Traffic Crash Report

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION · SERVICE · PROTECTION

Local Information

Local Report Number *: 15-0105498

Crash Severity: 3 (1 - Fatal, 2 - Injury, 3 - PDO)

Hit/Skip: 1 (1 - Solved, 2 - Unsolved)

☐ Photos Taken ☐ OH-2 ☐ OH-1P ☐ OH-3 ☐ Other

☐ PDO Under State Reportable Dollar Amount

☐ Private Property

Reporting Agency NCIC *: 15018

Reporting Agency Name *: Youngstown Police Dept

Number of Units: 03

Unit in error: 03 (98 - Animal, 99 - Unknown)

County *: 50

☐ City * ☐ Village * ☐ Township *

City, Village, Township *: Youngstown

Crash Date *: 09/28/2015

Time of Crash: 1209

Day of Week: MON

Degrees / Minutes / Seconds — Latitude: 0 ' " Longitude: 0 ' "

Decimal Degrees — Latitude: 41.1171 Longitude: -80.619

Roadway Division: ☒ Divided ☐ Undivided

Divided Land Direction of Travel: N (N - Northbound, S - Southbound, E - Eastbound, W - Westbound)

Number of Thru Lanes: 02

Road Types or Milepost [2]: AL - Alley, AV - Avenue, BL - Boulevard, CR - Circle, CT - Court, DR - Drive, HE - Heights, HW - Highway, LA - Lane, MP - Milepost, PK - Parkway, PI - Pike, PL - Place, RD - Road, SQ - Square, ST - Street, TE - Terrace, TL - Trail, WA - Way

Location Route Type [1]: Location Route Number:

Loc Prefix: N,S,E,W

Location Road Name: Salt Springs

Location Road Type [2]: RD

Route Types [1]: IR - Interstate Route (inc. turnpike), US - US Route, SR - State Route, CR - Numbered County Route, TR - Numbered Township Route

Distance From Reference: ☐ 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 #): Elbeven

Reference Road Type [2]: ST

Reference Point Used: 1 (1 - Intersection, 2 - Mile Post, 3 - House Number)

Crash Location: 03 (01 - Not an intersection, 02 - Four-way Intersection, 03 - T-Intersection, 04 - Y-Intersection, 05 - Traffic Circle/Roundabout, 06 - Five-point, or more, 07 - On Ramp, 08 - Off Ramp, 09 - Crossover, 10 - Driveway/Alley Access, 11 - Railway Grade Crossing, 12 - Shared-Use Paths or Trails, 99 - Unknown)

☐ Intersection Related

Location of First Harmful Event: 1 (1 - On Roadway, 2 - On Shoulder, 3 - In Median, 4 - On Roadside, 5 - On Gore, 6 - Outside Trafficway, 9 - Unknown)

Road Contour: 1 (1 - Straight Level, 2 - Straight Grade, 3 - Curve Level, 4 - Curve Grade, 9 - Unknown)

Road Conditions — Primary: 02 Secondary: (01 - Dry, 02 - Wet, 03 - Snow, 04 - Ice, 05 - 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: 2 (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: 2 (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 - Other/Unknown)

Road Surface: 2 (1 - Concrete, 2 - Blacktop, Bituminous, Asphalt, 3 - Brick/Block, 4 - Slag, Gravel, Stone, 5 - Dirt, 6 - Other)

Light Conditions — Primary: 1 Secondary: (1 - Daylight, 2 - Dawn, 3 - Dusk, 4 - Dark - Lighted Roadway, 5 - Dark - Roadway Not Lighted, 6 - Dark - Unknown Roadway Lighting, 7 - Glare*, 8 - Other, 9 - Unknown)

* 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)

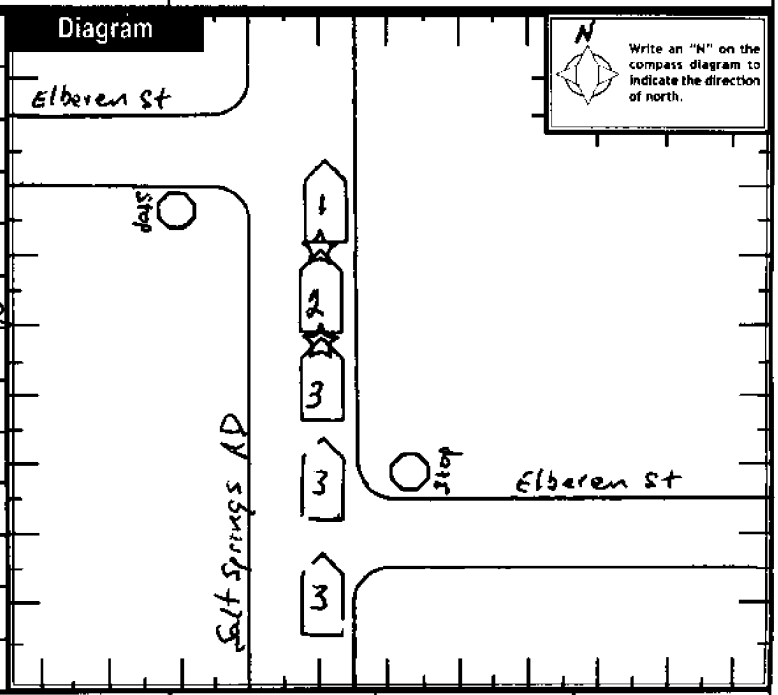
Type of Work Zone: 1 - Lane Closure, 2 - Lane Shift/Crossover, 3 - Work on Shoulder or Median, 4 - Intermittent or Moving Work, 5 - Other

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 #3 failed to stop, as Unit #2 was stopped in traffic waiting on Unit #1 to turn left onto Elbeven St. Causing the accident wherein Unit #2 struck Unit #1. Unit #3 struck Unit #2.

Diagram



Report Taken By: ☐ Police Agency ☐ Motorist

☐ Supplement (Correction or Addition to an Existing Report Sent to ODPS)

Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
09/28/2015	1209	1228	1236	1536		180

Officer's Name *: M. Anderson

Officer's Badge Number: 1066

Checked By: DLS

HSY7001 OH1 Rev 01/13 [760-0820]

MOTORIST / NON-MOTORIST / OCCUPANT

OHIO DEPARTMENT OF PUBLIC SAFETY — SAFETY · SERVICE · PROTECTION

LOCAL REPORT NUMBER: KS-1016514918

MOTORIST/NON-MOTORIST

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
01	Holcomb, LaToya	12/29/1979	35	F (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 231 Potomac Ave Youngstown, OH 44507

CONTACT PHONE - INCLUDE AREA CODE: 330 233 6083

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
1	1			04		01	1	1	1

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M/C END.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OH	RQ300421	4			1	1	1	1	.	1	1

OFFENSE CHARGED (LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY

MOTORIST/NON-MOTORIST

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
02	Bardine, Nicholas Ray	01/13/1990	25	M (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 234 Burch Dr Coraopolis, PA 15108

CONTACT PHONE - INCLUDE AREA CODE: 412 898 5732

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
1	1			04		01	1	1	1

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M/C END.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
PA	28891697	4			1	1	1	1	.	1	1

OFFENSE CHARGED (LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY

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
05 - Child Restraint System-Forward Facing
06 - Child Restraint System- Rear Facing
07 - Booster Seat
08 - Helmet Used
99 - Unknown Safety Equipment

Non-Motorist
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

OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
02	Gavin, Jessica	05/05/1992	23	F (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 1619 Florence Ave Youngstown, OH 44509

CONTACT PHONE - INCLUDE AREA CODE: 330 718 0263

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
1	1			04		03	1	1	1

OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
				F - FEMALE, M - MALE

ADDRESS, CITY, STATE, ZIP:

CONTACT PHONE - INCLUDE AREA CODE:

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

HSY8306 OH1M (REV 08/13) [760-1500]

MOTORIST / NON-MOTORIST / OCCUPANT

OHIO DEPARTMENT OF PUBLIC SAFETY — SAFETY · SERVICE · PROTECTION

LOCAL REPORT NUMBER: 15-196154/1981

MOTORIST/NON-MOTORIST

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
03	Strozier, Keith E.	06/24/1967	48	M (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 819 Cromdall Ave Youngstown, OH 44510
CONTACT PHONE - INCLUDE AREA CODE: 330 397 6785

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
1	1			04	☐	01	1	1	1

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M/C END.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OH	PP990769	4	☐	☐	1	1	2	1	.___	1	1

OFFENSE CHARGED (☐ LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY
4511.34A	Following to Close/p	K21623	☐	☐

MOTORIST/NON-MOTORIST

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
03	Jones, Jasmine RaShawn	03/09/1995	20	F (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 927 E. Florida Youngstown, OH 44507
CONTACT PHONE - INCLUDE AREA CODE: 216 417 9363

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
1	1			03	☐	06	1	1	1

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M/C END.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OH	UA363205	4	☐	☐	1	1	1	1	.___	1	1

OFFENSE CHARGED (☐ LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY
			☐	☐

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
05 - Child Restraint System-Forward Facing
06 - Child Restraint System- Rear Facing
07 - Booster Seat
08 - Helmet Used
99 - Unknown Safety Equipment
Non-Motorist
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

OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
03	Boykin, Mary Jane	12/12/1995	19	F (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 516 Griffith #104 Youngstown, OH 44510
CONTACT PHONE - INCLUDE AREA CODE: 234 281 7741

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
1	1			04	☐	03	1	1	1

OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
				F - FEMALE, M - MALE

ADDRESS, CITY, STATE, ZIP:
CONTACT PHONE - INCLUDE AREA CODE:

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
					☐				

HSY8306 OH1M (Rev 08/13) (760-1500)

UNIT

OHIO DEPARTMENT OF PUBLIC SAFETY — SAFETY · SERVICE · PROTECTION

LOCAL REPORT NUMBER: 15-0615498

UNIT NUMBER: 01

OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER): Holcomb, Chauncey

OWNER PHONE NUMBER - INC. AREA CODE (☐ SAME AS DRIVER): 330 233 6083

OWNER ADDRESS: CITY, STATE, ZIP (☐ SAME AS DRIVER): 952 Catalina Youngstown, OH 44510

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

DAMAGED AREA: FRONT 02, 03, 04, 05, 06, 07, 08, 09, 10; REAR

LP STATE: OH

LICENSE PLATE NUMBER: GOU 4778

VEHICLE IDENTIFICATION NUMBER: 3C3CC55H7YT248435

OCCUPANTS: 01

VEHICLE YEAR: 2000

VEHICLE MAKE: Chrysler

VEHICLE MODEL: Sebring

VEHICLE COLOR: Gold

☐ PROOF OF INSURANCE SHOWN

INSURANCE COMPANY:

POLICY NUMBER:

TOWED BY:

CARRIER NAME, ADDRESS, CITY, STATE, ZIP:

CARRIER PHONE - INCLUDE AREA CODE:

US DOT:

HM PLACARD ID NO.:

HM CLASS NUMBER:

VEHICLE WEIGHT GVWR/GCWR: 1
1 - LESS THAN OR EQUAL TO 10K LBS.
2 - 10,001 TO 26,000 LBS
3 - MORE THAN 26,000 LBS.

☐ HAZARDOUS MATERIAL RELEASED

CARGO BODY TYPE: 01
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: 3
1 - TWO-WAY, NOT DIVIDED
2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE
3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIAN
4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER
5 - ONE-WAY TRAFFICWAY

☐ 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
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
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
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

IMPACT AREA:

ACTION: 4
1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING
4 - STRUCK
5 - STRIKING/STRUCK
9 - UNKNOWN

PRE-CRASH ACTIONS: 06
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 - RAN RED LIGHT
04 - RAN STOP SIGN
05 - EXCEEDED SPEED LIMIT
06 - UNSAFE SPEED
07 - IMPROPER TURN
08 - LEFT OF CENTER
09 - FOLLOWED TOO CLOSELY/ACDA
10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD
11 - IMPROPER BACKING
12 - IMPROPER START FROM PARKED POSITION
13 - STOPPED OR PARKED ILLEGALLY
14 - OPERATING VEHICLE IN NEGLIGENT MANNER
15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)
16 - WRONG SIDE/WRONG WAY
17 - FAILURE TO CONTROL
18 - VISION OBSTRUCTION
19 - OPERATING DEFECTIVE EQUIPMENT
20 - LOAD SHIFTING/FALLING/SPILLING
21 - OTHER IMPROPER ACTION

NON-MOTORIST
22 - NONE
23 - IMPROPER CROSSING
24 - DARTING
25 - LYING AND/OR ILLEGALLY IN ROADWAY
26 - FAILURE TO YIELD RIGHT OF WAY
27 - NOT VISIBLE (DARK CLOTHING)
28 - INATTENTIVE
29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER
30 - WRONG SIDE OF THE ROAD
31 - OTHER NON-MOTORIST ACTION

VEHICLE DEFECTS
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

MOST HARMFUL EVENT

99 - UNKNOWN

NON-COLLISION EVENTS
01 - OVERTURN/ROLLOVER
02 - FIRE/EXPLOSION
03 - IMMERSION
04 - JACKKNIFE
05 - CARGO/EQUIPMENT LOSS OR SHIFT
06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)
07 - SEPARATION OF UNITS
08 - RAN OFF ROAD RIGHT
09 - RAN OFF ROAD LEFT
10 - CROSS MEDIAN
11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL
12 - DOWNHILL RUNAWAY
13 - OTHER NON-COLLISION

COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED
14 - PEDESTRIAN
15 - PEDALCYCLE
16 - RAILWAY VEHICLE (TRAIN,ENGINE)
17 - ANIMAL - FARM
18 - ANIMAL - DEER
19 - ANIMAL - OTHER
20 - MOTOR VEHICLE IN TRANSPORT
21 - PARKED MOTOR VEHICLE
22 - WORK ZONE MAINTENANCE EQUIPMENT
23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
24 - OTHER MOVABLE OBJECT

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

UNIT SPEED: 10
☑ STATED
☐ ESTIMATED

POSTED SPEED: 35

TRAFFIC CONTROL: 01
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: 2 TO: 1
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
5 - NORTHEAST
6 - NORTHWEST
7 - SOUTHEAST
8 - SOUTHWEST
9 - UNKNOWN

HSY8304 OH1U 3/14 [760-0820]

Unit

Local Report Number: 15-1016154981

Unit Number	Owner Name: Last, First, Middle (☐ Same As Driver)	Owner Phone Number - inc. area code (☐ Same As Driver)	Damage Scale	Damaged Area
02	Bordine, Nicholas Ray	412 298 5732	2	Front 02

Owner Address: City, State, Zip (☐ Same As Driver)
134 Birch Dr Coraopolis, PA 15108

Damage Scale: 1 - None; 2 - Minor; 3 - Functional; 4 - Disabling; 9 - Unknown

Damaged Area: Front 02; 09; 03; 08; 10; 04; 07; 06; 05; Rear

LP State	License Plate Number	Vehicle Identification Number	# Occupants
PA	GJF0784	1GNDT13S562141981	02

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
2006	Chevy	Trailblazer	Maroon

Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
☒	Erie Insurance	Q08 2204057	

Carrier Name, Address, City, State, Zip

Carrier Phone - include area code

US DOT

HM Placard ID No.

HM Class Number

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

☐ Hazardous Material Released

Cargo Body Type: 01 - No Cargo Body Type or Not Applicable; 02 - Bus; 03 - Vehicle Towing Another Vehicle; 04 - Logging; 05 - Intermodal Container Chassis; 06 - Cargo Van/Enclosed Box; 07 - Grain/Chips/Gravel; 08 - Unit Crane; 09 - Tanker; 10 - Flatbed; 11 - Dump; 12 - Concrete Mixer; 13 - Auto Transporter; 14 - Garbage/Refuse; 99 - Other/Unknown

Trafficway Description: 3 - Two Way, Not Divided; 4 - Two Way, Divided, Unprotected (Painted or Grass); 5 - Two Way, Divided, Protected (Raised Median); 6 - One Way Trafficway; 1 - Not Divided; 2 - Divided Highway Removed; 3 - Divided Highway Not Removed; 4 - Two-Way Divided, Positive Median Barrier; 5 - One-Way Trafficway

☐ 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: 06

- 99 - Unknown or Hit/Skip
- Passenger Vehicle (Seating for 9 or Less 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 Cab/Chassis; 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/Limo (9 or More Including Driver); 22 - Bus/Van/Limo (9 or More Including 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: 05 - Right Side
Impact Area: 05 - Right Side

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 - Underarriage; 12 - Load/Trailer; 13 - Total (All Areas); 14 - Other; 99 - Unknown

Action: 4 - Struck; 1 - Non Contact; 2 - Non-Collision; 3 - Striking; 5 - Striking/Struck; 9 - Unknown

Pre-Crash Actions: 04 - Overtaking/Passing; 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 - Ran Red Light; 04 - Ran Stop Sign; 05 - Exceeded Speed Limit; 06 - Unsafe Speed; 07 - Improper Turn; 08 - Left of Center; 09 - Followed Too Closely/ACDA; 10 - Improper Lane Change /Passing/Off Road; 11 - Improper Backing; 12 - Improper Start From Parked Position; 13 - Stopped or Parked Illegally; 14 - Operating Vehicle in Negligent Manner; 15 - Swerving to Avoid (Due to External Conditions); 16 - Wrong Side/Wrong Way; 17 - Failure to Control; 18 - Vision Obstruction; 19 - Operating Defective Equipment; 20 - Load Shifting/Falling/Spilling; 21 - Other Improper Action

Non-Motorist: 22 - None; 23 - Improper Crossing; 24 - Darting; 25 - Lying and/or Illegally in Roadway; 26 - Failure to Yield Right of Way; 27 - Not Visible (Dark Clothing); 28 - Inattentive; 29 - Failure to Obey Traffic Signs /Signals/Officer; 30 - Wrong Side of the Road; 31 - Other Non-Motorist Action

Vehicle Defects: 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

Most Harmful Event

99 - Unknown

Non-Collision Events: 01 - Overturn/Rollover; 02 - Fire/Explosion; 03 - Immersion; 04 - Jackknife; 05 - Cargo/Equipment Loss or Shift; 06 - Equipment Failure (Blown Tire, Brake Failure, etc); 07 - Separation of Units; 08 - Ran Off Road Right; 09 - Ran Off Road Left; 10 - Cross Median; 11 - Cross Center Line Opposite Direction of Travel; 12 - Downhill Runaway; 13 - Other Non Collision

Collision with Person, Vehicle or Object Not Fixed: 14 - Pedestrian; 15 - Pedalcycle; 16 - Railway Vehicle (Train, Engine); 17 - Animal - Farm; 18 - Animal - Deer; 19 - Animal - Other; 20 - Motor Vehicle in Transport; 21 - Parked Motor Vehicle; 22 - Work Zone Maintenance Equipment; 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle; 24 - Other Movable Object

Collision With Fixed Object: 25 - Impact Attenuator/Crash Cushion; 26 - Bridge Overhead Structure; 27 - Bridge Pier or Abutment; 28 - Bridge Parapet; 29 - Bridge Rail; 30 - Guardrail Face; 31 - Guardrail End; 32 - Portable Barrier; 33 - Median Cable Barrier; 34 - Median Guardrail Barrier; 35 - Median Concrete Barrier; 36 - Median Other Barrier; 37 - Traffic Sign Post; 38 - Overhead Sign Post; 39 - Light/Luminaries Support; 40 - Utility Pole; 41 - Other Post, Pole or Support; 42 - Culvert; 43 - Curb; 44 - Ditch; 45 - Embankment; 46 - Fence; 47 - Mailbox; 48 - Tree; 49 - Fire Hydrant; 50 - Work Zone Maintenance Equipment; 51 - Wall, Building, Tunnel; 52 - Other Fixed Object

Unit Speed: 10 ☐ Stated ☐ Estimated

Posted Speed: 35

Traffic Control: 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 Marking; 13 - Crosswalk Lines; 14 - Walk/Don't Walk; 15 - Other; 16 - Not Reported

Unit Direction: From 2 To 7

1 - North; 2 - South; 3 - East; 4 - West; 5 - Northeast; 6 - Northwest; 7 - Southeast; 8 - Southwest; 9 - Unknown

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OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

Unit

Local Report Number: X15-1016154918

Unit Number	Owner Name: Last, First, Middle (☐ Same As Driver)	Owner Phone Number - inc. area code (☐ Same As Driver)	Damage Scale	Damaged Area
013	Strozier, Christopher	330 747 5230	3	Front 02

Owner Address: City, State, Zip (☐ Same As Driver): 819 Crandall Ave Youngstown, OH 44510

Damage Scale: 1 - None; 2 - Minor; 3 - Functional; 4 - Disabling; 9 - Unknown

Damaged Area: 02, 03, 04, 05, 06, 07, 08, 09, 10

LP State	License Plate Number	Vehicle Identification Number	# Occupants
OH	GHZ 9246	1G3WB52M1XF613201713	03

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
1999	Olds	Cutlass	Blue

☒ Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
	State Farm	857098 1C 1155	

Carrier Name, Address, City, State, Zip

Carrier Phone- include area code

US DOT

HM Placard ID No.

HM Class Number

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

☐ Hazardous Material Released

Cargo Body Type: 01

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: 3

1 Two Way, Not Divided; 2 Two Way, Not Divided, Continuous Left Turn Lane; 3 Two Way, Divided, Unprotected (Painted) Median; 4 Two Way, Divided, Positive Median Barrier; 5 One-Way Trafficway

☐ 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

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/Pedacycle; 26 Pedestrian/Skater; 27 Other Non-Motorist

☐ Has HM Placard

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: 02

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

Impact Area

Action: 3

1 Non Contact; 2 Non Collision; 3 Striking; 4 Struck; 5 Striking/Struck; 9 Unknown

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

Contributing Circumstances

Primary: 09

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; 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; Most Harmful Event

99 - Unknown

Non-Collision Events: 01 Overturn/Rollover; 02 Fire/Explosion; 03 Immersion; 04 Jackknife; 05 Cargo/Equipment Loss or Shift; 06 Equipment Failure (Blown Tire, Brake Failure, etc); 07 Separation of Units; 08 Ran Off Road Right; 09 Ran Off Road Left; 10 Cross Median; 11 Cross Center Line Opposite Direction of Travel; 12 Downhill Runaway; 13 Other Non-Collision

Collision with Person, Vehicle or Object Not Fixed: 14 Pedestrian; 15 Pedalcycle; 16 Railway Vehicle (Train, Engine); 17 Animal - Farm; 18 Animal - Deer; 19 Animal - Other; 20 Motor Vehicle in Transport; 21 Parked Motor Vehicle; 22 Work Zone Maintenance Equipment; 23 Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle; 24 Other Movable Object

Collision With Fixed Object: 25 Impact Attenuator/Crash Cushion; 26 Bridge Overhead Structure; 27 Bridge Pier or Abutment; 28 Bridge Parapet; 29 Bridge Rail; 30 Guardrail Face; 31 Guardrail End; 32 Portable Barrier; 33 Median Cable Barrier; 34 Median Guardrail Barrier; 35 Median Concrete Barrier; 36 Median Other Barrier; 37 Traffic Sign Post; 38 Overhead Sign Post; 39 Light/Luminaries Support; 40 Utility Pole; 41 Other Post, Pole or Support; 42 Culvert; 43 Curb; 44 Ditch; 45 Embankment; 46 Fence; 47 Mailbox; 48 Tree; 49 Fire Hydrant; 50 Work Zone Maintenance Equipment; 51 Wall, Building, Tunnel; 52 Other Fixed Object

Unit Speed: 15

☐ Stated ☒ Estimated

Posted Speed: 35

Traffic Control: 01

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 2 To 1

1 North; 2 South; 3 East; 4 West; 5 Northeast; 6 Northwest; 7 Southeast; 8 Southwest; 9 Unknown

HSY8301 0419 760 0820 2/13