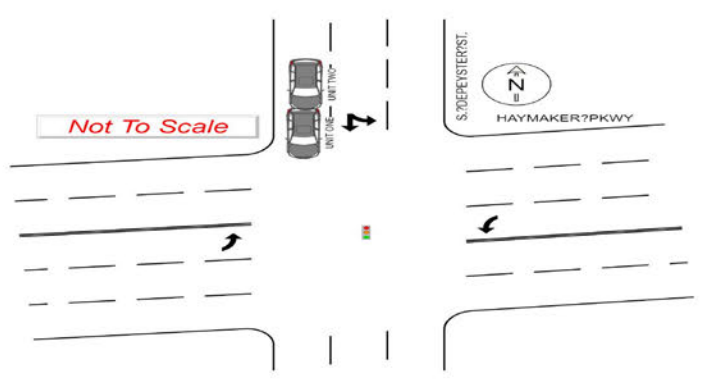


<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> PRIVATE PROPERTY	<input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OTHER		LOCAL INFORMATION		2 0 2 5 - 0 0 0 1 1 4 2 0																										
COUNTY* 6 7		LOCALITY* 1 2-VILLAGE 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 1		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN																			
CRASH DATE / TIME* 08102025/1430		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 41.1 7 1 8 2 4		LONGITUDE DECIMAL DEGREES -81.3 5 2 6 8 1		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		NUMBER OF APPROACHES		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED																			
ROUTE TYPE S R		ROUTE NUMBER 43		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME MANTUA		ROAD TYPE S T		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 1500		ROAD TYPE S T		REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		DISTANCE FROM REFERENCE 1 2 0		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2		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 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		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		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	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1		CONDITIONS 1		SURFACE 2		LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN		CONTOUR 1		CONDITIONS 1		SURFACE 2													
NARRATIVE Unit 1 and the witness were driving southbound on N Mantua St in Franklin Township. The witness stated Unit 1 was tailgating her. When they entered the city the roadway turned from a two lane to four lane road. The witness was in front of Unit 1 and pulled into the right lane to let Unit 1 pass her. Unit 1 followed, striking the curb, going off the roadway then back onto the roadway where he fell off his motorcycle.		Indicate the north direction with an "N" on the compass diagram.																															
CRASH REPORTED DATE / TIME 08102025/1430		DISPATCH DATE / TIME 08102025/1431		ARRIVAL DATE / TIME 08102025/1435		SCENE CLEARED DATE / TIME 08102025/1610		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 1 0		TOTAL MINUTES 0 4 9		OFFICER'S NAME* Driscoll, Sean D		CHECKED BY OFFICER'S NAME* Nelson, Josh		OFFICER'S BADGE NUMBER* 2 2 0		CHECKED BY OFFICER'S BADGE NUMBER* 2 3 2																					

OWNER	UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE (X) (NAME AS DRIVER) HAGER, KEITH, ALAN	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) 1323 CAROL DR, Kent, OH 44240																												
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																											
VEHICLE	LP STATE O H	LICENSE PLATE # DWF56	VEHICLE IDENTIFICATION # 1 HD1 F V 4 1 6 7 Y 6 1 2 4 2 6	VEHICLE YEAR 2 0 0 7	VEHICLE MAKE Harley Davidson																								
	<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR BLU	VEHICLE MODEL																								
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME City Service																									
	<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"/> 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"/> LIM0 (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 0 7		# OF TRAILING UNITS 0		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1-YES 2-NO 9-OTHER/UNKNOWN		AUTONOMOUS MODE LEVEL 0		1- NO AUTOMATION 2- DRIVER ASSISTANCE 3- PARTIAL AUTOMATION		4- CONDITIONAL AUTOMATION 5- HIGH AUTOMATION 9- UNKNOWN																		
	SPECIAL FUNCTION 0 1		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 0 1		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 0 1		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 0 1		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 3		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 1 1		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 3																											

LOCAL REPORT NUMBER 2 0 2 5 - 0 0 0 1 1 4 2 0	
DAMAGE DAMAGE SCALE 3 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 1 0- NO DAMAGE 14- UNDERCARRIAGE 1-12- REFER TO UNIT DIAGRAM 15- VEHICLE NOT AT SCENE 13- TOP 99- UNKNOWN	
TRAFFIC TRAFFICWAY FLOW 2 1- ONE-WAY 2- TWO-WAY TRAFFIC CONTROL 6 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 1 TO 2 1- NORTH 5- NORTHEAST 2- SOUTH 6- NORTHWEST 3- EAST 7- SOUTHEAST 4- WEST 8- SOUTHWEST 9- OTHER / UNKNOWN	
UNIT SPEED 0 4 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 1 1 4 2 0																
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER								
0 1	HAGER, KEITH, ALAN				1 0 1 0 1 9 9 1		33	M								
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE											
1323 CAROL DR ,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						
2	2	Kent Fire	Akron City Hospital		0 1	<input type="checkbox"/>	0 1	5	3	1						
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER								
O H	REDACTED PER ORC 4501:1-12		331.34		<input checked="" type="checkbox"/>	Failure to Control;		30031								
OL CLASS	ENDORSEMENT	RESTRICTION	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)							
4	M		9	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		9	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT				
							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	RESTRICTION	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				
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	RESTRICTION	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				
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	RESTRICTION	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				
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		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		12 - LIMITED - OTHER		1 - APPARENTLY NORMAL		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)		2 - PHYSICAL IMPAIRMENT		DRUG TEST TYPE	
2 - SHOULDER BELT ONLY USED					13 - TRAILING UNIT		1 - NOT TRAPPED		S - SCHOOL BUS		14 - MILITARY VEHICLES ONLY		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		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		4 - ILLNESS		2 - BLOOD	
4 - SHOULDER & LAP BELT USED					15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS		X - TANKER / HAZMAT		16 - OUTSIDE MIRROR		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		3 - URINE	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING					99 - OTHER / UNKNOWN		GENDER				17 - PROSTHETIC AID		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		4 - OTHER	
6 - CHILD RESTRAINT SYSTEM - REAR FACING							F - FEMALE				18 - OTHER		9 - OTHER / UNKNOWN		DRUG TEST RESULT(S)	
7 - BOOSTER SEAT							M - MALE								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 1 1 4 2 0

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
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 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN 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

WITNESS	NAME: LAST, FIRST, MIDDLE	CAMPBELL, SUZANNE, THERESE	DATE OF BIRTH		AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE
1314 DAHLIA ST NW, HARTVILLE, OH 44632					REDACTED PER ORC 149.43(A)(1)	
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