

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER	<input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	LOCAL INFORMATION <b>KENT</b> REPORTING AGENCY NAME* <b>City of Kent Police</b>	NCIC* 0 6 7 0 3	LOCAL REPORT NUMBER* <b>2 0 2 1 - 0 0 0 1 9 1 5 5</b>
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COUNTY* <b>6 7</b>	LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP <b>1</b>	LOCATION: CITY, VILLAGE, TOWNSHIP* <b>Kent</b>	CRASH DATE / TIME* <b>1 1 1 8 2 0 2 1 / 1 0 5 7</b>	HIT/SKIP 1 - SOLVED 2 - UNSOLVED <b>0 2</b>	NUMBER OF UNITS <b>0 2</b>	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN <b>0 1</b>
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ROUTE TYPE LOCATION	ROUTE NUMBER	PREFIX N - NORTH S - SOUTH E - EAST W - WEST <b>2</b>	LOCATION ROAD NAME <b>WATER</b>	ROAD TYPE <b>S T</b>	LATITUDE DECIMAL DEGREES <b>4 1 . 1 4 8 7 1 8</b>	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY <b>5</b>
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ROUTE TYPE REFERENCE	ROUTE NUMBER	PREFIX N - NORTH S - SOUTH E - EAST W - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>WILLIAMS</b>	ROAD TYPE <b>S T</b>	LONGITUDE DECIMAL DEGREES <b>8 1 . 3 5 8 2 5 1</b>
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REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # <b>1</b>	DIRECTION FROM REFERENCE N - NORTH S - SOUTH E - EAST W - WEST <b>1</b>	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 AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES	ROADWAY <input type="checkbox"/> ROADWAY DIVIDED
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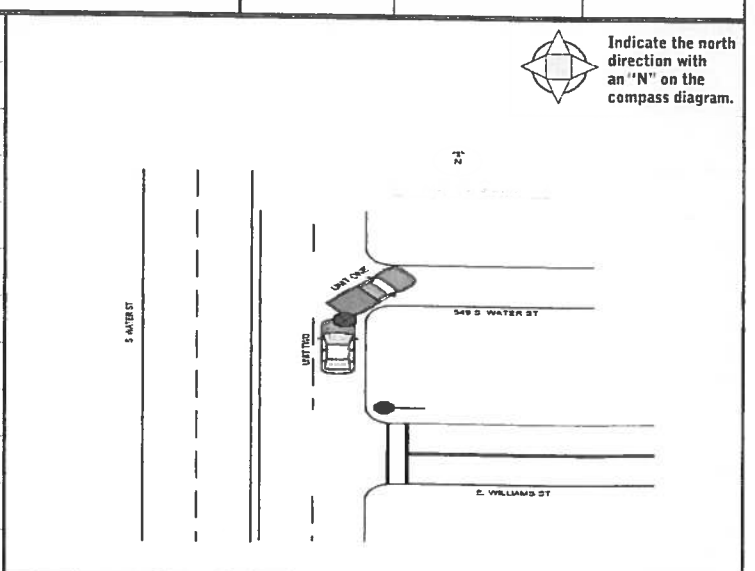
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP <b>0 1</b>	MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN <b>5</b>	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
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<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> 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 <b>1</b> 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	CONDITIONS <b>1</b> 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	SURFACE <b>2</b> 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN
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LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN <b>1</b>	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 <b>0 2</b>
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NARRATIVE

**UNIT ONE PULLED INTO THE DRIVEWAY OF 549 S. WATER ST. AND DID NOT MAKE THE TURN. UNIT TWO WAS BEHIND UNIT ONE ON THE STREET AND STOPPED, ALLOWING UNIT ONE TO TURN. UNIT ONE THEN BACKED INTO THE STREET TO ADJUST AND MAKE IT INTO THE DRIVEWAY. UNIT ONE IMPROPERLY BACKED INTO THE STREET STRIKING UNIT TWO.**



CRASH REPORTED DATE / TIME <b>1 1 1 8 2 0 2 1 / 1 0 5 7</b>	DISPATCH DATE / TIME <b>1 1 1 8 2 0 2 1 / 1 1 0 0</b>	ARRIVAL DATE / TIME <b>1 1 1 8 2 0 2 1 / 1 1 0 4</b>	SCENE CLEARED DATE / TIME <b>1 1 1 8 2 0 2 1 / 1 2 0 2</b>	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO CPD)	
TOTAL TIME ROADWAY CLOSED <b>0 1 5 0 6 0</b>	OTHER INVESTIGATION TIME <b>1 2 2</b>	OFFICER'S NAME* <b>Easterling, Samantha</b>	CHECKED BY OFFICER'S NAME* <b>Wheeler, George</b>	OFFICER'S BADGE NUMBER* <b>2 5 4</b>	
		CHECKED BY OFFICER'S BADGE NUMBER* <b>2 4 3</b>			

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**SPRING, MARK, GEOFFREY**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
**6236 HILLFIELD ST NW, NORTH CANTON, OH 44720**

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

OWNER PHONE: (INCLUDE AREA CODE) (☐ SAME AS DRIVER)

COMMERCIAL CARRIER PHONE: (INCLUDE AREA CODE)

**VEHICLE**

LP STATE OH LICENSE PLATE # GAK1802 VEHICLE IDENTIFICATION # 1GCGC24RXXWZ276670 VEHICLE YEAR 1998 VEHICLE MAKE Chevrolet

INSURANCE VERIFIED INSURANCE COMPANY ALLSTATE INSURANCE POLICY # 826355942 COLOR COM VEHICLE MODEL SILVERADO

COMMERCIAL TYPE OF USE  GOVERNMENT  IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 01 US DOT #

VEHICLE WEIGHT GVWR/GCWR  
 1 - <10K LBS  
 2 - 10,001 - 26K LBS  
 3 - >26K LBS

TOWED BY: COMPANY NAME

HAZARDOUS MATERIAL  
 MATERIAL RELEASED CLASS # PLACARD ID #  
 PLACARD

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 - 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 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL 0

0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - 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	23 - 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	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 01

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 12

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 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/EXPLOSION	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	18 - ANIMAL - DEER	24 - OTHER MOVABLE OBJECT
4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	19 - ANIMAL - OTHER	
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

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

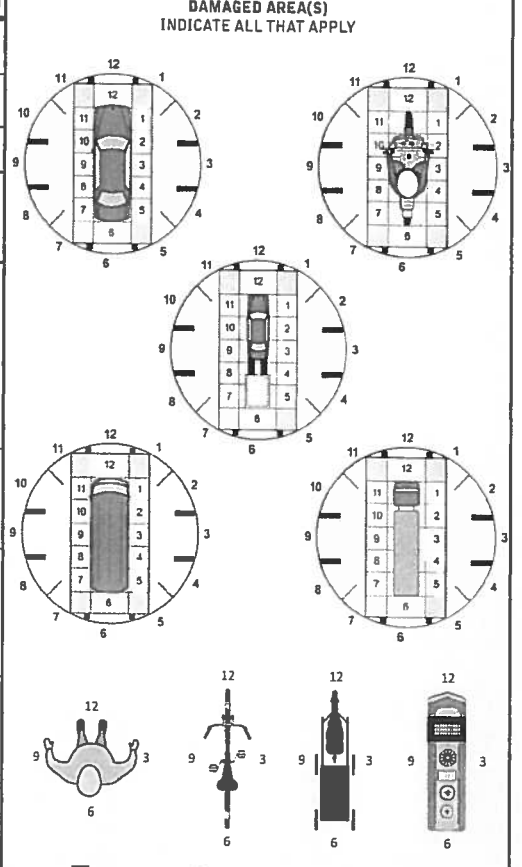
LOCAL REPORT NUMBER  
2021-00019155

DAMAGE

DAMAGE SCALE

1

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



NO DAMAGE [ 0 ]  UNDERCARRIAGE [ 14 ]

TOP [ 13 ]  ALL AREAS [ 15 ]

UNIT NOT AT SCENE [ 16 ]

INITIAL POINT OF CONTACT

05

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 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 5 - NORTHEAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
 4 - WEST 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

UNIT SPEED 005

POSTED SPEED 25

DETECTED SPEED 1

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

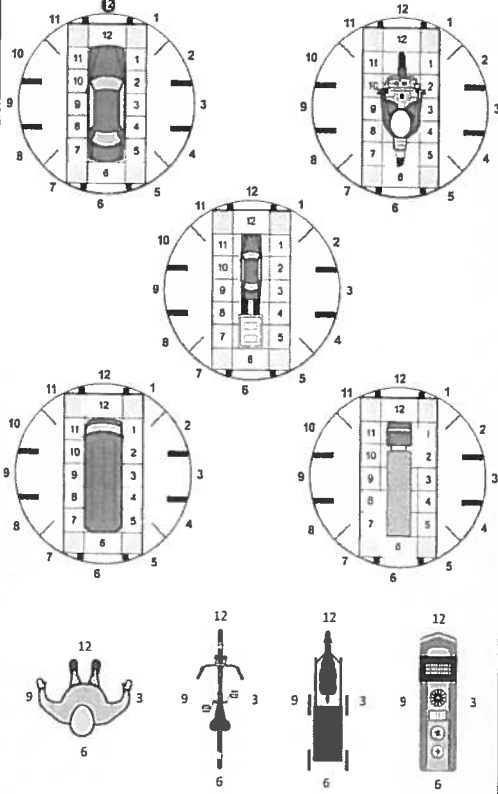
OWNER	UNIT # 0, 2	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) SILVESTRI, ANTHONY, FRANK	OWNER PHONE: (INCLUDE AREA CODE) (☐ SAME AS DRIVER)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER) 3803 ROOSEVELT AVE NW, CANTON, OH 44705		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
VEHICLE	LP STATE OH	LICENSE PLATE # GEL9514	VEHICLE IDENTIFICATION # 1G1P1P1C5S1B10E7472806
	INSURANCE VERIFIED ☒		INSURANCE COMPANY STATEFARM
	INSURANCE POLICY # 738-2396-E20-35F		COLOR COM
	VEHICLE YEAR 2014		VEHICLE MAKE Chevrolet
	VEHICLE MODEL CRUZE		VEHICLE MAKE Chevrolet
	TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		US DOT #
	TOWED BY: COMPANY NAME		HAZARDOUS MATERIAL ☐ MATERIAL RELEASED CLASS # PLACARD ID # ☐ PLACARD
	INTERLOCK DEVICE EQUIPPED ☐		HIT/SKIP UNIT ☐
	# OCCUPANTS 0, 1		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS 2 - 10,001 - 26K LBS 3 - >26K LBS
	UNIT TYPE 0, 1		
# OF TRAILING UNITS 00			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 - YES 2 - NO 9 - OTHER / UNKNOWN			
AUTONOMOUS MODE LEVEL 9			
SPECIAL FUNCTION 0, 1			
CARGO BODY TYPE 0, 1			
VEHICLE DEFECTS			
NON-MOTORIST LOCATION AT IMPACT			
ACTION 4			
CONTRIBUTING CIRCUMSTANCES 0, 1			
SEQUENCE OF EVENTS			
FIRST HARMFUL EVENT 1			
MOST HARMFUL EVENT 1			

DAMAGE

DAMAGE SCALE

2 - 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  
 1-12 - REFER TO UNIT DIAGRAM  
 14 - UNDERCARRIAGE  
 15 - VEHICLE NOT AT SCENE  
 16 - TOP  
 17 - OTHER / UNKNOWN

TRAFFIC

TRAFFICWAY FLOW  
 2 - ONE-WAY  
 2 - TWO-WAY

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

# OF THROUGH LANES ON ROAD  
 4

RAIL GRADE CROSSING  
 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 - NORTH-EAST  
 6 - NORTH-WEST  
 7 - SOUTH-EAST  
 8 - SOUTH-WEST  
 9 - OTHER / UNKNOWN

UNIT SPEED  
 0, 0, 5

POSTED SPEED  
 2, 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 9 1 5 5

UNIT # <b>0 1</b>	NAME: LAST, FIRST, MIDDLE <b>RADSICK, KEVIN, SCOTT</b>	DATE OF BIRTH <b>0 4 / 0 7 / 1 9 6 5</b>	AGE <b>5 6</b>	GENDER <b>M</b>
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ADDRESS: STREET, CITY, STATE, ZIP  
**1441 RACHEL ST NW APT 91, CANTON, OH 44709**

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 1</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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OL STATE <b>O, H</b>	OPERATOR LICENSE NUMBER	OFFENSE CHARGED <b>4511.38</b>	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION <b>Starting/Backing</b>	CITATION NUMBER <b>23167</b>
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OL CLASS <b>6</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 <b>1 1</b>			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 <b>1 1</b>		
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UNIT # <b>0 2</b>	NAME: LAST, FIRST, MIDDLE <b>DOWNIE, CASSANDRA, JO</b>	DATE OF BIRTH <b>0 9 / 1 6 / 1 9 9 5</b>	AGE <b>2 6</b>	GENDER <b>F</b>
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ADDRESS: STREET, CITY, STATE, ZIP  
**3803 ROOSEVELT AVE NW, CANTON, OH 44705**

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 1</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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OL STATE <b>O, H</b>	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER
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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 <b>1 1</b>			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 <b>1 1</b>		
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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	RESTRICTION	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS TYPE VALUE			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4		
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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 (OHIO = D) 5 - M-C 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
INJURED TAKEN BY	1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	EJECTION	OL ENDORSEMENT			
		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT			
SAFETY EQUIPMENT	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	TRAPPED	GENDER			
		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	F - FEMALE M - MALE U - 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			CONDITION	DRUG TEST TYPE	DRUG TEST RESULT(S)
				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	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
**2021-00019155**

<b>OCCUPANT</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> [ ]	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> [ ]	<b>AIR BAG USAGE</b> [ ]	<b>EJECTION</b> [ ]

<b>OCCUPANT</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> [ ]	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> [ ]	<b>AIR BAG USAGE</b> [ ]	<b>EJECTION</b> [ ]

<b>OCCUPANT</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> [ ]	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> [ ]	<b>AIR BAG USAGE</b> [ ]	<b>EJECTION</b> [ ]

<b>OCCUPANT</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> [ ]	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> [ ]	<b>AIR BAG USAGE</b> [ ]	<b>EJECTION</b> [ ]

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

<b>WITNESS</b>	<b>NAME: LAST, FIRST, MIDDLE</b> <b>YEAGLER, JAMES, V</b>	<b>DATE OF BIRTH</b> <b>10 / 26 / 1953</b>		<b>AGE</b> <b>68</b>	<b>GENDER</b> <b>M</b>	
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> <b>540 S WATER ST APT 202 ,Kent, ,OH 44240</b>				<b>CONTACT PHONE - INCLUDE AREA CODE</b> [ ]	
	<b>NAME: LAST, FIRST, MIDDLE</b> [ ]	<b>DATE OF BIRTH</b> [ ] / [ ] / [ ]		<b>AGE</b> [ ]	<b>GENDER</b> [ ]	
<b>NAME: LAST, FIRST, MIDDLE</b> [ ]	<b>DATE OF BIRTH</b> [ ] / [ ] / [ ]		<b>AGE</b> [ ]	<b>GENDER</b> [ ]		