



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

1615846

CRASH SEVERITY

2 1 - FATAL  
2 - INJURY  
3 - PDO

Hit/Skip

1 - SOLVED  
2 - UNSOLVED

## LOCAL INFORMATION

|  |  |  |                                  |                                    |                       |   |
|--|--|--|----------------------------------|------------------------------------|-----------------------|---|
| PHOTOS TAKEN<br><input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P<br><input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | PDO UNDER STATE REPORTABLE DOLLAR AMOUNT<br><input type="checkbox"/> | PRIVATE PROPERTY<br><input type="checkbox"/> | REPORTING AGENCY NCIC *<br>06703 | REPORTING AGENCY NAME *<br>Kent PD | NUMBER OF UNITS<br>02 | UNIT IN ERROR<br>02 98 - ANIMAL<br>99 - UNKNOWN |
|--|--|--|----------------------------------|------------------------------------|-----------------------|---|

|                |                |                                   |                          |                       |                    |
|----------------|----------------|-----------------------------------|--------------------------|-----------------------|--------------------|
| COUNTY *<br>67 | CITY *<br>Kent | CITY, VILLAGE, TOWNSHIP *<br>Kent | CRASH DATE *<br>07152016 | TIME OF CRASH<br>1940 | DAY OF WEEK<br>FRI |
|----------------|----------------|-----------------------------------|--------------------------|-----------------------|--------------------|

|  |                        |  |                         |
|--|------------------------|--|-------------------------|
| DEGREES / MINUTES / SECONDS<br>LATITUDE<br>0 / 0 / 0 | LONGITUDE<br>0 / 0 / 0 | DECIMAL DEGREES<br>LATITUDE<br>41.146596 | LONGITUDE<br>-81.358470 |
|--|------------------------|--|-------------------------|

|   |  |                            |   |
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| ROADWAY DIVISION<br><input type="checkbox"/> DIVIDED<br><input checked="" type="checkbox"/> UNDIVIDED | DIVIDED LANE DIRECTION OF TRAVEL<br>N - NORTHBOUND E - EASTBOUND<br>S - SOUTHBOUND W - WESTBOUND | NUMBER OF THRU LANES<br>04 | 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 - LAKE PI - PIKE SQ - SQUARE TL - TRAIL |
|---|--|----------------------------|---|

|   |                            |                             |  |  |
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| LOCATION ROUTE TYPE <sup>1</sup><br>SR 43 | LOC PREFIX<br>S N,S<br>E,W | LOCATION ROAD NAME<br>Water | LOCATION ROUTE TYPE <sup>2</sup><br>ST | 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 |
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|                               |                              |                                   |                        |                            |  |  |
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| DISTANCE FROM REFERENCE<br>50 | DIR FROM REF<br>S N,S<br>E,W | REFERENCE ROUTE TYPE <sup>1</sup> | REFERENCE ROUTE NUMBER | REF PREFIX<br>S N,S<br>E,W | REFERENCE NAME (ROAD, MILEPOST, HOUSE #)<br>Hall | REFERENCE ROAD TYPE <sup>2</sup><br>ST |
|-------------------------------|------------------------------|-----------------------------------|------------------------|----------------------------|--|--|

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|---|---|--|
| REFERENCE POINT USED<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE NUMBER<br>01 | CRASH LOCATION<br>01 - NOT AN INTERSECTION<br>02 - FOUR-WAY INTERSECTION<br>03 - T-INTERSECTION<br>04 - Y-INTERSECTION<br>05 - TRAFFIC CIRCLE/ROUNDOUT<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 | 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>01 | ROAD CONDITIONS<br>PRIMARY<br>SECONDARY<br>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<br>* SECONDARY CONDITION ONLY |
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| 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 |
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|---|---|--|
| 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>SECONDARY<br>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>* SECONDARY CONDITION ONLY | SCHOOL BUS RELATED<br><input type="checkbox"/> SCHOOL ZONE RELATED<br><input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED<br><input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED |
|---|---|--|

|   |   |   |  |   |   |
|---|---|---|--|---|---|
| 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)<br><input type="checkbox"/> | 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 |
|---|---|---|--|---|---|

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|---|-------------|
| NARRATIVE<br>Units 1 and 2 were NB on S. Water St. Unit 1 stopped in traffic behind a vehicle turning left onto Hall St. Unit 2 failed to maintain assured clear distance ahead and struck unit 1 in the rear. The driver of unit 2 stated she was texting while driving and did not see that unit 1 had stopped. She was then treated at the scene for non-incapacitating injuries to her left arm/hand. | Diagram<br> |
|---|-------------|

|   |  |                                 |                             |                       |                      |                      |                                |                     |                               |                                |                            |             |
|---|--|---------------------------------|-----------------------------|-----------------------|----------------------|----------------------|--------------------------------|---------------------|-------------------------------|--------------------------------|----------------------------|-------------|
| REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST | SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)<br><input type="checkbox"/> | DATE CRASH REPORTED<br>07152016 | TIME CRASH REPORTED<br>1940 | DISPATCH TIME<br>1940 | ARRIVAL TIME<br>1945 | TIME CLEARED<br>2019 | OTHER INVESTIGATION TIME<br>40 | TOTAL MINUTES<br>74 | OFFICER'S NAME *<br>S. Burton | OFFICER'S BADGE NUMBER<br>#251 | CHECKED BY<br>J. Smith #41 | PAGE 1 OF 4 |
|---|--|---------------------------------|-----------------------------|-----------------------|----------------------|----------------------|--------------------------------|---------------------|-------------------------------|--------------------------------|----------------------------|-------------|



# MOTORIST / Non-Motorist / OCCUPANT

LOCAL REPORT NUMBER

11615846

|   |   |  |                                   |                                  |   |                                  |                          |                               |                         |                       |                     |
|---|---|--|-----------------------------------|----------------------------------|---|----------------------------------|--------------------------|-------------------------------|-------------------------|-----------------------|---------------------|
| UNIT NUMBER<br>01   | NAME: LAST, FIRST, MIDDLE<br>Rake, Cathy L. | DATE OF BIRTH<br>06/29/1955                      | AGE<br>61                         | GENDER<br>F - FEMALE<br>M - MALE |   |                                  |                          |                               |                         |                       |                     |
| ADDRESS, CITY, STATE, ZIP<br>164 Elm St. Hudson, OH 44236 |   | CONTACT PHONE- INCLUDE AREA CODE<br>330-650-6529 |                                   |                                  |   |                                  |                          |                               |                         |                       |                     |
| INJURIES<br>1   | INJURED TAKEN BY<br>[ ]                     | 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>OH  | OPERATOR LICENSE NUMBER<br>RH595456         | 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 ( [ ] LOCAL CODE )                        |   | OFFENSE DESCRIPTION                              |                                   | CITATION NUMBER                  |   | HANDS-FREE<br>[ ] DEVICE<br>USED |                          | DRIVER DISTRACTED BY<br>1 [ ] |                         |                       |                     |

|  |  |  |                                   |                                  |   |                                  |                          |                               |                         |                       |                     |
|--|--|--|-----------------------------------|----------------------------------|---|----------------------------------|--------------------------|-------------------------------|-------------------------|-----------------------|---------------------|
| UNIT NUMBER<br>02  | NAME: LAST, FIRST, MIDDLE<br>Torres-Sabik, Sophia R. | DATE OF BIRTH<br>12/30/1998                      | AGE<br>17                         | GENDER<br>F - FEMALE<br>M - MALE |   |                                  |                          |                               |                         |                       |                     |
| ADDRESS, CITY, STATE, ZIP<br>10311 Wentworth St. Streetsboro, OH 44241 |  | CONTACT PHONE- INCLUDE AREA CODE<br>330-593-9455 |                                   |                                  |   |                                  |                          |                               |                         |                       |                     |
| INJURIES<br>3  | INJURED TAKEN BY<br>1                                | EMS AGENCY<br>KFD                                | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br>04      | DOT COMPLIANT<br>[ ] MOTORCYCLE<br>[ ] HELMET | SEATING POSITION<br>01           | AIR BAG USAGE<br>2       | EJECTION<br>1                 | TRAPPED<br>1            |                       |                     |
| OL STATE<br>OH   | OPERATOR LICENSE NUMBER<br>UB174438                  | 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 ( [ ] LOCAL CODE )<br>4511.21A                         |  | OFFENSE DESCRIPTION<br>ACDA                      |                                   | CITATION NUMBER<br>49840         |   | HANDS-FREE<br>[ ] DEVICE<br>USED |                          | DRIVER DISTRACTED BY<br>3 [ ] |                         |                       |                     |

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| 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<br>09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 12 - REFLECTIVE CLOTHING<br>13 - LIGHTING<br>14 - OTHER  |   |
| SEATING POSITION<br>01 - FRONT - LEFT SIDE (Motorcycle Driver)<br>02 - FRONT - MIDDLE<br>03 - FRONT - RIGHT SIDE<br>04 - SECOND - LEFT SIDE (Motorcycle Passenger)<br>05 - SECOND - MIDDLE<br>06 - SECOND - RIGHT SIDE<br>07 - THIRD - LEFT SIDE (Motorcycle Side Car)<br>08 - THIRD - MIDDLE<br>09 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF CAB (TRUCK)<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN |   | AIR BAG USAGE<br>1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN   |  |   |
| EJECTION<br>1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE   | TRAPPED<br>1 - NOT TRAPPED<br>2 - EXTRICATED BY 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, 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 (NAVIGATION DEVICE, RADIO, DVD)<br>6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION |

|                           |                           |                                  |                                   |  |   |                         |                      |                 |                |
|---------------------------|---------------------------|----------------------------------|-----------------------------------|--|---|-------------------------|----------------------|-----------------|----------------|
| UNIT NUMBER<br>[ ]        | 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<br>[ ]           | INJURED TAKEN BY<br>[ ]   | EMS AGENCY                       | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br>[ ]             | DOT COMPLIANT<br>[ ] MOTORCYCLE<br>[ ] HELMET | SEATING POSITION<br>[ ] | AIR BAG USAGE<br>[ ] | EJECTION<br>[ ] | TRAPPED<br>[ ] |
| UNIT NUMBER<br>[ ]        | 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<br>[ ]           | INJURED TAKEN BY<br>[ ]   | EMS AGENCY                       | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br>[ ]             | DOT COMPLIANT<br>[ ] MOTORCYCLE<br>[ ] HELMET | SEATING POSITION<br>[ ] | AIR BAG USAGE<br>[ ] | EJECTION<br>[ ] | TRAPPED<br>[ ] |

1615846

|   |   |   |  |   |
|---|---|---|--|---|
| Unit Number<br>01   | Owner Name: Last, First, Middle (X Same As Driver)  | Owner Phone Number - inc. area code (X Same As Driver)  | Damage Scale<br>2<br>1 - None<br>2 - Minor<br>3 - Functional<br>4 - Disabling<br>9 - Unknown   | Damaged Area<br>Front<br>09 02 03<br>08 10 04<br>07 06 05<br>Rear |
| Owner Address: City, State, Zip (X Same As Driver)  |   |   |  |   |
| LP State<br>OH  | License Plate Number<br>GDA1  | Vehicle Identification Number<br>5J6RE4H46B41101126   | # Occupants<br>01  |   |
| Vehicle Year<br>2011  | Vehicle Make<br>Honda   | Vehicle Model<br>CRV  | Vehicle Color<br>Silver  |   |
| Proof of Insurance Shown<br>X   | Insurance Company<br>Erie   | Policy Number<br>Q056305383   | Towed By   |   |
| 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 |   |
| HM Placard ID No.<br>1  | HM Class Number<br>1  | Hazardous Material Released<br>X  | Hit / Skip Unit<br>X   |   |
| 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>Type of Use<br>1 - Personal<br>2 - Commercial<br>3 - Government<br>X In Emergency Response<br>Unit Type<br>06<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/Pedacyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist<br>X Has HM Placard  |   |   |  |   |
| 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>05<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>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>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   |   |   |  |   |
| 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 |   |   |  |   |
| 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   | Page 3 of 4   |

Local Report Number

11615846

|  |  |  |   |  |
|--|--|--|---|--|
| Unit Number<br><b>02</b>   | Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver )<br><b>Torres-Baiz, Enrique B.</b>                        | Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver )<br><b>330-541-6758</b>   | Damage Scale<br><b>4</b>  | Damaged Area<br>   |
| Owner Address: City, State, Zip ( <input type="checkbox"/> Same As Driver )<br><b>1841 Pleasant Valley Streetsboro, OH 44241</b>   |  |  | Carrier Phone- include area code  |  |
| LP State<br><b>OH</b>  | License Plate Number<br><b>GTJ9747</b>   | Vehicle Identification Number<br><b>3FADP44EJXGM146828</b>   | # Occupants<br><b>011</b>   |  |
| Vehicle Year<br><b>2016</b>  | Vehicle Make<br><b>Ford</b>  | Vehicle Model<br><b>Fiesta</b>   | Vehicle Color<br><b>Orange</b>  |  |
| <input checked="" type="checkbox"/> Proof of Insurance Shown   | Insurance Company<br><b>Progressive</b>  | Policy Number<br><b>37 542083</b>  | Towed By<br><b>Rivers</b>   |  |
| 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>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>02</b><br>99 - Unknown or Hit / Skip  | Passenger Vehicles (less than 9 passengers)<br>01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sport Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle                |
| 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 2 axle, 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>03</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   |  |  |   |  |
| Contributing Circumstances<br>Primary<br><b>09</b><br>Secondary<br><b>14</b><br>99 - Unknown   |  |  |   |  |
| 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   |  |  |   |  |
| 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>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>30</b>  | 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>4</b> of <b>4</b>  |