



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

<input checked="" type="checkbox"/> PHOTOSTAKEN	<input checked="" type="checkbox"/> OH-2	<input checked="" type="checkbox"/> OH-3	LOCAL INFORMATION		2 0 2 1 - 0 0 0 1 7 1 7 4		
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input checked="" type="checkbox"/> OTHER	REPORTING AGENCY NAME*		HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR
<input type="checkbox"/> PRIVATE PROPERTY			City of Kent Police		1 - SOLVED	0 2	98 - ANIMAL
				NCIC*	2 - UNSOLVED		99 - UNKNOWN
				0 6 7 0 3			

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

ROUTE TYPE	ROUTE NUMBER	PREFIX	N - NORTH S - SOUTH E - EAST W - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
				LAKE	S T	4 1 6 1 4 0 0	
ROUTE TYPE	ROUTE NUMBER	PREFIX	N - NORTH S - SOUTH E - EAST W - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES	
				Harvey	S T	8 1 3 4 8 4 9 0	

REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED
1 - INTERSECTION	N - NORTH	IR - INTERSTATE ROUTE(TP)	AL - ALLEY	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH
2 - MILE POST	S - SOUTH	US - FEDERAL US ROUTE	AV - AVENUE	<input type="checkbox"/> WITHIN INTERCHANGE AREA
3 - HOUSE #	E - EAST	SR - STATE ROUTE	BL - BOULEVARD	NUMBER OF APPROACHES
	W - WEST	CR - CIRCULAR COUNTY ROUTE	CR - CIRCLE	
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	TR - NUMBERED TOWNSHIP ROUTE	CT - COURT	
6 5	1 - MILES		DR - DRIVE	
	2 - FEET		HE - HEIGHTS	
	3 - YARDS		PL - PLACE	

LOCATION OF FIRST HARMFUL EVENT	MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE
1 - ON ROADWAY	1 - NOT COLLISION	N - NORTH	1 - DIVIDED FLUSH MEDIAN (<4 FEET)
2 - ON SHOULDER	4 - REAR-TO-REAR	S - SOUTH	2 - DIVIDED FLUSH MEDIAN (≥4 FEET)
3 - IN MEDIAN	5 - BACKING	E - EAST	3 - DIVIDED, DEPRESSED MEDIAN
4 - ON ROADSIDE	6 - ANGLE	W - WEST	4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
5 - ON GORE	7 - SIDESWIPE, SAME DIRECTION		9 - OTHER/UNKNOWN
6 - OUTSIDE TRAFFIC WAY	8 - SIDESWIPE, OPPOSITE DIRECTION		
7 - ON RAMP	9 - OTHER / UNKNOWN		
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			

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

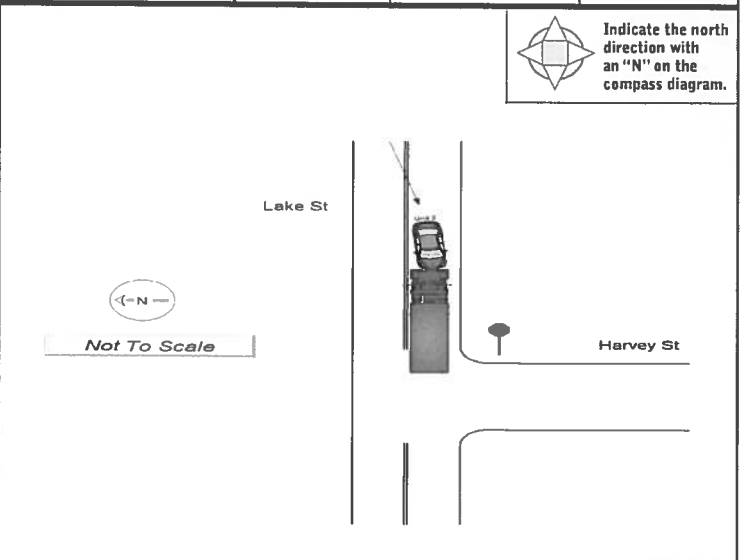
LIGHT CONDITION	WEATHER
1 - DAYLIGHT	1 - CLEAR
2 - DAWN/DUSK	2 - CLOUDY
3 - DARK - LIGHTED ROADWAY	3 - FOG, SMOG, SMOKE
4 - DARK - ROADWAY NOT LIGHTED	4 - RAIN
5 - DARK - UNKNOWN ROADWAY LIGHTING	5 - SLEET, HAIL
9 - OTHER / UNKNOWN	6 - SNOW
	7 - SEVERE CROSSWINDS
	8 - BLOWING SAND, SOIL, DIRT, SNOW
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

NARRATIVE

Unit# 1 was driving East on Lake St. at Harvey St.

Unit #2 was driving West on Lake St. East of Harvey St.

St. Unit #2 went left of center and began driving in the Eastbound lane of travel. Unit #1 observed Unit #2 coming straight at him so he came to a stop. Unit #1 was then struck head on by Unit #2.



CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	SCENE CLEARED DATE / TIME	REPORT TAKEN BY
1 0 1 5 2 0 2 1 / 1 1 1 2	1 0 1 5 2 0 2 1 / 1 1 1 2	1 0 1 5 2 0 2 1 / 1 1 1 5	1 0 1 5 2 0 2 1 / 1 6 3 0	<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	<input type="checkbox"/> MOTORIST
3 2 8	1 2 0	4 4 8	Cole, Timothy	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO CPD)
		OFFICER'S BADGE NUMBER*	CHECKED BY OFFICER'S NAME*	
		2 4 8	Wheeler, George	
			CHECKED BY OFFICER'S BADGE NUMBER*	
			2 4 3	

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

OWNER

UNIT # **0 1** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
The House of Larose

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
6745 SOUTHPOINT PKWY ,BRECKSVILLE ,OH 44141

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP **The House of Larose**
6745 SOUTHPOINT PKWY ,BRECKSVILLE ,OH 44141

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)
4 4 0 7 4 6 7 5 0 0

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
4 4 0 7 4 6 7 5 0 0

VEHICLE

LP STATE **OH** LICENSE PLATE # **PJU2453** VEHICLE IDENTIFICATION # **1 F 1 U B 1 C 1 X 1 D 1 J 3 7 1 H 1 Y 2 1 5 6 6 1 S 1** VEHICLE YEAR **2 0 0 7** VEHICLE MAKE **Freightliner**

INSURANCE VERIFIED INSURANCE COMPANY **Grange** INSURANCE POLICY # **CA 3183299** COLOR **WHI** VEHICLE MODEL **M2**

COMMERCIAL TYPE OF USE GOVERNMENT IN EMERGENCY RESPONSE

US DOT # **4 5 7 8** TOWED BY: COMPANY NAME **Richs Towing and Services**

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 CLASS # PLACARD ID #

UNIT TYPE **1 5**

OF TRAILING UNITS **0 1**

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?
2 1-YES 2-NO 9-OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL **0**

SPECIAL FUNCTION **0 1**

CARGO BODY TYPE **0 1**

VEHICLE DEFECTS **0 1**

NON-MOTORIST LOCATION AT IMPACT **0 1**

ACTION **4**

CONTRIBUTING CIRCUMSTANCES **0 1**

SEQUENCE OF EVENTS

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 (6+ 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) 99 - UNKNOWN OR HIT/SKIP

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

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

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

1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE

2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 15 - SHARED USE PATHS OR TRAILS 11 - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

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 PRE-CRASH ACTIONS 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

9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

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

1 **2 0**

2

3

4

5

6

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/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 20 - MOTOR VEHICLE IN TRANSPORT

5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 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

49 - FIRE HYDRANT

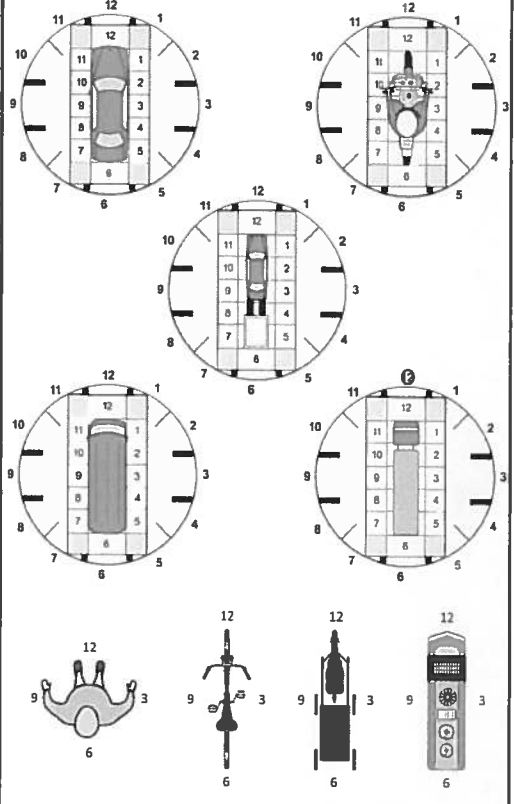
1 **1** FIRST HARMFUL EVENT 1 **1** MOST HARMFUL EVENT

DAMAGE

DAMAGE SCALE

4 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

0 - NO DAMAGE 14 - UNDERCARRIAGE

1 2 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

2

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 - NORTHWEST
3 - EAST 7 - SOUTHEAST
4 - WEST 8 - SOUTHWEST
9 - OTHER / UNKNOWN

UNIT SPEED

0 0 0

POSTED SPEED

3 5

DETECTED SPEED

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

OWNER

VEHICLE

EVENTS

UNIT # 0 2 **OWNER NAME:** LAST, FIRST, MIDDLE (☑ SAME AS DRIVER)
Mason, Charles, Greenia **OWNER PHONE:** INCLUDE AREA CODE (☑ SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☑ SAME AS DRIVER)
6395 WEST SHORE DR, Franklin Twp, OH 44240 **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

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

LP STATE OH **LICENSE PLATE #** JLS8740 **VEHICLE IDENTIFICATION #** 4T1B1G21KX1YU0110243 **VEHICLE YEAR** 2000 **VEHICLE MAKE** Toyota

INSURANCE VERIFIED **INSURANCE COMPANY** **INSURANCE POLICY #** **COLOR** **VEHICLE MODEL** CAMRY

COMMERCIAL **GOVERNMENT** **IN EMERGENCY RESPONSE** **US DOT #** **TOWED BY: COMPANY NAME** Joes Auto

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

UNIT TYPE 0 1

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

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 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 - TRANSIT/COMMUTER	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 VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER
		7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE
			11 - DUMP	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 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE
2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDDLEBLOCK - 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 3

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
9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	12 - DRIVERLESS		

CONTRIBUTING CIRCUMSTANCES 0 7

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	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			
6 - IMPROPER TURN	12 - IMPROPER BACKING			

SEQUENCE OF EVENTS

1 1 1	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
2 2 0	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	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 - PEDALCYCLE	20 - MOTOR VEHICLE IN TRANSPORT	

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
			49 - FIRE HYDRANT	

FIRST HARMFUL EVENT 2 **MOST HARMFUL EVENT** 2

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

DAMAGE

DAMAGE SCALE

4 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

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 2

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 - NORTHWEST
3 - EAST 7 - SOUTHEAST
4 - WEST 8 - SOUTHWEST
9 - OTHER / UNKNOWN

UNIT SPEED

POSTED SPEED 3 5

DETECTED SPEED

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



MOTORIST / Non-MOTORIST

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

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Humenik, Eric, Thomas	DATE OF BIRTH 1 2 / 0 4 / 1 9 7 5	AGE 4 5	GENDER M
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ADDRESS: STREET, CITY, STATE, ZIP
1181 HAMILTON DR ,Broadview Hts ,OH 44147

INJURIES 3	INJURED TAKEN BY 1	EMS AGENCY (NAME) Kent Fire	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1
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OL STATE O, H	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER
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OL CLASS 1	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3 0 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 5	ALCOHOL TEST TYPE 3	ALCOHOL TEST VALUE	DRUG TEST(S) STATUS 5	DRUG TEST(S) TYPE 3	DRUG TEST(S) RESULT SELECT UP TO 4
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UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Mason, Charles, Greenia	DATE OF BIRTH 0 9 / 1 7 / 1 9 6 1	AGE 6 0	GENDER M
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ADDRESS: STREET, CITY, STATE, ZIP
6395 WEST SHORE DR ,Franklin Twp ,OH 44240

INJURIES 2	INJURED TAKEN BY 2	EMS AGENCY (NAME) Kent Fire	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Akron City Hospital	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1
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OL STATE O, H	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER
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OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3 0 3	DRIVER DISTRACTED BY 9	ALCOHOL / DRUG SUSPECTED <input checked="" type="checkbox"/> ALCOHOL <input checked="" type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 6	ALCOHOL TEST STATUS 5	ALCOHOL TEST TYPE 2	ALCOHOL TEST VALUE	DRUG TEST(S) STATUS 5	DRUG TEST(S) TYPE 2	DRUG TEST(S) RESULT SELECT UP TO 4
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UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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ADDRESS: STREET, CITY, STATE, ZIP

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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OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER
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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	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST(S) STATUS	DRUG TEST(S) TYPE	DRUG TEST(S) RESULT SELECT UP TO 4
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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 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
6 - SECOND - RIGHT SIDE	6 - SECOND - MIDDLE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	
7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	
8 - THIRD - MIDDLE	8 - THIRD - MIDDLE			8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	
9 - THIRD - RIGHT SIDE	9 - THIRD - RIGHT SIDE			9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	
10 - SLEEPER SECTION OF TRUCK CAB	10 - SLEEPER SECTION OF TRUCK CAB			10 - LIMITED TO DAYLIGHT ONLY		
11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			11 - LIMITED TO EMPLOYMENT		
12 - PASSENGER IN UNENCLOSED CARGO AREA	12 - PASSENGER IN UNENCLOSED CARGO AREA			12 - LIMITED - OTHER		
13 - TRAILING UNIT	13 - TRAILING UNIT			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		
14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			14 - MILITARY VEHICLES ONLY		
15 - NON-MOTORIST	15 - NON-MOTORIST			15 - MOTOR VEHICLES WITHOUT AIR BRAKES		
99 - OTHER / UNKNOWN	99 - OTHER / UNKNOWN			16 - OUTSIDE MIRROR		
				17 - PROSTHETIC AID		
				18 - OTHER		



OCCUPANT / WITNESS ADDENDUM

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

OCCUPANT	UNIT # 02	NAME: LAST, FIRST, MIDDLE Krise, Kathryn, E	DATE OF BIRTH 07 / 12 / 1966		AGE 55	GENDER F				
	ADDRESS: STREET, CITY, STATE, ZIP 600 FIRST AVE B1, Kent, OH 44240			CONTACT PHONE - INCLUDE AREA CODE						
OCCUPANT	INJURIES 1	INJURED TAKEN BY 2	EMS AGENCY (NAME) Kent Fire	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Akron City Hospital	SAFETY EQUIPMENT USED 0, 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 2 2	EJECTION 1	TRAPPED 3
	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE							
OCCUPANT	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
	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE							
OCCUPANT	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
	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE							
OCCUPANT	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
	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP			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
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT 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-TRAILING UNIT, BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

WITNESS	NAME: LAST, FIRST, MIDDLE Rastle, Daniel, K	DATE OF BIRTH 07 / 29 / 1951		AGE 70	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 816 MARVIN ST, Kent, OH 44240			CONTACT PHONE - INCLUDE AREA CODE	
WITNESS	NAME: LAST, FIRST, MIDDLE Satterfield, Sean, M	DATE OF BIRTH 05 / 08 / 1984		AGE 37	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 492 LAKE ST, Kent, OH 44240			CONTACT PHONE - INCLUDE AREA CODE	
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE	