

# 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"/> PRIVATE PROPERTY	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER	<input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	LOCAL INFORMATION REPORTING AGENCY NAME* <b>City of Kent Police</b>	NCIC* <b>06703</b>	<b>2021-00011258</b>
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COUNTY* <b>67</b>	LOCALITY* <b>1</b>	LOCATION: CITY, VILLAGE, TOWNSHIP* <b>Kent</b>	CRASH DATE / TIME* <b>07132021/1312</b>	CRASH SEVERITY <b>5</b>
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ROUTE TYPE <b>S R</b>	ROUTE NUMBER <b>43</b>	PREFIX <b>1</b>	LOCATION ROAD NAME <b>Kent</b>	ROAD TYPE <b>RD</b>	LATITUDE DECIMAL DEGREES <b>41.151228</b>
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ROUTE TYPE <b>S R</b>	ROUTE NUMBER <b>59</b>	PREFIX <b>1</b>	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>Haymaker Pkwy</b>	ROAD TYPE <b>RD</b>	LONGITUDE DECIMAL DEGREES <b>81.364000</b>
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REFERENCE POINT <b>1</b>	DIRECTION FROM REFERENCE <b>1</b>	ROUTE TYPE <b>SR - STATE ROUTE</b>	ROAD TYPE <b>RD - ROAD</b>	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES <b>3</b>
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DISTANCE FROM REFERENCE <b>30</b>	DISTANCE UNIT OF MEASURE <b>2</b>	ROUTE TYPE <b>CR - NUMBERED COUNTY ROUTE</b>	ROAD TYPE <b>RD - ROAD</b>	ROADWAY <input type="checkbox"/> ROADWAY DIVIDED	
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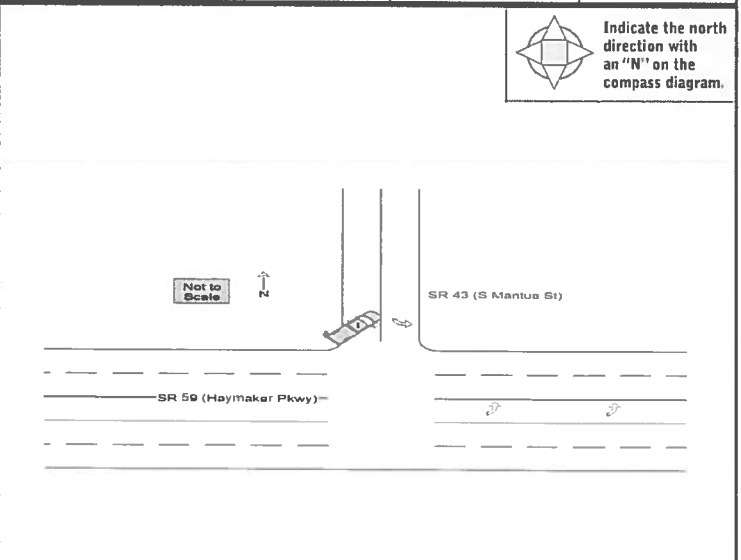
LOCATION OF FIRST HARMFUL EVENT <b>02</b>	MANNER OF CRASH COLLISION/IMPACT <b>1</b>	DIRECTION OF TRAVEL <b>1</b>	MEDIAN TYPE <b>1</b>
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<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE	WORK ZONE TYPE <b>1</b>	LOCATION OF CRASH IN WORK ZONE <b>1</b>	CONTOUR <b>1</b>	CONDITIONS <b>1</b>	SURFACE <b>2</b>
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LIGHT CONDITION <b>1</b>	WEATHER <b>01</b>	DIRECTION OF TRAVEL <b>1</b>	MEDIAN TYPE <b>1</b>
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NARRATIVE

**Unit 1 turned from SR 59 (Haymaker Pkwy) to northbound SR 43 (S Mantua St) which is southbound only. Unit 1 backed up to turn around and struck a fire hydrant on the West side of SR 43. Unit 1 left the scene.**



CRASH REPORTED DATE / TIME <b>07132021/1312</b>	DISPATCH DATE / TIME <b>07132021/1316</b>	ARRIVAL DATE / TIME <b>07132021/1320</b>	SCENE CLEARED DATE / TIME <b>07132021/1329</b>	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT
TOTAL TIME ROADWAY CLOSED <b>000</b>	OTHER INVESTIGATION TIME <b>120</b>	TOTAL MINUTES <b>133</b>	OFFICER'S NAME* <b>Darrah, Benjamin</b>	CHECKED BY OFFICER'S NAME* <b>Ennemoser, James</b>
<b>000</b>	<b>120</b>	<b>133</b>	OFFICER'S BADGE NUMBER* <b>226</b>	CHECKED BY OFFICER'S BADGE NUMBER* <b>255</b>

<b>OWNER</b>	UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER )	OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )
	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )		
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #
			VEHICLE YEAR
			VEHICLE MAKE
	<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #
			COLOR
			VEHICLE MODEL
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input checked="" type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 0 1
			VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS 2 - 10,001 - 26K LBS 3 - >26K LBS
			HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # PLACARD ID # <input type="checkbox"/> PLACARD
	UNIT TYPE		
	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)    99 - UNKNOWN OR HIT/SKIP		
	# of TRAILING UNITS		
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		
	1 - YES 2 - NO 9 - OTHER / UNKNOWN    AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION    1 - DRIVER ASSISTANCE    3 - CONDITIONAL AUTOMATION    4 - HIGH AUTOMATION    5 - FULL AUTOMATION    9 - UNKNOWN    2 - PARTIAL AUTOMATION		
	SPECIAL FUNCTION		
	1 - NONE    2 - TAXI    3 - ELECTRONIC RIDE SHARING    4 - SCHOOL TRANSPORT    5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR    7 - BUS - INTERCITY    8 - BUS - SHUTTLE    9 - BUS - OTHER    10 - AMBULANCE 11 - FIRE    12 - MILITARY    13 - POLICE    14 - PUBLIC UTILITY    15 - CONSTRUCTION EQUIPMENT 16 - FARM    17 - MOWING    18 - SNOW REMOVAL    19 - TOWING    20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER    99 - OTHER / UNKNOWN		
	CARGO BODY TYPE		
	1 - NO CARGO BODY TYPE / NOT APPLICABLE    2 - BUS    3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE    4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS    6 - CARGO VAN/ENCLOSED BOX    7 - GRAIN/CHIPS/GRAVEL    8 - POLE    9 - CARGO TANK    10 - FLAT BED    11 - DUMP    12 - CONCRETE MIXER    13 - AUTO TRANSPORTER    14 - GARBAGE/REFUSE    99 - OTHER / UNKNOWN		
	VEHICLE DEFECTS		
	1 - TURN SIGNALS    2 - HEAD LAMPS    3 - TAIL LAMPS    4 - BRAKES    5 - STEERING    6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES    8 - TRAILER EQUIPMENT DEFECTIVE    9 - MOTOR TROUBLE    10 - DISABLED FROM PRIOR ACCIDENT    99 - OTHER / UNKNOWN		
	NON-MOTORIST LOCATION AT IMPACT		
	1 - INTERSECTION - MARKED CROSSWALK    2 - INTERSECTION - UNMARKED CROSSWALK    3 - INTERSECTION - OTHER    4 - MIDDLEBLOCK - MARKED CROSSWALK    5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE    7 - SHOULDER / ROADSIDE    8 - SIDEWALK    9 - MEDIAN/CROSSING ISLAND    10 - DRIVEWAY ACCESS    11 - SHARED USE PATHS OR TRAILS    12 - FIRST RESPONDER AT INCIDENT SCENE    99 - OTHER / UNKNOWN		
	ACTION		
	1 - NON-CONTACT    2 - NON-COLLISION    3 - STRIKING    4 - STRUCK    5 - BOTH STRIKING & STRUCK    9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD    2 - BACKING    3 - CHANGING LANES    4 - OVERTAKING/PASSING    5 - MAKING RIGHT TURN    6 - MAKING LEFT TURN 7 - MAKING U-TURN    8 - ENTERING TRAFFIC LANE    9 - LEAVING TRAFFIC LANE    10 - PARKED    11 - SLOWING OR STOPPED IN TRAFFIC    12 - DRIVERLESS 13 - NEGOTIATING A CURVE    14 - ENTERING OR CROSSING SPECIFIED LOCATION    15 - WALKING, RUNNING, JOGGING, PLAYING    16 - WORKING    17 - PUSHING VEHICLE    18 - APPROACHING OR LEAVING VEHICLE    19 - STANDING    20 - OTHER NON-MOTORIST    21 - STANDING OUTSIDE DISABLED VEHICLE    99 - OTHER / UNKNOWN		
	CONTRIBUTING CIRCUMSTANCES		
	1 - NONE    2 - FAILURE TO YIELD    3 - RAN RED LIGHT    4 - RAN STOP SIGN    5 - UNSAFE SPEED    6 - IMPROPER TURN 7 - LEFT OF CENTER    8 - FOLLOWING TOO CLOSE / ACDA    9 - IMPROPER LANE CHANGE    10 - IMPROPER PASSING    11 - DROVE OFF ROAD    12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION    14 - STOPPED OR PARKED ILLEGALLY    15 - SWERVING TO AVOID    16 - WRONG WAY    17 - VISION OBSTRUCTION    18 - OPERATING DEFECTIVE EQUIPMENT    19 - LOAD SHIFTING/FALLING/ SPILLING    20 - IMPROPER CROSSING    21 - LYING IN ROADWAY    22 - NOT DISCERNIBLE    23 - OPENING DOOR INTO ROADWAY    99 - OTHER IMPROPER ACTION		
	SEQUENCE OF EVENTS		
	1 - OVERTURN/ROLLOVER    2 - FIRE/EXPLOSION    3 - IMMERSION    4 - JACKKNIFE    5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE    7 - SEPARATION OF UNITS    8 - RAN OFF ROAD RIGHT    9 - RAN OFF ROAD LEFT    10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL    12 - DOWNHILL RUNAWAY    13 - OTHER NON-COLLISION    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 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE    24 - OTHER MOVABLE OBJECT		
	COLLISION WITH FIXED OBJECT - STRUCK		
	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 - PORTABLE BARRIER    33 - MEDIAN CABLE BARRIER    34 - MEDIAN GUARDRAIL BARRIER    35 - MEDIAN CONCRETE BARRIER    36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST    38 - OVERHEAD SIGN POST    39 - LIGHT / LUMINARIES SUPPORT    40 - UTILITY POLE    41 - OTHER POST, POLE OR SUPPORT    42 - CULVERT 43 - CURB    44 - DITCH    45 - EMBANKMENT    46 - FENCE    47 - MAILBOX    48 - TREE    49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT    51 - WALL    52 - BUILDING    53 - TUNNEL    54 - OTHER FIXED OBJECT    99 - OTHER / UNKNOWN		
	FIRST HARMFUL EVENT    1    MOST HARMFUL EVENT		

<b>DAMAGE</b>	
<b>DAMAGE SCALE</b>	
9	1 - NONE    3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE    4 - DISABLING DAMAGE 9 - UNKNOWN
<b>DAMAGED AREA(S)</b> INDICATE ALL THAT APPLY	
<input type="checkbox"/> NO DAMAGE [ 0 ] <input type="checkbox"/> UNDERCARRIAGE [ 14 ] <input type="checkbox"/> TOP [ 13 ] <input type="checkbox"/> ALL AREAS [ 15 ] <input type="checkbox"/> UNIT NOT AT SCENE [ 16 ]	
<b>INITIAL POINT OF CONTACT</b>	
0 - NO DAMAGE    14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM    15 - VEHICLE NOT AT SCENE 99 - UNKNOWN    13 - TOP	
<b>TRAFFIC</b>	
<b>TRAFFICWAY FLOW</b>	<b>TRAFFIC CONTROL</b>
1	2
<b># of THROUGH LANES ON ROAD</b>	
2	
<b>RAIL GRADE CROSSING</b>	
1	
<b>UNIT / NON-MOTORIST DIRECTION</b>	
FROM 3 TO 4	
<b>UNIT SPEED</b>	<b>DETECTED SPEED</b>
0 0 5	1
<b>POSTED SPEED</b>	2 - CALCULATED / EDR 3 - UNDETERMINED
2 5	



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
**2 0 2 1 - 0 0 0 1 1 2 5 8**

<b>OCCUPANT</b>	<b>UNIT #</b> [ ]	<b>NAME: LAST, FIRST, MIDDLE</b> [ ]	<b>DATE OF BIRTH</b> [ ] / [ ] / [ ]		<b>AGE</b> [ ]	<b>GENDER</b> [ ]			
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [ ]				<b>CONTACT PHONE - INCLUDE AREA CODE</b> [ ]				
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

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
<b>INJURED TAKEN BY</b>		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>
2 - EMS	7 - BOOSTER SEAT	8 - THIRD - MIDDLE	1 - NOT EJECTED
3 - POLICE	8 - HELMET USED	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
<b>GENDER</b>		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
F - FEMALE	10 - REFLECTIVE CLOTHING	12 - PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>
M - MALE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	13 - TRAILING UNIT	1 - NOT TRAPPED
U - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS
		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS
		99 - OTHER / UNKNOWN	

<b>WITNESS</b>	<b>NAME: LAST, FIRST, MIDDLE</b> <b>KOSTECKI, NICHOLAS, DON</b>	<b>DATE OF BIRTH</b> <b>0 8 / 2 2 / 1 9 7 9</b>	<b>AGE</b> <b>4 1</b>	<b>GENDER</b> [ ]
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> <b>10644 CHATHAM RD ,SPENCER, ,OH 44275</b>		<b>CONTACT PHONE - INCLUDE AREA CODE</b> [ ]	
<b>WITNESS</b>	<b>NAME: LAST, FIRST, MIDDLE</b> <b>SMITH, MEAGAN, ELIZABETH</b>	<b>DATE OF BIRTH</b> <b>1 1 / 2 1 / 1 9 9 2</b>	<b>AGE</b> <b>2 8</b>	<b>GENDER</b> <b>F</b>
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> <b>527 IRMA ST ,Kent, ,OH 44240</b>		<b>CONTACT PHONE - INCLUDE AREA CODE</b> [ ]	
<b>WITNESS</b>	<b>NAME: LAST, FIRST, MIDDLE</b> [ ]	<b>DATE OF BIRTH</b> [ ] / [ ] / [ ]	<b>AGE</b> [ ]	<b>GENDER</b> [ ]
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [ ]		<b>CONTACT PHONE - INCLUDE AREA CODE</b> [ ]	