

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

2 0 2 0 - 0 0 0 0 0 0 6 1

PHOTOS TAKEN
 SECONDARY CRASH
 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 - CITY
 2 - VILLAGE
 3 - TOWNSHIP
1
 LOCATION: CITY, VILLAGE, TOWNSHIP*
Kent

CRASH DATE / TIME*
12312019/1630

CRASH SEVERITY
 1 - FATAL
 2 - SERIOUS INJURY SUSPECTED
 3 - MINOR INJURY SUSPECTED
 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY
4

ROUTE TYPE
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
3
 LOCATION ROAD NAME
MAIN

ROAD TYPE
S T
 LATITUDE DECIMAL DEGREES
41.153638

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)
164
 ROAD TYPE
 LONGITUDE DECIMAL DEGREES
-81.356862

REFERENCE POINT
 1 - INTERSECTION
 2 - MILE POST
 3 - HOUSE #
3
 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
 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
 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
5
 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

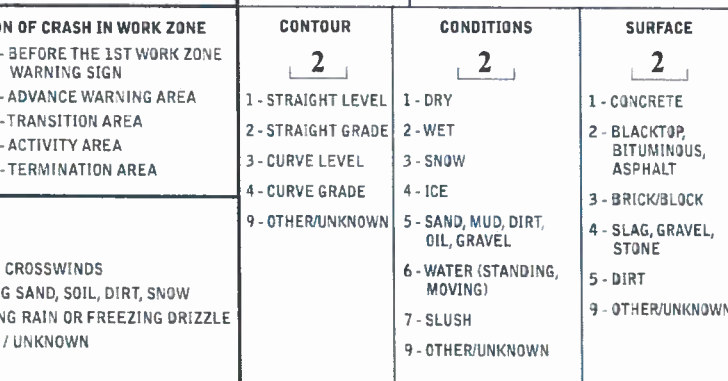
WORK ZONE RELATED
 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT
 ACTIVE SCHOOL ZONE
 WORK ZONE TYPE
 1 - LANE CLOSURE
 2 - LANE SHIFT/CROSSOVER
 3 - WORK ON SHOULDER OR MEDIAN
 4 - INTERMITTENT OR MOVING WORK
 5 - OTHER
 LOCATION OF CRASH IN WORK ZONE
 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN
 2 - ADVANCE WARNING AREA
 3 - TRANSITION AREA
 4 - ACTIVITY AREA
 5 - TERMINATION AREA
 CONTOUR
2
 1 - STRAIGHT LEVEL
 2 - STRAIGHT GRADE
 3 - CURVE LEVEL
 4 - CURVE GRADE
 9 - OTHER/UNKNOWN
 CONDITIONS
2
 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
0 6

CRASH REPORTED DATE / TIME
0 1 0 1 2 0 2 0 / 1 4 4 2
 DISPATCH DATE / TIME
0 1 0 1 2 0 2 0 / 1 5 1 4
 ARRIVAL DATE / TIME
0 1 0 1 2 0 2 0 / 1 5 2 6
 SCENE CLEARED DATE / TIME
0 1 0 1 2 0 2 0 / 1 6 5 3

REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST
 SUPPLEMENT (CORRECTION IN ADDITION TO AN EXISTING REPORT SENT TO COPS)

NARRATIVE
UNIT 1 & 2 WERE TRAVELING E/B IN FRONT OF 164 E. MAIN ST. BOTH UNITS STOPPED FOR TRAFFIC. UNIT 2 THEN BACKED INTO UNIT 1 CAUSING A 2 VEHICLE CRASH. THE OPERATOR OF UNIT 2 STATED HE HAD BEEN ATTEMPTING TO LOCATE A PARKING SPACE AND DID NOT SEE UNIT 1 BEHIND HIM PRIOR TO REVERSING HIS DIRECTION OF TRAVEL. BOTH UNITS EXCHANGED INFORMATION AT THE TIME OF THE CRASH. THE OPERATOR OF UNIT 1 REPORTED THE



TOTAL TIME ROADWAY CLOSED
0 0 0
 OTHER INVESTIGATION TIME
0 6 0
 TOTAL MINUTES
1 5 9
 OFFICER'S NAME*
Fuller, James
 OFFICER'S BADGE NUMBER*
2 2 1
 CHECKED BY OFFICER'S NAME*
Ennemoser, Jennifer
 CHECKED BY OFFICER'S BADGE NUMBER*
2 2 9

OWNER

UNIT # **0, 1** OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)
BIGGS, HELEN, MAE

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER)
1545 STATESMAN PL, Kent, OH 44240

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

OWNED PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LOCAL REPORT NUMBER
2020-00000061

