

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION			LOCAL REPORT NUMBER*			
		REPORTING AGENCY NAME* City of Kent Police			NCIC* 06703			
COUNTY* 6 7		LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP 1 Kent		LOCATION: CITY, VILLAGE, TOWNSHIP*			HIT/SKIP 1-SOLVED 2-UNRESOLVED	
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME LAKE	ROAD TYPE S T	LATITUDE DECIMAL DEGREES 41.161689	CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY	
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) HARVEY	ROAD TYPE S T	LONGITUDE DECIMAL DEGREES -81.347144		
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE #		DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST		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 PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		
DISTANCE FROM REFERENCE 2 0		DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS				NUMBER OF APPROACHES 3		
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				MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN 4-TRANSPORT 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-REAR-END 10-HEAD-ON 11-RAILWAY GRADE CROSSING 12-SHARED USE PATHS OR TRAILS 13-BIKE LANE 14-TOLL BOOTH 99-OTHER/UNKNOWN	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		
<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 2-ADVANCE WARNING SIGN 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA	CONTOUR 1	CONDITIONS 3	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		WEATHER 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL		1-SNOW 2-SEVERE CROSSWINDS 3-BLOWING SAND, SOIL, DIRT, SNOW 4-FREEZING RAIN OR FREEZING DRIZZLE 5-OTHER/UNKNOWN	1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN	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	
<p>NARRATIVE</p> <p>Unit #2 was traveling E/B on Lake St. Unit #1 was traveling N/B on Harvey St. Unit #1 went around a vehicle in front of it, going through the stop sign and striking Unit #2 in the intersection. Unit #1 then fled the scene.</p> <div style="text-align: right; margin-top: 10px;"> <p>Indicate the north direction with an "N" on the compass diagram.</p> </div> <div style="text-align: center; margin-top: 20px;"> <p>Not To Scale</p> </div>								
CRASH REPORTED DATE / TIME 01292026/1736		DISPATCH DATE / TIME 01292026/1741		ARRIVAL DATE / TIME 01292026/1743		SCENE CLEARED DATE / TIME 01292026/1815		REPORT TAKEN BY
TOTAL TIME ROADWAY CLOSED 0 3 9		OTHER INVESTIGATION TIME 0 3 0		TOTAL MINUTES 0 6 4		OFFICER'S NAME* Smith, Mitchell Robert		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
						CHECKED BY OFFICER'S NAME* Short, Jason M		<input type="checkbox"/> SUPPLEMENT (CORRECTION or ADDITION TO AN EXISTING REPORT SENT TO COPS)
						OFFICER'S BADGE NUMBER* 2 3 1		CHECKED BY OFFICER'S BADGE NUMBER* 2 2 8

UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER PATTON, JACKSON, MONTGOMERY	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER REDACTED PER ORC 149.43(A)(1)
OWNER ADDRESS: STREET,CITY,STATE,ZIP <input checked="" type="checkbox"/> SAME AS DRIVER 6800 ALPHA DR 366 ,Franklin Twp ,OH 44240		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
COMMERCIAL CARRIER: NAME,ADDRESS,CITY,STATE,ZIP		

LP STATE O H		LICENSE PLATE # KBE7465	VEHICLE IDENTIFICATION # 2HGF E2F58SH551626		VEHICLE YEAR 2025	VEHICLE MAKE Honda	
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY		INSURANCE POLICY #		COLOR BLK	VEHICLE MODEL CIVIC	
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE			US DOT #		TOWED BY: COMPANY NAME City Service		
INTERLOCK DEVICE EQUIPPED		<input checked="" type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 0 1	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD	CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> PLACARD

0 1	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEEL
UNIT TYPE	2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEEL
	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE
	4 - PICKUP	10 - MOPED OR MOTORIZED BICYCLE
	5 - CARGO VAN	
	6 - VAN (9-15 SEATS)	11 - ALL-TERRAIN VEHICLE (ATV / ITV)

00 # OF TRAILING UNITS

<p>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</p> <p>2 1-YES 2-NO 9-OTHER/ UNKNOWN</p>	<p>0</p> <p>AUTONOMOUS MODE LEVEL</p>	<p>0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN</p> <p>1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION</p> <p>2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION</p>
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0 1	1 - NONE	6 - BUS-CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
SPECIAL FUNCTION	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	

0 1 CARGO BODY TYPE	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 7 - GRAIN/CHIPS/GRAVEL	9 - CARGO TANK 10 - FLAT BED 11 - DUMP	13 - AUTOTRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN
DEFECTS	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT	10 - DISABLED FROM PRIOR	
	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT	

1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK	6 - BICYCLE LANE CROSSWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS	12 - FIRST RESPONDER AT INCIDENT SCENE
NON-MOTORIST LOCATION AT IMPACT	2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE 8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS
		5 - TRAVEL LANE - OTHER LOCATION		99 - OTHER / UNKNOWN

3	ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	0	5	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
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0 4 CONTRIBUTING CIRCUMSTANCES	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-STOPED 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		17 - ANIMAL - FARM	
			3 - IMMERSION	8 - RAN OFF ROAD RIGHT	12 - DOWNHILL RUNAWAY	18 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
2	1	1	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION	19 - ANIMAL - OTHER	
			5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN	20 - MOTOR VEHICLE IN TRANSPORT	BY A MOTOR VEHICLE
3	1	1			15 - PEDALCYCLE	21 - PARKED MOTORVEHICLE	24 - OTHER MOBILE OBJECT

COLLISION WITH FIXED OBJECT - STRUCK

4	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
5	27-BRIDGE PIER OR ABUTMENT	33-MEDIAN CABLE BARRIER	39-LIGHT / LUMINARIES	45-EMBANKMENT	52-BUILDING
	28-BRIDGE PARAPET	34-MEDIAN GUARDRAIL BARRIER	40-UTILITY POLE	46-FENCE	53-TUNNEL
6	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

LOCAL REPORT NUMBER												
2	0	2	6	-	0	0	0	0	1	3	4	2
DAMAGE												
DAMAGE SCALE												
<u>3</u>	1 - NONE				3 - FUNCTIONAL DAMAGE							
	2 - MINOR 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												
0 - NO DAMAGE						14 - UNDERCARRIAGE						
<u>1</u> <u>1</u>						15 - VEHICLE NOT AT SCENE						
1-12 - REFER TO UNIT DIAGRAM						99 - UNKNOWN						
13 - TOP												
TRAFFIC												
TRAFFICWAY FLOW						TRAFFIC CONTROL						
1 - ONE-WAY			4 - STOP SIGN									
<u>2</u>			<u>4</u>									
2 - TWO-WAY			5 - YIELD SIGN									
			6 - NO CONTROL									
# OF THROUGH LANES ON ROAD						RAIL GRADE CROSSING						
<u>2</u>						<u>1</u>						
1 - NOT INVOLVED												
2 - INVOLVED-ACTIVE CROSSING												
3 - INVOLVED-PASSIVE CROSSING												
UNIT / NON-MOTORIST DIRECTION												
FROM <u>2</u> TO <u>3</u>						1 - NORTH 5 - NORTHEAST						
2 - SOUTH 6 - NORTHWEST												
3 - EAST 7 - SOUTHEAST												
4 - WEST 8 - SOUTHWEST												
9 - OTHER / UNKNOWN												
UNIT SPEED						DETECTED SPEED						
<u>0</u> <u>1</u> <u>5</u>						1 - STATED / ESTIMATED SPEED						
						2 - CALCULATED / EDR						
						3 - UNDETERMINED						
POSTED SPEED												
<u>3</u> <u>5</u>												

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: REDACTED PER ORC 149.43(A)(1)
0 2 WILSON, JESSICA, ROSE			
7141 INFIRMARY RD , Ravenna Twp , OH 44266			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	JMJ9420	5 TDJ ZRF H1 JS8 88204	2018	Toyota
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	SAFECO	K2373361	WHI	HIGHLANDER

TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS		
		VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL	
		1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/> MATERIAL RELEASED	CLASS #
			<input type="checkbox"/> PLACARD	PLACARD ID #

0 3 UNIT TYPE	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICKUP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
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0 0 # OF TRAILING UNITS				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0	0 - NOAUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
2	1 - YES 2 - NO 9 - OTHER/UNKNOWN			

0 1 SPECIAL FUNCTION	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL
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0 1 CARGO BODY TYPE	1 - NO CARGO BODY TYPE /NOTAPPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGOTANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTOTRPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
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VEHICLE DEFECTS	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER / UNKNOWN
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NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN
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4 ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
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0 1 CONTRIBUTING CIRCUMSTANCES	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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SEQUENCE OF EVENTS					
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1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTORVEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVEABLE OBJECT
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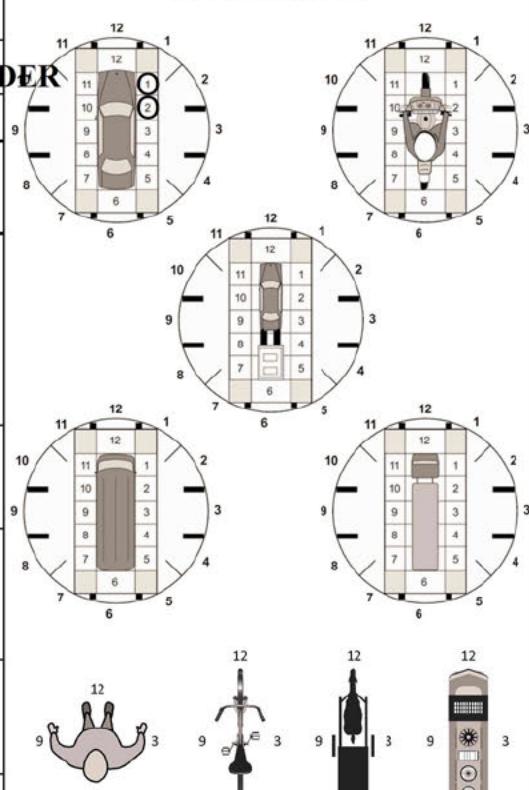
4 0 9	25 - IMPACT ATTENUATOR /CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER 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 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
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1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT
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LOCAL REPORT NUMBER
2 0 2 6 - 0 0 0 0 1 3 4 2

DAMAGE
DAMAGE SCALE
3 - NONE
2 - MINOR DAMAGE
1 - UNKNOWN
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
99 - UNKNOWN
13 - TOP

TRAFFIC
TRAFFIC WAY FLOW
1 - ONE-WAY
2 - TWO-WAY
6 -

OF THROUGH LANES ON ROAD
2
1
RAIL GRADE CROSSING
1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION
4 - NORTH
5 - NORTHEAST
2 - SOUTH
6 - NORTHWEST
3 - EAST
7 - SOUTHEAST
4 - WEST
8 - SOUTHWEST
9 - OTHER / UNKNOWN
FROM 4 TO 3

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

LOCAL REPORT NUMBER
2 0 2 6 - 0 0 0 0 1 3 4 2

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE PATTON, JACKSON, MONTGOMERY				DATE OF BIRTH	AGE	GENDER																																																																																																																																																																																																																																																																												
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	ADDRESS: STREET, CITY, STATE, ZIP 6800 ALPHA DR 366 ,Franklin Twp ,OH 44240				CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)																																																																																																																																																																																																																																																																															
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OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER 2 0 2 6 - 0 0 0 0 1 3 4 2									
	UNIT #	NAME: LAST, FIRST, MIDDLE 02 WILSON, COLLIN, J			DATE OF BIRTH 1 0 1 8 2 0 1 3		AGE 12	GENDER M		
ADDRESS: STREET, CITY, STATE, ZIP 7141 INFIRMARY RD ,Ravenna Twp ,OH 44266	CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)									
INJURIES 5	INJURED TAKEN BY 	EMS AGENCY (NAME) 	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) 	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET 	SEATING POSITION 0 3	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
UNIT #	NAME: LAST, FIRST, MIDDLE 			DATE OF BIRTH 		AGE 	GENDER 			
ADDRESS: STREET, CITY, STATE, ZIP 	CONTACT PHONE - INCLUDE AREA CODE 									
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ADDRESS: STREET, CITY, STATE, ZIP 	CONTACT PHONE - INCLUDE AREA CODE 									
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INJURIES			SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE			
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - NONE USED - VEHICLE OCCUPANT 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	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 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	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS					
INJURED TAKEN BY			SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE			
1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	1 - CHILD RESTRAINT SYSTEM - REAR FACING 2 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	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 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	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS					
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NAME: LAST, FIRST, MIDDLE GIBSON, LYDIA, GRACE					DATE OF BIRTH 0 7 2 4 2 0 0 4		AGE 21	GENDER F		
ADDRESS: STREET, CITY, STATE, ZIP 4211 CASWELL RD ,JOHNSTOWN, ,OH 43031	CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)									
WITNESS	NAME: LAST, FIRST, MIDDLE 					DATE OF BIRTH 		AGE 	GENDER 	
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