

# 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"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION REPORTING AGENCY NAME* <b>City of Kent Police</b>		NCIC* <b>06703</b>		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS <b>02</b>		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN <b>02</b>	
COUNTY* <b>67</b>		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP <b>1</b>		LOCATION: CITY, VILLAGE, TOWNSHIP* <b>Kent</b>		CRASH DATE / TIME* <b>11302023 / 1535</b>		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY <b>5</b>					
ROUTE TYPE <b>S R</b>		ROUTE NUMBER <b>43</b>		PREFIX N - NORTH S - SOUTH E - EAST W - WEST <b>3</b>		LOCATION ROAD NAME <b>DAY</b>		ROAD TYPE <b>S T</b>		LATITUDE DECIMAL DEGREES <b>41.150612</b>		LONGITUDE DECIMAL DEGREES <b>-81.357483</b>	
ROUTE TYPE <b>S R</b>		ROUTE NUMBER <b>43</b>		PREFIX N - NORTH S - SOUTH E - EAST W - WEST <b>3</b>		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>WATER</b>		ROAD TYPE <b>S T</b>		LATITUDE DECIMAL DEGREES <b>41.150612</b>		LONGITUDE DECIMAL DEGREES <b>-81.357483</b>	

REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # <b>1</b>		DIRECTION FROM REFERENCE N - NORTH S - SOUTH E - EAST W - WEST <b>3</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    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 <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA    NUMBER OF APPROACHES	
DISTANCE FROM REFERENCE <b>200</b>		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS <b>2</b>		CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROADWAY DIVIDED <input type="checkbox"/>			

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>01</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>1</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>		CONDITIONS <b>1</b>		SURFACE <b>2</b>	
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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>01</b>		1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
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NARRATIVE <b>Unit One was legally parked, unoccupied, along the South curb of E. Day St. facing Eastbound. Unit Two was traveling Eastbound on E. Day St. approaching Unit One. Unit Two failed to maintain lanes, and struck the rear of Unit One. Unit Two fled the scene without stopping or reporting the crash.</b>		Indicate the north direction with an "N" on the compass diagram.	

CRASH REPORTED DATE / TIME <b>11302023 / 1543</b>		DISPATCH DATE / TIME <b>11302023 / 1555</b>		ARRIVAL DATE / TIME <b>11302023 / 1601</b>		SCENE CLEARED DATE / TIME <b>11302023 / 1622</b>		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED <b>000</b>		OTHER INVESTIGATION TIME <b>030</b>		TOTAL MINUTES <b>057</b>		OFFICER'S NAME* <b>Bolgrin, Mary Elizabeth</b>		CHECKED BY OFFICER'S NAME* <b>Gaydosh, Ryan</b>	
OFFICER'S BADGE NUMBER* <b>219</b>		CHECKED BY OFFICER'S BADGE NUMBER* <b>213</b>		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)					

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**SMITH, MATTHEW, ALLAN**

OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)  
 Redacted per ORC 149.43 (A)(1)(mm)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
**3475 OAK RD, Stow, OH 44224**

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE OH LICENSE PLATE # GUW5765 VEHICLE IDENTIFICATION # 1C6HJPA GXL L137776 VEHICLE YEAR 2023 VEHICLE MAKE Jeep

INSURANCE VERIFIED INSURANCE COMPANY GRANGE INSURANCE INSURANCE POLICY # 672783 COLOR GRY VEHICLE MODEL Gladiator

COMMERCIAL TYPE OF USE  GOVERNMENT  IN EMERGENCY RESPONSE US DOT #

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 00 VEHICLE WEIGHT GVWR/GCWR  
 1 - ≤10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - >26K LBS.

HAZARDOUS MATERIAL CLASS # PLACARD ID #

UNIT TYPE 04

# OF TRAILING UNITS 00

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

SPECIAL FUNCTION 01

CARGO BODY TYPE 01

VEHICLE DEFECTS

NON-MOTORIST LOCATION AT IMPACT

ACTION 4

PRE-CRASH ACTIONS 10

CONTRIBUTING CIRCUMSTANCES 01

SEQUENCE OF EVENTS

1 20

2     

3     

4     

5     

6     

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

**EVENT(S)**

1 20

2     

3     

4     

5     

6     

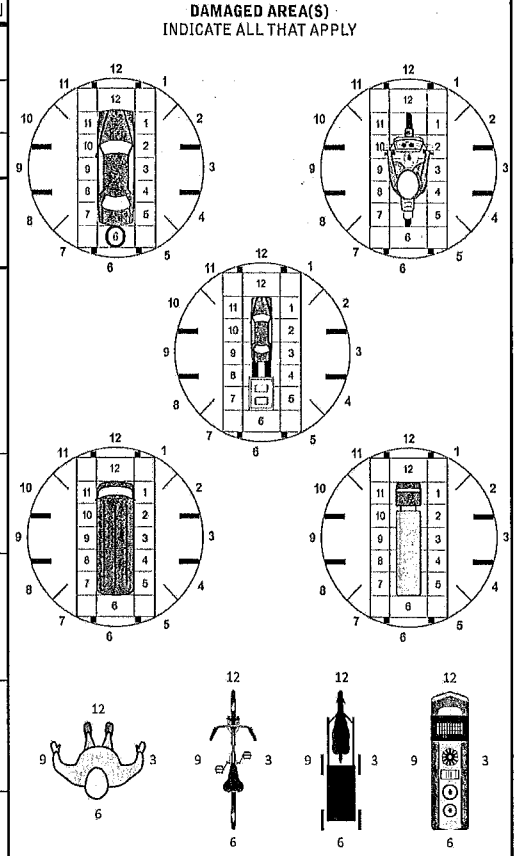
FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER  
2023-00019045

**DAMAGE**

DAMAGE SCALE 2

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 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 6

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

# OF THROUGH LANES ON ROAD 2

RAIL GRADE CROSSING 1

1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 3

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

UNIT SPEED 000

DETECTED SPEED 1

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

POSTED SPEED 25

OWNER	UNIT # <b>0, 2</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )	OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )
	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR <b>DBL</b>
<input type="checkbox"/> COMMERCIAL	TYPE OF USE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input checked="" type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS <b>0, 1</b>	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
UNIT TYPE <b>0, 3</b>		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
VEHICLE # of TRAILING UNITS <b>00</b>		VEHICLE MAKE <b>Nissan</b>	
VEHICLE # of TRAILING UNITS <b>00</b>		VEHICLE MODEL	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <b>2</b> 1-YES 2-NO 9-OTHER/UNKNOWN		AUTONOMOUS MODE LEVEL <b>0</b> 0-NO AUTOMATION 1-DRIVER ASSISTANCE 2-PARTIAL AUTOMATION 3-CONDITIONAL AUTOMATION 4-HIGH AUTOMATION 5-FULL AUTOMATION 9-UNKNOWN	
SPECIAL FUNCTION <b>0, 1</b>		VEHICLE MAKE <b>Nissan</b>	
SPECIAL FUNCTION <b>0, 1</b>		VEHICLE MODEL	
CARGO BODY TYPE <b>0, 1</b>		VEHICLE MAKE <b>Nissan</b>	
VEHICLE DEFECTS <b>0, 1</b>		VEHICLE MODEL	
NON-MOTORIST LOCATION AT IMPACT <b>0, 1</b>		VEHICLE MAKE <b>Nissan</b>	
ACTION <b>3</b>		VEHICLE MODEL	
CONTRIBUTING CIRCUMSTANCES <b>0, 8</b>		VEHICLE MAKE <b>Nissan</b>	
SEQUENCE OF EVENTS <b>1, 2, 1</b>		VEHICLE MAKE <b>Nissan</b>	
FIRST HARMFUL EVENT <b>1</b>		MOST HARMFUL EVENT <b>1</b>	

LOCAL REPORT NUMBER <b>2 0 2 3 - 0 0 0 1 9 0 4 5</b>	
DAMAGE	
DAMAGE SCALE <b>2</b> 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<input type="checkbox"/> NO DAMAGE [ 0 ] <input type="checkbox"/> UNDERCARRIAGE [ 14 ] <input type="checkbox"/> TOP [ 13 ] <input type="checkbox"/> ALL AREAS [ 15 ] <input type="checkbox"/> UNIT NOT AT SCENE [ 16 ]	
INITIAL POINT OF CONTACT <b>1, 2</b> 0-NO DAMAGE 1-12-REFER TO UNIT DIAGRAM 13-TOP 14-UNDERCARRIAGE 15-VEHICLE NOT AT SCENE 99-UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW <b>2</b> 1-ONE-WAY 2-TWO-WAY	TRAFFIC CONTROL <b>6</b> 1-ROUNDBOUT 2-SIGNAL 3-FLASHER 4-STOP SIGN 5-YIELD SIGN 6-NO CONTROL
# OF THROUGH LANES ON ROAD <b>2</b>	RAIL GRADE CROSSING <b>1</b> 1-NOT INVOLVED 2-INVOLVED-ACTIVE CROSSING 3-INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM <b>4</b> TO <b>3</b>	
UNIT SPEED <b>0, 1, 0</b>	DETECTED SPEED <b>1</b> 1- STATED / ESTIMATED SPEED 2- CALCULATED / EDR 3- UNDETERMINED
POSTED SPEED <b>2, 5</b>	