



# TRAFFIC CRASH REPORT

LOCAL INFORMATION  
**SHARON COPLEY & WADSWORTH RD**

LOCAL REPORT NUMBER \*  
**160-13-7981**

CRASH SEVERITY  
**3** 1-FATAL  
2-INJURY  
3-PDO  
HIT/SKIP  
 1-SOLVED  
 2-UNSOLVED

|   |   |   |   |   |                             |   |
|---|---|---|---|---|-----------------------------|---|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P<br><input checked="" 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 *<br><b>05213</b> | REPORTING AGENCY NAME *<br><b>MONTVILLE TOWNSHIP POLICE</b> | NUMBER OF UNITS<br><b>2</b> | UNIT IN ERROR<br><b>01</b><br>98 - ANIMAL<br>99 - UNKNOWN |
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|                       |   |   |                                  |                               |                           |
|-----------------------|---|---|----------------------------------|-------------------------------|---------------------------|
| COUNTY *<br><b>52</b> | <input type="checkbox"/> CITY *<br><input type="checkbox"/> VILLAGE *<br><input checked="" type="checkbox"/> TOWNSHIP * | CITY, VILLAGE, TOWNSHIP *<br><b>MONTVILLE (TOWNSHIP OF)</b> | CRASH DATE *<br><b>8/12/2013</b> | TIME OF CRASH<br><b>16:20</b> | DAY OF WEEK<br><b>MON</b> |
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| DEGREES / MINUTES / SECONDS<br>LATITUDE<br>LONGITUDE | DECIMAL DEGREES<br>LATITUDE<br>LONGITUDE |
| -  | <b>41106748</b><br><b>-81836857</b>      |

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| ROADWAY DIVISION<br><input type="checkbox"/> DIVIDED<br><input checked="" type="checkbox"/> UNDIVIDED | DIVIDED LANE DIRECTION OF TRAVEL<br><input type="checkbox"/> N-NORTHBOUND <input type="checkbox"/> E-EASTBOUND<br><input type="checkbox"/> S-SOUTHBOUND <input type="checkbox"/> W-WESTBOUND | NUMBER OF THRU LANES<br><b>3</b> | ROAD TYPES OR MILEPOST <sup>2</sup><br>AL-ALLEY CR-CIRCLE HE-HEIGHTS MP-MILEPOST PL-PLACE<br>AV-AVENUE CT-COURT HW-HIGHWAY PK-PARKWAY RD-ROAD<br>BL-BOULEVARD DR-DRIVE LA-LANE PI-PIKE SQ-SQUARE TL-TRAIL |
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| LOCATION ROUTE TYPE 1<br><b>SR</b> | LOCATION ROUTE NUMBER<br><b>162</b> | LOC PREFIX<br>N.S.<br>E.W. | LOCATION ROAD NAME | LOCATION ROUTE TYPE 2 | ROUTE TYPES <sup>1</sup><br>IR-INTERSTATE ROUTE (INC. TURNPIKE)<br>US-US ROUTE<br>SR-STATE ROUTE | CR-NUMBERED COUNTY ROUTE<br>TR-NUMBERED TOWNSHIP ROUTE |
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| DISTANCE FROM REFERENCE MILES<br>FEET<br>YARDS | DIR FROM REF<br>N.S.<br>E.W. | REFERENCE ROUTE TYPE<br><b>SR</b> | REFERENCE ROUTE NUMBER<br><b>57</b> | REF PREFIX<br>N.S.<br>E.W. | REFERENCE NAME (ROAD, MILEPOST, HOUSE #)<br><b>WADSWORTH RD</b> | REFERENCE ROAD TYPE<br><b>RD</b> |
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| REFERENCE POINT USED<br><b>1</b><br>1-INTERSECTION<br>2-MILE POST<br>3-HOUSE NUMBER | CRASH LOCATION<br><b>02</b><br>01-NOT AN INTERSECTION<br>02-FOUR-WAY INTERSECTION<br>03-T-INTERSECTION<br>04-Y-INTERSECTION<br>05-TRAFFIC CIRCLE/ROUNDBOUNT | 06-FIVE-POINT, OR MORE<br>07-ON RAMP<br>08-OFF RAMP<br>09-CROSSOVER<br>10-DRIVEWAY/ALLEY ACCESS | 11-RAILWAY GRADE CROSSING<br>12-SHARED-USE PATHS OR TRAILS<br>99-UNKNOWN | <input type="checkbox"/> INTERSECTION RELATED | LOCATION OF FIRST HARMFUL EVENT<br><b>1</b><br>1-ON ROADWAY<br>2-ON SHOULDER<br>3-IN MEDIAN<br>4-ON ROADSIDE<br>5-ON GORE<br>6-OUTSIDE TRAFFICWAY<br>9-UNKNOWN |
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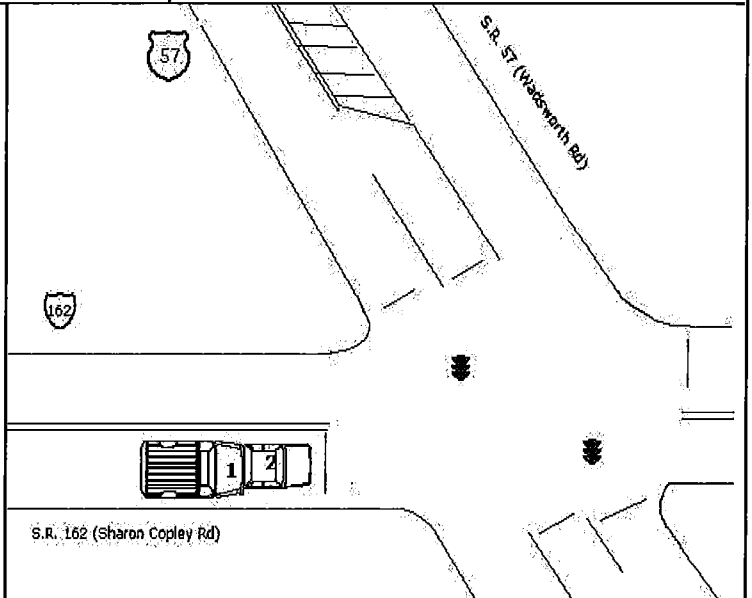
|   |  |                                       |   |   |
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| ROAD CONTOUR<br><b>1</b><br>1-STRAIGHT LEVEL<br>2-STRAIGHT GRADE<br>3-CURVE LEVEL<br>4-CURVE GRADE<br>9-UNKNOWN | ROAD CONDITIONS<br><b>01</b><br>PRIMARY<br>SECONDARY | 01-DRY<br>02-WET<br>03-SNOW<br>04-ICE | 05-SAND, MUD, DIRT, OIL, GRAVEL<br>06-WATER (STANDING, MOVING)<br>07-SLUSH<br>08-DEBRIS * | 09-RUT, HOLES, BUMPS, UNEVEN PAVEMENT *<br>10-OTHER<br>99-UNKNOWN |
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| MANNER OF CRASH COLLISION/IMPACT<br><b>2</b><br>1-NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2-REAR-END<br>3-HEAD-ON<br>4-REAR-TO-REAR<br>5-BACKING<br>6-ANGLE<br>7-SIDESWIPE, SAME DIRECTION<br>8-SIDESWIPE, OPPOSITE DIRECTION<br>9-UNKNOWN | WEATHER<br><b>1</b><br>1-CLEAR<br>2-CLOUDY<br>3-FOG, SMOG, SMOKE<br>4-RAIN<br>5-SLEET, HAIL<br>6-SNOW<br>7-SEVERE CROSSWINDS<br>8-BLOWING SAND, SOIL, DIRT, SNOW<br>9-OTHER/UNKNOWN |
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| ROAD SURFACE<br><b>2</b><br>1-CONCRETE<br>2-BLACKTOP, BITUMINOUS, ASPHALT<br>3-BRICK/BLOCK<br>4-SLAG, GRAVEL, STONE<br>5-DIRT<br>6-OTHER | LIGHT CONDITIONS<br><b>1</b><br>PRIMARY<br>SECONDARY<br>1-DAYLIGHT<br>2-DAWN<br>3-DUSK<br>4-DARK-LIGHTED ROADWAY | 5-DARK-ROADWAY NOT LIGHTED<br>6-DARK-UNKNOWN ROADWAY LIGHTING<br>7-GLARE*<br>8-OTHER | 9-UNKNOWN | <input type="checkbox"/> SCHOOL ZONE RELATED<br>SCHOOL BUS RELATED<br><input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED<br><input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED |
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| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY) | TYPE OF WORK ZONE<br><input type="checkbox"/> 1-LANE CLOSURE<br><input type="checkbox"/> 2-LANE SHIFT/CROSSOVER<br><input type="checkbox"/> 3-WORK ON SHOULDER OR MEDIAN<br>4-INTERMITTENT OR MOVING WORK<br>5-OTHER | LOCATION OF CRASH IN WORK ZONE<br><input type="checkbox"/> 1-BEFORE THE FIRST WORK ZONE WARNING SIGN<br><input type="checkbox"/> 2-ADVANCE WARNING AREA<br><input type="checkbox"/> 3-TRANSITION AREA<br>4-ACTIVITY AREA<br>5-TERMINATION AREA |
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NARRATIVE  
Unit 1 struck the rear of Unit 2, while unit 2 was stopped at the red light. There was minor damage to Unit 1 and Unit 2. Both vehicles were driven from the scene and there were no injuries.



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| REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS) |                               |                              |                              |                                      |                            |
| DATE CRASH REPORTED<br><b>8/12/2013</b>  | TIME CRASH REPORTED<br><b>16:22</b>   | DISPATCH TIME<br><b>16:22</b> | ARRIVAL TIME<br><b>16:22</b> | TIME CLEARED<br><b>16:43</b> | OTHER INVESTIGATION TIME<br><b>0</b> | TOTAL MINUTES<br><b>21</b> |
| OFFICER'S NAME*<br><b>P.O. CARL KANENBERG</b>  | OFFICER'S BADGE NUMBER<br><b>1609</b>   | CHECKED BY<br><b>LAFOND</b>   | <i>[Signature]</i> #1605     |                              |                                      |                            |



UNIT

LOCAL REPORT NUMBER

160-13-7981

|  |   |  |                          |  |
|--|---|--|--------------------------|--|
| UNIT NUMBER<br><b>01</b>   | OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> (SAME AS DRIVER)<br><b>ESS EQUIPMENT SALES/SERVICE</b> | OWNER PHONE NUMBER - INC, AREA C <input type="checkbox"/> (SAME AS DRIVER)<br><b>(330)239-2121</b> | DAMAGE SCALE<br><b>2</b> | DAMAGE AREA<br>FRONT<br>09 X 02 X 03<br>08 10 04<br>07 06 05<br>REAR |
| OWNER ADDRESS: CITY, STATE, ZIP <input type="checkbox"/> (SAME AS DRIVER)<br><b>1291 MEDINA RD MEDINA OH 44256</b> |   |  | 1 - NONE                 |  |
| LP STATE<br><b>OH</b>  | LICENSE PLATE NUMBER<br><b>FTR5505</b>  | VEHICLE IDENTIFICATION NUMBER<br><b>1GCRKSE75DZ102995</b>  | 2 - MINOR                |  |
| VEHICLE YEAR<br><b>2013</b>  | VEHICLE MAKE<br><b>CHEVROLET</b>  | VEHICLE MODEL<br><b>SILVERADO</b>  | 3 - FUNCTIONAL           |  |
| PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>   | INSURANCE COMPANY<br><b>MOTORIST MUTUAL INSURANCE</b>   | POLICY NUMBER<br><b>3326752900</b>   | 4 - DISABLING            |  |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP  |   |  | 9 - UNKNOWN              |  |
| CARRIER PHONE - INCLUDE AREA CODE  |   |  |                          |  |

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| US DOT            | VEHICLE WEIGHT GVWR/GCWR<br><input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS.<br><input type="checkbox"/> 2 - 10,001 TO 26,000 LBS.<br><input type="checkbox"/> 3 - MORE THAN 26,000 LBS. | CARGO BODY TYPE<br><b>01</b><br>01 - NO CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASSIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAIN, CHIPS, GRAVEL | TRAFFICWAY DESCRIPTION<br><b>1</b><br>1 - TWO-WAY, NOT DIVIDED<br>2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT) MEDIAN<br>4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - ONE-WAY TRAFFICWAY |
| HM PLACARD ID NO. | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED  | 09 - POLE<br>10 - CARGO TANK<br>11 - FLAT BED<br>12 - DUMP<br>13 - CONCRETE MIXER<br>14 - AUTO TRANSPORTER<br>15 - GARBAGE /REFUSE<br>99 - OTHER/UNKNOWN  | <input type="checkbox"/> HIT / SKIP UNIT   |
| HM CLASS NUMBER   |   |   |  |

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| NON-MOTORIST LOCATION PRIOR TO IMPACT<br><input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK<br>02 - INTERSECTION - NO CROSSWALK<br>03 - INTERSECTION OTHER<br>04 - MIDBLOCK - MARKED CROSSWALK<br>05 - TRAVEL LANE - OTHER LOCATION<br>06 - BICYCLE LANE<br>07 - SHOULDER/ROADSIDE<br>08 - SIDEWALK<br>09 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED-USE PATH OR TRAIL<br>12 - NON-TRAFFICWAY AREA<br>99 - OTHER/UNKNOWN | TYPE OF USE<br><b>1</b><br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE<br><b>07</b><br>99 - UNKNOWN OR HIT/SKIP | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS<br>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK ; 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br>NON-MOTORIST<br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDACYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST |
| <input type="checkbox"/> HAS HM PLACARD  |   |  |   |  |  |

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| SPECIAL FUNCTION<br><b>01</b><br>01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (OVER 10K LBS)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER | 09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY/MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EQUIP. | 17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAIN<br>22 - OTHER (EXPLAIN IN NARRATIVE) | MOST DAMAGED AREA<br><b>02</b><br>01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR | 08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL (ALL AREAS)<br>14 - OTHER | ACTION<br><b>3</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN |
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| PRE-CRASH ACTION<br><b>01</b> | MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN<br>99 - UNKNOWN | 07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS | 13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION | NON-MOTORIST<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING/RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING | 21 - OTHER NON-MOTORIST ACTION |
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| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br><b>09</b><br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>SECONDARY<br><b>01</b><br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>99 - UNKNOWN | 10 - IMPROPER LANE CHANGE / PASSING/OFF ROAD<br>11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENT MANNER<br>15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITION)<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION | NON-MOTORIST<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS / SIGNALS / OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS<br><input type="checkbox"/><br>01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORN OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS |
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| SEQUENCE OF EVENTS<br>1 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/><br>FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b><br>99 - UNKNOWN | NON-COLLISION EVENTS<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION |
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| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN, ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION B OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT | COLLISION WITH FIXED OBJECT<br>25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |
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| UNIT SPEED<br><b>5</b>   | POSTED SPEED<br><b>45</b> | TRAFFIC CONTROL<br><b>04</b><br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE<br>07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS<br>13 - CROSSWALK LINES<br>14 - WALK/DONT WALK<br>15 - OTHER<br>16 - NOT REPORTED | UNIT DIRECTION<br>FROM <b>3</b> TO <b>4</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN |
| <input checked="" type="checkbox"/> STATED<br><input type="checkbox"/> ESTIMATED |                           |   |  |



UNIT

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160-13-7981

|  |  |   |  |   |  |  |   |                                   |  |  |  |  |
|--|--|---|--|---|--|--|---|-----------------------------------|--|--|--|--|
| UNIT NUMBER<br><b>02</b>   |  | OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> (SAME AS DRIVER)<br><b>JONI A POWELL</b>   |  | OWNER PHONE NUMBER - INC, AREA C <input type="checkbox"/> (SAME AS DRIVER)<br><b>(330)416-6037</b>  |  | DAMAGE SCALE<br><b>2</b>   |   | DAMAGE AREA<br>                   |  |  |  |  |
| OWNER ADDRESS: CITY, STATE, ZIP <input type="checkbox"/> (SAME AS DRIVER)<br><b>4194 SCENIC WAY MEDINA OH 44256</b>  |  |   |  |   |  |  |   |                                   |  |  |  |  |
| LP STATE<br><b>OH</b>  |  | LICENSE PLATE NUMBER<br><b>EIM2571</b>  |  | VEHICLE IDENTIFICATION NUMBER<br><b>1G2ZG558264136375</b>   |  |  | OCCUPANTS<br><b>1</b>   |                                   |  |  |  |  |
| VEHICLE YEAR<br><b>2006</b>  |  | VEHICLE MAKE<br><b>PONTIAC</b>  |  | VEHICLE MODEL<br><b>G6</b>  |  | VEHICLE COLOR<br><b>GRAY</b>   |   |                                   |  |  |  |  |
| <input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN   |  | INSURANCE COMPANY<br><b>WESTFIELD INSURANCE</b>   |  | POLICY NUMBER<br><b>WNP7008089</b>  |  | TOWED BY   |   |                                   |  |  |  |  |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP  |  |   |  |   |  |  |   | CARRIER PHONE - INCLUDE AREA CODE |  |  |  |  |
| US DOT   |  | VEHICLE WEIGHT GVWR/GCWR<br><input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS.<br><input type="checkbox"/> 2 - 10,001 TO 26,000 LBS.<br><input type="checkbox"/> 3 - MORE THAN 26,000 LBS. |  | CARGO BODY TYPE<br><b>01</b><br>01 - NO CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASSIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAIN, CHIPS, GRAVEL   |  |  | TRAFFICWAY DESCRIPTION<br><b>1</b><br>1 - T WO-WAY, NOT DIVIDED<br>2 - T WO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - T WO-WAY, DIVIDED, UNPROTECTED(PAINTED OR GRASS >4FT.) MEDIAN<br>4 - T WO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - ONE-WAY TRAFFICWAY<br><input type="checkbox"/> HIT / SKIP UNIT                |                                   |  |  |  |  |
| HM PLACARD ID NO.  |  | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED  |  | UNIT TYPE<br><b>03</b><br>99 - UNKNOWN OR HITSKIP   |  |  | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS<br>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK; 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE                       |                                   |  |  |  |  |
| NON-MOTORIST LOCATION PRIOR TO IMPACT<br>01 - INTERSECTION - MARKED CROSSWALK<br>02 - INTERSECTION - NO CROSSWALK<br>03 - INTERSECTION OTHER<br>04 - MIDBLOCK - MARKED CROSSWALK<br>05 - TRAVEL LANE - OTHER LOCATION<br>06 - BICYCLE LANE<br>07 - SHOULDER/ROADSIDE<br>08 - SIDEWALK<br>09 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED-USE PATH OR TRAIL<br>12 - NON-TRAFFICWAY AREA<br>99 - OTHER/UNKNOWN  |  | TYPE OF USE<br><b>1</b><br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE   |  | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE   |  |  | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br>NON-MOTORIST<br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDACYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST  |                                   |  |  |  |  |
| SPECIAL FUNCTION<br><b>01</b><br>01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (OVER 10K LBS)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER   |  | 09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY/MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EQUIP.                                 |  | 17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAIN<br>22 - OTHER (EXPLAIN IN NARRATIVE)   |  | MOST DAMAGED AREA<br><b>06</b><br>01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR   |   |                                   | ACTION<br><b>4</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN |  |  |  |
| PRE-CRASH ACTION<br><b>11</b><br>MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN<br>07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>NON-MOTORIST<br>13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING/RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING<br>21 - OTHER NON-MOTORIST ACTION  |  |   |  |   |  |  |   |                                   |  |  |  |  |
| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br><b>01</b><br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>SECONDARY<br><input type="checkbox"/><br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>99 - UNKNOWN<br>10 - IMPROPER LANE CHANGE / PASSING/OFF ROAD<br>11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENT MANNER<br>15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITION)<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION  |  |   |  |   |  |  | NON-MOTORIST<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS / SIGNAL/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION |                                   |  | VEHICLE DEFECTS<br><input type="checkbox"/><br>01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORN OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS |  |  |
| SEQUENCE OF EVENTS<br>1 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/><br>FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b><br>99 - UNKNOWN   |  |   |  |   |  | NON-COLLISION EVENTS<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION |   |                                   |  |  |  |  |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN, ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION B OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT<br>25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |  |   |  |   |  |  |   |                                   |  |  |  |  |
| UNIT SPEED<br><b>0</b>   |  | POSTED SPEED<br><b>45</b>   |  | TRAFFIC CONTROL<br><b>04</b><br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE<br>07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS<br>13 - CROSSWALK LINES<br>14 - WALK/DONT WALK<br>15 - OTHER<br>16 - NOT REPORTED |  |  | UNIT DIRECTION<br>FROM <b>3</b> TO <b>4</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN  |                                   |  |  |  |  |
| <input checked="" type="checkbox"/> STATED<br><input type="checkbox"/> ESTIMATED   |  |   |  |   |  |  |   |                                   |  |  |  |  |



