



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2020-00003121

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

LOCAL INFORMATION  
 REPORTING AGENCY NAME\*  
**City of Kent Police**  
 NCIC\*  
**06703**

HIT/SKIP  
 1 - SOLVED  
 2 - UNSOLVED  
**1**  
 NUMBER OF UNITS  
**02**  
 UNIT IN ERROR  
 98 - ANIMAL  
 99 - UNKNOWN  
**01**

COUNTY\* **67** LOCALITY\* **1** LOCATION: CITY, VILLAGE, TOWNSHIP\*  
**Kent**

CRASH DATE / TIME\*  
**02122020/0215**  
 CRASH SEVERITY  
 1 - FATAL  
 2 - SERIOUS INJURY SUSPECTED  
 3 - MINOR INJURY SUSPECTED  
 4 - INJURY POSSIBLE  
 5 - PROPERTY DAMAGE ONLY  
**5**

ROUTE TYPE ROUTE NUMBER PREFIX LOCATION ROAD NAME ROAD TYPE  
**LINDEN**  
**R D**

LATITUDE DECIMAL DEGREES  
**41.154817**

ROUTE TYPE ROUTE NUMBER PREFIX REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ROAD TYPE  
**200 LINDEN RD**

LONGITUDE DECIMAL DEGREES  
**-81.347522**

REFERENCE POINT  
 1 - INTERSECTION  
 2 - MILE POST  
 3 - HOUSE #  
**3**  
 DIRECTION FROM REFERENCE  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
**3**  
 ROUTE TYPE  
 IR - INTERSTATE ROUTE(TP)  
 US - FEDERAL US ROUTE  
 SR - STATE ROUTE  
 CR - NUMBERED COUNTY ROUTE  
 TR - NUMBERED TOWNSHIP ROUTE  
 ROAD TYPE  
 AL - ALLEY  
 AV - AVENUE  
 BL - BOULEVARD  
 CR - CIRCLE  
 CT - COURT  
 DR - DRIVE  
 HE - HEIGHTS  
 HW - HIGHWAY  
 LA - LAVE  
 MP - MILEPOST  
 OV - OVAL  
 PK - PARKWAY  
 PI - PIKE  
 PL - PLACE  
 RD - ROAD  
 SQ - SQUARE  
 ST - STREET  
 TE - TERRACE  
 TL - TRAIL  
 WA - WAY

INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA  
 NUMBER OF APPROACHES  
 ROADWAY  
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT  
 1 - ON ROADWAY  
 2 - ON SHOULDER  
 3 - IN MEDIAN  
 4 - ON ROADSIDE  
 5 - ON GORE  
 6 - OUTSIDE TRAFFIC WAY  
 7 - ON RAMP  
 8 - OFF RAMP  
**02**  
 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  
**1**

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  
**1**  
 1 - STRAIGHT LEVEL  
 2 - STRAIGHT GRADE  
 3 - CURVE LEVEL  
 4 - CURVE GRADE  
 9 - OTHER/UNKNOWN

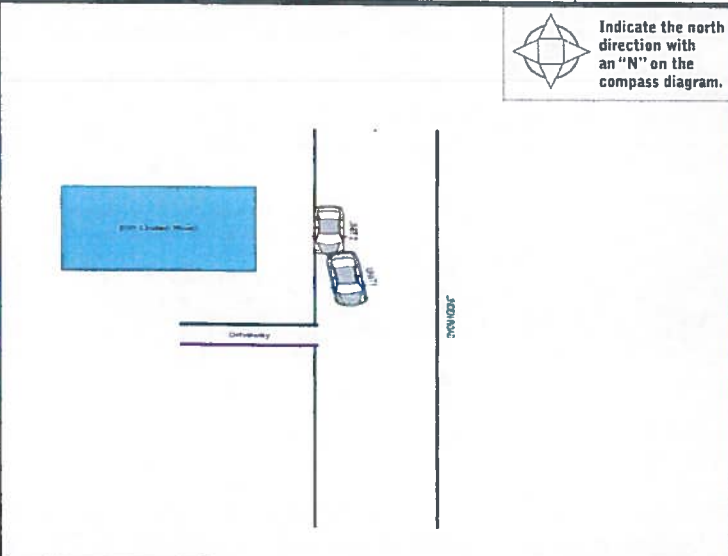
CONDITIONS  
**1**  
 1 - DRY  
 2 - WET  
 3 - SNOW  
 4 - ICE  
 5 - SAND, MUD, DIRT, OIL, GRAVEL  
 6 - WATER (STANDING, MOVING)  
 7 - SLUSH  
 9 - OTHER/UNKNOWN

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  
**3**

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 2 WAS PARKED FACING SOUTH ON LINDEN ROAD IN FRONT OF HOUSE NUMBER 200 LINDEN. UNIT 1 BACKED INTO UNIT 2 WHILE ATTEMPTING TO BACK INTO THE PARKING SPOT. UNIT 1 FLED THE SCENE.**



CRASH REPORTED DATE / TIME: **02122020/0221** DISPATCH DATE / TIME: **02122020/0222** ARRIVAL DATE / TIME: **02122020/0224** SCENE CLEARED DATE / TIME: **02122020/0456** REPORT TAKEN BY:  POLICE AGENCY  MOTORIST  SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT. SEND TO TSPS)

TOTAL TIME ROADWAY CLOSED: **000** OTHER INVESTIGATION TIME: **030** TOTAL MINUTES: **184** OFFICER'S NAME\*: **Kunka, Leonard B** OFFICER'S BADGE NUMBER\*: **250** CHECKED BY OFFICER'S NAME\*: **Short, Jason M** CHECKED BY OFFICER'S BADGE NUMBER\*: **228**

**OWNER**

UNIT # **01** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) **GRAHN, MATTHEW, DAVID** OWNER PHONE: \_\_\_\_\_

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) **1390 SILVERDALE CIR, Twinsburg, OH 44087**

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

**DAMAGE**

**DAMAGE SCALE**

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

**VEHICLE**

LP STATE **OH** LICENSE PLATE # **HZD5207** VEHICLE IDENTIFICATION # **1VWA17A3XGC060922** VEHICLE YEAR **2016** VEHICLE MAKE **Volkswagen**

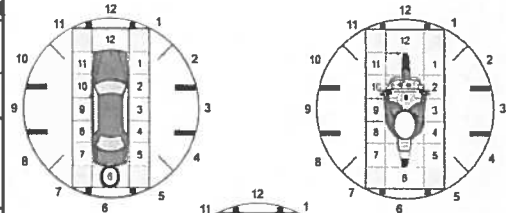
INSURANCE VERIFIED  INSURANCE COMPANY **PROGRESSIVE** INSURANCE POLICY # **920482453** COLOR **BLK** VEHICLE MODEL **PASSAT**

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

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_

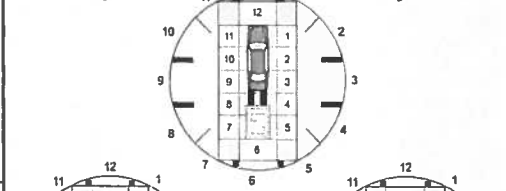
HAZARDOUS MATERIAL:  MATERIAL RELEASED CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_  
 PLACARD \_\_\_\_\_



UNIT TYPE **01**

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

# OF TRAILING UNITS **0**

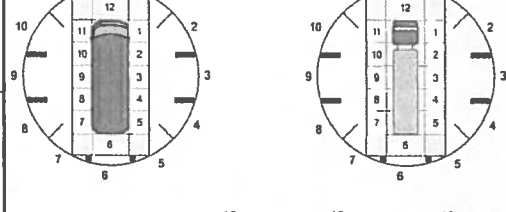


WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **2**

1 - YES 2 - NO 9 - OTHER / UNKNOWN

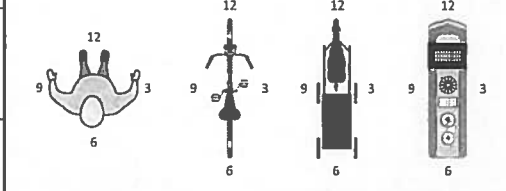
AUTONOMOUS MODE LEVEL **0**

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 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

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 PRIOR ACCIDENT

NON-MOTORIST LOCATION AT IMPACT

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

ACTION **3** PRE-CRASH ACTIONS **02**

1 - NON-CONTACT 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - STRIKING 8 - STRUCK 9 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN

1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - 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

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

CONTRIBUTING CIRCUMSTANCES **12**

1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACD 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING

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 **20** 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT

2 \_\_\_\_\_ 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT

3 \_\_\_\_\_

# OF THROUGH LANES ON ROAD **2**

RAIL GRADE CROSSING **1**

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

EVENTS

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

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**

UNIT / NON-MOTORIST DIRECTION

FROM **2** TO **1**

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

UNIT SPEED **005**

POSTED SPEED **25**

DETECTED SPEED **1**

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

OWNER	UNIT # <b>0, 2</b>	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) <b>QUINN, KEVIN, LEE</b>	VEHICLE IDENTIFICATION # <b>5NMSH73E68H159666</b>	VEHICLE YEAR <b>2008</b>	VEHICLE MAKE <b>Hyundai</b>	
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) <b>297 SILVER DR, WADSWORTH, OH 44281</b>		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE <b>OH</b>	LICENSE PLATE # <b>658YAA</b>	VEHICLE IDENTIFICATION # <b>5NMSH73E68H159666</b>	VEHICLE YEAR <b>2008</b>	VEHICLE MAKE <b>Hyundai</b>	
	<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR <b>BLK</b>	VEHICLE MODEL <b>SANTA FE</b>	
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #		
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS <b>0, 0</b>	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # PLACARD ID # <input type="checkbox"/> PLACARD	
	TYPE OF USE <input type="checkbox"/> PASSENGER CAR		7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER
	UNIT TYPE <b>0, 1</b>		8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)
	# OF TRAILING UNITS <b>0</b>		9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <b>2</b>		10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
	AUTONOMOUS MODE LEVEL <b>0</b>		11 - ALL TERRAIN VEHICLE (ATV / UTV)	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN
	SPECIAL FUNCTION <b>0, 1</b>		12 - MOTORHOME	17 - MOTORHOME	99 - UNKNOWN OR HIT/SKIP	
EVENT(S)	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	
	6 - NO CARGO BODY TYPE / NOT APPLICABLE		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
	7 - BUS		4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER
	8 - TURN SIGNALS		4 - BRAKES	7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE
	9 - HEAD LAMPS		5 - STEERING	7 - WORN OR SLICK TIRES	11 - DUMP	99 - OTHER / UNKNOWN
	10 - TAIL LAMPS		6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN
11 - INTERSECTION - MARKED CROSSWALK		3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIUM CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE	
12 - INTERSECTION - UNMARKED CROSSWALK		4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	99 - OTHER / UNKNOWN	
13 - INTERSECTION - UNMARKED CROSSWALK		5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS		
14 - NON-CONTACT		1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE	
15 - NON-COLLISION		2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING	
16 - STRIKING		3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST	
17 - STRUCK		4 - OVERTAKING/PASSING	10 - PARKED	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE	
18 - BOTH STRIKING & STRUCK		5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN	
19 - OTHER / UNKNOWN		6 - MAKING LEFT TURN	12 - DRIVERLESS			
20 - NONE		7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY	
21 - FAILURE TO YIELD		8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE	
22 - RAN RED LIGHT		9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/ SPILLING	23 - OPENING DOOR INTO ROADWAY	
23 - RAN STOP SIGN		10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION	
24 - UNSAFE SPEED		11 - DROVE OFF ROAD				
25 - IMPROPER TURN		12 - IMPROPER BACKING				
SEQUENCE OF EVENTS		EVENTS				
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 - PEJALCYCLE	20 - MOTOR VEHICLE IN TRANSPORT		
COLLISION WITH FIXED OBJECT - STRUCK		EVENTS				
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 - MEDIUM CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT	52 - BUILDING	
28 - BRIDGE PARAPET		34 - MEDIUM GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL	
29 - BRIDGE RAIL		35 - MEDIUM CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT	
30 - GUARDRAIL FACE		36 - MEDIUM OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER / UNKNOWN	
43 - FIRE HYDRANT				49 - FIRE HYDRANT		

LOCAL REPORT NUMBER <b>2020-00003121</b>	
DAMAGE	
DAMAGE SCALE	
<b>2</b>	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ] <input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ] <input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]	
INITIAL POINT OF CONTACT	
<b>1, 2</b>	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC	
TRAFFICWAY FLOW <b>2</b>	TRAFFIC CONTROL <b>6</b>
# OF THROUGH LANES ON ROAD <b>2</b>	RAIL GRADE CROSSING <b>1</b>
UNIT / NON-MOTORIST DIRECTION	
FROM <b>1</b> TO <b>2</b>	
UNIT SPEED <b>000</b>	DETECTED SPEED <b>1</b>
POSTED SPEED <b>25</b>	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED



# MOTORIST / Non-MOTORIST

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

UNIT # 0,1	NAME: LAST, FIRST, MIDDLE GRAHN, MATTHEW, DAVID	DATE OF BIRTH 0,9,2,4,1,9,9,7	AGE 2,2	GENDER M
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ADDRESS: STREET, CITY, STATE, ZIP  
1390 SILVERDALE CIR, Twinsburg, OH 44087

CONTACT PHONE - INCLUDE AREA CODE

INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 9,9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0,1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE O,H	OPERATOR LICENSE NUMBER UF310111		OFFENSE CHARGED 4511.38	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION Starting/Backing		CITATION NUMBER 60680		
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 9	ALCOHOL / DRUG SUSPECTED <input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 6	ALCOHOL TEST STATUS TYPE VALUE 4 4 1,3,5		DRUG TEST(S) STATUS TYPE RESULT 1

UNIT # 0,2	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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ADDRESS: STREET, CITY, STATE, ZIP

CONTACT PHONE - INCLUDE AREA CODE

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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ADDRESS: STREET, CITY, STATE, ZIP

CONTACT PHONE - INCLUDE AREA CODE

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4

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
<b>INJURED TAKEN BY</b>		6 - SECOND - RIGHT SIDE	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	<b>ALCOHOL TEST TYPE</b>
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>		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	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY	<b>DRUG TEST TYPE</b>	
<b>SAFETY EQUIPMENT</b>		4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT	1 - NONE	
1 - NONE USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	<b>TRAPPED</b>		12 - LIMITED - OTHER	2 - BLOOD	
2 - SHOULDER BELT ONLY USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	1 - NOT TRAPPED	R - THREE WHEEL MOTORCYCLE	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	3 - URINE	
3 - LAP BELT ONLY USED	13 - TRAILING UNIT	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	14 - MILITARY VEHICLES ONLY	4 - BREATH	
4 - SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	5 - OTHER	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	15 - NON-MOTORIST	<b>CONDITION</b>		16 - OUTSIDE MIRROR	<b>DRUG TEST RESULT(S)</b>	
6 - CHILD RESTRAINT SYSTEM - REAR FACING	99 - OTHER / UNKNOWN	1 - APPARENTLY NORMAL		17 - PROSTHETIC AID	1 - AMPHETAMINES	
7 - BOOSTER SEAT		2 - PHYSICAL IMPAIRMENT		18 - OTHER	2 - BARBITURATES	
8 - HELMET USED		3 - EMOTIONAL (E.G., DEPRESSED, ANXIETY, DISTRESS)			3 - BENZODIAZEPINES	
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		4 - ILLNESS			4 - CANNABINOIDS	
10 - REFLECTIVE CLOTHING		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.			5 - COCAINE	
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		6 - UNDER THE INFLUENCE OF MEDICATIONS/DRUGS /ALCOHOL			6 - OPIATES/OPIOIDS	
99 - OTHER / UNKNOWN		9 - OTHER / UNKNOWN			7 - OTHER	
					8 - NEGATIVE RESULTS	



# OCCUPANT / WITNESS ADDENDUM

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

OCCUPANT	UNIT # <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>GOINS, ELIJAH, PETER</b>	DATE OF BIRTH <b>0 3 2 3 1 9 9 8</b>	AGE <b>2 1</b>	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP <b>225 MIDWAY DR CCD#326 ,Kent ,OH 44243</b>			CONTACT PHONE - INCLUDE AREA CODE	

INJURIES <b>5</b>	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED <b>0 1</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION <b>0 3</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
INJURED TAKEN BY		6 - 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 <b>SCHMIDT, CORRISSA, ANNE</b>	DATE OF BIRTH <b>0 3 1 6 1 9 9 9</b>	AGE <b>2 0</b>	GENDER <b>F</b>
	ADDRESS: STREET, CITY, STATE, ZIP <b>126 LINDEN RD ,Kent ,OH 44240</b>	CONTACT PHONE - INCLUDE AREA CODE		

NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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