Date Crash Reported: 1/12/15
Time Crash Reported: 1:52:7
Dispatch Time: 1:52:7
Arrival Time: 1:53:0
Time Cleared: 1:55:5
Other Investigation Time: 4:0:0
Total Minutes: 6:5:5

Driver of Unit 1 states that while stopped in traffic unit 2 struck unit 1 from behind. Driver of unit 2 states that while attempting to stop in traffic unit 2 struck unit 1.
### Image Description

#### Document Content

**Unit Number**
- **02**

**Owner Name:** ROSSITER JAMES M
- **License Plate Number:** GW72011

**Vehicle Identification Number:** HE81536
- **Vehicle Make:** HONDA

**Non-Motorist Location Prior to Impact**
- **Intersection - Marked Crosswalk**
- **Intersection - Other**
- **School Zone**

**Type of Use**
- **Personal**

**Most Damaged Area**
- **Farm Vehicle**

**Non-Collision Events**
- **Equipment Failure**
- **Separation of Units**

**Consuming Circumstances**
- **Motorist**
- **Secondary**

**Non-Motorist Prior to Impact**
- **Other Non-Motorist Action**

**Closest Non-Collision**
- **Pedestrian**

**Vehicle Speed**
- **20**

**Posted Speed**
- **50**

**Traffic Control**
- **01**

**Non-Collision Event:**
- **8**

**Collision with Fixed Object**
- **25**

**Non-Motorist Location Prior to Impact:**
- **Intersection - Marked Crosswalk**
- **Intersection - Other**

**Non-Motorist**
- **Other Non-Motorist Action**

**Signal/Officer**
- **05**

**Sequences of Events**
- **1**

**Damage Scale:**
- **1**

**Damage Area:**
- **Front:**
  - **None**

**Insurance Company:**
- **AMERICAN FAMILY**

**Policy Number:** 250723960179FPFAOH

**Towed By:**
- **HMAN**

**City:** OHRRIL

**State:** OH

**ZIP Code:** 44667

**License Plate Number:** GW72011

**Vehicle Make:** HONDA

**Vehicle Model:** Civic (And Crx)

**Vehicle Color:** Tan

**Owner Address:** 1715 SOUTH CARR RD

**Owner City, State, Zip:** ORRILY, OH 44667

**Vehicle Year:** 2003

**Vehicle Make:** HONDA

**Vehicle Model:** Civic (And Crx)

**Vehicle Color:** Tan

**Non-Motorist Location Prior to Impact:**
- **Intersection - Marked Crosswalk**
- **Intersection - Other**

**Special Function:**
- **01**

**Pre-Crash Actions**
- **01**

**Contributing Circumstances**
- **09**

**Collision with Person, Vehicle or Object Not Fixed**
- **16**

**Unit Speed:**
- **20**

**Posted Speed:**
- **50**

**Traffic Control:**
- **01**

**Non-Collision Events:**
- **03**

**Collision With Fixed Object:**
- **25**

**Non-Motorist Action:**
- **06**

**Sequence of Events:**
- **1**

**First Harmful Event:**
- **1**

**Most Harmful Event:**
- **99**

**99 - Unknown**

**Unit Number:** 02

**Owner Name:** ROSSITER JAMES M

**License Plate Number:** GW72011
## Motorist / Non-Motorist / Occupant

<table>
<thead>
<tr>
<th>Unit Number</th>
<th>Name: Last, First, Middle</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHEN JIANPING</td>
<td>09/1/1957</td>
<td>61</td>
<td>M</td>
</tr>
</tbody>
</table>

**Address, City, State, Zip**

E HAYMARKET WAY, HUDSON, OH 44236-4672

**Offense Charged**

<table>
<thead>
<tr>
<th>Injuries</th>
<th>Injured Taken By</th>
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<th>Medical Facility Injured Taken To</th>
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**Operator License Number**

SA478484

**Operator License Class**

4

**Condition**

1 - Apparently Normal
2 - Physical Impairment
3 - Emotional (Depressed, Angry, Disturbed)
4 - Illness
5 - Fall Asleep, Fainted, Fatigued
6 - Under The Influence of Medications, Drugs, Alcohol
7 - Other

**Air Bag Usage**

1 - Not Deployed
2 - Deployed Front
3 - Deployed Side
4 - Deployed Both Front/Side
5 - Not Applicable
6 - Other Inside the Vehicle
9 - Deployment Unknown

**Alcohol/Drug Suspected**

1 - None
2 - Yes - Alcohol Suspected
3 - Yes - HBD Not Impaired
4 - Yes - Drugs Suspected
5 - Yes - Alcohol and Drugs Suspected

**Drug Test Type**

1 - None
2 - Blood
3 - Urine
4 - Other

**Local Code**

End M/C

---

**Unit Number**

1

**Name: Last, First, Middle**

ROSSITER MICHAEL JA

**Date of Birth**

10/3/1998

**Age**

20

**Gender**

F - Female M - Male

**Address, City, State, Zip**

S CARR RD, ORRVILLE, OH 44667-9349

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UF431551

**Operator License Class**

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**Local Code**

End M/C

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**Unit Number**

2

**Name: Last, First, Middle**

**Date of Birth**

**Age**

**Gender**

F - Female M - Male

**Address, City, State, Zip**

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