
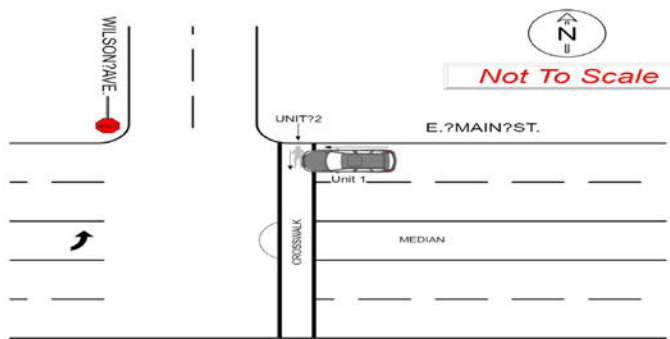
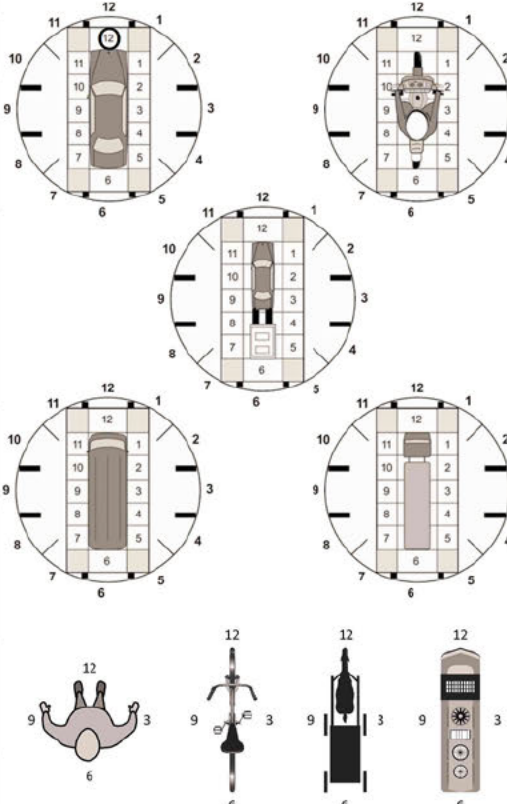


<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		2 0 2 5 - 0 0 0 0 6 9 9 6											
COUNTY* 6 7		LOCALITY* 1 2-CITY 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* Kent		REPORTING AGENCY NAME* City of Kent Police		NCIC* 0 6 7 0 3		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 0 2		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN			
CRASH DATE / TIME* 05/19/2025/1732		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY		CRASH SEVERITY 2		LATITUDE DECIMAL DEGREES 41.153822		LONGITUDE DECIMAL DEGREES -81.346512		INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		NUMBER OF APPROACHES 3		ROADWAY <input checked="" type="checkbox"/> ROADWAY DIVIDED			
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		ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		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 (ANY TYPE) 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN		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 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	
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 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 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		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		NARRATIVE UNIT 1 WAS WB ON E. MAIN ST. APPROACHING THE CROSSWALK JUST EAST OF WILSON AVE. UNIT 2 WAS STANDING ON THE SIDEWALK ON THE NORTH SIDE OF THE ROADWAY WAITING TO CROSS THE STREET. UNIT 2 LEFT A PLACE OF SAFETY AND BEGAN CROSSING THE STREET IN THE CROSSWALK. UNIT 1 WAS UNABLE TO STOP IN TIME AND STRUCK UNIT 2. UNIT 2 ADVISED THAT SHE DID NOT SEE UNIT 1 SLOWING OR STOPPING, BUT ASSUMED THEY		Indicate the north direction with an "N" on the compass diagram.  Not To Scale 											
CRASH REPORTED DATE / TIME 05/19/2025/1732		DISPATCH DATE / TIME 05/19/2025/1733		ARRIVAL DATE / TIME 05/19/2025/1734		SCENE CLEARED DATE / TIME 05/19/2025/1822		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 OOPS)									
TOTAL TIME ROADWAY CLOSED 0 0 0		OTHER INVESTIGATION TIME 0 4 0		TOTAL MINUTES 0 8 9		OFFICER'S NAME* Burton, Samantha L		CHECKED BY OFFICER'S NAME* Ennemoser, James									
OFFICER'S BADGE NUMBER* 2 5 1		CHECKED BY OFFICER'S BADGE NUMBER* 2 5 5															

OWNER	UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE () (SAME AS DRIVER) DUBIN, AMY, BETH	OWNER PHONE: INCLUDE AREA CODE () (SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP () (SAME AS DRIVER) 620 CROSSING ST, GAHANNA, OH 43230				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE O H	LICENSE PLATE # HZT4654	VEHICLE IDENTIFICATION # 2 C N A L P E W 9 A 6 3 1 1 8 8 4	VEHICLE YEAR 2 0 1 0	VEHICLE MAKE Chevrolet
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY HOMEOWNERS INSURANCE	INSURANCE POLICY # RA500100	COLOR BLU	VEHICLE MODEL EQUINOX
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 0 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
	TYPE OF USE		US DOT #	VEHICLE WEIGHT GVWR/GCWR	
	<input type="checkbox"/> PASSENGER CAR		<input type="checkbox"/> MOTORCYCLE 2-WHEELED	<input type="checkbox"/> GOLF CART	
	<input type="checkbox"/> PASSENGER VAN (MINIVAN)		<input type="checkbox"/> MOTORCYCLE 3-WHEELED	<input type="checkbox"/> SNOWMOBILE	
	<input type="checkbox"/> SPORT UTILITY VEHICLE		<input type="checkbox"/> AUTOCYCLE	<input type="checkbox"/> SINGLE UNIT TRUCK	
	<input type="checkbox"/> PICK UP		<input type="checkbox"/> MOPED OR MOTORIZED BICYCLE	<input type="checkbox"/> SEMI-TRACTOR	
	<input type="checkbox"/> CARGO VAN		<input type="checkbox"/> ALL TERRAIN VEHICLE (ATV / UTV)	<input type="checkbox"/> FARM EQUIPMENT	
<input type="checkbox"/> VAN (9-15 SEATS)			<input type="checkbox"/> MOTORHOME		
# OF TRAILING UNITS					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL			
<input type="checkbox"/> 1-YES 2-NO 9-OTHER/UNKNOWN		<input type="checkbox"/> 0 1-NO AUTOMATION 2-PARTIAL AUTOMATION 3-CONDITIONAL AUTOMATION 4-HIGH AUTOMATION 5-FULL AUTOMATION 9-UNKNOWN			
SPECIAL FUNCTION					
<input type="checkbox"/> 1-NONE 2-TAXI 3-ELECTRONIC RIDE SHARING 4-SCHOOL TRANSPORT 5-BUS-TRANSIT/COMMUTER		<input type="checkbox"/> 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-MAIL CARRIER 21-OTHER / UNKNOWN 99-OTHER / UNKNOWN			
CARGO BODY TYPE					
<input type="checkbox"/> 1-NO CARGO BODY TYPE / NOT APPLICABLE 2-BUS		<input type="checkbox"/> 3-VEHICLE TOWING ANOTHER MOTORVEHICLE 4-LOGGING 5-INTERMODAL CONTAINER CHASSIS 6-CARGO VAN/ENCLOSED BOX 7-GRAIN/CHIPS/GRAVEL 8-POLE 9-CARGO TANK 10-FLAT BED 11-DUMP 12-CONCRETE MIXER 13-AUTOTRANSPORTER 14-GARBAGE/REFUSE 99-OTHER / UNKNOWN			
VEHICLE DEFECTS					
<input type="checkbox"/> 1-TURN SIGNALS 2-HEAD LAMPS 3-TAIL LAMPS		<input type="checkbox"/> 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			
NON-MOTORIST LOCATION AT IMPACT					
