

2 0 2 4 - 0 0 0 1 7 1 5 7

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

LOCAL INFORMATION

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

NCIC\*  
**0 6 7 0 3**

HIT/SKIP  
1 - SOLVED  
2 - UNSOLVED

NUMBER OF UNITS  
**0 1**

UNIT IN ERROR  
98 - ANIMAL  
99 - UNKNOWN  
**0 1**

COUNTY\* **6 7** LOCALITY\*  
1 - CITY  
2 - VILLAGE  
3 - TOWNSHIP  
**1**

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

CRASH DATE / TIME\*  
**11112024/1051**

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

ROUTE TYPE ROUTE NUMBER PREFIX  
N - NORTH  
S - SOUTH  
E - EAST  
W - WEST

LOCATION ROAD NAME  
**HORNING**

ROAD TYPE  
**R D**

LATITUDE DECIMAL DEGREES  
**41.152114**

ROUTE TYPE ROUTE NUMBER PREFIX  
N - NORTH  
S - SOUTH  
E - EAST  
W - WEST

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

ROAD TYPE  
**R D**

LONGITUDE DECIMAL DEGREES  
**-81.336277**

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

DIRECTION FROM REFERENCE  
N - NORTH  
S - SOUTH  
E - EAST  
W - WEST  
**4**

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

ROAD TYPE  
AL - ALLEY HW - HIGHWAY RD - ROAD  
AV - AVENUE LA - LANE SQ - SQUARE  
BL - BOULEVARD MP - MILEPOST ST - STREET  
CR - CIRCLE OV - OVAL TE - TERRACE  
CT - COURT PK - PARKWAY TL - TRAIL  
DR - DRIVE PI - PIKE WA - WAY  
HE - HEIGHTS PL - PLACE

INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA NUMBER OF APPROACHES

DISTANCE FROM REFERENCE  
**5 0**

DISTANCE UNIT OF MEASURE  
1 - MILES  
2 - FEET  
3 - YARDS  
**2**

ROADWAY  
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT  
1 - ON ROADWAY 9 - CROSSOVER  
2 - ON SHOULDER 10 - DRIVEWAY/ALLEY ACCESS  
3 - IN MEDIAN 11 - RAILWAY GRADE CROSSING  
4 - ON ROADSIDE 12 - SHARED USE PATHS OR TRAILS  
5 - ON GORE 13 - BIKE LANE  
6 - OUTSIDE TRAFFIC WAY 14 - TOLL BOOTH  
7 - ON RAMP 99 - OTHER / UNKNOWN  
8 - OFF RAMP  
**0 4**

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  
**1**

DIRECTION OF TRAVEL  
N - NORTH  
S - SOUTH  
E - EAST  
W - 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

LOCATION OF CRASH IN WORK ZONE  
1 - BEFORE THE 1ST WORK ZONE WARNING SIGN  
2 - ADVANCE WARNING AREA  
3 - TRANSITION AREA  
4 - ACTIVITY AREA  
5 - TERMINATION AREA

CONTOUR  
**2**  
1 - STRAIGHT LEVEL  
2 - STRAIGHT GRADE  
3 - CURVE LEVEL  
4 - CURVE GRADE  
9 - OTHER/UNKNOWN

CONDITIONS  
**1**  
1 - DRY  
2 - WET  
3 - SNOW  
4 - ICE  
5 - SAND, MUD, DIRT, OIL, GRAVEL  
6 - WATER (STANDING, MOVING)  
7 - SLUSH  
9 - OTHER/UNKNOWN

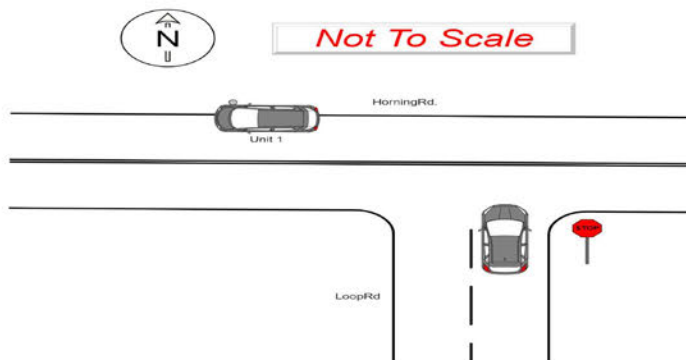
SURFACE  
**2**  
1 - CONCRETE  
2 - BLACKTOP, BITUMINOUS, ASPHALT  
3 - BRICK/BLOCK  
4 - SLAG, GRAVEL, STONE  
5 - DIRT  
9 - OTHER/UNKNOWN

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

WEATHER  
1 - CLEAR 6 - SNOW  
2 - CLOUDY 7 - SEVERE CROSSWINDS  
3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW  
4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZLE  
5 - SLEET, HAIL 99 - OTHER / UNKNOWN  
**0 2**

NARRATIVE  
**Unit #1 was driving West on Horning RD. at Loop Rd.  
Unit #1 observed a vehicle stopped on Loop Rd. at Horning Rd. and was concerned the vehicle was going to pull out in front of her. Unit #1 swerved off the right side of the road and scraped a utility pole. There was no damage to the pole, only paint transfer.**

Indicate the north direction with an "N" on the compass diagram.



CRASH REPORTED DATE / TIME  
**11112024/1051**

DISPATCH DATE / TIME  
**11112024/1053**

ARRIVAL DATE / TIME  
**11112024/1059**

SCENE CLEARED DATE / TIME  
**11112024/1129**

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST

TOTAL TIME ROADWAY CLOSED  
**0 0 0**

OTHER INVESTIGATION TIME  
**0 0 5**

TOTAL MINUTES  
**0 4 1**

OFFICER'S NAME\*  
**Cole, Timothy**  
OFFICER'S BADGE NUMBER\*  
**2 4 8**

CHECKED BY OFFICER'S NAME\*  
**Ennemoser, James**  
CHECKED BY OFFICER'S BADGE NUMBER\*  
**2 5 5**

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

**OWNER**

UNIT # **0 1** OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER)  
**Chambers, Ivie, C**

OWNED PHONE: (☑) (AREA CODE) (PHONE NUMBER)  
**REDACTED PER ORC 149.43(A)(1)**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☑ SAME AS DRIVER)  
**2010 CARLTON DR, Franklin Twp, OH 44240**

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**DAMAGE**

**DAMAGE SCALE**

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

**VEHICLE**

LP STATE **O H** LICENSE PLATE # **HWP9791** VEHICLE IDENTIFICATION # **KNDJ T 2 A 6 5 D 7 5 5 8 3 8 4** VEHICLE YEAR **2 0 1 3** VEHICLE MAKE **Kia Motors Corporation**

INSURANCE VERIFIED  INSURANCE COMPANY **Safeco** INSURANCE POLICY # **K2438349** COLOR **WHI** VEHICLE MODEL **Soul**

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT #

HAZARDOUS MATERIAL:  MATERIAL RELEASED CLASS # PLACARD ID #

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

UNIT TYPE **0 1**

# OF TRAILING UNITS **0**

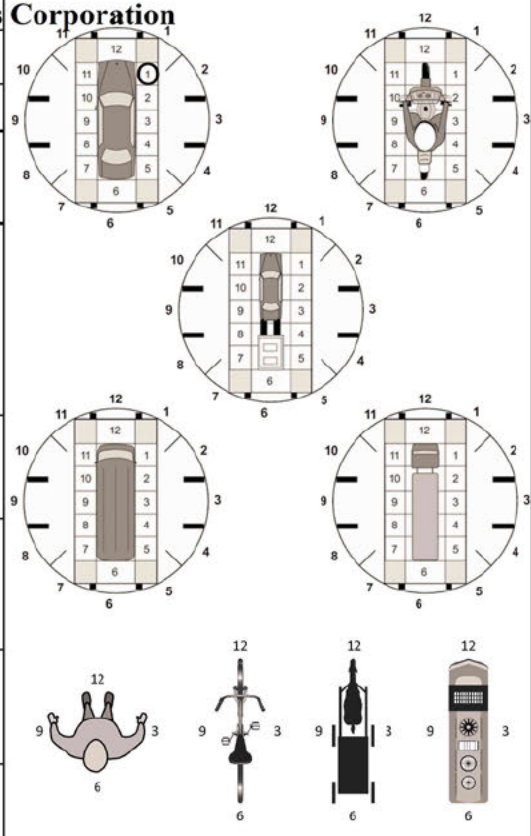
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **2**

AUTONOMOUS MODE LEVEL **0**

SPECIAL FUNCTION **0 1**

CARGO BODY TYPE **0 1**

VEHICLE DEFECTS



NON-MOTORIST LOCATION AT IMPACT

ACTION **3**

PRE-CRASH ACTIONS **0 1**

CONTRIBUTING CIRCUMSTANCES **1 5**

SEQUENCE OF EVENTS

INITIAL POINT OF CONTACT

**0 1**

TRAFFIC

VEHICLE IDENTIFICATION #

VEHICLE YEAR

VEHICLE MAKE

VEHICLE MODEL

VEHICLE COLOR

VEHICLE TYPE

VEHICLE MAKE

VEHICLE MODEL

VEHICLE COLOR

VEHICLE TYPE

TRAFFICWAY FLOW

**2**

TRAFFIC CONTROL

**6**

VEHICLE IDENTIFICATION #

VEHICLE YEAR

VEHICLE MAKE

VEHICLE MODEL

VEHICLE COLOR

VEHICLE TYPE

VEHICLE MAKE

VEHICLE MODEL

VEHICLE COLOR

VEHICLE TYPE

# OF THROUGH LANES ON ROAD

**2**

RAIL GRADE CROSSING

**1**

VEHICLE IDENTIFICATION #

VEHICLE YEAR

VEHICLE MAKE

VEHICLE MODEL

VEHICLE COLOR

VEHICLE TYPE

VEHICLE MAKE

VEHICLE MODEL

VEHICLE COLOR

VEHICLE TYPE

UNIT / NON-MOTORIST DIRECTION

FROM **3** TO **4**

VEHICLE IDENTIFICATION #

VEHICLE YEAR

VEHICLE MAKE

VEHICLE MODEL

VEHICLE COLOR

VEHICLE TYPE

VEHICLE MAKE

VEHICLE MODEL

VEHICLE COLOR

VEHICLE TYPE

UNIT SPEED

**0 2 5**

DETECTED SPEED

**1**

VEHICLE IDENTIFICATION #

VEHICLE YEAR

VEHICLE MAKE

VEHICLE MODEL

VEHICLE COLOR

VEHICLE TYPE

VEHICLE MAKE

VEHICLE MODEL

VEHICLE COLOR

VEHICLE TYPE

POSTED SPEED

**2 5**



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 4 - 0 0 0 1 7 1 5 7

<b>UNIT #</b> 0 1	<b>NAME: LAST, FIRST, MIDDLE</b> Chambers, Ivie, C		<b>DATE OF BIRTH</b> 1 1 1 7 1 9 6 0		<b>AGE</b> 6 3	<b>GENDER</b> F				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 2010 CARLTON DR ,Franklin Twp ,OH 44240				<b>CONTACT PHONE - INCLUDE AREA CODE</b> REDACTED PER ORC 149.43(A)(1)						
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> O H	<b>OPERATOR LICENSE NUMBER</b> REDACTED PER ORC 4501:1-12		<b>OFFENSE CHARGED</b> 331.34	<b>LOCAL CODE</b> <input checked="" type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> Failure to Control;		<b>CITATION NUMBER</b> 28213			
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b>	<b>RESTRICTION</b>	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS: 1 1 VALUE: 1 1		<b>DRUG TEST(S)</b> STATUS: 1 1 RESULT: 1 1	

<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>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</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>OL CLASS</b>	<b>ENDORSEMENT</b>	<b>RESTRICTION</b>	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b> STATUS: TYPE VALUE STATUS TYPE RESULT		<b>DRUG TEST(S)</b> RESULT SELECT UP TO 4	

<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>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</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>OL CLASS</b>	<b>ENDORSEMENT</b>	<b>RESTRICTION</b>	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b> STATUS: TYPE VALUE STATUS TYPE RESULT		<b>DRUG TEST(S)</b> RESULT SELECT UP TO 4	

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHID - D) 5 - MC MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
<b>INJURED TAKEN BY</b> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		<b>EJECTION</b> 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	<b>OL ENDORSEMENT</b> H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT			<b>ALCOHOL TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
<b>SAFETY EQUIPMENT</b> 1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	<b>GENDER</b> F - FEMALE M - MALE U - OTHER / UNKNOWN		<b>CONDITION</b> 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	<b>DRUG TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
						<b>DRUG TEST RESULT(S)</b> 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS