



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

1167405

CRASH SEVERITY

3 1 - FATAL  
2 - INJURY  
3 - PDO

HIT/SKIP

1 - SOLVED  
2 - UNSOLVED

## LOCAL INFORMATION

☐ PHOTOS TAKEN  
☐ OH-2 ☐ OH-1P  
☐ OH-3 ☐ OTHER☐ PDO UNDER STATE REPORTABLE DOLLAR AMOUNT☐ PRIVATE PROPERTY

REPORTING AGENCY NCIC \*

06703

REPORTING AGENCY NAME \*

KENT POLICE

NUMBER OF UNITS

03

UNIT IN ERROR

03 98 - ANIMAL  
99 - UNKNOWN

COUNTY \*

67

CITY \*

KENT

CITY, VILLAGE, TOWNSHIP \*

KENT

CRASH DATE \*

03312016

TIME OF CRASH

1540

DAY OF WEEK

THU

DEGREES / MINUTES / SECONDS

LATITUDE 0 0 0

LONGITUDE

0 0 0

DECIMAL DEGREES

LATITUDE 41.137383

LONGITUDE

-81.355265

ROADWAY DIVISION

☒ DIVIDED  
☐ UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL

☐ N - NORTHBOUND ☐ E - EASTBOUND  
☐ S - SOUTHBOUND ☐ W - WESTBOUND

NUMBER OF THRU LANES

04

ROAD TYPES OR

AL - ALLEY CR - CIRCLE  
AV - AVENUE CT - COURT  
BL - BOULEVARD DR - DRIVE

MILEPOST 2

HE - HEIGHTS MP - MILEPOST  
HW - HIGHWAY PK - PARKWAY  
LA - LAKE PL - PLACE  
RD - ROAD TE - TERRACE  
SQ - SQUARE TL - TRAIL

LOCATION ROUTE TYPE 1

SR

LOCATION ROUTE NUMBER

43

LOC PREFIX

N, S, E, W

LOCATION ROAD NAME

WATER

LOCATION ROUTE TYPE 2

ST

ROUTE TYPES 1

IR - INTERSTATE ROUTE (INC. TURNPIKE)  
US - US ROUTE  
SR - STATE ROUTE

CR - NUMBERED COUNTY ROUTE

TR - NUMBERED TOWNSHIP ROUTE

DISTANCE FROM REFERENCE

AT

MILES

0

FEET

0

DIR FROM REF

N, S, E, W

REFERENCE ROUTE TYPE 1

0

REFERENCE ROUTE NUMBER

1575

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

S. WATER

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

1575

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

S. WATER

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

1575

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

S. WATER

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

1575

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

S. WATER

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

1575

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

S. WATER

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

1575

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

S. WATER

REFERENCE POINT USED

3 1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE NUMBER

CRASH LOCATION

01

01 - NOT AN INTERSECTION

02 - FOUR-WAY INTERSECTION

06 - FIVE-POINT, OR MORE

07 - ON RAMP

11 - RAILWAY GRADE CROSSING

12 - SHARED-USE PATHS OR TRAILS

08 - OFF RAMP

09 - CROSSOVER

05 - TRAFFIC CIRCLE/ROUNDBOAT

10 - DRIVEWAY/ALLEY ACCESS

INTERSECTION RELATED

☐

LOCATION OF FIRST HARMFUL EVENT

1 - ON ROADWAY 5 - ON GORE  
2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY  
3 - IN MEDIAN 9 - UNKNOWN  
4 - ON ROADSIDE

ROAD CONTOUR

1 1 - STRAIGHT LEVEL  
2 - STRAIGHT GRADE  
3 - CURVE LEVEL

4 - CURVE GRADE

9 - UNKNOWN

ROAD CONDITIONS

PRIMARY 01

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

MANNER OF CRASH COLLISION/IMPACT

2 1 - NOT COLLISION BETWEEN  
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

ROAD SURFACE

2 1 - CONCRETE  
2 - BLACKTOP, BITUMINOUS, ASPHALT  
3 - BRICK/BLOCK

4 - SLAG, GRAVEL, STONE

5 - DIRT

6 - OTHER

LIGHT CONDITIONS

PRIMARY 1

SECONDARY

☐

1 - DAYLIGHT

2 - DAWN

3 - DUSK

4 - DARK - LIGHTED ROADWAY

5 - DARK - ROADWAY NOT LIGHTED

6 - DARK - UNKNOWN ROADWAY LIGHTING

7 - GLARE\*

8 - OTHER

9 - UNKNOWN

\* SECONDARY CONDITION ONLY

SCHOOL BUS RELATED

☐ YES, SCHOOL BUS DIRECTLY INVOLVED☐ YES, SCHOOL BUS INDIRECTLY INVOLVED

WORK ZONE RELATED

☐

WORKERS PRESENT

☐

LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)

☐

LAW ENFORCEMENT PRESENT (VEHICLE ONLY)

☐

TYPE OF WORK ZONE

☐

1 - LANE CLOSURE

2 - LANE SHIFT/CROSSOVER

3 - WORK ON SHOULDER OR MEDIAN

4 - INTERMITTENT OR MOVING WORK

5 - OTHER

LOCATION OF CRASH IN WORK ZONE

☐

1 - BEFORE THE FIRST WORK ZONE WARNING SIGN

2 - ADVANCE WARNING AREA

3 - TRANSITION AREA

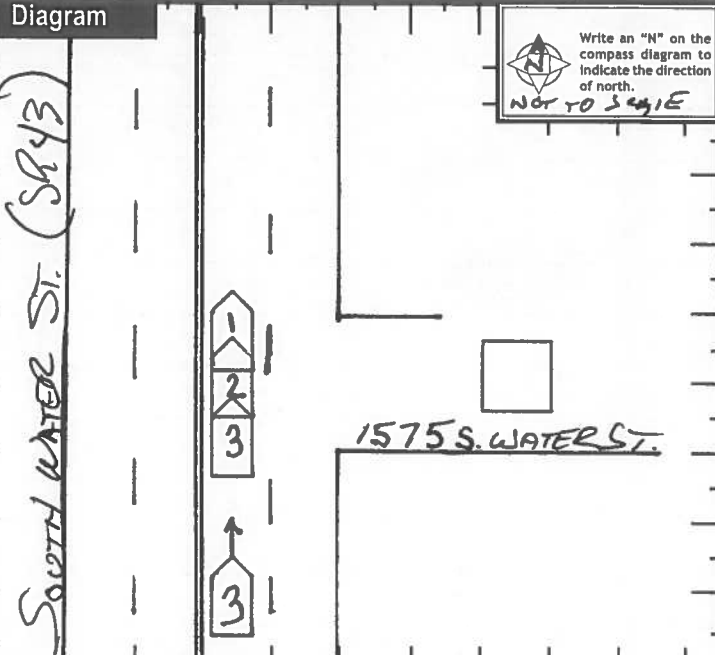
4 - ACTIVITY AREA

5 - TERMINATION AREA

NARRATIVE

ALL THREE UNITS WERE TRAVELING NORTH ON S. WATER (SR43). UNITS ONE AND TWO STOPPED. UNIT THREE FAILED TO MAINTAIN ASSURED CLEAR DISTANCE STRIKING UNIT TWO THAT IMPACT PUSHED UNIT TWO INTO UNIT ONE.

Diagram



REPORT TAKEN BY

X POLICE AGENCY

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

DATE CRASH REPORTED

03312016

TIME CRASH REPORTED

1540

DISPATCH TIME

1540

ARRIVAL TIME

1547

TIME CLEARED

1623

OTHER INVESTIGATION TIME

20

TOTAL MINUTES

56

OFFICER'S NAME \*

OFFICER MATTHEW G. FORTER

OFFICER'S BADGE NUMBER

234

CHECKED BY

ST. JENNIFER

PAGE

1 OF 6



# MOTORIST / Non-Motorist / Occupant

LOCAL REPORT NUMBER

167405

|                   |   |                             |           |   |
|-------------------|---|-----------------------------|-----------|---|
| UNIT NUMBER<br>01 | NAME: LAST, FIRST, MIDDLE<br>MAHARJAN, MINU | DATE OF BIRTH<br>10/27/1987 | AGE<br>28 | GENDER<br><input checked="" type="checkbox"/> F - FEMALE<br><input type="checkbox"/> M - MALE |
|-------------------|---|-----------------------------|-----------|---|

