



# TRAFFIC CRASH REPORT

LOCAL INFORMATION

LOCAL REPORT NUMBER \*

1621813

CRASH SEVERITY  
1 - FATAL  
2 - INJURY  
3 - PDO

3

Hit/Skip  
1 - SOLVED  
2 - UNSOLVED

1

PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	PDO UNDER STATE REPORTABLE DOLLAR AMOUNT <input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC * 06703	REPORTING AGENCY NAME * Kent Police Dept	NUMBER OF UNITS 01	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN
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COUNTY * 67	CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * Kent	CRASH DATE * 09272016	TIME OF CRASH 1120	DAY OF WEEK TUE
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DEGREES / MINUTES / SECONDS LATITUDE 0 / / " LONGITUDE 0 / / "	DECIMAL DEGREES LATITUDE 41.158473 LONGITUDE -81.364376
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ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL <input type="checkbox"/> N - NORTHBOUND E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND W - WESTBOUND	NUMBER OF THRU LANES 02	ROAD TYPES OR MILEPOST <sup>2</sup> AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE BL - BOULEVARD DR - DRIVE LA - LANE PJ - PIKE SQ - SQUARE TL - TRAIL
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LOCATION ROUTE TYPE 1 LOCATION ROUTE NUMBER LOC PREFIX N, S, E, W LOCATION ROAD NAME Woodard	LOCATION ROAD TYPE 2 ROUTE TYPES <sup>1</sup> IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE
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DISTANCE FROM REFERENCE <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR FROM REF <input type="checkbox"/> N, S, E, W	REFERENCE ROUTE TYPE 1 REFERENCE ROUTE NUMBER REFERENCE NAME (ROAD, MILEPOST, HOUSE #) Rockwell	REFERENCE ROAD TYPE 2 REFERENCE ROAD TYPE 2
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REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOAT 06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	INTERSECTION RELATED <input type="checkbox"/>	LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN
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ROAD CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY 01 SECONDARY 02 03 04 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS*	09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN
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MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN
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ROAD SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS PRIMARY 1 SECONDARY 2 3 4 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER 9 - UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
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WORK ZONE RELATED <input checked="" type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE 3 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 4 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA
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NARRATIVE Unit 1 was traveling northbound on Woodard Ave. The southbound lane was closed. Unit 1 went around a dump truck that was parked on Woodard Ave at Rockwell St. She then struck a construction barrel from the job site. Unit 1 failed to stop and fled the scene. There were several construction workers in the immediate area of the crash. The damaged barrel was owned by Miller Construction (17250 Kinsman Rd. Middlefield, OH 44062)	Diagram A hand-drawn diagram showing the intersection of Woodard Ave and Rockwell St. A north arrow is in the top right corner. On Woodard Ave, a 'Parked Dump Truck' is shown. A 'Barrel' is shown at the intersection. The diagram is labeled 'Drawing Not To Scale'.
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REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) <input type="checkbox"/>	DATE CRASH REPORTED 09272016	TIME CRASH REPORTED 1120	DISPATCH TIME 1120	ARRIVAL TIME 1120	TIME CLEARED 1145	OTHER INVESTIGATION TIME 30	TOTAL MINUTES 55	OFFICER'S NAME * Sgt. Short	OFFICER'S BADGE NUMBER 228	CHECKED BY [Signature] #228	PAGE 1 OF 4
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# MOTORIST / Non-Motorist / Occupant

LOCAL REPORT NUMBER

11621813

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE Baliman Courtney B	DATE OF BIRTH 09/08/1976	AGE 40	GENDER F - FEMALE M - MALE
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Address, City, State, Zip

2251 CROCKETT CIRCLE STOW OH 44224

CONTACT PHONE- INCLUDE AREA CODE

330 608 3771

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 99	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER RU038344	OL CLASS 4	No VALID OL	M/C END.	CONDITION 6	ALCOHOL/DRUG SUSPECTED 2	ALCOHOL TEST STATUS 2	ALCOHOL TEST TYPE 4	ALCOHOL TEST VALUE .	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED ( Local Code) 4511.202	OFFENSE DESCRIPTION Failure To Control	CITATION NUMBER 53065	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY 1
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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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
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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
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OFFENSE CHARGED ( Local Code)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY
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INJURIES  
1 - No Injury / None Reported  
2 - POSSIBLE  
3 - Non-Incapacitating  
4 - Incapacitating  
5 - FATAL

INJURED TAKEN BY  
1 - Not Transported /  
Treated at Scene  
2 - EMS  
3 - POLICE  
4 - OTHER  
9 - UNKNOWN

SAFETY EQUIPMENT USED  
MOTORIST  
01 - None Used - Vehicle Occupant  
02 - Shoulder Belt Only Used  
03 - Lap Belt Only Used  
04 - Shoulder and Lap Belt Used

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

Non-Motorist  
09 - None Used  
10 - HELMET USED  
11 - PROTECTIVE PADS USED  
(Elbows, Knees, Etc)  
12 - REFLECTIVE CLOTHING  
13 - LIGHTING  
14 - OTHER

## SEATING POSITION

01 - FRONT - LEFT SIDE (Motorcycle Driver)  
02 - FRONT - MIDDLE  
03 - FRONT - RIGHT SIDE  
04 - SECOND - LEFT SIDE (Motorcycle Passenger)  
05 - SECOND - MIDDLE  
06 - SECOND - RIGHT SIDE

