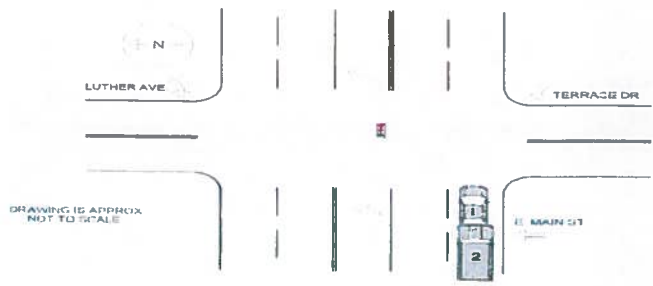
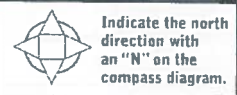


# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION REPORTING AGENCY NAME* <b>City of Kent Police</b>		LOCAL REPORT NUMBER* <b>2020-00014487</b>	
COUNTY* <b>67</b> LOCALITY* <b>1</b> <small>1-CITY 2-VILLAGE 3-TOWNSHIP</small>		LOCATION: CITY, VILLAGE, TOWNSHIP* <b>Kent</b>		HIT/SKIP 1-SOLVED    2-UNSOLVED <b>02</b>	
ROUTE TYPE <b>S R</b> ROUTE NUMBER <b>59</b> PREFIX <b>3</b> <small>1-NORTH 2-SOUTH 3-EAST 4-WEST</small>		LOCATION ROAD NAME <b>MAIN</b>		CRASH DATE / TIME* <b>09082020/1732</b>	
ROUTE TYPE <b>S R</b> ROUTE NUMBER <b>59</b> PREFIX <b>3</b> <small>1-NORTH 2-SOUTH 3-EAST 4-WEST</small>		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>TERRACE</b>		CRASH SEVERITY 1-FATAL    2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED    4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY <b>5</b>	
REFERENCE POINT 1-INTERSECTION    2-MILE POST    3-HOUSE # <b>1</b>		DIRECTION FROM REFERENCE 1-NORTH    2-SOUTH    3-EAST    4-WEST <b>4</b>		INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA    NUMBER OF APPROACHES <b>4</b>	
DISTANCE FROM REFERENCE <b>10</b>		DISTANCE UNIT OF MEASURE 1-MILES    2-FEET    3-YARDS <b>2</b>		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED	
ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY    AV - AVENUE    BL - BOULEVARD    CR - CIRCLE    CT - COURT    DR - DRIVE    HE - HEIGHTS HW - HIGHWAY    LA - LANE    MP - MILEPOST    OV - OVAL    PK - PARKWAY    PI - PIKE    PL - PLACE RD - ROAD    SQ - SQUARE    ST - STREET    TE - TERRACE    TL - TRAIL    WA - WAY		DIRECTION OF TRAVEL 1-NORTH    2-SOUTH    3-EAST    4-WEST	
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 <b>01</b>		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 <b>2</b>		MEDIAN TYPE 1-DIVIDED FLUSH MEDIAN (<4 FEET)    2-DIVIDED FLUSH MEDIAN (≥4 FEET)    3-DIVIDED, DEPRESSED MEDIAN (ANY TYPE)    4-DIVIDED, RAISED MEDIAN (ANY TYPE)    9-OTHER/UNKNOWN	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1-LANE CLOSURE    2-LANE SHIFT/CROSSOVER    3-WORK ON SHOULDER OR MEDIAN    4-INTERMITTENT OR MOVING WORK    5-OTHER		LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE WARNING SIGN    2-ADVANCE WARNING AREA    3-TRANSITION AREA    4-ACTIVITY AREA    5-TERMINATION AREA	
LIGHT CONDITION 1-DAYLIGHT    2-DAWN/DUSK    3-DARK - LIGHTED ROADWAY    4-DARK - ROADWAY NOT LIGHTED    5-DARK - UNKNOWN ROADWAY LIGHTING    9-OTHER / UNKNOWN <b>1</b>		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 <b>01</b>		CONTOUR 1-STRAIGHT LEVEL    2-STRAIGHT GRADE    3-CURVE LEVEL    4-CURVE GRADE    9-OTHER/UNKNOWN <b>1</b>	
CONDITIONS 1-DRY    2-WET    3-SNOW    4-ICE    5-SAND, MUD, DIRT OIL, GRAVEL    6-WATER (STANDING, MOVING)    7-SLUSH    9-OTHER/UNKNOWN <b>1</b>		SURFACE 1-CONCRETE    2-BLACKTOP, BITUMINOUS, ASPHALT    3-BRICK/BLOCK    4-SLAG, GRAVEL, STONE    5-DIRT    9-OTHER/UNKNOWN <b>2</b>		NARRATIVE <b>UNIT 1 WAS STOPPED AT A RED LIGHT FACING EAST BOUND ON E. MAIN ST. AT TERRACE DR. UNIT 2 WAS TRAVELING DIRECTLY BEHIND UNIT 1 AND REAR ENDED UNIT 1.</b>	
CRASH REPORTED DATE / TIME <b>09082020/1732</b>		DISPATCH DATE / TIME <b>09082020/1734</b>		ARRIVAL DATE / TIME <b>09082020/1734</b>	
TOTAL TIME ROADWAY CLOSED <b>029</b>		OTHER INVESTIGATION TIME <b>020</b>		TOTAL MINUTES <b>047</b>	
OFFICER'S NAME* <b>Lipsey, Nicole</b>		CHECKED BY OFFICER'S NAME* <b>Gaydosh, Ryan</b>		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DPS)	
OFFICER'S BADGE NUMBER* <b>212</b>		CHECKED BY OFFICER'S BADGE NUMBER* <b>213</b>		SCENE CLEARED DATE / TIME <b>09082020/1801</b>	



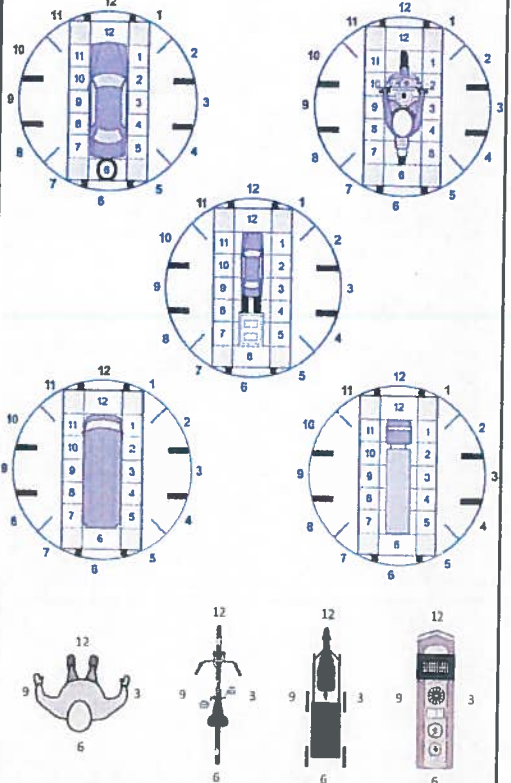
LOCAL REPORT NUMBER  
2 0 2 0 - 0 0 0 1 4 4 8 7

**OWNER**  
UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE ( ) SAME AS DRIVER  
**HACKETT, JEREMY, A**  
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) SAME AS DRIVER  
**2493 GASSER BLVD, ROCKY RIVER, OH 44116**  
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

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

LP STATE OH LICENSE PLATE # JAK1705 VEHICLE IDENTIFICATION # 1FADP3N29EL128757 VEHICLE YEAR 2014 VEHICLE MAKE Ford  
INSURANCE VERIFIED  INSURANCE COMPANY \_\_\_\_\_ INSURANCE POLICY # \_\_\_\_\_ COLOR RED VEHICLE MODEL FOCUS  
TYPE OF USE  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME Bakers Towing  
HAZARDOUS MATERIAL  MATERIAL RELEASED  PLACARD CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_

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



UNIT TYPE 0 1 # OF TRAILING UNITS 00  
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

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 5 - FULL AUTOMATION  
2 - PARTIAL AUTOMATION

SPECIAL FUNCTION 0 1  
1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 18 - SNOW REMOVAL  
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 19 - TOWING  
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 20 - SAFETY SERVICE PATROL  
5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT

CARGO BODY TYPE 0 1  
1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  
7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 14 - GARBAGE/REFUSE 19 - 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  
5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

ACTION 4 PRE-CRASH ACTIONS 1 1  
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 5 - OVERTAKING/PASSING 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
5 - BOTH STRIKING & STRUCK 6 - MAKING RIGHT TURN 12 - DR VERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN

CONTRIBUTING CIRCUMSTANCES 0 1  
1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACCA 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 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
6 - IMPROPER TURN 12 - IMPROPER BACKING

SEQUENCE OF EVENTS  
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 - "ARMY" 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 - "JEER" 24 - OTHER MOVABLE OBJECT  
4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT  
5 - CARGO EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE

COLLISION WITH FIXED OBJECT - STRUCK  
4 1 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
5 1 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
6 1 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

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

INITIAL POINT OF CONTACT  
0 6 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 2 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 4 TO 3  
1 - NORTH 5 - NORTH-EAST  
2 - SOUTH 6 - NORTH-WEST  
3 - EAST 7 - SOUTH-EAST  
4 - WEST 8 - SOUTH-WEST  
9 - OTHER / UNKNOWN

UNIT SPEED 0 0 0  
POSTED SPEED 3 5  
DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1



**OWNER**

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (SAVE AS DRIVER) **RIVERS, TINA, DARLENE**  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) **123 SHIELDS RD P.O. BOX 47, HARRISVILLE, PA 16038**  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP \_\_\_\_\_ COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE \_\_\_\_\_

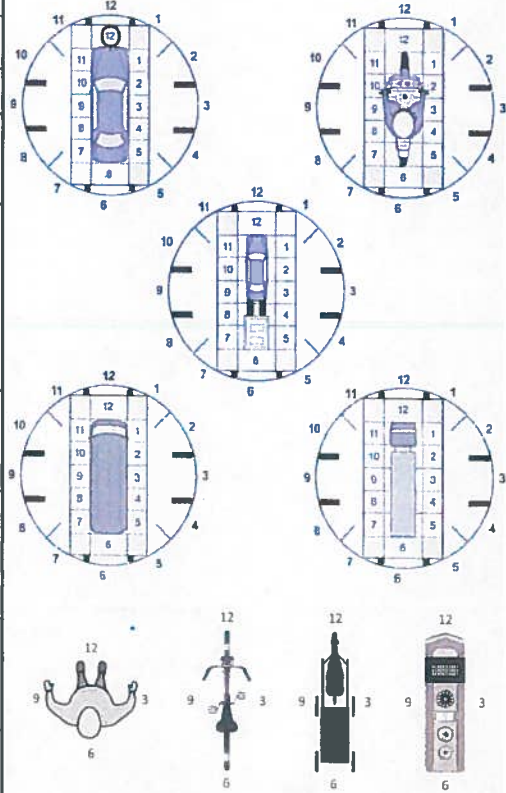
LOCAL REPORT NUMBER  
2020-00014487

LP STATE PA LICENSE PLATE # KJV9210 VEHICLE IDENTIFICATION # 1GYEE63A840164806 VEHICLE YEAR 2004 VEHICLE MAKE Cadillac  
 INSURANCE VERIFIED INSURANCE COMPANY \_\_\_\_\_ INSURANCE POLICY # \_\_\_\_\_ COLOR BLK VEHICLE MODEL SRX

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

TYPE OF USE  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 01  
 VEHICLE WEIGHT GVWR/GCWR  
 1 - <10K LBS  
 2 - 10,001 - 26K LBS  
 3 - >26K LBS  
 TOWED BY: COMPANY NAME City Service  
 HAZARDOUS MATERIAL CLASS # PLACARD ID #  
 MATERIAL RELEASED  PLACARD

DAMAGED AREA(S)  
 INDICATE ALL THAT APPLY



UNIT TYPE 01 # OF TRAILING UNITS 01  
 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2  
 1 - YES 2 - NO 9 - OTHER/UNKNOWN  
 AUTONOMOUS MODE LEVEL 0  
 1 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 2 - PARTIAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION 01  
 1 - NONE 4 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 18 - SNOW REMOVAL  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 19 - TOWING  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 20 - SAFETY SERVICE PATROL  
 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 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 9 - CARGO TANK 10 - FLAT BED 13 - AUTO TRANSPORTER  
 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  
 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 13 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN  
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

ACTION 3 PRE-CRASH ACTIONS 01  
 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 6 - MAKING LEFT TURN 12 - DR. VERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN

INITIAL POINT OF CONTACT  
 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1, 2 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES 08  
 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LIVING IN ROADWAY  
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 15 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE  
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPLILING 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  
 6 - IMPROPER TURN 12 - IMPROPER BACKING

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

SEQUENCE OF EVENTS  
 1 20 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 21 - WORK ZONE MAINTENANCE EQUIPMENT  
 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 22 - 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 - JEER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 24 - OTHER MOVABLE OBJECT  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT  
 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 49 - TREE 54 - OTHER FIXED OBJECT  
 30 - GUARDRAIL FACE 36 - MEDIUM OTHER BARRIER 42 - CULVERT 49 - FIRE HYDRANT 99 - OTHER / UNKNOWN

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

UNIT SPEED 030  
 POSTED SPEED 35  
 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 4 4 8 7

UNIT # 0 1 NAME: LAST, FIRST, MIDDLE  
**HACKETT, ADAM, JOSEPH**

ADDRESS: STREET, CITY, STATE, ZIP  
**2493 GASSER BLVD, ROCKY RIVER, OH 44116**

DATE OF BIRTH 0 1 0 4 2 0 0 1 AGE 1 9 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 OH 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  
**MCLAUGHLIN, TRAVIS, HUNTE**

ADDRESS: STREET, CITY, STATE, ZIP  
**5335 GLEN PARK DR, KENT, OH 44240**

DATE OF BIRTH 1 1 1 3 1 9 9 7 AGE 2 2 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 PA OPERATOR LICENSE NUMBER      OFFENSE CHARGED 333.03 LOCAL CODE  OFFENSE DESCRIPTION Maximum Speed Limits CITATION NUMBER 61720

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      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 - COL 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 & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN RESULTS UNKNOWN
<b>INJURED TAKEN BY</b>	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	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>	<b>OL ENDORSEMENT</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>CONDITION</b>	4 - BREATH
<b>SAFETY EQUIPMENT</b>	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT BUS PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT	1 - APPARENTLY NORMAL	5 - OTHER
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>	Q - MOTOR SCOOTER	12 - LIMITED - OTHER	2 - PHYSICAL IMPAIRMENT	<b>DRUG TEST TYPE</b>
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)	3 - EMOTIONAL ( )	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	4 - ILLNESS	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	5 - FELL ASLEEP / FATIGUED, ETC	3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER UNKNOWN		X - TANKER HAZMAT	16 - OUTSIDE MIRROR	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4 - BREATH
6 - CHILD RESTRAINT SYSTEM - REAR FACING				17 - PROSTHETIC AID	9 - OTHER UNKNOWN	5 - OTHER
7 - BOOSTER SEAT				18 - OTHER		<b>DRUG TEST RESULT(S)</b>
8 - HELMET USED						1 - AMPHETAMINES
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						2 - BARBITURATES
10 - REFLECTIVE CLOTHING						3 - BENZODIAZEPINES
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						4 - CANNABINOIDS
99 - OTHER / UNKNOWN						5 - COCAINE
						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2 0 2 0 - 0 0 0 1 4 4 8 7

OCCUPANT	UNIT # <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>FRAGOMELI, MATTHEW, DAVID</b>			DATE OF BIRTH <b>0 2 2 1 2 0 0 1</b>		AGE <b>1 9</b>	GENDER <b>M</b>		
	ADDRESS: STREET, CITY, STATE ZIP <b>223 E MAIN ST ,Kent ,OH 44240</b>					CONTACT PHONE - N				
	INJURIES <b>5</b>	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED <b>0 4</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>

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
	ADDRESS: STREET CITY STATE ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

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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

OCCUPANT	UNIT #	NAME: LAST FIRST MIDDLE			DATE OF BIRTH		AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY NAME	M A F	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT C M AN MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED VEHICLE OCCUPANT	1 - FRONT LEFT SIDE (MOTOR CYCLE 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	FRONT - RIGHT SIDE	3 DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 SEOND LEFT SIDE MOTOR CYCLE PASSENGER	4 DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 CHILD RESTRAINT SYSTEM FORWARD FACING	E OND MIDDLE	5 NOT APPLI ABLE
	6 CHILD RESTRAINT SYSTEM REAR FACING	6 - SECOND RIGHT SIDE	9 DEPLOYMENT UNKN
	7 BOOSTER SEAT	7 - THIRD - EFT SIDE (MOTORCYCLE SIDE CAR)	
	8 HELMET USED	8 THIRD - MIDDLE	
	9 PROTECTIVE PADS USED (ELBOW KNEES ETC)	9 - THIRD - RIGHT SIDE	
	10 REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 LIGHTING PEDESTRIAN BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON TRAI IN NT, BUS, PICK UP W. TH CAP)	
	99 - OTHER UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING O VEHICLE EXTERIOR (NON-TRAI ING UNIT)	
		15 - NON-MOT RIST	
		99 - OTHER / UNKNOWN	

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

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