

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

| | | | | | | | |
|--|--------------------------------|--|------------------------|---------------------------|--|-----------------|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | <input type="checkbox"/> OH-2 | <input checked="" type="checkbox"/> OH-3 | LOCAL INFORMATION | 2 0 2 0 - 0 0 0 0 2 4 7 4 | | | |
| <input type="checkbox"/> SECONDARY CRASH | <input type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME* | NCIC* | HIT/SKIP 1 - SOLVED 2 - UNSOLVED | NUMBER OF UNITS | UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN |
| <input type="checkbox"/> PRIVATE PROPERTY | City of Kent Police | | 0 6 7 0 3 | 0 2 | 0 2 | | |

| | | | | |
|----------------|--|------------------------------------|--------------------|----------------|
| COUNTY* 6 7 | LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP | LOCATION: CITY, VILLAGE, TOWNSHIP* | CRASH DATE / TIME* | CRASH SEVERITY |
| | 1 2 3 | Kent | 02032020/1427 | 5 |

| | | | | | |
|-------------------|---------------------|-------------|-----------------------------|------------------|---|
| ROUTE TYPE S R | ROUTE NUMBER 4 3 | PREFIX 2 | LOCATION ROAD NAME WATER | ROAD TYPE S T | LATITUDE DECIMAL DEGREES 4 1 . 1 5 0 6 2 4 |
|-------------------|---------------------|-------------|-----------------------------|------------------|---|

| | | | | | |
|------------|--------------|--------|--|-----------|--|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 320 | ROAD TYPE | LONGITUDE DECIMAL DEGREES - 8 1 . 3 5 8 1 9 3 |
|------------|--------------|--------|--|-----------|--|

| | | | | | | |
|---|--|--|---|---|---|---|
| REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # | DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS | ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE | RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY | INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA |
| 3 | 1 | | | | | NUMBER OF APPROACHES |
| DISTANCE FROM REFERENCE 0 | DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS | | | | | ROADWAY <input type="checkbox"/> ROADWAY DIVIDED |

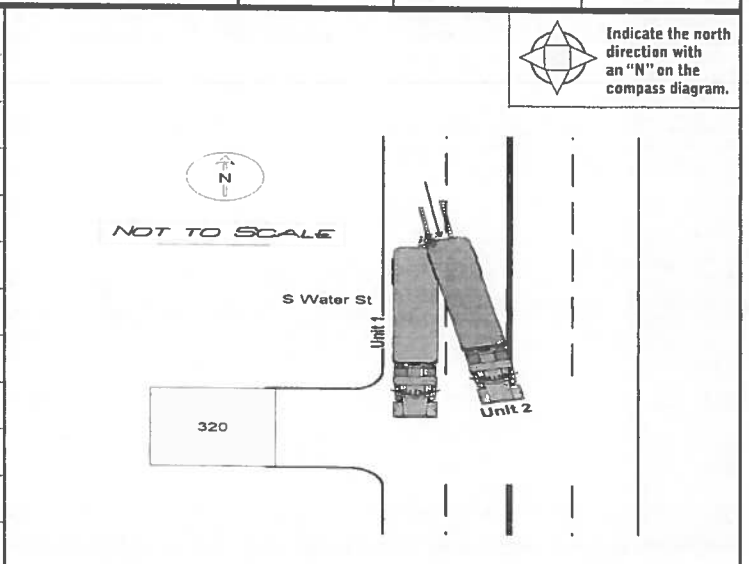
| | | | | | |
|---|--|--|---|---|--|
| LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP | 10 - CROSSOVER 11 - DRIVEWAY/ALLEY ACCESS 12 - RAILWAY GRADE CROSSING 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN | 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 - OTHER / UNKNOWN | DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN |
| 0 1 | | 6 | | | |

| | | | | | |
|---|--|---|--------------|-----------------|--------------|
| <input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE | WORK ZONE TYPE 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 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | CONTOUR 1 | CONDITIONS 1 | SURFACE 2 |
|---|--|---|--------------|-----------------|--------------|

| | | | | | |
|--|---|--|---|---|--|
| LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN | WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL | 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN | 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN | 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN | 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN |
| 1 | 0 2 | | | | |

NARRATIVE

Unit #1 was southbound on State Route 43 stopped in traffic at a red light. Unit #2 was southbound on State Route 43. Unit#2 attempted to pass Unit #1. Unit #2 failed to maintain a single lane of travel after passing Unit #1 and stuck Unit #1 causing damage.



| | | | | |
|---|---|--|--|---|
| CRASH REPORTED DATE / TIME 0 2 0 3 2 0 2 0 / 1 4 2 7 | DISPATCH DATE / TIME 0 2 0 3 2 0 2 0 / 1 4 2 7 | ARRIVAL DATE / TIME 0 2 0 3 2 0 2 0 / 1 4 2 7 | SCENE CLEARED DATE / TIME 0 2 0 3 2 0 2 0 / 1 5 0 4 | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED 0 2 0 | OTHER INVESTIGATION TIME 0 5 7 | TOTAL MINUTES 0 5 7 | OFFICER'S NAME* Carnahan, Michael | CHECKED BY OFFICER'S NAME* Wheeler, George |
| | | | OFFICER'S BADGE NUMBER* 2 4 7 | CHECKED BY OFFICER'S BADGE NUMBER* 2 4 3 |
| | | | | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DPS) |

LOCAL REPORT NUMBER
 2 0 2 0 - 0 0 0 0 2 4 7 4

UNIT # **0, 1** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
YRC INC OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)
6 1 6 3 9 5 5 0 0 0

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
700 S WAVERLY RD, HOLLAND, MI 49423

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
USF HOLLAND INC COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
500 OAK BLUFF LN, GOODLETTSVILLE, TN 37072 5 8 5 5 7 1 0 0

LP STATE **I, N** LICENSE PLATE # **2674909** VEHICLE IDENTIFICATION # **3 AKGGEDV1FSGK3356** VEHICLE YEAR **2 0 1 5** VEHICLE MAKE **Freightliner**

INSURANCE VERIFIED INSURANCE COMPANY **OLD REPUBLIC INS CO** INSURANCE POLICY # **COVML1856** COLOR **WHI** VEHICLE MODEL **CASCADIA**

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE US DOT # **7 5 8 0 6** TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS **0 1** VEHICLE WEIGHT GVWR/GCWR
 1 - <10K LBS
 2 - 10,001 - 26K LBS
 3 - >26K LBS
 HAZARDOUS MATERIAL
 MATERIAL RELEASED CLASS # PLACARD ID #
 PLACARD

UNIT TYPE **1, 5**
 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST
 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE
 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN
 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS **0**

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **0**
 1 - YES 2 - NO 9 - OTHER / UNKNOWN
 AUTONOMOUS MODE LEVEL
 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
 1 - YES 2 - NO 9 - OTHER / UNKNOWN 2 - PARTIAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION **0, 1**
 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING
 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE **9, 9**
 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10 - FLAT BED 13 - AUTO TRANSPORTER
 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE DEFECTS
 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

NON-MOTORIST LOCATION AT IMPACT
 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDDLEBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 14 - UNDERCARRIAGE
 3 - CHANGING LANES 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 15 - VEHICLE NOT AT SCENE
 5 - TRAVEL LANE - OTHER LOCATION 99 - OTHER / UNKNOWN

ACTION **4** PRE-CRASH ACTIONS **1, 1**
 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE
 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING
 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST
 4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

CONTRIBUTING CIRCUMSTANCES **0, 1**
 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 21 - IMPROPER CROSSING
 6 - IMPROPER TURN 12 - IMPROPER BACKING

