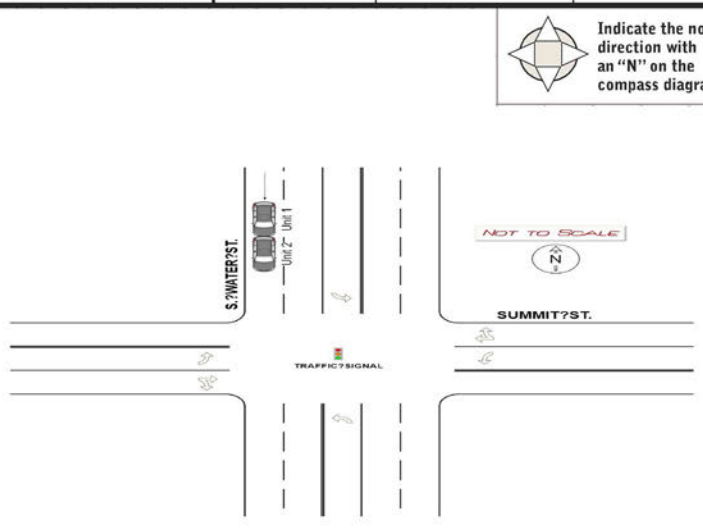
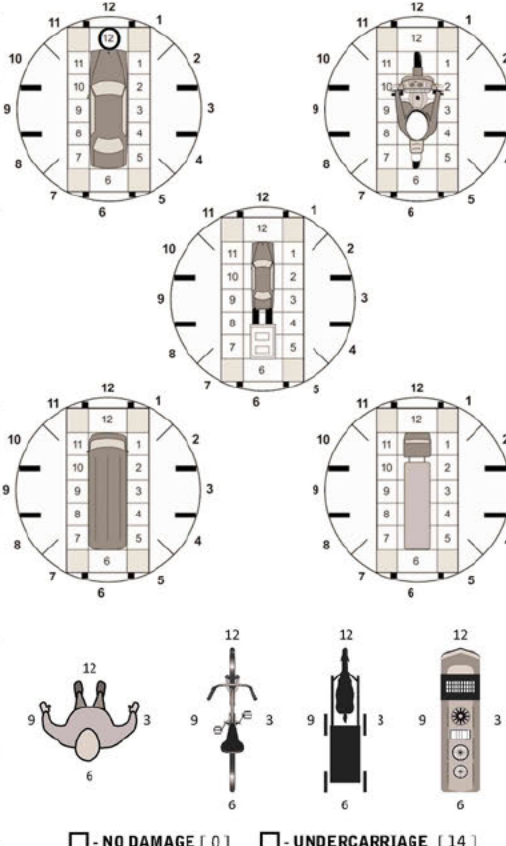


<input type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		2 0 2 5 - 0 0 0 0 8 5 1 4					
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*		HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR	
<input type="checkbox"/> PRIVATE PROPERTY				City of Kent Police		0 6 7 0 3		1 - SOLVED 2 - UNSOLVED	0 2	98 - ANIMAL 99 - UNKNOWN	
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE / TIME*		CRASH SEVERITY			
6 7	1	Kent				06172025/1858		5			
ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME		ROUTE TYPE	LATITUDE DECIMAL DEGREES		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
S R	43	2	WATER		S T	41.150376					
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROUTE TYPE	LONGITUDE DECIMAL DEGREES					
			SUMMIT		S T	-81.358296					
REFERENCE POINT		DIRECTION FROM REFERENCE		ROUTE TYPE		ROAD TYPE		INTERSECTION RELATED			
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		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		<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4	
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE									
5 0		2								ROADWAY	
										<input type="checkbox"/> ROADWAY DIVIDED	
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT				DIRECTION OF TRAVEL		MEDIAN TYPE	
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				1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON				1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		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	
9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN				4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN							
<input type="checkbox"/> WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE		CONTOUR		CONDITIONS		SURFACE	
<input type="checkbox"/> WORKERS PRESENT		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		1		2		2	
<input type="checkbox"/> LAW ENFORCEMENT PRESENT						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	
<input type="checkbox"/> ACTIVE SCHOOL ZONE											
LIGHT CONDITION				WEATHER							
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN				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							
0 1				2							
0 4											
NARRATIVE											
Unit 2 was stopped in the southbound curb lane of S Water St near W Summit St. Unit 1 was also in the southbound curb lane behind Unit 2. Unit 1 struck Unit 2 in the rear.											
											
CRASH REPORTED DATE / TIME			DISPATCH DATE / TIME			ARRIVAL DATE / TIME			SCENE CLEARED DATE / TIME		
0 6 1 7 2 0 2 5 / 1 8 5 8			0 6 1 7 2 0 2 5 / 1 9 1 3			0 6 1 7 2 0 2 5 / 1 9 2 1			0 6 1 7 2 0 2 5 / 1 9 4 8		
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*			CHECKED BY OFFICER'S NAME*		
0 0 0		0 3 0		0 6 5		Schmitt, Benjamin			Hadaway, Joseph		
						OFFICER'S BADGE NUMBER*			CHECKED BY OFFICER'S BADGE NUMBER*		
						2 3 3			2 1 6		
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 ODPS)											



OWNER	UNIT # <b>0 1</b>	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) <b>MACH, NICHOLAS, JAMES</b>	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER) <b>REDACTED PER ORC 149.43(A)(1)</b>																										
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) <b>9371 LEDGE ACRES RD, Macedonia, OH 44056</b>																												
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																											
VEHICLE	LP STATE <b>O H</b>	LICENSE PLATE # <b>HPH9904</b>	VEHICLE IDENTIFICATION # <b>5 J 6 R M 4 H 5 6 G L 1 3 5 5 4 0</b>	VEHICLE YEAR <b>2 0 1 6</b>	VEHICLE MAKE <b>Honda</b>																								
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <b>PROGRESSIVE</b>	INSURANCE POLICY # <b>900976378</b>	COLOR <b>BLK</b>	VEHICLE MODEL <b>CRV</b>																								
	<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 <b>0 1</b>	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"/> PASSENGER VAN (MINIVAN)	<input type="checkbox"/> SPORT UTILITY VEHICLE	<input type="checkbox"/> PICK UP	<input type="checkbox"/> CARGO VAN	<input type="checkbox"/> VAN (9-15 SEATS)	<input type="checkbox"/> MOTORCYCLE 2-WHEELED	<input type="checkbox"/> MOTORCYCLE 3-WHEELED	<input type="checkbox"/> AUTOCYCLE	<input type="checkbox"/> MOPED OR MOTORIZED BICYCLE	<input type="checkbox"/> ALL TERRAIN VEHICLE (ATV / UTV)	<input type="checkbox"/> GOLF CART	<input type="checkbox"/> SNOWMOBILE	<input type="checkbox"/> SINGLE UNIT TRUCK	<input type="checkbox"/> SEMI-TRACTOR	<input type="checkbox"/> FARM EQUIPMENT	<input type="checkbox"/> MOTORHOME	<input type="checkbox"/> LIMO (LIVERY VEHICLE)	<input type="checkbox"/> BUS (16+ PASSENGERS)	<input type="checkbox"/> OTHER VEHICLE	<input type="checkbox"/> HEAVY EQUIPMENT	<input type="checkbox"/> ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	<input type="checkbox"/> PEDESTRIAN / SKATER	<input type="checkbox"/> WHEELCHAIR (ANY TYPE)	<input type="checkbox"/> OTHER NON-MOTORIST	<input type="checkbox"/> BICYCLE	<input type="checkbox"/> TRAIN	<input type="checkbox"/> UNKNOWN OR HIT/SKIP
	UNIT TYPE <b>0 3</b>		# OF TRAILING UNITS <b>0</b>		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>		1-NO AUTOMATION 2-DRIVER ASSISTANCE 3-PARTIAL AUTOMATION		4-CONDITIONAL AUTOMATION 5-HIGH AUTOMATION 9-UNKNOWN																		
	SPECIAL FUNCTION <b>0 1</b>		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		21-MAIL CARRIER 99-OTHER / UNKNOWN																		
	CARGO BODY TYPE <b>0 1</b>		1-NO CARGO BODY TYPE / NOT APPLICABLE 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-CARGO TANK 10-FLAT BED 11-DUMP		12-CONCRETE MIXER 13-AUTOTRANSPORTER 14-GARBAGE/REFUSE 99-OTHER / UNKNOWN																		
	VEHICLE DEFECTS <b>0 1</b>		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																				
NON-MOTORIST LOCATION AT IMPACT <b>0 1</b>		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 <b>3</b>		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 <b>0 8</b>		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 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																			
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 <b>1</b>		MOST HARMFUL EVENT <b>1</b>																											

