



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

11721012

CRASH SEVERITY
1 - FATAL
2 - INJURY
3 - PDOHIT/SKIP
1 - SOLVED
2 - UNSOLVED☐ PHOTOS TAKEN
☐ OH-2 ☐ OH-1P
☐ OH-3 OTHER☐ PDO UNDER STATE REPORTABLE DOLLAR AMOUNT☐ PRIVATE PROPERTY

REPORTING AGENCY NCIC *

1016171013

REPORTING AGENCY NAME *

Kent Police Dept.

NUMBER OF UNITS

101

UNIT IN ERROR

99 98 - ANIMAL
99 - UNKNOWN

COUNTY *

1617

CITY *

☐ VILLAGE *
☐ TOWNSHIP *

CITY, VILLAGE, TOWNSHIP *

Kent

CRASH DATE *

1101132017

TIME OF CRASH

12100

DAY OF WEEK

SAT

DEGREES / MINUTES / SECONDS

LATITUDE 0 ' " LONGITUDE 0 ' "

DECIMAL DEGREES

LATITUDE 41.1161805 LONGITUDE -78.11358364

ROADWAY DIVISION

☐ DIVIDED
☒ UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL

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

NUMBER OF THRU LANES

1014

ROAD TYPES OR MILEPOST 2

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 - TRAILLOCATION ROUTE TYPE 1
SA 143

LOC PREFIX N, S, E, W

LOCATION ROAD NAME

Mantua

LOCATION ROAD TYPE 2
ST

ROUTE TYPES 1

IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE
US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE
SR - STATE ROUTE

DISTANCE FROM REFERENCE

A+ MILES
FEET
YARDS

DIR FROM REF N, S, E, W

☐

REFERENCE ROUTE TYPE 1

REFERENCE ROUTE NUMBER

☐

REF PREFIX N, S, E, W

☐

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

922

REFERENCE ROAD TYPE 2

☐

REFERENCE POINT USED

☒ 1 - INTERSECTION
☐ 2 - MILE POST
☐ 3 - HOUSE NUMBER

CRASH LOCATION

☒ 0101 - NOT AN INTERSECTION
02 - FOUR-WAY INTERSECTION
03 - T-INTERSECTION
04 - Y-INTERSECTION
05 - TRAFFIC CIRCLE/ROUNDABOUT06 - FIVE-POINT, OR MORE
07 - ON RAMP
08 - OFF RAMP
09 - CROSSOVER
10 - DRIVEWAY/ALLEY ACCESS11 - RAILWAY GRADE CROSSING
12 - SHARED-USE PATHS OR TRAILS
99 - UNKNOWN☐ INTERSECTION RELATED

LOCATION OF FIRST HARMFUL EVENT

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

ROAD CONTOUR

☒ 1 - STRAIGHT LEVEL
2 - STRAIGHT GRADE
3 - CURVE LEVEL
4 - CURVE GRADE
9 - UNKNOWN

ROAD CONDITIONS

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

09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*

10 - OTHER
99 - UNKNOWN

* SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT

☒ 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN 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

☒ 21 - 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

ROAD SURFACE

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

LIGHT CONDITIONS

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

* SECONDARY CONDITION ONLY

☐ SCHOOL ZONE RELATED

SCHOOL 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

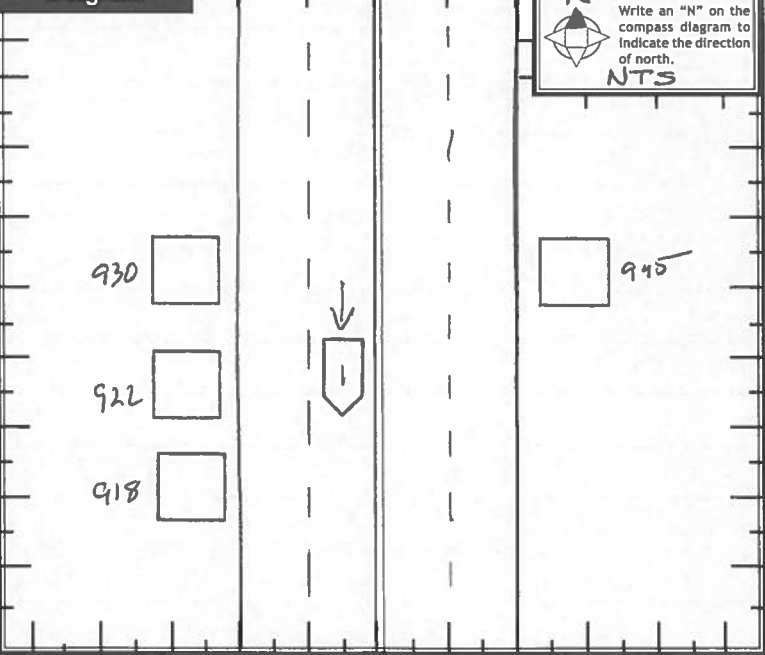
☐ 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN
2 - ADVANCE WARNING AREA
3 - TRANSITION AREA
4 - ACTIVITY AREA
5 - TERMINATION AREA

NARRATIVE

Unit #1 was traveling southbound on N. Mantua St. The powerlines from houses 918, 922, 930 and 945 N. Mantua St. were pulled down into the roadway. Unit #1 struck the powerlines.

It is unknown how the powerlines were pulled down.

Diagram



REPORT TAKEN BY

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

DATE CRASH REPORTED

1101132017

TIME CRASH REPORTED

121100

DISPATCH TIME

121101

ARRIVAL TIME

121103

TIME CLEARED

122516

OTHER INVESTIGATION TIME

11011

TOTAL MINUTES

11231

OFFICER'S NAME *

PR J. Nelson

OFFICER'S BADGE NUMBER

232

CHECKED BY

HA/Unit #228

PAGE 1 OF 3

MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

1	7	2	1	0	1	2								
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
1011	Sabol, Shirley, A.	10/9/05/19/7/0	47	<input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE

ADDRESS, CITY, STATE, ZIP

1037 Lake St. Kent, OH 44240

CONTACT PHONE- INCLUDE AREA CODE

330-677-9331

INJURIES 1	INJURED TAKEN BY []	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	<input type="checkbox"/> VALID <input type="checkbox"/> OL	<input type="checkbox"/> M/C <input type="checkbox"/> END.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
014	RS989177	4			1	1	1	1	1	1	1

OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/>  <input type="checkbox"/>

UNIT NUMBER <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div>	NAME: LAST, FIRST, MIDDLE <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	DATE OF BIRTH <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div>	AGE <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div>	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> 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	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

<div></div>	<div></div>							<div></div> <div></div>	<input type="checkbox"/> MOTORCYCLE HELMET	<div></div> <div></div>	<div></div>	<div></div>	<div></div>
OL STATE	OPERATOR LICENSE NUMBER		OL CLASS	No	MAJ	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE	

<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div>		<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION				CITATION NUMBER		HANDS-FREE		DRIVER DISTRACTED BY

						<input type="checkbox"/> DEVICE USED		<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
INJURIES	INURED TAKEN BY	SAFETY EQUIPMENT USED		99 - UNKNOWN SAFETY EQUIPMENT		New Mexico			

1 - NO INJURY / NONE REPORTED	1 - NOT TRANSPORTED / TREATED AT SCENE	MOTORIST	01 - NONE USED - VEHICLE OCCUPANT	05 - CHILD RESTRAINT SYSTEM-FORWARD FACING	NON-MOTORIST	09 - NONE USED	12 - REFLECTIVE CLOTHING
2 - POSSIBLE	2 - EMS	02 - SHOULDER BELT ONLY USED	06 - CHILD RESTRAINT SYSTEM- REAR FACING	10 - HELMET USED	13 - LIGHTING		
3 - NON-INCAPACITATING	3 - POLICE	03 - LAP BELT ONLY USED	07 - BOOSTER SEAT	11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	14 - OTHER		
4 - INCAPACITATING	4 - OTHER	04 - SHOULDER AND LAP BELT USED	08 - HELMET USED				
5 - FATAL	9 - UNKNOWN						

SEATING POSITION			AIR BAG USAGE
01 - FRONT - LEFT SIDE (Motorcycle Driver)	07 - THIRD - LEFT SIDE (Motorcycle Side Car)	12 - PASSENGER IN UNENCLOSED CARGO AREA	1 - NOT DEPLOYED
02 - FRONT - MIDDLE	08 - THIRD - MIDDLE	13 - TRAILING UNIT	2 - DEPLOYED FRONT
03 - FRONT - RIGHT SIDE	09 - THIRD - RIGHT SIDE	14 - RIDING ON VEHICLE EXTERIOR (Non-TRAILING UNIT)	3 - DEPLOYED SIDE
04 - SECOND - LEFT SIDE (Motorcycle Passenger)	10 - SLEEPER SECTION OF CAB (TRUCK)	15 - NON-MOTORIST	4 - DEPLOYED BOTH FRONT/SIDE
05 - SECOND - MIDDLE	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	16 - OTHER	5 - NOT APPLICABLE
06 - SECOND - RIGHT SIDE	(Non-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	99 - UNKNOWN	9 - DEPLOYMENT UNKNOWN

EJECTION	TRAPPED	OPERATOR LICENSE CLASS	CONDITION		ALCOHOL/DRUG SUSPECTED
1 - NOT EJECTED	1 - NOT TRAPPED	1 - CLASS A	1 - APPARENTLY NORMAL	5 - FELL ASLEEP, FAINTED, FATIGUED	1 - NONE
2 - TOTALLY EJECTED	2 - EXTRICATED BY MECHANICAL MEANS	2 - CLASS B	2 - PHYSICAL IMPAIRMENT	6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL	2 - YES - ALCOHOL SUSPECTED
3 - PARTIALLY EJECTED	3 - EXTRICATED BY NON-MECHANICAL MEANS	3 - CLASS C	3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)	7 - OTHER	3 - YES - HBD NOT IMPAIRED
4 - NOT APPLICABLE		4 - REGULAR CLASS (OHIO IS "D")	4 - ILLNESS		4 - YES - DRUGS SUSPECTED
		5 - MC/MOPED <u>ONLY</u>			5 - YES - ALCOHOL AND DRUGS SUSPECTED

ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE	DRIVER DISTRACTED BY
1 - NONE GIVEN	1 - NONE	1 - NONE GIVEN	1 - NONE	1 - NO DISTRACTION REPORTED
2 - TEST REFUSED	2 - BLOOD	2 - TEST REFUSED	2 - BLOOD	2 - PHONE
3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE	3 - URINE	3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE	3 - URINE	3 - TEXTING/E-MAILING
4 - TEST GIVEN, RESULTS KNOWN	4 - BREATH	4 - TEST GIVEN, RESULTS KNOWN	4 - OTHER	4 - ELECTRONIC COMMUNICATION DEVICE
5 - TEST GIVEN, RESULTS UNKNOWN	5 - OTHER	5 - TEST GIVEN, RESULTS UNKNOWN		5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)
				6 - OTHER INSIDE THE VEHICLE
				7 - EXTERNAL DISTRACTION

UNIT NUMBER <div> <div></div> <div></div> <div></div> </div>	NAME: LAST, FIRST, MIDDLE <div></div>	DATE OF BIRTH <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	AGE <div></div>	GENDER <div> <div></div> <div></div> </div> <div> <div>F - FEMALE</div> <div>M - MALE</div> </div>
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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	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> MOTORCYCLE HELMET	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNIT NUMBER	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		

<div> <div> <div></div> <div></div> <div></div> </div> </div>						<div> <div></div> <div></div> </div>		<div> <div>F - FEMALE</div> <div>M - MALE</div> </div>	
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	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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[illegible]

117121101121

UNIT NUMBER 1011		OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)		OWNER PHONE NUMBER - INC. AREA CODE (X SAME AS DRIVER)		DAMAGE SCALE 2		DAMAGED AREA FRONT 09 02 03 08 10 04 07 06 05 REAR	
OWNER ADDRESS: CITY, STATE, ZIP (X SAME AS DRIVER)		LP STATE OH		LICENSE PLATE NUMBER GJH 6826		VEHICLE IDENTIFICATION NUMBER 11FTINIE1241L316DIA299815		# OCCUPANTS 1011	
VEHICLE YEAR 2010		VEHICLE MAKE Ford		VEHICLE MODEL E 250		VEHICLE COLOR White		9 - UNKNOWN	
PROOF OF INSURANCE SHOWN		INSURANCE COMPANY State Farm		POLICY NUMBER 8682374-B0635		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 1			
HM PLACARD ID NO.		HM CLASS NUMBER		HAZARDOUS MATERIAL RELEASED		POLE CARGO TANK FLAT BED DUMP CONCRETE MIXER AUTO TRANSPORTER GARBAGE/REFUSE OTHER/UNKNOWN		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 08 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/PEDESTALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST	
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 08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL(ALL AREAS) 14 - OTHER	
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 21 - OTHER NON-MOTORIST ACTION		ACTION 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - UNKNOWN	
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 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENCE 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 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 EQUIPMENT 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS			
SEQUENCE OF EVENTS 1 52 2 3 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 Fixed Object 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - FIRE/FIRE EXHAUSTION 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 35 STATED ESTIMATED		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 1 TO 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN			