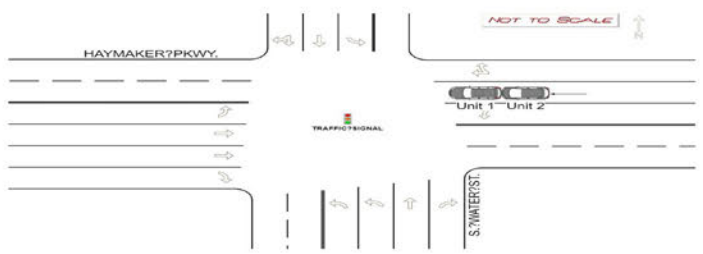
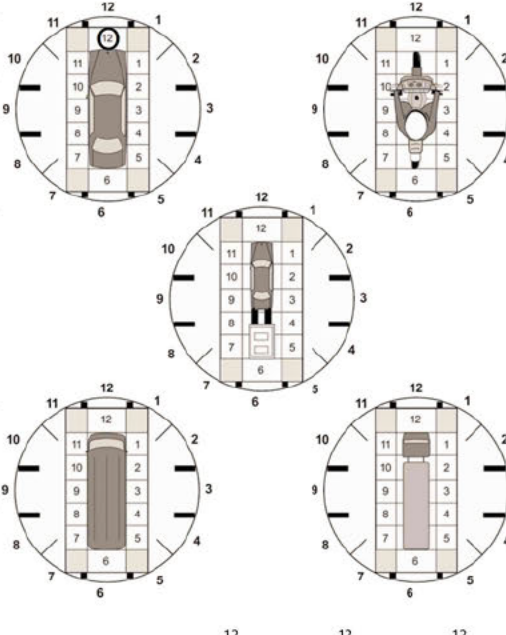


<input type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		2 0 2 5 - 0 0 0 0 7 9 8 1					
<input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-1P		<input type="checkbox"/> OTHER		REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	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	0 2 98 - ANIMAL 99 - UNKNOWN
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE / TIME*		CRASH SEVERITY			
6 7	1	Kent				06072025/1233		5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES				
	S R	59		HAYMAKER WY		P K	41.151346				
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LONGITUDE DECIMAL DEGREES				
	S R	43		WATER		S T	-81.357836				
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						ROADWAY			
4 5		2						<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 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN	
0 1				2							
<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 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
<input type="checkbox"/> LAW ENFORCEMENT PRESENT											
<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											
NARRATIVE											
UNIT 1 WAS STOPPED ON HAYMAKER PKWY AT S. WATER ST. IN THE WEST BOUND THROUGH LANE. UNIT 2 WAS STOPPED DIRECTLY BEHIND UNIT 1. UNIT 2 BEGAN DRIVING FORWARD AND STRUCK UNIT 1 FROM THE REAR.											
											
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY			
0 6 0 7 2 0 2 5 / 1 2 3 3		0 6 0 7 2 0 2 5 / 1 2 3 5		0 6 0 7 2 0 2 5 / 1 2 3 9		0 6 0 7 2 0 2 5 / 1 3 0 6		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)			
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*			
0 0 0		0 1 0		0 4 1		Knapp, Derek Raymond		Nelson, Josh			
						OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*			
						2 5 3		2 3 2			

OWNER	UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) BORBELY, WENDY, JEAN	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) 3335 PINE RIDGE DR, Ravenna Twp, OH 44266				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE O H	LICENSE PLATE # KBT6033	VEHICLE IDENTIFICATION # 3 C4 N J D B N X P T 5 2 3 9 7 7	VEHICLE YEAR 2 0 2 3	VEHICLE MAKE Jeep
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY ERIE	INSURANCE POLICY # Q075908921	COLOR GRY	VEHICLE MODEL COMPASS
	<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 2	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		
UNIT TYPE 0 3		# OF TRAILING UNITS 00			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL			
<input type="checkbox"/> 1 - YES		<input type="checkbox"/> 0 - NO AUTOMATION			
<input type="checkbox"/> 2 - NO		<input type="checkbox"/> 1 - DRIVER ASSISTANCE			
<input type="checkbox"/> 9 - OTHER / UNKNOWN		<input type="checkbox"/> 2 - PARTIAL AUTOMATION			
SPECIAL FUNCTION		VEHICLE DEFECTS			
<input type="checkbox"/> 1 - NONE		<input type="checkbox"/> 1 - TURN SIGNALS			
<input type="checkbox"/> 2 - TAXI		<input type="checkbox"/> 2 - HEAD LAMPS			
<input type="checkbox"/> 3 - ELECTRONIC RIDE SHARING		<input type="checkbox"/> 3 - TAIL LAMPS			
<input type="checkbox"/> 4 - SCHOOL TRANSPORT		<input type="checkbox"/> 4 - BRAKES			
<input type="checkbox"/> 5 - BUS - TRANSIT/COMMUTER		<input type="checkbox"/> 5 - STEERING			
<input type="checkbox"/> 6 - BUS - CHARTER/TOUR		<input type="checkbox"/> 6 - TIRE BLOWOUT			
<input type="checkbox"/> 7 - BUS - INTERCITY		<input type="checkbox"/> 7 - WORN OR SLICK TIRES			
<input type="checkbox"/> 8 - BUS - SHUTTLE		<input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE			
<input type="checkbox"/> 9 - BUS - OTHER		<input type="checkbox"/> 9 - MOTOR TROUBLE			
<input type="checkbox"/> 10 - AMBULANCE		<input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT			
<input type="checkbox"/> 11 - FIRE		<input type="checkbox"/> 11 - CONSTRUCTION EQUIPMENT			
<input type="checkbox"/> 12 - MILITARY		<input type="checkbox"/> 12 - SAFETY SERVICE PATROL			
<input type="checkbox"/> 13 - POLICE		<input type="checkbox"/> 13 - CONCRETE MIXER			
<input type="checkbox"/> 14 - PUBLIC UTILITY		<input type="checkbox"/> 14 - AUTOTRANSPORTER			
<input type="checkbox"/> 15 - CONSTRUCTION EQUIPMENT		<input type="checkbox"/> 15 - GARBAGE/REFUSE			
<input type="checkbox"/> 16 - FARM		<input type="checkbox"/> 16 - OTHER / UNKNOWN			
<input type="checkbox"/> 17 - MOWING		<input type="checkbox"/> 17 - CARGO TANK			
<input type="checkbox"/> 18 - SNOW REMOVAL		<input type="checkbox"/> 18 - FLAT BED			
<input type="checkbox"/> 19 - TOWING		<input type="checkbox"/> 19 - DUMP			
<input type="checkbox"/> 20 - SAFETY SERVICE PATROL		<input type="checkbox"/> 20 - POLE			
<input type="checkbox"/> 21 - MAIL CARRIER		<input type="checkbox"/> 21 - CARGO TANK			
<input type="checkbox"/> 99 - OTHER / UNKNOWN		<input type="checkbox"/> 99 - FLAT BED			
<input type="checkbox"/> 12 - CONCRETE MIXER		<input type="checkbox"/> 12 - DUMP			
<input type="checkbox"/> 13 - AUTOTRANSPORTER		<input type="checkbox"/> 13 - POLE			
<input type="checkbox"/> 14 - GARBAGE/REFUSE		<input type="checkbox"/> 14 - CARGO TANK			
<input type="checkbox"/> 99 - OTHER / UNKNOWN		<input type="checkbox"/> 99 - FLAT BED			
<input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE		<input type="checkbox"/> 1 - TURN SIGNALS			
<input type="checkbox"/> 2 - BUS		<input type="checkbox"/> 2 - HEAD LAMPS			
<input type="checkbox"/> 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE		<input type="checkbox"/> 3 - TAIL LAMPS			
<input type="checkbox"/> 4 - LOGGING		<input type="checkbox"/> 4 - BRAKES			
<input type="checkbox"/> 5 - INTERMODAL CONTAINER CHASSIS		<input type="checkbox"/> 5 - STEERING			
<input type="checkbox"/> 6 - CARGO VAN/ENCLOSED BOX		<input type="checkbox"/> 6 - TIRE BLOWOUT			
<input type="checkbox"/> 7 - GRAIN/CHIPS/GRAVEL		<input type="checkbox"/> 7 - WORN OR SLICK TIRES			
<input type="checkbox"/> 8 - POLE		<input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE			
<input type="checkbox"/> 9 - CARGO TANK		<input type="checkbox"/> 9 - MOTOR TROUBLE			
<input type="checkbox"/> 10 - FLAT BED		<input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT			
<input type="checkbox"/> 11 - DUMP		<input type="checkbox"/> 11 - CONSTRUCTION EQUIPMENT			
<input type="checkbox"/> 12 - CONCRETE MIXER		<input type="checkbox"/> 12 - SAFETY SERVICE PATROL			
<input type="checkbox"/> 13 - AUTOTRANSPORTER		<input type="checkbox"/> 13 - CARGO TANK			
<input type="checkbox"/> 14 - GARBAGE/REFUSE		<input type="checkbox"/> 14 - FLAT BED			
<input type="checkbox"/> 99 - OTHER / UNKNOWN		<input type="checkbox"/> 99 - DUMP			
<input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE		<input type="checkbox"/> 1 - TURN SIGNALS			
<input type="checkbox"/> 2 - BUS		<input type="checkbox"/> 2 - HEAD LAMPS			
<input type="checkbox"/> 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE		<input type="checkbox"/> 3 - TAIL LAMPS			
<input type="checkbox"/> 4 - LOGGING		<input type="checkbox"/> 4 - BRAKES			
<input type="checkbox"/> 5 - INTERMODAL CONTAINER CHASSIS		<input type="checkbox"/> 5 - STEERING			
<input type="checkbox"/> 6 - CARGO VAN/ENCLOSED BOX		<input type="checkbox"/> 6 - TIRE BLOWOUT			
<input type="checkbox"/> 7 - GRAIN/CHIPS/GRAVEL		<input type="checkbox"/> 7 - WORN OR SLICK TIRES			
<input type="checkbox"/> 8 - POLE		<input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE			
<input type="checkbox"/> 9 - CARGO TANK		<input type="checkbox"/> 9 - MOTOR TROUBLE			
<input type="checkbox"/> 10 - FLAT BED		<input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT			
<input type="checkbox"/> 11 - DUMP		<input type="checkbox"/> 11 - CONSTRUCTION EQUIPMENT			
<input type="checkbox"/> 12 - CONCRETE MIXER		<input type="checkbox"/> 12 - SAFETY SERVICE PATROL			
<input type="checkbox"/> 13 - AUTOTRANSPORTER		<input type="checkbox"/> 13 - CARGO TANK			
<input type="checkbox"/> 14 - GARBAGE/REFUSE		<input type="checkbox"/> 14 - FLAT BED			
<input type="checkbox"/> 99 - OTHER / UNKNOWN		<input type="checkbox"/> 99 - DUMP			
<input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE		<input type="checkbox"/> 1 - TURN SIGNALS			
<input type="checkbox"/> 2 - BUS		<input type="checkbox"/> 2 - HEAD LAMPS			
<input type="checkbox"/> 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE		<input type="checkbox"/> 3 - TAIL LAMPS			
<input type="checkbox"/> 4 - LOGGING		<input type="checkbox"/> 4 - BRAKES			
<input type="checkbox"/> 5 - INTERMODAL CONTAINER CHASSIS		<input type="checkbox"/> 5 - STEERING			
<input type="checkbox"/> 6 - CARGO VAN/ENCLOSED BOX		<input type="checkbox"/> 6 - TIRE BLOWOUT			
<input type="checkbox"/> 7 - GRAIN/CHIPS/GRAVEL		<input type="checkbox"/> 7 - WORN OR SLICK TIRES			
<input type="checkbox"/> 8 - POLE		<input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE			
<input type="checkbox"/> 9 - CARGO TANK		<input type="checkbox"/> 9 - MOTOR TROUBLE			
<input type="checkbox"/> 10 - FLAT BED		<input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT			
<input type="checkbox"/> 11 - DUMP		<input type="checkbox"/> 11 - CONSTRUCTION EQUIPMENT			
<input type="checkbox"/> 12 - CONCRETE MIXER		<input type="checkbox"/> 12 - SAFETY SERVICE PATROL			
<input type="checkbox"/> 13 - AUTOTRANSPORTER		<input type="checkbox"/> 13 - CARGO TANK			
<input type="checkbox"/> 14 - GARBAGE/REFUSE		<input type="checkbox"/> 14 - FLAT BED			
<input type="checkbox"/> 99 - OTHER / UNKNOWN		<input type="checkbox"/> 99 - DUMP			
<input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE		<input type="checkbox"/> 1 - TURN SIGNALS			
<input type="checkbox"/> 2 - BUS		<input type="checkbox"/> 2 - HEAD LAMPS			
<input type="checkbox"/> 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE		<input type="checkbox"/> 3 - TAIL LAMPS			
<input type="checkbox"/> 4 - LOGGING		<input type="checkbox"/> 4 - BRAKES			
<input type="checkbox"/> 5 - INTERMODAL CONTAINER CHASSIS		<input type="checkbox"/> 5 - STEERING			
<input type="checkbox"/> 6 - CARGO VAN/ENCLOSED BOX		<input type="checkbox"/> 6 - TIRE BLOWOUT			
<input type="checkbox"/> 7 - GRAIN/CHIPS/GRAVEL		<input type="checkbox"/> 7 - WORN OR SLICK TIRES			
<input type="checkbox"/> 8 - POLE		<input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE			
<input type="checkbox"/> 9 - CARGO TANK		<input type="checkbox"/> 9 - MOTOR TROUBLE			
<input type="checkbox"/> 10 - FLAT BED		<input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT			
<input type="checkbox"/> 11 - DUMP		<input type="checkbox"/> 11 - CONSTRUCTION EQUIPMENT			
<input type="checkbox"/> 12 - CONCRETE MIXER		<input type="checkbox"/> 12 - SAFETY SERVICE PATROL			
<input type="checkbox"/> 13 - AUTOTRANSPORTER		<input type="checkbox"/> 13 - CARGO TANK			
<input type="checkbox"/> 14 - GARBAGE/REFUSE		<input type="checkbox"/> 14 - FLAT BED			
<input type="checkbox"/> 99 - OTHER / UNKNOWN		<input type="checkbox"/> 99 - DUMP			
<input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE		<input type="checkbox"/> 1 - TURN SIGNALS			
<input type="checkbox"/> 2 - BUS		<input type="checkbox"/> 2 - HEAD LAMPS			
<input type="checkbox"/> 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE		<input type="checkbox"/> 3 - TAIL LAMPS			
<input type="checkbox"/> 4 - LOGGING		<input type="checkbox"/> 4 - BRAKES			
<input type="checkbox"/> 5 - INTERMODAL CONTAINER CHASSIS		<input type="checkbox"/> 5 - STEERING			
<input type="checkbox"/> 6 - CARGO VAN/ENCLOSED BOX		<input type="checkbox"/> 6 - TIRE BLOWOUT			
<input type="checkbox"/> 7 - GRAIN/CHIPS/GRAVEL		<input type="checkbox"/> 7 - WORN OR SLICK TIRES			
<input type="checkbox"/> 8 - POLE		<input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE			
<input type="checkbox"/> 9 - CARGO TANK		<input type="checkbox"/> 9 - MOTOR TROUBLE			
<input type="checkbox"/> 10 - FLAT BED		<input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT			
