



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

116170100

CRASH SEVERITY  
1 - FATAL  
2 - INJURY  
3 - PDO

3

HIT/SKIP

1 - SOLVED  
2 - UNSOLVED

1

LOCAL INFORMATION

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

REPORTING AGENCY NCIC \*

10617013

REPORTING AGENCY NAME \*

Kent Police Dept

NUMBER OF  
UNITS

1011

UNIT IN ERROR

98 - ANIMAL  
99 - UNKNOWN

01

COUNTY \*

1617

☐ CITY \*☐ VILLAGE \*  
☐ TOWNSHIP \*

CITY, VILLAGE, TOWNSHIP \*

Kent

CRASH DATE \*

10731120116

TIME OF CRASH

11111

DAY OF WEEK

SUN

DEGREES / MINUTES / SECONDS

LATITUDE  
0 0 0

LONGITUDE

0 0 0

DECIMAL DEGREES

LATITUDE

41.1598105

LONGITUDE

71.1319134

ROADWAY DIVISION

☐ DIVIDED  
☒ UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL

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

NUMBER OF THRU LANES

102

ROAD TYPES OR MILEPOST<sup>2</sup>AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PL A E ST - STREET WA - WAY  
AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - R AD TE - TERRACE  
BL - BOULEVARD DR - DRIVE LA - LA NE PI - PI KE SQ - SQUARE TL - TRAILLOCATION  
ROUTE  
TYPE<sup>1</sup>

LOCATION ROUTE NUMBER

LOC PREFIX  
N, S,  
E, W

LOCATION ROAD NAME

Fairchild

LOCATION  
ROAD  
TYPE<sup>2</sup>

AU

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

DISTANCE FROM REFERENCE

20

☐ MILES  
☐ FEET  
☐ YARDS

DIR FROM REF

N, S,  
E, W

REFERENCE

ROUTE  
TYPE<sup>1</sup>

REFERENCE ROUTE NUMBER

1

REF PREFIX

N, S,  
E, W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

Randall

REFERENCE

ROAD  
TYPE<sup>2</sup>

Dr.

REFERENCE POINT USED

1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE NUMBER

CRASH LOCATION

01

01 - NOT AN INTERSECTION  
02 - FOUR-WAY INTERSECTION  
03 - T-INTERSECTION  
04 - Y-INTERSECTION  
05 - TRAFFIC CIRCLE/ROUNDOUT06 - FIVE-POINT, OR MORE  
07 - ON RAMP  
08 - OFF RAMP  
09 - CROSSOVER  
10 - DRIVEWAY/ALLEY ACCESS11 - RAILWAY GRADE CROSSING  
12 - SHARED-USE PATHS OR TRAILS  
99 - UNKNOWN☐ INTERSECTION  
RELATED

LOCATION OF FIRST HARMFUL EVENT

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

ROAD CONTOUR

1 - STRAIGHT LEVEL  
2 - STRAIGHT GRADE  
3 - CURVE LEVEL4 - CURVE GRADE  
9 - UNKNOWN

ROAD CONDITIONS

PRIMARY

SECONDARY

01

01 - DRY  
02 - WET  
03 - SNOW  
04 - ICE05 - SAND, MUD, DIRT, OIL, GRAVEL  
06 - WATER (STANDING, MOVING)  
07 - SLUSH  
08 - DEBRIS\*

09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT\*

10 - OTHER  
99 - UNKNOWN

\* SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT

1 - NOT COLLISION BETWEEN  
TWO MOTOR VEHICLES  
IN TRANSPORT2 - REAR-END  
3 - HEAD-ON  
4 - REAR-TO-REAR5 - BACKING  
6 - ANGLE  
7 - SIDESWIPE, SAME DIRECTION8 - SIDESWIPE, OPPOSITE  
DIRECTION  
9 - UNKNOWN

WEATHER

1

1 - CLEAR  
2 - CLOUDY  
3 - FOG, SMOG, SMOKE4 - RAIN  
5 - SLEET, HAIL  
6 - SNOW7 - SEVERE CROSSWINDS  
8 - BLOWING SAND, SOIL, DIRT, SNOW  
9 - OTHER/UNKNOWN

ROAD SURFACE

1 - CONCRETE  
2 - BLACKTOP, BITUMINOUS,  
ASPHALT  
3 - BRICK/BLOCK4 - SLAG, GRAVEL,  
STONE  
5 - DIRT  
6 - OTHER

LIGHT CONDITIONS

PRIMARY

SECONDARY

1

1 - DAYLIGHT  
2 - DAWN  
3 - DUSK  
4 - DARK - LIGHTED ROADWAY5 - DARK - ROADWAY NOT LIGHTED  
6 - DARK - UNKNOWN ROADWAY LIGHTING  
7 - GLARE\*  
8 - OTHER

9 - UNKNOWN

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

\* SECONDARY CONDITION ONLY

☐ WORK  
ZONE  
RELATED☐ WORKERS PRESENT  
☐ LAW ENFORCEMENT PRESENT  
(OFFICER/VEHICLE)  
☐ LAW ENFORCEMENT PRESENT  
(VEHICLE ONLY)

TYPE OF WORK ZONE

1 - LANE CLOSURE  
2 - LANE SHIFT/CROSSOVER  
3 - WORK ON SHOULDER OR MEDIAN4 - INTERMITTENT OR MOVING WORK  
5 - OTHER

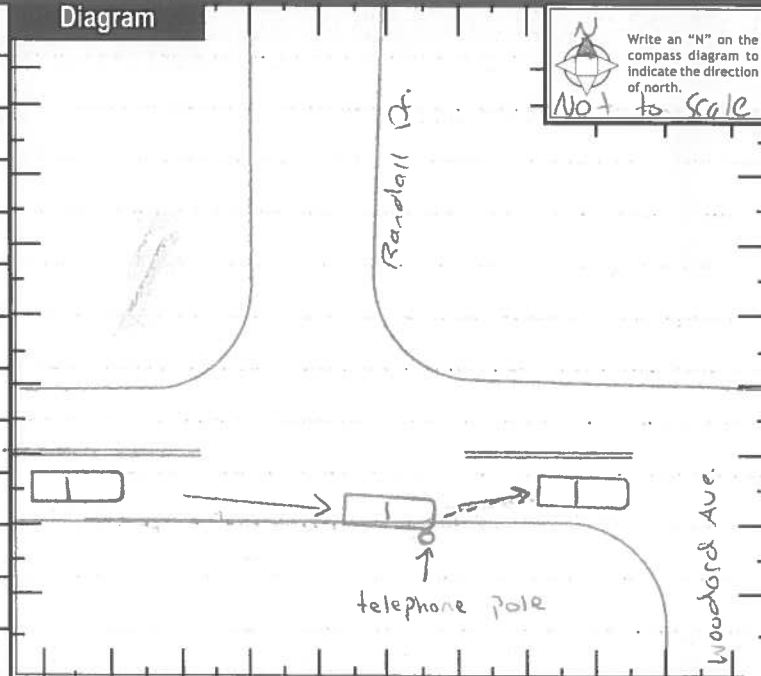
LOCATION OF CRASH IN WORK ZONE

1 - BEFORE THE FIRST WORK ZONE WARNING SIGN  
2 - ADVANCE WARNING AREA  
3 - TRANSITION AREA4 - ACTIVITY AREA  
5 - TERMINATION AREA

NARRATIVE

Unit 1 was traveling east on Fairchild Ave. The front right tire to Unit 1 fell off which caused the driver to lose control and strike a telephone pole. Unit 1 has disabling damage, minor to the pole. The driver had a felony warrant, suspended license, and possessed drug paraphernalia. The truck was towed and he was arrested.

Diagram



REPORT TAKEN BY

☒ POLICE AGENCY  
☐ MOTORIST☐ SUPPLEMENT (CORRECTION OR ADDITION TO  
AN EXISTING REPORT SENT TO ODPS)

DATE CRASH REPORTED

10731120116

TIME CRASH REPORTED

11411

DISPATCH TIME

11412

ARRIVAL TIME

11415

TIME CLEARED

11445

OTHER INVESTIGATION TIME

1310

TOTAL MINUTES

160

OFFICER'S NAME \*

Ptl. Williams

OFFICER'S BADGE NUMBER

237

CHECKED BY

1/1/22

PAGE 1 OF 3



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

1161170190

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE Roberts, Bryan Michael	DATE OF BIRTH 10/10/91	AGE 17	GENDER M							
ADDRESS, CITY, STATE, ZIP 1188 Spruce Ct. Kent, OH 44240		CONTACT PHONE- INCLUDE AREA CODE 330 687 4670									
INJURIES 1	INJURED TAKEN BY [ ]	EMS AGENCY [ ]	MEDICAL FACILITY INJURED TAKEN TO [ ]	SAFETY EQUIPMENT USED [ ]	DOT COMPLIANT MOTORCYCLE HELMET [ ]	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER RT923515	OL CLASS H	No VALID OL [ ]	M/C END. [ ]	CONDITION 6	ALCOHOL/DRUG SUSPECTED 4	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE [ ]	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED ( [ ] LOCAL CODE ) 4513.99		OFFENSE DESCRIPTION Unsafe Vehicle			CITATION NUMBER 48886		HANDS-FREE [ ] DEVICE USED [ ]		DRIVER DISTRACTED BY [ ]		

