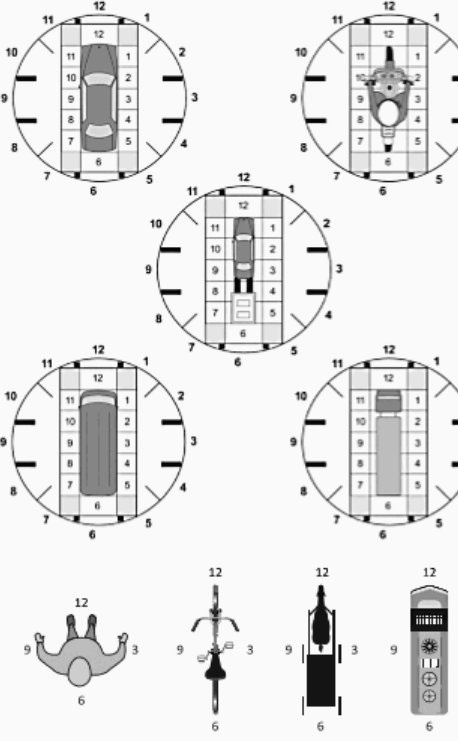




LOCAL REPORT NUMBER *

HSY7001 OH1 1/19 [760-0820]

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE HUANG PENGJING	(Same As Driver)		OWNER PHONE: INCLUDE AREA CODE _____	(Same As Driver)	
	OWNER ADDRESS: STREET, CITY, STATE, ZIP 35610 SPICEBUSH LN SOLON OH 44139						
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____						COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____	
VEHICLE	LP STATE OH	LICENSE PLATE # J1Q2500	VEHICLE IDENTIFICATION # 5J8YD4H56L054292		VEHICLE YEAR 2020	VEHICLE MAKE Acura	
	INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE	INSURANCE POLICY # 957268437		VEHICLE COLOR SIL	VEHICLE MODEL MDX	
	TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		US DOT # _____		TOWED BY: COMPANY NAME _____		
	☐ INTERLOCK DEVICE EQUIPPED ☐ HIT/SKIP UNIT		# OCCUPANTS 01		HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD		
	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.			HAZARDOUS MATERIAL CLASS # _____ PLACARD ID # _____	
	UNIT TYPE 03		1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST 4 - PICK UP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN 6 - VAN (9-15 SEATS) 17 - MOTORHOME 23 - UNKNOWN OR HIT/SKIP				
	# of TRAILING UNITS _____						
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		AUTONOMOUS MODE LEVEL 0		0 - NO AUTOMATION 3 - CONDITIONAL 9 - UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION		
	SPECIAL FUNCTION 01		1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER/UNKNOWN 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL				
	CARGO BODY TYPE 01		1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE 12 - CONCRETE MIXER 2 - BUS 4 - LOGGING MOTOR VEHICLE CHASSIS 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 99 - OTHER / UNKNOWN				
VEHICLE DEFECTS _____		1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 2 - HEAD LAMPS 6 - STEERING 8 - TRAILER EQUIPMENT 10 - DISABLED FROM PRIOR 100 - DISABLED FROM PRIOR 3 - TAIL LAMPS 6 - TIRE BLOWOUT DEFECTIVE ACCIDENT					
EVENT(S)	NON-MOTORIST LOCATION AT IMPACT _____		1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS AT INCIDENT SCENE 5 - TRAVEL LANE-OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN				
	ACTION 4		1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 19 - STANDING 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 22 - NOT DISCERNABLE 20 - OTHER NON-MOTORIST 4 - STRUCK 5 - OVERTAKING/PASSING 10 - PARKED 15 - WALKING, RUNNING, 21 - STANDING OUTSIDE 5 - BOTH STRIKING & STRUCK 6 - MAKING LEFT TURN 11 - SLOWING OR STOPPED 16 - WORKING 21 - DISABLED VEHICLE 9 - OTHER / UNKNOWN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN				
	CONTRIBUTING CIRCUMSTANCES 01		1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE/JACADA 14 - PARKED POSITION 22 - NOT DISCERNABLE 22 - NOT DISCERNABLE 3 - RAN RED LIGHT 9 - IMPROPER LANE 15 - STOPPED OR PARKED 19 - LOAD SHIFTING/ 23 - OPENING DOOR INTO 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - ILLEGALLY 20 - MOTOR VEHICLE IN 23 - OPENING DOOR INTO 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - WRONG WAY 21 - OTHER IMPROPER 23 - OPENING DOOR INTO 6 - IMPROPER TURN 12 - IMPROPER BACKING 22 - IMPROPER CROSSING 23 - OTHER IMPROPER 23 - OPENING DOOR INTO				
	SEQUENCE OF EVENTS		EVENTS				
	1 2 4		1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - 16 - RAILWAY VEHICLE 22 - WORK ZONE 2 - FIRE/EXPLOSION 7 - SEPARATION OF 17 - ANIMAL - FARM 17 - ANIMAL - FARM 22 - WORK ZONE 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 18 - ANIMAL - DEER 18 - ANIMAL - DEER 22 - WORK ZONE 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 19 - ANIMAL - OTHER 19 - ANIMAL - OTHER 22 - WORK ZONE 5 - CARGO / EQUIPMENT 10 - CROSS MEDIAN 20 - MOTOR VEHICLE IN 20 - MOTOR VEHICLE IN 22 - WORK ZONE LOSS OR SHIFT 11 - DROVE OFF ROAD 21 - PARKED MOTOR VEHICLE 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE				
3		COLLISION WITH FIXED OBJECT - STRUCK					
4		25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORKZONE MAINTENANCE 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH EQUIPMENT 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT/LUMINARIES SUPPORT 45 - EMBANKMENT 51 - WALL 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 52 - BUILDING 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR 47 - MAILBOX 53 - TUNNEL 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 54 - OTHER FIXED OBJECT 55 - OTHER / UNKNOWN					
1		FIRST HARMFUL EVENT					
1		MOST HARMFUL EVENT					

LOCAL REPORT NUMBER 20261525	
DAMAGE	
DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR 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 13	
0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE DIAGRAM 99 - UNKNOWN 13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 4	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 3 TO 4 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 60	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 60	



MOTORIST / NON-MOTORIST	UNIT # 01		NAME: LAST, FIRST, MIDDLE HUANG PENGJING		DATE OF BIRTH 11301977		AGE 48		GENDER F														
	ADDRESS: STREET, CITY, STATE, ZIP 35610 SPICEBUSH LN SOLON OH 44139					CONTACT PHONE - INCLUDE AREA CODE _____																	
MOTORIST / NON-MOTORIST	INJURIES 5		INJURED TAKEN BY _____		EMS AGENCY (NAME) _____		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) _____		SAFETY EQUIPMENT USED 02		☐ DOT-COMPLIANT MC HELMET		SEATING POSITION 01		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1				
	OL STATE ____		OPERATOR LICENSE NUMBER _____			OFFENSE CHARGED _____			LOCAL CODE ☐		OFFENSE DESCRIPTION _____				CITATION NUMBER _____								
MOTORIST / NON-MOTORIST	OL CLASS 4		ENDORSEMENT SELECT UP TO 2 ____		RESTRICTION SELECT UP TO 3 ____			DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION 1		STATUS 1		ALCOHOL TEST TYPE 1 VALUE _____		STATUS 1		TYPE 1		RESULT SELECT UP TO 4 ____	
	UNIT # ____		NAME: LAST, FIRST, MIDDLE _____								DATE OF BIRTH ____				AGE ____		GENDER ____						
MOTORIST / NON-MOTORIST	ADDRESS: STREET, CITY, STATE, ZIP _____					CONTACT PHONE - INCLUDE AREA CODE _____																	
	INJURIES ____		INJURED TAKEN BY ____		EMS AGENCY (NAME) _____		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) _____		SAFETY EQUIPMENT USED ____		☐ DOT-COMPLIANT MC HELMET		SEATING POSITION ____		AIR BAG USAGE ____		EJECTION ____		TRAPPED ____				
MOTORIST / NON-MOTORIST	OL STATE ____		OPERATOR LICENSE NUMBER _____			OFFENSE CHARGED _____			LOCAL CODE ____		OFFENSE DESCRIPTION _____				CITATION NUMBER _____								
	OL CLASS ____		ENDORSEMENT SELECT UP TO 2 ____		RESTRICTION SELECT UP TO 3 ____			DRIVER DISTRACTED BY ____		ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG		CONDITION ____		STATUS ____		ALCOHOL TEST TYPE ____ VALUE _____		STATUS ____		TYPE ____		RESULT SELECT UP TO 4 ____	
MOTORIST / NON-MOTORIST	UNIT # ____		NAME: LAST, FIRST, MIDDLE _____								DATE OF BIRTH ____				AGE ____		GENDER ____						
	ADDRESS: STREET, CITY, STATE, ZIP _____					CONTACT PHONE - INCLUDE AREA CODE _____																	
MOTORIST / NON-MOTORIST	INJURIES ____		INJURED TAKEN BY ____		EMS AGENCY (NAME) _____		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) _____		SAFETY EQUIPMENT USED ____		☐ DOT-COMPLIANT MC HELMET		SEATING POSITION ____		AIR BAG USAGE ____		EJECTION ____		TRAPPED ____				
	OL STATE ____		OPERATOR LICENSE NUMBER _____			OFFENSE CHARGED _____			LOCAL CODE ____		OFFENSE DESCRIPTION _____				CITATION NUMBER _____								
MOTORIST / NON-MOTORIST	OL CLASS ____		ENDORSEMENT SELECT UP TO 2 ____		RESTRICTION SELECT UP TO 3 ____			DRIVER DISTRACTED BY ____		ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG		CONDITION ____		STATUS ____		ALCOHOL TEST TYPE ____ VALUE _____		STATUS ____		TYPE ____		RESULT SELECT UP TO 4 ____	
	UNIT # ____		NAME: LAST, FIRST, MIDDLE _____								DATE OF BIRTH ____				AGE ____		GENDER ____						
MOTORIST / NON-MOTORIST	ADDRESS: STREET, CITY, STATE, ZIP _____					CONTACT PHONE - INCLUDE AREA CODE _____																	
	INJURIES ____		INJURED TAKEN BY ____		EMS AGENCY (NAME) _____		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) _____		SAFETY EQUIPMENT USED ____		☐ DOT-COMPLIANT MC HELMET		SEATING POSITION ____		AIR BAG USAGE ____		EJECTION ____		TRAPPED ____				
MOTORIST / NON-MOTORIST	OL STATE ____		OPERATOR LICENSE NUMBER _____			OFFENSE CHARGED _____			LOCAL CODE ____		OFFENSE DESCRIPTION _____				CITATION NUMBER _____								
	OL CLASS ____		ENDORSEMENT SELECT UP TO 2 ____		RESTRICTION SELECT UP TO 3 ____			DRIVER DISTRACTED BY ____		ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG		CONDITION ____		STATUS ____		ALCOHOL TEST TYPE ____ VALUE _____		STATUS ____		TYPE ____		RESULT SELECT UP TO 4 ____	

[illegible]