

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

2 0 2 1 - 0 0 0 0 3 3 9 0

PHOTOS TAKEN OH-2 OH-3
 SECONDARY CRASH OH-1P OTHER
 PRIVATE PROPERTY

LOCAL INFORMATION
 REPORTING AGENCY NAME*
City of Kent Police NCIC*
 0 6 7 0 3

HIT/SKIP
 1 - SOLVED
 2 - UNSOLVED
 NUMBER OF UNITS
 0 2
 UNIT IN ERROR
 98 - ANIMAL
 99 - UNKNOWN
 0 2

COUNTY* 6 7 LOCALITY* 1
 1 - CITY
 2 - VILLAGE
 3 - TOWNSHIP
 LOCATION: CITY, VILLAGE, TOWNSHIP*
Kent

CRASH DATE / TIME*
 0 3 0 6 2 0 2 1 / 2 2 0 0
 CRASH SEVERITY
 1 - FATAL
 2 - SERIOUS INJURY SUSPECTED
 3 - MINOR INJURY SUSPECTED
 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY
 5

ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 LOCATION ROAD NAME
FAIRCHILD ROAD TYPE
 A V

LATITUDE DECIMAL DEGREES
 4 1 1 5 9 8 0 5

ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)
WOODARD ROAD TYPE
 A V

LONGITUDE DECIMAL DEGREES
 8 1 3 6 3 9 7 3

REFERENCE POINT
 1 - INTERSECTION
 2 - MILE POST
 3 - HOUSE #
 1
 DIRECTION FROM REFERENCE
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 4
 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 HW - HIGHWAY RD - ROAD
 AV - AVENUE LA - LANE SQ - SQUARE
 BL - BOULEVARD MP - MILEPOST ST - STREET
 CR - CIRCLE OV - OVAL TE - TERRACE
 CT - COURT PK - PARKWAY TL - TRAIL
 DR - DRIVE PI - PIKE WA - WAY
 HE - HEIGHTS PL - PLACE

INTERSECTION RELATED
 WITHIN INTERSECTION OR ON APPROACH
 WITHIN INTERCHANGE AREA
 NUMBER OF APPROACHES
 3
 ROADWAY
 ROADWAY DIVIDED

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
 9 - CROSSOVER
 10 - DRIVEWAY/ALLEY ACCESS
 11 - RAILWAY GRADE CROSSING
 12 - SHARED USE PATHS OR TRAILS
 13 - BIKE LANE
 14 - TOLL BOOTH
 99 - OTHER / UNKNOWN

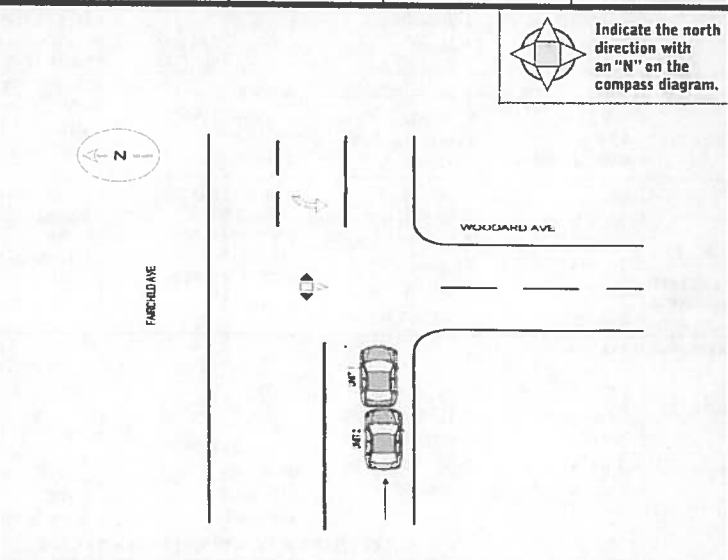
MANNER OF CRASH COLLISION/IMPACT
 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT
 2 - REAR-END
 3 - HEAD-ON
 4 - REAR-TO-REAR
 5 - BACKING
 6 - ANGLE
 7 - SIDESWIPE, SAME DIRECTION
 8 - SIDESWIPE, OPPOSITE DIRECTION
 9 - OTHER / UNKNOWN
 DIRECTION OF TRAVEL
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - 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

WORK ZONE RELATED
 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT
 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

CONTOUR
 1
 1 - STRAIGHT LEVEL
 2 - STRAIGHT GRADE
 3 - CURVE LEVEL
 4 - CURVE GRADE
 9 - OTHER/UNKNOWN
 CONDITIONS
 1
 1 - DRY
 2 - WET
 3 - SNOW
 4 - ICE
 5 - SAND, MUD, DIRT, OIL, GRAVEL
 6 - WATER (STANDING, MOVING)
 7 - SLUSH
 9 - OTHER/UNKNOWN
 SURFACE
 2
 1 - CONCRETE
 2 - BLACKTOP, BITUMINOUS, ASPHALT
 3 - BRICK/BLOCK
 4 - SLAG, GRAVEL, STONE
 5 - DIRT
 9 - OTHER/UNKNOWN

LIGHT CONDITION
 1 - DAYLIGHT
 2 - DAWN/DUSK
 3 - DARK - LIGHTED ROADWAY
 4 - DARK - ROADWAY NOT LIGHTED
 5 - DARK - UNKNOWN ROADWAY LIGHTING
 9 - OTHER / UNKNOWN
 4
 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 1

NARRATIVE
 UNIT 2 AND UNIT 1 WERE TRAVELING EB ON FAIRCHILD AVE. UNIT 1 THEN CAME TO A STOP AT THE RED LIGHT AT FAIRCHILD AVE AND WOODARD AVE. UNIT 2 THEN STRUCK UNIT 1 FROM BEHIND. UNIT 2 WAS CITED FOR ACDA AND ADDITIONALLY WAS CITED FOR OVI AND OVI HIGH TIER.



CRASH REPORTED DATE / TIME: 0 3 0 6 2 0 2 1 / 2 2 0 0
 DISPATCH DATE / TIME: 0 3 0 6 2 0 2 1 / 2 2 0 1
 ARRIVAL DATE / TIME: 0 3 0 6 2 0 2 1 / 2 2 0 2
 SCENE CLEARED DATE / TIME: 0 3 0 6 2 0 2 1 / 2 2 3 4
 REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT (SEE 12.1.2))
 TOTAL TIME ROADWAY CLOSED: 0 3 4
 OTHER INVESTIGATION TIME: 0 2 0
 TOTAL MINUTES: 0 5 3
 OFFICER'S NAME*: **Moore, Matthew J**
 OFFICER'S BADGE NUMBER*: 2 5 2
 CHECKED BY OFFICER'S NAME*: **Bowen, Jared**
 CHECKED BY OFFICER'S BADGE NUMBER*: 2 1 4

OWNER

UNIT # **0 1** OWNER NAME: LAST, FIRST, MIDDLE (NAME AS DRIVER)
ROBINSON, JODI, MICHELLE

OWNER ADDRESS: STREET, CITY, STATE, ZIP (NAME AS DRIVER)
6689 PROCTOR ST, Ravenna Twp, OH 44266

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

DAMAGE

DAMAGE SCALE

3 1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE
9 - UNKNOWN

VEHICLE

LP STATE **OH** LICENSE PLATE # **HKJ8093** VEHICLE IDENTIFICATION # **2 H 1 N Y D 1 1 8 6 6 1 H 5 4 4 3 9 9** VEHICLE YEAR **2 0 0 1** VEHICLE MAKE **Acura**

INSURANCE VERIFIED INSURANCE COMPANY **LIBERTY MUTUAL** INSURANCE POLICY # **AOS28117447575** COLOR **BLK** VEHICLE MODEL **MDX**

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS **0 2** VEHICLE WEIGHT GVWR/GCWR: 1 - <10K LBS, 2 - 10,001 - 26K LBS, 3 - >26K LBS

HAZARDOUS MATERIAL: MATERIAL RELEASED, PLACARD

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

UNIT TYPE **0 1**

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 BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
5 - CARGO VAN	11 - ALL TERRAIN VEHICLE (ATV / UTV)	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN
6 - VAN (9-15 SEATS)		17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

2 1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL **0**

1 - NO AUTOMATION 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION **0 1**

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	

NO DAMAGE [0] UNDERCARRIAGE [14]
 TOP [13] ALL AREAS [15]
 UNIT NOT AT SCENE [16]

CARGO BODY TYPE **0 1**

1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
2 - BUS	4 - LOGGING	6 - CARGO VAN ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER
	7 - GRAIN/CHIPS/GRAVEL		10 - FLAT BED	14 - GARBAGE/REFUSE
			11 - DUMP	99 - OTHER / UNKNOWN

VEHICLE DEFECTS **0 1**

1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN
2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT	
3 - TAIL LAMPS	6 - TIRE BLOWOUT			

NON-MOTORIST LOCATION AT IMPACT

1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK	6 - BICYCLE LANE	9 - MEDIA V. CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE
2 - INTERSECTION - UNMARKED CROSSWALK	4 - YIELD BLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	99 - OTHER / UNKNOWN
	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	

INITIAL POINT OF CONTACT

0 6 0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES **0 1**

1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY
2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE
3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/SPILLING	23 - OPENING DOOR INTO ROADWAY
4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION
5 - UNSAFE SPEED	11 - DROVE OFF ROAD			
6 - IMPROPER TURN	12 - IMPROPER BACKING			

TRAFFIC

TRAFFICWAY FLOW **2** 1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL **2** 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL

SEQUENCE OF EVENTS

1 2 0

1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	18 - ANIMAL - DEER	24 - OTHER MOVABLE OBJECT
4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	19 - ANIMAL - OTHER	
5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDESTRIAN	20 - PARKED MOTOR VEHICLE	

OF THROUGH LANES ON ROAD **2**

RAIL GRADE CROSSING **1** 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

EVENT(S)

1 COLLISION WITH FIXED OBJECT - STRUCK

25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL
27 - BRIDGE PIER OR ABUTMENT	33 - MEDIUM CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT	52 - BUILDING
28 - BRIDGE PARAPET	34 - MEDIUM GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL
29 - BRIDGE RAIL	35 - MEDIUM CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT
30 - GUARDRAIL FACE	36 - MEDIUM OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER / UNKNOWN
			49 - FIRE HYDRANT	

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

UNIT / NON-MOTORIST DIRECTION

FROM **4** TO **3**

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

UNIT SPEED **0 0 0** POSTED SPEED **2 5**

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

LOCAL REPORT NUMBER
2 0 2 1 - 0 0 0 0 3 3 9 0

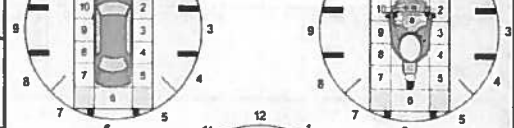
OWNER
UNIT # **0 2** OWNER NAME: LAST, FIRST, MIDDLE (☒ SAME AS DRIVER)
FRANCIS-CUTLIP, MARLEENA, HELEN
OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER)
417 WALNUT ST APT 1, Ravenna, OH 44266
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

DAMAGE
DAMAGE SCALE
4 1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE
9 - UNKNOWN

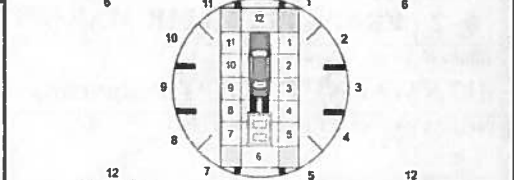
VEHICLE
LP STATE **OH** LICENSE PLATE # **HYN3156** VEHICLE IDENTIFICATION # **1N4BL11D164602** VEHICLE YEAR **2006** VEHICLE MAKE **Nissan**
INSURANCE VERIFIED INSURANCE COMPANY _____ INSURANCE POLICY # _____ COLOR **GRY** VEHICLE MODEL **ALTIMA**

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

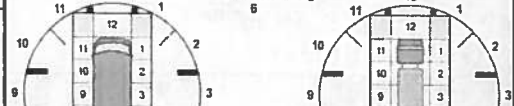
TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE
US DOT # _____ TOWED BY: COMPANY NAME **City Service**
HAZARDOUS MATERIAL: MATERIAL RELEASED CLASS # _____ PLACARD ID # _____
 INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS **0 1** VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS., 2 - 10,001 - 26K LBS., 3 - >26K LBS.



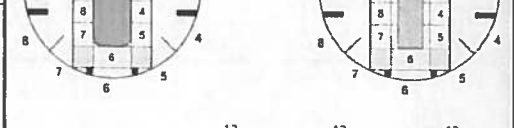
UNIT TYPE **0 1**
1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER
2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)
3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST
4 - PICKUP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE
5 - CARGO VAN 11 - ALL-TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN
6 - VAN (9-15 SEATS) 99 - UNKNOWN OR HIT/SKIP



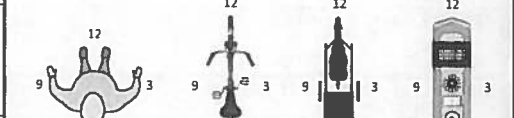
OF TRAILING UNITS _____
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **2**
1 - YES 2 - NO 9 - OTHER / UNKNOWN
AUTONOMOUS MODE LEVEL **0**
0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION
2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION



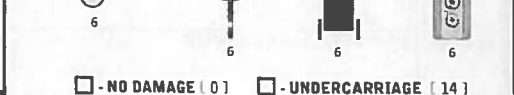
SPECIAL FUNCTION **0 1**
1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING
5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL



CARGO BODY TYPE **0 1**
1 - NO CARGO BODY TYPE / NCT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER
2 - BUS 4 - LOGGING 6 - CARGO VAN ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER
7 - GRAIN CHIPS/GRAVEL 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN



VEHICLE DEFECTS **0 1**
1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN
2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT
3 - TAIL LAMPS 6 - TIRE BLOWOUT



- NO DAMAGE [0] - UNDERCARRIAGE [14]
 - TOP [13] - ALL AREAS [15]
 - UNIT NOT AT SCENE [16]

NON-MOTORIST LOCATION AT IMPACT
1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIA CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE
2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS
5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

INITIAL POINT OF CONTACT
0 - NO DAMAGE 14 - UNDERCARRIAGE
1 2 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP 99 - UNKNOWN

ACTION **3**
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 SPECIFIED LOCATION
3 - STRIKING **0 1** 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST
4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

TRAFFIC
TRAFFICWAY FLOW: **2** 1 - ONE-WAY, 2 - TWO-WAY
TRAFFIC CONTROL: **2** 1 - ROUNDABOUT, 4 - STOP SIGN, 2 - SIGNAL, 5 - YIELD SIGN, 3 - FLASHER, 6 - NO CONTROL

CONTRIBUTING CIRCUMSTANCES **0 8**
1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACCA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE
3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY
4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION
5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
6 - IMPROPER TURN 12 - IMPROPER BACKING

OF THROUGH LANES ON ROAD **2**
RAIL GRADE CROSSING **1**
1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

SEQUENCE OF EVENTS
1 2 0
1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT
4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEJALCYCLE 21 - PARKED MOTOR VEHICLE

UNIT / NON-MOTORIST DIRECTION
FROM **4** TO **3**
1 - NORTH 5 - NORTH-EAST
2 - SOUTH 6 - NORTH-WEST
3 - EAST 7 - SOUTH-EAST
4 - WEST 8 - SOUTH-WEST
9 - OTHER / UNKNOWN

COLLISION WITH FIXED OBJECT - STRUCK
25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT
26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL
27 - BRIDGE PIER OR ABUTMENT BARRIER 33 - MEDIA CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING
28 - BRIDGE PARAPET 34 - MEDIA GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL
29 - BRIDGE RAIL 35 - MEDIA CONCRETE BARRIER 41 - OTHER POST POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT
30 - GUARDRAIL FACE 36 - MEDIA OTHER BARRIER 42 - CURVERT 48 - TREE 55 - OTHER / UNKNOWN
49 - FIRE HYDRANT

UNIT SPEED _____
POSTED SPEED **2 5**
DETECTED SPEED **3**
1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

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



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER			
2 0 2 1 - 0 0 0 0 3 3 9 0			
DATE OF BIRTH		AGE	GENDER
0 9 / 2 7 / 1 9 7 6		4 4	F
CONTACT PHONE - INCLUDE AREA CODE			

UNIT #	NAME: LAST, FIRST, MIDDLE
0 1	ROBINSON, JODI, MICHELLE
ADDRESS: STREET, CITY, STATE, ZIP	
6689 PROCTOR ST ,Ravenna Twp ,OH 44266	

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		
5				0 4	<input type="checkbox"/>	0 1	1	1	1		
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER						
O, H											
OL CLASS	ENDORSEMENT	RESTRICTION	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST		DRUG TEST(S)			
4			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT
						1	1		1	1	

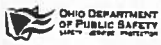
UNIT #	NAME: LAST, FIRST, MIDDLE
0 2	FRANCIS-CUTLIP, MARLEENA, HELEN
ADDRESS: STREET, CITY, STATE, ZIP	
417 S WALNUT ST APT 1 ,Ravenna ,OH 44266	

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		
5				0 4	<input type="checkbox"/>	0 1	1	1	1		
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER						
O, H		333.03	<input checked="" type="checkbox"/>	Maximum Speed Limits	61390						
OL CLASS	ENDORSEMENT	RESTRICTION	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST		DRUG TEST(S)			
4			1	<input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	6	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT
						4	4	2, 1, 3	1	1	

UNIT #	NAME: LAST, FIRST, MIDDLE
ADDRESS: STREET, CITY, STATE, ZIP	

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		
					<input type="checkbox"/>						
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER						
OL CLASS	ENDORSEMENT	RESTRICTION	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST		DRUG TEST(S)			
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		STATUS	TYPE	VALUE	STATUS	TYPE	RESULT

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - MC MOPED ONLY	5 - EXCEPT CLASS A BUS & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	7 - EXCEPT TRACTOR-TRAILER	6 - PASSENGER	ALCOHOL TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	OL ENDORSEMENT	8 - INTERMEDIATE LICENSE RESTRICTIONS	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	9 - LEARNER'S PERMIT RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	10 - LIMITED TO DAYLIGHT ONLY	9 - OTHER / UNKNOWN	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	11 - LIMITED TO EMPLOYMENT	CONDITION	4 - BREATH
SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER	12 - LIMITED - OTHER	1 - APPARENTLY NORMAL	5 - OTHER
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q - MOTOR SCOOTER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	2 - PHYSICAL IMPAIRMENT	DRUG TEST TYPE
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	R - THREE WHEEL MOTORCYCLE	14 - MILITARY VEHICLES ONLY	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTRESSED)	1 - NONE
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	4 - ILLNESS	2 - BLOOD
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	16 - OUTSIDE MIRROR	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN		X - TANKER / HAZMAT	17 - PROSTHETIC AID	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING			GENDER	18 - OTHER	9 - OTHER / UNKNOWN	DRUG TEST RESULT(S)
7 - BOOSTER SEAT			F - FEMALE			1 - AMPHETAMINES
8 - HELMET USED			M - MALE			2 - BARBITURATES
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			U - OTHER / UNKNOWN			3 - BENZODIAZEPINES
10 - REFLECTIVE CLOTHING						4 - CANNABINOIDS
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						5 - COCAINE
99 - OTHER / UNKNOWN						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 0 2 1 - 0 0 0 0 3 3 9 0

OCCUPANT

UNIT # 01 NAME: LAST, FIRST, MIDDLE
ELLIS, PAUL, ANTHONY

ADDRESS: STREET, CITY, STATE, ZIP
417 S WALNUT ST APT 1, Ravenna, OH 44266

DATE OF BIRTH 02 / 17 / 1985 AGE 36 GENDER M

CONTACT PHONE - INCLUDE AREA CODE

INJURIES 5 INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 0,4

DOT-COMPLIANT MC HELMET SEATING POSITION 03 AIR BAG USAGE 11 EJECTION 1 TRAPPED 1

UNIT # NAME: LAST, FIRST, MIDDLE

ADDRESS: STREET, CITY, STATE, ZIP

DATE OF BIRTH AGE GENDER

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

UNIT # NAME: LAST, FIRST, MIDDLE

ADDRESS: STREET, CITY, STATE, ZIP

DATE OF BIRTH AGE GENDER

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

UNIT # NAME: LAST, FIRST, MIDDLE

ADDRESS: STREET, CITY, STATE, ZIP

DATE OF BIRTH AGE GENDER

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

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

WITNESS

NAME: LAST, FIRST, MIDDLE

ADDRESS: STREET, CITY, STATE, ZIP

DATE OF BIRTH AGE GENDER

CONTACT PHONE - INCLUDE AREA CODE

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