



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

11612310041

CRASH SEVERITY  
1 - FATAL  
2 - INJURY  
3 - PDOHIT/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 \*

106171013

REPORTING AGENCY NAME \*

Kent Police Dept.

NUMBER OF UNITS

102

UNIT IN ERROR  
98 - ANIMAL  
99 - UNKNOWN

02

COUNTY \*

1617

CITY \*

☐ VILLAGE \*  
☐ TOWNSHIP \*

CITY, VILLAGE, TOWNSHIP \*

Kent

CRASH DATE \*

1101132013

TIME OF CRASH

115117

DAY OF WEEK

THU

DEGREES / MINUTES / SECONDS

LATITUDE 0 ' " LONGITUDE 0 ' "

DECIMAL DEGREES

LATITUDE 41.158610 LONGITUDE -81.360009

ROADWAY DIVISION  
☐ DIVIDED  
☒ UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL

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

NUMBER OF THRU LANES

104

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 PI - PIKE SQ - SQUARE TL - TRAIL

LOCATION ROUTE TYPE 1

LOCATION ROUTE NUMBER

43

LOC PREFIX N, S, E, W

N

LOCATION ROAD NAME

Mantua

LOCATION ROUTE TYPE 2

ST

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

At

DIR FROM REF N, S, E, W

M

REFERENCE ROUTE TYPE 1

N

REFERENCE ROUTE NUMBER

600

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

Mantua

REFERENCE ROAD TYPE 2

ST

REFERENCE POINT USED  
1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE NUMBER

3

CRASH LOCATION

01

01 - NOT AN INTERSECTION 06 - FIVE-POINT, OR MORE 11 - RAILWAY GRADE CROSSING  
02 - FOUR-WAY INTERSECTION 07 - ON RAMP 12 - SHARED-USE PATHS OR TRAILS  
03 - T-INTERSECTION 08 - OFF RAMP 99 - UNKNOWN  
04 - Y-INTERSECTION 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 ROADSIDEROAD CONTOUR  
1 - STRAIGHT LEVEL  
2 - STRAIGHT GRADE  
3 - CURVE LEVEL  
4 - CURVE GRADE  
9 - UNKNOWN

1

ROAD CONDITIONS PRIMARY

01

SECONDARY

01

01 - DRY 05 - SAND, MUD, DIRT, OIL, GRAVEL 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT\*  
02 - WET 06 - WATER (STANDING, MOVING) 10 - OTHER  
03 - SNOW 07 - SLUSH 99 - UNKNOWN  
04 - ICE 08 - DEBRIS\*

\* SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT

7

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

2

1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS  
2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW  
3 - FOG, SMOG, SMOKE 6 - SNOW 9 - OTHER/UNKNOWNROAD SURFACE  
1 - CONCRETE 4 - SLAG, GRAVEL, STONE  
2 - BLACKTOP, BITUMINOUS, ASPHALT 5 - DIRT  
3 - BRICK/BLOCK 6 - OTHER

2

LIGHT CONDITIONS PRIMARY

1

SECONDARY

1

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 ZONE RELATEDSCHOOL 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

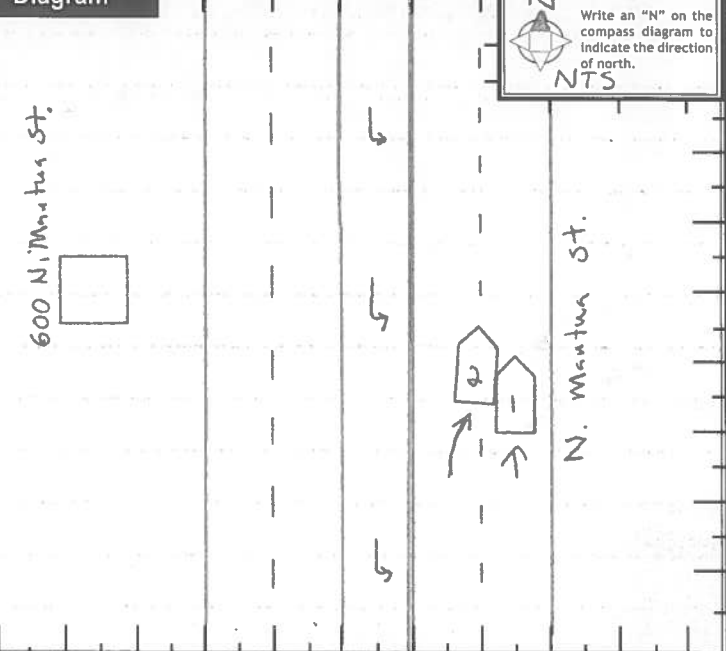
LOCATION OF CRASH IN WORK ZONE

1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA

NARRATIVE

Unit #1 and Unit #2 were traveling Northbound on N. Mantua St. Unit #2 was in the inside lane. Unit #1 was in the outside lane. Unit #2 attempted to change lanes from the inside lane to the outside lane. Unit #2 did not see unit #1 and side swiped the vehicle. Unit #2 was cited for marked lanes.

Diagram



REPORT TAKEN BY

POLICE AGENCY

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

DATE CRASH REPORTED

1101132016

TIME CRASH REPORTED

115117

DISPATCH TIME

115119

ARRIVAL TIME

115214

TIME CLEARED

115416

OTHER INVESTIGATION TIME

110

TOTAL MINUTES

132

OFFICER'S NAME \*

PR J. Nelson

OFFICER'S BADGE NUMBER

232

CHECKED BY

Sgt J. P. P. #255

PAGE 1 OF 4



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

11623004

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE Morris, Gloria, J.	DATE OF BIRTH 1121911964	AGE 51	GENDER F - FEMALE M - MALE
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Address, City, State, Zip

446 Nudham Ave. Kent, OH 44240

CONTACT PHONE- INCLUDE AREA CODE

234-730-9148

INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 7	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER RT869370	OL CLASS 4	No VALID OL M/C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE .	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED (LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY						

UNIT NUMBER 102	NAME: LAST, FIRST, MIDDLE stresing, Diane, E.	DATE OF BIRTH 101510911966	AGE 50	GENDER F - FEMALE M - MALE
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Address, City, State, Zip

474 Harvey Ave. Kent, OH 44240

CONTACT PHONE- INCLUDE AREA CODE

330-673-3290

INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER RP997662	OL CLASS 4	No VALID OL M/C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE .	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED (LOCAL CODE) 4511.33	OFFENSE DESCRIPTION marked lanes	CITATION NUMBER 52957	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

- 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

UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE 2	DATE OF BIRTH 2	AGE 2	GENDER F - FEMALE M - MALE
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Address, City, State, Zip

2

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 F - FEMALE M - MALE					
Address, City, State, Zip	CONTACT PHONE- INCLUDE AREA CODE								
INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

Unit Number 1011	Owner Name: Last, First, Middle (Same As Driver)	Owner Phone Number - inc. area code (Same As Driver)	Damage Scale 2 1 - None 2 - Minor 3 - Functional 4 - Disabling 9 - Unknown	Damaged Area Front 09 02 03 08 10 04 07 06 05 Rear
Owner Address: City, State, Zip (Same As Driver)				
LP State OH	License Plate Number CY34QY	Vehicle Identification Number 11B13L1C1716M108N1619161319	# Occupants 1011	
Vehicle Year 12101015	Vehicle Make Dodge	Vehicle Model Avenger	Vehicle Color Red	
Proof of Insurance Shown	Insurance Company Home Owners Ins. Company	Policy Number 4986349900	Towed By	
Carrier Name, Address, City, State, Zip				Carrier Phone- include area code
US DOT	Vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs. 1	Cargo Body Type 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 01	Trafficway Description 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 Hit / Skip Unit	
HM Placard ID No.	HM Class Number	Hazardous Material Released		
Non-Motorist Location Prior to Impact 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 1 - Personal 2 - Commercial 3 - Government In Emergency Response	Unit Type 04 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
Special Function 01 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 09 Impact Area 09 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear
Pre-Crash Actions 01 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
Contributing Circumstances Primary 01 Secondary 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	Non-Motorist 22 - None 23 - Improper Crossing 24 - Daring 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 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 20 2 3 4 5 6 First Harmful Event 1 Most Harmful Event 1 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 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 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 1101	Posted Speed 35	Traffic Control 12 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	Unit Direction From 2 To 1 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown

1623004

UNIT NUMBER 012	OWNER NAME: LAST, FIRST, MIDDLE ( ) SAME AS DRIVER Stresing, David, W.	OWNER PHONE NUMBER - INC. AREA CODE ( ) SAME AS DRIVER	DAMAGE SCALE 2	DAMAGED AREA FRONT 09 02 03 08 10 04 07 06 05 REAR
OWNER ADDRESS: CITY, STATE, ZIP ( ) SAME AS DRIVER				
LP STATE OH	LICENSE PLATE NUMBER DAP4110	VEHICLE IDENTIFICATION NUMBER Jm11C1A12W131A0365581	# OCCUPANTS 01	
VEHICLE YEAR 2010	VEHICLE MAKE MAZDA	VEHICLE MODEL 5	VEHICLE COLOR D15	
PROOF OF INSURANCE SHOWN	INSURANCE COMPANY Motorist Mutual	POLICY NUMBER 65250688957001A	TOWED BY	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE - INCLUDE AREA CODE
US DOT	VEHICLE WEIGHT GVWR/GCWR 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS. 1	CARGO BODY TYPE 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 01	TRAFFICWAY DESCRIPTION 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS > 4 FT) ME IAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY 1	
HM PLACARD ID NO.	HM CLASS NUMBER	HAZARDOUS MATERIAL RELEASED	HIT / SKIP UNIT	
Non-Motorist Location Prior to Impact 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 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT In EMERGENCY RESPONSE	UNIT TYPE 06 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
SPECIAL FUNCTION 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)	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
Pre-Crash Actions 03 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		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
Contributing Circumstances PRIMARY 10 SECONDARY 99 - UNKNOWN		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 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 20 2 3 4 5 6 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 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 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 15	POSTED SPEED 35	TRAFFIC CONTROL 12 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 2 TO 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN	