

# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

1626043

### CRASH SEVERITY

3 1 - FATA  
2 - INJU  
3 - PDO

HIT/SKIP
----------

1 - SOLVED  
2 - UNSOLVED

## LOCAL INFORMATION

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR
			1067193	KEWAT POLICE	92	<input type="checkbox"/> 98 - ANIMAL <input type="checkbox"/> 99 - UNKNOWN


COUNTY *	<input checked="" type="checkbox"/> CITY *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
607	<input type="checkbox"/> VILLAGE *	KEAT	11/23/2016	1324	WED
	<input type="checkbox"/> TOWNSHIP *				

DEGREES / MINUTES / SECONDS			LONGITUDE			DECIMAL DEGREES		
LATITUDE			LATITUDE			LATITUDE		
0	'	"	0	'	"	0	'	"
41	15	27.17	81	35	16.69			

ROADWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST <sup>2</sup>							
<input type="checkbox"/> DIVIDED	<input type="checkbox"/> N - NORTHBOUND E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND W - WESTBOUND	<input type="checkbox"/> 04	AL - ALLEY	CR - CIRCLE	HE - HEIGHTS	MP - MILEPOST	PL - PLANE	ST - STREET	WA - WAY	
<input checked="" type="checkbox"/> UNDIVIDED			AV - AVENUE	CT - COURT	HW - HIGHWAY	PK - PARKWAY	RD - ROAD	TE - TERRACE		
			BL - BLVD	DR - DRIVE	LA - LAKE	PI - PIKE	SQ - SQUARE	TL - TRAIL		

<div style="border: 1px solid black; padding: 2px; display: inline-block;">SR</div>	LOCATION ROUTE TYPE 1	LOCATION ROUTE NUMBER <div style="border: 1px solid black; padding: 5px; display: inline-block;">59</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	LOC PREFIX N,S, E,W	LOCATION R NAME <div style="font-size: 1.5em; font-family: cursive;">HAYMAKER</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">PK</div>	LOCATION ROAD TYPE 2	ROUTE TYPES <sup>1</sup> IR - INTERSTATE ROUTE (IN . T . NPIKE)    CR - NUMBERED COUNTY ROUTE US - US ROUTE    TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE
---	-----------------------------	--	---	---------------------------	--	---	----------------------------	---




DISTANCE FROM REFERENCE	DIR FROM REF	REFERENCE	REFERENCE ROUTE NUMBER	REF PREFIX	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE
<input checked="" type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	<input checked="" type="checkbox"/> N,S <input type="checkbox"/> E,W	<input type="checkbox"/> 0 <input type="checkbox"/> F	<input type="checkbox"/> ROUTE <input type="checkbox"/> TYPE 1	<input checked="" type="checkbox"/> N,S <input type="checkbox"/> E,W	ERIE	<input type="checkbox"/> ROAD <input type="checkbox"/> TYPE 2
10	E			E		ST

REFERENCE POINT USED	CRASH LOCATION			 INTERSECTION RELATED	LOCATION	FIR T	HARMFUL EVENT
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 30px; text-align: center; line-height: 30px;">1</div> 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 30px; text-align: center; line-height: 30px;">03</div> 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBABOUT	06 - FIVE-P LINT, R 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: 30px; height: 30px; text-align: center; line-height: 30px;">1</div> 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE	5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN	

ROAD CONTOUR		ROAD CONDITIONS					
	1 - STRAIGHT LEVEL	4 - CURVE GRADE	PRIMARY 	SECONDARY 	01 - DRY	05 - SAND, MUD, DIRT, OIL, GRAVEL	09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*
	2 - STRAIGHT GRADE	9 - UNKNOWN			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 TWO MOTOR VEHICLES IN TRANSPORT	2 - REAR-END	5 - BACKING	8 - SIDESWIPE, OPPOSITE DIRECTION	1 - CLEAR	4 - RAIN	7 - SEVERE CROSSWINDS
	3 - HEAD-ON	6 - ANGLE	9 - UNKNOWN	2 - CLOUDY	5 - SLEET, HAIL	8 - BLOWING SAND, SOIL, DIRT, SNOW	
	4 - REAR-TO-REAR	7 - SIDESWIPE, SAME DIRECTION		3 - FOG, SMOG, SMOKE	6 - SNOW	9 - OTHER/UNKNOWN	

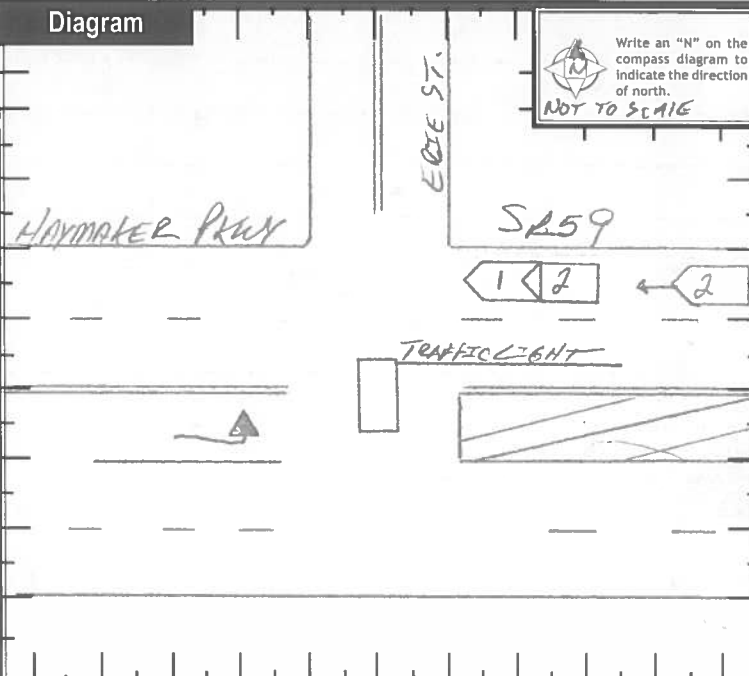
ROAD SURFACE		LIGHT CONDITIONS						SCHOOL BUS RELATED	
	1 - CONCRETE	4 - SLAG, GRAVEL, STONE	 PRIMARY	 SECONDARY	1 - DAYLIGHT	5 - DARK - ROADWAY NOT LIGHTED	9 - UNKNOWN	<input type="checkbox"/> SCHOOL ZONE RELATED	<input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED
	2 - BLACKTOP, BITUMINOUS,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

<input type="checkbox"/> WORK ZONE RELATED	<input type="checkbox"/> WORKERS PRESENT	TYPE OF WORK ZONE <input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 2 - LANE SHIFT/CROSSOVER <input type="checkbox"/> 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 <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 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

BOTH UNITS WERE TRAVELING WEST ON HAYMAKER PARKWAY (SR 59) APPROACHING ERIE ST. UNIT ONE STOPPED AT THE INTERSECTION FOR A RED LIGHT. UNIT TWO FAILED TO MAINTAIN ASSURED CLEAR DISTANCE STRIKING UNIT ONE.

### Diagram



REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> 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
11/23/2016	1324	1333	1334	1359	19	35

OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY	PAGE 1 OF 4
MATTHEW G. FORTNER	234	293	



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

11626043

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE CLARK, AUSTIN B.	DATE OF BIRTH 01/19/1997	AGE 19	GENDER <input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
-------------------	---	-----------------------------	-----------	---

Address, City, State, Zip 5141 NEWTON FALLS RD #107 RAVENNA, OH. 44266	CONTACT PHONE- INCLUDE AREA CODE 330-367-9546
---	--

INJURIES 1	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="checkbox"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER OE832152	OL CLASS 4	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	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 ( <input type="checkbox"/> LOCAL CODE )	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1							

UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE COOK, DOMINIQUE D.	DATE OF BIRTH 03/16/1993	AGE 23	GENDER <input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
-------------------	---	-----------------------------	-----------	---

Address, City, State, Zip 5786 PINEWILD DR. WESTERVILLE, OH. 43082	CONTACT PHONE- INCLUDE AREA CODE 614-670-6233
---	--

INJURIES 1	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="checkbox"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER R0094927	OL CLASS 4	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	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 ( <input checked="" type="checkbox"/> LOCAL CODE ) 333.03A	OFFENSE DESCRIPTION ACDA	CITATION NUMBER 48544	HANDS-FREE <input type="checkbox"/> 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 <input type="checkbox"/>	NAME: LAST, FIRST, MIDDLE <input type="checkbox"/>	DATE OF BIRTH <input type="checkbox"/>	AGE <input type="checkbox"/>	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
---	---	---	---------------------------------	--

Address, City, State, Zip <input type="checkbox"/>	CONTACT PHONE- INCLUDE AREA CODE <input type="checkbox"/>
---	--

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="checkbox"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
--------------------------------------	--	--	---	---	--	--	---	--------------------------------------	-------------------------------------

UNIT NUMBER <input type="checkbox"/>	NAME: LAST, FIRST, MIDDLE <input type="checkbox"/>	DATE OF BIRTH <input type="checkbox"/>	AGE <input type="checkbox"/>	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
---	---	---	---------------------------------	--

Address, City, State, Zip <input type="checkbox"/>	CONTACT PHONE- INCLUDE AREA CODE <input type="checkbox"/>
---	--

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="checkbox"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
--------------------------------------	--	--	---	---	--	--	---	--------------------------------------	-------------------------------------

1626043

UNIT NUMBER 01	OWNER NAME: LAST, FIRST, MIDDLE SAME AS DRIVER	OWNER PHONE NUMBER - INC. AREA CODE SAME AS DRIVER	DAMAGE SCALE 3	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 GYX-5467	VEHICLE IDENTIFICATION NUMBER 1C3CC8B641N728007	# OCCUPANTS 01	
VEHICLE YEAR 2013	VEHICLE MAKE CHRYSLER	VEHICLE MODEL 200	VEHICLE COLOR Black	
PROOF OF INSURANCE SHOWN	INSURANCE COMPANY GEICO	POLICY NUMBER 4336333911	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.	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	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	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
HM PLACARD ID No.	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 03 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
Has HM Placard					

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)	MOST DAMAGED AREA 06 IMPACT AREA 06	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 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STUCK 9 - UNKNOWN
---	---	---	--	--	---	--------------	--

PRE-CRASH ACTIONS 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 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 01 SECONDARY 99 - UNKNOWN	MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAW RED LIGHT 04 - RAW 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 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 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 01 35 STATED ESTIMATED	POSTED SPEED 35	TRAFFIC CONTROL 04 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 3 TO 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
---	--------------------	---	--



# UNIT

LOCAL REPORT NUMBER

1626043

UNIT NUMBER <b>02</b>	OWNER NAME: LAST, FIRST, MIDDLE <b>SAME AS DRIVER</b>	OWNER PHONE NUMBER - INC. AREA CODE <b>SAME AS DRIVER</b>	DAMAGE SCALE <b>3</b>	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP <b>SAME AS DRIVER</b>				
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>GPF-6851</b>	VEHICLE IDENTIFICATION NUMBER <b>1FMCU96906UA63852</b>	# OCCUPANTS <b>01</b>	
VEHICLE YEAR <b>2011</b>	VEHICLE MAKE <b>FORD</b>	VEHICLE MODEL <b>ESCAPE</b>	VEHICLE COLOR <b>WHITE</b>	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>STATE FARM</b>	POLICY NUMBER <b>4198805B0535C</b>	TOWED BY	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE- INCLUDE AREA CODE	
US DOT	VEHICLE WEIGHT GVWR/GCWR <b>1</b> 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 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 <input type="checkbox"/> HIT / SKIP UNIT	
HM PLACARD ID No. <b>01</b>	HAZARDOUS MATERIAL RELEASED <input type="checkbox"/>	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		
HM CLASS NUMBER <b>01</b>	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			
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		
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		ACTION <b>01</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN		
PRE-CRASH ACTIONS <b>01</b> MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN		Non-Motorist 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		
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 99 - UNKNOWN		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 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 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 DIRECTION FROM <b>3</b> TO <b>7</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN		
UNIT SPEED <b>20</b>	POSTED SPEED <b>35</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>3</b> TO <b>7</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN	