



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

11615141514

CRASH SEVERITY  
3 1 - FATAL  
2 - INJURY  
3 - PDOHIT/SKIP  
1 - SOLVED  
2 - UNSOLVED

LOCAL INFORMATION

|   |   |   |                                      |   |                        |   |
|---|---|---|--------------------------------------|---|------------------------|---|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P<br><input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | <input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT | <input type="checkbox"/> PRIVATE PROPERTY | REPORTING AGENCY NCIC *<br>106171013 | REPORTING AGENCY NAME *<br>Kent Police Department | NUMBER OF UNITS<br>103 | UNIT IN ERROR<br>03 98 - ANIMAL<br>99 - UNKNOWN |
|---|---|---|--------------------------------------|---|------------------------|---|

|                |   |                                   |                           |                        |                    |
|----------------|---|-----------------------------------|---------------------------|------------------------|--------------------|
| COUNTY *<br>67 | <input checked="" type="checkbox"/> CITY *<br><input type="checkbox"/> VILLAGE *<br><input type="checkbox"/> TOWNSHIP * | CITY, VILLAGE, TOWNSHIP *<br>Kent | CRASH DATE *<br>103082016 | TIME OF CRASH<br>11720 | DAY OF WEEK<br>TUE |
|----------------|---|-----------------------------------|---------------------------|------------------------|--------------------|

|  |                    |  |                         |
|--|--------------------|--|-------------------------|
| DEGREES / MINUTES / SECONDS<br>LATITUDE<br>0 / / | LONGITUDE<br>0 / / | DECIMAL DEGREES<br>LATITUDE<br>41.153918 | LONGITUDE<br>78.1346273 |
|--|--------------------|--|-------------------------|

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

|  |                             |                            |                            |  |  |
|--|-----------------------------|----------------------------|----------------------------|--|--|
| LOCATION ROUTE TYPE <sup>1</sup><br>SR | LOCATION ROUTE NUMBER<br>59 | LOC PREFIX<br>E N,S<br>E,W | LOCATION ROAD NAME<br>Main | LOCATION ROUTE TYPE <sup>2</sup><br>SR | ROUTE TYPES <sup>1</sup><br>IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE<br>US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE<br>SR - STATE ROUTE |
|--|-----------------------------|----------------------------|----------------------------|--|--|

|  |                              |                                   |                        |                          |  |  |
|--|------------------------------|-----------------------------------|------------------------|--------------------------|--|--|
| DISTANCE FROM REFERENCE<br>10 MILES<br>FEET<br>YARDS | DIR FROM REF<br>E N,S<br>E,W | REFERENCE ROUTE TYPE <sup>1</sup> | REFERENCE ROUTE NUMBER | REF PREFIX<br>N,S<br>E,W | REFERENCE NAME (ROAD, MILEPOST, HOUSE #)<br>Wilson | REFERENCE ROAD TYPE <sup>2</sup><br>AV |
|--|------------------------------|-----------------------------------|------------------------|--------------------------|--|--|

|  |  |  |
|--|--|--|
| REFERENCE POINT USED<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE NUMBER<br>1 | CRASH LOCATION<br>01 01 - NOT AN INTERSECTION<br>02 - FOUR-WAY INTERSECTION<br>03 - T-INTERSECTION<br>04 - Y-INTERSECTION<br>05 - TRAFFIC CIRCLE/ROUNDBOAT<br>06 - FIVE-POINT, OR MORE<br>07 - ON RAMP<br>08 - OFF RAMP<br>09 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED-USE PATHS OR TRAILS<br>99 - UNKNOWN<br>INTERSECTION RELATED<br>1 | LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFICWAY<br>9 - UNKNOWN |
|--|--|--|

|  |   |   |
|--|---|---|
| ROAD CONTOUR<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - UNKNOWN<br>1 | ROAD CONDITIONS<br>PRIMARY<br>01<br>SECONDARY<br>01 | 01 - DRY<br>02 - WET<br>03 - SNOW<br>04 - ICE<br>05 - SAND, MUD, DIRT, OIL, GRAVEL<br>06 - WATER (STANDING, MOVING)<br>07 - SLUSH<br>08 - DEBRIS*<br>09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*<br>10 - OTHER<br>99 - UNKNOWN |
|--|---|---|

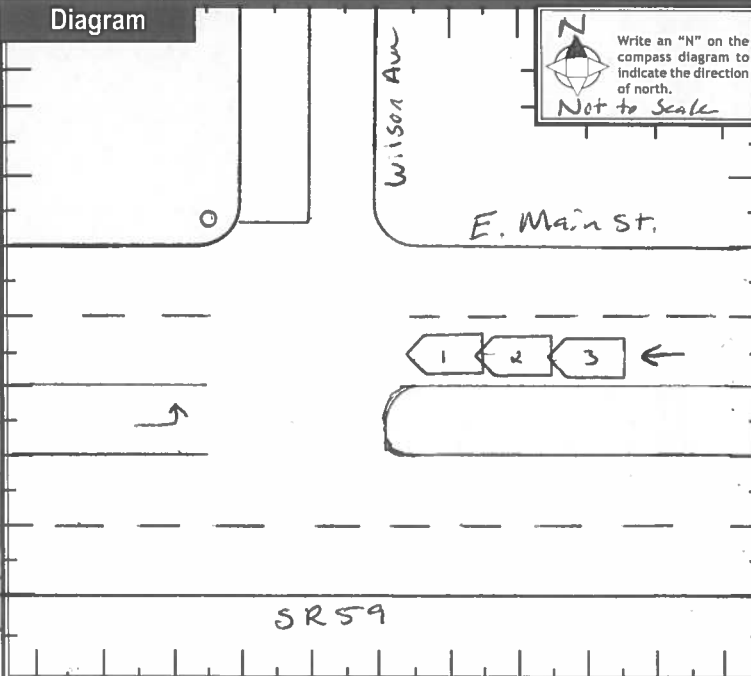
|  |  |
|--|--|
| MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - UNKNOWN<br>2 | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - OTHER/UNKNOWN<br>1 |
|--|--|

|   |  |   |
|---|--|---|
| ROAD SURFACE<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>6 - OTHER<br>1 | LIGHT CONDITIONS<br>PRIMARY<br>1<br>SECONDARY<br>1 | 1 - DAYLIGHT<br>2 - DAWN<br>3 - DUSK<br>4 - DARK - LIGHTED ROADWAY<br>5 - DARK - ROADWAY NOT LIGHTED<br>6 - DARK - UNKNOWN ROADWAY LIGHTING<br>7 - GLARE*<br>8 - OTHER<br>9 - UNKNOWN<br>SCHOOL BUS RELATED<br><input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED<br><input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED |
|---|--|---|

|   |   |   |
|---|---|---|
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY) | TYPE OF WORK ZONE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE FIRST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |
|---|---|---|

NARRATIVE  
Unit #1, Unit #2 and Unit #3 were traveling westbound on E. Main St. on the inside lane. Unit #1 and Unit #2 stopped in traffic. Unit #3 did not stop in time and struck Unit #2. This caused Unit #2 to strike Unit #1. Unit #3 was cited for ACDA.

## Diagram



|   |   |                                  |                              |                        |                       |                       |                                |                     |                                   |                               |                               |             |
|---|---|----------------------------------|------------------------------|------------------------|-----------------------|-----------------------|--------------------------------|---------------------|-----------------------------------|-------------------------------|-------------------------------|-------------|
| REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) | DATE CRASH REPORTED<br>103082016 | TIME CRASH REPORTED<br>11720 | DISPATCH TIME<br>11720 | ARRIVAL TIME<br>11727 | TIME CLEARED<br>11742 | OTHER INVESTIGATION TIME<br>10 | TOTAL MINUTES<br>25 | OFFICER'S NAME *<br>PRZ J. Nelson | OFFICER'S BADGE NUMBER<br>232 | CHECKED BY<br>St. Nelson #241 | PAGE 1 OF 6 |
|---|---|----------------------------------|------------------------------|------------------------|-----------------------|-----------------------|--------------------------------|---------------------|-----------------------------------|-------------------------------|-------------------------------|-------------|



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

1165454

|             |                           |               |     |                          |
|-------------|---------------------------|---------------|-----|--------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER                   |
| 01          | Noble, Devan, A.          | 110241994     | 21  | M F - FEMALE<br>M - MALE |

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| ADDRESS, CITY, STATE, ZIP         | CONTACT PHONE - INCLUDE AREA CODE |
| 1488 Stratford Dr. Kent, OH 44240 | 440-371-0541                      |

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

|          |                         |          |                          |                          |           |                        |                     |                   |                    |                  |                |
|----------|-------------------------|----------|--------------------------|--------------------------|-----------|------------------------|---------------------|-------------------|--------------------|------------------|----------------|
| OL STATE | OPERATOR LICENSE NUMBER | OL CLASS | No VALID OL              | M/C END.                 | CONDITION | ALCOHOL/DRUG SUSPECTED | ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | ALCOHOL TEST VALUE | DRUG TEST STATUS | DRUG TEST TYPE |
| OH       | TU130717                | 4        | <input type="checkbox"/> | <input type="checkbox"/> | 1         | 1                      | 1                   | 1                 | 1                  | 1                | 1              |

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

|             |                           |               |     |                          |
|-------------|---------------------------|---------------|-----|--------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER                   |
| 02          | Clasen, Jacob, C.         | 110111993     | 22  | M F - FEMALE<br>M - MALE |

|  |                                   |
|--|-----------------------------------|
| ADDRESS, CITY, STATE, ZIP              | CONTACT PHONE - INCLUDE AREA CODE |
| 5989 Yorktown Ln. Austintown, OH 44515 | 330-774-2819                      |

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

|          |                         |          |                          |                          |           |                        |                     |                   |                    |                  |                |
|----------|-------------------------|----------|--------------------------|--------------------------|-----------|------------------------|---------------------|-------------------|--------------------|------------------|----------------|
| OL STATE | OPERATOR LICENSE NUMBER | OL CLASS | No VALID OL              | M/C END.                 | CONDITION | ALCOHOL/DRUG SUSPECTED | ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | ALCOHOL TEST VALUE | DRUG TEST STATUS | DRUG TEST TYPE |
| OH       | TP920122                | 4        | <input type="checkbox"/> | <input type="checkbox"/> | 1         | 1                      | 1                   | 1                 | 1                  | 1                | 1              |

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

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

|  |  |  |   |
|--|--|--|---|
| SEATING POSITION   | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)   | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | AIR BAG USAGE   |
| 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 | 08 - THIRD - MIDDLE<br>09 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF CAB (TRUCK)<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) | 13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN | 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  | TRAPPED   | OPERATOR LICENSE CLASS  | CONDITION   | ALCOHOL/DRUG SUSPECTED  |
| 1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - EXTRICATED BY NON-MECHANICAL MEANS | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO IS "D")<br>5 - MC/MOPED ONLY | 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 MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER | 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  | ALCOHOL TEST TYPE   | DRUG TEST STATUS   | DRUG TEST TYPE                                  | DRIVER DISTRACTED BY  |
| 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 | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER | 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 | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER | 1 - NO DISTRACTION REPORTED<br>2 - PHONE<br>3 - TEXTING/E-MAILING<br>4 - ELECTRONIC COMMUNICATION DEVICE<br>5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)<br>6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION |

|             |                           |               |     |                        |
|-------------|---------------------------|---------------|-----|------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER                 |
|             |                           |               |     | F - FEMALE<br>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                              | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|          |                  |            |                                   |                       | <input type="checkbox"/> MOTORCYCLE HELMET |                  |               |          |         |

|             |                           |               |     |                        |
|-------------|---------------------------|---------------|-----|------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER                 |
|             |                           |               |     | F - FEMALE<br>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                              | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|          |                  |            |                                   |                       | <input type="checkbox"/> MOTORCYCLE HELMET |                  |               |          |         |



# MOTORIST / Non-Motorist / Occupant

LOCAL REPORT NUMBER

1165454

|  |   |  |                                   |   |                                       |  |                          |  |                         |   |                     |  |  |
|--|---|--|-----------------------------------|---|---------------------------------------|--|--------------------------|--|-------------------------|---|---------------------|--|--|
| UNIT NUMBER<br>103   | NAME: LAST, FIRST, MIDDLE<br>Baek, J:hyun | DATE OF BIRTH<br>03031994  | AGE<br>22                         | GENDER<br>F - FEMALE<br>M - MALE  |                                       |  |                          |  |                         |   |                     |  |  |
| ADDRESS, CITY, STATE, ZIP<br>6800 Alpha Dr. Apt. 283 Kent, OH 44243  |   | CONTACT PHONE- INCLUDE AREA CODE<br>330-221-8920   |                                   |   |                                       |  |                          |  |                         |   |                     |  |  |
| INJURIES<br>1  | INJURED TAKEN BY                          | EMS AGENCY   | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br>04   | DOT COMPLIANT<br>MOTORCYCLE<br>HELMET | SEATING POSITION<br>01   | AIR BAG USAGE<br>1       | EJECTION<br>1  | TRAPPED<br>1            |   |                     |  |  |
| OL STATE<br>04   | OPERATOR LICENSE NUMBER<br>UE013432       | OL CLASS<br>4  | No<br>VALID<br>OL                 | M/C<br>END.   | CONDITION<br>1                        | ALCOHOL/DRUG SUSPECTED<br>1  | ALCOHOL TEST STATUS<br>1 | ALCOHOL TEST TYPE<br>1   | ALCOHOL TEST VALUE<br>. | DRUG TEST STATUS<br>1   | DRUG TEST TYPE<br>1 |  |  |
| OFFENSE CHARGED ( <input checked="" type="checkbox"/> LOCAL CODE )<br>333.03A  |   | OFFENSE DESCRIPTION<br>ACDA  |                                   | CITATION NUMBER<br>48405  |                                       | HANDS-FREE<br><input type="checkbox"/> DEVICE<br>USED  |                          | DRIVER DISTRACTED BY<br>1  |                         |   |                     |  |  |
| UNIT NUMBER  | NAME: LAST, FIRST, MIDDLE                 | DATE OF BIRTH  | AGE                               | GENDER<br>F - FEMALE<br>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<br>MOTORCYCLE<br>HELMET | SEATING POSITION   | AIR BAG USAGE            | EJECTION   | TRAPPED                 |   |                     |  |  |
| OL STATE   | OPERATOR LICENSE NUMBER                   | OL CLASS   | No<br>VALID<br>OL                 | M/C<br>END.   | CONDITION                             | ALCOHOL/DRUG SUSPECTED   | ALCOHOL TEST STATUS      | ALCOHOL TEST TYPE  | ALCOHOL TEST VALUE      | DRUG TEST STATUS  | DRUG TEST TYPE      |  |  |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )  |   | OFFENSE DESCRIPTION  |                                   | CITATION NUMBER   |                                       | HANDS-FREE<br><input type="checkbox"/> DEVICE<br>USED  |                          | DRIVER DISTRACTED BY   |                         |   |                     |  |  |
| 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  |                                       | 99 - UNKNOWN SAFETY EQUIPMENT<br>05 - CHILD RESTRAINT SYSTEM-FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM- REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED |                          | Non-Motorist<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 |   |  |                                   | 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) |                                       |  |                          | 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                                      |                          | 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  | NAME: LAST, FIRST, MIDDLE                 | DATE OF BIRTH  | AGE                               | GENDER<br>F - FEMALE<br>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<br>MOTORCYCLE<br>HELMET | SEATING POSITION   | AIR BAG USAGE            | EJECTION   | TRAPPED                 |   |                     |  |  |
| UNIT NUMBER  | NAME: LAST, FIRST, MIDDLE                 | DATE OF BIRTH  | AGE                               | GENDER<br>F - FEMALE<br>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<br>MOTORCYCLE<br>HELMET | SEATING POSITION   | AIR BAG USAGE            | EJECTION   | TRAPPED                 |   |                     |  |  |



UNIT

LOCAL REPORT NUMBER

1165454

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| UNIT NUMBER<br>011  | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>Lanzer, Melissa, A. | OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )<br>440-387-3663 | DAMAGE SCALE<br>2       | DAMAGED AREA<br> |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>606 University Ave. Elyria, OH 44035 |  |   |                         |                  |
| LP STATE<br>OH  | LICENSE PLATE NUMBER<br>FRM6810  | VEHICLE IDENTIFICATION NUMBER<br>1162265718118411711629   | # OCCUPANTS<br>011      |                  |
| VEHICLE YEAR<br>2008  | VEHICLE MAKE<br>Pont   | VEHICLE MODEL<br>G6   | VEHICLE COLOR<br>Silver |                  |
| PROOF OF INSURANCE SHOWN<br><input checked="" type="checkbox"/>   | INSURANCE COMPANY<br>Progressive   | POLICY NUMBER<br>907132051  | TOWED BY                |                  |

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| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | CARRIER PHONE - INCLUDE AREA CODE |
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| US DOT            | VEHICLE WEIGHT GVWR/GCWR<br>1 - LESS THAN OR EQUAL TO 10K LBS.<br>2 - 10,001 TO 26,000 LBS.<br>3 - MORE THAN 26,000 LBS.<br>1 | CARGO BODY TYPE<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<br>01 | TRAFFICWAY DESCRIPTION<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<br>4 |
| HM PLACARD ID No. |   |  |  |
| HM CLASS Number   | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED  |  | <input type="checkbox"/> HIT / SKIP UNIT   |

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| Non-Motorist Location Prior to Impact<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<br>01 | TYPE OF USE<br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE<br>1 | UNIT TYPE<br>03<br>99 - UNKNOWN OR HIT / SKIP<br>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<br>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<br>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/PEDALCYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER Non-Motorist |
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| SPECIAL FUNCTION<br>01<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<br>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.<br>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>06<br>IMPACT AREA<br>06<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<br>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<br>99 - UNKNOWN | ACTION<br>4<br>1 - Non-Contact<br>2 - Non-Collision<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN |
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| PRE-CRASH ACTIONS<br>11<br>99 - UNKNOWN<br>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<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<br>13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION<br>Non-Motorist<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<br>21 - OTHER Non-Motorist ACTION |
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| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br>01<br>SECONDARY<br>99 - UNKNOWN<br>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<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<br>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<br>VEHICLE DEFECTS<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 |
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| SEQUENCE OF EVENTS<br>1 20 2 3 4 5 6<br>FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1<br>99 - UNKNOWN<br>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<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<br>Non-Collision Events<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>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<br>10 - CROSS MEDIAN<br>11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER Non-Collision<br>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<br>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<br>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 |
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| UNIT SPEED<br>01<br>POSTED SPEED<br>35<br>TRAFFIC CONTROL<br>12<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<br>UNIT DIRECTION<br>FROM 3 TO 4<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 |
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1165454

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| UNIT NUMBER<br>02  | OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)<br>Mcbride, Kathryn, E.   | OWNER PHONE NUMBER - INC. AREA CODE (☐ SAME AS DRIVER)<br>330-518-3008  | DAMAGE SCALE<br>2  | DAMAGED AREA<br>   |
| OWNER ADDRESS: CITY, STATE, ZIP (☐ SAME AS DRIVER)<br>5989 Yorktown Ln. Austintown, OH 44515   |  |   | CARRIER PHONE- INCLUDE AREA CODE   |  |
| LP STATE<br>OH   | LICENSE PLATE NUMBER<br>GEK5157  | VEHICLE IDENTIFICATION NUMBER<br>1G1JA151H3C41161174  | # OCCUPANTS<br>01  |  |
| VEHICLE YEAR<br>2012   | VEHICLE MAKE<br>Chevrolet  | VEHICLE MODEL<br>Sonic  | VEHICLE COLOR<br>Silver  |  |
| PROOF OF INSURANCE SHOWN<br>Allstate   | INSURANCE COMPANY<br>Allstate  | POLICY NUMBER<br>992229958  | TOWED BY   |  |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP  |  |   |  |  |
| US DOT   | VEHICLE WEIGHT GVWR/GCWR<br>1 - LESS THAN OR EQUAL TO 10K LBS.<br>2 - 10,001 TO 26,000 LBS.<br>3 - MORE THAN 26,000 LBS.<br>1  | CARGO BODY TYPE<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<br>01  | TRAFFICWAY DESCRIPTION<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<br>4 |  |
| HM PLACARD ID NO.  | HM CLASS NUMBER  | HAZARDOUS MATERIAL RELEASED<br>☐  | HIT / SKIP UNIT<br>☐   |  |
| NON-MOTORIST LOCATION PRIOR TO IMPACT<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<br>1   |  | TYPE OF USE<br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br>☐ IN EMERGENCY RESPONSE  | UNIT TYPE<br>03<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<br>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<br>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>01   | 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<br>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>06<br>IMPACT AREA<br>06   | ACTION<br>5<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>11<br>99 - UNKNOWN<br>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<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<br>13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION<br>NON-MOTORIST<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<br>21 - OTHER NON-MOTORIST ACTION   |  |   |  |  |
| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br>01<br>SECONDARY<br>01<br>99 - UNKNOWN<br>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<br>11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENCE 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<br>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<br>VEHICLE DEFECTS<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 20 2 20 3 4 5 6<br>FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1<br>99 - UNKNOWN<br>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<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<br>NON-COLLISION EVENTS<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>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<br>10 - CROSS MEDIAN<br>11 - CROSS CENTER LINE<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>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<br>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<br>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>101  | POSTED SPEED<br>35   | TRAFFIC CONTROL<br>12<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 3 TO 4<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   |  |

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|--|--|--|---|---|--|
| UNIT NUMBER<br><b>1031</b>   | OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)   | OWNER PHONE NUMBER - INC. AREA CODE (SAME AS DRIVER)   | DAMAGE SCALE<br><b>2</b>  | DAMAGED AREA<br>  |  |
| OWNER ADDRESS: CITY, STATE, ZIP (SAME AS DRIVER)   |  |  | CARRIER PHONE- INCLUDE AREA CODE  |   |  |
| LP STATE<br><b>OH</b>  | LICENSE PLATE NUMBER<br><b>GBN 8615</b>  | VEHICLE IDENTIFICATION NUMBER<br><b>KM8JUCAC18B0119B0103</b>   | # OCCUPANTS<br><b>101</b>   |   |  |
| VEHICLE YEAR<br><b>2011</b>  | VEHICLE MAKE<br><b>Hyun</b>  | VEHICLE MODEL<br><b>Tucson</b>   | VEHICLE COLOR<br><b>B/K</b>   |   |  |
| PROOF OF INSURANCE SHOWN   | INSURANCE COMPANY<br><b>Progressive</b>  | POLICY NUMBER<br><b>908 417 548</b>  | TOWED BY  |   |  |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP  |  |  |   |   |  |
| 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>4</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.  | HAZARDOUS MATERIAL RELEASED  |  |   |   |  |
| HM CLASS NUMBER  |  |  |   |   |  |
| 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<br>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    |  |
| 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>IMPACT 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   | ACTION<br><b>3</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>01</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  | 13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION  | Non-Motorist<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>09</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   |  | 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>20</b>  | POSTED SPEED<br><b>35</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  | 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   | 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 |