

# TRAFFIC CRASH REPORT



07-004907

CRASH SEVERITY  
1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

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

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

05009 REPORTING AGENCY \* YOUNGSTOWN P.D. 0202 98 = ANIMAL 99 = UNKNOWN 01222007

0555 DAY OF WEEK MOD X YOUNGSTOWN NAME (OF CITY, VILLAGE OR TOWNSHIP) \* 50

CRASH OCCURRED ON PREFIX CRASH LOCATION SHERIDAN RD	TYPE LOC 1	TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET	LOCAL INFORMATION
ADDRESS OF VEHICLE DIST REFERENCE DR PREFIX REFERENCE THALIA AVE	REF POINT	REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE	04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME W/O REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE W/O REFERENCE

0101 NAME (LAST, FIRST, MIDDLE) KLASSE BRIAN A  
 ADDRESS (STREET, CITY, STATE, ZIP CODE) 1930 PEACHTREE CT PULANO OHIO 44514  
 HOME PHONE # (330) 767-0508 WORK PHONE # (330) 369-5951  
 DL STATE OH DL # RT011858 LP STATE OH LP # AKB2924 INJURED TAKEN BY 1  
 TRANSPORTED BY N/A INJURED TAKEN TO N/A

OWNER NAME (IF SAME, WRITE "SAME") SAME ADDRESS (STREET, CITY, STATE, ZIP CODE)  
 YEAR 1997 MAKE GMC MODEL SIERRA 1500 COLOR TAN INSURANCE COMPANY GRAND MUTUAL TOWING SERVICE N/A OWNER PHONE # N/A  
 OFFENSE CHARGED OFFENSE DESCRIPTION

0201 NAME (LAST, FIRST, MIDDLE) JACKSON JOHN C.  
 ADDRESS (STREET, CITY, STATE, ZIP CODE) 58 SEXTON STREET STRUTHERS OHIO 44471  
 HOME PHONE # (330) 755-3671 WORK PHONE # (330) 783-2258  
 DL STATE OH DL # RR 460009 LP STATE OH LP # 337WXU INJURED TAKEN BY 1  
 TRANSPORTED BY N/A INJURED TAKEN TO N/A

OWNER NAME (IF SAME, WRITE "SAME") SAME ADDRESS (STREET, CITY, STATE, ZIP CODE)  
 YEAR 1994 MAKE GMC MODEL SONOMA COLOR BLU INSURANCE COMPANY ALLSTATE INS TOWING SERVICE N/A OWNER PHONE # N/A  
 OFFENSE CHARGED 333.19 OFFENSE DESCRIPTION FAILED TO YIELD AT STOP SIGN I 34089

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

SEATING POSITION 01 FRONT - LEFT (MC DRIVER) 01 02 FRONT - MIDDLE 01 03 FRONT - RIGHT 01 04 SECOND - LEFT (MC PASS) 01 05 SECOND - MIDDLE 01 06 SECOND - RIGHT 01 07 THIRD - LEFT (MC PASSENGER/SOE CAR) 01 08 THIRD - MIDDLE 01 09 THIRD - RIGHT 01 10 SLEEPER SECTION OF CAR 01 11 ENCLOSED CARGO AREA 01 12 UNENCLOSED CARGO AREA 01 13 TRAILING UNIT 01 14 EXTERIOR 01 15 OTHER 01 16 NON-MOTORIST 01 17 UNKNOWN 01	SAFETY EQUIPMENT 01 NONE USED 04 02 SHOULDER BELT ONLY 04 03 LAP BELT ONLY 04 04 SHOULDERLAP BELT 04 05 CHILD SAFETY SEAT 04 06 MC HELMET USED 04 07 USE UNKNOWN 04 08 NON-MOTORIST 04 09 HELMET USED 04 10 PROTECTIVE PADS 04 11 REFLECTIVE CLOTHING 04 12 LIGHTING 04 13 OTHER 04 14 UNKNOWN 04	AIR BAG 1 NOT DEPLOYED 1A 2 DEPLOYED-FRONT 1A 3 DEPLOYED-SIDE 1A 4 DEPLOYED BOTH FRONT/SIDE 1A 5 NOT APPLICABLE 1A 6 UNKNOWN 1A	AIR BAG SWITCH 1 NOT PRESENT 1A 2 IN ON POSITION 1A 3 IN OFF POSITION 1A 4 UNKNOWN 1A	EJECTION 1 NOT EJECTED 1A 2 TOTALLY EJECTED 1A 3 PARTIALLY EJECTED 1A 4 NOT APPLICABLE 1A 5 UNKNOWN 1A	TRAPPED 1 NOT TRAPPED 1A 2 EXTRICATED BY MECHANICAL MEANS 1A 3 FREED BY NON-MECHANICAL MEANS 1A 4 UNKNOWN 1A	INJURIES 1 NO INJURY 1A 2 POSSIBLE 1A 3 NON-INCAPACITATING 1A 4 FATAL INJURY 1A 5 UNKNOWN 1A
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BLANK FOR WITNESS SUPPLEMENT A 'X' IF YES

