

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

2 0 2 4 - 0 0 0 0 6 2 8 9

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**
 2 - UNSOLVED
 NUMBER OF UNITS **0 2**
 UNIT IN ERROR
 98 - ANIMAL **0 2**
 99 - UNKNOWN

COUNTY* **6 7** LOCALITY* **1** LOCATION: CITY, VILLAGE, TOWNSHIP*
Kent

CRASH DATE / TIME*
05012024/0941
 CRASH SEVERITY
 1 - FATAL **5**
 2 - SERIOUS INJURY SUSPECTED
 3 - MINOR INJURY SUSPECTED
 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY

ROUTE TYPE **S R** ROUTE NUMBER **43** PREFIX **1** LOCATION ROAD NAME
MANTUA ROAD TYPE **S T** LATITUDE DECIMAL DEGREES
41.167420

ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST W - WEST
1400 REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)
1400 ROAD TYPE LONGITUDE DECIMAL DEGREES
-81.355168

REFERENCE POINT
 1 - INTERSECTION **3**
 2 - MILE POST
 3 - HOUSE #
 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 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 **0 1**
 2 - ON SHOULDER
 3 - IN MEDIAN
 4 - ON ROADSIDE
 5 - ON GORE
 6 - OUTSIDE TRAFFIC WAY
 7 - ON RAMP
 8 - OFF RAMP
 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 **1**
 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

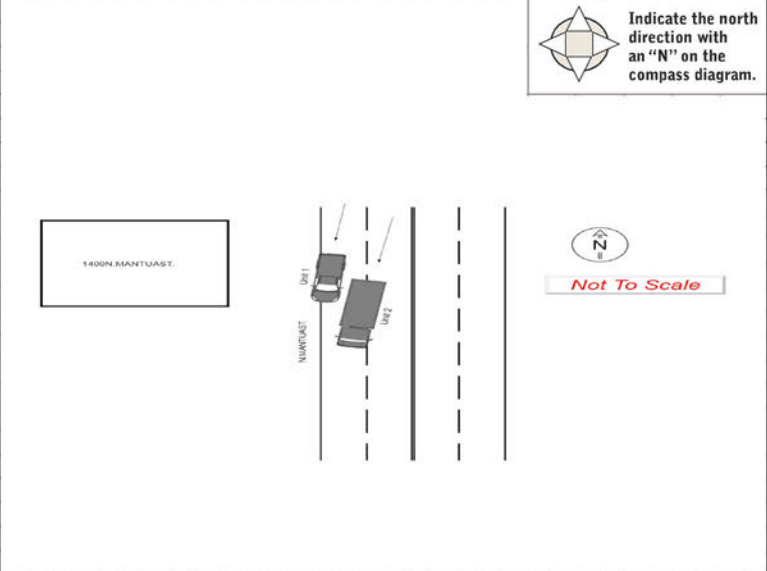
DIRECTION OF TRAVEL
 N - NORTH
 S - SOUTH
 E - EAST
 W - WEST
 MEDIAN TYPE
 1 - DIVIDED FLUSH MEDIAN (<4 FEET)
 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)
 3 - DIVIDED, DEPRESSED MEDIAN
 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
 9 - OTHER/UNKNOWN

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**
 1 - DAYLIGHT
 2 - DAWN/DUSK
 3 - DARK - LIGHTED ROADWAY
 4 - DARK - ROADWAY NOT LIGHTED
 5 - DARK - UNKNOWN ROADWAY LIGHTING
 9 - OTHER / UNKNOWN
 WEATHER **0 1**
 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

NARRATIVE
UNIT 1 WAS SOUTHBOUND ON STHY 43 IN THE RIGHT LANE IN FRONT OF 1400 N. MANTUA ST. UNIT 2 WAS SOUTHBOUND ON STHY 43 IN THE LEFT LANE. UNIT 2 BEGAN TO MERGE INTO THE RIGHT LANE CAUSING UNIT 1 TO SWERVE OUT OF THE WAY TO AVOID GETTING STRUCK CAUSING HIS TIRES TO STRIKE THE CURB AND BLOW OUT. UNIT 2 CONTINUED SOUTHBOUND AND WAS NEVER LOCATED.



CRASH REPORTED DATE / TIME **0 5 0 1 2 0 2 4 / 0 9 4 1** DISPATCH DATE / TIME **0 5 0 1 2 0 2 4 / 0 9 4 3** ARRIVAL DATE / TIME **0 5 0 1 2 0 2 4 / 0 9 5 2** SCENE CLEARED DATE / TIME **0 5 0 1 2 0 2 4 / 1 0 0 3**

TOTAL TIME ROADWAY CLOSED **0 0 0** OTHER INVESTIGATION TIME **0 3 0** TOTAL MINUTES **0 5 0**

OFFICER'S NAME* **Auckland, Kyle** OFFICER'S BADGE NUMBER* **2 3 8**
 CHECKED BY OFFICER'S NAME* **Wheeler, George** CHECKED BY OFFICER'S BADGE NUMBER* **2 4 3**

REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS)

OWNER

VEHICLE

EVENT(S)

UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) STETSYK, MAKSYM	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) Redacted per ORC 149.43(A)(1)
OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 17199 WATERBRIDGE DR, N ROYALTON, OH 44133		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH	LICENSE PLATE # KBA6102	VEHICLE IDENTIFICATION # 2HJYK16308H514194	VEHICLE YEAR 2008	VEHICLE MAKE Honda
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE	INSURANCE POLICY # 926095792	COLOR BLK	VEHICLE MODEL RIDGELINE
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 01	HAZARDOUS MATERIAL	
TYPE OF USE		VEHICLE WEIGHT GVWR/GCWR	CLASS # PLACARD ID #	
<input type="checkbox"/> 1 - PASSENGER CAR <input type="checkbox"/> 7 - MOTORCYCLE 2-WHEELED <input type="checkbox"/> 12 - GOLF CART <input type="checkbox"/> 18 - LIM0 (LIVERY VEHICLE) <input type="checkbox"/> 23 - PEDESTRIAN / SKATER <input type="checkbox"/> 2 - PASSENGER VAN (MINIVAN) <input type="checkbox"/> 8 - MOTORCYCLE 3-WHEELED <input type="checkbox"/> 13 - SNOWMOBILE <input type="checkbox"/> 19 - BUS (16+ PASSENGERS) <input type="checkbox"/> 24 - WHEELCHAIR (ANY TYPE) <input type="checkbox"/> 3 - SPORT UTILITY VEHICLE <input type="checkbox"/> 9 - AUTOCYCLE <input type="checkbox"/> 14 - SINGLE UNIT TRUCK <input type="checkbox"/> 20 - OTHER VEHICLE <input type="checkbox"/> 25 - OTHER NON-MOTORIST <input type="checkbox"/> 4 - PICK UP <input type="checkbox"/> 10 - MOPED OR MOTORIZED BICYCLE <input type="checkbox"/> 15 - SEMI-TRACTOR <input type="checkbox"/> 21 - HEAVY EQUIPMENT <input type="checkbox"/> 26 - BICYCLE <input type="checkbox"/> 5 - CARGO VAN <input type="checkbox"/> 11 - ALL TERRAIN VEHICLE (ATV / UTV) <input type="checkbox"/> 16 - FARM EQUIPMENT <input type="checkbox"/> 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE <input type="checkbox"/> 27 - TRAIN <input type="checkbox"/> 6 - VAN (9-15 SEATS)		3 - CONDITIONAL AUTOMATION <input type="checkbox"/> 9 - UNKNOWN		
# OF TRAILING UNITS		1 - NO AUTOMATION <input type="checkbox"/> 3 - DRIVER ASSISTANCE <input type="checkbox"/> 4 - HIGH AUTOMATION <input type="checkbox"/> 5 - FULL AUTOMATION		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL		
<input type="checkbox"/> 1 - YES <input type="checkbox"/> 2 - NO <input type="checkbox"/> 9 - OTHER / UNKNOWN				
SPECIAL FUNCTION				
<input type="checkbox"/> 1 - NONE <input type="checkbox"/> 6 - BUS - CHARTER/TOUR <input type="checkbox"/> 11 - FIRE <input type="checkbox"/> 16 - FARM <input type="checkbox"/> 21 - MAIL CARRIER <input type="checkbox"/> 2 - TAXI <input type="checkbox"/> 7 - BUS - INTERCITY <input type="checkbox"/> 12 - MILITARY <input type="checkbox"/> 17 - MOWING <input type="checkbox"/> 99 - OTHER / UNKNOWN <input type="checkbox"/> 3 - ELECTRONIC RIDE SHARING <input type="checkbox"/> 8 - BUS - SHUTTLE <input type="checkbox"/> 13 - POLICE <input type="checkbox"/> 18 - SNOW REMOVAL <input type="checkbox"/> 4 - SCHOOL TRANSPORT <input type="checkbox"/> 9 - BUS - OTHER <input type="checkbox"/> 14 - PUBLIC UTILITY <input type="checkbox"/> 19 - TOWING <input type="checkbox"/> 5 - BUS - TRANSIT/COMMUTER <input type="checkbox"/> 10 - AMBULANCE <input type="checkbox"/> 15 - CONSTRUCTION EQUIPMENT <input type="checkbox"/> 20 - SAFETY SERVICE PATROL				
CARGO BODY TYPE				
<input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE <input type="checkbox"/> 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE <input type="checkbox"/> 5 - INTERMODAL CONTAINER CHASSIS <input type="checkbox"/> 8 - POLE <input type="checkbox"/> 12 - CONCRETE MIXER <input type="checkbox"/> 2 - BUS <input type="checkbox"/> 4 - LOGGING <input type="checkbox"/> 6 - CARGO VAN/ENCLOSED BOX <input type="checkbox"/> 9 - CARGO TANK <input type="checkbox"/> 13 - AUTOTRANSPORTER <input type="checkbox"/> 7 - GRAIN/CHIPS/GRAVEL <input type="checkbox"/> 11 - DUMP <input type="checkbox"/> 10 - FLAT BED <input type="checkbox"/> 14 - GARBAGE/REFUSE <input type="checkbox"/> 99 - OTHER / UNKNOWN				
VEHICLE DEFECTS				
<input type="checkbox"/> 1 - TURN SIGNALS <input type="checkbox"/> 4 - BRAKES <input type="checkbox"/> 7 - WORN OR SLICK TIRES <input type="checkbox"/> 9 - MOTOR TROUBLE <input type="checkbox"/> 99 - OTHER / UNKNOWN <input type="checkbox"/> 2 - HEAD LAMPS <input type="checkbox"/> 5 - STEERING <input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE <input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT				
NON-MOTORIST LOCATION AT IMPACT				
<input type="checkbox"/> 1 - INTERSECTION - MARKED CROSSWALK <input type="checkbox"/> 3 - INTERSECTION - OTHER <input type="checkbox"/> 6 - BICYCLE LANE <input type="checkbox"/> 9 - MEDIAN/CROSSING ISLAND <input type="checkbox"/> 12 - FIRST RESPONDER AT INCIDENT SCENE <input type="checkbox"/> 2 - INTERSECTION - UNMARKED CROSSWALK <input type="checkbox"/> 4 - MIDBLOCK - MARKED CROSSWALK <input type="checkbox"/> 7 - SHOULDER / ROADSIDE <input type="checkbox"/> 10 - DRIVEWAY ACCESS <input type="checkbox"/> 99 - OTHER / UNKNOWN <input type="checkbox"/> 5 - TRAVEL LANE - OTHER LOCATION <input type="checkbox"/> 8 - SIDEWALK <input type="checkbox"/> 11 - SHARED USE PATHS OR TRAILS				

ACTION	PRE-CRASH ACTIONS				
<input type="checkbox"/> 1 - NON-CONTACT <input type="checkbox"/> 1 - STRAIGHT AHEAD <input type="checkbox"/> 7 - MAKING U-TURN <input type="checkbox"/> 13 - NEGOTIATING A CURVE <input type="checkbox"/> 18 - APPROACHING OR LEAVING VEHICLE <input type="checkbox"/> 2 - NON-COLLISION <input type="checkbox"/> 2 - BACKING <input type="checkbox"/> 8 - ENTERING TRAFFIC LANE <input type="checkbox"/> 14 - ENTERING OR CROSSING SPECIFIED LOCATION <input type="checkbox"/> 19 - STANDING <input type="checkbox"/> 3 - STRIKING <input type="checkbox"/> 3 - CHANGING LANES <input type="checkbox"/> 9 - LEAVING TRAFFIC LANE <input type="checkbox"/> 15 - WALKING, RUNNING, JOGGING, PLAYING <input type="checkbox"/> 20 - OTHER NON-MOTORIST <input type="checkbox"/> 4 - STRUCK <input type="checkbox"/> 4 - OVERTAKING/PASSING <input type="checkbox"/> 10 - PARKED <input type="checkbox"/> 16 - WORKING <input type="checkbox"/> 21 - STANDING OUTSIDE DISABLED VEHICLE <input type="checkbox"/> 5 - BOTH STRIKING & STRUCK <input type="checkbox"/> 5 - MAKING RIGHT TURN <input type="checkbox"/> 11 - SLOWING OR STOPPED IN TRAFFIC <input type="checkbox"/> 17 - PUSHING VEHICLE <input type="checkbox"/> 99 - OTHER / UNKNOWN <input type="checkbox"/> 9 - OTHER / UNKNOWN <input type="checkbox"/> 6 - MAKING LEFT TURN <input type="checkbox"/> 12 - DRIVERLESS					
CONTRIBUTING CIRCUMSTANCES					
<input type="checkbox"/> 1 - NONE <input type="checkbox"/> 7 - LEFT OF CENTER <input type="checkbox"/> 13 - IMPROPER START FROM A PARKED POSITION <input type="checkbox"/> 17 - VISION OBSTRUCTION <input type="checkbox"/> 21 - LYING IN ROADWAY <input type="checkbox"/> 2 - FAILURE TO YIELD <input type="checkbox"/> 8 - FOLLOWING TOO CLOSE / ACDA <input type="checkbox"/> 14 - STOPPED OR PARKED ILLEGALLY <input type="checkbox"/> 18 - OPERATING DEFECTIVE EQUIPMENT <input type="checkbox"/> 22 - NOT DISCERNIBLE <input type="checkbox"/> 3 - RAN RED LIGHT <input type="checkbox"/> 9 - IMPROPER LANE CHANGE <input type="checkbox"/> 15 - SWERVING TO AVOID <input type="checkbox"/> 19 - LOAD SHIFTING/FALLING/ SPILLING <input type="checkbox"/> 23 - OPENING DOOR INTO ROADWAY <input type="checkbox"/> 4 - RAN STOP SIGN <input type="checkbox"/> 10 - IMPROPER PASSING <input type="checkbox"/> 16 - WRONG WAY <input type="checkbox"/> 20 - IMPROPER CROSSING <input type="checkbox"/> 99 - OTHER IMPROPER ACTION <input type="checkbox"/> 5 - UNSAFE SPEED <input type="checkbox"/> 11 - DROVE OFF ROAD <input type="checkbox"/> 17 - IMPROPER START FROM A PARKED POSITION <input type="checkbox"/> 6 - IMPROPER TURN <input type="checkbox"/> 12 - IMPROPER BACKING					

SEQUENCE OF EVENTS					
<input type="checkbox"/> 1 - OVERTURN/ROLLOVER <input type="checkbox"/> 6 - EQUIPMENT FAILURE <input type="checkbox"/> 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL <input type="checkbox"/> 16 - RAILWAY VEHICLE <input type="checkbox"/> 22 - WORK ZONE MAINTENANCE EQUIPMENT <input type="checkbox"/> 2 - FIRE/EXPLOSION <input type="checkbox"/> 7 - SEPARATION OF UNITS <input type="checkbox"/> 12 - DOWNHILL RUNAWAY <input type="checkbox"/> 17 - ANIMAL - FARM <input type="checkbox"/> 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE <input type="checkbox"/> 3 - IMMERSION <input type="checkbox"/> 8 - RAN OFF ROAD RIGHT <input type="checkbox"/> 13 - OTHER NON-COLLISION <input type="checkbox"/> 18 - ANIMAL - DEER <input type="checkbox"/> 24 - OTHER MOVABLE OBJECT <input type="checkbox"/> 4 - JACKKNIFE <input type="checkbox"/> 9 - RAN OFF ROAD LEFT <input type="checkbox"/> 14 - PEDESTRIAN <input type="checkbox"/> 19 - ANIMAL - OTHER <input type="checkbox"/> 5 - CARGO / EQUIPMENT LOSS OR SHIFT <input type="checkbox"/> 10 - CROSS MEDIAN <input type="checkbox"/> 15 - PEDALCYCLE <input type="checkbox"/> 20 - MOTOR VEHICLE IN TRANSPORT					
COLLISION WITH FIXED OBJECT - STRUCK					
<input type="checkbox"/> 25 - IMPACT ATTENUATOR / CRASH CUSHION <input type="checkbox"/> 31 - GUARDRAIL END <input type="checkbox"/> 37 - TRAFFIC SIGN POST <input type="checkbox"/> 43 - CURB <input type="checkbox"/> 50 - WORK ZONE MAINTENANCE EQUIPMENT <input type="checkbox"/> 26 - BRIDGE OVERHEAD STRUCTURE <input type="checkbox"/> 32 - PORTABLE BARRIER <input type="checkbox"/> 38 - OVERHEAD SIGN POST <input type="checkbox"/> 44 - DITCH <input type="checkbox"/> 27 - BRIDGE PIER OR ABUTMENT <input type="checkbox"/> 33 - MEDIAN CABLE BARRIER <input type="checkbox"/> 39 - LIGHT / LUMINARIES SUPPORT <input type="checkbox"/> 45 - EMBANKMENT <input type="checkbox"/> 28 - BRIDGE PARAPET <input type="checkbox"/> 34 - MEDIAN GUARDRAIL BARRIER <input type="checkbox"/> 40 - UTILITY POLE <input type="checkbox"/> 46 - FENCE <input type="checkbox"/> 29 - BRIDGE RAIL <input type="checkbox"/> 35 - MEDIAN CONCRETE BARRIER <input type="checkbox"/> 41 - OTHER POST, POLE OR SUPPORT <input type="checkbox"/> 47 - MAILBOX <input type="checkbox"/> 30 - GUARDRAIL FACE <input type="checkbox"/> 36 - MEDIAN OTHER BARRIER <input type="checkbox"/> 42 - CULVERT <input type="checkbox"/> 48 - TREE <input type="checkbox"/> 49 - FIRE HYDRANT <input type="checkbox"/> 51 - WALL <input type="checkbox"/> 52 - BUILDING <input type="checkbox"/> 53 - TUNNEL <input type="checkbox"/> 54 - OTHER FIXED OBJECT <input type="checkbox"/> 99 - OTHER / UNKNOWN					

FIRST HARMFUL EVENT	MOST HARMFUL EVENT
1	1

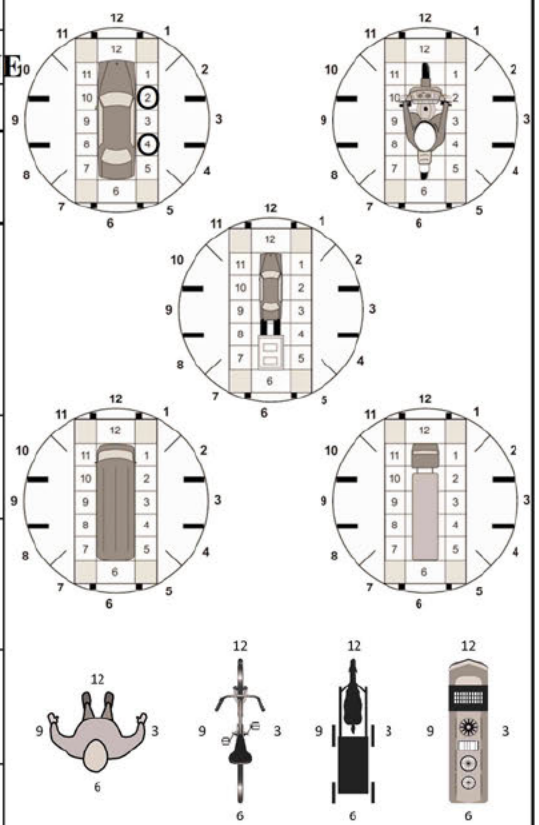
LOCAL REPORT NUMBER
2024-00006289

DAMAGE

DAMAGE SCALE

2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE
1 - NONE 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

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

TRAFFIC

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

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

UNIT / NON-MOTORIST DIRECTION

FROM 1 TO 2

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

UNIT SPEED	DETECTED SPEED
035	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
35	

OWNER

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE _____ LICENSE PLATE # _____ VEHICLE IDENTIFICATION # _____ VEHICLE YEAR _____ VEHICLE MAKE _____

INSURANCE VERIFIED _____ INSURANCE COMPANY _____ INSURANCE POLICY # _____ COLOR _____ VEHICLE MODEL _____

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 # _____

UNIT TYPE 05: 1 - PASSENGER CAR, 2 - PASSENGER VAN (MINIVAN), 3 - SPORT UTILITY VEHICLE, 4 - PICK UP, 5 - CARGO VAN, 6 - VAN (9-15 SEATS), 7 - MOTORCYCLE 2-WHEELED, 8 - MOTORCYCLE 3-WHEELED, 9 - AUTOCYCLE, 10 - MOPED OR MOTORIZED BICYCLE, 11 - ALL TERRAIN VEHICLE (ATV / UTV), 12 - GOLF CART, 13 - SNOWMOBILE, 14 - SINGLE UNIT TRUCK, 15 - SEMI-TRACTOR, 16 - FARM EQUIPMENT, 17 - MOTORHOME, 18 - LIMO (LIVERY VEHICLE), 19 - BUS (16+ PASSENGERS), 20 - OTHER VEHICLE, 21 - HEAVY EQUIPMENT, 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE, 23 - PEDESTRIAN / SKATER, 24 - WHEELCHAIR (ANY TYPE), 25 - OTHER NON-MOTORIST, 26 - BICYCLE, 27 - TRAIN, 99 - UNKNOWN OR HIT/SKIP

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, 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 _____: 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

EVENT(S)

NON-MOTORIST LOCATION AT IMPACT _____: 1 - INTERSECTION - MARKED CROSSWALK, 2 - INTERSECTION - UNMARKED CROSSWALK, 3 - INTERSECTION - OTHER, 4 - MIDDLEBLOCK - 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 2: 1 - NON-CONTACT, 2 - NON-COLLISION, 3 - STRIKING, 4 - STRUCK, 5 - BOTH STRIKING & STRUCK, 9 - OTHER / UNKNOWN PRE-CRASH ACTIONS 03: 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

CONTRIBUTING CIRCUMSTANCES 09: 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 13: 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, 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

COLLISION WITH FIXED OBJECT - STRUCK

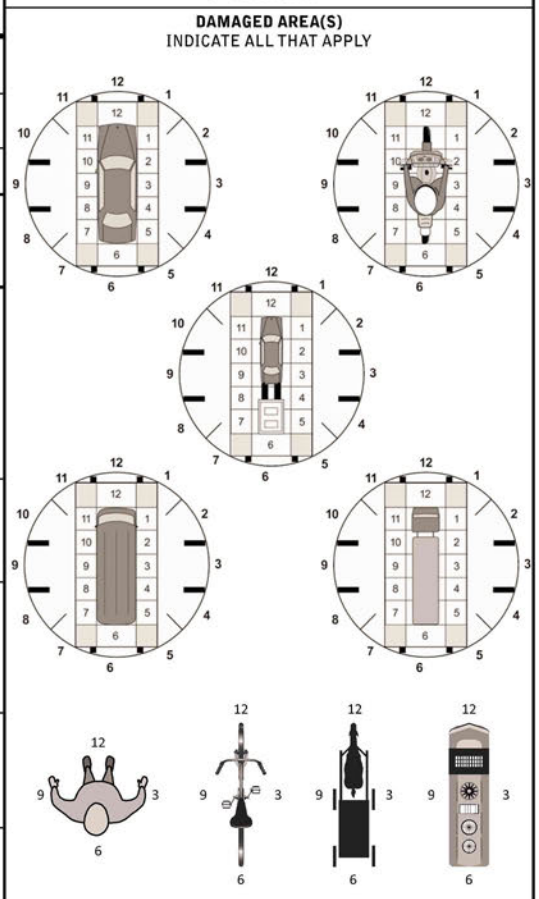
4 _____: 25 - IMPACT ATTENUATOR / CRASH CUSHION, 26 - BRIDGE OVERHEAD STRUCTURE, 27 - BRIDGE PIER OR ABUTMENT, 28 - BRIDGE PARAPET, 29 - BRIDGE RAIL, 30 - GUARDRAIL FACE, 31 - GUARDRAIL END, 32 - PORTABLE BARRIER, 33 - MEDIAN CABLE BARRIER, 34 - MEDIAN GUARDRAIL BARRIER, 35 - MEDIAN CONCRETE BARRIER, 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

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER 2024-00006289

DAMAGE

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



INITIAL POINT OF CONTACT

15: 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 4

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

UNIT / NON-MOTORIST DIRECTION

FROM 1 TO 2

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

UNIT SPEED _____

POSTED SPEED 3 5

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

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 0 2 4 - 0 0 0 0 6 2 8 9

UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER					
0 1	SOUTAR, DAVID, PATRICK			0 1 1 3 1 9 8 7			3 7	M					
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE									
3305 65TH ST, CLEVELAND, OH 44102				Redacted per ORC 149.43(A)(1)									
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		
5						0 4	<input type="checkbox"/>	0 1	1	1	1		
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER			
O H	REDACTED PER ORC 4501:1-12					<input type="checkbox"/>							
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)		
4				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
								1	1		1	1	

UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER					
0 2													
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		
							<input type="checkbox"/>						
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER			
						<input type="checkbox"/>							
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)		
				9	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		9	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
								1	1		1	1	

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		
							<input type="checkbox"/>						
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER			
						<input type="checkbox"/>							
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)		
					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4

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