LOCAL REPORT NUMBER <b>2 0 2 5 - 0 0 0 0 8 5 1 4</b>	
DAMAGE DAMAGE SCALE <b>2</b> 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 <b>1 2</b> 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFIC TRAFFICWAY FLOW <b>2</b> 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL <b>2</b> 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD <b>4</b>	RAIL GRADE CROSSING <b>1</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM <b>1</b> TO <b>2</b> 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <b>0 2 5</b>	DETECTED SPEED <b>1</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <b>2 5</b>	



OWNER	UNIT # <b>0 2</b>	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) <b>SMITH, BENJAMIN, RICHARD</b>	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)																																																												
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) <b>425 DODGE ST, Kent, OH 44240</b>																																																														
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																																													
VEHICLE	LP STATE <b>O H</b>	LICENSE PLATE # <b>HLF2130</b>	VEHICLE IDENTIFICATION # <b>J T E G D 2 0 V 2 5 0 0 8 9 2 9 2</b>	VEHICLE YEAR <b>2 0 0 5</b>	VEHICLE MAKE <b>Toyota</b>																																																										
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <b>GRANGE</b>	INSURANCE POLICY # <b>5454033</b>	COLOR <b>TAN</b>	VEHICLE MODEL <b>RAV 4</b>																																																										
	<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 <b>0 1</b>	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"/> PASSENGER VAN (MINIVAN)	<input type="checkbox"/> SPORT UTILITY VEHICLE	<input type="checkbox"/> PICK UP	<input type="checkbox"/> CARGO VAN	<input type="checkbox"/> VAN (9-15 SEATS)	<input type="checkbox"/> MOTORCYCLE 2-WHEELED	<input type="checkbox"/> MOTORCYCLE 3-WHEELED	<input type="checkbox"/> AUTOCYCLE	<input type="checkbox"/> MOPED OR MOTORIZED BICYCLE	<input type="checkbox"/> ALL TERRAIN VEHICLE (ATV / UTV)	<input type="checkbox"/> GOLF CART	<input type="checkbox"/> SNOWMOBILE	<input type="checkbox"/> SINGLE UNIT TRUCK	<input type="checkbox"/> SEMI-TRACTOR	<input type="checkbox"/> FARM EQUIPMENT	<input type="checkbox"/> MOTORHOME	<input type="checkbox"/> LIMO (LIVERY VEHICLE)	<input type="checkbox"/> BUS (16+ PASSENGERS)	<input type="checkbox"/> OTHER VEHICLE	<input type="checkbox"/> HEAVY EQUIPMENT	<input type="checkbox"/> ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	<input type="checkbox"/> PEDESTRIAN / SKATER	<input type="checkbox"/> WHEELCHAIR (ANY TYPE)	<input type="checkbox"/> OTHER NON-MOTORIST	<input type="checkbox"/> BICYCLE	<input type="checkbox"/> TRAIN	<input type="checkbox"/> UNKNOWN OR HIT/SKIP																																		
	UNIT TYPE <b>0 3</b>		# OF TRAILING UNITS <b>0 0</b>		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>		1-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>		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		21- MAIL CARRIER		99- OTHER / UNKNOWN																		
	CARGO BODY TYPE <b>0 1</b>		1- NO CARGO BODY TYPE / NOT APPLICABLE		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- CARGO TANK		10- FLAT BED		11- DUMP		12- CONCRETE MIXER		13- AUTOTRANSPORTER		14- GARBAGE/REFUSE		99- OTHER / UNKNOWN																																
	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																																								
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																																					
ACTION <b>4</b>		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 <b>0 1</b>		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 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															
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		1		MOST HARMFUL EVENT		1																																																									

LOCAL REPORT NUMBER <b>2 0 2 5 - 0 0 0 0 8 5 1 4</b>	
DAMAGE DAMAGE SCALE <b>3</b> 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 <b>0 6</b> 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFIC TRAFFICWAY FLOW <b>2</b> 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL <b>2</b> 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD <b>4</b>	RAIL GRADE CROSSING <b>1</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM <b>1</b> TO <b>2</b> 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <b>0 0 0</b>	DETECTED SPEED <b>1</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <b>2 5</b>	



## MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER													
2 0 2 5 - 0 0 0 0 8 5 1 4													
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER					
0 1	MACH, NICHOLAS, JAMES				0 2 0 7 1 9 9 2		33	M					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
9371 LEDGE ACRES RD ,Macedonia ,OH 44056					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		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		333.03		X	Maximum Speed Limits		27766					
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	SMITH, BENJAMIN, RICHARD				0 9 0 1 1 9 9 4		30	M					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
425 DODGE ST ,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		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												
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					
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			
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
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		SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS	
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED		1 - CLASS A		1 - ALCOHOL INTERLOCK DEVICE		1 - NOT DISTRACTED		1 - NONE GIVEN	
2 - SUSPECTED SERIOUS INJURY		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT		2 - CLASS B		2 - CDL INTRASTATE ONLY		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)		2 - TEST REFUSED	
3 - SUSPECTED MINOR INJURY		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE		3 - CLASS C		3 - CORRECTIVE LENSES		3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	
4 - POSSIBLE INJURY		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT / SIDE		4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER		4 - TALKING ON HAND-HELD COMMUNICATION DEVICE		4 - TEST GIVEN, RESULTS KNOWN	
5 - NO APPARENT INJURY		5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M/C MOPEL ONLY		5 - EXCEPT CLASS A BUS		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN	
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS		6 - PASSENGER		ALCOHOL TEST TYPE	
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION		H - HAZMAT		7 - EXCEPT TRACTOR-TRAILER		7 - OTHER DISTRACTION INSIDE THE VEHICLE		1 - NONE	
2 - EMS		8 - THIRD - MIDDLE		1 - NOT EJECTED		M - MOTORCYCLE		8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		2 - BLOOD	
3 - POLICE		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED		P - PASSENGER		9 - LEARNER'S PERMIT RESTRICTIONS		9 - OTHER / UNKNOWN		3 - URINE	
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED		N - TANKER		10 - LIMITED TO DAYLIGHT ONLY		CONDITION		4 - BREATH	
SAFETY EQUIPMENT		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE		Q - MOTOR SCOOTER		11 - LIMITED TO EMPLOYMENT		1 - APPARENTLY NORMAL		5 - OTHER	
1 - NONE USED		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED		R - THREE-WHEEL MOTORCYCLE		12 - LIMITED - OTHER		2 - PHYSICAL IMPAIRMENT		DRUG TEST TYPE	
2 - SHOULDER BELT ONLY USED		13 - TRAILING UNIT		1 - NOT TRAPPED		S - SCHOOL BUS		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		1 - NONE	
3 - LAP BELT ONLY USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS		14 - MILITARY VEHICLES ONLY		4 - ILLNESS		2 - BLOOD	
4 - SHOULDER & LAP BELT USED		15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS		X - TANKER / HAZMAT		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		3 - URINE	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN		GENDER				16 - OUTSIDE MIRROR		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		4 - OTHER	
6 - CHILD RESTRAINT SYSTEM - REAR FACING				F - FEMALE				17 - PROSTHETIC AID		9 - OTHER / UNKNOWN		DRUG TEST RESULT(S)	
7 - BOOSTER SEAT				M - MALE				18 - OTHER				1 - AMPHETAMINES	
8 - HELMET USED				U - OTHER / UNKNOWN								2 - BARBITURATES	
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)												3 - BENZODIAZEPINES	
10 - REFLECTIVE CLOTHING												4 - CANNABINOIDS	
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY												5 - COCAINE	
99 - OTHER / UNKNOWN												6 - OPIATES / OPIOIDS	
												7 - OTHER	
												8 - NEGATIVE RESULTS	