



TRAFFIC CRASH REPORT

LOCAL INFORMATION

LOCAL REPORT NUMBER *

1613418

CRASH SEVERITY
1 - FATAL
2 - INJURY
3 - PDOHIT/SKIP
1 - SOLVED
2 - UNSOLVED☐ PHOTOS TAKEN
☒ OH-2
☐ OH-1P
☐ OH-3
☐ OTHER☐ PDO UNDER STATE REPORTABLE DOLLAR AMOUNT☐ PRIVATE PROPERTY

REPORTING AGENCY NCIC *

06703

REPORTING AGENCY NAME *

KENT POLICE DEPT.

NUMBER OF UNITS
02UNIT IN ERROR
98 - ANIMAL
99 - UNKNOWN
02COUNTY *
67
CITY *
☐ VILLAGE *
☐ TOWNSHIP *
KENTCRASH DATE *
06132016
TIME OF CRASH
1258
DAY OF WEEK
MON

DEGREES / MINUTES / SECONDS

LATITUDE
0 / 0 / 0
LONGITUDE
0 / 0 / 0

DECIMAL DEGREES

LATITUDE
41.153760
LONGITUDE
-81.352995ROADWAY DIVISION
☐ DIVIDED
☒ UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL

N - NORTHBOUND E - EASTBOUND
S - SOUTHBOUND W - WESTBOUND

NUMBER OF THRU LANES

02

ROAD TYPES OR MILEPOST²AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY
AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE
BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAILLOCATION ROUTE TYPE 1
1

LOCATION ROUTE NUMBER

LOC PREFIX
N, S, E, W

N

LOCATION ROAD NAME

WILLOW

LOCATION ROUTE TYPE 2
STROUTE TYPES¹1R - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE
US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE
SR - STATE ROUTE

DISTANCE FROM REFERENCE

30

DIR FROM REF

MILES
FEET
YARDS

N, S, E, W

N

REFERENCE ROUTE TYPE 1

REFERENCE ROUTE NUMBER

1

REF PREFIX
N, S, E, W

E

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

MAIN

REFERENCE ROUTE TYPE 2
ST

REFERENCE POINT USED

1 - INTERSECTION
2 - MILE POST
3 - HOUSE NUMBER
1

CRASH LOCATION

01

01 - NOT AN INTERSECTION
02 - FOUR-WAY INTERSECTION
03 - T-INTERSECTION
04 - Y-INTERSECTION
05 - TRAFFIC CIRCLE/ROUNDABOUT06 - FIVE-POINT, OR MORE
07 - ON RAMP
08 - OFF RAMP
09 - CROSSOVER
10 - DRIVEWAY/ALLEY ACCESS11 - RAILWAY GRADE CROSSING
12 - SHARED-USE PATHS OR TRAILS
99 - UNKNOWN☐ INTERSECTION RELATED

LOCATION OF FIRST HARMFUL EVENT

1 - ON ROADWAY 5 - ON GORE
2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY
3 - IN MEDIAN 9 - UNKNOWN
4 - ON ROADSIDE

ROAD CONTOUR

1 - STRAIGHT LEVEL 4 - CURVE GRADE
2 - STRAIGHT GRADE 9 - UNKNOWN
3 - CURVE LEVEL

ROAD CONDITIONS

PRIMARY
01

SECONDARY

01 - DRY 05 - SAND, MUD, DIRT, OIL, GRAVEL
02 - WET 06 - WATER (STANDING, MOVING)
03 - SNOW 07 - SLUSH
04 - ICE 08 - DEBRIS*09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*
10 - OTHER
99 - UNKNOWN

* SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT

1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES
2 - REAR-END
3 - HEAD-ON
4 - REAR-TO-REAR
5 - BACKING
6 - ANGLE
7 - SIDESWIPE, SAME DIRECTION
8 - SIDESWIPE, OPPOSITE DIRECTION
9 - UNKNOWN

WEATHER

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

ROAD SURFACE

1 - CONCRETE 4 - SLAG, GRAVEL, STONE
2 - BLACKTOP, BITUMINOUS, ASPHALT 5 - DIRT
3 - BRICK/BLOCK 6 - OTHER

LIGHT CONDITIONS

1 PRIMARY

SECONDARY
1 - DAYLIGHT
2 - DAWN
3 - DUSK
4 - DARK - LIGHTED ROADWAY5 - DARK - ROADWAY NOT LIGHTED 9 - UNKNOWN
6 - DARK - UNKNOWN ROADWAY LIGHTING
7 - GLARE*
8 - OTHER

* SECONDARY CONDITION ONLY

☐ SCHOOL ZONE RELATED

SCHOOL BUS RELATED

☐ YES, SCHOOL BUS DIRECTLY INVOLVED
☐ YES, SCHOOL BUS INDIRECTLY INVOLVED☐ WORK ZONE RELATED☐ WORKERS PRESENT☐ LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)
☐ LAW ENFORCEMENT PRESENT (VEHICLE ONLY)

TYPE OF WORK ZONE

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

LOCATION OF CRASH IN WORK ZONE

1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 4 - ACTIVITY AREA
2 - ADVANCE WARNING AREA 5 - TERMINATION AREA
3 - TRANSITION AREA

NARRATIVE

UNIT 1 WAS PARKED FACING SOUTHBOUND ON N. WILLOW ST. UNLOADING PRODUCT. UNIT 2 ATTEMPTED TO PASS UNIT 1 AND SIDE-SWIPE THE SEMI-CAB. UNIT 2 WAS CRASHED, MINOR DAMAGE, NO INJURIES.

UNIT 1 IS A SEMI-TRACTOR TRAILER, "US FOODS" MAKING A DELIVERY, PARKED, UNOCCUPIED.

Diagram



Write an "N" on the compass diagram to indicate the direction of north.

SEE ATTACHED OH-2

REPORT TAKEN BY

☒ POLICE AGENCY ☐ MOTORIST☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

DATE CRASH REPORTED

06132016

TIME CRASH REPORTED

1258

DISPATCH TIME

1259

ARRIVAL TIME

1307

TIME CLEARED

1335

OTHER INVESTIGATION TIME

10

TOTAL MINUTES

38

OFFICER'S NAME *

OFC. LLEWELLYN

OFFICER'S BADGE NUMBER

242

CHECKED BY

H/ant #228

PAGE 1 OF 4



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

1613418

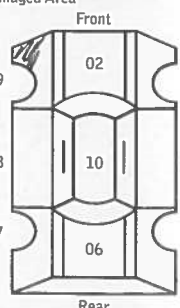
UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE LASKO, EMMA, C.	DATE OF BIRTH 06/01/99	AGE 20	GENDER F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP 626 LAKE ST. #1 KENT, OH 44240		CONTACT PHONE- INCLUDE AREA CODE (330) 221-3786									
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER UA038895	OL CLASS 4	No VALID OL M/C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE 1	DRUG TEST STATUS 1	DRUG TEST TYPE 1	
OFFENSE CHARGED (Local Code) 331.03		OFFENSE DESCRIPTION IMPROPER PASSING			CITATION NUMBER 49459		HANDS-FREE DEVICE USED		DRIVER DISTRACTED BY 1		
UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP		CONTACT PHONE- INCLUDE AREA CODE									
INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No VALID OL M/C END.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE	
OFFENSE CHARGED (Local Code)		OFFENSE DESCRIPTION			CITATION NUMBER		HANDS-FREE DEVICE USED		DRIVER DISTRACTED BY		
INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL		INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN		SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED 99 - UNKNOWN SAFETY EQUIPMENT		Non-Motorist 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (Elbows, Knees, Etc) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER					
SEATING POSITION 01 - FRONT - LEFT SIDE (Motorcycle Driver) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (Motorcycle Passenger) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE		07 - THIRD - LEFT SIDE (Motorcycle Side Car) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (Non-Trailing Unit Such as a 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 16 - OTHER 99 - UNKNOWN		AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN					
EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE		TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS		OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (Ohio is "D") 5 - MC/MOPED ONLY		CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS		5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER		ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED	
ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN		ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER		DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN		DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER		DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION			
UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP		CONTACT PHONE- INCLUDE AREA CODE									
INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP		CONTACT PHONE- INCLUDE AREA CODE									
INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		



Unit

Local Report Number

1613418

Unit Number 01	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) TRANSPORTE INC.	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) 1-800-852-7755	Damage Scale 2	Damaged Area 
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 2700 S. KAUFMAN ST. ENNIS, TX 75119				
LP State OH	License Plate Number PVW5855	Vehicle Identification Number 1FUJGBDVXFLBW4392	# Occupants 01	
Vehicle Year 2015	Vehicle Make FRHT LINER	Vehicle Model	Vehicle Color WHT	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company ZURICH AMERICAN	Policy Number BAP944139401	Towed By	
Carrier Name, Address, City, State, Zip US FOODS 9399 W. HIGGINS RD. SUITE 500 ROSEMONT, IL 60018				Carrier Phone - include area code (847) 720-8000
US DOT 745614	Vehicle Weight GVWR/GCWR 3 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type 07 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	Trafficway Description 1 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway <input type="checkbox"/> Hit / Skip Unit
HM Placard ID No. 1111	HM Class Number 1	<input type="checkbox"/> Hazardous Material Released		
Non-Motorist Location Prior to Impact 11 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown		Type of Use 2 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 17 99 - Unknown or Hit / Skip Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle
Special Function 22 01 - None 02 - Taxi 03 - Rental Truck (Over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other		09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.	17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area 09 Impact Area 09 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear 08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other 99 - Unknown
Pre-Crash Actions 12 99 - Unknown Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn		07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless	13 - Negotiating a Curve 14 - Other Motorist Action	Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing 21 - Other Non-Motorist Action
Contributing Circumstances Primary 01 Secondary 01 99 - Unknown		Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action	Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	Vehicle Defects 01 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
Sequence of Events 1 20 2 01 3 01 4 01 5 01 6 01 First Harmful Event 1 Most Harmful Event 1 99 - Unknown		Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision		
Collision With Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train, Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport		Collision With Fixed Object 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 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, Building, Tunnel 52 - Other Fixed Object		
Unit Speed 0 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed 25	Traffic Control 12 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From 1 To 2 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown	

1613418

Unit Number 02	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) LASKO, CHRISTOPHER	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) (330) 606-8070	Damage Scale 2	Damaged Area Front 09 02 03 08 10 04 07 06 05 Rear
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 219 E. WILLIAMS ST. KENT, OH 44240			Carrier Phone- include area code	
LP State OH	License Plate Number DNM5313	Vehicle Identification Number 1J8GR48K67C581247	# Occupants 01	
Vehicle Year 2007	Vehicle Make JEEP	Vehicle Model LAREDO	Vehicle Color GRN	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company USAA	Policy Number 005143176C	Towed By	
Carrier Name, Address, City, State, Zip				
US DOT	Vehicle Weight GVWR/GCWR 1 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type 01 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	Trafficway Description 1 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Gross > 4 Ft.) Median 4 - Two Way, Divided, Positive Median Barrier 5 - One-Way Trafficway	
HM Placard ID No. [] [] [] []	<input type="checkbox"/> Hazardous Material Released	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	<input type="checkbox"/> Hit / Skip Unit	
HM Class Number [] []				
Non-Motorist Location Prior to Impact [] [] 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown		Type of Use 1 1 - Personal 2 - Commercial 3 - Government	Unit Type 06 99 - Unknown or Hit / Skip	Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle
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Most Damaged Area 04 Impact Area 04		08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other		Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
Pre-Crash Actions 04 Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown				
Non-Motorist 13 - Negotiating a Curve 14 - Other Motorist Action 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing 21 - Other Non-Motorist Action				
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OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 16-13418	REPORTING AGENCY KENT POLICE DEPARTMENT	DATE OF CRASH M 6 D 13 Y 16
IN COUNTY OF PORTAGE	CRASH LOCATION N. WILLOW ST. @ E. MAIN ST.	

E. MAIN ST.

N. WILLOW ST.

1

2

TRAFFIC SIGNAL

S. WILLOW ST.

BAKER PKWY

NOT TO SCALE

N

OFFICER'S SIGNATURE
X OFC. Llewellyn

BADGE NUMBER
242