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

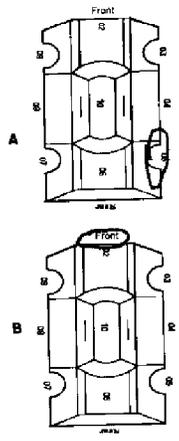
TYPE OF UNIT  
07 07

- MOTORIST**
- 01 SUB-COMPACT
  - 02 COMPACT
  - 03 MID SIZE
  - 04 FULL SIZE
  - 05 MINIVAN
  - 06 SPORT UTILITY VEHICLE
  - 07 PICKUP
  - 08 PANEL/VAN
  - 09 SINGLE UNIT TRUCK: 2 AXLES, 6 TIRES
  - 10 SINGLE UNIT TRUCK; 3+ AXLES
  - 11 TRUCK/TRAILER
  - 12 TRUCK TRACTOR (BOBTAIL)
  - 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 TRAIN
  - 30 FARM VEHICLE
  - 31 FARM EQUIPMENT
  - 32 SNOWMOBILE
  - 33 CONSTRUCTION EQUIPMENT
  - 34 ALL OTHERS
- NON-MOTORIST**
- 35 ANIMAL W/RIDER
  - 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  
2 2  
1 NONE  
2 NON-FUNCTIONAL DAMAGE  
3 FUNCTIONAL DAMAGE  
4 DISABLING DAMAGE  
5 SEVERE  
6 UNKNOWN

DAMAGE AREA



MOST DAMAGED AREA

05 02

- 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

05 02

- 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 STRIKING  
4 STRUCK  
5 BOTH STRIKING AND STRUCK  
6 UNKNOWN

STRIKING VEHICLE: OVERRIDE / UNDERIDE

A B

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

PRE-CRASH ACTIONS

01 01 1

- 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 LANE
  - 09 LEAVING TRAFFIC LANE
  - 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 VISION 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

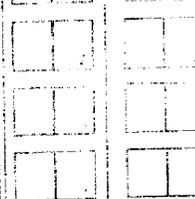
VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE

A B

- 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



- NON-COLLISION**
- 01 OVERTURN/ROLLOVER
  - 02 FIRE/EXPLOSION
  - 03 IMMERSION
  - 04 JACKKNIFE
  - 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 DOWNHILL 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/LUMINARIES 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

A B

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

MOST HARMFUL EVENT

A B

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

SPEED DETECTED

2 2

- 1 STATED
- 2 ESTIMATED SPEED

SPEED

5 3

POSTED SPEED

25

TRAFFIC CONTROL

02 02

- 01 NO CONTROLS
- 02 STOP SIGN
- 03 YIELD SIGN
- 04 TRAFFIC SIGNAL
- 05 TRAFFIC FLASHERS
- 06 SCHOOL ZONE
- 07 RAILROAD CROSSBUCKS
- 08 RAILROAD FLASHERS
- 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 FROM

2 1 3 4

- 1 NORTH
- 2 SOUTH
- 3 EAST
- 4 WEST
- 5 NORTHEAST
- 6 NORTHWEST
- 7 SOUTHEAST
- 8 SOUTHWEST
- 9 UNKNOWN

CONDITION

A B

- 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

A B

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

ALCOHOL TEST STATUS

A B

- 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

A B

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

ALCOHOL TEST RESULT

0 0

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 1

- 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-POINT, 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

04

- 01 DRY
  - 02 WET
  - 03 SNOW
  - 04 ICE
  - 05 SAND, MUD, 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

SUPPLEMENT # X IF YES LOCAL REPORT # \* 07-004907





**Allstate.**

You're in good hands.

OHIO  
PROOF OF AUTO INSURANCE CARD

ALLSTATE  
You're in good hands.

ALLSTATE INSURANCE COMPANY

LINDA M JACKSON  
58 SEXTON  
STRUTHERS OH 44471

POLICY NUMBER  
092828249

YEAR/MAKE/MODEL  
1994 S15/SONOMA

EFFECTIVE DATE  
12/10/2006

VEHICLE ID NUMBER  
1GTCS1445R8504052

EXPIRATION DATE  
06/10/2007

If you have an accident or loss:

- Get medical attention if needed.
- Notify the police immediately.
- Obtain names, addresses, phone numbers (work & home) and license plate numbers of all persons involved including passengers and witnesses.
- Call 1-800-ALLSTATE (1-800-255-7828), logon to allstate.com or contact your Allstate agent or broker as soon as possible.

RONALD P PIERSANTE  
330 707 1178  
84 S. MAIN STREET  
POLAND OH 44514

U96876

07-004907



STATE OF OHIO - BUREAU OF MOTOR VEHICLES  
CERTIFICATE OF REGISTRATION

PLATE NO.: 337WXU  
VALIDATION NO.: 7020660854  
OWNER NAME: JOHN JACKSON

REG. DATE: 02/16/2007

EXP. DATE: 02/16/2007 ISSUE DATE: 01/22/2007

APP NO.: 929369AL  
AGENCY: 5023  
USER ID: EW  
OLD APP NO.: 366075AC  
OLD PLATE: 337WXU

VEHICLE OWNERSHIP: SINGLE

OWNER ADDR.: 58 SEXTON ST  
CITY: STRUTHERS  
STATE: OH ZIP: 44471-1732  
TAX DISTRICT: STRUTHERS  
COUNTY: MAHONING

INSIDE CORP LIMIT: YES  
VEHICLE YEAR: 1994  
BODY TYPE: TK

VEHICLE CLASS: NON COMM TRUCK  
ODOMETER READING: 104,000  
MAKE: GMC  
CARRYING CAPACITY: 1000  
PLATE TYPE: GOLD  
REG TYPE: DUPLICATE  
SUSPENSION/REVOCATION: NO  
PRIOR OPERATION: NO  
FEES PAID: NO

STATE FEES: \$1.00  
FREEMASON \$0.00  
SPECIAL INTEREST \$0.00  
LOCAL TAX: \$0.00  
REFL./CO. FEE: \$0.25  
DEPUTY FEE: \$3.50  
TOTAL FEES: \$4.75

CERTIFICATE TITLE NO.: 2400139807  
VEH. SERIAL NO.: 1GTCS1445R8504052  
PURCHASE DATE: 08/21/2001  
USED

- In Ohio, it is illegal to drive any motor vehicle without insurance or other financial responsibility (FR) coverage.
- It is also illegal for any motor vehicle owner to allow anyone else to drive the owner's vehicle without FR coverage.
- PROOF OF COVERAGE IS REQUIRED: Whenever a police officer issues a traffic ticket\*At all vehicle inspection stops\*Upon traffic court appearances\*Upon random checks by the Registrar of Motor Vehicles.
- ANY DRIVER OR OWNER WHO FAILS TO SHOW PROOF OF INSURANCE OR OTHER COVERAGE WILL: Lose his or her driver license for 90 days on first offense, one year on second offense\* Lose his or her license plates and vehicle registration\*Pay reinstatement fees of \$75.00 on first offense, \$250.00 for second offense, and \$500.00 on any additional offense\*Pay a \$50.00 penalty for any failure to surrender his or her driver license, license plates or registration AND\*Be required to maintain special FR coverage ("High-risk" insurance or equivalent) on file with the Bureau of Motor Vehicles for THREE or FIVE YEARS.
- ONCE THIS SUSPENSION IS IN EFFECT: Any driver or owner who violates the suspension will have his or her vehicle immobilized and his or her license plates confiscated for at least 30 DAYS first offense and 60 DAYS second offense. For third or subsequent offenses, the vehicle will be forfeited and sold and the person will not be permitted to register any motor vehicle in Ohio for FIVE YEARS.
- IF YOU ARE INVOLVED IN AN ACCIDENT WITHOUT INSURANCE OR OTHER FR COVERAGE: In addition to all the penalties listed above, you may have\*A SECURITY SUSPENSION for TWO YEARS or more and\*A JUDGEMENT SUSPENSION INDEFINITELY (until all damages have been satisfied).
- THESE PENALTIES ARE IN ADDITION TO ANY FINES OR PENALTIES IMPOSED BY A COURT OF LAW. WARNING: THESE LAWS DO NOT PREVENT THE POSSIBILITY THAT YOU MAY BE INVOLVED IN AN ACCIDENT WITH A PERSON WHO HAS NO INSURANCE OR OTHER FR COVERAGE.
- WHEN REQUIRED, PROOF OF COVERAGE MAY BE SHOWN BY ANY OF THE FOLLOWING: \*AN INSURANCE POLICY showing automobile liability insurance of at least \$12,500 bodily injury per person, \$25,000 injury two or more persons, and \$7,500 property damage\*AN INSURANCE IDENTIFICATION CARD (same coverage)\*A SURETY BOND OF \$30,000 issued by any authorized surety company or insurance company\*A BMV BOND SECURED BY REAL ESTATE having equity of at least \$60,000\*A BMV CERTIFICATE FOR MONEY OR GOVERNMENT BONDS in the amount of \$30,000 on deposit with the Ohio Treasurer of State\*A BMV CERTIFICATE OF SELF-INSURANCE, available only to companies or persons who own at least twenty-six motor vehicles.

**PROOF OF FINANCIAL RESPONSIBILITY**

I affirm that all owners (or lessees of leased vehicle) now have insurance or other FR coverage and will not operate or permit the operation of this motor vehicle without FR coverage; all previous registration fees due have been paid; this plate category is correct; and this vehicle will not be used as a commercial or farm vehicle unless so registered.

By signing below I agree to and attest that all the above is true and accurate.

**X SIGNATURE ON FILE**

DATE

SIGNATURE OF OWNER(S)

WARNING: APPLICANT GIVING FALSE INFORMATION IS SUBJECT TO PROSECUTION-O.R.C. SEC. 2921.13.  
APPLICATION MUST BE SIGNED BY THE OWNER(S) AS NAMED ON CERTIFICATE OF TITLE.

**DO NOT DISCARD.  
THIS IS YOUR VEHICLE REGISTRATION CERTIFICATE.**