

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2020-00016240

PHOTOS TAKEN  
 SECONDARY CRASH  
 PRIVATE PROPERTY

OH-2  
 OH-1P  
 OTHER

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

NCIC\*  
**06703**

HIT/SKIP  
1 - SOLVED  
2 - UNSOLVED

NUMBER OF UNITS  
**02**

UNIT IN ERROR  
98 - ANIMAL  
99 - UNKNOWN

COUNTY\*  
**67**

LOCALITY\*  
1 - CITY  
2 - VILLAGE  
3 - TOWNSHIP  
**1**

LOCATION: CITY, VILLAGE, TOWNSHIP\*  
**Kent**

CRASH DATE / TIME\*  
**10052020/1912**

CRASH SEVERITY  
1 - FATAL  
2 - SERIOUS INJURY SUSPECTED  
3 - MINOR INJURY SUSPECTED  
4 - INJURY POSSIBLE  
5 - PROPERTY DAMAGE ONLY

**5**

ROUTE TYPE  
**2**

LOCATION ROAD NAME  
**LINCOLN**

LATITUDE DECIMAL DEGREES  
**41.153751**

ROADWAY

ROUTE TYPE  
**2**

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
**MAIN**

LONGITUDE DECIMAL DEGREES  
**-81.351295**

ROADWAY

REFERENCE POINT  
1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE #

**1**

ROUTE TYPE  
IR - INTERSTATE ROUTE(TP)  
US - FEDERAL US ROUTE  
SR - STATE ROUTE  
CR - NUMBERED COUNTY ROUTE  
TR - NUMBERED TOWNSHIP ROUTE

INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA

NUMBER OF APPROACHES  
**4**

DISTANCE FROM REFERENCE  
**30**

ROAD TYPE  
AL - ALLEY  
AV - AVENUE  
BL - BOULEVARD  
CR - CIRCLE  
CT - COURT  
DR - DRIVE  
HE - HEIGHTS

ROADWAY DIVIDED

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

**01**

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

**2**

DIRECTION OF TRAVEL  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST

MEDIAN TYPE  
1 - DIVIDED FLUSH MEDIAN (<4 FEET)  
2 - DIVIDED FLUSH MEDIAN (≥4 FEET)  
3 - DIVIDED, DEPRESSED MEDIAN  
4 - DIVIDED, RAISED MEDIAN (ANY TYPE)  
9 - OTHER/UNKNOWN

WORK ZONE RELATED  
WORKERS PRESENT  
LAW ENFORCEMENT PRESENT  
ACTIVE SCHOOL ZONE

WORK ZONE TYPE  
1 - LANE CLOSURE  
2 - LANE SHIFT/CROSSOVER  
3 - WORK ON SHOULDER OR MEDIAN  
4 - INTERMITTENT OR MOVING WORK  
5 - OTHER

CONTOUR  
**1**

CONDITIONS  
**1**

SURFACE  
**2**

LIGHT CONDITION  
1 - DAYLIGHT  
2 - DAWN/DUSK  
3 - DARK - LIGHTED ROADWAY  
4 - DARK - ROADWAY NOT LIGHTED  
5 - DARK - UNKNOWN ROADWAY LIGHTING  
9 - OTHER / UNKNOWN

**2**

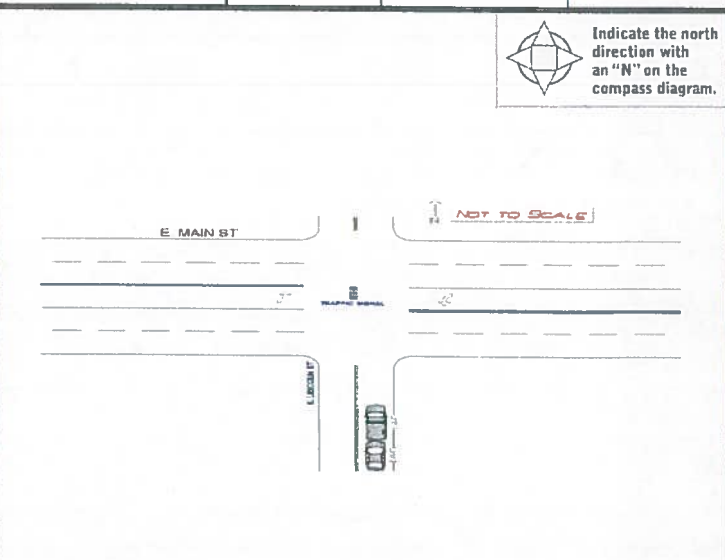
WEATHER  
1 - CLEAR  
2 - CLOUDY  
3 - FOG, SMOG, SMOKE  
4 - RAIN  
5 - SLEET, HAIL  
6 - SNOW  
7 - SEVERE CROSSWINDS  
8 - BLOWING SAND, SOIL, DIRT, SNOW  
9 - FREEZING RAIN OR FREEZING DRIZZLE  
99 - OTHER / UNKNOWN

**01**

5 - SAND, MUD, DIRT, OIL, GRAVEL  
6 - WATER (STANDING, MOVING)  
7 - SLUSH  
9 - OTHER/UNKNOWN

NARRATIVE

**UNIT ONE WAS STOPPED IN TRAFFIC ON S. LINCOLN ST. NORTHBOUND BEFORE E. MAIN ST. UNIT TWO WAS STOPPED IN TRAFFIC BEHIND UNIT ONE. UNIT TWO CAME OFF THE BRAKE FOR THE GREEN LIGHT, HITTING UNIT ONE. PROPERTY DAMAGE ONLY.**



CRASH REPORTED DATE / TIME  
**10052020/1912**

DISPATCH DATE / TIME  
**10052020/1930**

ARRIVAL DATE / TIME  
**10052020/1931**

SCENE CLEARED DATE / TIME  
**10052020/1955**

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST

TOTAL TIME ROADWAY CLOSED  
**000**

OTHER INVESTIGATION TIME  
**030**

TOTAL MINUTES  
**055**

OFFICER'S NAME\*  
**McNulty, Samantha S**

OFFICER'S BADGE NUMBER\*  
**236**

CHECKED BY OFFICER'S NAME\*  
**Gaydosh, Ryan**

CHECKED BY OFFICER'S BADGE NUMBER\*  
**213**

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)

**OWNER**

UNIT # **01** OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER  
**SHAW, JONATHAN, D**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS DRIVER  
**474 GRANT ST, Kent, OH 44240**

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

**VEHICLE**

LP STATE **OH** LICENSE PLATE # **HLU1724** VEHICLE IDENTIFICATION # **3TMCZ5AN5JML59654** VEHICLE YEAR **2018** VEHICLE MAKE **Toyota**

INSURANCE VERIFIED INSURANCE COMPANY **STATE FARM** INSURANCE POLICY # **8507951A0735B** COLOR **RED** VEHICLE MODEL **TACOMA**

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS **04** VEHICLE WEIGHT GVWR/GCWR  
1 - <10K LBS  
2 - 10,001 - 26K LBS  
3 - >26K LBS

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

**UNIT TYPE** **04**

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? **0**

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL  
0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

**SPECIAL FUNCTION** **01**

1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

**CARGO BODY TYPE** **01**

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

**ACTION** **4** **PRE-CRASH ACTIONS** **11**

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** **01**

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 21 - PARKED MOTOR VEHICLE  
6 - IMPROPER TURN 12 - IMPROPER BACKING

**SEQUENCE OF EVENTS**

1 **20**

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 - JEER 24 - OTHER MOVABLE OBJECT  
4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 25 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDESTRIAN 20 - MOTOR VEHICLE IN TRANSPORT 26 - OTHER MOVABLE OBJECT

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

LOCAL REPORT NUMBER  
**2020-00016240**

**DAMAGE**

**DAMAGE SCALE**

**2** 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**

**06** 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** **2**

**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 5 - NORTH-EAST  
2 - SOUTH 6 - NORTH-WEST  
3 - EAST 7 - SOUTH-EAST  
4 - WEST 8 - SOUTH-WEST  
9 - OTHER / UNKNOWN

**UNIT SPEED** **000**

**POSTED SPEED** **25**

**DETECTED SPEED** **1**

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

**OWNER**  
**UNIT #** 0, 2 **OWNER NAME:** LAST, FIRST, MIDDLE (SAME AS DRIVER) **JACKSON, RICHARD, ALLEN**  
**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (SAME AS DRIVER) **10445 GREENLEAF PL, LA PLATA, MD 20646**  
**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP \_\_\_\_\_ **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE \_\_\_\_\_

**LP STATE** MD **LICENSE PLATE #** SDL3949 **VEHICLE IDENTIFICATION #** 3FA6P0H74ER367181 **VEHICLE YEAR** 2014 **VEHICLE MAKE** Ford  
 **INSURANCE VERIFIED** **INSURANCE COMPANY** NATIONWIDE **INSURANCE POLICY #** 5219J108437 **COLOR** RED **VEHICLE MODEL** FUSION  
 **COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **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** \_\_\_\_\_

**UNIT TYPE** 0, 1  
 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 19 - 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 - SEVI-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 29 - UNKNOWN OR HIT/SKIP

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

**SPECIAL FUNCTION** 0, 1  
 1 - NONE 6 - BUS - CHARTER/TOLR 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 / NCT 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 13 - STANDING OUTSIDE DISABLED VEHICLE  
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

**ACTION** 3 **PRE-CRASH ACTIONS** 0, 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 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, 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 / 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 **EVENTS**  
 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 - FARM 17 - ANIMAL - DEER 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 - OTHER 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

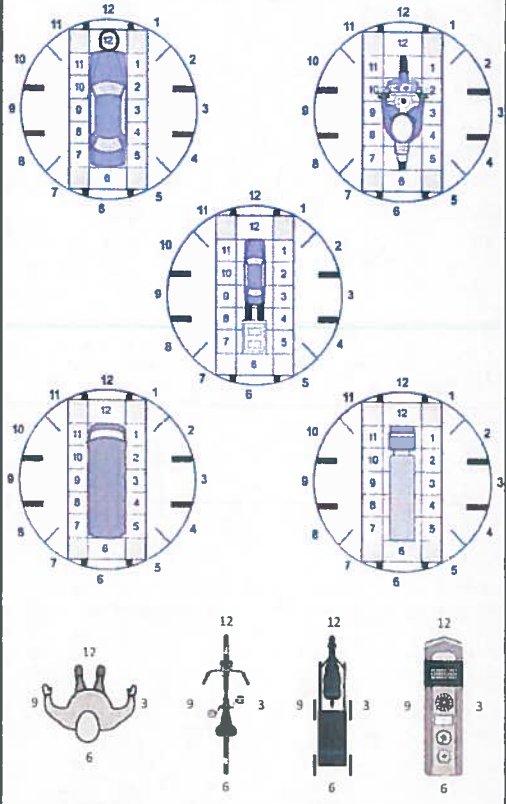
**COLLISION WITH FIXED OBJECT - STRUCK**  
 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
 27 - BRIDGE PIER OR ABUTMENT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

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

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

**DAMAGE**  
**DAMAGE SCALE**  
 2 1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 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**  
 1 - ONE-WAY 2 - TWO-WAY  
 2  
**TRAFFIC CONTROL**  
 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 2 TO 1  
 1 - NORTH 5 - NORTHEAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
 4 - WEST 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2020-00016240

UNIT # <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>SHAW, JONATHAN, D</b>	DATE OF BIRTH <b>01081984</b>	AGE <b>36</b>	GENDER <b>M</b>
ADDRESS: STREET, CITY, STATE, ZIP <b>474 W GRANT ST, Kent, OH 44240</b>		CONTACT PHONE - INCLUDE AREA CODE		

INJURIES <b>5</b>	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED <b>04</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION <b>01</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	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>1</b>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <b>1</b>	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4		

UNIT # <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>JACKSON, GABE, CHARLES</b>	DATE OF BIRTH <b>01172002</b>	AGE <b>18</b>	GENDER <b>M</b>
ADDRESS: STREET, CITY, STATE, ZIP <b>500 WILLIAMS DR 424, Kent, OH 44243</b>		CONTACT PHONE - INCLUDE AREA CODE		

INJURIES <b>5</b>	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED <b>04</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>	
OL STATE <b>MD</b>	OPERATOR LICENSE NUMBER	OFFENSE CHARGED <b>333.03</b>	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION <b>Maximum Speed Limits</b>	CITATION NUMBER <b>60892</b>					
OL CLASS <b>3</b>	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY <b>1</b>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <b>1</b>	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SE		

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	
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SE		

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	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 TEST GIVEN RESULTS UNKNOWN
<b>INJURED TAKEN BY</b>		6 - SECOND - RIGHT SIDE	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	<b>ALCOHOL TEST TYPE</b>	
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>		7 - EXCEPT TRACTOR-TRAILER	1 - NONE	2 BLOOD
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	2 BLOOD	3 URINE
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	3 URINE	4 BREATH
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY	4 BREATH	5 OTHER
<b>SAFETY EQUIPMENT</b>		4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT	<b>DRUG TEST TYPE</b>	
1 - NONE USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK UP WITH CAP)	<b>TRAPPED</b>		12 - LIMITED - OTHER	1 - NONE	2 BLOOD
2 - SHOULDER BELT ONLY USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	1 - NOT TRAPPED	Q - MOTOR SCOOTER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS OR OTHER ADAPTIVE DEVICES)	2 BLOOD	3 URINE
3 - LAP BELT ONLY USED	13 - TRAILING UNIT	2 - EXTRICATED BY MECHANICAL MEANS	R - THREE WHEEL MOTORCYCLE	14 - MILITARY VEHICLES ONLY	3 URINE	4 OTHER
4 - SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3 - FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	<b>DRUG TEST RESULT(S)</b>	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	15 - NON-MOTORIST	<b>GENDER</b>		16 - OUTSIDE MIRROR	1 - AMPHETAMINES	2 BARBITURATES
6 - CHILD RESTRAINT SYSTEM - REAR FACING	99 - OTHER / UNKNOWN	F - FEMALE	T - DOUBLE & TRIPLE TRAILERS	17 - PROSTHETIC AID	3 - BENZODIAZEPINES	4 CANNABINOIDS
7 - BOOSTER SEAT		M - MALE	X - TANKER / HAZMAT	18 - OTHER	5 COCAINE	6 OPIATES / OPIOIDS
8 - HELMET USED		U - OTHER / UNKNOWN			7 - OTHER	8 NEGATIVE RESULTS
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						
10 - REFLECTIVE CLOTHING						
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						
99 - OTHER / UNKNOWN						

# OCCUPANT / WITNESS ADDENDUM

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

OCCUPANT	UNIT # <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>SHAW, TONYA, ANNE</b>	DATE OF BIRTH <b>0 3 1 2 1 9 8 6</b>	AGE <b>3 4</b>	GENDER <b>F</b>				
	ADDRESS: STREET, CITY, STATE, ZIP <b>474 W GRANT ST ,Kent ,OH 44240</b>			CONTACT PHONE - N A					
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 # <b>01</b>	NAME: LAST FIRST, MIDDLE <b>SHAW, OWEN, ANTHONY</b>	DATE OF BIRTH <b>0 9 2 2 2 0 1 3</b>	AGE <b>0 7</b>	GENDER <b>M</b>				
	ADDRESS: STREET, CITY STATE ZIP <b>474 W GRANT ST ,Kent ,OH 44240</b>			CONTACT PHONE - IN A					
INJURIES <b>5</b>	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED <b>0 7</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION <b>0 4</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>

OCCUPANT	UNIT # <b>01</b>	NAME: LAST FIRST, MIDDLE <b>SHAW, CARTER, JONATHAN</b>	DATE OF BIRTH <b>0 1 1 2 2 0 1 1</b>	AGE <b>0 9</b>	GENDER <b>M</b>				
	ADDRESS: STREET, CITY STATE ZIP <b>474 W GRANT ST ,Kent ,OH 44240</b>			CONTACT PHONE - IN A					
INJURIES <b>5</b>	INJURED TAKEN BY	EMS AGENCY NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED <b>0 7</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION <b>0 6</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

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
<b>INJURED TAKEN BY</b>		6 SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
1 - NOT TRANSPORTED /TREATED AT SCENE	6 CHILD RESTRAINT SYSTEM REAR FACING	7 THIRD LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>
2 EMS	7 BOOSTER SEAT	8 THIRD MIDDLE	1 - NOT EJECTED
3 - POLICE	8 HELMET USED	9 THIRD RIGHT SIDE	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	9 PROTECTIVE PADS USED (ELBOW KNEES, ETC.)	10 SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
<b>GENDER</b>		11 PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS PICK UP WITH CAP)	4 - NOT APPLICABLE
F - FEMALE	10 REFLECTIVE CLOTHING	12 PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>
M - MALE	11 LIGHTING PEDESTRIAN /BICYCLE ONLY	13 TRAILING UNIT	1 - NOT TRAPPED
U - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	14 RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS
		15 NON MOTORIST	3 - FREED BY NON-MECHANICAL MEANS
		99 OTHER / UNKNOWN	

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

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