<input type="checkbox"/> 11 - DUMP		<input type="checkbox"/> 11 - CONSTRUCTION EQUIPMENT			
<input type="checkbox"/> 12 - CONCRETE MIXER		<input type="checkbox"/> 12 - SAFETY SERVICE PATROL			
<input type="checkbox"/> 13 - AUTOTRANSPORTER		<input type="checkbox"/> 13 - CARGO TANK			
<input type="checkbox"/> 14 - GARBAGE/REFUSE		<input type="checkbox"/> 14 - FLAT BED			
<input type="checkbox"/> 99 - OTHER / UNKNOWN		<input type="checkbox"/> 99 - DUMP			
<input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE		<input type="checkbox"/> 1 - TURN SIGNALS			
<input type="checkbox"/> 2 - BUS		<input type="checkbox"/> 2 - HEAD LAMPS			
<input type="checkbox"/> 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE		<input type="checkbox"/> 3 - TAIL LAMPS			
<input type="checkbox"/> 4 - LOGGING		<input type="checkbox"/> 4 - BRAKES			
<input type="checkbox"/> 5 - INTERMODAL CONTAINER CHASSIS		<input type="checkbox"/> 5 - STEERING			
<input type="checkbox"/> 6 - CARGO VAN/ENCLOSED BOX		<input type="checkbox"/> 6 - TIRE BLOWOUT			
<input type="checkbox"/> 7 - GRAIN/CHIPS/GRAVEL		<input type="checkbox"/> 7 - WORN OR SLICK TIRES			
<input type="checkbox"/> 8 - POLE		<input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE			
<input type="checkbox"/> 9 - CARGO TANK		<input type="checkbox"/> 9 - MOTOR TROUBLE			
<input type="checkbox"/> 10 - FLAT BED		<input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT			
<input type="checkbox"/> 11 - DUMP		<input type="checkbox"/> 11 - CONSTRUCTION EQUIPMENT			
<input type="checkbox"/> 12 - CONCRETE MIXER		<input type="checkbox"/> 12 - SAFETY SERVICE PATROL			
<input type="checkbox"/> 13 - AUTOTRANSPORTER		<input type="checkbox"/> 13 - CARGO TANK			
<input type="checkbox"/> 14 - GARBAGE/REFUSE		<input type="checkbox"/> 14 - FLAT BED			
<input type="checkbox"/> 99 - OTHER / UNKNOWN		<input type="checkbox"/> 99 - DUMP			
<input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE		<input type="checkbox"/> 1 - TURN SIGNALS			
<input type="checkbox"/> 2 - BUS		<input type="checkbox"/> 2 - HEAD LAMPS			
<input type="checkbox"/> 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE		<input type="checkbox"/> 3 - TAIL LAMPS			
<input type="checkbox"/> 4 - LOGGING		<input type="checkbox"/> 4 - BRAKES			
<input type="checkbox"/> 5 - INTERMODAL CONTAINER CHASSIS		<input type="checkbox"/> 5 - STEERING			
<input type="checkbox"/> 6 - CARGO VAN/ENCLOSED BOX		<input type="checkbox"/> 6 - TIRE BLOWOUT			
<input type="checkbox"/> 7 - GRAIN/CHIPS/GRAVEL		<input type="checkbox"/> 7 - WORN OR SLICK TIRES			
<input type="checkbox"/> 8 - POLE		<input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE			
<input type="checkbox"/> 9 - CARGO TANK		<input type="checkbox"/> 9 - MOTOR TROUBLE			
<input type="checkbox"/> 10 - FLAT BED		<input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT			
<input type="checkbox"/> 11 - DUMP		<input type="checkbox"/> 11 - CONSTRUCTION EQUIPMENT			
<input type="checkbox"/> 12 - CONCRETE MIXER		<input type="checkbox"/> 12 - SAFETY SERVICE PATROL			
<input type="checkbox"/> 13 - AUTOTRANSPORTER		<input type="checkbox"/> 13 - CARGO TANK			
<input type="checkbox"/> 14 - GARBAGE/REFUSE		<input type="checkbox"/> 14 - FLAT BED			
<input type="checkbox"/> 99 - OTHER / UNKNOWN		<input type="checkbox"/> 99 - DUMP			
<input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE		<input type="checkbox"/> 1 - TURN SIGNALS			
<input type="checkbox"/> 2 - BUS		<input type="checkbox"/> 2 - HEAD LAMPS			
<input type="checkbox"/> 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE		<input type="checkbox"/> 3 - TAIL LAMPS			
<input type="checkbox"/> 4 - LOGGING		<input type="checkbox"/> 4 - BRAKES			
<input type="checkbox"/> 5 - INTERMODAL CONTAINER CHASSIS		<input type="checkbox"/> 5 - STEERING			
<input type="checkbox"/> 6 - CARGO VAN/ENCLOSED BOX		<input type="checkbox"/> 6 - TIRE BLOWOUT			
<input type="checkbox"/> 7 - GRAIN/CHIPS/GRAVEL		<input type="checkbox"/> 7 - WORN OR SLICK TIRES			
<input type="checkbox"/> 8 - POLE		<input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE			
<input type="checkbox"/> 9 - CARGO TANK		<input type="checkbox"/> 9 - MOTOR TROUBLE			
<input type="checkbox"/> 10 - FLAT BED		<input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT			
<input type="checkbox"/> 11 - DUMP		<input type="checkbox"/> 11 - CONSTRUCTION EQUIPMENT			
<input type="checkbox"/> 12 - CONCRETE MIXER		<input type="checkbox"/> 12 - SAFETY SERVICE PATROL			
<input type="checkbox"/> 13 - AUTOTRANSPORTER		<input type="checkbox"/> 13 - CARGO TANK			
<input type="checkbox"/> 14 - GARBAGE/REFUSE		<input type="checkbox"/> 14 - FLAT BED			
<input type="checkbox"/> 99 - OTHER / UNKNOWN		<input type="checkbox"/> 99 - DUMP			
<input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE		<input type="checkbox"/> 1 - TURN SIGNALS			
<input type="checkbox"/> 2 - BUS		<input type="checkbox"/> 2 - HEAD LAMPS			
<input type="checkbox"/> 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE		<input type="checkbox"/> 3 - TAIL LAMPS			
<input type="checkbox"/> 4 - LOGGING		<input type="checkbox"/> 4 - BRAKES			
<input type="checkbox"/> 5 - INTERMODAL CONTAINER CHASSIS		<input type="checkbox"/> 5 - STEERING			
<input type="checkbox"/> 6 - CARGO VAN/ENCLOSED BOX		<input type="checkbox"/> 6 - TIRE BLOWOUT			
<input type="checkbox"/> 7 - GRAIN/CHIPS/GRAVEL		<input type="checkbox"/> 7 - WORN OR SLICK TIRES			
<input type="checkbox"/> 8 - POLE		<input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE			
<input type="checkbox"/> 9 - CARGO TANK		<input type="checkbox"/> 9 - MOTOR TROUBLE			
<input type="checkbox"/> 10 - FLAT BED		<input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT			
<input type="checkbox"/> 11 - DUMP		<input type="checkbox"/> 11 - CONSTRUCTION EQUIPMENT			
<input type="checkbox"/> 12 - CONCRETE MIXER		<input type="checkbox"/> 12 - SAFETY SERVICE PATROL			
<input type="checkbox"/> 13 - AUTOTRANSPORTER		<input type="checkbox"/> 13 - CARGO TANK			
<input type="checkbox"/> 14 - GARBAGE/REFUSE		<input type="checkbox"/> 14 - FLAT BED			
<input type="checkbox"/> 99 - OTHER / UNKNOWN		<input type="checkbox"/> 99 - DUMP			
<input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE		<input type="checkbox"/> 1 - TURN SIGNALS			
<input type="checkbox"/> 2 - BUS		<input type="checkbox"/> 2 - HEAD LAMPS			
<input type="checkbox"/> 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE		<input type="checkbox"/> 3 - TAIL LAMPS			
<input type="checkbox"/> 4 - LOGGING		<input type="checkbox"/> 4 - BRAKES			
<input type="checkbox"/> 5 - INTERMODAL CONTAINER CHASSIS		<input type="checkbox"/> 5 - STEERING			
<input type="checkbox"/> 6 - CARGO VAN/ENCLOSED BOX		<input type="checkbox"/> 6 - TIRE BLOWOUT			
<input type="checkbox"/> 7 - GRAIN/CHIPS/GRAVEL		<input type="checkbox"/> 7 - WORN OR SLICK TIRES			
<input type="checkbox"/> 8 - POLE		<input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE			
<input type="checkbox"/> 9 - CARGO TANK		<input type="checkbox"/> 9 - MOTOR TROUBLE			
<input type="checkbox"/> 10 - FLAT BED		<input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT			
<input type="checkbox"/> 11 - DUMP		<input type="checkbox"/> 11 - CONSTRUCTION EQUIPMENT			
<input type="checkbox"/> 12 - CONCRETE MIXER		<input type="checkbox"/> 12 - SAFETY SERVICE PATROL			
<input type="checkbox"/> 13 - AUTOTRANSPORTER		<input type="checkbox"/> 13 - CARGO TANK			
<input type="checkbox"/> 14 - GARBAGE/REFUSE		<input type="checkbox"/> 14 - FLAT BED			
<input type="checkbox"/> 99 - OTHER / UNKNOWN		<input type="checkbox"/> 99 - DUMP			
<input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE		<input type="checkbox"/> 1 - TURN SIGNALS			
<input type="checkbox"/> 2 - BUS		<input type="checkbox"/> 2 - HEAD LAMPS			
<input type="checkbox"/> 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE		<input type="checkbox"/> 3 - TAIL LAMPS			
<input type="checkbox"/> 4 - LOGGING		<input type="checkbox"/> 4 - BRAKES			
<input type="checkbox"/> 5 - INTERMODAL CONTAINER CHASSIS		<input type="checkbox"/> 5 - STEERING			
<input type="checkbox"/> 6 - CARGO VAN/ENCLOSED BOX		<input type="checkbox"/> 6 - TIRE BLOWOUT			
<input type="checkbox"/> 7 - GRAIN/CHIPS/GRAVEL		<input type="checkbox"/> 7 - WORN OR SLICK TIRES			
<input type="checkbox"/> 8 - POLE		<input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE			
<input type="checkbox"/> 9 - CARGO TANK		<input type="checkbox"/> 9 - MOTOR TROUBLE			
<input type="checkbox"/> 10 - FLAT BED		<input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT			
<input type="checkbox"/> 11 - DUMP		<input type="checkbox"/> 11 - CONSTRUCTION EQUIPMENT			
<input type="checkbox"/> 12 - CONCRETE MIXER		<input type="checkbox"/> 12 - SAFETY SERVICE PATROL			
<input type="checkbox"/> 13 - AUTOTRANSPORTER		<input type="checkbox"/> 13 - CARGO TANK			
<input type="checkbox"/> 14 - GARBAGE/REFUSE		<input type="checkbox"/> 14 - FLAT BED			
<input type="checkbox"/> 99 - OTHER / UNKNOWN		<input type="checkbox"/> 99 - DUMP			
<input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE		<input type="checkbox"/> 1 - TURN SIGNALS			
<input type="checkbox"/> 2 - BUS		<input type="checkbox"/> 2 - HEAD LAMPS			
<input type="checkbox"/> 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE		<input type="checkbox"/> 3 - TAIL LAMPS			
<input type="checkbox"/> 4 - LOGGING		<input type="checkbox"/> 4 - BRAKES			
<input type="checkbox"/> 5 - INTERMODAL CONTAINER CHASSIS		<input type="checkbox"/> 5 - STEERING			
<input type="checkbox"/> 6 - CARGO VAN/ENCLOSED BOX		<input type="checkbox"/> 6 - TIRE BLOWOUT			
<input type="checkbox"/> 7 - GRAIN/CHIPS/GRAVEL		<input type="checkbox"/> 7 - WORN OR SLICK TIRES			
<input type="checkbox"/> 8 - POLE		<input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE			
<input type="checkbox"/> 9 - CARGO TANK		<input type="checkbox"/> 9 - MOTOR TROUBLE			
<input type="checkbox"/> 10 - FLAT BED		<input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT			
<input type="checkbox"/> 11 - DUMP		<input type="checkbox"/> 11 - CONSTRUCTION EQUIPMENT			
<input type="checkbox"/> 12 - CONCRETE MIXER		<input type="checkbox"/> 12 - SAFETY SERVICE PATROL			
<input type="checkbox"/> 13 - AUTOTRANSPORTER		<input type="checkbox"/> 13 - CARGO TANK			
<input type="checkbox"/> 14 - GARBAGE/REFUSE		<input type="checkbox"/> 14 - FLAT BED			
<input type="checkbox"/> 99 - OTHER / UNKNOWN		<input type="checkbox"/> 99 - DUMP			
<input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE		<input type="checkbox"/> 1 - TURN SIGNALS			
<input type="checkbox"/> 2 - BUS		<input type="checkbox"/> 2 - HEAD LAMPS			
<input type="checkbox"/> 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE		<input type="checkbox"/> 3 - TAIL LAMPS			
<input type="checkbox"/> 4 - LOGGING		<input type="checkbox"/> 4 - BRAKES			
<input type="checkbox"/> 5 - INTERMODAL CONTAINER CHASSIS		<input type="checkbox"/> 5 - STEERING			
<input type="checkbox"/> 6 - CARGO VAN/ENCLOSED BOX		<input type="checkbox"/> 6 - TIRE BLOWOUT			
<input type="checkbox"/> 7 - GRAIN/CHIPS/GRAVEL		<input type="checkbox"/> 7 - WORN OR SLICK TIRES			
<input type="checkbox"/> 8 - POLE		<input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE			
<input type="checkbox"/> 9 - CARGO TANK		<input type="checkbox"/> 9 - MOTOR TROUBLE			
<input type="checkbox"/> 10 - FLAT BED		<input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT			
<input type="checkbox"/> 11 - DUMP		<input type="checkbox"/> 11 - CONSTRUCTION EQUIPMENT			
<input type="checkbox"/> 12 - CONCRETE MIXER		<input type="checkbox"/> 12 - SAFETY SERVICE PATROL			
<input type="checkbox"/> 13 - AUTOTRANSPORTER		<input type="checkbox"/> 13 - CARGO TANK			
<input type="checkbox"/> 14 - GARBAGE/REFUSE		<input type="checkbox"/> 14 - FLAT BED			
<input type="checkbox"/> 99 - OTHER / UNKNOWN		<input type="checkbox"/> 99 - DUMP			
<input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE		<input type="checkbox"/> 1 - TURN SIGNALS			
<input type="checkbox"/> 2 - BUS		<input type="checkbox"/> 2 - HEAD LAMPS			
<input type="checkbox"/> 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE		<input type="checkbox"/> 3 - TAIL LAMPS			
<input type="checkbox"/> 4 - LOGGING		<input type="checkbox"/> 4 - BRAKES			
<input type="checkbox"/> 5 - INTERMODAL CONTAINER CHASSIS		<input type="checkbox"/> 5 - STEERING			
<input type="checkbox"/> 6 - CARGO VAN/ENCLOSED BOX		<input type="checkbox"/> 6 - TIRE BLOWOUT			
<input type="checkbox"/> 7 - GRAIN/CHIPS/GRAVEL		<input type="checkbox"/> 7 - WORN OR SLICK TIRES			
<input type="checkbox"/> 8 - POLE		<input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE			
<input type="checkbox"/> 9 - CARGO TANK		<input type="checkbox"/> 9 - MOTOR TROUBLE			
<input type="checkbox"/> 10 - FLAT BED		<input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT			
<input type="checkbox"/> 11 - DUMP		<input type="checkbox"/> 11 - CONSTRUCTION EQUIPMENT			
<input type="checkbox"/> 12 - CONCRETE MIXER		<input type="checkbox"/> 12 - SAFETY SERVICE PATROL			
<input type="checkbox"/> 13 - AUTOTRANSPORTER		<input type="checkbox"/> 13 - CARGO TANK			
<input type="checkbox"/> 14 - GARBAGE/REFUSE		<input type="checkbox"/> 14 - FLAT BED			
<input type="checkbox"/> 99 - OTHER / UNKNOWN		<input type="checkbox"/> 99 - DUMP			
<input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE		<input type="checkbox"/> 1 - TURN SIGNALS			
<input type="checkbox"/> 2 - BUS		<input type="checkbox"/> 2 - HEAD LAMPS			

OWNER	UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) NESSEL, JOSHUA, RYAN	OWNED PHONE: INCLUDE AREA CODE (SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 159 PARK DR, Aurora, OH 44202				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE O H	LICENSE PLATE # KJS1900	VEHICLE IDENTIFICATION # 1 FADP3K25DL345189	VEHICLE YEAR 2 0 1 3	VEHICLE MAKE Ford
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY STATEFARM	INSURANCE POLICY # 2564738 SFP 35	COLOR RED	VEHICLE MODEL FOCUS
	<input type="checkbox"/> COMMERCIAL	TYPE OF USE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	#OCCUPANTS 0 2	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 0 1		1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 6 - VAN (9-15 SEATS) 99 - UNKNOWN OR HIT/SKIP		
	# OF TRAILING UNITS 00				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN		
	SPECIAL FUNCTION 0 1		1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 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		
	CARGO BODY TYPE 0 1		1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTOTRANSPORTER 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN		
VEHICLE DEFECTS		1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT 3 - TAIL LAMPS 6 - TIRE BLOWOUT			
EVENT(S)	NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS		
	ACTION 3		1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS		
	CONTRIBUTING CIRCUMSTANCES 0 8		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 - STOPPED 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 99 - OTHER IMPROPER ACTION 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 6 - IMPROPER TURN 12 - IMPROPER BACKING		
	SEQUENCE OF EVENTS		NON-COLLISION 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 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 3 - IMMERISION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTORVEHICLE		
	COLLISION WITH FIXED OBJECT - STRUCK		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 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL 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 55 - OTHER / UNKNOWN 49 - FIRE HYDRANT		
	FIRST HARMFUL EVENT		MOST HARMFUL EVENT		

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

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER													
2 0 2 5 - 0 0 0 0 7 9 8 1													
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER					
0 1	BORBELY, WENDY, JEAN				0 6 0 3 1 9 6 4		6 1	F					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
3335 PINE RIDGE 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			
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	NESSEL, GRACE, HELENA				0 5 1 2 2 0 0 8		1 7	F					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
159 N PARK DR ,Aurora ,OH 44202					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		4511.21A		<input type="checkbox"/>	Assured Clear Distan		28467					
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					
					<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		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		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 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		3 - URINE	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN		GENDER				16 - OUTSIDE MIRROR		9 - OTHER / UNKNOWN		4 - OTHER	
6 - CHILD RESTRAINT SYSTEM - REAR FACING				F - FEMALE				17 - PROSTHETIC AID				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	

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 0 2 5 - 0 0 0 0 7 9 8 1

OCCUPANT	UNIT # 01	NAME: LAST, FIRST, MIDDLE STEVENS, ZYRIE, L				DATE OF BIRTH 0 6 2 9 2 0 2 0		AGE 0 4	GENDER M	
	ADDRESS: STREET, CITY, STATE, ZIP 3335 PINE RIDGE DR ,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 5	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 6	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OCCUPANT	UNIT # 02	NAME: LAST, FIRST, MIDDLE YUKO, DOMENICA, CHRISTINE				DATE OF BIRTH 0 3 1 9 2 0 0 9		AGE 1 6	GENDER F	
	ADDRESS: STREET, CITY, STATE, ZIP 640 EATON DR ,Aurora ,OH 44202					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
OCCUPANT	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 	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 	AIR BAG USAGE 	EJECTION 	TRAPPED
OCCUPANT	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 	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 	AIR BAG USAGE 	EJECTION 	TRAPPED
INJURIES		SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE				
1 - FATAL		1 - NONE USED - VEHICLE OCCUPANT		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED				
2 - SUSPECTED SERIOUS INJURY		2 - SHOULDER BELT ONLY USED		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT				
3 - SUSPECTED MINOR INJURY		3 - LAP BELT ONLY USED		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE				
4 - POSSIBLE INJURY		4 - SHOULDER & LAP BELT USED		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT/SIDE				
5 - NO APPARENT INJURY		5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		5 - SECOND - MIDDLE		5 - NOT APPLICABLE				
INJURED TAKEN BY		6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN				
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION				
2 - EMS		8 - HELMET USED		8 - THIRD - MIDDLE		1 - NOT EJECTED				
3 - POLICE		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED				
9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED				
GENDER		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE				
F - FEMALE		99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED				
M - MALE				13 - TRAILING UNIT		1 - NOT TRAPPED				
U - OTHER / UNKNOWN				14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS				
				15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS				
				99 - OTHER / UNKNOWN						
WITNESS	NAME: LAST, FIRST, MIDDLE 					DATE OF BIRTH 		AGE 	GENDER 	
	ADDRESS: STREET, CITY, STATE, ZIP 					CONTACT PHONE - INCLUDE AREA CODE 				
WITNESS	NAME: LAST, FIRST, MIDDLE 					DATE OF BIRTH 		AGE 	GENDER 	
	ADDRESS: STREET, CITY, STATE, ZIP 					CONTACT PHONE - INCLUDE AREA CODE 				
WITNESS	NAME: LAST, FIRST, MIDDLE 					DATE OF BIRTH 		AGE 	GENDER 	
	ADDRESS: STREET, CITY, STATE, ZIP 					CONTACT PHONE - INCLUDE AREA CODE 				