# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER: 16-222

CRASH SEVERITY: 3 (1 - FATAL, 2 - INJURY, 3 - PDO)

HIT/SKIP: 1 - SOLVED, 2 - UNSOLVED

PHOTOS TAKEN: OH-2, OH-1P, OH-3, OTHER

PDO UNDER STATE REPORTABLE DOLLAR AMOUNT

PRIVATE PROPERTY

REPORTING AGENCY NCIC: 08303

REPORTING AGENCY NAME: Lebanon Police

NUMBER OF UNITS: 2

UNIT IN ERROR: 01 (98 - ANIMAL, 99 - UNKNOWN)

COUNTY: 83

CITY / VILLAGE / TOWNSHIP: Lebanon

CRASH DATE: 06/29/2016

TIME OF CRASH: 1157

DAY OF WEEK: WED

DEGREES / MINUTES / SECONDS — LATITUDE: 39°13'38.08" LONGITUDE: -84°21'54.07"

ROADWAY DIVISION: UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL: N - NORTHBOUND, E - EASTBOUND, S - SOUTHBOUND, W - WESTBOUND

NUMBER OF THROUGH LANES: 2

ROAD TYPES OR MILEPOST: 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: ROUTE NUMBER: S (N,S, E,W) West ST (LOCATION ROAD TYPE)

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

DISTANCE FROM REFERENCE: 5 MILES

DIR FROM REF: N (N,S, E,W)

REFERENCE ROUTE TYPE:

REFERENCE NAME (ROAD, MILEPOST, HOUSE #): W (N,S, E,W) Main ST (REFERENCE ROAD TYPE)

REFERENCE POINT USED: 1 - INTERSECTION, 2 - MILE POST, 3 - HOUSE NUMBER

CRASH LOCATION: 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 - ON 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 - ON ROADWAY, 2 - ON SHOULDER, 3 - IN MEDIAN, 4 - ON ROADSIDE, 5 - ON GORE, 6 - OUTSIDE TRAFFICWAY, 9 - UNKNOWN

ROAD CONTOUR: 1 - STRAIGHT LEVEL, 2 - STRAIGHT GRADE, 3 - CURVE LEVEL, 4 - CURVE GRADE, 9 - UNKNOWN

ROAD CONDITIONS: PRIMARY 01 - DRY, 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: 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 - 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: 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)

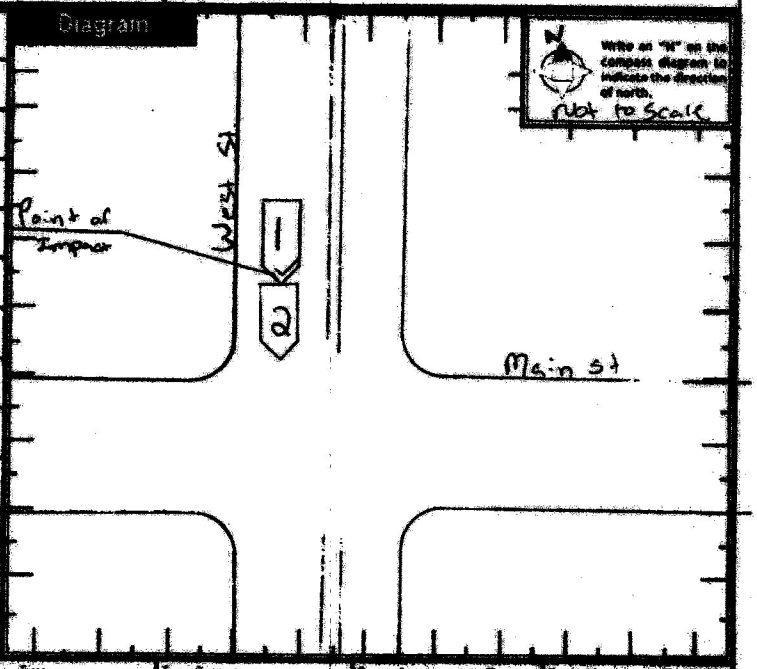
TYPE OF WORK ZONE: 1 - LANE CLOSURE, 2 - LANE SHIFT/CROSSOVER, 3 - WORK ON SHOULDER OR MEDIAN, 4 - INTERMITTENT OR MOVING WORK, 5 - OTHER

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 #2 was stopped on West Street at Main Street when Unit #1 failed to leave enough stopping distance and rear ended Unit 2.

Diagram




REPORT TAKEN BY: POLICE AGENCY, MOTORIST, SUPPLEMENT (CORRECTION OR ADDITION TO AN EARLIER REPORT SENT TO ODPS)

DATE CRASH REPORTED: 06/29/2016

TIME CRASH REPORTED: 1157

DISPATCH TIME: 1200

ARRIVAL TIME: 1213

TIME CLEARED: 1220

OTHER INVESTIGATION TIME: 17

TOTAL MINUTES: 40

OFFICER'S NAME: Fry

OFFICER'S BADGE NUMBER: 119

CHECKED BY: CCh

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4SV7001 OH1 (Rev.01/13)

# MOTORIST / NON-MOTORIST / OCCUPANT

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION · SERVICE · PROTECTION

LOCAL REPORT NUMBER: 16-222

## MOTORIST/NON-MOTORIST

| Unit Number | Name: Last, First, Middle | Date of Birth | Age | Gender |
|---|---|---|---|---|
| 01 | Szczepanski, Ryan Eugene | 10/25/1979 | 36 | M (F - Female, M - Male) |

Address, City, State, Zip: 14005 Golden Arrow Ct., Shelby Township Michigan

Contact Phone- include area code: 248-535-9062

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| MI | S-152-755-257-822 | 4 | | | 1 | 1 | 1 | 1 | . | 1 | 1 |

| Offense Charged (Local Code) | Offense Description | Citation Number | Hands-Free Device Used | Driver Distracted By |
|---|---|---|---|---|
| | | | | 1 |

## MOTORIST/NON-MOTORIST

| Unit Number | Name: Last, First, Middle | Date of Birth | Age | Gender |
|---|---|---|---|---|
| 02 | Culberson, Tristan Sierra | 10/14/1998 | 17 | F (F - Female, M - Male) |

Address, City, State, Zip: 572 McJunkin Rd, Blanchester Ohio 45107

Contact Phone- include area code: 937-798-1882

| 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 | U6668774 | 4 | | | 1 | 1 | 1 | 1 | . | 1 | 1 |

| Offense Charged (Local Code) | Offense Description | Citation Number | Hands-Free Device Used | Driver Distracted By |
|---|---|---|---|---|
| | | | | 1 |

**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 |
|---|---|---|---|---|
| | | | | 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 |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

## 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 |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

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# UNIT

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION · SERVICE · PROTECTION

LOCAL REPORT NUMBER: 16-222

| Unit Number | Owner Name: Last, First, Middle (☐ Same As Driver) | Owner Phone Number - inc. area code (☐ Same As Driver) | Damage Scale | Damaged Area |
|---|---|---|---|---|
| 01 | EAN Holdings | | 2 | Front |

Owner Address: City, State, Zip (☐ Same As Driver): 14002 East 21 Street suite 1500, Tulsa OK 74134

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

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

| LP State | License Plate Number | Vehicle Identification Number | # Occupants |
|---|---|---|---|
| MI | DA73385 | 1FTEW1EF1GFA15394 | 01 |

| Vehicle Year | Vehicle Make | Vehicle Model | Vehicle Color |
|---|---|---|---|
| 2016 | Ford | PU | |

| ☑ Proof of Insurance Shown | Insurance Company | Policy Number | Towed By |
|---|---|---|---|
| | USAA | 018944023U71043 | |

Carrier Name, Address, City, State, Zip:

Carrier Phone - include area code:

HM Placard ID No.:

HM Class Number:

☐ Hazardous Material Released

**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.

**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 - Two-Way, Not Divided
2 - Two-Way, Not Divided, Continuous Left Turn Lane
3 - Two-Way, Divided, Unprotected (Painted or Grass >4 Ft.) Median
4 - Two-Way, Divided, Positive Median Barrier
5 - One-Way Trafficway

☐ 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** 07
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 Faxles
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)
09 - Ambulance
10 - Fire
11 - Highway/Maintenance
17 - Farm Vehicle
18 - Farm Equipment
19 - Motorhome

**Most Damaged Area** 02
01 - None
02 - Center Front
08 - Left Side
09 - Left Front
99 - Unknown

**Impact Area** 02

**Action** 3
1 - Non-Contact
2 - Non-Collision

**Pre-Crash Actions** 01
99 - Unknown

**Contributing Circumstances**
Primary: 09
Secondary:
99 - Unknown

**Vehicle Defects**

**Sequence of Events**
1 20 2 3 4 5 6
First Harmful Event 1
Most Harmful Event 1

**Non-Collision Events**

**Collision with Person, Vehicle or Object Not Fixed**

**Collision With Fixed Object**

| Unit Speed | Posted Speed | Traffic Control | Unit Direction |
|---|---|---|---|
| 10 | 25 | 04 | From 1 To 2 |

☑ Stated
☐ Estimated

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: 16-222

| Unit Number | Owner Name: Last, First, Middle (☐ Same As Driver) | Owner Phone Number - inc. area code (☐ Same As Driver) | Damage Scale | Damaged Area |
|---|---|---|---|---|
| 02 | Benson, Brant | (937) 798-1882 | 2 | Front: 02, 09, 03, 08, 10, 04, 07, 05, Rear |

Owner Address: City, State, Zip (☐ Same As Driver): 275 Kesling Drive, Springboro Ohio 45066

| LP State | License Plate Number | Vehicle Identification Number | # Occupants |
|---|---|---|---|
| OH | GSK2483 | 1FADP3K23FL355982 | 01 |

| Vehicle Year | Vehicle Make | Vehicle Model | Vehicle Color |
|---|---|---|---|
| 2015 | Ford | HB | Red |

| ☑ Proof of Insurance Shown | Insurance Company | Policy Number | Towed By |
|---|---|---|---|
| | Grange | PA1725410 | |

Carrier Name, Address, City, State, Zip:

Carrier Phone - include area code:

US Cut

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: 1

1 - Two-Way, Not Divided
2 - Two-Way, Not Divided, Continuous Left Turn Lane
3 - Two-Way, Divided, Unprotected (Paint or Grass >4 Ft.) 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 Paths or Trail
12 - Non-Trafficway Area
99 - Other/Unknown

Type of Use: 1

1 - Personal
2 - Commercial
3 - Government

☐ In Emergency Response

Unit Type: 02

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
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Med/Heavy Trucks or Combo Units > 10k lbs:
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27 - Other Non-Motorist

☐ Has HM Placard

Special Function: 01

01 - None
02 - Taxi
03 - Rental Truck (Over 10k Lbs)
09 - Ambulance
10 - Fire
11 - Highway/Maintenance
17 - Farm Vehicle
18 - Farm Equipment
19 - Motorhome

Most Damaged Area: 06

Impact Area: 06

01 - None
02 - Center Front
08 - Left Side
09 - Left Front
99 - Unknown

Action: 4

1 - Non-Contact
2 - Non-Collision
3 - Striking
4 - Struck
5 - Struck and Struck
6 - Unknown

Pre-Crash Actions: 01

Motorist

Non-Motorist

Contributing Circumstances

Primary: 01

Secondary:

99 - Unknown

Motorist

Non-Motorist

Vehicle Defects

Sequence of Events: 1 20 2 3 4 5 6

First Harmful Event: 1

Most Harmful Event: 1

Non-Collision Event

Collision with Person, Vehicle or Object Not Fixed

Collision with Fixed Object

Unit Speed: 3

☑ Stated
☐ Estimated

Posted Speed: 25

Traffic Control: 04

Unit Direction: From 1 To 2

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

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