DRIVER OF UNIT 1 STATES HE WAS STOPPED IN TRAFFIC ON IR 480 W/B NEAR TRANSPORTATION BLVD IN LANE #3 AND WAS STRUCK BY UNIT 2. OWNER / DRIVER OF UNIT 2 SPOKE WITH DRIVER OF UNIT 1 AND PROVIDED HIM WITH INSURANCE INFORMATION TO START A CLAIM.
### Crash Event Details

**Event Number:** 02019191976

**Date:** 1/19

**Time:** 02:01:6

**Location:** 201916

**Description:** Commercial Carrier accident

#### Vehicle Details
- **Make:** Acura
- **Model:** RDX

#### Sequence of Events

1. Introduction: 0.1

#### Contributing Circumstances

- **Opposite Traffic:** 0.2
- **Speed:** 0.4
- **Weather:** 0.8

#### Collision Details

- **Fixed Object:** 20 - Other Vehicle
- **Speed:** 0.2

#### Damaged Area

- **Front:** 1
- **Left:** 2
- **Right:** 3

#### Damaged Components

- **Front:** 0.2
- **Left:** 0.4
- **Right:** 0.6

#### Damage

- **Type:** 0.2
- **Severity:** 0.4

#### Traffic

- **Flow:** 0.2
- **Control:** 0.4
- **Direction:** 0.6

#### Rail Grade Crossing

- **Location:** 0.2
- **Type:** 0.4

#### Unit Speed

- **Method:** 0.2
- **Speed:** 0.6

#### Posture

- **Head:** 0.2
- **Shoulder:** 0.4

**Suggested Next Steps:**

1. Complete the Accident Report Form.
2. Contact local law enforcement.
3. Review and adjust safety measures.

**Notices:**

- **Access:** Public or private.
- **Publication:** Immediate release.

**Additional Information:**

- **Location:** 201916
- **Vehicle:** Acura RDX
- **Speed:** 0.2

---

**Note:** This is a summarized representation of the crash event details. For detailed information, please refer to the full report.
**Multiple Table Format:**

<table>
<thead>
<tr>
<th>EVENT(S)</th>
<th>COMMERCIAL CARRIER</th>
<th>VEHICLE IDENTIFICATION</th>
<th>VEHICLE YEAR</th>
<th>VEHICLE MAKE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Carrier</td>
<td>HZ3806</td>
<td>1G3CCTDG5F2952415715</td>
<td>2015</td>
<td>Chrysler</td>
</tr>
</tbody>
</table>

**Was Vehicle Operating in Autonomous Mode When Crash Occurred?**

- **01** - Yes
- **02** - No
- **99** - Unknown

**Vehicle Body Type (Non-Cargo Body Type):**

- **01** - Non-Applicable
- **02** - Motor
- **03** - Car
- **04** - Bus
- **05** - Motorcycle
- **06** - Trailer
- **07** - Other

**Vehicle Actions:**

- **01** - No Contact
- **02** - Striking
- **03** - Striking While In Motion
- **04** - Striking at Speed
- **05** - Striking and Stopping
- **06** - Striking and Stopping While In Motion

**Contributing Circumstances:**

- **01** - Failure to Yield
- **02** - Failing to Yield
- **03** - Improper Speed
- **04** - Improper Turn
- **05** - Intersection
- **06** - Other/contributing

**Non-Motorist Location at Impact:**

- **01** - Interception
- **02** - Marked Crossing
- **03** - Unmarked Crossing

**Sequence of Events:**

- **01** - Overturn/Rollover
- **02** - Fire/Explosion
- **03** - Assault
- **04** - Vandalism
- **05** - Wrecked
- **06** - Collisions

**Collisions with Fixed Object - Structure:**

- **25** - Impact Attenuator
- **26** - Guardrail
- **27** - Bridge Elevation Structure
- **28** - Bridge Parapet
- **29** - Bridge Rail
- **30** - Guardrail Face

**First Harmful Event:**

<table>
<thead>
<tr>
<th>Time</th>
<th>First Harmful Event</th>
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<tbody>
<tr>
<td>1</td>
<td>Most Harmful Event</td>
</tr>
<tr>
<td>1</td>
<td></td>
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</tbody>
</table>

**Traffic Flow:**

- **01** - One-Way
- **02** - Two-Way
- **03** - Flasher
- **04** - No Control

**Traffic Control:**

- **01** - Roundabout
- **02** - Stop Sign
- **03** - Yield Sign
- **04** - Flasher

**Rail Grade Crossing:**

- **01** - No Involved
- **02** - Involved - Active Crossing
- **03** - Involved - Passive Crossing

**Speed:**

- **01** - State/Estimated Speed
- **02** - Calculated/EDR
- **03** - Undetermined

**Local Report Number:**

<table>
<thead>
<tr>
<th>Initial Point of Contact</th>
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<tbody>
<tr>
<td>01 - T-5: Refer to Unit Diagram</td>
</tr>
</tbody>
</table>

**Damage Scale:**

- **01** - None
- **02** - Minor Damage
- **03** - Functional Damage
- **04** - Disabling Damage
- **99** - Unknown

**Damaged Areas:**

- **01** - No Damage
- **02** - Undercarrige
- **03** - Top
- **04** - All Areas

**Owner Address:**

16402 ELBERTA CLEVELAND OH 44128

**Vehicle: Chrysler**

**License Plate:** HRZ3806

**Owner Name:** Ricardo L

**Owner Phone:** 2163072016

**Event Information:**

- **Unit #**: 01
- **Owner Name**: Ricardo L
- **Owner Address**: 16402 Elberta Cleveland OH 44128
- **Unit Type**: 01
- **Special Function**: 01
- **Cargo Body Type**: 00
- **Vehicle**: Chrysler
- **License Plate**: HRZ3806
- **Owner Phone**: 2163072016

**Comments:**

- **Number of Units**: 01
- **Type of Unit**: 01
- **Vehicle**: Chrysler
- **Owner Address**: 16402 Elberta Cleveland OH 44128
- **Owner Phone**: 2163072016

**Sequence of Events:**

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<tr>
<th>UNIT #</th>
<th>NAME, LAST, FIRST, MI</th>
<th>ADDRESS, STREET, CITY, STATE, ZIP</th>
<th>INJURED TAXI BY</th>
<th>ENS AGENCY (NAME)</th>
<th>INJURED TAKEN TO MEDICAL FACILITY (NAME, CITY)</th>
<th>SAFETY EQUIPMENT USED</th>
<th>DOT MARKED (UNIT, CODE)</th>
<th>TRAPPED BY</th>
<th>AIR BAG USAGE</th>
<th>SEATING POSITION</th>
<th>DRIVING DISTRACTION</th>
<th>SEAT BELT DISTRACTION</th>
<th>SEAT BELT RESTRICTION(S)</th>
<th>DRUG TEST(S)</th>
<th>DRUG TEST RESULT(S)</th>
<th>DRUG TEST STATUS</th>
<th>CONDITION</th>
<th>TEST STATUS</th>
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</thead>
<tbody>
<tr>
<td>01 1</td>
<td>POLK RICARDO L</td>
<td>16402 ELBERTA CLEVELAND OH 44128</td>
<td>5</td>
<td>EMS AGENCY</td>
<td>NOT APPLICABLE</td>
<td>04</td>
<td>0167</td>
<td>1</td>
<td>01</td>
<td>01</td>
<td>NONE DISTRACTED</td>
<td>01</td>
<td>01</td>
<td>OTHER</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>01 2</td>
<td>DECONINGH MATTHEW F</td>
<td>6095 PENFIELD LN SOLON OH 44139 5935</td>
<td>5</td>
<td>EMS AGENCY</td>
<td>NOT APPLICABLE</td>
<td>19</td>
<td>0167</td>
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