

# 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 checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER	LOCAL INFORMATION REPORTING AGENCY NAME* <b>City of Kent Police</b> NCIC* 06703	2021-00016934
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COUNTY* 67	LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* <b>Kent</b>	CRASH DATE / TIME* 10112021/1245	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY <b>3</b>
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ROUTE TYPE <b>S R</b>	ROUTE NUMBER 261	PREFIX N - NORTH S - SOUTH E - EAST W - WEST	LOCATION ROAD NAME <b>FRANKLIN</b>	ROAD TYPE <b>A V</b>	LATITUDE DECIMAL DEGREES 41.134633	LONGITUDE DECIMAL DEGREES -81.360701
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REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # <b>1</b>	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 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> ROADWAY <input checked="" type="checkbox"/> ROADWAY DIVIDED
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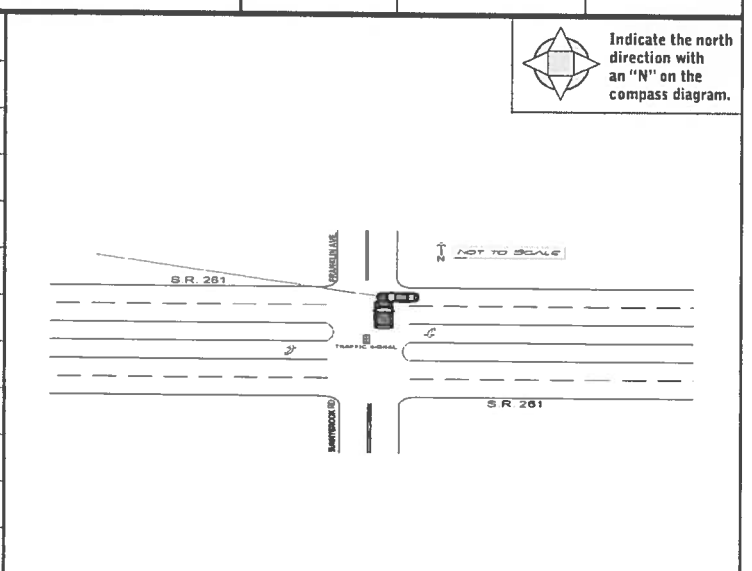
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP <b>02</b>	MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN	DIRECTION OF TRAVEL N - NORTH S - SOUTH E - EAST W - WEST <b>4</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>3</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 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>	CONDITIONS <b>1</b>	SURFACE <b>2</b>
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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 <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>01</b>	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN
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NARRATIVE

**Unit 2 was northbound on Franklin Ave crossing SR 261 on the green light. Unit 1 was westbound on SR261 and failed to stop for the red light at Franklin Ave. Unit 2 struck the driver side of Unit 1. Unit 1 then ran off the right side of the road.**



CRASH REPORTED DATE / TIME 10112021/1245	DISPATCH DATE / TIME 10112021/1246	ARRIVAL DATE / TIME 10112021/1248	SCENE CLEARED DATE / TIME 10112021/1331	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EX-SITING REPORT SENT TO COPS)
TOTAL TIME ROADWAY CLOSED <b>045</b>	OTHER INVESTIGATION TIME <b>120</b>	TOTAL MINUTES <b>165</b>	OFFICER'S NAME* <b>Darrah, Benjamin</b>	CHECKED BY OFFICER'S NAME* <b>Ennemoser, James</b>
			OFFICER'S BADGE NUMBER* <b>226</b>	CHECKED BY OFFICER'S BADGE NUMBER* <b>255</b>

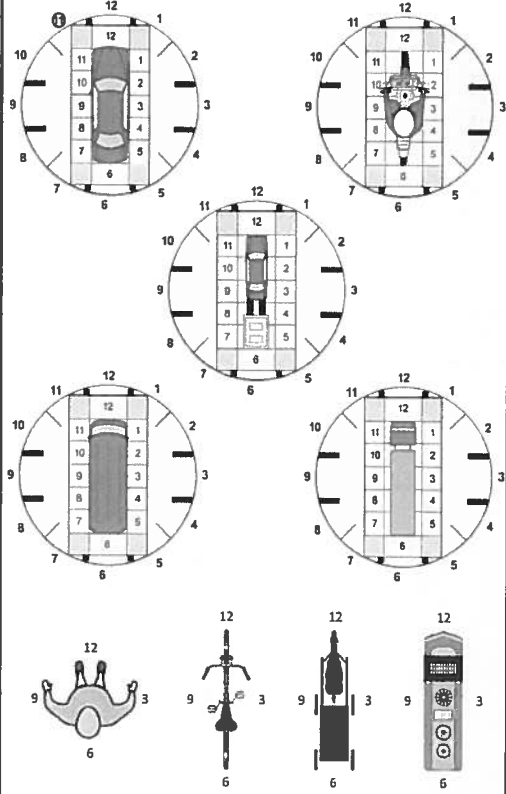
LOCAL REPORT NUMBER  
**2 0 2 1 - 0 0 0 1 6 9 3 4**

**OWNER**  
**UNIT #** 01 **OWNER NAME:** LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**ROSS, DAVID, R**  
**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER)  
**4997 BASSETT RD, Randolph, OH 44201**  
**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

**LP STATE** OH **LICENSE PLATE #** GPH1335  
**VEHICLE IDENTIFICATION #** 1G8J1U54F43Y569048  
**VEHICLE YEAR** 2003 **VEHICLE MAKE** Saturn  
 **INSURANCE VERIFIED** **INSURANCE COMPANY** PROGRESSIVE **INSURANCE POLICY #** 932495908 **COLOR** GLD **VEHICLE MODEL** L200  
 **COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #**  
 **INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **#OCCUPANTS** 01  
**VEHICLE WEIGHT GVWR/GCWR**  
 1 - ≤10K LBS  
 2 - 10,001 - 26K LBS  
 3 - >26K LBS  
**TOWED BY:** COMPANY NAME **Bakers Towing**  
**HAZARDOUS MATERIAL**  
 **MATERIAL RELEASED** **CLASS #** **PLACARD ID #**  
 **PLACARD**

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



**UNIT TYPE** 01  
**00** # of TRAILING UNITS  
**2** WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN  
**0** **AUTONOMOUS MODE LEVEL**  
 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN  
**01** **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  
**01** **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

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

**NON-MOTORIST LOCATION AT IMPACT**  
 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - 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  
**3** **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

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

**0 3** **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 / ACCD 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

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

**SEQUENCE OF EVENTS**  
**1 2 0** 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  
**NON-COLLISION**  
 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

**# OF THROUGH LANES ON ROAD**  
**6**  
**RAIL GRADE CROSSING**  
**1** 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

**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

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

**UNIT SPEED**  
**0 5 3**  
**POSTED SPEED**  
**5 0**  
**DETECTED SPEED**  
**1** 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

**OWNER**

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**WILLIAMS, HAROLD, R**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER)  
**265 SHAW DR, Kent, OH 44240**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

OWNER PHONE: INCLUDE AREA CODE (☒ SAME AS DRIVER)

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE OH LICENSE PLATE # 471YBL VEHICLE IDENTIFICATION # 3GNAX1NEV31K15161821613 VEHICLE YEAR 2019 VEHICLE MAKE Chevrolet

INSURANCE VERIFIED  INSURANCE COMPANY \_\_\_\_\_ INSURANCE POLICY # \_\_\_\_\_ COLOR BLK VEHICLE MODEL EQUINOX

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME City Service

HAZARDOUS MATERIAL:  MATERIAL RELEASED CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_  PLACARD

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  #OCCUPANTS 01

VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS., 2 - 10,001 - 26K LBS., 3 - >26K LBS.

UNIT TYPE 03

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 - WHEEL CHAIR (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

AUTONOMOUS MODE LEVEL 0

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	23 - 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	10 - FLAT BED	14 - GARBAGE/REFUSE
			11 - DUMP	99 - OTHER / UNKNOWN

VEHICLE DEFECTS 01

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 01

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

ACTION 4

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	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 - DRIVERLESS		

CONTRIBUTING CIRCUMSTANCES 01

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			

SEQUENCE OF EVENTS

1 20

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 - PEJALCYCLE	20 - MOTOR VEHICLE IN TRANSPORT	
			21 - PARKED MOTOR VEHICLE	

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 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT	52 - BUILDING
28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL
29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT
30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER / UNKNOWN
			49 - FIRE HYDRANT	

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER  
**2021-00016934**

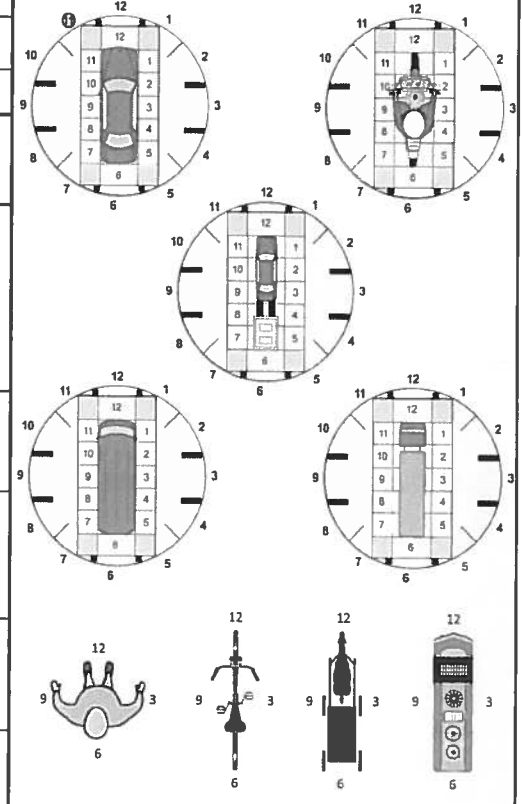
DAMAGE

DAMAGE SCALE

4

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

11

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

TRAFFIC

TRAFFICWAY FLOW 1

1 - ONE-WAY  
2 - TWO-WAY

TRAFFIC CONTROL 2

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

# OF THROUGH LANES ON ROAD 2

RAIL GRADE CROSSING 1

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

UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 1

1 - NORTH      5 - NDR\*EAST  
2 - SOUTH      6 - NDR\*HWEST  
3 - EAST      7 - SOUTHEAST  
4 - WEST      8 - SOUTHWEST  
9 - OTHER / UNKNOWN

UNIT SPEED 025

POSTED SPEED 25

DETECTED SPEED 1

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 1 - 0 0 0 1 6 9 3 4

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE ROSS, JOSIAH, D	DATE OF BIRTH 1 0 / 2 9 / 2 0 0 4	AGE 1 6	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 4997 BASSETT RD ,Randolph ,OH 44201		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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE O, H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 4511.13	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION Signal Lights		CITATION NUMBER 23700			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE WILLIAMS, LUCIA, DOROTHY	DATE OF BIRTH 0 6 / 1 7 / 1 9 3 6	AGE 8 5	GENDER F
ADDRESS: STREET, CITY, STATE, ZIP 265 SHAW DR ,Kent ,OH 44240		CONTACT PHONE - INCLUDE AREA CODE		

INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) Kent Fire	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) UHPMC	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1	
OL STATE O, H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> 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 - 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 - MIC MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
<b>INJURED TAKEN BY</b>			<b>EJECTION</b>			<b>ALCOHOL TEST TYPE</b>
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - SECOND - RIGHT SIDE	1 - NOT EJECTED	H - HAZMAT	6 - EXCEPT CLASS A & CLASS B BUS	1 - NONE	2 - BLOOD
2 - EMS	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	2 - PARTIALLY EJECTED	M - MOTORCYCLE	7 - EXCEPT TRACTOR-TRAILER	2 - BLOOD	3 - URINE
3 - POLICE	8 - THIRD - MIDDLE	3 - TOTALLY EJECTED	P - PASSENGER	8 - INTERMEDIATE LICENSE RESTRICTIONS	3 - URINE	4 - BREATH
9 - OTHER / UNKNOWN	9 - THIRD - RIGHT SIDE	4 - NOT APPLICABLE	N - TANKER	9 - LEARNER'S PERMIT RESTRICTIONS	4 - BREATH	5 - OTHER
<b>SAFETY EQUIPMENT</b>			<b>TRAPPED</b>			<b>DRUG TEST TYPE</b>
1 - NONE USED	10 - SLEEPER SECTION OF TRUCK CAB	1 - NOT TRAPPED	Q - MOTOR SCOOTER	10 - LIMITED TO DAYLIGHT ONLY	1 - NONE	2 - BLOOD
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	11 - LIMITED TO EMPLOYMENT	2 - BLOOD	3 - URINE
3 - LAP BELT ONLY USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	3 - FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	12 - LIMITED - OTHER	3 - URINE	4 - OTHER
4 - SHOULDER & LAP BELT USED	13 - TRAILING UNIT		T - DOUBLE & TRIPLE TRAILERS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	4 - OTHER	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		X - TANKER / HAZMAT	14 - MILITARY VEHICLES ONLY		
6 - CHILD RESTRAINT SYSTEM - REAR FACING	15 - NON-MOTORIST			15 - MOTOR VEHICLES WITHOUT AIR BRAKES	<b>CONDITION</b>	
7 - BOOSTER SEAT	99 - OTHER / UNKNOWN			16 - OUTSIDE MIRROR	1 - APPARENTLY NORMAL	
8 - HELMET USED				17 - PROSTHETIC AID	2 - PHYSICAL IMPAIRMENT	
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)				18 - OTHER	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTRESSED)	
10 - REFLECTIVE CLOTHING					4 - ILLNESS	
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY					5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	
99 - OTHER / UNKNOWN					6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	
					9 - OTHER / UNKNOWN	
						<b>DRUG TEST RESULT(S)</b>
						1 - AMPHETAMINES
						2 - BARBITURATES
						3 - BENZODIAZEPINES
						4 - CANNABINOIDS
						5 - COCAINE
						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
**2 0 2 1 - 0 0 0 1 6 9 3 4**

<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> [ ]

<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> [ ]

<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> [ ]

<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>LUTTON, AARON, MICHAEL</b>	<b>DATE OF BIRTH</b> <b>0 3 / 2 7 / 1 9 8 4</b>		<b>AGE</b> <b>3 7</b>	<b>GENDER</b> [ ]
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> <b>39 W BOXWOOD AVE ,Akron ,OH 44301</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> [ ]				

<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> [ ]				