

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2 0 2 4 - 0 0 0 1 2 4 6 7

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

0 2 98 - ANIMAL  
99 - UNKNOWN

COUNTY\* 6 7 LOCALITY\* 1  
 1 - CITY  
2 - VILLAGE  
3 - TOWNSHIP

LOCATION: CITY, VILLAGE, TOWNSHIP\*

Kent

CRASH DATE / TIME\*

08 24 20 24 / 11 42

CRASH SEVERITY

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

ROUTE TYPE ROUTE NUMBER PREFIX 3  
 N - NORTH  
S - SOUTH  
E - EAST  
W - WEST

LOCATION ROAD NAME

CRAIN

ROAD TYPE

A V

LATITUDE DECIMAL DEGREES

41.155594

ROUTE TYPE ROUTE NUMBER PREFIX  
 N - NORTH  
S - SOUTH  
E - EAST  
W - WEST

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)

SHERMAN

ROAD TYPE

S T

LONGITUDE DECIMAL DEGREES

-81.348172

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

1

DIRECTION FROM REFERENCE  
 N - NORTH  
S - SOUTH  
E - EAST  
W - WEST

3

DISTANCE FROM REFERENCE 5 0  
 DISTANCE UNIT OF MEASURE  
 1 - MILES  
2 - FEET  
3 - YARDS

2

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 HW - HIGHWAY RD - ROAD  
AV - AVENUE LA - LANE SQ - SQUARE  
BL - BOULEVARD MP - MILEPOST ST - STREET  
CR - CIRCLE OV - OVAL TE - TERRACE  
CT - COURT PK - PARKWAY TL - TRAIL  
DR - DRIVE PI - PIKE WA - WAY  
HE - HEIGHTS PL - PLACE

INTERSECTION RELATED

WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA NUMBER OF APPROACHES

ROADWAY

ROADWAY DIVIDED

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

2

DIRECTION OF TRAVEL

N - NORTH  
S - SOUTH  
E - EAST  
W - 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 6 - SNOW  
2 - CLOUDY 7 - SEVERE CROSSWINDS  
3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW  
4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZLE  
5 - SLEET, HAIL 99 - OTHER / UNKNOWN

0 1

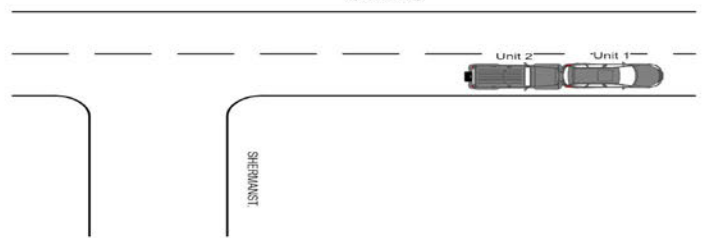
NARRATIVE  
**UNITS 1 AND 2 WERE EB ON CRAIN AVE.**  
**UNIT 1 SLOWED IN TRAFFIC FOR A VEHICLE STOPPING AT A YARD SALE. UNIT 2 FAILED TO MAINTAIN ASSURED CLEAR DISTANCE AHEAD AND STRUCK UNIT 1 IN THE REAR.**

Indicate the north direction with an "N" on the compass diagram.



Not To Scale

CRAIN AVE.



CRASH REPORTED DATE / TIME  
0 8 2 4 2 0 2 4 / 1 1 4 2

DISPATCH DATE / TIME  
0 8 2 4 2 0 2 4 / 1 1 4 3

ARRIVAL DATE / TIME  
0 8 2 4 2 0 2 4 / 1 1 4 8

SCENE CLEARED DATE / TIME  
0 8 2 4 2 0 2 4 / 1 2 1 2

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST

TOTAL TIME ROADWAY CLOSED  
0 0 0

OTHER INVESTIGATION TIME  
0 3 0

TOTAL MINUTES  
0 5 9

OFFICER'S NAME\*  
Burton, Samantha L  
OFFICER'S BADGE NUMBER\*  
2 5 1

CHECKED BY OFFICER'S NAME\*  
Ennemoser, James  
CHECKED BY OFFICER'S BADGE NUMBER\*  
2 5 5

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS)

**UNIT #** 01 **OWNER NAME:** LAST, FIRST, MIDDLE (SAME AS DRIVER) **OWNER PHONE:** INCLUDE AREA CODE (SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)

**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (SAME AS DRIVER) **COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP

1640 FRANKLIN AVE 2, Kent, OH 44240

**COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

**LOCAL REPORT NUMBER**  
2024-00012467

**LP STATE** OH **LICENSE PLATE #** KKF5086 **VEHICLE IDENTIFICATION #** JM3KFBCL8R0495903 **VEHICLE YEAR** 2024 **VEHICLE MAKE** Mazda

**INSURANCE VERIFIED** **INSURANCE COMPANY** ATLANTIC STATES **INSURANCE POLICY #** 1000215319 **COLOR** SIL **VEHICLE MODEL** CX5

**COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #** **VEHICLE WEIGHT GVWR/GCWR** 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. **TOWED BY:** COMPANY NAME

**INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **#OCCUPANTS** 01 **HAZARDOUS MATERIAL**  **MATERIAL RELEASED**  **PLACARD** **CLASS #** **PLACARD ID #**

**DAMAGE**

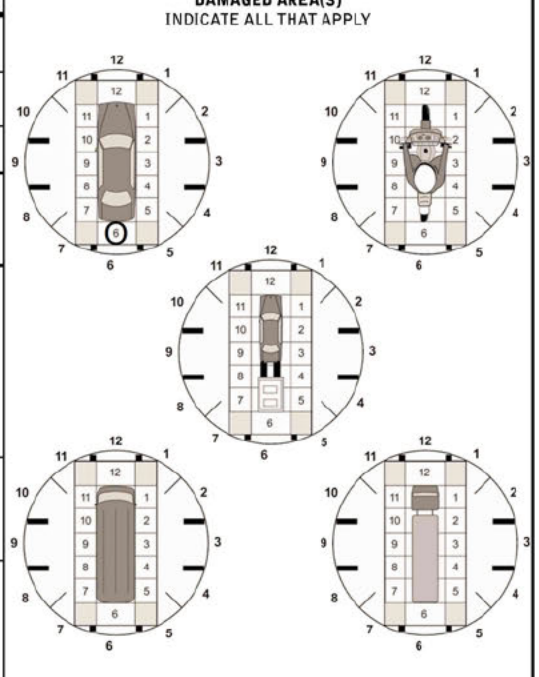
**DAMAGE SCALE**

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

**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 - 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)

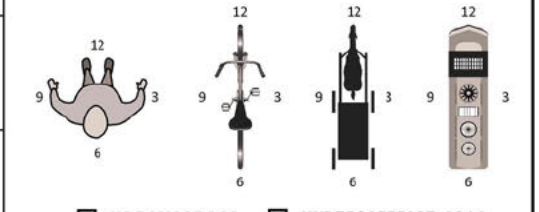
**# OF TRAILING UNITS**



**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 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

**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 MOTORVEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTOTRANSPORTER  
7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

**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 - 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 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
9 - OTHER / UNKNOWN

**INITIAL POINT OF CONTACT**

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

**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 12 - IMPROPER BACKING

**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

**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

**# OF THROUGH LANES ON ROAD** 2

**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 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

**UNIT / NON-MOTORIST DIRECTION**

FROM 4 TO 3

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

**UNIT SPEED** 000

**POSTED SPEED** 25

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

**UNIT #** 02 **OWNER NAME:** LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**KERR, ERNEST**

**OWNER PHONE:** INCLUDE AREA CODE (☐ SAME AS DRIVER)  
**REDACTED PER ORC 149.43(A)(1)**

**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
**4385 154TH ST, CLEVELAND, OH 44128**

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

**COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

**LOCAL REPORT NUMBER**  
**2024-00012467**

**LP STATE** OH **LICENSE PLATE #** S619763 **VEHICLE IDENTIFICATION #** 1J4GL48K55W678325 **VEHICLE YEAR** 2005 **VEHICLE MAKE** Jeep

**INSURANCE VERIFIED** **INSURANCE COMPANY** PROGRESSIVE **INSURANCE POLICY #** 958649635 **COLOR** BLU **VEHICLE MODEL** LIBERTY

**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** **CLASS #** \_\_\_\_\_ **PLACARD ID #** \_\_\_\_\_  
 **PLACARD** \_\_\_\_\_

**DAMAGE**

**DAMAGE SCALE**

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

**UNIT TYPE** 03

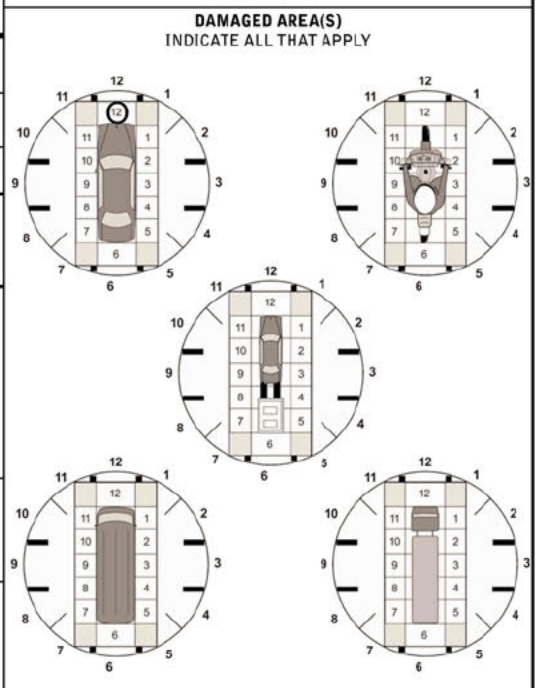
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3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
6 - VAN (9-15 SEATS)

**# OF TRAILING UNITS** \_\_\_\_\_

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

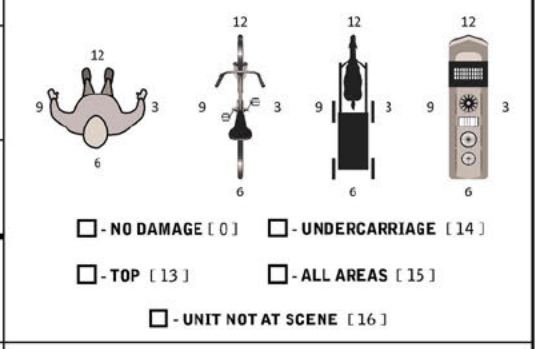
1 - YES 2 - NO 9 - OTHER / UNKNOWN **AUTONOMOUS MODE LEVEL** 0

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



**SPECIAL FUNCTION** 01

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**ACTION** 03

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  
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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** 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 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE  
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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

**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

**SEQUENCE OF EVENTS**

**NON-COLLISION**

1 20 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE  
2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM  
3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER  
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  
21 - PARKED MOTORVEHICLE

**# OF THROUGH LANES ON ROAD** 2

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

**UNIT / NON-MOTORIST DIRECTION**

**FROM** 4 **TO** 3

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

**UNIT SPEED** 020

**POSTED SPEED** 25

**DETECTED SPEED** 1

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

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
**2 0 2 4 - 0 0 0 1 2 4 6 7**

|  |                                   |                                   |  |  |                              |   |                         |                      |                        |                     |             |                              |
|--|-----------------------------------|-----------------------------------|--|--|------------------------------|---|-------------------------|----------------------|------------------------|---------------------|-------------|------------------------------|
| <b>UNIT #</b>                              | <b>NAME: LAST, FIRST, MIDDLE</b>  |                                   |  | <b>DATE OF BIRTH</b>   |                              | <b>AGE</b>  | <b>GENDER</b>           |                      |                        |                     |             |                              |
| <b>0 1</b>                                 | <b>SLY, THOMAS, RALPH</b>         |                                   |  | <b>0 3 2 9 1 9 5 3</b>   |                              | <b>7 1</b>  | <b>M</b>                |                      |                        |                     |             |                              |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b>   |                                   |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>   |                              |   |                         |                      |                        |                     |             |                              |
| <b>1480 LAKE MARTIN DR ,Kent ,OH 44240</b> |                                   |                                   |  | <b>REDACTED PER ORC 149.43(A)(1)</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>5</b>                                   |                                   |                                   |  |  | <b>0 4</b>                   | <input type="checkbox"/>                                | <b>0 1</b>              | <b>1</b>             | <b>1</b>               | <b>1</b>            |             |                              |
| <b>OL STATE</b>                            | <b>OPERATOR LICENSE NUMBER</b>    |                                   | <b>OFFENSE CHARGED</b>                                 |  | <b>LOCAL CODE</b>            | <b>OFFENSE DESCRIPTION</b>                              |                         |                      | <b>CITATION NUMBER</b> |                     |             |                              |
| <b>O H</b>                                 | <b>REDACTED PER ORC 4501:1-12</b> |                                   | <b>4511.21A</b>  |  |                              | <b>Assured Clear Distan</b>                             |                         |                      | <b>27554</b>           |                     |             |                              |
| <b>OL CLASS</b>                            | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>  |                              | <b>CONDITION</b>  | <b>ALCOHOL TEST</b>     |                      |                        | <b>DRUG TEST(S)</b> |             |                              |
| <b>4</b>                                   |                                   |                                   | <b>1</b>   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                              | <b>1</b>  | <b>STATUS</b>           | <b>TYPE</b>          | <b>VALUE</b>           | <b>STATUS</b>       | <b>TYPE</b> | <b>RESULT SELECT UP TO 4</b> |
|  |                                   |                                   |  |  |                              |   | <b>1</b>                | <b>1</b>             |                        | <b>1</b>            | <b>1</b>    |                              |

