO VALID OL	<input type="checkbox"/> M/C END.	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE <b>1</b>	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>
-----------------------	--	----------------------	--------------------------------------	-----------------------------------	-----------------------	------------------------------------	---------------------------------	-------------------------------	--------------------------------	------------------------------	----------------------------

OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <b>1</b>
--	---------------------	-----------------	--	----------------------------------

UNIT NUMBER <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>NEYAZI, BADR M.</b>	DATE OF BIRTH <b>08/01/1988</b>	AGE <b>27</b>	GENDER <b>M</b> F - FEMALE M - MALE
--------------------------	---	------------------------------------	------------------	---

ADDRESS, CITY, STATE, ZIP <b>6080 PEBBLEBROOK LN #127 KENT, OH. 44240</b>	CONTACT PHONE- INCLUDE AREA CODE <b>330-777-9357</b>
--	---

INJURIES <b>1</b>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
----------------------	--	------------	-----------------------------------	------------------------------------	---	-------------------------------	---------------------------	----------------------	---------------------

OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>TY811080</b>	OL CLASS <b>4</b>	<input type="checkbox"/> NO VALID OL	<input type="checkbox"/> M/C END.	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE <b>1</b>	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>
-----------------------	--	----------------------	--------------------------------------	-----------------------------------	-----------------------	------------------------------------	---------------------------------	-------------------------------	--------------------------------	------------------------------	----------------------------

OFFENSE CHARGED ( <input checked="" type="checkbox"/> LOCAL CODE) <b>333.03A</b>	OFFENSE DESCRIPTION <b>ACDA</b>	CITATION NUMBER <b>44205</b>	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <b>1</b>
---	------------------------------------	---------------------------------	--	----------------------------------

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	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
---	--	---	---	---	---

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
---	--	--	---	---	--

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>HOLBERT, NICHOLAS R.</b>	DATE OF BIRTH <b>03/23/1994</b>	AGE <b>21</b>	GENDER <b>M</b> F - FEMALE M - MALE
--------------------------	--	------------------------------------	------------------	---

ADDRESS, CITY, STATE, ZIP <b>364 WILSON MILLS RD. CHARLTON, OH. 44024</b>	CONTACT PHONE- INCLUDE AREA CODE <b>440-226-1334</b>
--	---

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

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

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
---------------------------	----------------------------------

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
----------	------------------	------------	-----------------------------------	-----------------------	---	------------------	---------------	----------	---------

Unit Number <b>01</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>KENT STATE UNIVERSITY</b>	Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver ) <b>330-672-2392</b>	Damage Scale <b>3</b>	Damaged Area 
Owner Address: City, State, Zip ( <input type="checkbox"/> Same As Driver ) <b>1781 E. SUMMIT ST KENT, OH. 44240</b>			1 - None 2 - Minor 3 - Functional 4 - Disabling 9 - Unknown	
LP State <b>OH</b>	License Plate Number <b>23-182</b>	Vehicle Identification Number <b>1JFMCU0C70BKA09357</b>	# Occupants <b>02</b>	
Vehicle Year <b>2011</b>	Vehicle Make <b>FORD</b>	Vehicle Model <b>ESCAPE</b>	Vehicle Color <b>WHITE</b>	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>IUCIC SELF</b>	Policy Number <b>IUCIC-AC</b>	Towed By	
Carrier Name, Address, City, State, Zip			Carrier Phone- include area code	

US DOT	Vehicle Weight GVWR/GCWR <b>1</b> 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type <b>01</b> 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 <b>1</b> 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			

Non-Motorist Location Prior to Impact <b>01</b> 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 <b>3</b> 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <b>06</b> 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		

Special Function <b>15</b> 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 <b>07</b> 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 99 - Unknown	Action <b>9</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
--	---	--

Pre-Crash Actions <b>11</b> 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	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 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 <b>01</b> Secondary <b>00</b> 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 <b>00</b> 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 <b>20</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b> First Harmful Event <b>1</b> Most Harmful Event <b>11</b> 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
--	--	--

Unit Speed <b>0</b> <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed <b>35</b>	Traffic Control <b>04</b> 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 <b>3</b> To <b>4</b> 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
--	---------------------------	--	--

Local Report Number

163672

Unit Number <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 <b>4</b>	Damaged Area Front 09 08 10 07 06 05 04 03
Owner Address: City, State, Zip <input checked="" type="checkbox"/> Same As Driver			1 - None	
LP State <b>OH</b>	License Plate Number <b>6GE-4773</b>	Vehicle Identification Number <b>1HGCS12708A000529</b>	2 - Minor	
Vehicle Year <b>2008</b>	Vehicle Make <b>HONDA</b>	Vehicle Model <b>ACCORD</b>	3 - Functional	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company <b>AMERICAN FAMILY</b>	Policy Number <b>2108121902</b>	4 - Disabling	
Carrier Name, Address, City, State, Zip		Towed By <b>PLAZA</b>	9 - Unknown	
			Carrier Phone- include area code	

US DOT	Vehicle Weight GVWR/GCWR <b>1</b> 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type <b>01</b> 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 <b>1</b> 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	<input type="checkbox"/> Hit / Skip Unit		
HM Class Number				

Non-Motorist Location Prior to Impact <b>01</b> 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 <b>1</b> 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <b>03</b> 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				

Special Function <b>01</b> 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 <b>02</b> 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 <b>3</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
--	---	---	--	---	--

Pre-Crash Actions <b>01</b> 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown	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 <b>09</b> 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 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	Non-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	Vehicle Defects <b>01</b> 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 <b>02</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b> First Harmful Event <b>1</b> Most Harmful Event <b>1</b>	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	Collision With Fixed Object 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	48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object		

Unit Speed <b>15</b> <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed <b>35</b>	Traffic Control <b>02</b> 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 <b>3</b> To <b>4</b> 1 - North 2 - South 3 - East 4 - West	5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest	9 - Unknown
---	---------------------------	---	--	---	---	--	-------------