<input type="checkbox"/> 1-INTERSECTION - MARKED CROSSWALK 2-INTERSECTION - UNMARKED CROSSWALK		<input type="checkbox"/> 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			
ACTION					
<input type="checkbox"/> 1-NON-CONTACT 2-NON-COLLISION 3-STRIKING 4-STRUCK 5-BOTH STRIKING & STRUCK 9-OTHER / UNKNOWN		<input type="checkbox"/> 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 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			
CONTRIBUTING CIRCUMSTANCES					
<input type="checkbox"/> 1-NONE 2-FAILURE TO YIELD 3-RAN RED LIGHT 4-RAN STOP SIGN 5-UNSAFE SPEED 6-IMPROPER TURN		<input type="checkbox"/> 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			
SEQUENCE OF EVENTS					
<input type="checkbox"/> 1 1 4		NON-COLLISION			
<input type="checkbox"/> 2		<input type="checkbox"/> 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 MOVABLE OBJECT			
<input type="checkbox"/> 3		COLLISION WITH FIXED OBJECT - STRUCK			
<input type="checkbox"/> 4		<input type="checkbox"/> 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			
<input type="checkbox"/> 5					
<input type="checkbox"/> 6					
<input type="checkbox"/> 1 FIRST HARMFUL EVENT		<input type="checkbox"/> 1 MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 2 0 2 5 - 0 0 0 0 6 9 9 6	
DAMAGE	
DAMAGE SCALE	
<input type="checkbox"/> 1 - NONE <input type="checkbox"/> 3 - FUNCTIONAL DAMAGE	
<input type="checkbox"/> 2 - MINOR DAMAGE <input type="checkbox"/> 4 - DISABLING DAMAGE	
<input type="checkbox"/> 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	
<input type="checkbox"/> 0 - NO DAMAGE <input type="checkbox"/> 14 - UNDERCARRIAGE	
<input type="checkbox"/> 1-12 - REFER TO UNIT DIAGRAM <input type="checkbox"/> 15 - VEHICLE NOT AT SCENE	
<input type="checkbox"/> 13 - TOP <input type="checkbox"/> 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
<input type="checkbox"/> 1 - ONE-WAY <input type="checkbox"/> 2 - TWO-WAY	<input type="checkbox"/> 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <input type="checkbox"/> 4	RAIL GRADE CROSSING <input type="checkbox"/> 1 - NOT INVOLVED <input type="checkbox"/> 2 - INVOLVED-ACTIVE CROSSING <input type="checkbox"/> 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM <input type="checkbox"/> 3 TO <input type="checkbox"/> 4	
UNIT SPEED <input type="checkbox"/> 0 <input type="checkbox"/> 3 <input type="checkbox"/> 0	DETECTED SPEED
POSTED SPEED <input type="checkbox"/> 3 <input type="checkbox"/> 5	<input type="checkbox"/> 1 - STATED / ESTIMATED SPEED <input type="checkbox"/> 2 - CALCULATED / EDR <input type="checkbox"/> 3 - UNDETERMINED

