

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2 0 2 0 - 0 0 0 1 3 9 1 2

PHOTOS TAKEN  
 SECONDARY CRASH  
 OH-2  
 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  
98 - ANIMAL  
99 - UNKNOWN  
**0 2**

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

CRASH DATE / TIME\*  
**08302020/1750**  
CRASH SEVERITY  
1 - FATAL  
2 - SERIOUS INJURY SUSPECTED  
3 - MINOR INJURY SUSPECTED  
4 - INJURY POSSIBLE  
5 - PROPERTY DAMAGE ONLY  
**5**

ROUTE TYPE **S R** ROUTE NUMBER **43** PREFIX **2** LOCATION ROAD NAME  
**WATER** ROAD TYPE **S T**

LATITUDE DECIMAL DEGREES  
**41.140084**

ROUTE TYPE ROUTE NUMBER PREFIX LOCATION ROAD NAME (ROAD, MILEPOST, HOUSE #)  
**1510** ROAD TYPE

LONGITUDE DECIMAL DEGREES  
**-81.356990**

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

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  
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  
**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  
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  
**1**  
1 - DRY  
2 - WET  
3 - SNOW  
4 - ICE  
5 - SAND, MUD, DIRT, OIL, GRAVEL  
6 - WATER (STANDING, MOVING)  
7 - SLUSH  
9 - OTHER/UNKNOWN

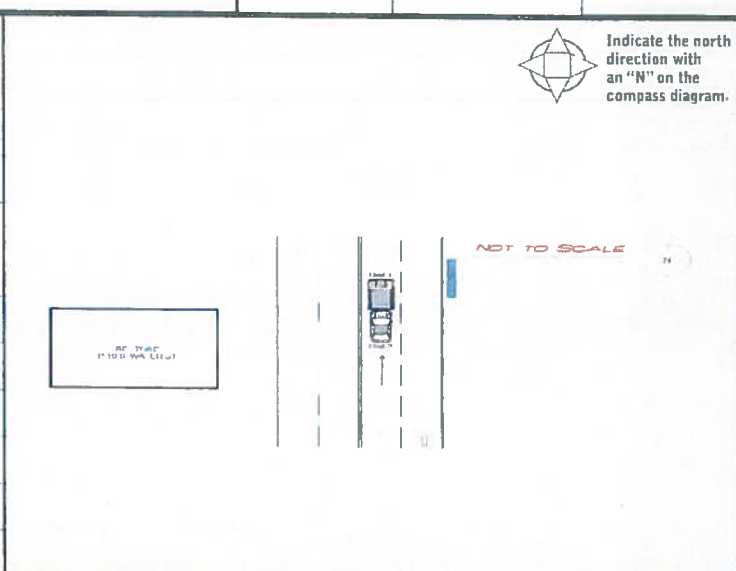
SURFACE  
**2**  
1 - CONCRETE  
2 - BLACKTOP, BITUMINOUS, ASPHALT  
3 - BRICK/BLOCK  
4 - SLAG, GRAVEL, STONE  
5 - DIRT  
9 - OTHER/UNKNOWN

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  
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 1**

CONTINUE

NARRATIVE  
**UNIT 1 & 2 WERE TRAVELING IN THE SECOND LANE N/B IN FRONT OF 1510 S. WATER ST. UNIT 1 STOPPED FOR TRAFFIC. UNIT 2 FAILED TO STOP FOR TRAFFIC AND STRUCK THE REAR OF UNIT 1. UNIT 2 CAUSED A 2 VEHICLE MINOR PROPERTY DAMAGE ONLY CRASH.**



CRASH REPORTED DATE / TIME: **08302020/1750** DISPATCH DATE / TIME: **08302020/1752** ARRIVAL DATE / TIME: **08302020/1759** SCENE CLEARED DATE / TIME: **08302020/1824** REPORT TAKEN BY:  POLICE AGENCY  MOTORIST  SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS)

TOTAL TIME ROADWAY CLOSED: **0 0 0** OTHER INVESTIGATION TIME: **0 6 0** TOTAL MINUTES: **0 9 2** OFFICER'S NAME\*: **Fuller, James** OFFICER'S BADGE NUMBER\*: **2 2 1** CHECKED BY OFFICER'S NAME\*: **Nelson, Josh** CHECKED BY OFFICER'S BADGE NUMBER\*: **2 3 2**

**OWNER**

UNIT # **01** OWNER NAME: LAST, FIRST, MIDDLE ( ) (SAME AS DRIVER) **BAUMBERGER, ERIC, LEE**  
 OWNED PHONE: ( ) (THE AREA CODE) ( ) (SAME AS DRIVER)  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) (SAME AS DRIVER)  
**4127 CHAPMAN DR, Brimfield Twp, OH 44240**  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE **OH** LICENSE PLATE # **EXM3631** VEHICLE IDENTIFICATION # **1FMCU0D73BK49534** VEHICLE YEAR **2011** VEHICLE MAKE **Ford**  
 INSURANCE VERIFIED INSURANCE COMPANY **PROGRESSIVE** INSURANCE POLICY # **914279644** COLOR **RED** VEHICLE MODEL **ESCAPE**  
 COMMERCIAL TYPE OF USE  GOVERNMENT  IN EMERGENCY RESPONSE US DOT # TOWED BY: COMPANY NAME  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS **02** VEHICLE WEIGHT GVWR/GCWR  
 1 - <10K LBS  
 2 - 10,001 - 26K LBS  
 3 - >26K LBS HAZARDOUS MATERIAL  
 MATERIAL RELEASED CLASS # PLACARD ID #  
 PLACARD

**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 21 - SEMI-TRACTOR 22 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 27 - TRAIN  
 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP  
 # OF TRAILING UNITS **00**

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

**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 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 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 - MEDIA/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** **PRE-CRASH ACTIONS** **11**  
 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE  
 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
 4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
 6 - MAKING LEFT TURN 12 - DR/VERLESS 9 - OTHER / 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 19 - 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

**SEQUENCE OF EVENTS**  
**1** **20**  
 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 2 - FIRE/EXP. OSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEJALCYCLE 21 - PARKED MOTOR VEHICLE

**COLLISION WITH FIXED OBJECT - STRUCK**  
 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN  
**1** FIRST HARMFUL EVENT **1** MOST HARMFUL EVENT

LOCAL REPORT NUMBER  
**2020-00013912**

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

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

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

**INITIAL POINT OF CONTACT**  
**06**  
 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**  
**4**  
**RAIL GRADE CROSSING**  
**1**  
 1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**  
**FROM 2 TO 1**  
 1 - NORTH 5 - 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

OWNER

VEHICLE

EVENT(S)

**UNIT #** 02 **OWNER NAME:** LAST, FIRST, MIDDLE (X SAME AS DRIVER)  
**TURNER, DEJA, DENISE**

**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (X SAME AS DRIVER)  
**1953 BROADHURST AVE, CINCINNATI, OH 45240**

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

**COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

**LP STATE** OH **LICENSE PLATE #** K909692 **VEHICLE IDENTIFICATION #** 3N1AB7AP9KY264509 **VEHICLE YEAR** 2019 **VEHICLE MAKE** Nissan

**INSURANCE VERIFIED** **INSURANCE COMPANY** GEICO **INSURANCE POLICY #** 6028302294 **COLOR** WHI **VEHICLE MODEL** SENTRA

**COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #**

**INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **#OCCUPANTS** 02 **VEHICLE WEIGHT GVWR/GCWR**  
 1 - <10K LBS  
 2 - 10,001 - 26K LBS  
 3 - >26K LBS

**TOWED BY: COMPANY NAME**

**HAZARDOUS MATERIAL**  
 **MATERIAL RELEASED** **CLASS #** **PLACARD ID #**  
 **PLACARD**

**UNIT TYPE** 01

**# OF TRAILING UNITS** 00

**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

**SPECIAL FUNCTION** 01

**CARGO BODY TYPE** 01

**VEHICLE DEFECTS**

**NON-MOTORIST LOCATION AT IMPACT** 3

**ACTION** 3

**PRE-CRASH ACTIONS** 01

**CONTRIBUTING CIRCUMSTANCES** 08

**SEQUENCE OF EVENTS**

**EVENTS**

**VEHICLE IDENTIFICATION #** 3N1AB7AP9KY264509

**VEHICLE YEAR** 2019 **VEHICLE MAKE** Nissan

**VEHICLE MODEL** SENTRA

**COLOR** WHI

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

**HAZARDOUS MATERIAL**  
 **MATERIAL RELEASED** **CLASS #** **PLACARD ID #**  
 **PLACARD**

**NON-MOTORIST LOCATION AT IMPACT** 3

**ACTION** 3

**PRE-CRASH ACTIONS** 01

**CONTRIBUTING CIRCUMSTANCES** 08

**SEQUENCE OF EVENTS**

**EVENTS**

**VEHICLE IDENTIFICATION #** 3N1AB7AP9KY264509

**VEHICLE YEAR** 2019 **VEHICLE MAKE** Nissan

**VEHICLE MODEL** SENTRA

**COLOR** WHI

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

**HAZARDOUS MATERIAL**  
 **MATERIAL RELEASED** **CLASS #** **PLACARD ID #**  
 **PLACARD**

**VEHICLE IDENTIFICATION #** 3N1AB7AP9KY264509

**VEHICLE YEAR** 2019 **VEHICLE MAKE** Nissan

**VEHICLE MODEL** SENTRA

**COLOR** WHI

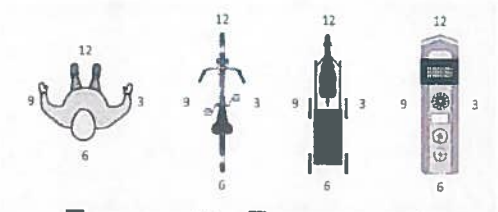
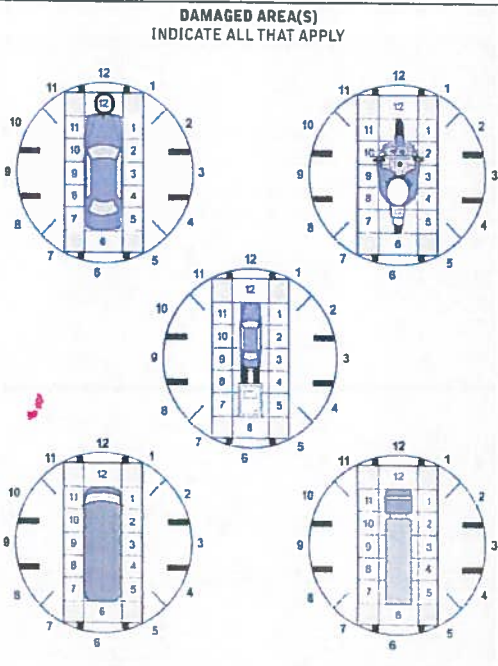
**VEHICLE WEIGHT GVWR/GCWR**  
 1 - <10K LBS  
 2 - 10,001 - 26K LBS  
 3 - >26K LBS

**HAZARDOUS MATERIAL**  
 **MATERIAL RELEASED** **CLASS #** **PLACARD ID #**  
 **PLACARD**

**LOCAL REPORT NUMBER**  
 2020-00013912

**DAMAGE**

**DAMAGE SCALE**  
 2 1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 - MINOR 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 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

**TRAFFIC**

**TRAFFICWAY FLOW**  
 1 - ONE-WAY  
 2 - TWO-WAY

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

**# OF THROUGH LANES ON ROAD** 4

**RAIL GRADE CROSSING** 1

**UNIT / NON-MOTORIST DIRECTION**

FROM 2 TO 1

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

**UNIT SPEED** 025

**POSTED SPEED** 25

**DETECTED SPEED** 1

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



# MOTORIST / Non-MOTORIST

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

DATE OF BIRTH  
**0 2 0 6 2 0 0 1** AGE **1 9** GENDER **M**

CONTACT PHONE - INCLUDE AREA CODE

UNIT # **0 1** NAME: LAST, FIRST, MIDDLE  
**BAUMBERGER, CARTER, SCOTT**

ADDRESS: STREET, CITY, STATE, ZIP  
**4127 CHAPMAN DR ,Brimfield Twp ,OH 44240**

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 **4** ENDORSEMENT SELECT UP TO 2 \_\_\_\_\_ RESTRICTION SELECT UP TO 3 \_\_\_\_\_ 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  
**TURNER, DEJA, DENISE**

ADDRESS: STREET, CITY, STATE, ZIP  
**1953 BROADHURST AVE ,CINCINNATI ,OH 45240**

DATE OF BIRTH  
**0 8 2 4 2 0 0 0** AGE **2 0** GENDER **M**

CONTACT PHONE - INCLUDE AREA CODE

INJURIES **5** INJURED TAKEN BY  EMS AGENCY (NAME) \_\_\_\_\_ INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) \_\_\_\_\_ SAFETY EQUIPMENT USED **0 4**  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 **61013**

OL CLASS **4** ENDORSEMENT SELECT UP TO 2 \_\_\_\_\_ RESTRICTION SELECT UP TO 3 \_\_\_\_\_ 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 # \_\_\_\_\_ NAME: LAST, FIRST, MIDDLE \_\_\_\_\_

ADDRESS: STREET, CITY, STATE, ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_

CONTACT PHONE - INCLUDE AREA 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 SELECT UP TO 2 \_\_\_\_\_ 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 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		7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	N PASSENGER	10 - LIMITED TO DAYLIGHT ONLY		4 - BREATH
SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT BUS, PICK UP WITH CAP)	4 - NOT APPLICABLE	P TANKER	11 - LIMITED TO EMPLOYMENT		5 - OTHER
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q MOTOR SCOOTER	12 - LIMITED - OTHER		DRUG TEST TYPE
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	R THREE WHEEL MOTORCYCLE	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		1 - NONE
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	S SCHOOL BUS	14 - MILITARY VEHICLES ONLY		2 - BLOOD
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	T DOUBLE & TRIPLE TRAILERS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES		3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN		X - TANKER / HAZMAT	16 - OUTSIDE MIRROR		4 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING				17 - PROSTHETIC AID		DRUG TEST RESULT(S)
7 - BOOSTER SEAT				18 - OTHER		1 - AMPHETAMINES
8 - HELMET USED						2 - BARBITURATES
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						3 - BENZODIAZEPINES
10 - REFLECTIVE CLOTHING						4 - CANNABINOIDS
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						5 - COCAINE
99 - OTHER / UNKNOWN						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS



# OCCUPANT / WITNESS ADDENDUM

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

**OCCUPANT**

UNIT # 01 NAME: LAST, FIRST, MIDDLE  
**GRADISHER, SOPHIA, KATHERINE**

ADDRESS: STREET, CITY, STATE ZIP  
**861 MISHLER RD, Suffield, OH 44260**

INJURIES 5 INJURED TAKEN BY      EMS AGENCY (NAME)      INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)      SAFETY EQUIPMENT USED 0,4

DATE OF BIRTH 0 3 2 6 2 0 0 1 AGE 19 GENDER F

CONTACT PHONE - INCLUDE AREA CODE     

**OCCUPANT**

UNIT # 02 NAME: LAST FIRST MIDDLE  
**MACK, TAIWO**

ADDRESS: STREET, CITY STAT ZIP  
**3702 15TH ST UP, CLEVELAND, OH 44109**

INJURIES 5 INJURED TAKEN BY      EMS AGENCY (NAME)      INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)      SAFETY EQUIPMENT USED 0,4

DATE OF BIRTH 0 9 1 9 1 9 9 8 AGE 21 GENDER F

CONTACT PHONE - INCLUDE AREA CODE     

**OCCUPANT**

UNIT #      NAME: LAST, FIRST, MIDDLE     

ADDRESS: STREET, CITY, STATE ZIP     

INJURIES      INJURED TAKEN BY      EMS AGENCY (NAME)      INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)      SAFETY EQUIPMENT USED     

DATE OF BIRTH      AGE      GENDER     

CONTACT PHONE - INCLUDE AREA CODE     

**OCCUPANT**

UNIT #      NAME: LAST, FIRST, MIDDLE     

ADDRESS: STREET CITY STATE ZIP     

INJURIES      INJURED TAKEN BY      EMS AGENCY (NAME)      INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)      SAFETY EQUIPMENT USED     

DATE OF BIRTH      AGE      GENDER     

CONTACT PHONE - INCLUDE AREA CODE     

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
<b>INJURED TAKEN BY</b>		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>
2 - EMS	7 - BOOSTER SEAT	8 - THIRD - MIDDLE	1 - NOT EJECTED
3 - POLICE	8 - HELMET USED	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
<b>GENDER</b>		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK UP WITH CAP)	4 - NOT APPLICABLE
F - FEMALE	10 - REFLECTIVE CLOTHING	12 - PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>
M - MALE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	13 - TRAILING UNIT	1 - NOT TRAPPED
U - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS
		15 - NON-MOTORIST	3 - FREED BY NON MECHANICAL MEANS
		99 - OTHER / UNKNOWN	

**WITNESS**

NAME: LAST FIRST MIDDLE     

ADDRESS: STREET, CITY, STATE ZIP     

DATE OF BIRTH      AGE      GENDER     

CONTACT PHONE - INCLUDE AREA CODE     

**WITNESS**

NAME: LAST FIRST, MIDDLE     

ADDRESS: STREET, CITY, STATE, ZIP     

DATE OF BIRTH      AGE      GENDER     

CONTACT PHONE - INCLUDE AREA CODE     

**WITNESS**

NAME: LAST, FIRST, MIDDLE     

ADDRESS: STREET, CITY, STATE, ZIP     

DATE OF BIRTH      AGE      GENDER     

CONTACT PHONE - INCLUDE AREA CODE