

Dear Judge Gerber

My name is Wesley Hubbard and I am a casualty of the General Motors Ignition switch debacle . My accident happened in Nov 17,2004 in a SATURN ION that I purchased new from the saturn dealership. attachments Is a police report showing my car involved in a accident with another car and Continued out of control striking a street sign resting on a curb . I was Rejected by MR Feinberg group stating that there was not enough information? Contrary to the statements he made the internet (still on the internet] "it's been ten years and if someone doesn't have photo's or a data recorder that is okay , your still going to get compensated "

Sir even if I don't qualify there is no over sight , to check up on the Fairness .

IF YOU HAVE 107 DEATH HOW MANY PEOPLE GOT INJURED THAT WERE COMPENSATED , A LOW ESTIMATED NUMBER 3 TO 5 INJURIES PER DEATH! SIR I AM PLEADING FOR SOMEONE TO LOOK OUT FOR THE LITTLE PEOPLE .

THANK YOU SIR FOR ANY CONSIDERATION IN THIS MATTER

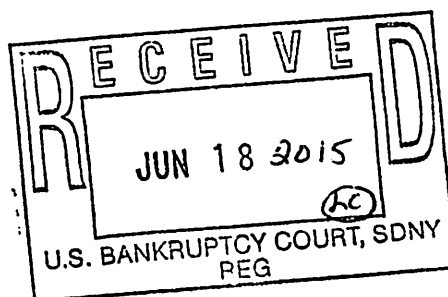
WESLEY HUBBARD JUNE 10 2015

*Endorsed Order :*

*Denied without prejudice. Mr. Hubbard must file a motion, stating what he wants and the basis for any such relief.*

/s/ Robert E. Gerber

*USBJ  
7/6/2015*



Wesley Hubbard

[Street Address] • [City], [State] [Postal Code] • Phone: [Your Phone] • Fax: [Your Fax]  
E-Mail: [Your E-Mail] Web: [Web Address]

Date: mar 3 , 2015

Mary Barra

C E O (general motors )

Dear ;Mrs , Mary Barra

My name is Wesley Hubbard I was one of the unlucky people involved in a accident with a General Motors car, all though my accident weren't as great as some that have died or disfigured ! I was hurt greater than some but not the worse . I was driving my car south on Cleveland Ave. when my car was struck in the front fender on the drivers side by a van crossing on E. Lake view St. / that caused my car to loose all mechanically control and my car continued motion carried it thru Lake view Ave beyond my ability to stop it until it rested on a three inch thick metal street sign pole . As you are aware of ; these cars have a long history of problems admitted by General Motors top management and exposed by our law makers on CONGRESS in our Government . Some might argue that my injuries aren't as bad as someone that died , but I argue that I'm one of the lucky ones that survived !!! and General Motors should be just as liable as if I was one of The people that wasn't fortunate . The car was suppose to operate as guaranteed as a new automobile is Promised .

Sincerely,

[WESLEY HUBBARD]

[unlucky consumer]

To Mr. Kenneth Feinberg

My name is Wesley Hubbard Sr. ,I was involved in a car accident on November 17<sup>th</sup> 2004 ( 2003 Saturn Ion ). I am married , a father of one child .My wife & I own a small home in Columbus Ohio that we are very proud of .Like most hard working people ,we put a lot hard work Into our home ; repairs //I replaced the shingles on my entire roof ; updates ; kitchen ,bathroom and added a full bathroom in my basement ! To make our home nice for my family and myself and now I am unable to do these things around the house .Including working as a State of Ohio Corrections Officier ,

And now I have been seeing a pain management doctor since late 2005 .Sir before GENERAL MOTORS put out a recall on my saturn ion I was seeing the pain management doctor a full nine years before and I will continue seeing the pain management doctor for the rest of my life . I was classified by your office as a category 2 and not a category 1 and I personally find that to be dehumanizing as a person .None of you can understand how my life has changed on a daily basis .Everyday is a struggle and having to see a doctor monthly and every three to four months hoping the insurance company approves me for pain relieving shots !

Sir , I do believe that I am a exception to your model .

Thank you for reading my letter  
Wesley Hubbard Sr  
Oct 30<sup>th</sup> 2014

# Wesley Hubbard



[Street Address] • [City], [State] [Postal Code] • Phone: [Your Phone] • Fax: [Your Fax]  
E-Mail: [Your E-Mail] Web: [Web Address]

[Date: feb 17,,2015

Mr Fred Upton  
congressman

[Company]  
[Address 1]  
[Address 2]  
[Address 3]

Dear sir:

On Nov 17 2004 I was involved in a car accident that ended my career as a State of Ohio corrections officer ,  
To be brief my new Saturn ion was struck on the front driver side quarter panel and lost all power to stop or  
Guide my car safely . I am mailing you a copy of my police report so hopefully you can make general motors  
Answer for the promises they made to the public , my accident happened so long ago that all I have is a police  
Report a statement from my insurance company on my coverage's . I was struck in the side and it jarred my  
ignition Switch and lost ALL mechanical control of my car and continued travelling and crashed into a street sign  
Mounted on iron pole . I WENT THRU GM's (MR FEINBERG ) AND I WAS DECLINED .

Attachment ,

There saying " Failure to show that the Ignition Switch defect was the Proximate cause of death or injury ."

Prof is in the Police Report as I stated ,, the police report is a LEGAL DOCUMENT ..

Also Mr Feinburg stated that some cases were years ago and if the air bag didn't deploy that was a indication  
Of defect ! again in the police report .. for the past seven years I have been seeing a pain specialist ..

Sincerely,

[WESLEY HUBBARD]

Mr Bharara

Dear Sir ; My name is Wesley Hubbard and I have written several politicians , including the head of general motors : concerning my accident in a brand new Saturn Ion . My car was struck on the drivers side front wheel well , by another vehicle and continued rolling into a street sign! LOSS ALL POWER & CONTROLL As seen in police report . I took general motors on there word and believed that They would honor the word by there CEO MARY BARRA " we would do what's right ! Sir at this point , all they have shown is slight of hand (trickery). 1 kennith feignberg , works for them and doesn't have to show how many people were injured / basically no over sight . just his word . 2 They tricked all of us ! when they filled for bankruptcy the china branch was excluded and after was refolded back with the company . FRAUD deception 3 OLD GM is currently selling of assets and profits should be frozen .

Sir at this point GM is only looking at the high profile cases .

Sincerely yours WESLEY HUBBARD  
JUNE 9,2015

# OPERS Ohio Public Employees Retirement System

277 East Town Street Columbus, Ohio 43215-4642 1-800-222-PERS (7377) www.opers.org  
November 21, 2005

BD 268-74-5409

WESLEY LAMONT HUBBARD  
1791 FERRIS RD  
COLUMBUS OH 43224

Dear Mr. Hubbard:

If the OPERS Retirement Board approves your disability retirement, you will be entitled to health care coverage through OPERS. Coverage will be effective the month following the Board's approval of your disability retirement, or your benefit effective date, whichever is later. Maintain your present health care coverage until you are notified of the Board's action.

We realize that you may have completed the health care section on the disability application (DR-1). However, we are requesting that you complete the new Health Care Coverage Application (HC-1), which will enable you to apply for the optional vision and dental plan. Please be sure to carefully review the enclosed Health Care Coverage Booklet before you complete this form. **Also, be sure to provide copies of birth certificates for each eligible dependent that you will be enrolling as well as a copy of your marriage certificate if you are enrolling your spouse.**

Please complete and return the Health Care Coverage Application immediately and if you have any questions, please contact our Customer Service Department at 1-800-222-7377.

Ohio Public Employees Retirement System

19/hb



Dear SIR

This is my police report attached , it shows my car after being struck by car 2  
In the report continued out of control and struck a street sign . All that I am  
Asking is for someone to look at the report with a fair view point.

MR FEIGNBERG STATED THAT IF A PERSON DID NOT HAVE ANY PHOTO'S OR  
DATA RECORDER THAT YOU WOULD STILL BE QUALIFIED ! obviously not so .

SINCE THE DAY OF THE ACCIDENT I HAVE NOT BEEN BACK TO WORK AS A  
STATE OF OHIO PRISION GUARD NOVEMBER 17 , 2004 TO FEB 2014 THE  
ANOUNCEMENT FROM GENERAL MOTORS INCULDING THE PRESENT .

This was the second brand new car purchased from this company at that time and  
Currently I've purchased a third .

I SEE A PAIN MANAGEMENT DOCTOR MONTHLY TO IHELP WITH MY PAIN  
BEFORE THE ACCIDENT I HAD AMASSED 250 PLUS OF SICK ,PERSONAL AND  
VACATION TIME.

THANK YOU FOR LISTENING  
WESLEY HUBBARD JUNE 10 , 2015

# TRAFFIC CRASH REPORT



CRASH SEVERITY: 3  
 1 FATAL 3 PDO  
 2 INJURY 4 UNKNOWN

PRIVATE PROPERTY: 1  
 HIT/SKIP: 1  
 1 NOT HIT/SKIP  
 2 SOLVED  
 3 UNSOLVED

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

31356

REPORTING AGENCY: COLUMBUS P.D. 0202  
 98 = ANIMAL  
 99 = UNKNOWN 11172004

DAY OF WEEK: WED X  
 NAME (OF CITY, VILLAGE OR TOWNSHIP): COLUMBUS 25  
 LATITUDE: \_\_\_\_\_ LONGITUDE: \_\_\_\_\_

CRASH OCCURRED ON: CLEVELAND AVE. TYPE LOC: 1  
 LOCAL INFORMATION: 24

REFERENCE POINT USED: 02  
 01 STATE LINE  
 02 INTERSECTION 2 STREETS  
 03 COUNTY LINE

OWNER NAME: 0101 HUBBARD, WESLEY, L.  
 ADDRESS: 1791 FERRIS RD. COLS., OH 43229

DL STATE: OH DL #: RN427866  
 LP STATE: OH LP #: AZM1747  
 INJURED TAKEN BY: 3 POLICE  
 TRANSPORTED BY: (614)268-6544  
 INJURED TAKEN TO: (714)852-2454

OWNER NAME: SAME  
 YEAR: 2003 MAKE: SATURN MODEL: ION COLOR: SILVER INSURANCE COMPANY: PROGRESSIVE TOWING SERVICE: EASTLAND

OFFENSE CHARGED: \_\_\_\_\_ OFFENSE DESCRIPTION: \_\_\_\_\_

OWNER NAME: 0201 DECENZO, SUSANNE, Y.  
 ADDRESS: 3079 DAKLAWN ST COLS., OH 43224

DL STATE: OH DL #: RK109802  
 LP STATE: OH LP #: DEE4546  
 INJURED TAKEN BY: 3 POLICE  
 TRANSPORTED BY: (614)267-8066  
 INJURED TAKEN TO: \_\_\_\_\_

OWNER NAME: DECENZO, CHRISTOPHER, A  
 YEAR: 1989 MAKE: FORD MODEL: ECONOLINE COLOR: WHITE INSURANCE COMPANY: SAFECO TOWING SERVICE: AAA

OFFENSE CHARGED: 2131.18(A) C.C.C. OFFENSE DESCRIPTION: FTY FROM STOP SIGN 738066

NAME (LAST, FIRST, MIDDLE): \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_  
 ADDRESS (STREET, CITY, STATE, ZIP CODE): \_\_\_\_\_  
 INJURED TAKEN BY: 1 NONE 4 OTHER  
 2 EMS 5 UNKNOWN  
 3 POLICE

NAME (LAST, FIRST, MIDDLE): \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_  
 ADDRESS (STREET, CITY, STATE, ZIP CODE): \_\_\_\_\_  
 INJURED TAKEN BY: 1 NONE 4 OTHER  
 2 EMS 5 UNKNOWN  
 3 POLICE

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 FRONT - LEFT (MC DRIVER)	04 MOTORIST	1 NOT-DEPLOYED	1 NOT PRESENT	1 NOT EJECTED	1 NOT TRAPPED	1 NO INJURY
02 FRONT - MIDDLE	01 NONE USED	2 DEPLOYED-FRONT	2 IN ON POSITION	2 TOTALLY EJECTED	2 EXTRICATED BY MECHANICAL MEANS	2 POSSIBLE
03 FRONT - RIGHT	02 SHOULDER BELT ONLY	3 DEPLOYED-SIDE	3 IN OFF POSITION	3 PARTIALLY EJECTED	3 FREED BY NON-MECHANICAL MEANS	3 NON-INCAPACITATING
04 SECOND - LEFT (MC PASS)	03 LAP BELT ONLY	4 DEPLOYED BOTH FRONT/SIDE	4 UNKNOWN	4 NOT APPLICABLE	4 UNKNOWN	4 INCAPACITATING
05 SECOND - MIDDLE	04 SHOULDER/LAP BELT	5 NOT APPLICABLE		5 UNKNOWN		5 FATAL INJURY
06 SECOND - RIGHT	05 CHILD SAFETY SEAT	6 UNKNOWN				6 UNKNOWN
07 THIRD - LEFT (MC PASSENGER/SIDE CAR)	06 MC HELMET USED					
08 THIRD - MIDDLE	07 USE UNKNOWN					
09 THIRD - RIGHT	08 NONE USED					
10 SLEEPER SECTION OF CAB	09 HELMET USED					
11 ENCLOSED CARGO AREA	10 PROTECTIVE PADS					
12 UNENCLOSED CARGO AREA	11 REFLECTIVE CLOTHING					
13 TRAILING UNIT	12 LIGHTING					
14 EXTERIOR	13 OTHER					
15 OTHER	14 UNKNOWN					
16 NON-MOTORIST						

Motorist/Non-Motorist  
Occupant



UNIT NUMBERS

01 02

NON-MOTORIST LOCATION

- 01 MARKED CROSSWALK AT INTERSECTION
- 02 INTERSECTION/ NO CROSSWALK
- 03 NON-INTERSECTION CROSSWALK
- 04 DRIVEWAY ACCESS CROSSWALK
- 05 IN ROADWAY
- 06 NOT IN ROADWAY
- 07 MEDIAN (BUT NOT SHOULDER)
- 08 ISLAND
- 09 SHOULDER
- 10 SIDEWALK
- 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)
- 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
- 13 OUTSIDE TRAFFICWAY
- 14 SHARED USE PATHS OR TRAILS
- 15 UNKNOWN

TYPE OF UNIT

02 08

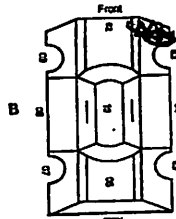
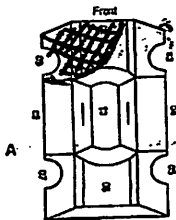
MOTORIST

- 01 SUB-COMPACT
  - 02 COMPACT
  - 03 MID SIZE
  - 04 FULL SIZE
  - 05 MINIVAN
  - 06 SPORT UTILITY VEHICLE
  - 07 PICKUP
  - 08 PASSENGER VAN
  - 09 SINGLE UNIT TRUCK
  - 10 SINGLE UNIT TRUCK; 3+ AXLES
  - 11 TRUCK/TRAILER
  - 12 TRUCK/TRAILER (BOSTAIL)
  - 13 TRACTOR/SEMI-TRAILER
  - 14 TRACTOR/DOUBLE SHORT
  - 15 TRACTOR/DOUBLE LONG
  - 16 FIFTH WHEEL OR CONVERTER DOLLY
  - 17 TRACTOR/TRIPLES
  - 18 MOTORCYCLE
  - 19 MOTORIZED BICYCLE
  - 20 SCHOOL BUS
  - 21 CHURCH BUS
  - 22 PUBLIC BUS
  - 23 OTHER BUS
  - 24 POLICE VEHICLE
  - 25 FIRE TRUCK
  - 26 AMBULANCE/RESCUE
  - 27 TAXI
  - 28 MOTOR HOME
  - 29 TRAILER
  - 30 FARM VEHICLE
  - 31 FARM EQUIPMENT
  - 32 SNOWMOBILE
  - 33 CONSTRUCTION EQUIPMENT
  - 34 ALL OTHERS
- NON-MOTORIST
- 35 ANIMAL W/PEDER
  - 36 ANIMAL W/BUGGY
  - 37 BICYCLE
  - 38 PEDESTRIAN
  - 39 PEDALCYCLIST
  - 40 SKATER
  - 41 OTHER-NON MOTORIST
  - 42 UNKNOWN
- IN EMERGENCY RESPONSE
- 1 NO
  - 2 YES
  - 3 UNKNOWN

DAMAGE SCALE

- 1 NONE
- 2 NON-FUNCTIONAL DAMAGE
- 3 FUNCTIONAL DAMAGE
- 4 DISABLING DAMAGE
- 5 SEVERE
- 6 UNKNOWN

DAMAGE AREA



MOST DAMAGED AREA

09 03

- 01 NONE
- 02 CENTER FRONT
- 03 RIGHT FRONT
- 04 RIGHT SIDE
- 05 RIGHT REAR
- 06 REAR CENTER
- 07 LEFT REAR
- 08 LEFT SIDE
- 09 LEFT FRONT
- 10 TOP AND WINDOWS
- 11 UNDERCARRIAGE
- 12 LOAD/TRAILER
- 13 TOTAL (ALL AREAS)
- 14 OTHER
- 15 UNKNOWN

POINT OF IMPACT

09 03

- 01 NONE
- 02 CENTER FRONT
- 03 RIGHT FRONT
- 04 RIGHT SIDE
- 05 RIGHT REAR
- 06 REAR CENTER
- 07 LEFT REAR
- 08 LEFT SIDE
- 09 LEFT FRONT
- 10 TOP AND WINDOWS
- 11 UNDERCARRIAGE
- 12 LOAD/TRAILER
- 13 TOTAL (ALL AREAS)
- 14 OTHER
- 15 UNKNOWN

ACTION

4 3

- 1 NON-CONTACT
- 2 NON-COLLISION
- 3 STRUCK
- 4 STRUCK
- 5 BOTH STRUCK AND STRUCK
- 6 UNKNOWN

STRUCKING VEHICLE: OVERRIDE/ UNDERRIDE

1

- 1 NO UNDERRIDE OR OVERRIDE
- 2 UNDERRIDE, COMPARTMENT INTRUSION
- 3 UNDERRIDE, NO COMPARTMENT INTRUSION
- 4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN
- 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT
- 6 OVERRIDE, OTHER VEHICLE
- 7 UNKNOWN

PRE-CRASH ACTIONS

01 01

MOTORIST

- 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD
  - 02 BACKING
  - 03 CHANGING LANES
  - 04 OVERTAKING/PASSING
  - 05 TURNING RIGHT
  - 06 TURNING LEFT
  - 07 MAKING U-TURN
  - 08 ENTERING TRAFFIC LAKE
  - 09 LEAVING TRAFFIC LAKE
  - 10 PARKED
  - 11 SLOWING/STOPPED IN TRAFFIC
  - 12 DRIVERLESS
  - 13 OTHER
  - 14 UNKNOWN
- NON-MOTORIST
- 15 ENTERING/CROSSING IN SPECIFIED LOCATION
  - 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING
  - 17 WORKING
  - 18 PUSHING VEHICLE
  - 19 APPROACHING/LEAVING VEHICLE
  - 20 PLAYING/WORKING ON VEHICLE
  - 21 STANDING
  - 22 OTHER
  - 23 UNKNOWN

CONTRIBUTING CIRCUMSTANCES

01 02

MOTORIST

- 01 NONE
  - 02 FAILURE TO YIELD
  - 03 RAN RED LIGHT, OR STOP SIGN
  - 04 EXCEEDED SPEED LIMIT
  - 05 UNSAFE SPEED
  - 06 IMPROPER TURN
  - 07 LEFT OF CENTER
  - 08 FOLLOWED TOO CLOSELY/ACDA
  - 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING
  - 10 IMPROPER BACKING
  - 11 IMPROPER START FROM PARKED POSITION
  - 12 STOPPED OR PARKED ILLEGALLY
  - 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER
  - 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)
  - 15 FAILURE TO CONTROL
  - 16 VISOR OBSTRUCTION
  - 17 DRIVER INATTENTION
  - 18 FATIGUE/ASLEEP
  - 19 OPERATING DEFECTIVE EQUIPMENT
  - 20 LOAD SHIFTING/FALLING/SPILLING
  - 21 OTHER IMPROPER ACTION
  - 22 UNKNOWN
- NON-MOTORIST
- 23 NONE
  - 24 IMPROPER CROSSING
  - 25 DARTING
  - 26 LYING AND/OR ILLEGALLY IN ROADWAY
  - 27 FAILURE TO YIELD RIGHT OF WAY
  - 28 NOT VISIBLE (DARK CLOTHING)
  - 29 INATTENTIVE
  - 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER
  - 31 WRONG SIDE OF THE ROAD
  - 32 OTHER
  - 33 UNKNOWN

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE

- 01 TURN SIGNALS
- 02 HEAD LAMPS
- 03 TAIL LAMPS
- 04 BRAKES
- 05 STEERING
- 06 TIRE BLOWOUT
- 07 WORN OR SLICK TIRES
- 08 TRAILER EQUIPMENT DEFECTIVE
- 09 MOTOR TROUBLE
- 10 DISABLED FROM PRIOR CRASH
- 11 OTHER DEFECTS

SEQUENCE OF EVENTS

20 20

39

08

37

NON-COLLISION

- 01 OVERTURN/ROLL-OVER
  - 02 FIRE/EXPLOSION
  - 03 INVERSION
  - 04 JACKKIFE
  - 05 CARGO/EQUIPMENT LOSS/SHIFT
  - 06 EQUIPMENT FAILURE
  - 07 SEPARATION OF UNITS
  - 08 RAN OFF ROAD RIGHT
  - 09 RAN OFF ROAD LEFT
  - 10 CROSS MEDIAN/CENTERLINE
  - 11 DORRILL RUNAWAY
  - 12 OTHER NON-COLLISION
  - 13 UNKNOWN NON-COLLISION
- COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED
- 14 PEDESTRIAN
  - 15 PEDALCYCLE
  - 16 RAILWAY VEHICLE
  - 17 ANIMAL - FARM
  - 18 ANIMAL - DEER
  - 19 ANIMAL - OTHER
  - 20 MOTOR VEHICLE IN TRANSPORT
  - 21 PARKED MOTOR VEHICLE
  - 22 WORK ZONE MAINTENANCE EQUIPMENT
  - 23 OTHER MOVABLE OBJECT
  - 24 UNKNOWN MOVABLE OBJECT
- COLLISION WITH FIXED OBJECT
- 25 IMPACT ATTENUATOR/CRASH CUSHION
  - 26 BRIDGE OVERHEAD STRUCTURE
  - 27 BRIDGE PIER OR ABUTMENT
  - 28 BRIDGE PARAPET
  - 29 BRIDGE RAIL
  - 30 GUARDRAIL FACE
  - 31 GUARDRAIL END
  - 32 MEDIAN BARRIER
  - 33 HIGHWAY TRAFFIC SIGN POST
  - 34 OVERHEAD SIGN POST
  - 35 LIGHT/LUMINAIRE SUPPORT
  - 36 UTILITY POLE
  - 37 OTHER POST, POLE OR SUPPORT
  - 38 CULVERT
  - 39 CURB
  - 40 DITCH
  - 41 EMBANKMENT
  - 42 FENCE
  - 43 MAILBOX
  - 44 TREE
  - 45 OTHER FIXED OBJECT
  - 46 WORK ZONE MAINTENANCE EQUIPMENT
  - 47 UNKNOWN FIXED OBJECT
  - 48 OTHER
  - 49 UNKNOWN

FIRST HARMFUL EVENT

1 1

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

MOST HARMFUL EVENT

1 1

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

SPEED DETECTED

1 1

- 1 STATED
- 2 ESTIMATED SPEED

SPEED

30

10

POSTED SPEED

35 25

TRAFFIC CONTROL

12 02

NO CONTROLS

- 01 NO CONTROLS
- 02 STOP SIGN
- 03 YIELD SIGN
- 04 TRAFFIC SIGNAL
- 05 TRAFFIC FLASHERS
- 06 SCHOOL ZONE
- 07 RAILROAD CROSSBUCKS
- 08 RAILROAD FLASKERS
- 09 RAILROAD GATES
- 10 CONSTRUCTION BARRICADE
- 11 POLICE OFFICER
- 12 PAVEMENT MARKINGS
- 13 CROSSWALK LINES
- 14 WALK/DON'T WALK SIGNAL
- 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
- 16 OTHER

DIRECTION

1 2 3 4

CONDITION

- 1 APPARENTLY NORMAL
- 2 PHYSICAL IMPAIRMENT
- 3 EMOTIONAL
- 4 ILLNESS
- 5 FELL ASLEEP, FAINTED, FATIGUED, ETC
- 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
- 7 OTHER
- 8 UNKNOWN

ALCOHOL/DRUG SUSPECTED

1 1

- 1 NONE
- 2 YES - ALCOHOL SUSPECTED
- 3 YES - HBD NOT INSPIRED
- 4 YES - DRUGS SUSPECTED
- 5 YES - ALCOHOL / DRUGS SUSPECTED
- 6 UNKNOWN

ALCOHOL TEST STATUS

1 1

- 1 NONE
- 2 TEST REFUSED
- 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
- 4 TEST GIVEN, RESULTS KNOWN
- 5 TEST GIVEN, RESULTS UNKNOWN
- 6 UNKNOWN

ALCOHOL TEST TYPE

1 1

- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 BREATH
- 5 OTHER

ALCOHOL TEST RESULT

1 1

- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 BREATH
- 5 OTHER

DRUG TEST STATUS

1 1

- 1 NONE
- 2 TEST REFUSED
- 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
- 4 TEST GIVEN, RESULTS KNOWN
- 5 TEST GIVEN, RESULTS UNKNOWN
- 6 UNKNOWN

DRUG TEST TYPE

1 1

- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 OTHER

DRUG TEST 1&2 RESULT

- 1 NONE
- 2 MARIJUANA
- 3 COCAINE
- 4 OPiates
- 5 AMPHETAMINES
- 6 PCP
- 7 OTHER
- 8 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION

02

- 01 NOT AN INTERSECTION
- 02 FOUR-WAY INTERSECTION
- 03 T-INTERSECTION
- 04 Y-INTERSECTION
- 05 TRAFFIC CIRCLE/ROUNDOABOUT
- 06 FIVE-PATH, OR MORE
- 07 ON RAMP
- 08 OFF RAMP
- 09 CROSSOVER
- 10 DRIVEWAY/ACCESS
- 11 RAILWAY GRADE CROSSING
- 12 SHARED USE PATHS OR TRAILS
- 13 UNKNOWN

OCCURRENCE

1

- 1 ON ROADWAY
- 2 ON SHOULDER
- 3 IN MEDIAN
- 4 ON ROADSIDE
- 5 ON GORE
- 6 OUTSIDE TRAFFICWAY
- 7 UNKNOWN

ROAD CONTOUR

1

- 1 STRAIGHT LEVEL
- 2 STRAIGHT GRADE
- 3 CURVE LEVEL
- 4 CURVE GRADE

ROAD CONDITIONS

02

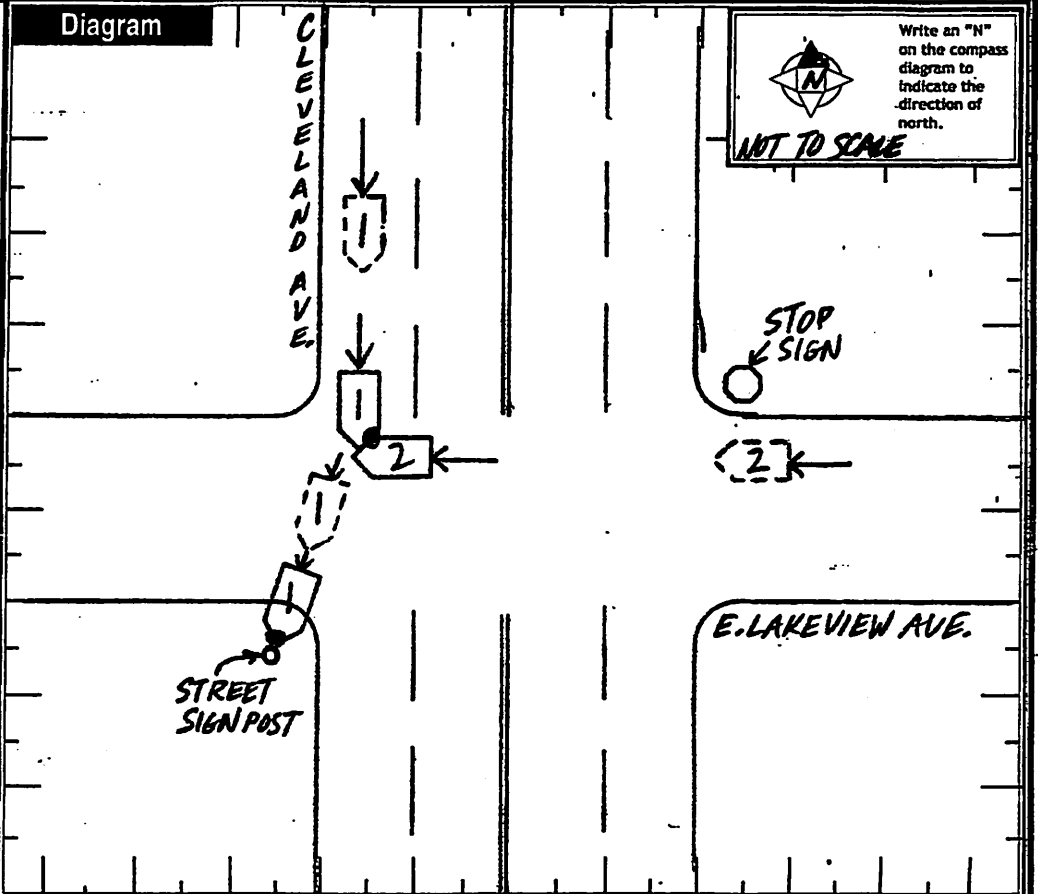
- 01 DRY
- 02 WET
- 03 SNOW
- 04 ICE
- 05 SAND, GRU, DIRT, OIL, GRAVEL
- 06 WATER (STANDING, MOVING)
- 07 SLUSH
- 08 DEBRIS\*\*
- 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT\*\*
- 10 OTHER
- 11 UNKNOWN

\*\*SECONDARY ROAD CONDITIONS ONLY

31356

**Narrative** ACCIDENT OCCURRED ON CLEVELAND AVE. AT E. LAKEVIEW AVE.  
 DRIVER #1 STATED HE WAS TRAVELING S/B ON CLEVELAND AVE. WHEN UNIT #2 PROCEEDED W/B FROM THE STOP SIGN AT E. LAKEVIEW AVE. INTO HIS LANE OF TRAVEL STRIKING THE LEFT FRONT OF HIS VEHICLE. UNIT #1 THEN STRUCK THE STREET SIGN POLE ON THE S/E CORNER.  
 DRIVER #2 STATED SHE STOPPED AT THE STOP SIGN AND DID NOT SEE UNIT #1 COMING WHEN SHE PROCEEDED W/B THROUGH THE INTERSECTION.  
 DRIVER #2 WAS ISSUED A CITATION FOR FTY FROM STOP SIGN (2131.18(A) C.C.C.).  
 NO INJURIES WERE REPORTED AT THE SCENE.

<b>MANNER OF COLLISION OR IMPACT</b> <b>6</b>	<b>SCHOOL BUS RELATED</b> <b>1</b>
1 NOT COLLISION BETWEEN TWO 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	1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
<b>WEATHER</b> <b>04</b>	<b>WORK ZONE RELATED</b> <b>7</b>
01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN	1 NO 2 YES 3 UNKNOWN
<b>LIGHT CONDITIONS</b> <b>3</b>	<b>TYPE OF WORK ZONE</b>
1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN	1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/ MOVING WORK 5 OTHER
	<b>LOCATION OF CRASH IN WORK ZONE</b>
	1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA
	<b>WORKERS PRESENT</b>
	1 NO 2 YES 3 UNKNOWN



<b>Truck/Bus</b>	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.	<b>A AND D</b>	THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING: A FATALITY; OR AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
COMPANY (FROM SHIPPING PAPERS)		COMPANY PHONE	
ADDRESS (STREET, CITY, ST, ZIP CODE)			

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #		
<b>CARGO BODY TYPE</b>	01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAB/CRUPS/GRAVEL	05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP	09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	<b>Weight (GVWR)</b> 1 LESS/EQUAL 10,000 2 10,001 - 25,000 3 MORE THAN 25,000	<b>CDL Class</b> 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	<b>Hazardous Materials Placard</b> 1 No 2 Yes 3 UNKNOWN	<b>Hazardous Materials Released</b> 1 No 2 Yes 3 NOT APPLICABLE 4 UNKNOWN

**Police Action**

DISPATCH      ARRIVED      CLEARED      OTHER