07 - THIRD - LEFT SIDE (Motorcycle Side Car)  
08 - THIRD - MIDDLE  
09 - THIRD - RIGHT SIDE  
10 - SLEEPER SECTION OF CAB (TRUCK)  
11 - PASSENGER IN OTHER ENCLOSED CARGO AREA  
(Non-Trailing Unit Such as a Bus, Pick-up with Cap)

12 - PASSENGER IN UNENCLOSED CARGO AREA  
13 - TRAILING UNIT  
14 - RIDING ON VEHICLE EXTERIOR (Non-Trailing Unit)  
15 - Non-Motorist  
16 - OTHER  
99 - UNKNOWN

## AIR BAG USAGE

1 - NOT DEPLOYED  
2 - DEPLOYED FRONT  
3 - DEPLOYED SIDE  
4 - DEPLOYED BOTH FRONT/SIDE  
5 - NOT APPLICABLE  
9 - DEPLOYMENT UNKNOWN

EJECTION  
1 - NOT EJECTED  
2 - TOTALLY EJECTED  
3 - PARTIALLY EJECTED  
4 - NOT APPLICABLE

TRAPPED  
1 - NOT TRAPPED  
2 - EXTRICATED BY  
MECHANICAL MEANS  
3 - EXTRICATED BY  
Non-Mechanical Means

OPERATOR LICENSE CLASS  
1 - CLASS A  
2 - CLASS B  
3 - CLASS C  
4 - REGULAR CLASS (Ohio is 'D')  
5 - MC/MOPED ONLY

CONDITION  
1 - APPARENTLY NORMAL  
2 - PHYSICAL IMPAIRMENT  
3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)  
4 - ILLNESS

5 - FELL ASLEEP, FAINTED, FATIGUED  
6 - UNDER THE INFLUENCE OF  
MEDICATIONS, DRUGS, ALCOHOL  
7 - OTHER

ALCOHOL/DRUG SUSPECTED  
1 - NONE  
2 - YES - ALCOHOL SUSPECTED  
3 - YES - HBD NOT IMPAIRED  
4 - YES - DRUGS SUSPECTED  
5 - YES - ALCOHOL AND DRUGS SUSPECTED

ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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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
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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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
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# UNIT

LOCAL REPORT NUMBER

116211813

UNIT NUMBER <b>011</b>	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER	OWNER PHONE NUMBER - INC. AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER	DAMAGE SCALE <b>9</b>	DAMAGED AREA 															
OWNER ADDRESS: CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER			1 - NONE																
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>ETR 1186</b>	VEHICLE IDENTIFICATION NUMBER <b>5N1AADNE3BN618646</b>	2 - MINOR																
VEHICLE YEAR <b>2011</b>	VEHICLE MAKE <b>Nissan</b>	VEHICLE MODEL <b>Armada</b>	3 - FUNCTIONAL																
VEHICLE COLOR <b>Black</b>	PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>Grange</b>	4 - DISABLING																
POLICY NUMBER <b>FA3950996</b>	TOWED BY <b>Rivers</b>	9 - UNKNOWN																	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE- INCLUDE AREA CODE																
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	TRAFFICWAY DESCRIPTION <b>5</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>01</b>	HAZARDOUS MATERIAL RELEASED <input type="checkbox"/>	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	<input type="checkbox"/> HIT / SKIP UNIT																
HM CLASS NUMBER <b>01</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>06</b> 99 - UNKNOWN OR HIT / SKIP	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) Non-Motorist 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST														
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>99</b> IMPACT AREA <b>99</b>	01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL(ALL AREAS) 14 - OTHER	99 - UNKNOWN	ACTION <b>3</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN												
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														
CONTRIBUTING CIRCUMSTANCES PRIMARY <b>07</b> SECONDARY <b>01</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															
SEQUENCE OF EVENTS 1 <b>52</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b> FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b> 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				COLLISION WITH FIXED OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER				33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE				41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX				48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT			
UNIT SPEED <b>40</b> <input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED	POSTED SPEED <b>25</b>	TRAFFIC CONTROL <b>01</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>2</b> TO <b>1</b>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST	9 - UNKNOWN											



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

11621813

UNIT NUMBER [ ] [ ]	NAME: LAST, FIRST, MIDDLE Homan Patrick B	DATE OF BIRTH 07/26/1967	AGE 49	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 930 Overholt Rd Kent OH 44240	CONTACT PHONE- INCLUDE AREA CODE 330 842 2368
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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 [ ]
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UNIT NUMBER [ ] [ ]	NAME: LAST, FIRST, MIDDLE Papp Nicholas Emery Jr	DATE OF BIRTH 11/02/1972	AGE 43	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 25 Hampton Ct Brunswick OH 44212	CONTACT PHONE- INCLUDE AREA CODE 216 333 0044
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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 [ ]
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UNIT NUMBER [ ] [ ]	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	AGE	GENDER [ ] F - FEMALE [ ] M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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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 [ ]
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UNIT NUMBER [ ] [ ]	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	AGE	GENDER [ ] F - FEMALE [ ] M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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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 [ ]
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UNIT NUMBER [ ] [ ]	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	AGE	GENDER [ ] F - FEMALE [ ] M - MALE
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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 [ ]
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED 99 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED Non-Motorist 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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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	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
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