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

160-13-7981

|  |   |  |  |  |  |   |                                 |   |  |   |                            |
|--|---|--|--|--|--|---|---------------------------------|---|--|---|----------------------------|
| Motorist / Non-Motorist  | UNIT NUMBER<br><b>01</b>  | NAME: LAST, FIRST, MIDDLE<br><b>Hober, Robert, N</b>   | DATE OF BIRTH<br><b>11/22/1942</b>   | AGE<br><b>70</b>   | GENDER<br><b>M</b><br>F - FEMALE<br>M - MALE |   |                                 |   |  |   |                            |
|  | ADDRESS, CITY, STATE, ZIP<br><b>5288 Lance Rd, , Medina, OH, 44256</b>    |  |  | CONTACT PHONE - INCLUDE AREA CODE<br><b>(330)461-6484</b>  |  |   |                                 |   |  |   |                            |
|  | INJURIES<br><b>1</b>  | INJURED TAKEN BY<br><input type="checkbox"/>   | EMS AGENCY<br><input type="checkbox"/>   | MEDICAL FACILITY INJURED TAKEN TO<br><input type="checkbox"/>  | SAFETY EQUIPMENT USED<br><b>04</b>           | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/>   | SEATING POSITION<br><b>01</b>   | AIR BAG USAGE<br><b>1</b>   | EJECTION<br><b>1</b>   | TRAPPED<br><b>1</b>   |                            |
| OL STATE<br><b>OH</b>  | OPERATOR LICENSE NUMBER<br><b>RL229899</b>                                | OL CLASS<br><b>4</b>   | <input type="checkbox"/> NO VALID OL   | <input type="checkbox"/> MIC END   | CONDITION<br><b>1</b>                        | ALCOHOL/DRUG SUSPECTED<br><b>1</b>  | ALCOHOL TEST STATUS<br><b>1</b> | ALCOHOL TEST TYPE<br><b>1</b>   | ALCOHOL TEST VALUE<br><input type="checkbox"/>   | DRUG TEST STATUS<br><b>1</b>  | DRUG TEST TYPE<br><b>1</b> |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)<br><b>4511.21A</b>  |   | OFFENSE DESCRIPTION<br><b>Assured Clear Distance Ahead</b>   |  | CITATION NUMBER<br><b>Y35976</b>   |  | <input type="checkbox"/> HANDS-FREE DEVICE USED   |                                 | DRIVER DISTRACTED BY<br><b>1</b>  |  | <input type="checkbox"/>  |                            |
| Motorist / Non-Motorist  | UNIT NUMBER<br><b>02</b>  | NAME: LAST, FIRST, MIDDLE<br><b>Powell, Harry, W</b>   | DATE OF BIRTH<br><b>09/19/1951</b>   | AGE<br><b>61</b>   | GENDER<br><b>M</b><br>F - FEMALE<br>M - MALE |   |                                 |   |  |   |                            |
|  | ADDRESS, CITY, STATE, ZIP<br><b>4194 Scenic Way, , Medina , OH, 44256</b> |  |  | CONTACT PHONE - INCLUDE AREA CODE<br><b>(330)416-6037</b>  |  |   |                                 |   |  |   |                            |
|  | INJURIES<br><b>1</b>  | INJURED TAKEN BY<br><input type="checkbox"/>   | EMS AGENCY<br><input type="checkbox"/>   | MEDICAL FACILITY INJURED TAKEN TO<br><input type="checkbox"/>  | SAFETY EQUIPMENT USED<br><b>04</b>           | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/>   | SEATING POSITION<br><b>01</b>   | AIR BAG USAGE<br><b>1</b>   | EJECTION<br><b>1</b>   | TRAPPED<br><b>1</b>   |                            |
| OL STATE<br><b>OH</b>  | OPERATOR LICENSE NUMBER<br><b>RF867560</b>                                | OL CLASS<br><b>4</b>   | <input type="checkbox"/> NO VALID OL   | <input type="checkbox"/> MIC END   | CONDITION<br><b>1</b>                        | ALCOHOL/DRUG SUSPECTED<br><b>1</b>  | ALCOHOL TEST STATUS<br><b>1</b> | ALCOHOL TEST TYPE<br><b>1</b>   | ALCOHOL TEST VALUE<br><input type="checkbox"/>   | DRUG TEST STATUS<br><b>1</b>  | DRUG TEST TYPE<br><b>1</b> |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)   |   | OFFENSE DESCRIPTION  |  | CITATION NUMBER  |  | <input type="checkbox"/> HANDS-FREE DEVICE USED   |                                 | DRIVER DISTRACTED BY<br><b>1</b>  |  | <input type="checkbox"/>  |                            |
| INJURIES   |   | INJURED TAKEN BY   |  | SAFETY EQUIPMENT USED  |  | 99 - UNKNOWN SAFETY EQUIPMENT   |                                 |   |  |   |                            |
| 1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL   |   | 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN                |  | MOTORIST<br>01 - NONE USED - VEHICLE OCCUPANT<br>02 - SHOULDER BELT ONLY USED<br>03 - LAP BELT ONLY USED<br>04 - SHOULDER AND LAP BELT ONLY USED                           |  | NON-MOTORIST<br>05 - CHILD RESTRAINT SYSTEM-FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM-REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED                          |                                 | 09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)  |  | 12 - REFLECTIVE Clothing<br>13 - LIGHTING<br>14 - OTHER   |                            |
| SEATING POSITION<br>01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>02 - FRONT - MIDDLE<br>03 - FRONT - RIGHT SIDE<br>04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>05 - SECOND - MIDDLE<br>06 - SECOND - RIGHT SIDE |   |  | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>08 - THIRD - MIDDLE<br>09 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF CAB (TRUCK)<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) |  |  | 12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN |                                 |   | AIR BAG USAGE<br>1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |   |                            |
| EJECTION<br>1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE  |   | TRAPPED<br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - EXTRICATED BY NON-MECHANICAL MEANS |  | OPERATOR LICENSE CLASS<br>1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO IS 'D')<br>5 - MCMOPED ONLY   |  | CONDITION<br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS   |                                 | 5 - FELL ASLEEP, FAINTED, FATIGUED<br>6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER   |  | ALCOHOL/DRUG SUSPECTED<br>1 - NONE<br>2 - YES - ALCOHOL SUSPECTED<br>3 - YES - HBD NOT IMPAIRED<br>4 - YES - DRUGS SUSPECTED<br>5 - YES - ALCOHOL AND DRUGS SUSPECTED |                            |
| ALCOHOL TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN  |   | ALCOHOL TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                         |  | DRUG TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN |  | DRUG TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER   |                                 | DRIVER DISTRACTED BY<br>1 - NO DISTRACTION REPORTED<br>2 - PHONE<br>3 - TEXTING / E-MAILING<br>4 - ELECTRONIC COMMUNICATION DEVICE<br>5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)<br>6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION |  |   |                            |