UNIT NUMBER [ ]	NAME: LAST, FIRST, MIDDLE [ ]	DATE OF BIRTH [ ]	AGE [ ]	GENDER [ ]							
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 MOTORCYCLE HELMET [ ]	SEATING POSITION [ ]	AIR BAG USAGE [ ]	EJECTION [ ]	TRAPPED [ ]		
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 [ ]
OFFENSE CHARGED ( [ ] LOCAL CODE ) [ ]		OFFENSE DESCRIPTION [ ]			CITATION NUMBER [ ]		HANDS-FREE [ ] DEVICE USED [ ]		DRIVER DISTRACTED BY [ ]		

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 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	Non-Motorist 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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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
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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
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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
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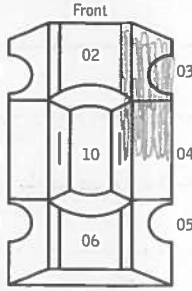
  

UNIT NUMBER [ ]	NAME: LAST, FIRST, MIDDLE [ ]	DATE OF BIRTH [ ]	AGE [ ]	GENDER [ ]					
ADDRESS, CITY, STATE, ZIP [ ]		CONTACT PHONE- INCLUDE AREA CODE [ ]							
INJURIES [ ]	INJURED TAKEN BY [ ]	EMS AGENCY [ ]	MEDICAL FACILITY INJURED TAKEN TO [ ]	SAFETY EQUIPMENT USED [ ]	DOT COMPLIANT MOTORCYCLE HELMET [ ]	SEATING POSITION [ ]	AIR BAG USAGE [ ]	EJECTION [ ]	TRAPPED [ ]

UNIT NUMBER [ ]	NAME: LAST, FIRST, MIDDLE [ ]	DATE OF BIRTH [ ]	AGE [ ]	GENDER [ ]					
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 MOTORCYCLE HELMET [ ]	SEATING POSITION [ ]	AIR BAG USAGE [ ]	EJECTION [ ]	TRAPPED [ ]

11611710199

Unit Number <b>101</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>Burton, Elizabeth J.</b>	Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver ) <b>330 687 9770</b>	Damage Scale <b>4</b>	Damaged Area Front 
Owner Address: City, State, Zip ( <input type="checkbox"/> Same As Driver )			Carrier Phone- include area code	
LP State <b>OH</b>	License Plate Number <b>PSD9622</b>	Vehicle Identification Number <b>1BFTZ1F117127D1MA821641</b>	# Occupants <b>191</b>	
Vehicle Year <b>121011</b>	Vehicle Make <b>Ford</b>	Vehicle Model <b>F-150</b>	Vehicle Color <b>Silver</b>	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company <b>Advantage</b>	Policy Number <b>1134067983307</b>	Towed By	
Carrier Name, Address, City, State, Zip				

US DOT	Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs.	Cargo Body Type <b>01</b> 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	Trafficway Description <b>1</b> 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No. <b>1111</b>	<input type="checkbox"/> Hazardous Material Released	<input type="checkbox"/> Hit / Skip Unit		
HM Class Number <b>1</b>				

Non-Motorist Location Prior to Impact <b>01</b> 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown	Type of Use <b>1</b> 1 - Personal 2 - Commercial 3 - Government  <input type="checkbox"/> In Emergency Response	Unit Type <b>07</b> 99 - Unknown or Hit / Skip Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
<input type="checkbox"/> Has HM Placard				

Special Function <b>01</b> 01 - None 02 - Taxi 03 - Rental Truck (Over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other	09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.	17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area <b>03</b> Impact Area <b>03</b> 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other	Action <b>3</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions <b>01</b> 99 - Unknown Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn	07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless	13 - Negotiating a Curve 14 - Other Motorist Action	Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing	21 - Other Non-Motorist Action
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Contributing Circumstances Primary <b>19</b> Secondary <b>99</b> 99 - Unknown Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road	11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action	Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	Vehicle Defects <b>01</b> 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
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Sequence of Events 1 <b>43</b> 2 <b>40</b> 3 <b>11</b> 4 <b>11</b> 5 <b>11</b> 6 <b>11</b> First Harmful Event <b>1</b> Most Harmful Event <b>2</b> 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision	Collision With Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport 21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object	Collision With Fixed Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier 33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object
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Unit Speed <b>125</b> <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed <b>125</b>	Traffic Control <b>12</b> 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From <b>4</b> To <b>3</b> 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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