

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH<br><input type="checkbox"/> PRIVATE PROPERTY   |  | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER   |  | LOCAL INFORMATION<br>REPORTING AGENCY NAME*<br><b>City of Kent Police</b>  |  | LOCAL REPORT NUMBER*<br><b>2020-00000871</b>  |  |
| COUNTY*<br><b>67</b>   |  | LOCALITY*<br><b>1</b>   |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br><b>Kent</b>  |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED<br><b>0 2</b>  |  |
| ROUTE TYPE<br><b>S R</b>   |  | ROUTE NUMBER<br><b>43</b>   |  | PREFIX<br><b>2</b>   |  | LOCATION ROAD NAME<br><b>WATER</b>  |  |
| ROUTE TYPE<br><b>S T</b>   |  | ROUTE NUMBER<br><b>1221</b>   |  | PREFIX<br><b>2</b>   |  | LOCATION ROAD NAME<br><b>WATER</b>  |  |
| REFERENCE POINT<br><b>3</b>  |  | DIRECTION FROM REFERENCE<br><b>1 - NORTH</b><br><b>2 - SOUTH</b><br><b>3 - EAST</b><br><b>4 - WEST</b>  |  | ROUTE TYPE<br><b>IR - INTERSTATE ROUTE(TP)</b><br><b>US - FEDERAL US ROUTE</b><br><b>SR - STATE ROUTE</b><br><b>CR - NUMBERED COUNTY ROUTE</b><br><b>TR - NUMBERED TOWNSHIP ROUTE</b>                          |  | ROAD TYPE<br><b>AL - ALLEY</b><br><b>AV - AVENUE</b><br><b>CR - CIRCLE</b><br><b>CT - COURT</b><br><b>DR - DRIVE</b><br><b>HE - HEIGHTS</b><br><b>HW - HIGHWAY</b><br><b>LA - LANE</b><br><b>MP - MILEPOST</b><br><b>OV - OVAL</b><br><b>PK - PARKWAY</b><br><b>PI - PIKE</b><br><b>PL - PLACE</b><br><b>RD - ROAD</b><br><b>SQ - SQUARE</b><br><b>ST - STREET</b><br><b>TE - TERRACE</b><br><b>TL - TRAIL</b><br><b>WA - WAY</b> |  |
| DISTANCE FROM REFERENCE<br><b>0 1</b>  |  | DISTANCE UNIT OF MEASURE<br><b>1 - MILES</b><br><b>2 - FEET</b><br><b>3 - YARDS</b>   |  | MANNER OF CRASH COLLISION/IMPACT<br><b>2</b>   |  | DIRECTION OF TRAVEL<br><b>1 - NORTH</b><br><b>2 - SOUTH</b><br><b>3 - EAST</b><br><b>4 - WEST</b>   |  |
| WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE   |  | WORK ZONE TYPE<br><b>1 - LANE CLOSURE</b><br><b>2 - LANE SHIFT/CROSSOVER</b><br><b>3 - WORK ON SHOULDER OR MEDIAN</b><br><b>4 - INTERMITTENT OR MOVING WORK</b><br><b>5 - OTHER</b> |  | LOCATION OF CRASH IN WORK ZONE<br><b>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN</b><br><b>2 - ADVANCE WARNING AREA</b><br><b>3 - TRANSITION AREA</b><br><b>4 - ACTIVITY AREA</b><br><b>5 - TERMINATION AREA</b> |  | CONTOUR<br><b>1</b>   |  |
| LIGHT CONDITION<br><b>1</b>  |  | WEATHER<br><b>0 2</b>   |  | CONDITIONS<br><b>1</b>   |  | SURFACE<br><b>2</b>   |  |
| NARRATIVE<br><b>Unit #1 was driving North in front of 1221 S. Water St. in the curb lane. Unit #2 was driving North directly behind Unit #1. Unit #2 failed to leave an assured clear distance and rear ended Unit #1.</b> |  | Indicate the north direction with an "N" on the compass diagram.  |  |  |  |   |  |
| CRASH REPORTED DATE / TIME<br><b>01132020 / 1451</b>   |  | DISPATCH DATE / TIME<br><b>01132020 / 1453</b>  |  | ARRIVAL DATE / TIME<br><b>01132020 / 1457</b>  |  | SCENE CLEARED DATE / TIME<br><b>01132020 / 1529</b>   |  |
| TOTAL TIME ROADWAY CLOSED<br><b>0 0 0</b>  |  | OTHER INVESTIGATION TIME<br><b>0 2 0</b>  |  | TOTAL MINUTES<br><b>0 5 6</b>  |  | OFFICER'S NAME*<br><b>Cole, Timothy</b>   |  |
| OFFICER'S BADGE NUMBER*<br><b>2 4 8</b>  |  | CHECKED BY OFFICER'S NAME*<br><b>Ennemoser, Jennifer</b>  |  | CHECKED BY OFFICER'S BADGE NUMBER*<br><b>2 2 9</b>   |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DPS)   |  |

**OWNER**  
**UNIT #** 0,1 **OWNER NAME:** LAST, FIRST, MIDDLE (SAME AS DRIVER) **OWNER PHONE:** INCLUDE AREA CODE (SAME AS DRIVER)  
**0,1** **EAN HOLDINGS LLC**  
**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (SAME AS DRIVER)  
**554 WATER ST, CHARDON, OH 44024**  
**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

**LP STATE** OH **LICENSE PLATE #** HGA2340 **VEHICLE IDENTIFICATION #** 5GAEVAKW9LJ129563 **VEHICLE YEAR** 2020 **VEHICLE MAKE** Buick  
 **INSURANCE VERIFIED** **INSURANCE COMPANY** Ean Holding/Self Ins **INSURANCE POLICY #** Certificate 106 **COLOR** BLK **VEHICLE MODEL** ENCLAVE  
 **COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #** **VEHICLE WEIGHT GVWR/GCWR**  
 **INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **#OCCUPANTS** 0,1 **HAZARDOUS MATERIAL**  
 **MATERIAL RELEASED** **CLASS #** **PLACARD ID #**

**VEHICLE**  
**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 HITSKIP  
**# 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 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN

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

**VEHICLE DEFECTS**  
 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN

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

**ACTION** 4 **PRE-CRASH ACTIONS** 0,1  
 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - 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

**CONTRIBUTING CIRCUMSTANCES** 0,1  
 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 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 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

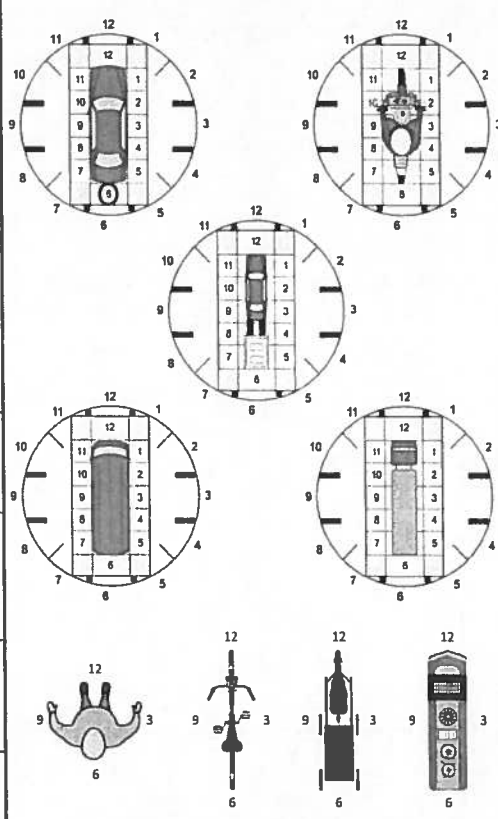
**SEQUENCE OF EVENTS**  
 1 2 0 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN **EVENTS**  
 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDESTRIAN 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

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

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

**# OF THROUGH LANES ON ROAD** 4 **RAIL GRADE CROSSING** 1  
 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**  
**FROM** 2 **TO** 1  
 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NDR\*EAST 6 - NDR\*WEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

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

LOCAL REPORT NUMBER  
**2020-00000871**

**OWNER**  
UNIT # **02** OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**Car Parts Warehouse**  
OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
**5200 W 130TH ST, Cleveland, OH 44142**  
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

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

**VEHICLE**  
LP STATE **OH** LICENSE PLATE # **FKD5343** VEHICLE IDENTIFICATION # **3N1BC1CP7CL371391** VEHICLE YEAR **2012** VEHICLE MAKE **Nissan**  
INSURANCE VERIFIED  INSURANCE COMPANY **Motorists Mutual** INSURANCE POLICY # **33.136578-43E** COLOR **WHI** VEHICLE MODEL **VERSA**  
TYPE OF USE  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_  
INTERLOCK DEVICES EQUIPPED  HIT/SKIP UNIT  #OCCUPANTS **01** VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS 2 - 10,001 - 26K LBS 3 - >26K LBS HAZARDOUS MATERIAL  MATERIAL RELEASED  PLACARD CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_

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

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

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 - HOVED 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 **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 10 - FLAT BED 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE DEFECTS  
1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
3 - TAIL LAMPS 6 - TIRE BLOWOUT

NON-MOTORIST LOCATION AT IMPACT  
1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIA/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 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 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

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 **0, 8**  
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 / ACD/A 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE  
3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - STOPPED OR PARKED ILLEGALLY 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

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

SEQUENCE OF EVENTS  
1 **2, 0** 1 - OVERTURN/ROLL-OVER 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 - CAR 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  
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT  
3 - \_\_\_\_\_

# OF THROUGH LANES ON ROAD **4** RAIL GRADE CROSSING **1**  
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

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

UNIT / NON-MOTORIST DIRECTION  
FROM **2** TO **1**  
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, 2, 5** DETECTED SPEED **2**  
1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED

POSTED SPEED **2, 5**

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
**2020-00000871**

|  |                                   |                                   |  |  |  |                                |                         |                        |                     |                |             |                              |
|--|-----------------------------------|-----------------------------------|--|--|--|--------------------------------|-------------------------|------------------------|---------------------|----------------|-------------|------------------------------|
| <b>UNIT #</b>                                  | <b>NAME: LAST, FIRST, MIDDLE</b>  |                                   |  |  | <b>DATE OF BIRTH</b>                     |                                | <b>AGE</b>              | <b>GENDER</b>          |                     |                |             |                              |
| <b>0, 1</b>                                    | <b>Kassan, Randi, L</b>           |                                   |  |  | <b>1, 2, 3, 1, 1, 9, 7, 7</b>            |                                | <b>4, 2</b>             | <b>F</b>               |                     |                |             |                              |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b>       |                                   |                                   |  |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |                                |                         |                        |                     |                |             |                              |
| <b>10097 DANN'S WAY, Streetsboro, OH 44241</b> |                                   |                                   |  |  |  |                                |                         |                        |                     |                |             |                              |
| <b>INJURIES</b>                                | <b>INJURED TAKEN BY</b>           | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |  | <b>SAFETY EQUIPMENT USED</b>             | <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>   | <b>EJECTION</b>     | <b>TRAPPED</b> |             |                              |
| <b>5</b>                                       |                                   |                                   |  |  | <b>0, 4</b>                              | <input type="checkbox"/>       | <b>0, 1</b>             | <b>1</b>               | <b>1</b>            | <b>1</b>       |             |                              |
| <b>OL STATE</b>                                | <b>OPERATOR LICENSE NUMBER</b>    |                                   | <b>OFFENSE CHARGED</b>                                 |  | <b>LOCAL CODE</b>                        | <b>OFFENSE DESCRIPTION</b>     |                         | <b>CITATION NUMBER</b> |                     |                |             |                              |
| <b>O, H</b>                                    | <b>RX049761</b>                   |                                   |  |  | <input type="checkbox"/>                 |                                |                         |                        |                     |                |             |                              |
| <b>OL CLASS</b>                                | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>  |  | <b>CONDITION</b>               | <b>ALCOHOL TEST</b>     |                        | <b>DRUG TEST(S)</b> |                |             |                              |
| <b>4</b>                                       |                                   |                                   | <b>1</b>   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>1</b>                       | <b>STATUS</b>           | <b>TYPE</b>            | <b>VALUE</b>        | <b>STATUS</b>  | <b>TYPE</b> | <b>RESULT SELECT UP TO 4</b> |
|  |                                   |                                   |  |  |  |                                | <b>1</b>                | <b>1</b>               |                     | <b>1</b>       |             |                              |

|  |                                   |                                   |  |  |  |                                |                         |                        |                     |                |             |                              |
|--|-----------------------------------|-----------------------------------|--|--|--|--------------------------------|-------------------------|------------------------|---------------------|----------------|-------------|------------------------------|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>  |                                   |  |  | <b>DATE OF BIRTH</b>                     |                                | <b>AGE</b>              | <b>GENDER</b>          |                     |                |             |                              |
| <b>0, 2</b>                              | <b>Fitzpatrick, Anthony, W</b>    |                                   |  |  | <b>0, 5, 1, 4, 1, 9, 8, 2</b>            |                                | <b>3, 7</b>             | <b>M</b>               |                     |                |             |                              |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                   |                                   |  |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |                                |                         |                        |                     |                |             |                              |
| <b>428 LOVISA ST, Akron, OH 44311</b>    |                                   |                                   |  |  |  |                                |                         |                        |                     |                |             |                              |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>           | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |  | <b>SAFETY EQUIPMENT USED</b>             | <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>   | <b>EJECTION</b>     | <b>TRAPPED</b> |             |                              |
| <b>5</b>                                 |                                   |                                   |  |  | <b>0, 4</b>                              | <input type="checkbox"/>       | <b>0, 1</b>             | <b>1</b>               | <b>1</b>            | <b>1</b>       |             |                              |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>    |                                   | <b>OFFENSE CHARGED</b>                                 |  | <b>LOCAL CODE</b>                        | <b>OFFENSE DESCRIPTION</b>     |                         | <b>CITATION NUMBER</b> |                     |                |             |                              |
| <b>O, H</b>                              | <b>RU912848</b>                   |                                   | <b>333.03</b>  |  | <input checked="" type="checkbox"/>      | <b>Maximum Speed Limits</b>    |                         | <b>65182</b>           |                     |                |             |                              |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>  |  | <b>CONDITION</b>               | <b>ALCOHOL TEST</b>     |                        | <b>DRUG TEST(S)</b> |                |             |                              |
| <b>4</b>                                 |                                   |                                   | <b>1</b>   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>1</b>                       | <b>STATUS</b>           | <b>TYPE</b>            | <b>VALUE</b>        | <b>STATUS</b>  | <b>TYPE</b> | <b>RESULT SELECT UP TO 4</b> |
|  |                                   |                                   |  |  |  |                                | <b>1</b>                | <b>1</b>               |                     | <b>1</b>       |             |                              |

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

| 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  | 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 (E.G. DEPRESSED, ANXIETY DISTURBED)                                    | 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, FAINTED, 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     |  |                                    | <b>GENDER</b>                | 17 - PROSTHETIC AID  | 9 - OTHER / UNKNOWN  | 5 - OTHER                                      |
| 7 - BOOSTER SEAT                             |  |                                    | F - FEMALE                   | 18 - OTHER   |  | <b>DRUG TEST RESULT(S)</b>                     |
| 8 - HELMET USED                              |  |                                    | M - MALE                     |  |  | 1 - AMPHETAMINES                               |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES ETC.) |  |                                    | U - OTHER / UNKNOWN          |  |  | 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                           |