



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2 0 2 1 - 0 0 0 0 4 6 2 3

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

LOCAL INFORMATION  
 REPORTING AGENCY NAME\*  
**City of Kent Police**  
 NCIC\*  
 0 6 7 0 3

HIT/SKIP  
 1 - SOLVED  
 2 - UNSOLVED  
 NUMBER OF UNITS  
 0 2  
 UNIT IN ERROR  
 98 - ANIMAL  
 99 - UNKNOWN  
 0 1

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

CRASH DATE / TIME\*  
 0 3 2 4 2 0 2 1 / 0 1 3 0  
 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  
 3 SUMMIT S T

LATITUDE DECIMAL DEGREES  
 4 1 . 1 4 3 3 9 4

ROUTE TYPE ROUTE NUMBER PREFIX REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ROAD TYPE  
 CAMPUS CENTER D R

LONGITUDE DECIMAL DEGREES  
 - 8 1 . 3 4 5 3 9 0

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

INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA  
 NUMBER OF APPROACHES  
 4  
 ROADWAY  
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT MANNER OF CRASH COLLISION/IMPACT  
 0 1 1 - ON ROADWAY 9 - CROSSOVER 1 - NOT COLLISION 4 - REAR-TO-REAR  
 2 - ON SHOULDER 10 - DRIVEWAY/ALLEY ACCESS BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 5 - BACKING 5 - BACKING  
 3 - IN MEDIAN 11 - RAILWAY GRADE CROSSING 6 - ANGLE 6 - ANGLE  
 4 - ON ROADSIDE 12 - SHARED USE PATHS OR TRAILS 7 - SIDESWIPE, SAME DIRECTION 7 - SIDESWIPE, SAME DIRECTION  
 5 - ON GORE 13 - BIKE LANE 8 - SIDESWIPE, OPPOSITE DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION  
 6 - OUTSIDE TRAFFIC WAY 14 - TOLL BOOTH 9 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN  
 7 - ON RAMP 14 - TOLL BOOTH  
 8 - OFF RAMP 99 - OTHER / UNKNOWN

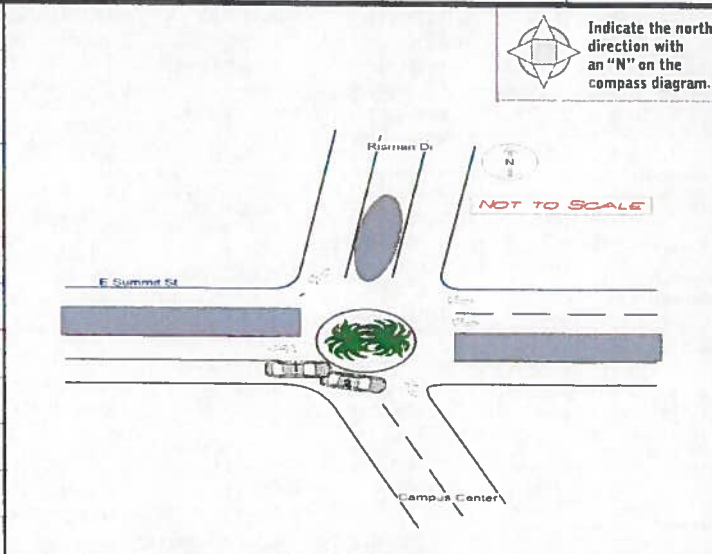
DIRECTION OF TRAVEL MEDIAN TYPE  
 3 1 - NORTH 2 1 - DIVIDED FLUSH MEDIAN (< 4 FEET)  
 2 - SOUTH 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET)  
 3 - EAST 3 - DIVIDED, DEPRESSED MEDIAN  
 4 - WEST 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)  
 9 - OTHER/UNKNOWN

