



1623794

CRASH SEVERITY	
3	1 - FATAL
	2 - INJURY
	3 - PDO

HIT/SKIP	
<input type="checkbox"/>	1 - SOLVED
<input type="checkbox"/>	2 - UNSOLVED

### LOCAL INFORMATION

COUNTY *	<input checked="" type="checkbox"/> CITY *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
67	<input type="checkbox"/> VILLAGE *	KENT	110242016	11326	THU
	<input type="checkbox"/> TOWNSHIP *				

DEGREES / MINUTES / SECONDS		LONGITUDE	
LATITUDE			
0     /     "	0     /     "	Q R	
_   _. _	-  _   _. _	41° 11' 38.506"	- 81° 13' 54.103"

ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> N - NORTHBOUND  <input type="checkbox"/> S - SOUTHBOUND         </div> <div> <input type="checkbox"/> E - EASTBOUND  <input type="checkbox"/> W - WESTBOUND         </div> </div>	NUMBER OF THRU LANES <div style="border: 1px solid black; padding: 5px; display: inline-block;">04</div>	ROAD TYPES OR MILEPOST <sup>2</sup> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;">AL - ALLEY</div> <div style="width: 25%;">CR - CIRCLE</div> <div style="width: 25%;">HE - HEIGHTS</div> <div style="width: 25%;">MP - MILEPOST</div> <div style="width: 25%;">PL - PLACE</div> <div style="width: 25%;">ST - STREET</div> <div style="width: 25%;">WA - WAY</div> <div style="width: 25%;">AV - AVENUE</div> <div style="width: 25%;">CT - COURT</div> <div style="width: 25%;">HW - HIGHWAY</div> <div style="width: 25%;">PK - PARKWAY</div> <div style="width: 25%;">RD - ROAD</div> <div style="width: 25%;">TE - TERRACE</div> <div style="width: 25%;">BL - BOULEVARD</div> <div style="width: 25%;">DR - DRIVE</div> <div style="width: 25%;">LA - LAKE</div> <div style="width: 25%;">PI - PIKE</div> <div style="width: 25%;">SQ - SQUARE</div> <div style="width: 25%;">TL - TRAIL</div> </div>
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<div> <div>5</div> <div>2</div> </div> <div>LOCATION ROUTE TYPE 1</div>	<div>4</div> <div>3</div> <div></div> <div></div> <div></div> <div></div>	<div> <div>5</div> <div>N,S, E,W</div> </div> <div>LOCATION ROUTE NUMBER</div>	<div>LOCATION ROAD NAME</div> <div>WATER</div>	<div> <div>5</div> <div>T</div> </div> <div>LOCATION ROAD TYPE 2</div>	<div>ROUTE TYPES 1</div> <div> <div>IR - INTERSTATE ROUTE (INC. TURNPIKE)</div> <div>US - US ROUTE</div> <div>SR - STATE ROUTE</div> </div> <div> <div>CR - NUMBERED COUNTY ROUTE</div> <div>TR - NUMBERED TOWNSHIP ROUTE</div> </div>
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DISTANCE FROM REFERENCE	DIR FROM REF	REFERENCE ROUTE	REFERENCE ROUTE NUMBER	REF PREFIX	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD
AT	<input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	<input type="checkbox"/> N,S, <input type="checkbox"/> E,W	<input type="checkbox"/> ROUTE TYPE 1	<input type="checkbox"/> N,S, <input type="checkbox"/> E,W	1530	<input type="checkbox"/> ROAD TYPE 2

REFERENCE POINT USED	CRASH LOCATION			<input type="checkbox"/> INTERSECTION <input type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">3</div> 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">01</div> 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBABOUT	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		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">1</div> 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE

ROAD CONTOUR		ROAD CONDITIONS		ROAD SURFACE			
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">1</div>	1 - STRAIGHT LEVEL	4 - CURVE GRADE	PRIMARY	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 40px; text-align: center; line-height: 40px;">01</div>	01 - DRY	05 - SAND, MUD, DIRT, OIL, GRAVEL	09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*
	2 - STRAIGHT GRADE	9 - UNKNOWN	SECONDARY		02 - WET	06 - WATER (STANDING, MOVING)	10 - OTHER
	3 - CURVE LEVEL				03 - SNOW	07 - SLUSH	99 - UNKNOWN
					04 - ICE	08 - DEBRIS*	

\* SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT				WEATHER			
2	1 - NOT COLLISION BETWEEN	2 - REAR-END	5 - BACKING	8 - SIDESWIPE, OPPOSITE	1 - CLEAR	4 - RAIN	7 - SEVERE CROSSWINDS
	2 - TWO MOTOR VEHICLES	3 - HEAD-ON	6 - ANGLE	DIRECTION	2 - CLOUDY	5 - SLEET, HAIL	8 - BLOWING SAND, SOIL, DIRT, SNOW
	IN TRANSPORT	4 - REAR-TO-REAR	7 - SIDESWIPE, SAME DIRECTION	9 - UNKNOWN	3 - FOG, SMOG, SMOKE	6 - SNOW	9 - OTHER/UNKNOWN

ROAD SURFACE		LIGHT CONDITIONS		SCHOOL BUS RELATED	
<input checked="" type="checkbox"/> 1 - CONCRETE	<input type="checkbox"/> 4 - SLAG, GRAVEL, STONE	<input checked="" type="checkbox"/> PRIMARY	<input type="checkbox"/> SECONDARY	<input type="checkbox"/> 1 - DAYLIGHT	<input type="checkbox"/> 5 - DARK - ROADWAY NOT LIGHTED
<input type="checkbox"/> 2 - BLACKTOP, BITUMINOUS, ASPHALT	<input type="checkbox"/> 5 - DIRT			<input type="checkbox"/> 2 - DAWN	<input type="checkbox"/> 6 - DARK - UNKNOWN ROADWAY LIGHTING
<input type="checkbox"/> 3 - BRICK/BLOCK	<input type="checkbox"/> 6 - OTHER			<input type="checkbox"/> 7 - GLARE*	<input type="checkbox"/> 7 - GLARE*
				<input type="checkbox"/> 4 - DARK - LIGHTED ROADWAY	<input type="checkbox"/> 8 - OTHER
					<input type="checkbox"/> 9 - UNKNOWN
					* SECONDARY CONDITION ONLY
				<input type="checkbox"/> SCHOOL ZONE RELATED	<input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED
					<input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED

<input type="checkbox"/> WORK ZONE RELATED	<input type="checkbox"/> WORKERS PRESENT	TYPE OF WORK ZONE <input type="checkbox"/> 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN	<input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK <input type="checkbox"/> 5 - OTHER	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA	<input type="checkbox"/> 4 - ACTIVITY AREA <input type="checkbox"/> 5 - TERMINATION AREA
	<input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)				
	<input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)				

NARRATIVE

Unit 2 was traveling northbound on S. Water St in front of 1530 S. Water St. Unit 2 was stopped in traffic. Unit 1 was also traveling northbound on S. Water St, directly behind unit 2. Unit 1 struck unit 2 from the rear because unit 1 was following too closely.

### Diagram



Write an "N" on the compass diagram to indicate the direction of north.

\*NOT TO SCALE

1530 S. Water

75-24213

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

DATE CRASH REPORTED	TIME CRASH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
11/02/2016	11326	11328	11331	11349	20	138

OFFICER'S NAME \*

PH. Hadaway

OFFICER'S BADGE NUMBER \_\_\_\_\_

216

HECKED

17

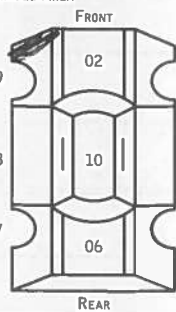
PAGE 1 OF 4



# UNIT

LOCAL REPORT NUMBER

11623794

UNIT NUMBER <b>1011</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) <b>KOVAL, DENISE R.</b>	OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) <b>330-416-0408</b>	DAMAGE SCALE <b>2</b>	DAMAGED AREA 	
OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) <b>9360 HUBBARD VALLEY RD. SEVILLE OH 44273</b>			1 - NONE		
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>DPK 1057</b>	VEHICLE IDENTIFICATION NUMBER <b>1JFMZU72E3112A26842</b>	# OCCUPANTS <b>01</b>	2 - MINOR	
VEHICLE YEAR <b>2011</b>	VEHICLE MAKE <b>FORD</b>	VEHICLE MODEL <b>EXPLORER</b>	VEHICLE COLOR <b>BLUE</b>	3 - FUNCTIONAL	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>GRANGE</b>	POLICY NUMBER <b>FA3944494</b>	TOWED BY	4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			9 - UNKNOWN		
US DOT			CARRIER PHONE- INCLUDE AREA CODE		
HM PLACARD ID NO. <b>1</b>	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>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 CLASS NUMBER <b>1</b>	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	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		
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		
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.	MOST DAMAGED AREA <b>09</b> 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR		
PRE-CRASH ACTIONS <b>01</b> 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	ACTION <b>3</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STUCK 9 - UNKNOWN		
CONTRIBUTING CIRCUMSTANCES PRIMARY <b>09</b> 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		SECONDARY <b>09</b> 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	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>20</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> 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		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			
UNIT SPEED <b>25</b>		POSTED SPEED <b>25</b>		TRAFFIC CONTROL <b>12</b> 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE	
UNIT DIRECTION FROM <b>2</b> TO <b>1</b>		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	
5 - NORTH 6 - SOUTH 7 - EAST 8 - WEST		9 - UNKNOWN 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST		PAGE <b>2</b> OF <b>4</b>	



UNIT

LOCAL REPORT NUMBER

11623794

UNIT NUMBER <b>102</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) <b>CASAZZA, LINDA L.</b>	OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) <b>SP5-734-0153</b>	DAMAGE SCALE <b>3</b>	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) <b>6864 CHESTNUT HILL VICTOR NY 14564</b>				
LP STATE <b>NY</b>	LICENSE PLATE NUMBER <b>HBV2198</b>	VEHICLE IDENTIFICATION NUMBER <b>4T11B1E41614619U360305</b>	# OCCUPANTS <b>01</b>	
VEHICLE YEAR <b>2010</b>	VEHICLE MAKE <b>TOYOTA</b>	VEHICLE MODEL <b>CAMRY</b>	VEHICLE COLOR <b>BLUE</b>	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>AMICA</b>	POLICY NUMBER <b>96103122NU</b>	TOWED BY	
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>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>11</b>	HAZARDOUS MATERIAL RELEASED <input type="checkbox"/>	99 - 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>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>04</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
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>05</b> 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR
PRE-CRASH ACTIONS <b>11</b> MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN		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 <b>01</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>20</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 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		
UNIT SPEED <b>09</b>	POSTED SPEED <b>25</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>2</b> TO <b>1</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN	



# MOTORIST / Non-Motorist / Occupant

LOCAL REPORT NUMBER

116123794

UNIT NUMBER 1011	NAME: LAST, FIRST, MIDDLE KOVAL, DANIELLE R.	DATE OF BIRTH 05/14/1995	AGE 21	GENDER F - FEMALE M - MALE						
ADDRESS, CITY, STATE, ZIP 1700 E. MAIN ST #101 KENT OH 44240		CONTACT PHONE- INCLUDE AREA CODE 330-416-0408								
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 1011	OPERATOR LICENSE NUMBER TW368813	OL CLASS 4	No [ ] VALID OL M/C [ ] END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE [ ]	ALCOHOL TEST VALUE [ ]	DRUG TEST STATUS 1	DRUG TEST TYPE [ ]
OFFENSE CHARGED ( [ ] LOCAL CODE ) 333.03A		OFFENSE DESCRIPTION ACDA		CITATION NUMBER 52145		HANDS-FREE [ ] DEVICE USED		DRIVER DISTRACTED BY 1		[ ]
UNIT NUMBER 1012	NAME: LAST, FIRST, MIDDLE CASAZZA, RYAN A.	DATE OF BIRTH 05/22/1994	AGE 22	GENDER M - MALE F - FEMALE						
ADDRESS, CITY, STATE, ZIP 500 GOLDEN OAKS DR #1035D KENT OH 44240		CONTACT PHONE- INCLUDE AREA CODE 585-734-8542								
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 NY	OPERATOR LICENSE NUMBER 418237153	OL CLASS 4	No [ ] VALID OL M/C [ ] END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE [ ]	ALCOHOL TEST VALUE [ ]	DRUG TEST STATUS 1	DRUG TEST TYPE [ ]
OFFENSE CHARGED ( [ ] LOCAL CODE )		OFFENSE DESCRIPTION		CITATION NUMBER		HANDS-FREE [ ] DEVICE USED		DRIVER DISTRACTED BY 1		[ ]
INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL		INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN		SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED 99 - UNKNOWN SAFETY EQUIPMENT Non-Motorist 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 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 [ ]	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 [ ]	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 [ ]	