OWNER	UNIT # 02	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		
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
	<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.				
	UNIT TYPE 2,3		23 - PEDESTRIAN / SKATER		
	1 - PASSENGER CAR		24 - WHEELCHAIR (ANY TYPE)		
	2 - PASSENGER VAN (MINIVAN)		25 - OTHER NON-MOTORIST		
	3 - SPORT UTILITY VEHICLE		26 - BICYCLE		
	4 - PICK UP		27 - TRAIN		
5 - CARGO VAN		99 - UNKNOWN OR HIT/SKIP			
6 - VAN (9-15 SEATS)					
# OF TRAILING UNITS					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL			
1 - YES 2 - NO 9 - OTHER / UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION			
SPECIAL FUNCTION		3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION			
1 - NONE		21 - MAIL CARRIER			
2 - TAXI		99 - OTHER / UNKNOWN			
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					
CARGO BODY TYPE		99 - OTHER / UNKNOWN			
1 - NO CARGO BODY TYPE / NOT APPLICABLE					
2 - BUS					
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE					
4 - LOGGING					
5 - INTERMODAL CONTAINER CHASSIS					
6 - CARGO VAN/ENCLOSED BOX					
7 - GRAIN/CHIPS/GRAVEL					
8 - POLE					
9 - CARGO TANK					
10 - FLAT BED					
11 - DUMP					
12 - CONCRETE MIXER					
13 - AUTO TRANSPORTER					
14 - GARBAGE/REFUSE					
99 - OTHER / UNKNOWN					
VEHICLE DEFECTS		99 - OTHER / UNKNOWN			
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					
NON-MOTORIST LOCATION AT IMPACT		99 - OTHER / UNKNOWN			
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					
ACTION		99 - OTHER / UNKNOWN			
1 - NON-CONTACT					
2 - NON-COLLISION					
3 - STRIKING					
4 - STRUCK					
5 - BOTH STRIKING & STRUCK					
9 - OTHER / UNKNOWN					
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 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					
CONTRIBUTING CIRCUMSTANCES		99 - OTHER IMPROPER ACTION			
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					
SEQUENCE OF EVENTS					
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 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					
COLLISION WITH FIXED OBJECT - STRUCK					
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					
FIRST HARMFUL EVENT		MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 2025-00006996	
DAMAGE	
DAMAGE SCALE	
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 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY 2	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL 6
# OF THROUGH LANES ON ROAD 4	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING 1
UNIT / NON-MOTORIST DIRECTION	
FROM 1 TO 2	
1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 1	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER												
2 0 2 5 - 0 0 0 0 6 9 9 6												
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER				
0 1	DUBIN, EMILY, HANNAH				0 3 1 9 2 0 0 3		2 2	F				
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
500 GOLDEN OAKS DR L2106 ,Kent ,OH 44240					REDACTED PER ORC 149.43(A)(1)							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
5					0 4	<input type="checkbox"/>	0 1	1	1	1		
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
O H	REDACTED PER ORC 4501:1-12				<input type="checkbox"/>							
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
4			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
							1	1		1	1	
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER				
0 2	CHATTERJEE, SAUMI				0 6 1 5 2 0 0 2		2 2	F				
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
1829 ASHTON LN ,Franklin Twp ,OH 44240					REDACTED PER ORC 149.43(A)(1)							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
2	2	Kent Fire	Akron City Hospital		0 1	<input type="checkbox"/>	1 5					
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
			371.01		<input checked="" type="checkbox"/>	Right of Way in Cros		27349				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
							1	1		1	1	
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
						<input type="checkbox"/>						
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
					<input type="checkbox"/>							
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
INJURIES												
1 - FATAL												
2 - SUSPECTED SERIOUS INJURY												
3 - SUSPECTED MINOR INJURY												
4 - POSSIBLE INJURY												
5 - NO APPARENT INJURY												
INJURED TAKEN BY												
1 - NOT TRANSPORTED / TREATED AT SCENE												
2 - EMS												
3 - POLICE												
9 - OTHER / UNKNOWN												
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												
SEATING POSITION												
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												
AIR BAG												
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 - PARTIALLY EJECTED												
3 - TOTALLY EJECTED												
4 - NOT APPLICABLE												
TRAPPED												
1 - NOT TRAPPED												
2 - EXTRICATED BY MECHANICAL MEANS												
3 - FREED BY NON-MECHANICAL MEANS												
OL CLASS												
1 - CLASS A												
2 - CLASS B												
3 - CLASS C												
4 - REGULAR CLASS (OHIO - D)												
5 - M/C MOPED ONLY												
6 - NO VALID OL												
OL RESTRICTION(S)												
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												
DRIVER DISTRACTION												
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												
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 TYPE												
1 - NONE												
2 - BLOOD												
3 - URINE												
4 - OTHER												
CONDITION												
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												
DRUG TEST RESULT(S)												
1 - AMPHETAMINES												
2 - BARBITURATES												
3 - BENZODIAZEPINES												
4 - CANNABINOIDS												
5 - COCAINE												
6 - OPIATES / OPIOIDS												
7 - OTHER												
8 - NEGATIVE RESULTS												



2 0 2 5 - 0 0 0 0 6 9 9 6

PAGE 5 OF 6

WERE GOING TO STOP BECAUSE OTHER CARS
HAD.

LOCAL REPORT NUMBER <u>2S-6996</u>	REPORTING AGENCY <u>Kent PD</u>	DATE OF CRASH M <u>5</u> D <u>19</u> Y <u>25</u>
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, <u>SRINKHALA MAHARJAN</u> HEREBY MAKE THIS VOLUNTARY STATEMENT TO	
<u>OFC BURTON #251</u> OFFICER'S NAME	<u>AT E MAIN ST & WILSON AVE</u> LOCATION
I was walking toward Wilson ave & saw a young female get hit by a blue car (an SUV) coming toward the crosswalk	
ADDRESS OF WITNESS <u>570 Harvey ST APT 201 KENT OH 44240</u>	
SIGNATURE OF WITNESS <u>X SRINKHALA MAHARJAN</u>	PHONE REDACTED PER ORC 149.43(A)(1)
OFFICER'S SIGNATURE <u>X OFC [Signature] #251</u>	

TRAFFIC CRASH WITNESS STATEMENT

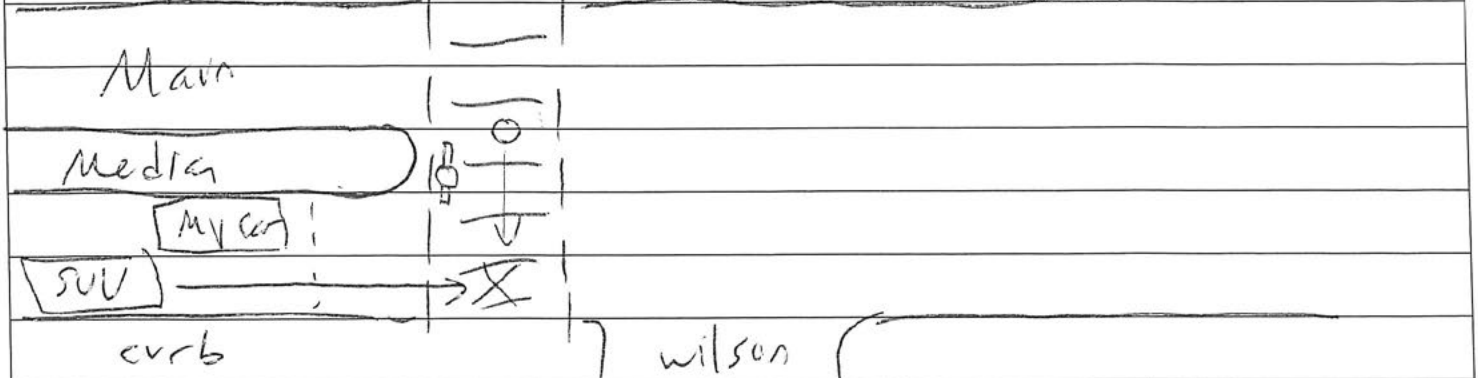
OH-3

LOCAL REPORT NUMBER 25-6996	REPORTING AGENCY Kent PD	DATE OF CRASH M 5 D 19 Y 25
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Alexander James Colbow HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
Ofc Burton #251 AT AT SCENE
OFFICER'S NAME LOCATION

I was driving my vehicle in the median lane on ~~the~~ Main St by Kent Campus. As I came to the intersection of Wilson Ave I stopped before the pedestrian crosswalk as a young woman was on a scooter crossing the road. Another woman was slightly behind her on foot. The woman on scooter had stopped, but the other woman kept walking. While this was occurring, a blue SUV in the curb lane passed by my car and struck the woman on foot. The woman on foot flipped over and was pushed back hard. The woman on the scooter and several other pedestrians checked the woman who was struck and moved her out of the road to the nearby curbs. I then called the police and put my flashers on the go deck on the woman that was struck. The person in the SUV stopped, looked scared, and pulled over to Wilson.



ADDRESS OF WITNESS 2325 17th St. Cuyahoga Falls, OH 44223	PHONE REDACTED PER ORC 149.43(A)(1)
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X <u>Ofc Burton #251</u>



TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 25-6996	REPORTING AGENCY Kent PD	DATE OF CRASH M 5 D 19 Y 25
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, <u>Nilceeta Rani</u> PRINTED	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
<u>Ofc Burton</u> OFFICER'S NAME	AT <u>At scene</u> LOCATION

I witnessed an accident, ~~and~~ I was behind on my path, I saw a girl crossing the road and was hit by a car. That was the pedestrian way and the other car on other lane stopped, but the blue car did not stop and hit the girl.

Driver license no. <u>REDACTED PER ORC 4501.1-12</u>		PHONE REDACTED PER ORC 149.43(A)(1)
ADDRESS OF WITNESS <u>1363, Spafford Dr</u>		
SIGNATURE OF WITNESS X <u>Nilceeta Rani</u>	OFFICER'S SIGNATURE X <u>Ofc Burton #251</u>	

TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 25-6996	REPORTING AGENCY KENT POLICE DEPT.	DATE OF CRASH M 05 D 19 Y 25
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, <u>Emily Dublin</u> <small>PRINTED</small>	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
<u>PTC BURTON #251</u> <small>OFFICER'S NAME</small>	AT <u>E. MAIN ST @ WILSON AVE</u> <small>LOCATION</small>

I was driving down Main Street. A person was ~~was~~ standing on the sidewalk by the crosswalk. waiting to cross. They looked like they were waiting / not moving so I kept going. I was going under the speed limit (30 mph). All of a sudden the person started walking into the crosswalk as I reached it. I slammed on the breaks as ~~hard~~ hard as I could. I tried to stop but I wasn't fast enough. The person fell over and I pulled over to see if they were ok.

ADDRESS OF WITNESS 500 Golden Oaks Dr. LI-2106, Kent OH	PHONE REDACTED PER ORC 149.43(A)(1)
SIGNATURE OF WITNESS X Emily Dublin	OFFICER'S SIGNATURE X ofc AB #251