



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2020-00014249

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

LOCAL INFORMATION  
 REPORTING AGENCY NAME\*  
**City of Kent Police**  
 NCIC\*  
**06703**

HIT/SKIP  
 1 - SOLVED  
 2 - UNSOLVED  
 NUMBER OF UNITS  
**02**  
 UNIT IN ERROR  
 98 - ANIMAL  
 99 - UNKNOWN  
**01**

COUNTY\* **67** LOCALITY\* **1** LOCATION: CITY, VILLAGE, TOWNSHIP\*  
**Kent**

CRASH DATE / TIME\*  
**09042020/1628**  
 CRASH SEVERITY  
 1 - FATAL  
 2 - SERIOUS INJURY SUSPECTED  
 3 - MINOR INJURY SUSPECTED  
 4 - INJURY POSSIBLE  
 5 - PROPERTY DAMAGE ONLY  
**5**

ROUTE TYPE **S R** ROUTE NUMBER **59** PREFIX **3** LOCATION ROAD NAME  
**MAIN** ROAD TYPE **S T**

LATITUDE DECIMAL DEGREES  
**41.153883**

ROUTE TYPE **S T** ROUTE NUMBER **59** PREFIX **3** REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
**LINCOLN** ROAD TYPE **S T**

LONGITUDE DECIMAL DEGREES  
**-81.350260**

REFERENCE POINT  
 1 - INTERSECTION  
 2 - MILE POST  
 3 - HOUSE #  
**1**  
 DIRECTION FROM REFERENCE  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
**3**  
 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  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA  
 NUMBER OF APPROACHES  
**4**

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  
**01**  
 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  
**2**

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

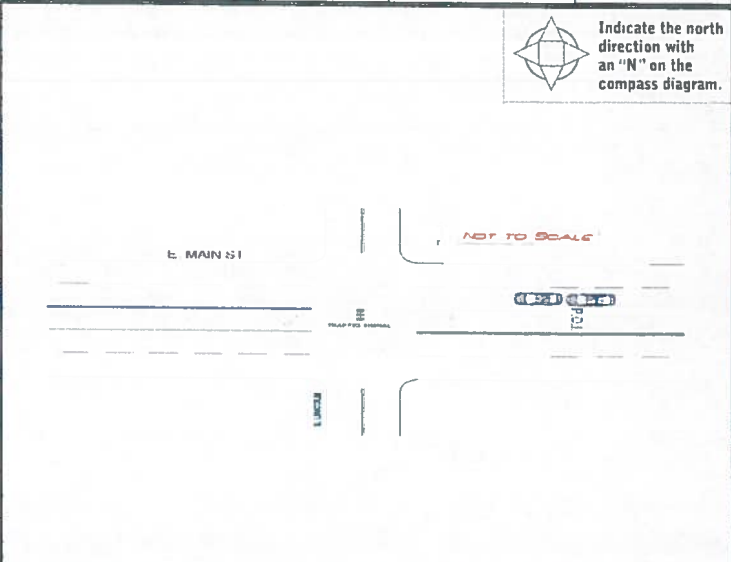
WORK ZONE RELATED  
 WORKERS PRESENT  
 LAW ENFORCEMENT PRESENT  
 ACTIVE SCHOOL ZONE  
 WORK ZONE TYPE  
 1 - LANE CLOSURE  
 2 - LANE SHIFT/CROSSOVER  
 3 - WORK ON SHOULDER OR MEDIAN  
 4 - INTERMITTENT OR MOVING WORK  
 5 - OTHER  
 LOCATION OF CRASH IN WORK ZONE  
 1 - BEFORE THE 1ST WORK ZONE WARNING 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  
**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  
**01**

NARRATIVE

**BOTH UNITS WERE TRAVELING WB ON E MAIN ST JUST EAST OF S. LINCOLN ST. UNIT #2 WAS STOPPED IN TRAFFIC DUE TO A RED LIGHT. UNIT #1 WAS BEHIND UNIT #2. UNIT #1 FAILED TO MAINTAIN ACDA. UNIT #1 STRUCK THE BACK OF UNIT #2. UNIT #1 DRIVER RECEIVED A CITATION.**



CRASH REPORTED DATE / TIME: **09042020/1628**  
 DISPATCH DATE / TIME: **09042020/1630**  
 ARRIVAL DATE / TIME: **09042020/1636**  
 SCENE CLEARED DATE / TIME: **09042020/1710**  
 REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST  
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO CSRS)  
 TOTAL TIME ROADWAY CLOSED: **040**  
 OTHER INVESTIGATION TIME: **030**  
 TOTAL MINUTES: **070**  
 OFFICER'S NAME\*: **Luff, Kevin M**  
 OFFICER'S BADGE NUMBER\*: **246**  
 CHECKED BY OFFICER'S NAME\*: **Nelson, Josh**  
 CHECKED BY OFFICER'S BADGE NUMBER\*: **232**

LOCAL REPORT NUMBER  
2020-00014249

**OWNER**  
UNIT # **01** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)  
**RISCHAR, DAVID, JACOB**  
OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)  
**3391 SANFORD AVE, Stow, OH 44224**  
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

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

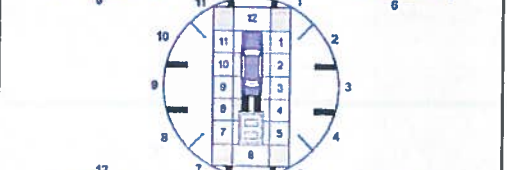
LP STATE **OH** LICENSE PLATE # **HRW8030** VEHICLE IDENTIFICATION # **2G1WT58K079234460** VEHICLE YEAR **2007** VEHICLE MAKE **Chevrolet**  
INSURANCE VERIFIED  INSURANCE COMPANY **GRANGE** INSURANCE POLICY # **6098400** COLOR **BLU** VEHICLE MODEL **IMPALA**

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY

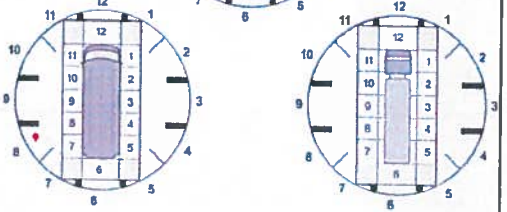
TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
HAZARDOUS MATERIAL:  MATERIAL RELEASED  PLACARD  
US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_  
VEHICLE WEIGHT GVWR/GCWR: 1 - <10K LBS, 2 - 10,001 - 26K LBS, 3 - >26K LBS  
CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_



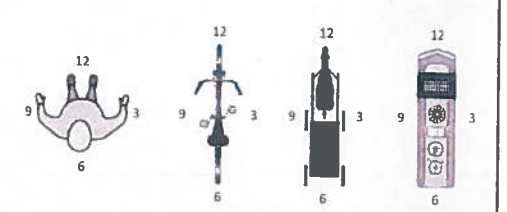
UNIT TYPE **01** # OF TRAILING UNITS **00**  
1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
3 - SPORT UTILITY VEHICLE 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 99 - UNKNOWN OR HITSKIP  
6 - VAN (9-15 SEATS)



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



SPECIAL FUNCTION **01**  
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 **01**  
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 11 - DUMP 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

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

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

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

ACTION **3** PRE-CRASH ACTIONS **01**  
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 SPECIFYING LOCATION 19 - STANDING  
3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
4 - STRUCK 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 - DRIVELESS 18 - OTHER / UNKNOWN

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

CONTRIBUTING CIRCUMSTANCES **08**  
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 19 - 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 12 - IMPROPER BACKING

# OF THROUGH LANES ON ROAD **4** RAIL GRADE CROSSING **1**  
1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

SEQUENCE OF EVENTS **1 2 0**  
1 - OVERTURN/ROLL OVER 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 18 - ANIMAL - JEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT  
3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE  
4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 15 - PEDALCYCLE

UNIT / NON-MOTORIST DIRECTION  
FROM **3** TO **4**  
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 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 99 - OTHER / UNKNOWN  
30 - GUARDRAIL FACE 36 - MEDIA/OTHER BARRIER 42 - CULVERT 48 - TREE 49 - FIRE HYDRANT

UNIT SPEED **0 2 0** DETECTED SPEED **1**  
1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED

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



<b>OWNER</b>	<b>UNIT #</b> 02	<b>OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)</b> Yang, Ray, D	<b>OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)</b> 1079 LINCOLN ST, Kent, OH 44240	<b>COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP</b>	<b>COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE</b>
<b>VEHICLE</b>	<b>LP STATE</b> NC	<b>LICENSE PLATE #</b> TPD1895	<b>VEHICLE IDENTIFICATION #</b> JF1VA1C60K9828241	<b>VEHICLE YEAR</b> 2019	<b>VEHICLE MAKE</b> Subaru
	<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> ALLSTATE	<b>INSURANCE POLICY #</b> 935764301	<b>COLOR</b> BLU	<b>VEHICLE MODEL</b> RX
	<input type="checkbox"/> <b>COMMERCIAL</b>	<input type="checkbox"/> <b>GOVERNMENT</b>	<input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>	<b>US DOT #</b>	
	<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b>#OCCUPANTS</b> 01	<b>VEHICLE WEIGHT GVWR/GCWR</b> 1 - <10K LBS 2 - 10,001 - 26K LBS 3 - >26K LBS	
	<b>TYPE OF USE</b>		<b>TOWED BY: COMPANY NAME</b>		
	<input type="checkbox"/> <b>HAZARDOUS MATERIAL</b>		<input type="checkbox"/> <b>MATERIAL RELEASED</b> CLASS # <b>PLACARD ID #</b>		
	<input type="checkbox"/> <b>PLACARD</b>				
	<b>UNIT TYPE</b>				
	01				
	<b># OF TRAILING UNITS</b>				
	00				
	<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>				
	2				
	<b>AUTONOMOUS MODE LEVEL</b>				
	0				
	<b>SPECIAL FUNCTION</b>				
	01				
	<b>CARGO BODY TYPE</b>				
	01				
	<b>VEHICLE DEFECTS</b>				
	0				
	<b>NON-MOTORIST LOCATION AT IMPACT</b>				
	0				
	<b>ACTION</b>				
	4				
	<b>CONTRIBUTING CIRCUMSTANCES</b>				
	01				
	<b>SEQUENCE OF EVENTS</b>				
	1				
	<b>EVENTS</b>				
	1				
	<b>COLLISION WITH FIXED OBJECT - STRUCK</b>				
	1				
	<b>FIRST HARMFUL EVENT</b>				
	1				
	<b>MOST HARMFUL EVENT</b>				
	1				

<b>LOCAL REPORT NUMBER</b> 2020-00014249	
<b>DAMAGE</b>	
<b>DAMAGE SCALE</b>	
2	
1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
<b>DAMAGED AREA(S)</b> INDICATE ALL THAT APPLY	
<input type="checkbox"/> <b>NO DAMAGE</b> <input type="checkbox"/> <b>UNDERCARRIAGE</b> 14 <input type="checkbox"/> <b>TOP</b> 13 <input type="checkbox"/> <b>ALL AREAS</b> 15 <input type="checkbox"/> <b>UNIT NOT AT SCENE</b> 16	
<b>INITIAL POINT OF CONTACT</b>	
06	
NO DAMAGE    14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM    15 - VEHICLE NOT AT SCENE 13 - TOP    99 - UNKNOWN	
<b>TRAFFIC</b>	
<b>TRAFFICWAY FLOW</b>	<b>TRAFFIC CONTROL</b>
2	2
<b># OF THROUGH LANES ON ROAD</b>	<b>RAIL GRADE CROSSING</b>
4	1
<b>UNIT / NON-MOTORIST DIRECTION</b>	
FROM 3 TO 4	
<b>UNIT SPEED</b>	<b>DETECTED SPEED</b>
000	1
<b>POSTED SPEED</b>	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
35	



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2,0,2,0,-0,0,0,1,4,2,4,9

UNIT # **0,1** NAME: LAST, FIRST, MIDDLE  
**RISCHAR, MAGGIE, ELIZABETH**

ADDRESS: STREET, CITY, STATE, ZIP  
**3391 SANFORD AVE, Stow, OH 44224**

DATE OF BIRTH **0,7,2,4,2,0,0,3** AGE **17** GENDER **F**

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 **0,1** AIR BAG USAGE **1** EJECTION **1** TRAPPED **1**

OL STATE **OH** OPERATOR LICENSE NUMBER [ ] OFFENSE CHARGED **4511.21A** LOCAL CODE  OFFENSE DESCRIPTION **Assured Clear Distan** CITATION NUMBER **61258**

OL CLASS **4** ENDORSEMENT [ ] RESTRICTION SELECT UP TO 3 [ ] DRIVER DISTRACTED BY **1** ALCOHOL / DRUG SUSPECTED  ALCOHOL  MARIJUANA  OTHER DRUG CONDITION **1** ALCOHOL TEST STATUS **1** TYPE **1** VALUE [ ] DRUG TEST(S) STATUS **1** TYPE **1** RESULT SELECT UP TO 4 [ ]

UNIT # **0,2** NAME: LAST, FIRST, MIDDLE  
**Yang, Ray, D**

ADDRESS: STREET, CITY, STATE, ZIP  
**1079 S LINCOLN ST, Kent, OH 44240**

DATE OF BIRTH **0,3,0,8,1,9,9,9** AGE **21** 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 **0,1** AIR BAG USAGE **1** EJECTION **1** TRAPPED **1**

OL STATE **NC** OPERATOR LICENSE NUMBER [ ] OFFENSE CHARGED [ ] LOCAL CODE  OFFENSE DESCRIPTION [ ] CITATION NUMBER [ ]

OL CLASS **4** ENDORSEMENT [ ] RESTRICTION SELECT UP TO 3 [ ] DRIVER DISTRACTED BY **1** ALCOHOL / DRUG SUSPECTED  ALCOHOL  MARIJUANA  OTHER DRUG CONDITION **1** ALCOHOL TEST STATUS **1** TYPE **1** VALUE [ ] DRUG TEST(S) STATUS [ ] TYPE [ ] RESULT SELECT UP TO 4 [ ]

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 [ ]

OL STATE [ ] OPERATOR LICENSE NUMBER [ ] OFFENSE CHARGED [ ] LOCAL CODE  OFFENSE DESCRIPTION [ ] CITATION NUMBER [ ]

OL CLASS [ ] ENDORSEMENT [ ] RESTRICTION SELECT UP TO 3 [ ] DRIVER DISTRACTED BY [ ] ALCOHOL / DRUG SUSPECTED  ALCOHOL  MARIJUANA  OTHER DRUG CONDITION [ ] ALCOHOL TEST STATUS [ ] TYPE [ ] VALUE [ ] DRUG TEST(S) STATUS [ ] TYPE [ ] RESULT SELECT UP TO 4 [ ]

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 - COL 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 (OHID = 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 & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN RESULTS UNKNOWN
INJURED TAKEN BY			EJECTION			ALCOHOL TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - SECOND - RIGHT SIDE	1 - NOT EJECTED	H - HAZMAT	7 - EXCEPT TRACTOR-TRAILER	6 - PASSENGER	1 - NONE
2 - EMS	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	2 - PARTIALLY EJECTED	M - MOTORCYCLE	8 - INTERMEDIATE LICENSE RESTRICTIONS	7 - OTHER DISTRACTION INSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	8 - THIRD - MIDDLE	3 - TOTALLY EJECTED	P - PASSENGER	9 - LEARNER'S PERMIT RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	3 - URINE
9 - OTHER / UNKNOWN	9 - THIRD - RIGHT SIDE	4 - NOT APPLICABLE	N - TANKER	10 - LIMITED TO DAYLIGHT ONLY	9 - OTHER / UNKNOWN	4 - BREATH
SAFETY EQUIPMENT			TRAPPED			DRUG TEST TYPE
1 - NONE USED	10 SLEEPER SECTION OF TRUCK CAB	1 - NOT TRAPPED	Q - MOTOR SCOOTER	11 - LIMITED TO EMPLOYMENT	CONDITION	
2 - SHOULDER BELT ONLY USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT BUS PICK UP WITH CAP)	2 - EXTRICATED BY MECHANICAL MEANS	R - THREE WHEEL MOTORCYCLE	12 - LIMITED - OTHER	1 - APPARENTLY NORMAL	1 - NONE
3 - LAP BELT ONLY USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	3 - FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	2 - PHYSICAL IMPAIRMENT	2 - BLOOD
4 - SHOULDER & LAP BELT USED	13 - TRAILING UNIT		T - DOUBLE & TRIPLE TRAILERS	14 - MILITARY VEHICLES ONLY	3 - EMOTIONAL (E.G., DEPRESSED, ANXIOUS, DISTURBED)	3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	14 RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	GENDER			4 - ILLNESS	4 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING	15 - NON-MOTORIST	F - FEMALE	X - TANKER HAZMAT	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	5 - FELL ASLEEP / FAINTED / FATIGUED, ETC.	5 - OTHER
7 - BOOSTER SEAT	99 - OTHER / UNKNOWN	M - MALE		16 - OUTSIDE MIRROR	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - AMPHETAMINES
8 - HELMET USED		U - OTHER / UNKNOWN		17 - PROSTHETIC AID	9 - OTHER / UNKNOWN	7 - OTHER
9 - PROTECTIVE PADS USED (ELBOW / KNEES, ETC.)				18 - OTHER		8 - NEGATIVE RESULTS
10 - REFLECTIVE CLOTHING						
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						
99 - OTHER / UNKNOWN						

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2 0 2 0 - 0 0 0 1 4 2 4 9

**OCCUPANT**

UNIT # **01** NAME: LAST, FIRST, MIDDLE  
**STEWART, ALEXIS, MARIE**

ADDRESS: STREET, CITY, STATE, ZIP  
**2453 ECHO DR, STOW, OH 44224**

INJURIES **5** INJURED TAKEN BY **1** EMS AGENCY (NAME)

INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)

SAFETY EQUIPMENT USED **04**

DATE OF BIRTH **1 0 0 4 2 0 0 1** AGE **18** GENDER **F**

CONTACT PHONE - INCLUDE AREA CODE

DOT-COMPLIANT MC HELMET SEATING POSITION **0 3** AIR BAG USAGE **1** EJECTION **1** TRAPPED **1**

**OCCUPANT**

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

DATE OF BIRTH AGE GENDER

CONTACT PHONE - INCLUDE AREA CODE

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

**OCCUPANT**

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

DATE OF BIRTH AGE GENDER

CONTACT PHONE - INCLUDE AREA CODE

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

**OCCUPANT**

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

DATE OF BIRTH AGE GENDER

CONTACT PHONE - INCLUDE AREA CODE

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

**WITNESS**

NAME: LAST, FIRST, MIDDLE

ADDRESS: STREET, CITY, STATE, ZIP

DATE OF BIRTH AGE GENDER

CONTACT PHONE - INCLUDE AREA CODE

**WITNESS**

NAME: LAST, FIRST, MIDDLE

ADDRESS: STREET, CITY, STATE, ZIP

DATE OF BIRTH AGE GENDER

CONTACT PHONE - INCLUDE AREA CODE