|  |                                      |                                   |  |  |                              |   |                         |                      |                        |                     |             |                              |
|--|--------------------------------------|-----------------------------------|--|--|------------------------------|---|-------------------------|----------------------|------------------------|---------------------|-------------|------------------------------|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>     |                                   |  | <b>DATE OF BIRTH</b>   |                              | <b>AGE</b>  | <b>GENDER</b>           |                      |                        |                     |             |                              |
| <b>0 2</b>                               | <b>KERR, MIKAILA, LOUISE NICHOLE</b> |                                   |  | <b>0 4 0 4 2 0 0 7</b>   |                              | <b>1 7</b>  | <b>F</b>                |                      |                        |                     |             |                              |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                      |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>   |                              |   |                         |                      |                        |                     |             |                              |
| <b>470 HARVEY ST ,Kent ,OH 44240</b>     |                                      |                                   |  | <b>REDACTED PER ORC 149.43(A)(1)</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>5</b>                                 |                                      |                                   |  |  | <b>0 4</b>                   | <input type="checkbox"/>                                | <b>0 1</b>              | <b>1</b>             | <b>1</b>               | <b>1</b>            |             |                              |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>       |                                   | <b>OFFENSE CHARGED</b>                                 |  | <b>LOCAL CODE</b>            | <b>OFFENSE DESCRIPTION</b>                              |                         |                      | <b>CITATION NUMBER</b> |                     |             |                              |
| <b>O H</b>                               | <b>REDACTED PER ORC 4501:1-12</b>    |                                   | <b>4511.21A</b>  |  |                              | <b>Assured Clear Distan</b>                             |                         |                      | <b>27554</b>           |                     |             |                              |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT SELECT UP TO 2</b>    | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>  |                              | <b>CONDITION</b>  | <b>ALCOHOL TEST</b>     |                      |                        | <b>DRUG TEST(S)</b> |             |                              |
| <b>4</b>                                 |                                      |                                   | <b>1</b>   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                              | <b>1</b>  | <b>STATUS</b>           | <b>TYPE</b>          | <b>VALUE</b>           | <b>STATUS</b>       | <b>TYPE</b> | <b>RESULT SELECT UP TO 4</b> |
|  |                                      |                                   |  |  |                              |   | <b>1</b>                | <b>1</b>             |                        | <b>1</b>            | <b>1</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>      |             |                              |
|  |                                   |                                   |  |  |                              | <input type="checkbox"/>                                |                         |                      |                        |                     |             |                              |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>    |                                   | <b>OFFENSE CHARGED</b>                                 |  | <b>LOCAL CODE</b>            | <b>OFFENSE DESCRIPTION</b>                              |                         |                      | <b>CITATION NUMBER</b> |                     |             |                              |
|  |                                   |                                   |  |  |                              |   |                         |                      |                        |                     |             |                              |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>  |                              | <b>CONDITION</b>  | <b>ALCOHOL TEST</b>     |                      |                        | <b>DRUG TEST(S)</b> |             |                              |
|  |                                   |                                   |  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                              |   | <b>STATUS</b>           | <b>TYPE</b>          | <b>VALUE</b>           | <b>STATUS</b>       | <b>TYPE</b> | <b>RESULT SELECT UP TO 4</b> |
|  |                                   |                                   |  |  |                              |   |                         |                      |                        |                     |             |                              |

| INJURIES   | SEATING POSITION   | AIR BAG   | OL CLASS  | OL RESTRICTION(S)   | DRIVER DISTRACTION   | TEST STATUS  |
|--|--|---|---|---|--|--|
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY   | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHID - D)<br>5 - MC MOPED ONLY<br>6 - NO VALID OL   | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN      |
| <b>INJURED TAKEN BY</b>  | <b>EJECTION</b>  |   | <b>OL ENDORSEMENT</b>   |   | <b>ALCOHOL TEST TYPE</b>   |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE  |   | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |   | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  |  |
| <b>SAFETY EQUIPMENT</b>  | <b>TRAPPED</b>   |   | <b>GENDER</b>   |   | <b>DRUG TEST TYPE</b>  |  |
| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS   |   | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN   |   | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER  |  |
|  |  |   |   | <b>CONDITION</b>  |  | <b>DRUG TEST RESULT(S)</b>   |
|  |  |   |   | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN   |  | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |

**I SPOKE WITH THE DRIVER OF UNIT 1 AFTER HE CONTACTED PROGRESSIVE INSURANCE TO MAKE A CLAIM FOR THIS ACCIDENT. THE DRIVER ADVISED THAT HE WAS TOLD THE CLAIM WOULD BE DENIED BECAUSE UNIT 2 WAS ADDED TO THE POLICY THE DAY AFTER THE ACCIDENT. THE DRIVER OF UNIT 1 REQUESTED A SUPPLEMENT BE ADDED TO THE REPORT STATING THAT UNIT 2 WAS UNINSURED AT THE TIME OF THE ACCIDENT.**