

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER	LOCAL INFORMATION REPORTING AGENCY NAME* <b>City of Kent Police</b>	LOCAL REPORT NUMBER* <b>2020-00020871</b>		
COUNTY* <b>67</b> LOCALITY* <b>1</b> LOCATION: CITY, VILLAGE, TOWNSHIP* <b>Kent</b>			NCIC* <b>06703</b>	HIT/SKIP 1 - SOLVED 2 - UNSOLVED <b>0 2</b>	NUMBER OF UNITS <b>0 2</b>	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN <b>0 2</b>

CRASH DATE / TIME* <b>12262020/1405</b>	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY <b>4</b>				
ROUTE TYPE <b>S R</b>	ROUTE NUMBER <b>59</b>	PREFIX <b>3</b>	LOCATION ROAD NAME <b>MAIN</b>	ROAD TYPE <b>S T</b>	LATITUDE DECIMAL DEGREES <b>41.153861</b>
ROUTE TYPE <b>D R</b>	ROUTE NUMBER <b>81</b>	PREFIX <b>3</b>	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>Terrace</b>	ROAD TYPE <b>D R</b>	LONGITUDE DECIMAL DEGREES <b>-81.345034</b>

REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # <b>1</b>	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST <b>4</b>	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 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	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES <b>4</b>
DISTANCE FROM REFERENCE <b>1 5</b>	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS <b>2</b>	ROADWAY <input type="checkbox"/> ROADWAY DIVIDED		

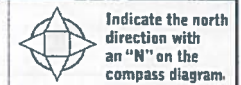
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP <b>0 1</b>	MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN <b>2</b>	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST <b>1</b>	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 <b>2</b>
---	---	---	--

<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	CONTOUR <b>1</b> 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	CONDITIONS <b>7</b> 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	SURFACE <b>2</b> 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 <b>1</b>	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 <b>0 2</b>
--	---

NARRATIVE

**Unit #1 and Unit #2 were EB on E Main St near Terrace Dr. Unit #1 stopped for a red light. Unit #2 rear ended Unit #1. Kent FD evaluated and released Unit #1. Bakers towed Unit #2.**



CRASH REPORTED DATE / TIME <b>12262020/1405</b>	DISPATCH DATE / TIME <b>12262020/1408</b>	ARRIVAL DATE / TIME <b>12262020/1413</b>	SCENE CLEARED DATE / TIME <b>12262020/1451</b>	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO CPS)
TOTAL TIME ROADWAY CLOSED <b>0 4 6</b>	OTHER INVESTIGATION TIME <b>0 4 5</b>	TOTAL MINUTES <b>0 8 8</b>	OFFICER'S NAME* <b>Oldham, Peter Drake</b>	CHECKED BY OFFICER'S NAME* <b>Nelson, Josh</b>
		OFFICER'S BADGE NUMBER* <b>2 1 8</b>	CHECKED BY OFFICER'S BADGE NUMBER* <b>2 3 2</b>	







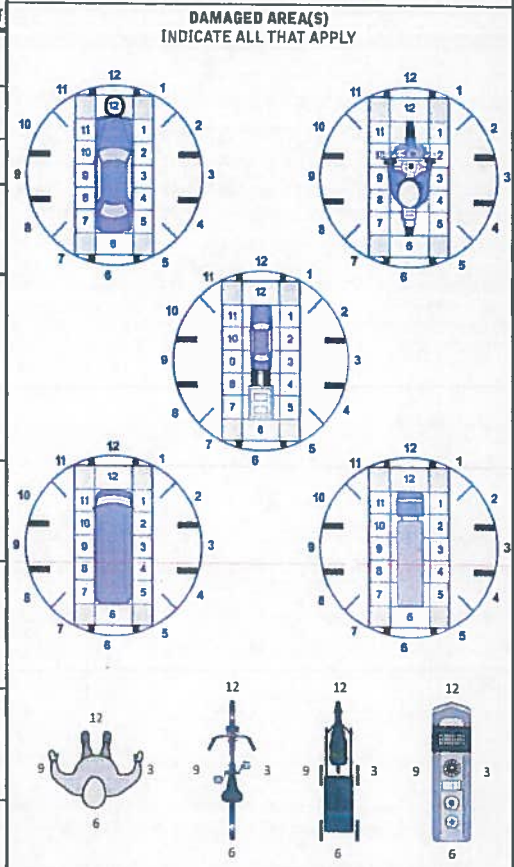
<b>OWNER</b>	<b>UNIT #</b> 02	<b>OWNER NAME: LAST, FIRST, MIDDLE</b> (SAME AS DRIVER) <b>BELKNAP, BRITTANY, NICOLE</b>	<b>OWNED PHONE</b> (INCLUDE AREA CODE) (SAME AS DRIVER)
	<b>OWNER ADDRESS: STREET, CITY, STATE, ZIP</b> (SAME AS DRIVER) <b>7388 PECK RD, Ravenna Twp, OH 44266</b>		
	<b>COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP</b>		
	<b>COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE</b>		
<b>LP STATE</b>	<b>LICENSE PLATE #</b>	<b>VEHICLE IDENTIFICATION #</b>	<b>VEHICLE YEAR</b>
OH	HQNS110	5NMZUDLB9JH078004	2018
<b>VEHICLE MAKE</b>	<b>VEHICLE MODEL</b>		
Hyundai	Santa Fe		
<b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b>	<b>INSURANCE POLICY #</b>	<b>COLOR</b>
<input checked="" type="checkbox"/>	PROGRESSIVE	936113435	BLK
<b>TYPE OF USE</b>	<b>US DOT #</b>	<b>TOWED BY: COMPANY NAME</b>	
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		Bakers Towing	
<b>INTERLOCK DEVICE EQUIPPED</b>	<b>HIT/SKIP UNIT</b>	<b>HAZARDOUS MATERIAL</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
<b>#OCCUPANTS</b>	<b>VEHICLE WEIGHT GVWR/GCWR</b>	<b>CLASS #</b> <b>PLACARD ID #</b>	
01	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
<b>UNIT TYPE</b>	<b># OF TRAILING UNITS</b>		
03	01		
<b>VEHICLE</b>	<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>		
2	0		
<b>SPECIAL FUNCTION</b>	<b>VEHICLE DEFECTS</b>		
01	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		
<b>CARGO BODY TYPE</b>	<b>VEHICLE LOCATION AT IMPACT</b>		
01	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		
<b>NON-MOTORIST LOCATION AT IMPACT</b>	<b>ACTION</b>		
	3		
<b>CONTRIBUTING CIRCUMSTANCES</b>	<b>SEQUENCE OF EVENTS</b>		
08	1 2 0		
<b>EVENT(S)</b>	<b>EVENTS</b>		
1	1		
<b>COLLISION WITH FIXED OBJECT - STRUCK</b>	<b>DETECTED SPEED</b>		
1	1		

**LOCAL REPORT NUMBER**  
2020-00020871

**DAMAGE**

**DAMAGE SCALE**

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



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

**INITIAL POINT OF CONTACT**

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

**TRAFFIC**

<b>TRAFFICWAY FLOW</b>	<b>TRAFFIC CONTROL</b>
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL

**# OF THROUGH LANES ON ROAD** 4

**RAIL GRADE CROSSING**

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

**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** 030

**POSTED SPEED** 35

**DETECTED SPEED** 1

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