LP STATE **O, H** LICENSE PLATE # **GUY5509** VEHICLE IDENTIFICATION # **KNDJP3A52K7637168** VEHICLE YEAR **2019** VEHICLE MAKE **Kia Motors Corp.**

INSURANCE VERIFIED INSURANCE COMPANY **STATE FARM** INSURANCE POLICY # **9116504D2735A** COLOR **BLK** VEHICLE MODEL **Soul**

DAMAGE

DAMAGE SCALE

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

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT #

TOWED BY: COMPANY NAME

HAZARDOUS MATERIAL MATERIAL RELEASED PLACARD CLASS # PLACARD ID #

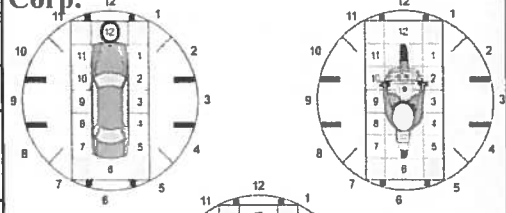
DAMAGED AREA(S)
INDICATE ALL THAT APPLY

UNIT TYPE **0, 3**

of TRAILING UNITS **00**

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **2**

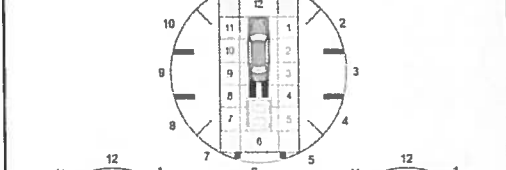
AUTONOMOUS MODE LEVEL **0**



SPECIAL FUNCTION **0, 1**

CARGO BODY TYPE **0, 1**

VEHICLE DEFECTS



NON-MOTORIST LOCATION AT IMPACT

ACTION **4**

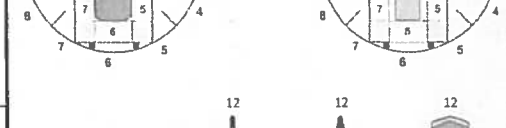
PRE-CRASH ACTIONS **1, 1**



CONTRIBUTING CIRCUMSTANCES **0, 1**

SEQUENCE OF EVENTS

EVENTS



COLLISION WITH FIXED OBJECT - STRUCK

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

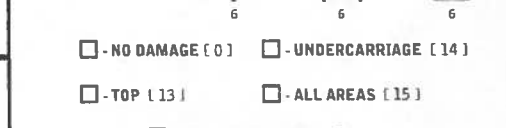


VEHICLE DEFECTS

NON-MOTORIST LOCATION AT IMPACT

ACTION

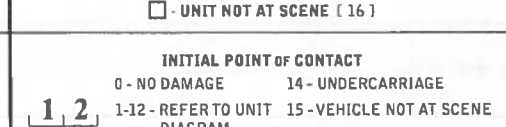
PRE-CRASH ACTIONS



CONTRIBUTING CIRCUMSTANCES

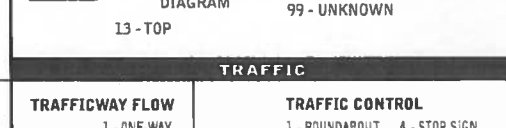
SEQUENCE OF EVENTS

EVENTS



COLLISION WITH FIXED OBJECT - STRUCK

FIRST HARMFUL EVENT MOST HARMFUL EVENT

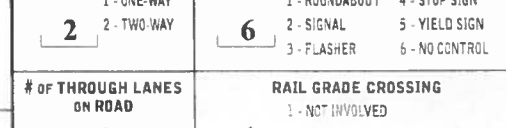


VEHICLE DEFECTS

NON-MOTORIST LOCATION AT IMPACT

ACTION

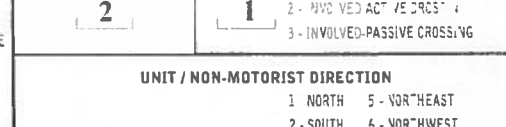
PRE-CRASH ACTIONS



CONTRIBUTING CIRCUMSTANCES

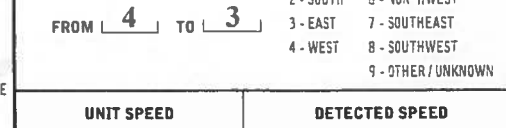
SEQUENCE OF EVENTS

EVENTS



COLLISION WITH FIXED OBJECT - STRUCK

FIRST HARMFUL EVENT MOST HARMFUL EVENT



VEHICLE DEFECTS

NON-MOTORIST LOCATION AT IMPACT

ACTION

PRE-CRASH ACTIONS



INITIAL POINT OF CONTACT

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

TRAFFIC

TRAFFICWAY FLOW

2 1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL

6 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 **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

OWNER

VEHICLE

EVENT(S)

UNIT # 02 **OWNER NAME:** LAST, FIRST, MIDDLE (SAME AS DRIVER) **CAMPBELL, SHANNON, TODD**
OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) **112 BARD DR, Hudson, OH 44236**
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____ **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE _____

LP STATE PA **LICENSE PLATE #** HJN2393 **VEHICLE IDENTIFICATION #** KMBJN12D65U218449 **VEHICLE YEAR** 2005 **VEHICLE MAKE** Hyundai
INSURANCE VERIFIED **INSURANCE COMPANY** ERIE INSURANCE **INSURANCE POLICY #** Q081012485 **COLOR** WHI **VEHICLE MODEL** TUCSON

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE **US DOT #** _____ **TOWED BY:** COMPANY NAME _____
 INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT **#OCCUPANTS** 01 **VEHICLE WEIGHT GVWR/GCWR** 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. **HAZARDOUS MATERIAL** MATERIAL RELEASED PLACARD **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 27 - TRAIN
 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

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

SPECIAL FUNCTION 01
 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 01
 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 - 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

ACTION 3 **PRE-CRASH ACTIONS** 02
 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 - DR. VERLESS 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

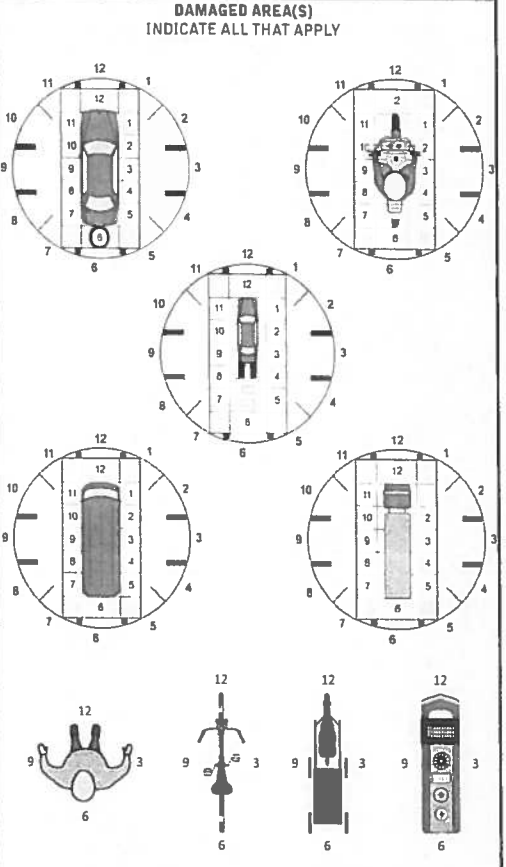
CONTRIBUTING CIRCUMSTANCES 1, 2
 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED 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 2 0 1 - OVERTURN/ROLLOVER 2 - FIRE/EXP. DESIGN 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 - CATTLE 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 - MEDIUM CABLE BARRIER 34 - MEDIUM GUARDRAIL BARRIER 35 - MEDIUM CONCRETE BARRIER 36 - MEDIUM 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

LOCAL REPORT NUMBER
 2020-00000061

DAMAGE
DAMAGE SCALE
 2 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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
 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

TRAFFIC
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY
TRAFFIC CONTROL 6 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 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 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 002 **POSTED SPEED** 25 **DETECTED SPEED** 1
 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2020-00000061

UNIT # 01	NAME: LAST, FIRST, MIDDLE BIGGS, AMBER, LYNN	DATE OF BIRTH 04251998	AGE 21	GENDER F
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ADDRESS: STREET, CITY, STATE, ZIP
1545 STATESMAN PL, Kent, OH 44240

CONTACT PHONE - INCLUDE AREA CODE

INJURIES 4	INJURED TAKEN BY 9	EMS AGENCY (NAME) UHPMC	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) UHPMC	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER UE017968	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER
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OL CLASS 4	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 9	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE	ALCOHOL TEST RESULT	DRUG TEST(S) STATUS	DRUG TEST(S) TYPE	DRUG TEST(S) RESULT
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UNIT # 02	NAME: LAST, FIRST, MIDDLE CAMPBELL, TESHAN, RASHEED	DATE OF BIRTH 08171997	AGE 22	GENDER M
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ADDRESS: STREET, CITY, STATE, ZIP
112 BARD DR, Hudson, OH 44236

CONTACT PHONE - INCLUDE AREA CODE

INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE PA	OPERATOR LICENSE NUMBER 31622787	OFFENSE CHARGED 331.13	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Starting and Backing	CITATION NUMBER 66210
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OL CLASS 4	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 9	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE	ALCOHOL TEST RESULT	DRUG TEST(S) STATUS	DRUG TEST(S) TYPE	DRUG TEST(S) RESULT
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UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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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
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OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER
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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	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST RESULT	DRUG TEST(S) STATUS	DRUG TEST(S) TYPE	DRUG TEST(S) RESULT
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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	6- EXCEPT CLASS A & CLASS B BUS	6- PASSENGER	ALCOHOL TEST TYPE
1- NOT TRANSPORTED / TREATED AT SCENE	7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	OL ENDORSEMENT	7- EXCEPT TRACTOR TRAILER	7- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	1- NONE
2- EMS	8- THIRD - MIDDLE	1- NOT EJECTED	H- HAZMAT	8- INTERMEDIATE LICENSE RESTRICTIONS	8- OTHER UNKNOWN	2- BLOOD
3- POLICE	9- THIRD - RIGHT SIDE	2- PARTIALLY EJECTED	M- MOTORCYCLE	9- ARNER'S PERMIT	9- OTHER UNKNOWN	3- URINE
9- OTHER UNKNOWN	10- SLEEPER SECTION OF TRUCK AREA	3- TOTALLY EJECTED	P- PASSENGER	10- WHITE TIGHT	CONDITION	4- OTHER
SAFETY EQUIPMENT	11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT BUS PICK-UP WITH CAP)	4- NOT APPLICABLE	N- TANKER	11- WHITE TIGHT	1- APPARENTLY NORMAL	DRUG TEST TYPE
1- NONE USED	12- PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	O- MOTOR/SCOOTER	12- MECHANICAL DEVICES SPECIAL BRAKES HAND CONTROLLED ADAPTIVE DEVICES	2- PHYSICAL IMPAIRMENT	1- NONE
2- SHOULDER BELT ONLY USED	13- TRAILING UNIT	1- NOT TRAPPED	R- THREE WHEEL MOTORCYCLE	13- MILITARY VEHICLES ONLY	3- EMOTIONAL (E.G., DEPRESSED, ANXIETY, DISTURBED)	2- BLOOD
3- LAP BELT ONLY USED	14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2- EJECTED BY MECHANICAL MEANS	S- SCHOOL BUS	14- MOTOR VEHICLES WITHOUT AIR BRAKES	4- ILLNESS	3- URINE
4- SHOULDER & LAP BELT USED	99- OTHER / UNKNOWN	3- FREED BY NON-MECHANICAL MEANS	T- DOUBLE & TRIPLE TRAILERS	15- OUTSIDE MIRROR	5- FELL ASLEEP, FAINTED, FATIGUED, ETC.	4- OTHER
5- CHILD RESTRAINT SYSTEM - FORWARD FACING			X- TANKER HAZMAT	16- PROSTHETIC AID	6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	DRUG TEST RESULT(S)
6- CHILD RESTRAINT SYSTEM - REAR FACING			GENDER	17- OTHER	9- OTHER UNKNOWN	1- AMPHETAMINES
7- BOOSTER SEAT			F- FEMALE			2- BARBITURATES
8- HELMET USED			M- MALE			3- BENZODIAZEPINES
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			U- OTHER / UNKNOWN			4- CANNABINOIDS
10- REFLECTIVE CLOTHING						5- COCAINE
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY						6- OPIATES / OPIOIDS
99- OTHER / UNKNOWN						7- OTHER
						8- NEGATIVE RESULTS



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 0 2 0 - 0 0 0 0 0 0 6 1

OCCUPANT	UNIT # 01	NAME: LAST, FIRST, MIDDLE DOKES, DEZMOND, JAWAUN	DATE OF BIRTH 0 1 1 2 1 9 9 8	AGE 21	GENDER M
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ADDRESS: STREET, CITY, STATE, ZIP 1072 CANTERBURY WAY DR ,Ravenna ,OH 44266			CONTACT PHONE - INCLUDE AREA CODE		
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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 3	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OCCUPANT	UNIT # 01	NAME: LAST, FIRST, MIDDLE NECAS, ACE, LEE	DATE OF BIRTH 0 4 1 4 2 0 1 6	AGE 03	GENDER M
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ADDRESS: STREET, CITY, STATE, ZIP 1545 STATESMAN PL ,Kent ,OH 44240			CONTACT PHONE - INCLUDE AREA CODE		
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INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0,5	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 6	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE		
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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
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OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE		
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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
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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
INJURED TAKEN BY	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION
2 - EMS	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED
3 - POLICE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
GENDER	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK UP WITH CAP)	4 - NOT APPLICABLE
F - FEMALE	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED
M - MALE		13 - TRAILING UNIT	1 - NOT TRAPPED
U - 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	

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE	
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WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE	
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WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE	
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**CRASH THE FOLLOWING DAY AFTER VISITING
A HOSPITAL FOR ABDOMINAL PAIN WHILE BEING 24 WEEKS PREGNANT.**