ADDRESS, CITY, STATE, ZIP

222 COMANCHE PL. KENT, OH. 44240

CONTACT PHONE- INCLUDE AREA CODE

845-381-0444

|  |  |  |   |   |   |                             |                          |                        |                         |                       |                     |
|--|--|--|---|---|---|-----------------------------|--------------------------|------------------------|-------------------------|-----------------------|---------------------|
| INJURIES<br><input checked="" type="checkbox"/>        | INJURED TAKEN BY<br><input type="checkbox"/> | EMS AGENCY<br><input type="checkbox"/> | MEDICAL FACILITY INJURED TAKEN TO<br><input type="checkbox"/> | SAFETY EQUIPMENT USED<br>04             | DOT COMPLIANT<br>MOTORCYCLE<br>HELMET<br><input type="checkbox"/> | SEATING POSITION<br>01      | AIR BAG USAGE<br>1       | EJECTION<br>1          | TRAPPED<br>1            |                       |                     |
| OL STATE<br>OH   | OPERATOR LICENSE NUMBER<br>TY889441          | OL CLASS<br>4                          | No<br>VALID<br>OL<br><input type="checkbox"/>                 | M/C<br>END.<br><input type="checkbox"/> | 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<br><input type="checkbox"/> LOCAL CODE | OFFENSE DESCRIPTION                          | CITATION NUMBER                        | HANDS-FREE<br>DEVICE<br>USED<br><input type="checkbox"/>      | DRIVER DISTRACTED BY<br>1               |   |                             |                          |                        |                         |                       |                     |

|                   |   |                            |           |   |
|-------------------|---|----------------------------|-----------|---|
| UNIT NUMBER<br>02 | NAME: LAST, FIRST, MIDDLE<br>KULESZA, SAMUEL D. | DATE OF BIRTH<br>1/16/1961 | AGE<br>54 | GENDER<br><input checked="" type="checkbox"/> M - MALE<br><input type="checkbox"/> F - FEMALE |
|-------------------|---|----------------------------|-----------|---|

ADDRESS, CITY, STATE, ZIP

1457 COUNTRYSIDE DR. MOGADOKE, OH. 44260

CONTACT PHONE- INCLUDE AREA CODE

330-620-6929

|  |  |  |   |   |   |                             |                          |                        |                         |                       |                     |
|--|--|--|---|---|---|-----------------------------|--------------------------|------------------------|-------------------------|-----------------------|---------------------|
| INJURIES<br><input checked="" type="checkbox"/>        | INJURED TAKEN BY<br><input type="checkbox"/> | EMS AGENCY<br><input type="checkbox"/> | MEDICAL FACILITY INJURED TAKEN TO<br><input type="checkbox"/> | SAFETY EQUIPMENT USED<br>04             | DOT COMPLIANT<br>MOTORCYCLE<br>HELMET<br><input type="checkbox"/> | SEATING POSITION<br>01      | AIR BAG USAGE<br>1       | EJECTION<br>1          | TRAPPED<br>1            |                       |                     |
| OL STATE<br>OH   | OPERATOR LICENSE NUMBER<br>RQ083725          | OL CLASS<br>4                          | No<br>VALID<br>OL<br><input type="checkbox"/>                 | M/C<br>END.<br><input type="checkbox"/> | 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<br><input type="checkbox"/> LOCAL CODE | OFFENSE DESCRIPTION                          | CITATION NUMBER                        | HANDS-FREE<br>DEVICE<br>USED<br><input type="checkbox"/>      | DRIVER DISTRACTED BY<br>1               |   |                             |                          |                        |                         |                       |                     |

- INJURIES
- 1 - NO INJURY / NONE REPORTED
  - 2 - POSSIBLE
  - 3 - NON-INCAPACITATING
  - 4 - INCAPACITATING
  - 5 - FATAL

- INJURED TAKEN BY
- 1 - NOT TRANSPORTED / TREATED AT SCENE
  - 2 - EMS
  - 3 - POLICE
  - 4 - OTHER
  - 9 - UNKNOWN

- SAFETY EQUIPMENT USED
- MOTORIST
- 01 - NONE USED - VEHICLE OCCUPANT
  - 02 - SHOULDER BELT ONLY USED
  - 03 - LAP BELT ONLY USED
  - 04 - SHOULDER AND LAP BELT USED

- 99 - UNKNOWN SAFETY EQUIPMENT
- Non-Motorist
- 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING
  - 06 - CHILD RESTRAINT SYSTEM- REAR FACING
  - 07 - BOOSTER SEAT
  - 08 - HELMET USED

- Non-Motorist
- 09 - NONE USED
  - 10 - HELMET USED
  - 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ET )
  - 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<br>[ ] | NAME: LAST, FIRST, MIDDLE<br>[ ] | DATE OF BIRTH<br>[ ] | AGE<br>[ ] | GENDER<br><input type="checkbox"/> F - FEMALE<br><input type="checkbox"/> M - MALE |
|--------------------|----------------------------------|----------------------|------------|--|

ADDRESS, CITY, STATE, ZIP

CONTACT PHONE- INCLUDE AREA CODE

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

|                    |                                  |                      |            |  |
|--------------------|----------------------------------|----------------------|------------|--|
| UNIT NUMBER<br>[ ] | NAME: LAST, FIRST, MIDDLE<br>[ ] | DATE OF BIRTH<br>[ ] | AGE<br>[ ] | GENDER<br><input type="checkbox"/> F - FEMALE<br><input type="checkbox"/> M - MALE |
|--------------------|----------------------------------|----------------------|------------|--|

ADDRESS, CITY, STATE, ZIP

CONTACT PHONE- INCLUDE AREA CODE

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



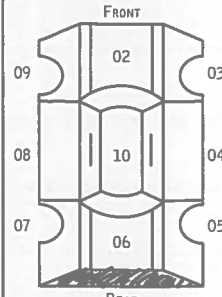
# MOTORIST / Non-Motorist / Occupant

LOCAL REPORT NUMBER

167495

|  |  |  |  |  |  |   |                          |   |                         |                       |
|--|--|--|--|--|--|---|--------------------------|---|-------------------------|-----------------------|
| UNIT NUMBER<br>03  | NAME: LAST, FIRST, MIDDLE<br>THORNDIKE, CHRISTOPHER B. | DATE OF BIRTH<br>02/21/1954  | AGE<br>62                                | GENDER<br>M - MALE   |  |   |                          |   |                         |                       |
| ADDRESS, CITY, STATE, ZIP<br>3464 MEANDERWOOD DR. CANFIELD, OH. 44406  |  | CONTACT PHONE- INCLUDE AREA CODE<br>330-770-6713   |  |  |  |   |                          |   |                         |                       |
| INJURIES<br>1  | INJURED TAKEN BY<br>[ ]                                | EMS AGENCY<br>[ ]  | MEDICAL FACILITY INJURED TAKEN TO<br>[ ] | SAFETY EQUIPMENT USED<br>04  | DOT COMPLIANT<br>[ ] MOTORCYCLE HELMET | SEATING POSITION<br>01  | AIR BAG USAGE<br>1       | EJECTION<br>1   | TRAPPED<br>1            |                       |
| OL STATE<br>OH   | OPERATOR LICENSE NUMBER<br>RQ254719                    | OL CLASS<br>4  | No<br>[ ] VALID OL<br>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 (X LOCAL CODE)<br>333.03A  |  | OFFENSE DESCRIPTION<br>ACDA  |  | CITATION NUMBER<br>44218   |  | HANDS-FREE<br>[ ] DEVICE USED   |                          | DRIVER DISTRACTED BY<br>1   |                         |                       |
| UNIT NUMBER<br>[ ]   | NAME: LAST, FIRST, MIDDLE<br>[ ]                       | DATE OF BIRTH<br>[ ]   | AGE<br>[ ]                               | GENDER<br>[ ] F - FEMALE<br>M - MALE   |  |   |                          |   |                         |                       |
| ADDRESS, CITY, STATE, ZIP<br>[ ]   |  | CONTACT PHONE- INCLUDE AREA CODE<br>[ ]  |  |  |  |   |                          |   |                         |                       |
| INJURIES<br>[ ]  | INJURED TAKEN BY<br>[ ]                                | EMS AGENCY<br>[ ]  | MEDICAL FACILITY INJURED TAKEN TO<br>[ ] | SAFETY EQUIPMENT USED<br>[ ]   | DOT COMPLIANT<br>[ ] MOTORCYCLE HELMET | SEATING POSITION<br>[ ]   | AIR BAG USAGE<br>[ ]     | EJECTION<br>[ ]   | TRAPPED<br>[ ]          |                       |
| OL STATE<br>[ ]  | OPERATOR LICENSE NUMBER<br>[ ]                         | OL CLASS<br>[ ]  | No<br>[ ] VALID OL<br>M/C<br>[ ] END.    | CONDITION<br>[ ]   | ALCOHOL/DRUG SUSPECTED<br>[ ]          | ALCOHOL TEST STATUS<br>[ ]  | ALCOHOL TEST TYPE<br>[ ] | ALCOHOL TEST VALUE<br>[ ]   | DRUG TEST STATUS<br>[ ] | DRUG TEST TYPE<br>[ ] |
| OFFENSE CHARGED ( [ ] LOCAL CODE)<br>[ ]   |  | OFFENSE DESCRIPTION<br>[ ]   |  | CITATION NUMBER<br>[ ]   |  | HANDS-FREE<br>[ ] DEVICE USED   |                          | DRIVER DISTRACTED BY<br>[ ]   |                         |                       |
| 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 / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN  |  | SAFETY EQUIPMENT USED<br>MOTORIST<br>01 - NONE USED - VEHICLE OCCUPANT<br>02 - SHOULDER BELT ONLY USED<br>03 - LAP BELT ONLY USED<br>04 - SHOULDER AND LAP BELT USED<br>99 - UNKNOWN SAFETY EQUIPMENT<br>Non-Motorist<br>05 - CHILD RESTRAINT SYSTEM-FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM- REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED |  | Non-Motorist<br>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<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 (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 MECHANICAL MEANS<br>3 - EXTRICATED BY NON-MECHANICAL MEANS   |  | OPERATOR LICENSE CLASS<br>1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO IS "D")<br>5 - MC/MOPED ONLY  |  | CONDITION<br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED<br>6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, AL - HOL<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 - AL - HOL 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 (NAVIGATION DEVICE, RADIO, DVD)<br>6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION |                         |                       |
| UNIT NUMBER<br>[ ]   | NAME: LAST, FIRST, MIDDLE<br>[ ]                       | DATE OF BIRTH<br>[ ]   | AGE<br>[ ]                               | GENDER<br>[ ] F - FEMALE<br>M - MALE   |  |   |                          |   |                         |                       |
| ADDRESS, CITY, STATE, ZIP<br>[ ]   |  | CONTACT PHONE- INCLUDE AREA CODE<br>[ ]  |  |  |  |   |                          |   |                         |                       |
| INJURIES<br>[ ]  | INJURED TAKEN BY<br>[ ]                                | EMS AGENCY<br>[ ]  | MEDICAL FACILITY INJURED TAKEN TO<br>[ ] | SAFETY EQUIPMENT USED<br>[ ]   | DOT COMPLIANT<br>[ ] MOTORCYCLE HELMET | SEATING POSITION<br>[ ]   | AIR BAG USAGE<br>[ ]     | EJECTION<br>[ ]   | TRAPPED<br>[ ]          |                       |
| UNIT NUMBER<br>[ ]   | NAME: LAST, FIRST, MIDDLE<br>[ ]                       | DATE OF BIRTH<br>[ ]   | AGE<br>[ ]                               | GENDER<br>[ ] F - FEMALE<br>M - MALE   |  |   |                          |   |                         |                       |
| ADDRESS, CITY, STATE, ZIP<br>[ ]   |  | CONTACT PHONE- INCLUDE AREA CODE<br>[ ]  |  |  |  |   |                          |   |                         |                       |
| INJURIES<br>[ ]  | INJURED TAKEN BY<br>[ ]                                | EMS AGENCY<br>[ ]  | MEDICAL FACILITY INJURED TAKEN TO<br>[ ] | SAFETY EQUIPMENT USED<br>[ ]   | DOT COMPLIANT<br>[ ] MOTORCYCLE HELMET | SEATING POSITION<br>[ ]   | AIR BAG USAGE<br>[ ]     | EJECTION<br>[ ]   | TRAPPED<br>[ ]          |                       |

167405

|  |  |  |   |   |
|--|--|--|---|---|
| UNIT NUMBER<br><b>01</b>   | OWNER NAME: LAST, FIRST, MIDDLE<br><b>(X) SAME AS DRIVER</b>   | OWNER PHONE NUMBER - INC. AREA CODE<br><b>(X) SAME AS DRIVER</b>   | DAMAGE SCALE<br><b>2</b>  | DAMAGED AREA<br>   |
| OWNER ADDRESS: CITY, STATE, ZIP<br><b>(X) SAME AS DRIVER</b>   |  |  |   |   |
| LP STATE<br><b>OH</b>  | LICENSE PLATE NUMBER<br><b>GGW-2290</b>  | VEHICLE IDENTIFICATION NUMBER<br><b>1H6C75636VA124485</b>  | # OCCUPANTS<br><b>01</b>  |   |
| VEHICLE YEAR<br><b>1997</b>  | VEHICLE MAKE<br><b>HONDA</b>   | VEHICLE MODEL<br><b>ACCORD</b>   | VEHICLE COLOR<br><b>RED</b>   |   |
| <input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN   | INSURANCE COMPANY<br><b>GEICO</b>  | POLICY NUMBER<br><b>4378757209</b>   | TOWED BY  |   |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP  |  |  | CARRIER PHONE- INCLUDE AREA CODE  |   |
| US DOT   | VEHICLE WEIGHT GVWR/GCWR<br><b>1</b><br>1 - LESS THAN OR EQUAL TO 10K LBS.<br>2 - 10,001 TO 26,000 LBS.<br>3 - MORE THAN 26,000 LBS. | CARGO BODY TYPE<br><b>01</b><br>01 - NO CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASSIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAIN, CHIPS, GRAVEL  | TRAFFICWAY DESCRIPTION<br><b>1</b><br>1 - TWO-WAY, NOT DIVIDED<br>2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS > 4 FT.) MEDIAN<br>4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - ONE-WAY TRAFFICWAY |   |
| HM PLACARD ID NO.<br><b>1</b>  | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED   | 09 - POLE<br>10 - CARGO TANK<br>11 - FLAT BED<br>12 - DUMP<br>13 - CONCRETE MIXER<br>14 - AUTO TRANSPORTER<br>15 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN  | <input type="checkbox"/> HIT / SKIP UNIT  |   |
| HM CLASS NUMBER<br><b>1</b>  |  |  |   |   |
| Non-Motorist Location Prior to Impact<br><b>01</b><br>01 - INTERSECTION - MARKED CROSSWALK<br>02 - INTERSECTION - NO CROSSWALK<br>03 - INTERSECTION - OTHER<br>04 - MIDBLOCK - MARKED CROSSWALK<br>05 - TRAVEL LANE - OTHER LOCATION<br>06 - BICYCLE LANE<br>07 - SHOULDER/ROADSIDE<br>08 - SIDEWALK<br>09 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED-USE PATH OR TRAIL<br>12 - NON-TRAFFICWAY AREA<br>99 - OTHER/UNKNOWN |  | TYPE OF USE<br><b>1</b><br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE  | UNIT TYPE<br><b>03</b><br>99 - UNKNOWN OR HIT / SKIP  | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE               |
| 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)   | 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 |
| Most Damaged Area<br><b>06</b><br>01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR   |  | 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  | 99 - UNKNOWN  | ACTION<br><b>4</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN  |
| PRE-CRASH ACTIONS<br><b>11</b><br>99 - UNKNOWN   |  | 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   |   |   |
| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br><b>01</b><br>SECONDARY<br><b>1</b><br>99 - UNKNOWN  |  | VEHICLE DEFECTS<br><b>1</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>1</b> 3 <b>1</b> 4 <b>1</b> 5 <b>1</b> 6 <b>1</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<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   |   |   |
| 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<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><b>0</b><br><input checked="" type="checkbox"/> STATED<br><input type="checkbox"/> ESTIMATED   | POSTED SPEED<br><b>25</b>  | TRAFFIC CONTROL<br><b>12</b><br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE<br>07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS<br>13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED   | UNIT DIRECTION<br>FROM <b>2</b> TO <b>1</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  |   |

167405

|   |   |  |  |   |
|---|---|--|--|---|
| UNIT NUMBER<br>02   | OWNER NAME: LAST, FIRST, MIDDLE<br>(X) SAME AS DRIVER   | OWNER PHONE NUMBER - INC. AREA CODE<br>(X) SAME AS DRIVER  | DAMAGE SCALE<br>4  | DAMAGED AREA<br>FRONT<br>09 02 03<br>08 10 04<br>07 06 05<br>REAR   |
| OWNER ADDRESS: CITY, STATE, ZIP<br>(X) SAME AS DRIVER   |   |  |  |   |
| LP STATE<br>OH  | LICENSE PLATE NUMBER<br>GOW-1310  | VEHICLE IDENTIFICATION NUMBER<br>5NPECH4G0BH127943   | # OCCUPANTS<br>01  |   |
| VEHICLE YEAR<br>2011  | VEHICLE MAKE<br>HYUNDAI   | VEHICLE MODEL<br>SONATA  | VEHICLE COLOR<br>WHITE   |   |
| X PROOF OF INSURANCE SHOWN  | INSURANCE COMPANY<br>GEICO  | POLICY NUMBER<br>4314715246  | TOWED BY<br>SCHUMANS   |   |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP   |   |  | CARRIER PHONE- INCLUDE AREA CODE   |   |
| 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>1 - HIT / SKIP UNIT |   |
| HM PLACARD ID NO.   | HM CLASS NUMBER   |  |  |   |
| 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 |   | 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                                     |
| SPECIAL FUNCTION<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)  | 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                       |
| PRE-CRASH ACTIONS<br>11<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<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  |  | 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>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<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  |  | 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>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   |   | 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   |  |   |
| 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   |   | 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>0<br>X STATED<br>ESTIMATED  | POSTED SPEED<br>25  | 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 2 TO 1<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   |   |



1167405

|  |  |  |   |   |
|--|--|--|---|---|
| Unit Number<br><b>03</b>   | Owner Name: Last, First, Middle<br><input checked="" type="checkbox"/> Same As Driver  | Owner Phone Number - inc. area code<br><input checked="" type="checkbox"/> Same As Driver  | Damage Scale<br><b>3</b>  | Damaged Area<br>  |
| Owner Address: City, State, Zip<br><input checked="" type="checkbox"/> Same As Driver  |  |  | Carrier Name, Address, City, State, Zip   |   |
| LP State<br><b>OH</b>  | License Plate Number<br><b>AYA 2</b>   | Vehicle Identification Number<br><b>1J4HR58296C361174</b>  | # Occupants<br><b>01</b>  |   |
| Vehicle Year<br><b>2006</b>  | Vehicle Make<br><b>JEEP</b>  | Vehicle Model<br><b>CHEROKEE</b>   | Vehicle Color<br><b>GREY</b>  |   |
| <input checked="" type="checkbox"/> Proof of Insurance Shown   | Insurance Company<br><b>NATIONWIDE</b>   | Policy Number<br><b>9234N872632</b>  | Towed By  |   |
| Carrier Name, Address, City, State, Zip  |  |  | Carrier Phone- include area code  |   |
| US DOT   | Vehicle Weight GVWR/GCWR<br><b>1</b><br>1 - Less Than or Equal to 10k Lbs.<br>2 - 10,001 to 26,000 Lbs.<br>3 - More Than 26,000 Lbs. | Cargo Body Type<br><b>01</b><br>01 - No Cargo Body Type/Not Applicable<br>02 - Bus/Van (9-15 Seats, Inc Driver)<br>03 - Bus (16+ Seats, Inc Driver)<br>04 - Vehicle Towing Another Vehicle<br>05 - Logging<br>06 - Intermodal Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel  | Trafficway Description<br><b>1</b><br>1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Continuous Left Turn Lane<br>3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft.) Median<br>4 - Two-Way, Divided, Positive Median Barrier<br>5 - One-Way Trafficway |   |
| HM Placard ID No.<br><b>1</b>  | <input type="checkbox"/> Hazardous Material Released   | 09 - Pole<br>10 - Cargo Tank<br>11 - Flat Bed<br>12 - Dump<br>13 - Concrete Mixer<br>14 - Auto Transporter<br>15 - Garbage/Refuse<br>99 - Other/Unknown  | <input type="checkbox"/> Hit / Skip Unit  |   |
| HM Class Number<br><b>1</b>  |  |  |   |   |
| Non-Motorist Location Prior to Impact<br><b>01</b><br>01 - Intersection - Marked Crosswalk<br>02 - Intersection - No Crosswalk<br>03 - Intersection - Other<br>04 - Midblock - Marked Crosswalk<br>05 - Travel Lane - Other Location<br>06 - Bicycle Lane<br>07 - Shoulder/Roadside<br>08 - Sidewalk<br>09 - Median/Crossing Island<br>10 - Driveway Access<br>11 - Shared-Use Path or Trail<br>12 - Non-Trafficway Area<br>99 - Other/Unknown   |  | Type of Use<br><b>1</b><br>1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response  | Unit Type<br><b>06</b><br>99 - Unknown or Hit / Skip  | Passenger Vehicles (less than 9 passengers)<br>01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sport Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle               |
| 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)   | 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 |
| Most Damaged Area<br><b>02</b><br>01 - None<br>02 - Center Front<br>03 - Right Front<br>04 - Right Side<br>05 - Right Rear<br>06 - Rear Center<br>07 - Left Rear   |  | 08 - Left Side<br>09 - Left Front<br>10 - Top and Windows<br>11 - Undercarriage<br>12 - Load/Trailer<br>13 - Total(All Areas)<br>14 - Other  | 99 - Unknown  | Action<br><b>4</b><br>1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown  |
| Pre-Crash Actions<br><b>01</b><br>99 - Unknown   |  |  |   |   |
| Contributing Circumstances<br>Primary<br><b>09</b><br>Secondary<br><b>01</b><br>99 - Unknown   |  |  |   |   |
| Vehicle Defects<br><b>01</b><br>01 - Turn Signals<br>02 - Head Lamps<br>03 - Tail Lamps<br>04 - Brakes<br>05 - Steering<br>06 - Tire Blowout<br>07 - Worn or Slick tires<br>08 - Trailer Equipment Defective<br>09 - Motor Trouble<br>10 - Disabled From Prior Accident<br>11 - Other Defects  |  |  |   |   |
| Sequence of Events<br>1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b><br>First Harmful Event <b>1</b> Most Harmful Event <b>1</b><br>99 - Unknown  |  |  |   |   |
| 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  |  |  |   |   |
| 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><b>25</b><br><input checked="" type="checkbox"/> Stated<br><input type="checkbox"/> Estimated  | Posted Speed<br><b>25</b>  | Traffic Control<br><b>12</b><br>01 - No Controls<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Flashers<br>06 - School Zone<br>07 - Railroad Crossbucks<br>08 - Railroad Flashers<br>09 - Railroad Gates<br>10 - Construction Barricade<br>11 - Person (Flagger, Officer)<br>12 - Pavement Markings<br>13 - Crosswalk Lines<br>14 - Walk/Don't Walk<br>15 - Other<br>16 - Not Reported | Unit Direction<br>From <b>2</b> To <b>1</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  | Page <b>6</b> of <b>6</b>   |