WORK ZONE RELATED WORKERS PRESENT LAW ENFORCEMENT PRESENT ACTIVE SCHOOL ZONE  
 WORK ZONE TYPE LOCATION OF CRASH IN WORK ZONE  
 1 - LANE CLOSURE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN  
 2 - LANE SHIFT/CROSSOVER 2 - ADVANCE WARNING AREA  
 3 - WORK ON SHOULDER OR MEDIAN 3 - TRANSITION AREA  
 4 - INTERMITTENT OR MOVING WORK 4 - ACTIVITY AREA  
 5 - OTHER 5 - TERMINATION AREA

CONTOUR CONDITIONS SURFACE  
 3 1 2  
 1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE  
 2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP, BITUMINOUS, ASPHALT  
 3 - CURVE LEVEL 3 - SNOW 3 - BRICK/BLOCK  
 4 - CURVE GRADE 4 - ICE 4 - SLAG, GRAVEL, STONE  
 9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL 5 - DIRT  
 6 - WATER (STANDING, MOVING) 6 - WATER (STANDING, MOVING) 9 - OTHER/UNKNOWN  
 7 - SLUSH 7 - SLUSH  
 9 - OTHER/UNKNOWN 9 - OTHER/UNKNOWN

LIGHT CONDITION WEATHER  
 3 0 1  
 1 - DAYLIGHT 1 - CLEAR 6 - SNOW  
 2 - DAWN/DUSK 2 - CLOUDY 7 - SEVERE CROSSWINDS  
 3 - DARK - LIGHTED ROADWAY 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW  
 4 - DARK - ROADWAY NOT LIGHTED 4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZLE  
 5 - DARK - UNKNOWN ROADWAY LIGHTING 5 - SLEET, HAIL 99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN

NARRATIVE  
**Unit 1 was eastbound on E Summit St behind Unit 2. Unit 1 struck the left rear of Unit 2 with the right front of Unit 1 while entering the roundabout at Campus center Dr. Neither driver could explain exactly how the crash occurred. Unit 1 left the scene but was later located.**



CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME REPORT TAKEN BY  
 0 3 2 4 2 0 2 1 / 0 9 5 7 0 3 2 4 2 0 2 1 / 1 0 0 4 0 3 2 4 2 0 2 1 / 1 0 0 4 0 3 2 4 2 0 2 1 / 1 0 2 7  
 POLICE AGENCY  
 MOTORIST  
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO CPD)

TOTAL TIME ROADWAY CLOSED OTHER INVESTIGATION TIME TOTAL MINUTES OFFICER'S NAME\* OFFICER'S BADGE NUMBER\* CHECKED BY OFFICER'S NAME\* CHECKED BY OFFICER'S BADGE NUMBER\*  
 0 0 0 1 2 0 1 4 3 Darrah, Benjamin 2 2 6 Ennemoser, James 2 5 5

LOCAL REPORT NUMBER 2021-00004623

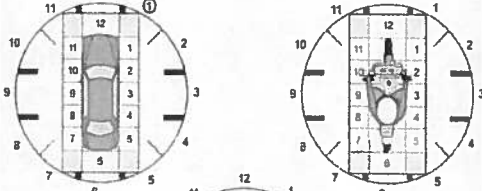
OWNER UNIT # 01 OWNER NAME: PACHOLSKI, DENISE, C OWNER PHONE: ...

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

LP STATE OH LICENSE PLATE # HYY7324 VEHICLE IDENTIFICATION # 1C3C3C3B1CG4DN546435 VEHICLE YEAR 2013 VEHICLE MAKE Chrysler

DAMAGED AREA(S) INDICATE ALL THAT APPLY

INSURANCE VERIFIED X ERIE INSURANCE COMPANY INSURANCE POLICY # Q027308173 COLOR BLK VEHICLE MODEL 200



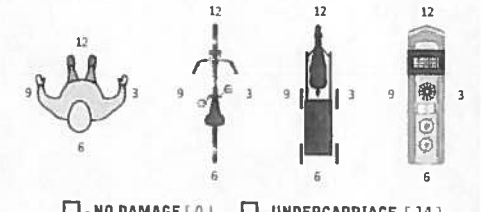
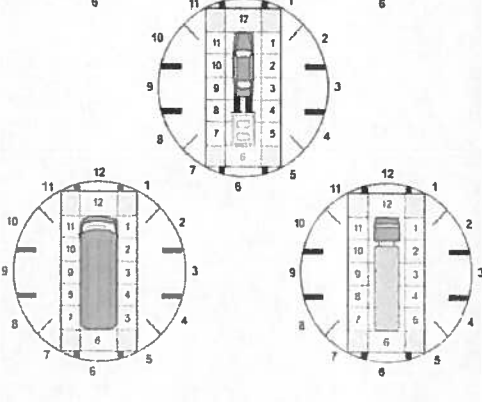
UNIT TYPE 01 # OF TRAILING UNITS 00 TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

HAZARDOUS MATERIAL CLASS # PLACARD ID #

SPECIAL FUNCTION 01

CARGO BODY TYPE 01

VEHICLE DEFECTS



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

NON-MOTORIST LOCATION AT IMPACT

ACTION 4 PRE-CRASH ACTIONS

INITIAL POINT OF CONTACT 0-NO DAMAGE 14-UNDERCARRIAGE 15-VEHICLE NOT AT SCENE 99-UNKNOWN

CONTRIBUTING CIRCUMSTANCES 99

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

SEQUENCE OF EVENTS 1 2 0 1 OVERTURN/ROLLOVER 2 FIRE/EXPLOSION 3 IMMERSION 4 JACKKNIFE 5 CARGO EQUIPMENT LOSS OR SHIFT

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

EVENTS 1 2 0 1 OVERTURN/ROLLOVER 2 FIRE/EXPLOSION 3 IMMERSION 4 JACKKNIFE 5 CARGO EQUIPMENT LOSS OR SHIFT 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 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

UNIT / NON-MOTORIST DIRECTION FROM 4 TO 3

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 MEDIUM CABLE BARRIER 34 MEDIUM GUARDRAIL BARRIER 35 MEDIUM CONCRETE BARRIER 36 MEDIUM 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 55 OTHER / UNKNOWN

UNIT SPEED POSTED SPEED DETECTED SPEED 3

**OWNER**

UNIT # 0 2 OWNER NAME: LAST, FIRST, MIDDLE (SAVE AS DRIVER) **EDMUNDS, SCOTT, E** OWNER PHONE: (INCLUDE AREA CODE) (FOR CAMP AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)  
**4144 N REDBUD LN, RIVERSIDE, MO 64150**

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 MO LICENSE PLATE # RB7RSW VEHICLE IDENTIFICATION # J N K B V 6 1 F 5 7 M 8 1 6 0 5 6 VEHICLE YEAR 2 0 0 7 VEHICLE MAKE Infiniti

INSURANCE VERIFIED INSURANCE COMPANY FARMERS INSURANCE POLICY # 191026393 COLOR BGE VEHICLE MODEL G35

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE US DOT # TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 0 1 VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. HAZARDOUS MATERIAL  MATERIAL RELEASED CLASS # PLACARD ID #  PLACARD

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

UNIT TYPE 0 1

1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 16 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
2 - PASSENGER VAN (MIN. VAN) 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 - PICKUP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEV. TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
5 - CARGO VAN 11 - ALL-TERRAIN VEHICLE (ATV/UTV) 17 - MOTORHOME 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAILER  
6 - VAN (9-15 SEATS) 18 - MOTORHOME 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAILER 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 - HIG- AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

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 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 - TRANSPORT/MOTOR 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

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 VEHICLE ENCLOSED BOX 9 - CARGOTANK 13 - ALL-TERRAIN TRANSPORTER  
3 - 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

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

NON-MOTORIST LOCATION AT IMPACT

1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER CROSSWALK 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 19 - STANDING  
5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

**INITIAL POINT OF CONTACT**

0 - NO DAMAGE 14 - UNDERCARRIAGE  
0 7 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

**ACTION** 4

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

**TRAFFIC**

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

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

**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 / ACJA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCRIBIBLE  
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 21 - VISION OBSTRUCTION 22 - NOT DISCRIBIBLE  
6 - IMPROPER TURN 12 - IMPROPER BACKING

**# OF THROUGH LANES ON ROAD** 1

**RAIL GRADE CROSSING**  
1 1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

**SEQUENCE OF EVENTS**

1 2 0 1 - OVERTURN/OVERLOVER 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 21 - PARKED MOTOR VEHICLE  
5 - CARGO EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDAL CYCLE 20 - MOTOR VEHICLE IN TRANSPORT

**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

**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 - EYEBANKMENT 52 - BUILDING  
28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TOWER  
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 49 - FIRE HYDRANT 99 - OTHER / UNKNOWN

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

**UNIT SPEED** \_\_\_\_\_

**POSTED SPEED** \_\_\_\_\_

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2,0,2,1 - 0,0,0,0,4,6,2,3

UNIT # <b>0,1</b>	NAME: LAST, FIRST, MIDDLE <b>PACHOLSKI, JAKE, RICHARD</b>	DATE OF BIRTH <b>05 / 12 / 1999</b>	AGE <b>21</b>	GENDER <b>M</b>
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ADDRESS: STREET, CITY, STATE, ZIP <b>1421 HAMILTON DR, BROADVIEW HTS, OH 44147</b>	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES <b>5</b>	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME)	SAFETY EQUIPMENT USED <b>9,9</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION <b>0,1</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER	OFFENSE CHARGED <b>4511.202</b>	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION <b>Failure to Control</b>	CITATION NUMBER <b>66362</b>				
OL CLASS <b>4</b>	ENDORSEMENT SELECT UP TO 3	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY <b>9</b>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <b>9</b>	ALCOHOL TEST STATUS TYPE VALUE <b>1 1</b>		DRUG TEST(S) STATUS TYPE RESULT <b>1 1</b>	

UNIT # <b>0,2</b>	NAME: LAST, FIRST, MIDDLE <b>EDMUNDS, SOPHIA, G</b>	DATE OF BIRTH <b>07 / 30 / 1999</b>	AGE <b>21</b>	GENDER <b>F</b>
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ADDRESS: STREET, CITY, STATE, ZIP <b>1450 E SUMMIT ST 511, Kent, OH 44240</b>	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES <b>5</b>	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME)	SAFETY EQUIPMENT USED <b>9,9</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION <b>0,1</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
OL STATE <b>MO</b>	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER				
OL CLASS <b>4</b>	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY <b>9</b>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <b>9</b>	ALCOHOL TEST STATUS TYPE VALUE <b>1 1</b>		DRUG TEST(S) STATUS TYPE RESULT <b>1 1</b>	

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
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION	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	

<b>INJURIES</b>	<b>SEATING POSITION</b>	<b>AIR BAG</b>	<b>OL CLASS</b>	<b>OL RESTRICTION(S)</b>	<b>DRIVER DISTRACTION</b>	<b>TEST STATUS</b>
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 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	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 (OHIO = D) 5 - MC MOPED ONLY 6 - NO VALID DL	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 - OTHER 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 / UNSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
<b>INJURED TAKEN BY</b>	<b>EJECTION</b>	<b>OL ENDORSEMENT</b>	<b>TRAPPED</b>	<b>GENDER</b>	<b>CONDITION</b>	<b>ALCOHOL TEST TYPE</b>
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 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	F - FEMALE M - MALE U - OTHER / UNKNOWN	1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G. DEPRESSED, ANGER, DISTRESS) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
<b>SAFETY EQUIPMENT</b>	<b>TRAPPED</b>	<b>CONDITION</b>	<b>DRUG TEST TYPE</b>	<b>DRUG TEST RESULT(S)</b>		
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	1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G. DEPRESSED, ANGER, DISTRESS) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS		