

11-30-16 SLS



TRAFFIC CRASH REPORT

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| LOCAL INFORMATION 16MPD2056 | | | | LOCAL REPORT NUMBER* 16 MPD 2056 | | CRASH SEVERITY 3 1 - FATAL 2 - INJURY 3 - PDO | | Hit/Skip 1 - SOLVED 2 - UNSOLVED | | | | | |
| PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | | PDO UNDER STATE REPORTABLE DOLLAR AMOUNT | | PRIVATE PROPERTY | | REPORTING AGENCY NCIC* 03801 | | REPORTING AGENCY NAME* Millersburg Police Department | | | | | |
| COUNTY* Holmes | | CITY, VILLAGE, TOWNSHIP* Millersburg | | CRASH DATE* 11/29/2016 | | TIME OF CRASH 1515 | | DAY OF WEEK Tue | | | | | |
| DEGREES/MINUTES/SECONDS LATITUDE 40:32:08.02 | | | | DECIMAL DEGREES LONGITUDE 81:55:08.01 | | | | | | | | | |
| ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED | | DIVIDED LANE DIRECTION OF TRAVEL <input type="checkbox"/> N - NORTHBOUND E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND W - WESTBOUND | | NUMBER OF THRU LANES 2 | | ROAD TYPES OR MILEPOST AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL | | | | | | | |
| LOCATION ROUTE NUMBER TYPE | | LOC PREFIX N.S. E.W. | | LOCATION ROAD NAME Private Property | | | | LOCATION ROAD TYPE ST | | ROUTE TYPES IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE CR - NUMBERED COUNTY ROUTE SR - STATE ROUTE TR - NUMBERED TOWNSHIP ROUTE | | | |
| DISTANCE FROM REFERENCE <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS | | DIR FROM REF N.S. E.W. | | REFERENCE ROUTE NUMBER TYPE | | REF PREFIX N.S. E.W. | | REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 1640 Washington St. | | REFERENCE ROAD TYPE | | | |
| REFERENCE POINT USED 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER | | CRASH LOCATION 01 | | 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOUNT | | 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 | | <input type="checkbox"/> INTERSECTION RELATED | | | |
| ROAD CONTOUR 3 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL | | ROAD CONDITIONS PRIMARY 01 | | 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 | | | |
| MANNER OF CRASH COLLISION/IMPACT 8 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 1 1 - CLEAR 2 - CLOUDY 3 - Fog, SMOG, SMOKE | | 4 - RAIN 5 - SLEET, HAIL 6 - SNOW | |
| ROAD SURFACE 2 1 - CONCRETE 2 - BLACKTOP 3 - BITUMINOUS, ASPHALT 3 - BRICK/BLOCK | | 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER | | LIGHT CONDITIONS 1 PRIMARY | | 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 <input type="checkbox"/> SCHOOL ZONE RELATED | |
| <input type="checkbox"/> WORK ZONE RELATED | | <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> 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 01 came around the corner in the Walmart main driveway traveling southbound. Unit 02 was traveling northbound on the main driveway. Unit 01's trailer came left of center around the corner and struck Unit 02 in the front. | | | | | | | | | | | | | |
| REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) | | | | | | | | | | | |
| DATE CRASH REPORTED 11/29/2016 | | TIME CRASH REPORTED 1516 | | DISPATCH TIME 1519 | | ARRIVAL TIME 1522 | | TIME CLEARED 1543 | | OTHER INVESTIGATION TIME 10 | | TOTAL MINUTES 34 | |
| OFFICER'S NAME* Brown, Kevin | | | | OFFICER'S BADGE NUMBER 108 | | CHECKED BY | | | | | | | |



UNIT

LOCAL REPORT NUMBER

16 MPD 2056

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| UNIT NUMBER 1 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) United Express Inc., | OWNER PHONE NUMBER 844-888-9005 | DAMAGE SCALE 1 | DAMAGE AREA FRONT | |
| OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 901 4th St. #25, Hudson, WI, 54016 | | | 1 - NONE | | |
| LP STATE WI | LICENSE PLATE NUMBER 51976X | VEHICLE IDENTIFICATION NUMBER 1FUYSSEB6YLA65489 | # OCCUPANTS 1 | | 2 - MINOR |
| VEHICLE YEAR 2000 | VEHICLE MAKE Freightliner | VEHICLE MODEL Other | VEHICLE COLOR BLU | | 3 - FUNCTIONAL |
| PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/> | INSURANCE COMPANY National Casualty Co | POLICY NUMBER CT01401915 | TOWED BY | | 4 - DISABLING |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP United Express Inc., 901 4th St. #25, Hudson, WI, 54016 | | | CARRIER PHONE 844-888-9005 | | |

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| US DOT 2057804 | VEHICLE WEIGHT GVWR/GCWR 3 1 - LESS THAN OR EQUAL TO 10K LBS 2 - 10,001 TO 26,000K LBS 3 - MORE THAN 26,000K LBS. | CARGO BODY TYPE 07 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 CHASIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL | 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER UNKNOWN | TRAFFICWAY DESCRIPTION 1 1 - T wo-WAY, NOT DIVIDED 2 - T wo-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - T wo-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIA 4 - T wo-WAY, DIVIDED, POSITIVE MEDIUM BARRIER 5 - ONE-WAY TRAFFICWAY |
| HM PLACARD ID NO. | HAZARDOUS MATERIAL RELATED <input type="checkbox"/> | | | <input type="checkbox"/> HIT / SKIP UNIT |

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| NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/> 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 - MEDIUM CROSSING ISLAND 10 - DRIVE WAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON TRAFFICWAY AREA 99 - OTHER/UNKNOWN | TYPE OF USE 2 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE 17 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 99 - UNKNOWN OR HIT/SKIP | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 13 - SINGLE UNIT TRUCK OR VAN 2 AXLE, 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 | 21 - ANIMAL WITH RIDER 22 - BUS (16+ SEATS, INC DRIVER) 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST |
| <input type="checkbox"/> HAS HM PLACARD | | | | |

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| 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 EOP. | 17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE) | MOST DAMAGED AREA 01 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 | ACTION 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRUCK 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN |
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| PRE-CRASH ACTIONS 06 | 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 |
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| CONTRIBUTING CIRCUMSTANCE PRIMARY 08 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 | MOTORIST 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERING 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 ANOVAR 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 <input type="checkbox"/> 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 |
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| SEQUENCE OF EVENTS 1 20 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN | NON-COLLISION EVENTS 01 - OVERTURN/Rollover 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION | COLLISION WITH FIXED OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT |
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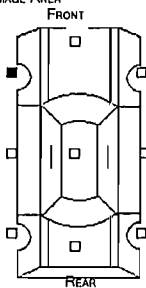
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| UNIT SPEED 5 | POSTED SPEED | TRAFFIC CONTROL 12 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED | UNIT DIRECTION FROM 3 TO 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN |
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UNIT

LOCAL REPORT NUMBER

16 MPD 2056

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| UNIT NUMBER 2 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Cramlett, Rodney, E. | OWNER PHONE NUMBER 330-275-2534 | DAMAGE SCALE 2 | DAMAGE AREA  | |
| OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 6382 SR 514, Lakeville, OH, 44638 | | | | | |
| LP STATE OH | LICENSE PLATE NUMBER GPS4467 | VEHICLE IDENTIFICATION NUMBER 1FAHP34N17W193147 | # OCCUPANTS 1 | | |
| VEHICLE YEAR 2007 | VEHICLE MAKE Ford | VEHICLE MODEL Escort | VEHICLE COLOR SIL | | |
| <input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN | INSURANCE COMPANY State Farm | POLICY NUMBER 9316139-E29-35 | TOWED BY | | |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | | | | CARRIER PHONE | |
| US DOT | VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS <input type="checkbox"/> 2 - 10,001 TO 26,000K LBS <input type="checkbox"/> 3 - MORE THAN 26,000K LBS | 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 1 1 - T WO-WAY, NOT DIVIDED 2 - T WO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - T WO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIA 4 - T WO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT | |
| HM PLACARD ID NO. | HAZARDOUS MATERIAL RELATED <input type="checkbox"/> | | | | |
| HM CLASS NUMBER | | | | | |
| NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/> | TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE 02 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 BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - 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 | 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/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST | |
| SPECIAL FUNCTION 01 | 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER | 09 - AMBULANCE 10 - FIRE 11 - HIGHWAY MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP. | 17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE) | MOST DAMAGED AREA 09 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR | 08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL (ALL AREAS) 14 - OTHER |
| PRE-CRASH ACTIONS 01 | | MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN | | NON-MOTORIST 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS | 13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION |
| CONTRIBUTING CIRCUMSTANCE PRIMARY 01 | | NON-MOTORIST 01 - NONE 02 - IMPROPER CROSSING 03 - DARTING 04 - LYING AND/OR ILLEGALLY IN ROADWAY 05 - FAILURE TO YIELD RIGHT OF WAY 06 - NOT VISIBLE (DARK CLOTHING) 07 - INATTENTIVE 08 - FAILURE TO OBEY TRAFFIC SIGNS / SIGNALS/OFFICER 09 - WRONG SIDE OF THE ROAD 10 - WRONG SIDE OF THE ROAD 11 - OTHER NON-MOTORIST ACTION | | VEHICLE DEFECTS <input type="checkbox"/> | |
| SECONDARY <input type="checkbox"/> | | 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SUICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS | | | |
| 99 - UNKNOWN | | 01 - NONE 02 - IMPROPER CROSSING 03 - DARTING 04 - LYING AND/OR ILLEGALLY IN ROADWAY 05 - FAILURE TO YIELD RIGHT OF WAY 06 - NOT VISIBLE (DARK CLOTHING) 07 - INATTENTIVE 08 - FAILURE TO OBEY TRAFFIC SIGNS / SIGNALS/OFFICER 09 - WRONG SIDE OF THE ROAD 10 - WRONG SIDE OF THE ROAD 11 - OTHER NON-MOTORIST ACTION | | | |
| SEQUENCE OF EVENTS 1 20 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> | | NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMERSION 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 | |
| HARMFUL EVENT FIRST HARMFUL EVENT 1 MONTH HARMFUL EVENT 1 | | 10 - CROSS MEDIAN 11 - CROSS CENTER LINE 12 - OPPOSITE DIRECTION OF TRAVEL 13 - DOWNHILL RUNAWAY 14 - OTHER NON-COLLISION | | | |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT | | 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT | | 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER | |
| UNIT SPEED 0 | | 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 | |
| POSTED SPEED | | 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 | |
| <input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED | | 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN | | | |



MOTORIST / NON-MOTORIST / OCCUPANT

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| LOCAL REPORT NUMBER |
| 16 MPD 2056 |

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| UNIT NUMBER 1 | NAME: LAST, FIRST, MIDDLE Zena, Girum, A. | DATE OF BIRTH 07/31/1978 | AGE 38 | GENDER M F - FEMALE M - MALE |
| ADDRESS, CITY, STATE, ZIP 3025 30th Ave. S #204, Minneapolis, MN, 55406 | | | CONTACT PHONE - INCLUDE AREA CODE 612-382-3825 | |

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| INJURIES 1 | INJURED TAKEN BY 1 | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | | |
| OL STATE MN | OPERATOR LICENSE NUMBER G587097184420 | OL CLASS 1 | No <input type="checkbox"/> VALID DL | M/C <input type="checkbox"/> END | CONDITION 1 | ALCOHOL/DRUG SUSPECTED 1 | ALCOHOL TEST STATUS 1 | ALCOHOL TEST TYPE 1 | ALCOHOL TEST VALUE | DRUG TEST STATUS 1 | DRUG TEST TYPE |
| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) | | OFFENSE DESCRIPTION | | | CITATION NUMBER | | HANDS-FREE <input type="checkbox"/> DEVICE USED | DRIVER DISTRACTED BY 7 | | | |

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| UNIT NUMBER 2 | NAME: LAST, FIRST, MIDDLE Cramlett, Rodney, E. | DATE OF BIRTH 07/13/1951 | AGE 65 | GENDER M F - FEMALE M - MALE |
| ADDRESS, CITY, STATE, ZIP 6382 SR 514, Lakeville, OH, 44638 | | | CONTACT PHONE - INCLUDE AREA CODE 330-275-2534 | |

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| INJURIES 1 | INJURED TAKEN BY 1 | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | | |
| OL STATE OH | OPERATOR LICENSE NUMBER RU065337 | OL CLASS 4 | No <input type="checkbox"/> VALID DL | M/C <input type="checkbox"/> END | CONDITION 1 | ALCOHOL/DRUG SUSPECTED 1 | ALCOHOL TEST STATUS 1 | ALCOHOL TEST TYPE 1 | ALCOHOL TEST VALUE | DRUG TEST STATUS 1 | DRUG TEST TYPE |
| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) | | OFFENSE DESCRIPTION | | | CITATION NUMBER | | HANDS-FREE <input type="checkbox"/> DEVICE USED | DRIVER DISTRACTED BY 1 | | | |

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| INJURIES | INJURED TAKEN BY | SAFETY EQUIPMENT USED | 99 - UNKNOWN SAFETY EQUIPMENT | |
| 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL | 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN | MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - S SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - S SHOULDER AND LAP BELT ONLY USED | NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED | 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) |

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| 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, PICKUP 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 |
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| 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'S 'D') 5 - MC/MOPED ONLY | CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS | ALCOHOL/DRUG SUSPECTED 5 - FELL ASLEEP, FAINTED, FATIGUE 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER |
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| 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/EMAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) |
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| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE |
| ADDRESS, CITY, STATE, ZIP | | | CONTACT PHONE - INCLUDE AREA CODE | |

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| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
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| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE |
| ADDRESS, CITY, STATE, ZIP | | | CONTACT PHONE - INCLUDE AREA CODE | |

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