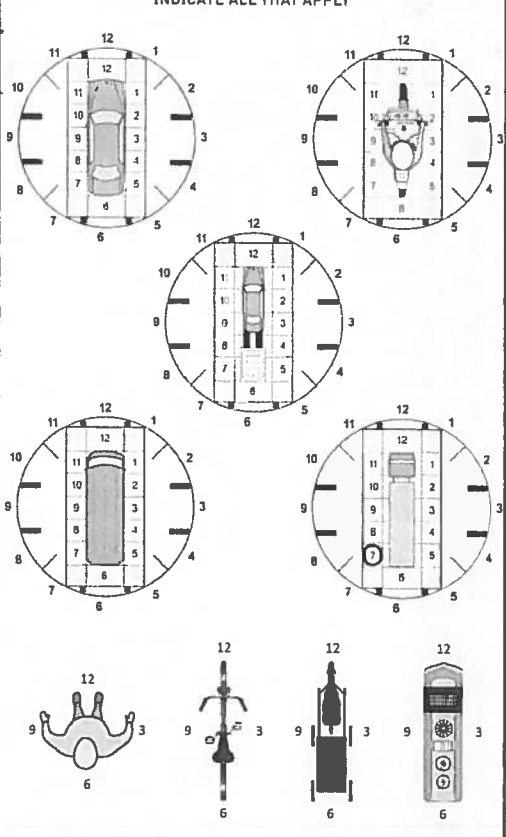
SEQUENCE OF EVENTS
 1 **2, 0**
 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
 2 - FIRE/EXP. OSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDAL CYCLE 21 - PARKED MOTOR VEHICLE

COLLISION WITH FIXED OBJECT - STRUCK
 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING
 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN
 49 - FIRE HYDRANT

FIRST HARMFUL EVENT **1** MOST HARMFUL EVENT **1**

DAMAGE
 DAMAGE SCALE
2 1 - NONE 3 - FUNCTIONAL DAMAGE
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE
 9 - UNKNOWN

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY



NO DAMAGE [0] UNDERCARRIAGE [14]
 TOP [13] ALL AREAS [15]
 UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT
 0 - NO DAMAGE 14 - UNDERCARRIAGE
0, 7 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
 13 - TOP 99 - UNKNOWN

TRAFFIC
 TRAFFICWAY FLOW
2 1 - ONE-WAY
2 2 - TWO-WAY
 # OF THROUGH LANES ON ROAD **4**

TRAFFIC CONTROL
 1 - ROUNDABOUT 4 - STOP SIGN
2 2 - SIGNAL 5 - YIELD SIGN
 3 - FLASHER 6 - NO CONTROL

RAIL GRADE CROSSING
 1 - NOT INVOLVED
1 2 - INVOLVED-ACTIVE CROSSING
 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION
 FROM **1** TO **2**
 1 - NORTH 5 - NORTHEAST
 2 - SOUTH 6 - NORTHWEST
 3 - EAST 7 - SOUTHEAST
 4 - WEST 8 - SOUTHWEST
 9 - OTHER / UNKNOWN

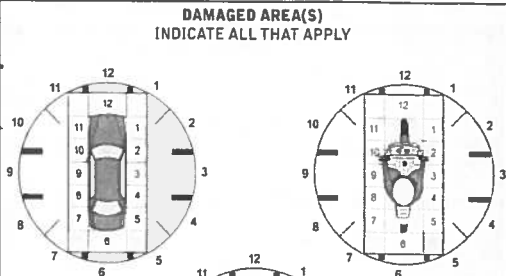
UNIT SPEED **0 0 0** DETECTED SPEED **1**
 1 - STATED / ESTIMATED SPEED
 2 - CALCULATED / EDR
 POSTED SPEED **2 5** 3 - UNDETERMINED

LOCAL REPORT NUMBER
2020-00002474

OWNER
UNIT # **02** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
RYDER TRUCK RENTAL INC
OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
11690 NW 105 ST, MIAMI, FL 33178
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
KLEINS RESTORATION, 10994 WILLIAM PENN AVE NE, HARTVILLE, OH 45877
CARRIER PHONE: INCLUDE AREA CODE
770458

DAMAGE
DAMAGE SCALE
1 1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE
9 - UNKNOWN

VEHICLE
LP STATE **IN** LICENSE PLATE # **2900492** VEHICLE IDENTIFICATION # **1FUJHLDR3LLL2780** VEHICLE YEAR **2020** VEHICLE MAKE **Freightliner**
INSURANCE VERIFIED INSURANCE COMPANY **TRAVELERS INDEMNITY** INSURANCE POLICY # **6665751926** COLOR **WHI** VEHICLE MODEL **CASCADIA**



COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE
TYPE OF USE
 INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT
#OCCUPANTS **01** VEHICLE WEIGHT GVWR/GCWR
2 1 - <10K LBS
2 - 10,001 - 26K LBS
3 - >26K LBS
TOWED BY: COMPANY NAME
HAZARDOUS MATERIAL
 MATERIAL RELEASED PLACARD CLASS # PLACARD ID #

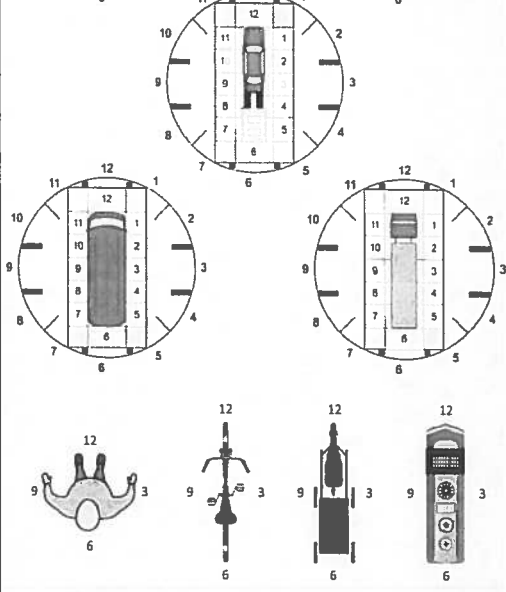
UNIT TYPE
15
1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER
2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)
3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST
4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE
5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN
6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HITS/SKIP
OF TRAILING UNITS **0**

VEHICLE MODE
2 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?
1 - YES 2 - NO 9 - OTHER / UNKNOWN
AUTONOMOUS MODE LEVEL **0**
0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION
2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION
01
1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING
5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE
10
1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER
2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER
7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE
11 - DUMP 99 - OTHER / UNKNOWN

VEHICLE DEFECTS
1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN
2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT
3 - TAIL LAMPS 6 - TIRE BLOWOUT



- NO DAMAGE [0] - UNDERCARRIAGE [14]
 - TOP [13] - ALL AREAS [15]
 - UNIT NOT AT SCENE [16]

NON-MOTORIST LOCATION AT IMPACT
1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE
2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDDLEBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 19 - STANDING
5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 20 - OTHER NON-MOTORIST DISABLED VEHICLE
99 - OTHER / UNKNOWN

ACTION
3
1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE
2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING
3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST
4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN

INITIAL POINT OF CONTACT
05
0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
99 - UNKNOWN
13 - TOP

CONTRIBUTING CIRCUMSTANCES
09
1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE
3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY
4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION
5 - UNSAFE SPEED 11 - DROVE OFF ROAD 21 - IMPROPER BACKING
6 - IMPROPER TURN 12 - IMPROPER BACKING

TRAFFIC
TRAFFICWAY FLOW
2 1 - ONE-WAY 2 - TWO-WAY
TRAFFIC CONTROL
2 1 - ROUNDABOUT 4 - STOP SIGN
2 - SIGNAL 5 - YIELD SIGN
3 - FLASHER 6 - NO CONTROL

SEQUENCE OF EVENTS
20
1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT
4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 21 - PARKED MOTOR VEHICLE
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDAL CYCLE 20 - MOTOR VEHICLE IN TRANSPORT

OF THROUGH LANES ON ROAD
4
RAIL GRADE CROSSING
1
1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

COLLISION WITH FIXED OBJECT - STRUCK
1 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT
26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL
27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING
28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL
29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT
30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN
49 - FIRE HYDRANT

UNIT / NON-MOTORIST DIRECTION
FROM **1** TO **2**
1 - NORTH 5 - NORTH-EAST
2 - SOUTH 6 - NORTHWEST
3 - EAST 7 - SOUTHEAST
4 - WEST 8 - SOUTHWEST
9 - OTHER / UNKNOWN



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2,020-0000,2474

| | | | | |
|----------------------|---|------------------------------------|------------------|--------------------|
| UNIT # 0,1 | NAME: LAST, FIRST, MIDDLE WAGNER, MARC, E | DATE OF BIRTH 05,18,1973 | AGE 46 | GENDER M |
|----------------------|---|------------------------------------|------------------|--------------------|

ADDRESS: STREET, CITY, STATE, ZIP
891 KENNEBEC AVE ,Akron ,OH 44305

CONTACT PHONE - INCLUDE AREA CODE

| | | | | | | | | | |
|----------------------|------------------|-------------------|---|-------------------------------------|--|--------------------------------|---------------------------|----------------------|---------------------|
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0,4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0,1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
|----------------------|------------------|-------------------|---|-------------------------------------|--|--------------------------------|---------------------------|----------------------|---------------------|

| | | | | | |
|-------------------------|--|-----------------|--|---------------------|-----------------|
| OL STATE O, H | OPERATOR LICENSE NUMBER RH295130 | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | CITATION NUMBER |
|-------------------------|--|-----------------|--|---------------------|-----------------|

| | | | | | | | | | | | |
|----------------------|---|----------------------------|----------------------------------|--|-----------------------|---|--|--|--|--|--|
| OL CLASS 1 | ENDORSEMENT SELECT UP TO 2 N, T | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | CONDITION 1 | ALCOHOL TEST STATUS 1 TYPE 1 VALUE | | | DRUG TEST(S) STATUS 1 TYPE RESULT SELECT UP TO 4 | | |
|----------------------|---|----------------------------|----------------------------------|--|-----------------------|---|--|--|--|--|--|

| | | | | |
|----------------------|--|------------------------------------|------------------|--------------------|
| UNIT # 0,2 | NAME: LAST, FIRST, MIDDLE WENDLING, ALLEN, D | DATE OF BIRTH 10,16,1974 | AGE 45 | GENDER M |
|----------------------|--|------------------------------------|------------------|--------------------|

ADDRESS: STREET, CITY, STATE, ZIP
3003 20 ST NW ,CANTON ,OH 44708 2915

CONTACT PHONE - INCLUDE AREA CODE

| | | | | | | | | | |
|----------------------|------------------|-------------------|---|-------------------------------------|--|--------------------------------|---------------------------|----------------------|---------------------|
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0,4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0,1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
|----------------------|------------------|-------------------|---|-------------------------------------|--|--------------------------------|---------------------------|----------------------|---------------------|

| | | | | | |
|-------------------------|--|----------------------------------|---|--|---------------------------------|
| OL STATE O, H | OPERATOR LICENSE NUMBER RU028780 | OFFENSE CHARGED 331.08 | LOCAL CODE <input checked="" type="checkbox"/> | OFFENSE DESCRIPTION Driving in Marked La | CITATION NUMBER 60717 |
|-------------------------|--|----------------------------------|---|--|---------------------------------|

| | | | | | | | | | | | |
|----------------------|--|----------------------------|----------------------------------|--|-----------------------|---|--|--|---|--|--|
| OL CLASS 1 | ENDORSEMENT SELECT UP TO 2 N | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | CONDITION 1 | ALCOHOL TEST STATUS 1 TYPE 1 VALUE | | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 | | |
|----------------------|--|----------------------------|----------------------------------|--|-----------------------|---|--|--|---|--|--|

| | | | | |
|--------|---------------------------|---------------|-----|--------|
| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
|--------|---------------------------|---------------|-----|--------|

ADDRESS: STREET, CITY, STATE, ZIP

CONTACT PHONE - INCLUDE AREA CODE

| | | | | | | | | | |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|

| | | | | | |
|----------|-------------------------|-----------------|--|---------------------|-----------------|
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | CITATION NUMBER |
|----------|-------------------------|-----------------|--|---------------------|-----------------|

| | | | | | | | | | | | |
|----------|----------------------------|----------------------------|----------------------|--|-----------|-----------------------------------|--|--|---|--|--|
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | CONDITION | ALCOHOL TEST STATUS TYPE VALUE | | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 | | |
|----------|----------------------------|----------------------------|----------------------|--|-----------|-----------------------------------|--|--|---|--|--|

| INJURIES | SEATING POSITION | AIR BAG | OL CLASS | OL RESTRICTION(S) | DRIVER DISTRACTION | TEST STATUS |
|------------------------------|--|--------------------------------|------------------------------|--|--|--|
| 1 - FATAL | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED | 1 - CLASS A | 1 - ALCOHOL INTERLOCK DEVICE | 1 - NOT DISTRACTED | 1 - NONE GIVEN |
| 2 - SUSPECTED SERIOUS INJURY | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT | 2 - CLASS B | 2 - CDL INTRASTATE ONLY | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2 - TEST REFUSED |
| 3 - SUSPECTED MINOR INJURY | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE | 3 - CLASS C | 3 - CORRECTIVE LENSES | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE |
| 4 - POSSIBLE INJURY | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT / SIDE | 4 - REGULAR CLASS (OHIO = D) | 4 - FARM WAIVER | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE | 4 - TEST GIVEN, RESULTS KNOWN |
| 5 - NO APPARENT INJURY | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE | 5 - MC MOPED ONLY | 5 - EXCEPT CLASS A BUS & CLASS B BUS | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | 5 - TEST GIVEN, RESULTS UNKNOWN |
| | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN | 6 - NO VALID OL | 6 - EXCEPT CLASS A & CLASS B BUS | 6 - PASSENGER | |
| | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | | 7 - EXCEPT TRACTOR-TRAILER | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | |
| | 8 - THIRD - MIDDLE | | | 8 - INTERMEDIATE LICENSE RESTRICTIONS | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | |
| | 9 - THIRD - RIGHT SIDE | | | 9 - LEARNER'S PERMIT RESTRICTIONS | 9 - OTHER / UNKNOWN | |
| | 10 - SLEEPER SECTION OF TRUCK CAB | | | 10 - LIMITED TO DAYLIGHT ONLY | | |
| | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | | 11 - LIMITED TO EMPLOYMENT | | |
| | 12 - PASSENGER IN UNENCLOSED CARGO AREA | | | 12 - LIMITED - OTHER | | |
| | 13 - TRAILING UNIT | | | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | | |
| | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | | 14 - MILITARY VEHICLES ONLY | | |
| | 15 - NON-MOTORIST | | | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | | |
| | 99 - OTHER / UNKNOWN | | | 16 - OUTSIDE MIRROR | | |
| | | | | 17 - PROSTHETIC AID | | |
| | | | | 18 - OTHER | | |

INJURED TAKEN BY

- NOT TRANSPORTED / TREATED AT SCENE
- EMS
- POLICE
- OTHER / UNKNOWN

SAFETY EQUIPMENT

- NONE USED
- SHOULDER BELT ONLY USED
- LAP BELT ONLY USED
- SHOULDER & LAP BELT USED
- CHILD RESTRAINT SYSTEM - FORWARD FACING
- CHILD RESTRAINT SYSTEM - REAR FACING
- BOOSTER SEAT
- HELMET USED
- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)
- REFLECTIVE CLOTHING
- LIGHTING - PEDESTRIAN / BICYCLE ONLY
- OTHER / UNKNOWN

EJECTION

- NOT EJECTED
- PARTIALLY EJECTED
- TOTALLY EJECTED
- NOT APPLICABLE

TRAPPED

- NOT TRAPPED
- EXTRICATED BY MECHANICAL MEANS
- FREED BY NON-MECHANICAL MEANS

OL ENDORSEMENT

- H - HAZMAT
- M - MOTORCYCLE
- P - PASSENGER
- N - TANKER
- Q - MOTOR SCOOTER
- R - THREE WHEEL MOTORCYCLE
- S - SCHOOL BUS
- T - DOUBLE & TRIPLE TRAILERS
- X - TANKER / HAZMAT

GENDER

- F - FEMALE
- M - MALE
- U - OTHER / UNKNOWN

ALCOHOL TEST TYPE

- NONE
- BLOOD
- URINE
- BREATH
- OTHER

DRUG TEST TYPE

- NONE
- BLOOD
- URINE
- OTHER

CONDITION

- APPARENTLY NORMAL
- PHYSICAL IMPAIRMENT
- EMOTIONAL (E.G. DEPRESSED, ANGRY, DIST. BBED)
- ILLNESS
- FELL ASLEEP, FAINTED, FATIGUED, ETC.
- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL
- OTHER / UNKNOWN

DRUG TEST RESULT(S)

- AMPHETAMINES
- BARBITURATES
- BENZODIAZEPINES
- CANNABINOIDS
- COCAINE
- OPIATES / OPIOIDS
- OTHER
- NEGATIVE RESULTS