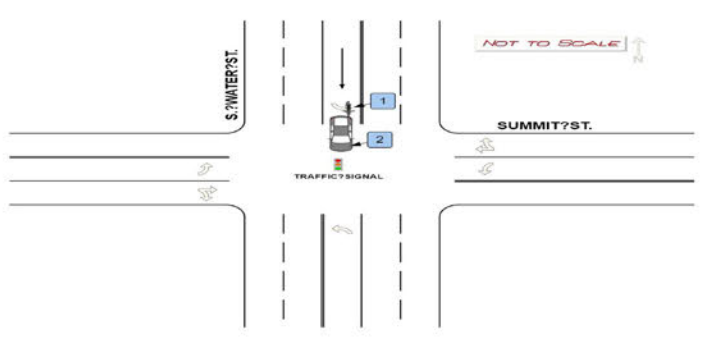


| | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> PHOTOS TAKEN | | <input type="checkbox"/> OH-2 | <input checked="" type="checkbox"/> OH-3 | LOCAL INFORMATION | | 2 0 2 5 - 0 0 0 0 9 7 6 3 | | | | | |
| <input type="checkbox"/> SECONDARY CRASH | | <input type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME* | | NCIC* | | HIT/SKIP | NUMBER OF UNITS | UNIT IN ERROR | |
| <input type="checkbox"/> PRIVATE PROPERTY | | | | City of Kent Police | | 0 6 7 0 3 | | 1 - SOLVED 2 - UNSOLVED | 0 2 | 98 - ANIMAL 99 - UNKNOWN | |
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | | | | CRASH DATE / TIME* | | CRASH SEVERITY | | | |
| 6 7 | 1 | Kent | | | | 07092025/1656 | | 5 | | | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | LOCATION ROAD NAME | | ROUTE TYPE | LATITUDE DECIMAL DEGREES | | CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY | | | |
| S R | 43 | 2 | WATER | | S T | 41.150280 | | | | | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | | ROUTE TYPE | LONGITUDE DECIMAL DEGREES | | | | | |
| | | | SUMMIT | | S T | -81.358220 | | | | | |
| 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 | | | | | | | | | |
| 0 | | 2 | | | | | | | | ROADWAY | |
| | | | | | | | | | | <input type="checkbox"/> ROADWAY DIVIDED | |
| LOCATION OF FIRST HARMFUL EVENT | | | | MANNER OF CRASH COLLISION/IMPACT | | | | DIRECTION OF TRAVEL | | MEDIAN TYPE | |
| 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP | | | | 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON | | | | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE) 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN | |
| 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN | | | | 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN | | | | | | | |
| <input type="checkbox"/> WORK ZONE RELATED | | WORK ZONE TYPE | | LOCATION OF CRASH IN WORK ZONE | | CONTOUR | | CONDITIONS | | SURFACE | |
| <input type="checkbox"/> WORKERS PRESENT | | 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | | 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | | 1 | | 1 | | 2 | |
| <input type="checkbox"/> LAW ENFORCEMENT PRESENT | | | | | | 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN | | 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN | | 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN | |
| <input type="checkbox"/> ACTIVE SCHOOL ZONE | | | | | | | | | | | |
| LIGHT CONDITION | | | | WEATHER | | | | | | | |
| 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN | | | | 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN | | | | | | | |
| 0 1 | | | | 2 | | | | | | | |
| NARRATIVE | | | | | | | | | | | |
| UNIT 1 AND UNIT 2 WERE BOTH SOUTH BOUND ON S WATER ST IN THE LEFT TURN LANE TO HEAD EAST ONTO E SUMMIT ST. UNIT 1 STRUCK UNIT 2 IN THE REAR. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| CRASH REPORTED DATE / TIME | | | DISPATCH DATE / TIME | | | ARRIVAL DATE / TIME | | | SCENE CLEARED DATE / TIME | | |
| 07092025/1658 | | | 07092025/1658 | | | 07092025/1705 | | | 07092025/1815 | | |
| TOTAL TIME ROADWAY CLOSED | | OTHER INVESTIGATION TIME | | TOTAL MINUTES | | OFFICER'S NAME* | | | CHECKED BY OFFICER'S NAME* | | |
| 0 0 0 | | 0 0 0 | | 0 7 7 | | Wheeler, George | | | Wheeler, George | | |
| | | | | | | OFFICER'S BADGE NUMBER* | | | CHECKED BY OFFICER'S BADGE NUMBER* | | |
| | | | | | | 2 4 3 | | | 2 4 3 | | |
| REPORT TAKEN BY | | | | | | | | | | | |
| <input checked="" type="checkbox"/> POLICE AGENCY | | | | | | | | | | | |
| <input type="checkbox"/> MOTORIST | | | | | | | | | | | |
| <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) | | | | | | | | | | | |

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| OWNER | UNIT # 0 1 | OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) RUSSELL, SAMANTHA, VALERIA | 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) 1840 RHODES RD 258, Kent, OH 44240 | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | |
| VEHICLE | LP STATE | LICENSE PLATE # J Y A R J 0 4 E 4 1 A 0 1 7 0 1 4 | VEHICLE IDENTIFICATION # 2 0 0 1 |
| | INSURANCE VERIFIED | INSURANCE COMPANY PROGRESSIVE | INSURANCE POLICY # 996441768 |
| | TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | US DOT # | TOWED BY: COMPANY NAME City Service |
| | INTERLOCK DEVICE EQUIPPED | HIT/SKIP UNIT 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. | VEHICLE MAKE Yamaha | |
| | VEHICLE MODEL YZF600 | | COLOR BLK |
| | # OF TRAILING UNITS | | |
| | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 1 - YES 2 - NO 9 - OTHER / UNKNOWN | | |
| | AUTONOMOUS MODE LEVEL 0 1 - NO AUTOMATION 2 - DRIVER ASSISTANCE 3 - PARTIAL AUTOMATION 4 - CONDITIONAL AUTOMATION 5 - FULL 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 OR LEAVING VEHICLE 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 0 8 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 2 0 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 1 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 9 7 6 3 | |
| DAMAGE DAMAGE SCALE 4 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN | |
| TRAFFIC TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL 6 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL | |
| # OF THROUGH LANES ON ROAD 6 | 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 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | |
| UNIT SPEED 0 1 0 | DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| POSTED SPEED 1 0 | |

OWNER

UNIT #

02

OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)

SHEEHAN, SANDRA

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)

1362 WASHBURN WAY, LOCKPORT, IL 60441

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE

IL

LICENSE PLATE #

CE73631

VEHICLE IDENTIFICATION #

1G1PC5SB8E7338870

VEHICLE YEAR

2014

VEHICLE MAKE

Chevrolet

INSURANCE VERIFIED

☒

INSURANCE COMPANY

ERIE

INSURANCE POLICY #

Q012515405

COLOR

SIL

VEHICLE MODEL

CRUZE

TYPE OF USE

COMMERCIAL

GOVERNMENT

IN EMERGENCY RESPONSE

US DOT #

TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED

☐

HIT/SKIP UNIT

☐

#OCCUPANTS

01

VEHICLE WEIGHT GVWR/GCWR

1 - ≤10K LBS.

2 - 10,001 - 26K LBS.

3 - >26K LBS.

HAZARDOUS MATERIAL

MATERIAL RELEASED

CLASS #

PLACARD ID #

UNIT TYPE

01

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)

17 - MOTORHOME

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

0

AUTONOMOUS MODE LEVEL

0 - NO AUTOMATION

1 - DRIVER ASSISTANCE

2 - PARTIAL AUTOMATION

3 - CONDITIONAL AUTOMATION

4 - HIGH AUTOMATION

5 - FULL AUTOMATION

9 - UNKNOWN

SPECIAL FUNCTION

01

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

01

1 - NO CARGO BODY TYPE / NOT APPLICABLE

3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE

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

14 - GARBAGE/REFUSE

99 - OTHER / UNKNOWN

11 - DUMP

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

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

4

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

01

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

4 - RAN STOP SIGN

10 - IMPROPER PASSING

16 - WRONG WAY

20 - IMPROPER CROSSING

99 - OTHER IMPROPER ACTION

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 - IMMERSION

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

21 - PARKED MOTOR VEHICLE

COLLISION WITH FIXED OBJECT - STRUCK

25 - IMPACT ATTENUATOR / CRASH CUSHION

31 - GUARDRAIL END

37 - TRAFFIC SIGN POST

43 - CURB

50 - WORK ZONE MAINTENANCE EQUIPMENT

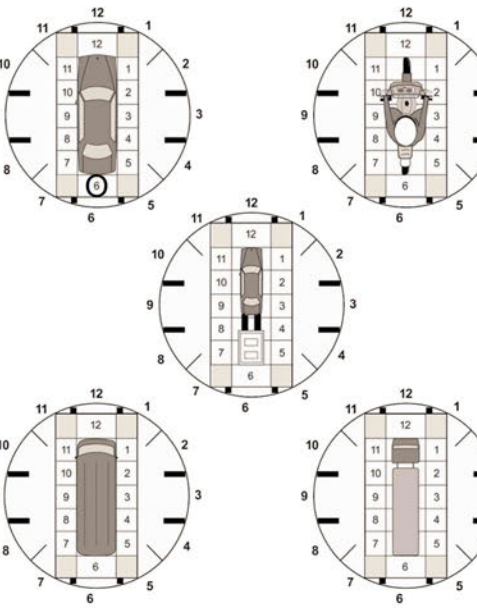
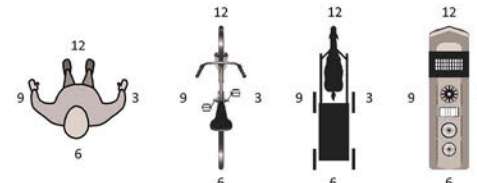
26 - BRIDGE OVERHEAD STRUCTURE

32 - PORTABLE BARRIER

38 - OVERHEAD SIGN POST

44 - DITCH

51 - WALL

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LOCAL REPORT NUMBER | | | |
| 2 0 2 5 - 0 0 0 0 9 7 6 3 | | | |
| DAMAGE | | | |
| DAMAGE SCALE | | | |
| 1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN | | 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE | |
| 3 | | | |
| 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 1-12 - REFER TO UNIT DIAGRAM 13 - TOP | | 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN | |
| 0 6 | | | |
| TRAFFIC | | | |
| TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY 2 | | TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL | |
| # OF THROUGH LANES ON ROAD 6 | | RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING 1 | |
| 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 0 2 | | DETECTED SPEED 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 9 7 6 3 | | | | | | | | | | | | | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | | | | | |
| 0 1 | RUSSELL, SAMANTHA, VALERIA | | | | 1 0 0 3 2 0 0 6 | | 1 8 | F | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
| 1840 RHODES RD 258 ,Kent ,OH 44240 | | | | | REDACTED PER ORC 149.43(A)(1) | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | |
| 5 | | | | | 0 8 | <input type="checkbox"/> | 0 1 | 5 | 1 | 1 | | | |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | CITATION NUMBER | | | | | |
| O H | REDACTED PER ORC 4501:1-12 | | 333.03 | | X | Maximum Speed Limits | | 29601 | | | | | |
| 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 | M | | 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 | SHEEHAN, ALYSSA, GRACE | | | | 0 8 0 9 2 0 0 2 | | 2 2 | F | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
| 609 S LINCOLN ST 308 ,Kent ,OH 44240 | | | | | REDACTED PER ORC 149.43(A)(1) | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | |
| 5 | | | | | 0 4 | <input type="checkbox"/> | 0 1 | 1 | 1 | 1 | | | |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | CITATION NUMBER | | | | | |
| I L | REDACTED PER ORC 4501:1-12 | | | | | | | | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | | DRUG TEST(S) | | | | |
| 4 | | | 1 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | 1 | STATUS | TYPE | VALUE | STATUS | TYPE | RESULT SELECT UP TO 4 | |
| | | | | | | | 1 | 1 | | 1 | 1 | | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | | | | | |
| | | | | | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
| | | | | | | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | |
| | | | | | | <input type="checkbox"/> | | | | | | | |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | CITATION NUMBER | | | | | |
| | | | | | | | | | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | | DRUG TEST(S) | | | | |
| | | | | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | | STATUS | TYPE | VALUE | STATUS | TYPE | RESULT SELECT UP TO 4 | |
| | | | | | | | | | | | | | |
| INJURIES | | SEATING POSITION | | AIR BAG | | OL CLASS | | OL RESTRICTION(S) | | DRIVER DISTRACTION | | TEST STATUS | |
| 1 - FATAL | | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | | 1 - NOT DEPLOYED | | 1 - CLASS A | | 1 - ALCOHOL INTERLOCK DEVICE | | 1 - NOT DISTRACTED | | 1 - NONE GIVEN | |
| 2 - SUSPECTED SERIOUS INJURY | | 2 - FRONT - MIDDLE | | 2 - DEPLOYED FRONT | | 2 - CLASS B | | 2 - CDL INTRASTATE ONLY | | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | | 2 - TEST REFUSED | |
| 3 - SUSPECTED MINOR INJURY | | 3 - FRONT - RIGHT SIDE | | 3 - DEPLOYED SIDE | | 3 - CLASS C | | 3 - CORRECTIVE LENSES | | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE | | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE | |
| 4 - POSSIBLE INJURY | | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | | 4 - DEPLOYED BOTH FRONT / SIDE | | 4 - REGULAR CLASS (OHIO - D) | | 4 - FARM WAIVER | | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE | | 4 - TEST GIVEN, RESULTS KNOWN | |
| 5 - NO APPARENT INJURY | | 5 - SECOND - MIDDLE | | 5 - NOT APPLICABLE | | 5 - M/C MOPEL ONLY | | 5 - EXCEPT CLASS A BUS | | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | | 5 - TEST GIVEN, RESULTS UNKNOWN | |
| INJURED TAKEN BY | | 6 - SECOND - RIGHT SIDE | | 9 - DEPLOYMENT UNKNOWN | | 6 - NO VALID OL | | 6 - EXCEPT CLASS A & CLASS B BUS | | 6 - PASSENGER | | ALCOHOL TEST TYPE | |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | EJECTION | | H - HAZMAT | | 7 - EXCEPT TRACTOR-TRAILER | | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | | 1 - NONE | |
| 2 - EMS | | 8 - THIRD - MIDDLE | | 1 - NOT EJECTED | | M - MOTORCYCLE | | 8 - INTERMEDIATE LICENSE RESTRICTIONS | | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | | 2 - BLOOD | |
| 3 - POLICE | | 9 - THIRD - RIGHT SIDE | | 2 - PARTIALLY EJECTED | | P - PASSENGER | | 9 - LEARNER'S PERMIT RESTRICTIONS | | 9 - OTHER / UNKNOWN | | 3 - URINE | |
| 9 - OTHER / UNKNOWN | | 10 - SLEEPER SECTION OF TRUCK CAB | | 3 - TOTALLY EJECTED | | N - TANKER | | 10 - LIMITED TO DAYLIGHT ONLY | | CONDITION | | 4 - BREATH | |
| SAFETY EQUIPMENT | | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | 4 - NOT APPLICABLE | | Q - MOTOR SCOOTER | | 11 - LIMITED TO EMPLOYMENT | | 1 - APPARENTLY NORMAL | | 5 - OTHER | |
| 1 - NONE USED | | 12 - PASSENGER IN UNENCLOSED CARGO AREA | | TRAPPED | | R - THREE-WHEEL MOTORCYCLE | | 12 - LIMITED - OTHER | | 2 - PHYSICAL IMPAIRMENT | | DRUG TEST TYPE | |
| 2 - SHOULDER BELT ONLY USED | | 13 - TRAILING UNIT | | 1 - NOT TRAPPED | | S - SCHOOL BUS | | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | | 1 - NONE | |
| 3 - LAP BELT ONLY USED | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | 2 - EXTRICATED BY MECHANICAL MEANS | | T - DOUBLE & TRIPLE TRAILERS | | 14 - MILITARY VEHICLES ONLY | | 4 - ILLNESS | | 2 - BLOOD | |
| 4 - SHOULDER & LAP BELT USED | | 15 - NON-MOTORIST | | 3 - FREED BY NON-MECHANICAL MEANS | | X - TANKER / HAZMAT | | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | | 3 - URINE | |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | | 99 - OTHER / UNKNOWN | | GENDER | | | | 16 - OUTSIDE MIRROR | | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | | 4 - OTHER | |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | | | F - FEMALE | | | | 17 - PROSTHETIC AID | | 9 - OTHER / UNKNOWN | | DRUG TEST RESULT(S) | |
| 7 - BOOSTER SEAT | | | | M - MALE | | | | 18 - OTHER | | | | 1 - AMPHETAMINES | |
| 8 - HELMET USED | | | | U - OTHER / UNKNOWN | | | | | | | | 2 - BARBITURATES | |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | | | | | | | 3 - BENZODIAZEPINES | |
| 10 - REFLECTIVE CLOTHING | | | | | | | | | | | | 4 - CANNABINOIDS | |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | | | | | | | 5 - COCAINE | |
| 99 - OTHER / UNKNOWN | | | | | | | | | | | | 6 - OPIATES / OPIOIDS | |
| | | | | | | | | | | | | 7 - OTHER | |
| | | | | | | | | | | | | 8 - NEGATIVE RESULTS | |