

OWNER

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) **LISKA, ROIANNE**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) **1758 12TH ST CUYAHOGA FALLS OH 44223**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) [REDACTED]

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE OH LICENSE PLATE # MPFIVE VEHICLE IDENTIFICATION # 2T3DFREV7DW046581 VEHICLE YEAR 2013 VEHICLE MAKE Toyota

INSURANCE VERIFIED SAFECO INSURANCE COMPANY K2866893 INSURANCE POLICY # COLOR Whi VEHICLE MODEL RAV4

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE US DOT # TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 01 VEHICLE WEIGHT GVWR/GWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. HAZARDOUS MATERIAL CLASS # PLACARD ID #

UNIT TYPE 03

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 AUTONOMOUS MODE LEVEL 0

SPECIAL FUNCTION 01

CARGO BODY TYPE 01

VEHICLE DEFECTS

NON-MOTORIST LOCATION AT IMPACT

ACTION 4 PRE-CRASH ACTIONS 01

CONTRIBUTING CIRCUMSTANCES 01

SEQUENCE OF EVENTS

EVENTS

COLLISION WITH FIXED OBJECT - STRUCK

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER 2023-00004643

DAMAGE

DAMAGE SCALE 3

1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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

06

0 - NO DAMAGE 1 - 12 - REFER TO UNIT DIAGRAM 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

TRAFFIC

TRAFFICWAY FLOW 2 TRAFFIC CONTROL 6

OF THROUGH LANES ON ROAD 3 RAIL GRADE CROSSING 1

UNIT / NON-MOTORIST DIRECTION

FROM 3 TO 4

UNIT SPEED 000 DETECTED SPEED 1

POSTED SPEED 35

OWNER UNIT # 0 2 OWNER NAME: CLARK, CAMELIA DENISE OWNER ADDRESS: 1245 ADA ST Akron OH 44306

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

VEHICLE LP STATE OH LICENSE PLATE # GKY3642 VEHICLE IDENTIFICATION # 1G1ZB5E09CF149704 VEHICLE YEAR 2012 VEHICLE MAKE Chevrolet

DAMAGED AREA(S) INDICATE ALL THAT APPLY [Diagrams showing vehicle damage locations]

UNIT TYPE 0 1 # OF TRAILING UNITS 2 VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 AUTONOMOUS MODE LEVEL 1

INITIAL POINT OF CONTACT 1 2 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

SPECIAL FUNCTION 0 1 CARGO BODY TYPE 0 1 VEHICLE DEFECTS 3 NON-MOTORIST LOCATION AT IMPACT 3 ACTION 3

TRAFFIC TRAFFICWAY FLOW 2 TRAFFIC CONTROL 6 # OF THROUGH LANES ON ROAD 4 RAIL GRADE CROSSING 1

EVENT(S) CONTRIBUTING CIRCUMSTANCES 0 8 SEQUENCE OF EVENTS 1 2 0 EVENTS 1

UNIT / NON-MOTORIST DIRECTION FROM 3 TO 4

COLLISION WITH FIXED OBJECT - STRUCK 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB

UNIT SPEED 0 2 0 POSTED SPEED 3 5 DETECTED SPEED 1

