



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

| | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | <input checked="" type="checkbox"/> OH-2 | <input checked="" type="checkbox"/> OH-3 | LOCAL INFORMATION Kent Pd |
| <input type="checkbox"/> SECONDARY CRASH | <input type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME* City of Kent Police |
| <input type="checkbox"/> PRIVATE PROPERTY | | | NCIC* 06703 |

| | | |
|------------------------------------|-----------------------|--|
| 2,021-00004483 | | |
| HIT/SKIP 1-SOLVED 2-UNSOLVED | NUMBER OF UNITS 02 | UNIT IN ERROR 98-ANIMAL SUSPECTED 99-UNKNOWN |

| | | |
|---------------|---|--|
| COUNTY* 67 | LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP 1 | LOCATION: CITY, VILLAGE, TOWNSHIP* Kent |
|---------------|---|--|

| | |
|-------------------------------------|---|
| CRASH DATE / TIME* 03222021/1003 | CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY 5 |
|-------------------------------------|---|

| | | | | | |
|------------------|--------------------|-------------|--|----------------------------|-----------------|
| ROUTE TYPE SR | ROUTE NUMBER 59 | PREFIX 4 | 1-NORTH 2-SOUTH 3-EAST 4-WEST | LOCATION ROAD NAME MAIN | ROAD TYPE ST |
|------------------|--------------------|-------------|--|----------------------------|-----------------|

| |
|--------------------------------------|
| LATITUDE DECIMAL DEGREES 41.15134 |
|--------------------------------------|

| | | | | | |
|------------|--------------|--------|--|---|-----------|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | 1-NORTH 2-SOUTH 3-EAST 4-WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 1080 | ROAD TYPE |
|------------|--------------|--------|--|---|-----------|

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|--|
| LONGITUDE DECIMAL DEGREES 81.380210 |
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| | | | |
|--|--|--|--|
| REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # 3 | DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-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 |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE 1-MILES 2-Feet 3-YARDS | | |

| | |
|---|----------------------|
| INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA | NUMBER OF APPROACHES |
| ROADWAY <input type="checkbox"/> ROADWAY DIVIDED | |

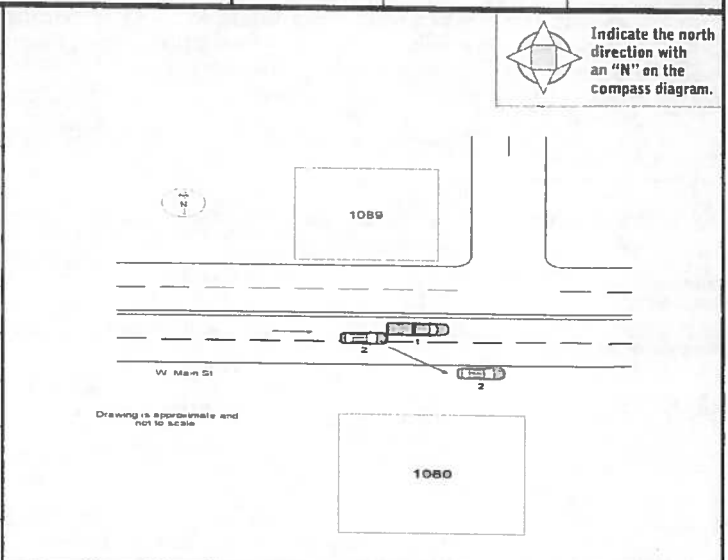
| | | | | |
|---|--|---|---|--|
| LOCATION OF FIRST HARMFUL EVENT 1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFIC WAY 7-ON RAMP 8-OFF RAMP 01 | 9-CROSSOVER 10-DRIVEWAY/ALLEY ACCESS 11-RAILWAY GRADE CROSSING 12-SHARED USE PATHS OR TRAILS 13-BIKE LANE 14-TOLL BOOTH 99-OTHER / UNKNOWN | 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 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 |
|---|--|---|---|--|

| | | | | | |
|---|--|---|--------------|-----------------|--------------|
| <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 1 | CONDITIONS 1 | SURFACE 2 |
|---|--|---|--------------|-----------------|--------------|

| | |
|---|---|
| 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

Unit #1 was in the center lane, facing E/B on W. Main St waiting to turn into 1089 W. Main St. Unit #2 was directly behind Unit #1 and failed to maintain an assured and clear distance ahead and struck Unit #1 then went off of the right side of the road. Both vehicles were moved from the crash scene.



| | | | | |
|---|---------------------------------------|--------------------------------------|--|--|
| CRASH REPORTED DATE / TIME 03222021/1003 | DISPATCH DATE / TIME 03222021/1003 | ARRIVAL DATE / TIME 03222021/1003 | SCENE CLEARED DATE / TIME 03222021/1057 | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION IN ADDITION TO AN EXISTING REPORT ONLY) |
| TOTAL TIME ROADWAY CLOSED 000 | OTHER INVESTIGATION TIME 040 | TOTAL MINUTES 094 | OFFICER'S NAME* Ennesmer, James | CHECKED BY OFFICER'S NAME* Ennesmer, James |
| | | | OFFICER'S BADGE NUMBER* 255 | CHECKED BY OFFICER'S BADGE NUMBER* 255 |

LOCAL REPORT NUMBER
2 0 2 1 - 0 0 0 0 4 4 8 3

OWNER

UNIT # **0 1** OWNER NAME: LAST, FIRST, MIDDLE (☒ SAME AS DRIVER)
MOTT, DAVID, JOHN

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER)
694 DOMINIC DR, Cuyahoga Falls, OH 44223

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

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

COMMERCIAL CARRIER PHONE: (INCLUDE AREA CODE)

DAMAGE

DAMAGE SCALE

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

VEHICLE

LP STATE **OH** LICENSE PLATE # **JIC8620** VEHICLE IDENTIFICATION # **1C16S1RFB1T8MN613752** VEHICLE YEAR **2021** VEHICLE MAKE **Dodge**

INSURANCE VERIFIED INSURANCE COMPANY **STATE FARM** INSURANCE POLICY # **9797824A2035** COLOR **BLK** VEHICLE MODEL **RAM 1500**

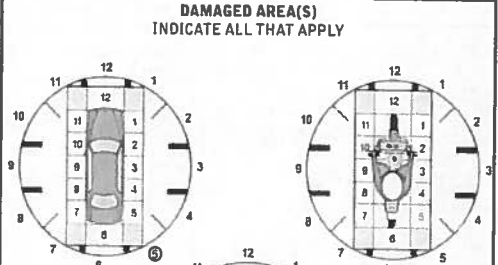
TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT # _____ TOWED BY: COMPANY NAME _____

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS **0 1**

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

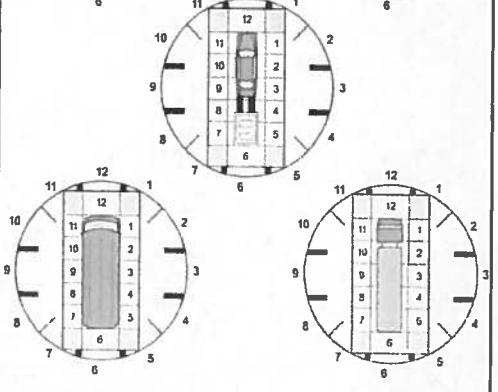
HAZARDOUS MATERIAL: MATERIAL RELEASED, PLACARD



UNIT TYPE **0 4**

1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 16 - 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 - PICKUP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE
5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 17 - MOTORHOME 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? **0**

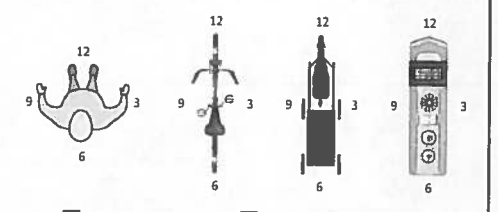
1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL **0**

0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION **0 1**

1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - NCHVYG 99 - OTHER / UNKNOWN
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SHOW REMOVAL
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBL. C UTILITY 19 - TOWING
5 - BLS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL



CARGO BODY TYPE **0 1**

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 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 PR. OR 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 12 - FIRST RESPONDER AT INCIDENT SCENE
2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 14 - DRIVEWAY ACCESS
5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 15 - SHARED USE PATHS OR TRAILS 19 - OTHER / UNKNOWN

INITIAL POINT OF CONTACT

0 - NO DAMAGE 14 - UNDERCARRIAGE
0 5 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP 99 - UNKNOWN

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 PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 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

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

CONTRIBUTING CIRCUMSTANCES **0 1**

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 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING/FALLING/ SPILLING 23 - OPENING DOOR IN TO ROADWAY
4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 24 - OTHER IMPROPER ACTION
5 - UNSAFE SPEED 11 - DROVE OFF ROAD 21 - WRONG WAY 21 - LYING IN ROADWAY
6 - IMPROPER TURN 12 - IMPROPER BACKING

OF THROUGH LANES ON ROAD **4**

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

SEQUENCE OF EVENTS

1 2 0 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 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT
6 - IMPROPER TURN 12 - IMPROPER BACKING

UNIT / NON-MOTORIST DIRECTION

FROM **4** TO **1**

1 - NORTH 5 - NORTHEAST
2 - SOUTH 6 - NORTHWEST
3 - EAST 7 - SOUTHEAST
4 - WEST 8 - SOUTHWEST
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 - 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

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

UNIT SPEED
0 0 0

POSTED SPEED
2 5

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

OWNER

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE SAME AS DRIVER
EASTERLING, ELIOT, DAVID

OWNER ADDRESS: STREET, CITY, STATE, ZIP SAME AS DRIVER
6181 COX AVE, Franklin Twp, OH 44266

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

VEHICLE

LP STATE OH LICENSE PLATE # GVN5319 VEHICLE IDENTIFICATION # JTDKKN3DU5A1018353 VEHICLE YEAR 2010 VEHICLE MAKE Toyota

INSURANCE VERIFIED INSURANCE COMPANY PROGRESSIVE INSURANCE POLICY # 911683050 COLOR _____ VEHICLE MODEL PRIUS

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE US DOT # _____ TOWED BY: COMPANY NAME City Service

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 01 VEHICLE WEIGHT GVWR/GCW 1 - <10K LBS 2 - 10,001 - 26K LBS 3 - >26K LBS HAZARDOUS MATERIAL MATERIAL RELEASED CLASS # PLACARD ID # PLACARD

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

UNIT TYPE

01 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 16 - 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 - PICKUP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEVI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE
5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 17 - MOTORHOME 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN
6 - VAN (9-15 SEATS) 99 - UNKNOWN OR HIT/SKIP

of TRAILING UNITS _____

HAZARDOUS MATERIAL

MATERIAL RELEASED CLASS # PLACARD ID #
 PLACARD

AUTONOMOUS MODE

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0
1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL

0 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATIC 9 - UNKNOWN
1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION
2 - PARTIAL AUTOMATIC 5 - FULL AUTOMATIC

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 - TRANSPORT/MOTOR 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 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

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

NON-MOTORIST LOCATION AT IMPACT

01 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIA/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE
2 - INTERSECTION - UNMARKED CROSSWALK 4 - WADBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS
5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

INITIAL POINT OF CONTACT

11 0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
99 - UNKNOWN
13 - TOP

ACTION

3 1 - NON-COACT 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 01 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST
4 - STRUCK PRE-CRASH ACTIONS 4 - CVERTAKING/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

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

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 / ACJA 14 - STOPPED OR PARKED ILLEGALLY 16 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE
3 - RAY RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY
4 - RAY STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - MOTOR VEHICLE IN TRANSPORT 99 - OTHER IMPROPER ACTION
5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
6 - IMPROPER TURN 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

120 1 - OVERTURN/OVERLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
208 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 20 - MOTOR VEHICLE IN TRANSPORT
5 - CARGO EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDAL CYCLE 21 - PARKED MOTOR VEHICLE

UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 3

1 - NORTH 5 - NORTH-EAST
2 - SOUTH 6 - NORTHWEST
3 - EAST 7 - SOUTHWEST
4 - WEST 8 - SOUTHWEST
9 - OTHER / UNKNOWN

COLLISION WITH FIXED OBJECT - STRUCK

4 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT
5 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL
6 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 - FLAMMANT

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

UNIT SPEED
015

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,-0,0,0,0,4,4,8,3

UNIT # **0,1** NAME: LAST, FIRST, MIDDLE
MOTT, DAVID, JOHN

DATE OF BIRTH **04/03/1958** AGE **62** GENDER **M**

ADDRESS: STREET, CITY, STATE, ZIP
694 DOMINIC DR, Cuyahoga Falls, OH 44223

CONTACT PHONE - IN

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 **O,H** OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE OFFENSE DESCRIPTION CITATION NUMBER

OL CLASS **2** ENDORSEMENT RESTRICTION 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

UNIT # **0,2** NAME: LAST, FIRST, MIDDLE
EASTERLING, JESSICA, L

DATE OF BIRTH **02/02/1980** AGE **41** GENDER **F**

ADDRESS: STREET, CITY, STATE, ZIP
6181 COX AVE, Franklin Twp, OH 44266

CONTACT PHONE - IN L E A EA

INJURIES **5** INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY SAFETY EQUIPMENT USED **0,4** 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 **333.03** LOCAL CODE OFFENSE DESCRIPTION **Maximum Speed Limits** CITATION NUMBER **61428**

OL CLASS **1** ENDORSEMENT RESTRICTION DRIVER DISTRACTED BY **7** ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG CONDITION **1** ALCOHOL TEST STATUS **1** TYPE **1** VALUE DRUG TEST(S) STATUS **1** TYPE **1** RESULT

UNIT # NAME: LAST, FIRST, MIDDLE

DATE OF BIRTH AGE GENDER

ADDRESS: STREET, CITY, STATE, ZIP

CONTACT PHONE - INCL E A EA 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 DRIVER DISTRACTED BY ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG CONDITION ALCOHOL TEST STATUS TYPE VALUE DRUG TEST(S) STATUS TYPE RESULT

| 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 |
| 2 - SUSPECTED SERIOUS INJURY | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT | 2 - CLASS B | 2 D INTRASTATE NLY | 2 - MANUALLY PERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXT IN TYPING DIALING) | 2 TEST |
| 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 SAMP |
| 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 |
| 5 - NO APPARENT INJURY | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE | 5 - M/C MOPED ONLY | 5 EXCEPT CLASS A B S | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | 5 - TEST UNKNO |
| | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN | 6 - NO VALID OL | 6 EXCEPT CLASS A & CLASS B BUS | 6 - PASSENGER | 1 NONE |
| | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | | 7 EXCEPT TRACT R TRAILER | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | 2 BLOOD |
| | 8 - THIRD - MIDDLE | | | 8 - INTERMEDIATE LICENSE RESTRICTIONS | 8 OTHER DISTRACTION OUTSIDE THE VEHICLE | 3 URINE |
| | 9 - THIRD - RIGHT SIDE | | | 9 LEARNER'S PERMIT RESTRICTIONS | 9 OTHER UNKNOWN | 4 BREAT |
| | 10 - SLEEPER SECTION OF TRUCK CAB | | | 10 LIMITED TO DAYLIGHT ONLY | | 5 OTHER |
| | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT BUS, PICK-UP WITH CAP) | | | 11 - LIMITED T EMP YMENT | | |
| | 12 - PASSENGER IN UNENCLOSED CARGO AREA | | | 12 - LIMITED - OTHER | | |
| | 13 - TRAILING UNIT | | | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS OR OTHER ADAPTIVE DEVICES) | | |
| | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | | 14 - MILITARY VEHICLES ONLY | | |
| | 15 - NON-MOTORIST | | | 15 MOTOR VEHICLES WITHOUT AIR BRAKES | | |
| | 99 - OTHER / UNKNOWN | | | 16 OUTSIDE MIRROR | | |
| | | | | 17 PROSTHETIC AID | | |
| | | | | 18 - THER | | |



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2, 0, 2, 1 - 0, 0, 0, 0, 4, 4, 8, 3

| | | | | | | | | | |
|----------|-----------------------------------|---------------------------|-------------------|---|-----------------------------------|--|------------------|---------------|----------|
| OCCUPANT | 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 |

| 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 - 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) | EJECTION |
| 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 |
| GENDER | | 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 | TRAPPED |
| 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 | |

| | | | | | | |
|---------|-----------------------------------|-----------------------------------|--|-----|--------|--|
| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | | AGE | GENDER | |
| | THOMPSON, BRIAN, A | 12 / 09 / 1989 | | 31 | M | |
| | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE | | | | |