





OWNER	UNIT # <b>0 1</b>	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) <b>SPREITZER, TINA, MIREY</b>	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) <b>REDACTED PER ORC 149.43(A)(1)</b>		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) <b>6565 PAINE RD, LEROY TWP, OH 44077</b>				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE <b>O H</b>	LICENSE PLATE # <b>JDR2712</b>	VEHICLE IDENTIFICATION # <b>1 C4 N J D E B 3 G D 7 9 2 3 0 0</b>	VEHICLE YEAR <b>2 0 1 6</b>	VEHICLE MAKE <b>Jeep</b>
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <b>PERMANENT GENERAL</b>	INSURANCE POLICY # <b>OH9059826</b>	COLOR <b>WHI</b>	VEHICLE MODEL <b>COMPASS</b>
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME <b>Bakers Towing</b>	
	<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"/> 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?			
<b>0 3</b>		<b>0</b>			
UNIT TYPE		AUTONOMOUS MODE LEVEL			
<b>2</b>		<b>0</b>			
SPECIAL FUNCTION		VEHICLE DEFECTS			
<b>0 1</b>		<b>0 1</b>			
CARGO BODY TYPE		VEHICLE DEFECTS			
<b>0 1</b>		<b>0 1</b>			
VEHICLE DEFECTS		NON-MOTORIST LOCATION AT IMPACT			
<b>0 1</b>		<b>0 1</b>			
NON-MOTORIST LOCATION AT IMPACT		ACTION			
<b>0 1</b>		<b>5</b>			
ACTION		CONTRIBUTING CIRCUMSTANCES			
<b>5</b>		<b>1 7</b>			
CONTRIBUTING CIRCUMSTANCES		SEQUENCE OF EVENTS			
<b>1 7</b>		<b>2 0</b>			
SEQUENCE OF EVENTS		NON-COLLISION			
<b>2 0</b>		<b>2 0</b>			
NON-COLLISION		COLLISION WITH FIXED OBJECT - STRUCK			
<b>2 0</b>		<b>2 0</b>			
COLLISION WITH FIXED OBJECT - STRUCK		FIRST HARMFUL EVENT			
<b>2 0</b>		<b>1</b>			
FIRST HARMFUL EVENT		MOST HARMFUL EVENT			
<b>1</b>		<b>1</b>			
MOST HARMFUL EVENT					

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



OWNER	UNIT # <b>0 2</b>	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) <b>WILLIAMS, ALEXANDRIA, D</b>	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) <b>3521 CREEKVIEW DR, Ravenna Twp, OH 44266</b>				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE <b>O H</b>	LICENSE PLATE # <b>BLAKJK</b>	VEHICLE IDENTIFICATION # <b>KL47LBE21RB079671</b>	VEHICLE YEAR <b>2 0 2 4</b>	VEHICLE MAKE <b>Buick</b>
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <b>STATE FARM</b>	INSURANCE POLICY # <b>3510522-SFP-35</b>	COLOR <b>BLK</b>	VEHICLE MODEL <b>ENVISTA</b>
	<input type="checkbox"/> COMMERCIAL	TYPE OF USE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME <b>City Service</b>	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	#OCCUPANTS <b>0 2</b>	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 <b>0 1</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>		
	SPECIAL FUNCTION <b>0 1</b>				
	CARGO BODY TYPE <b>0 1</b>				
VEHICLE DEFECTS					
NON-MOTORIST LOCATION AT IMPACT					
ACTION <b>5</b>		PRE-CRASH ACTIONS <b>0 1</b>			
CONTRIBUTING CIRCUMSTANCES <b>0 1</b>					
SEQUENCE OF EVENTS		NON-COLLISION			
1 <b>2 0</b>		16- RAILWAY VEHICLE			
2		17- ANIMAL - FARM			
3		18- ANIMAL - DEER			
4		19- ANIMAL - OTHER			
5		20- MOTOR VEHICLE IN TRANSPORT			
6		21- PARKED MOTORVEHICLE			
7		22- WORK ZONE MAINTENANCE EQUIPMENT			
8		23- STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE			
9		24- OTHER MOVABLE OBJECT			
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## MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER																						
2 0 2 5 - 0 0 0 1 7 1 5 5																						
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER														
0 1	SPREITZER, ALYSSA, MARGARET				1 1 0 9 2 0 0 5		2 0	F														
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																	
6565 PAINE RD ,LEROY TWP ,OH 44077					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	4	1	1												
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER														
O H	REDACTED PER ORC 4501:1-12		331.08		X	Driving in Marked La		30025														
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	EVANS, WILLIAM, T				1 0 2 2 1 9 8 6		3 9	M														
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																	
3521 CREEKVIEW DR ,Ravenna Twp ,OH 44266					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												
3	1	Kent Fire			0 4	<input type="checkbox"/>	0 1	3	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												
						<input type="checkbox"/>																
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 MOPED ONLY		5 - EXCEPT CLASS A BUS & CLASS B 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		7 - EXCEPT TRACTOR-TRAILER		6 - PASSENGER		ALCOHOL TEST TYPE	
1 - NOT TRANSPORTED / TREATED AT SCENE											7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION		H - HAZMAT		8 - INTERMEDIATE LICENSE RESTRICTIONS		7 - OTHER DISTRACTION INSIDE THE VEHICLE		1 - NONE	
2 - EMS											8 - THIRD - MIDDLE		1 - NOT EJECTED		M - MOTORCYCLE		9 - LEARNER'S PERMIT RESTRICTIONS		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		2 - BLOOD	
3 - POLICE											9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED		P - PASSENGER		10 - LIMITED TO DAYLIGHT ONLY		9 - OTHER / UNKNOWN		3 - URINE	
9 - OTHER / UNKNOWN											10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED		N - TANKER		11 - LIMITED TO EMPLOYMENT		8 - OTHER / UNKNOWN		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		12 - LIMITED - OTHER		7 - OTHER / UNKNOWN		5 - OTHER	
1 - NONE USED											12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED		R - THREE-WHEEL MOTORCYCLE		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		CONDITION		DRUG TEST TYPE	
2 - SHOULDER BELT ONLY USED											13 - TRAILING UNIT		1 - NOT TRAPPED		S - SCHOOL BUS		14 - MILITARY VEHICLES ONLY		1 - APPARENTLY NORMAL		1 - NONE	
3 - LAP BELT ONLY USED											14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		2 - PHYSICAL IMPAIRMENT		2 - BLOOD	
4 - SHOULDER & LAP BELT USED											15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS		X - TANKER / HAZMAT		16 - OUTSIDE MIRROR		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		3 - URINE	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING											99 - OTHER / UNKNOWN						17 - PROSTHETIC AID		4 - ILLNESS		4 - OTHER	
6 - CHILD RESTRAINT SYSTEM - REAR FACING																	18 - OTHER		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		DRUG TEST RESULT(S)	
7 - BOOSTER SEAT																			6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		1 - AMPHETAMINES	
8 - HELMET USED																			9 - 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	



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2 0 2 5 - 0 0 0 1 7 1 5 5

OCCUPANT	UNIT # 02	NAME: LAST, FIRST, MIDDLE EVANS, BROOKLYN			DATE OF BIRTH 0 9 2 8 2 0 1 6		AGE 0 9	GENDER F																																																																													
	ADDRESS: STREET, CITY, STATE, ZIP 3521 CREEKVIEW DR ,Ravenna Twp ,OH 44266				CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)																																																																																
OCCUPANT	INJURIES 3	INJURED TAKEN BY 1	EMS AGENCY (NAME) Kent Fire	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 4	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																																											
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER																																																																													
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE																																																																																
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED																																																																											
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