


<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 0 6 3 4 1								
COUNTY* 6 7		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1		LOCATION: CITY, VILLAGE, TOWNSHIP* Kent		REPORTING AGENCY NAME* City of Kent Police		NCIC* 0 6 7 0 3		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 0 2		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 0 1	
CRASH DATE / TIME* 05/07/2025 / 2314		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 3		ROUTE TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST S R		ROUTE NUMBER 5 9		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 4		LOCATION ROAD NAME MAIN		ROAD TYPE S T		LATITUDE DECIMAL DEGREES 41.1 5 1 2 6 0	
REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) LONGMERE		ROAD TYPE D R		LONGITUDE DECIMAL DEGREES -81.3 7 6 4 1 6		REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS 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		INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 8	
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 0 1		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 6		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 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN					
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 3		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 0 2		NARRATIVE Unit #1 was traveling E/B on W Main St. in the curb lane. Unit #2 was traveling S/B on W Main St. in the straight only lane. Both Units entered the intersection of W Main St and Longmere Dr. Unit #1 was shown a red light and entered the intersection causing Unit #2 to strike Unit #1.		Indicate the north direction with an "N" on the compass diagram. 									
CRASH REPORTED DATE / TIME 0 5 0 7 2 0 2 5 / 2 3 1 6		DISPATCH DATE / TIME 0 5 0 7 2 0 2 5 / 2 3 1 6		ARRIVAL DATE / TIME 0 5 0 7 2 0 2 5 / 2 3 1 9		SCENE CLEARED DATE / TIME 0 5 0 7 2 0 2 5 / 2 3 5 9		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 4 3		OTHER INVESTIGATION TIME 0 2 0		TOTAL MINUTES 0 6 3		OFFICER'S NAME* Smith, Mitchell Robert		CHECKED BY OFFICER'S NAME* Short, Jason M							
OFFICER'S BADGE NUMBER* 2 3 1		CHECKED BY OFFICER'S BADGE NUMBER* 2 2 8													

OWNER	UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) PATEL, RUDRA, HEMANTBHAI	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) 730 MORRIS RD 1, Kent, OH 44240																																																														
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																																													
VEHICLE	LP STATE O H	LICENSE PLATE # RP6425	VEHICLE IDENTIFICATION # 7 J R 1 0 2 F K 4 M G 0 9 5 5 7 3	VEHICLE YEAR 2 0 2 1	VEHICLE MAKE Volvo																																																										
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE	INSURANCE POLICY # 990539118	COLOR BLK	VEHICLE MODEL S60																																																										
	<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"/> 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		# OF TRAILING UNITS		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL		1 - NO AUTOMATION		2 - DRIVER ASSISTANCE		3 - CONDITIONAL AUTOMATION		4 - HIGH AUTOMATION		5 - FULL AUTOMATION		9 - UNKNOWN																																												
	SPECIAL FUNCTION		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		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		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 - 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 2 0 2 5 - 0 0 0 0 6 3 4 1					
DAMAGE					
DAMAGE SCALE					
1 - NONE		3 - FUNCTIONAL DAMAGE			
2 - MINOR DAMAGE		4 - DISABLING DAMAGE			
9 - UNKNOWN					
DAMAGED AREA(S) INDICATE ALL THAT APPLY					
<input type="checkbox"/> - NO DAMAGE [0]		<input type="checkbox"/> - UNDERCARRIAGE [14]			
<input type="checkbox"/> - TOP [13]		<input type="checkbox"/> - ALL AREAS [15]			
<input type="checkbox"/> - UNIT NOT AT SCENE [16]					
INITIAL POINT OF CONTACT		0 - NO DAMAGE		14 - UNDERCARRIAGE	
1 - 12 - REFER TO UNIT DIAGRAM		15 - VEHICLE NOT AT SCENE		99 - UNKNOWN	
13 - TOP					
TRAFFIC					
TRAFFICWAY FLOW		1 - ONE-WAY		2 - TWO-WAY	
TRAFFIC CONTROL		1 - ROUNDABOUT		4 - STOP SIGN	
2 - SIGNAL		5 - YIELD SIGN		6 - NO CONTROL	
3 - FLASHER					
# OF THROUGH LANES ON ROAD		2			
RAIL GRADE CROSSING		1 - NOT INVOLVED		2 - INVOLVED-ACTIVE CROSSING	
3 - INVOLVED-PASSIVE CROSSING					
UNIT / NON-MOTORIST DIRECTION		1 - NORTH		5 - NORTHEAST	
2 - SOUTH		6 - NORTHWEST		7 - SOUTHWEST	
3 - EAST		8 - SOUTHWEST		9 - OTHER / UNKNOWN	
4 - WEST					
FROM 4 TO 3					
UNIT SPEED		0 3 0			
DETECTED SPEED		1			
1 - STATED / ESTIMATED SPEED		2 - CALCULATED / EDR			
3 - UNDETERMINED					
POSTED SPEED		2 5			

OWNER	UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER TUPA, DENISE, CREQUE	OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER REDACTED PER ORC 149.43(A)(1)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER 7701 HUDSON RD, Franklin Twp, OH 44240				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE O H	LICENSE PLATE # KBE7793	VEHICLE IDENTIFICATION # J M L B K 3 2 F 7 7 1 7 2 8 2 0 1	VEHICLE YEAR 2 0 0 7	VEHICLE MAKE Mazda
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY STATEFARM	INSURANCE POLICY # 1801681-FFT-35	COLOR BLK	VEHICLE MODEL MAZDA 3
	<input type="checkbox"/> COMMERCIAL	TYPE OF USE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME City Service	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	#OCCUPANTS 0 1	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				
	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 CROSSWALK 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 15 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - OTHER / UNKNOWN		
	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 1		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 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 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 6 3 4 1	
DAMAGE DAMAGE SCALE 4 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 2	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 3 0	DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 2 5	

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER											
2 0 2 5 - 0 0 0 0 6 3 4 1											
UNIT # 0 1	NAME: LAST, FIRST, MIDDLE PATEL, RUDRA, HEMANTBHAI				DATE OF BIRTH 0 2 1 3 2 0 0 1		AGE 2 4	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 730 MORRIS RD 1 ,Kent ,OH 44240					CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)						
INJURIES 4	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 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE O H	OPERATOR LICENSE NUMBER REDACTED PER ORC 4501:1-12		OFFENSE CHARGED 313.03C1		LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Traffic Control Sign			CITATION NUMBER 28971		
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1	
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE CREQUE TUPA, ZOE, ELIZABETH				DATE OF BIRTH 0 6 1 0 1 9 9 4		AGE 3 0	GENDER F			
ADDRESS: STREET, CITY, STATE, ZIP 7701 HUDSON RD ,Franklin Twp ,OH 44240					CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)						
INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) Kent Fire		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Akron City Hospital		SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE O H	OPERATOR LICENSE NUMBER REDACTED PER ORC 4501:1-12		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 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	<input type="checkbox"/> 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 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	
INJURIES											
1 - FATAL											
2 - SUSPECTED SERIOUS INJURY											
3 - SUSPECTED MINOR INJURY											
4 - POSSIBLE INJURY											
5 - NO APPARENT INJURY											
INJURED TAKEN BY											
1 - NOT TRANSPORTED / TREATED AT SCENE											
2 - EMS											
3 - POLICE											
9 - OTHER / UNKNOWN											
SAFETY EQUIPMENT											
1 - NONE USED											
2 - SHOULDER BELT ONLY USED											
3 - LAP BELT ONLY USED											
4 - SHOULDER & LAP BELT USED											
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING											
6 - CHILD RESTRAINT SYSTEM - REAR FACING											
7 - BOOSTER SEAT											
8 - HELMET USED											
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)											
10 - REFLECTIVE CLOTHING											
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY											
99 - OTHER / UNKNOWN											
SEATING POSITION											
1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)											
2 - FRONT - MIDDLE											
3 - FRONT - RIGHT SIDE											
4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)											
5 - SECOND - MIDDLE											
6 - SECOND - RIGHT SIDE											
7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)											
8 - THIRD - MIDDLE											
9 - THIRD - RIGHT SIDE											
10 - SLEEPER SECTION OF TRUCK CAB											
11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)											
12 - PASSENGER IN UNENCLOSED CARGO AREA											
13 - TRAILING UNIT											
14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)											
15 - NON-MOTORIST											
99 - OTHER / UNKNOWN											
AIR BAG											
1 - NOT DEPLOYED											
2 - DEPLOYED FRONT											
3 - DEPLOYED SIDE											
4 - DEPLOYED BOTH FRONT / SIDE											
5 - NOT APPLICABLE											
9 - DEPLOYMENT UNKNOWN											
EJECTION											
1 - NOT EJECTED											
2 - PARTIALLY EJECTED											
3 - TOTALLY EJECTED											
4 - NOT APPLICABLE											
TRAPPED											
1 - NOT TRAPPED											
2 - EXTRICATED BY MECHANICAL MEANS											
3 - FREED BY NON-MECHANICAL MEANS											
OL CLASS											
1 - CLASS A											
2 - CLASS B											
3 - CLASS C											
4 - REGULAR CLASS (OHIO - D)											
5 - M/C MOPEL ONLY											
6 - NO VALID OL											
OL RESTRICTION(S)											
1 - ALCOHOL INTERLOCK DEVICE											
2 - CDL INTRASTATE ONLY											
3 - CORRECTIVE LENSES											
4 - FARM WAIVER											
5 - EXCEPT CLASS A BUS											
6 - EXCEPT CLASS A & CLASS B BUS											
7 - EXCEPT TRACTOR-TRAILER											
8 - INTERMEDIATE LICENSE RESTRICTIONS											
9 - LEARNER'S PERMIT RESTRICTIONS											
10 - LIMITED TO DAYLIGHT ONLY											
11 - LIMITED TO EMPLOYMENT											
12 - LIMITED - OTHER											
13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)											
14 - MILITARY VEHICLES ONLY											
15 - MOTOR VEHICLES WITHOUT AIR BRAKES											
16 - OUTSIDE MIRROR											
17 - PROSTHETIC AID											
18 - OTHER											
DRIVER DISTRACTION											
1 - NOT DISTRACTED											
2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)											
3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE											
4 - TALKING ON HAND-HELD COMMUNICATION DEVICE											
5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE											
6 - PASSENGER											
7 - OTHER DISTRACTION INSIDE THE VEHICLE											
8 - OTHER DISTRACTION OUTSIDE THE VEHICLE											
9 - OTHER / UNKNOWN											
TEST STATUS											
1 - NONE GIVEN											
2 - TEST REFUSED											
3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE											
4 - TEST GIVEN, RESULTS KNOWN											
5 - TEST GIVEN, RESULTS UNKNOWN											
ALCOHOL TEST TYPE											
1 - NONE											
2 - BLOOD											
3 - URINE											
4 - BREATH											
5 - OTHER											
DRUG TEST TYPE											
1 - NONE											
2 - BLOOD											
3 - URINE											
4 - OTHER											
CONDITION											
1 - APPARENTLY NORMAL											
2 - PHYSICAL IMPAIRMENT											
3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)											
4 - ILLNESS											
5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.											
6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL											
9 - OTHER / UNKNOWN											
DRUG TEST RESULT(S)											
1 - AMPHETAMINES											
2 - BARBITURATES											
3 - BENZODIAZEPINES											
4 - CANNABINOIDS											
5 - COCAINE											
6 - OPIATES / OPIOIDS											
7 - OTHER											
8 - NEGATIVE RESULTS											

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 0 2 5 - 0 0 0 0 6 3 4 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

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
INJURED TAKEN BY			EJECTION
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN			1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE
GENDER			TRAPPED
F - FEMALE M - MALE U - OTHER / UNKNOWN			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS

WITNESS	NAME: LAST, FIRST, MIDDLE	CUTLIP, OWEN, PATRICK				DATE OF BIRTH		AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE			
		2196 CONGRESS LAKE RD , Suffield, , OH 44260				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			



TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 25-6341	REPORTING AGENCY Kent Police Dept	DATE OF CRASH M 5 D 7 Y 25
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Owen L. Smith HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Smith

OFFICER'S NAME

AT

Main & Hymaker Pkwy

LOCATION

I witnessed black 4 Door vehicle ran red light ~~causing~~
~~other driver to~~ on main Street causing driver
on Hymaker Pkwy to hit him under traffic light

Black Volvo ~~was~~ and I were driving eastbound
on main Street coming up to a red light. Black
Volvo accelerated through red light causing Female
driver with green light to collide with his
car.

ADDRESS OF WITNESS

2140 Congress lake road

PHONE
REDACTED PER ORC 149.43(A)(1)

SIGNATURE OF WITNESS

X Owen L. Smith

OFFICER'S SIGNATURE

X [Signature]