

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION REPORTING AGENCY NAME* City of Kent Police	NCIC* 06703
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2 0 2 4 - 0 0 0 0 5 2 2 4

COUNTY* 6 7	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* Kent	CRASH DATE / TIME* 04112024/1401	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5
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ROUTE TYPE	ROUTE NUMBER	PREFIX N - NORTH S - SOUTH E - EAST W - WEST 4	LOCATION ROAD NAME ERIE	ROAD TYPE S T	LATITUDE DECIMAL DEGREES 41.152721
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ROUTE TYPE	ROUTE NUMBER	PREFIX N - NORTH S - SOUTH E - EAST W - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 163	ROAD TYPE	LONGITUDE DECIMAL DEGREES -81.358740
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REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3	DIRECTION FROM REFERENCE N - NORTH S - SOUTH E - EAST W - WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY
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DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS				INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA
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					NUMBER OF APPROACHES
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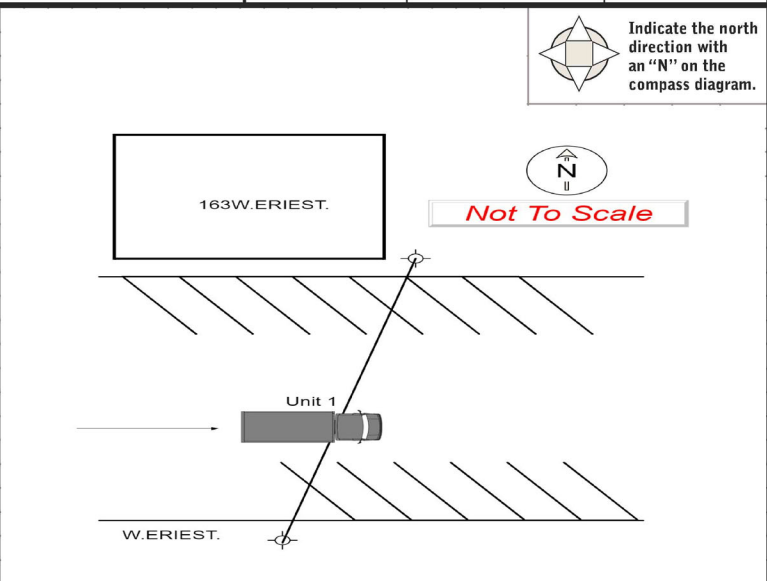
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 0 1	MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN 1	DIRECTION OF TRAVEL N - NORTH S - SOUTH E - EAST W - WEST	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN
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<input type="checkbox"/> WORK ZONE RELATED	<input type="checkbox"/> WORKERS PRESENT	<input type="checkbox"/> LAW ENFORCEMENT PRESENT	<input type="checkbox"/> ACTIVE SCHOOL ZONE	WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA
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LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1	WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN 0 4	CONTOUR 2	CONDITIONS 2	SURFACE 2
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NARRATIVE

UNIT 1 WAS EASTBOUND ON W. ERIE ST. IN FRONT OF 163 W. ERIE ST. AND STRUCK A CABLE WIRE STRETCHED ACROSS W. ERIE ST. FROM TWO STREETLIGHTS RESULTING IN THESE STREETLIGHTS BEING DAMAGED.



CRASH REPORTED DATE / TIME 04112024/1401	DISPATCH DATE / TIME 04112024/1403	ARRIVAL DATE / TIME 04112024/1420	SCENE CLEARED DATE / TIME 04112024/1424	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 0 3 0	OTHER INVESTIGATION TIME 0 3 0	TOTAL MINUTES 0 5 1	OFFICER'S NAME* Auckland, Kyle	CHECKED BY OFFICER'S NAME* Ennemoser, James
			OFFICER'S BADGE NUMBER* 2 3 8	CHECKED BY OFFICER'S BADGE NUMBER* 2 5 5

OWNER

UNIT # 01 **OWNER NAME:** LAST, FIRST, MIDDLE (SAME AS DRIVER) **OWNER PHONE:** INCLUDE AREA CODE (SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

VEHICLE

LP STATE **LICENSE PLATE #** **VEHICLE IDENTIFICATION #** **VEHICLE YEAR** **VEHICLE MAKE**

INSURANCE VERIFIED **INSURANCE COMPANY** **INSURANCE POLICY #** **COLOR** **VEHICLE MODEL**

COMMERCIAL **GOVERNMENT** **IN EMERGENCY RESPONSE** **US DOT #** **TOWED BY: COMPANY NAME**

INTERLOCK DEVICE EQUIPPED **HIT/SKIP UNIT** **#OCCUPANTS** **VEHICLE WEIGHT GVWR/GCWR** **HAZARDOUS MATERIAL**

14 **UNIT TYPE** 01 **# OF TRAILING UNITS**

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **AUTONOMOUS MODE LEVEL**

2 **SPECIAL FUNCTION** 99 **CARGO BODY TYPE**

99 **VEHICLE DEFECTS**

NON-MOTORIST LOCATION AT IMPACT

4 **ACTION** 01 **PRE-CRASH ACTIONS**

08 **CONTRIBUTING CIRCUMSTANCES**

SEQUENCE OF EVENTS

99 **NON-COLLISION**

COLLISION WITH FIXED OBJECT - STRUCK

1 **FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT**

LOCAL REPORT NUMBER
2024-00005224

DAMAGE

DAMAGE SCALE

9 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

99 0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP 99 - UNKNOWN

TRAFFIC

TRAFFICWAY FLOW **TRAFFIC CONTROL**

2 1 - ONE-WAY 6 1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN
3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD **RAIL GRADE CROSSING**

2 1

1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 4 **TO** 3

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

UNIT SPEED **DETECTED SPEED**

 3 1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED