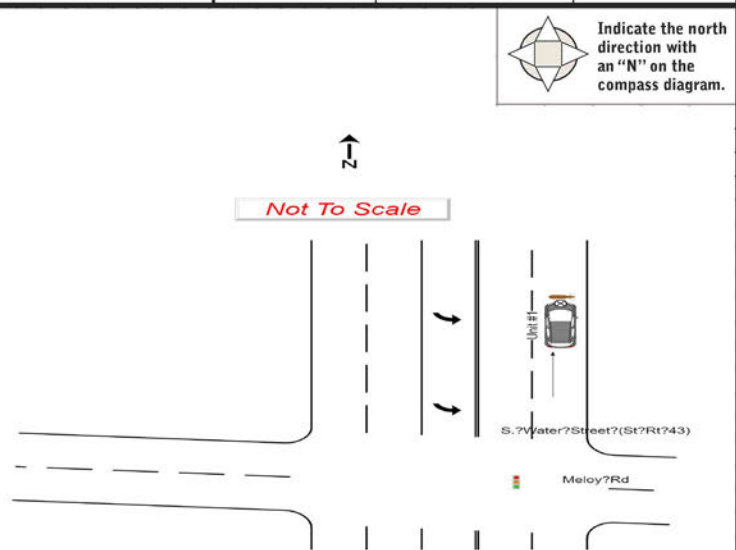


<input type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		2 0 2 5 - 0 0 0 1 3 0 4 5					
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*		HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR	
<input type="checkbox"/> PRIVATE PROPERTY				City of Kent Police		0 6 7 0 3		1 - SOLVED 2 - UNSOLVED	0 1	9 8 98 - ANIMAL 99 - UNKNOWN	
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE / TIME*		CRASH SEVERITY			
6 7	1	Kent				09082025/2319		5			
ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME		ROUTE TYPE	LATITUDE DECIMAL DEGREES		CRASH SEVERITY			
S R	43	2	WATER		S T	41.134623		1 - FATAL			
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROUTE TYPE	LONGITUDE DECIMAL DEGREES		2 - SERIOUS INJURY SUSPECTED			
			Meloy		R D	-81.351577		3 - MINOR INJURY SUSPECTED			
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE		ROAD TYPE		INTERSECTION RELATED					
1 - INTERSECTION	1 - NORTH	IR - INTERSTATE ROUTE (TP)		AL - ALLEY		<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH					
2 - MILE POST	2 - SOUTH	US - FEDERAL US ROUTE		AV - AVENUE		<input type="checkbox"/> WITHIN INTERCHANGE AREA					
3 - HOUSE #	3 - EAST	SR - STATE ROUTE		BL - BOULEVARD		NUMBER OF APPROACHES					
	4 - WEST	CR - NUMBERED COUNTY ROUTE		MP - MILEPOST		ROADWAY					
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	TR - NUMBERED TOWNSHIP ROUTE		CT - COURT		<input checked="" type="checkbox"/> ROADWAY DIVIDED					
. 0 1	1			DR - DRIVE							
	2 - FEET			PI - PIKE							
	3 - YARDS			WA - WAY							
				HE - HEIGHTS							
				PL - PLACE							
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT				DIRECTION OF TRAVEL		MEDIAN TYPE	
1 - ON ROADWAY				1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT				1 - NORTH		1 - DIVIDED FLUSH MEDIAN (<4 FEET)	
2 - ON SHOULDER				2 - REAR-END				2 - SOUTH		2 - DIVIDED FLUSH MEDIAN (>4 FEET)	
3 - IN MEDIAN				3 - HEAD-ON				3 - EAST		3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE)	
4 - ON ROADSIDE				4 - REAR-TO-REAR				4 - WEST		4 - DIVIDED, RAISED MEDIAN (ANY TYPE)	
5 - ON GORE				5 - BACKING						9 - OTHER/UNKNOWN	
6 - OUTSIDE TRAFFIC WAY				6 - ANGLE							
7 - ON RAMP				7 - SIDESWIPE, SAME DIRECTION							
8 - OFF RAMP				8 - SIDESWIPE, OPPOSITE DIRECTION							
9 - CROSSOVER				9 - OTHER / UNKNOWN							
10 - DRIVEWAY/ALLEY ACCESS											
11 - RAILWAY GRADE CROSSING											
12 - SHARED USE PATHS OR TRAILS											
13 - BIKE LANE											
14 - TOLL BOOTH											
99 - 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		1 - BEFORE THE 1ST WORK ZONE WARNING SIGN		1		1		2	
<input type="checkbox"/> LAW ENFORCEMENT PRESENT		2 - LANE SHIFT/CROSSOVER		2 - ADVANCE WARNING AREA		1 - STRAIGHT LEVEL		1 - DRY		1 - CONCRETE	
<input type="checkbox"/> ACTIVE SCHOOL ZONE		3 - WORK ON SHOULDER OR MEDIAN		3 - TRANSITION AREA		2 - STRAIGHT GRADE		2 - WET		2 - BLACKTOP, BITUMINOUS, ASPHALT	
		4 - INTERMITTENT OR MOVING WORK		4 - ACTIVITY AREA		3 - CURVE LEVEL		3 - SNOW		3 - BRICK/BLOCK	
		5 - OTHER		5 - TERMINATION AREA		4 - CURVE GRADE		4 - ICE		4 - SLAG, GRAVEL, STONE	
						9 - OTHER/UNKNOWN		5 - SAND, MUD, DIRT, OIL, GRAVEL		5 - DIRT	
								6 - WATER (STANDING, MOVING)		9 - OTHER/UNKNOWN	
								7 - SLUSH			
								9 - OTHER/UNKNOWN			
LIGHT CONDITION		WEATHER									
1 - DAYLIGHT		1 - CLEAR		6 - SNOW							
2 - DAWN/DUSK		2 - CLOUDY		7 - SEVERE CROSSWINDS							
3 - DARK - LIGHTED ROADWAY		3 - FOG, SMOG, SMOKE		8 - BLOWING SAND, SOIL, DIRT, SNOW							
4 - DARK - ROADWAY NOT LIGHTED		4 - RAIN		9 - FREEZING RAIN OR FREEZING DRIZZLE							
5 - DARK - UNKNOWN ROADWAY LIGHTING		5 - SLEET, HAIL		99 - OTHER / UNKNOWN							
9 - OTHER / UNKNOWN											
NARRATIVE											
Unit #1 was traveling north on S. Water Street in curb lane. Driver of Unit #1 stated that a deer entered the traffic lane from the west and Unit #1 struck the deer fatally injuring the deer and causing disabling damage to the vehicle. The vehicle was towed by Bakers Towing and no injuries were reported.											
											
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY			
0 9 0 8 2 0 2 5 / 2 3 1 9		0 9 0 8 2 0 2 5 / 2 3 1 9		0 9 0 8 2 0 2 5 / 2 3 3 0		0 9 0 9 2 0 2 5 / 0 0 1 0		<input checked="" type="checkbox"/> POLICE AGENCY			
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*		<input type="checkbox"/> MOTORIST	
0 5 1		0 2 0		1 1 1		Elkin, Darius Doyle		Short, Jason M		<input type="checkbox"/> SUPPLEMENT	
						OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*		(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)	
						2 2 6		2 2 8			

OWNER	UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) POWELL, CONNOR, JACOB	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) 1012 WOODROW ST, NORTH CANTON, OH 44720																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
VEHICLE	LP STATE O H	LICENSE PLATE # KRA1103	VEHICLE IDENTIFICATION # 1 9 X F C 2 F 5 9 G E 0 8 2 3 9 2	VEHICLE YEAR 2 0 1 6	VEHICLE MAKE Honda																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Progressive Ins	INSURANCE POLICY # VC919747	COLOR BLK	VEHICLE MODEL ACCORD																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME Bakers Towing																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
	<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"/> 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 1		# OF TRAILING UNITS 0 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 1- DRIVER ASSISTANCE 2- PARTIAL AUTOMATION		3- CONDITIONAL AUTOMATION 4- HIGH 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		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 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 0 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- 1 8		2- 1 8		3- 1 8		4- 1 8		5- 1 8		6- 1 8		7- 1 8		8- 1 8		9- 1 8		10- 1 8		11- 1 8		12- 1 8		13- 1 8		14- 1 8		15- 1 8		16- 1 8		17- 1 8		18- 1 8		19- 1 8		20- 1 8		21- 1 8		22- 1 8		23- 1 8		24- 1 8		25- 1 8		26- 1 8		27- 1 8		28- 1 8		29- 1 8		30- 1 8		31- 1 8		32- 1 8		33- 1 8		34- 1 8		35- 1 8		36- 1 8		37- 1 8		38- 1 8		39- 1 8		40- 1 8		41- 1 8		42- 1 8		43- 1 8		44- 1 8		45- 1 8		46- 1 8		47- 1 8		48- 1 8		49- 1 8		50- 1 8		51- 1 8		52- 1 8		53- 1 8		54- 1 8		55- 1 8		56- 1 8		57- 1 8		58- 1 8		59- 1 8		60- 1 8		61- 1 8		62- 1 8		63- 1 8		64- 1 8		65- 1 8		66- 1 8		67- 1 8		68- 1 8		69- 1 8		70- 1 8		71- 1 8		72- 1 8		73- 1 8		74- 1 8		75- 1 8		76- 1 8		77- 1 8		78- 1 8		79- 1 8		80- 1 8		81- 1 8		82- 1 8		83- 1 8		84- 1 8		85- 1 8		86- 1 8		87- 1 8		88- 1 8		89- 1 8		90- 1 8		91- 1 8		92- 1 8		93- 1 8		94- 1 8		95- 1 8		96- 1 8		97- 1 8		98- 1 8		99- 1 8		100- 1 8		101- 1 8		102- 1 8		103- 1 8		104- 1 8		105- 1 8		106- 1 8		107- 1 8		108- 1 8		109- 1 8		110- 1 8		111- 1 8		112- 1 8		113- 1 8		114- 1 8		115- 1 8		116- 1 8		117- 1 8		118- 1 8		119- 1 8		120- 1 8		121- 1 8		122- 1 8		123- 1 8		124- 1 8		125- 1 8		126- 1 8		127- 1 8		128- 1 8		129- 1 8		130- 1 8		131- 1 8		132- 1 8		133- 1 8		134- 1 8		135- 1 8		136- 1 8		137- 1 8		138- 1 8		139- 1 8		140- 1 8		141- 1 8		142- 1 8		143- 1 8		144- 1 8		145- 1 8		146- 1 8		147- 1 8		148- 1 8		149- 1 8		150- 1 8		151- 1 8		152- 1 8		153- 1 8		154- 1 8		155- 1 8		156- 1 8		157- 1 8		158- 1 8		159- 1 8		160- 1 8		161- 1 8		162- 1 8		163- 1 8		164- 1 8		165- 1 8		166- 1 8		167- 1 8		168- 1 8		169- 1 8		170- 1 8		171- 1 8		172- 1 8		173- 1 8		174- 1 8		175- 1 8		176- 1 8		177- 1 8		178- 1 8		179- 1 8		180- 1 8		181- 1 8		182- 1 8		183- 1 8		184- 1 8		185- 1 8		186- 1 8		187- 1 8		188- 1 8		189- 1 8		190- 1 8		191- 1 8		192- 1 8		193- 1 8		194- 1 8		195- 1 8		196- 1 8		197- 1 8		198- 1 8		199- 1 8		200- 1 8		201- 1 8		202- 1 8		203- 1 8		204- 1 8		205- 1 8		206- 1 8		207- 1 8		208- 1 8		209- 1 8		210- 1 8		211- 1 8		212- 1 8		213- 1 8		214- 1 8		215- 1 8		216- 1 8		217- 1 8		218- 1 8		219- 1 8		220- 1 8		221- 1 8		222- 1 8		223- 1 8		224- 1 8		225- 1 8		226- 1 8		227- 1 8		228- 1 8		229- 1 8		230- 1 8		231- 1 8		232- 1 8		233- 1 8		234- 1 8		235- 1 8		236- 1 8		237- 1 8		238- 1 8		239- 1 8		240- 1 8		241- 1 8		242- 1 8		243- 1 8		244- 1 8		245- 1 8		246- 1 8		247- 1 8		248- 1 8		249- 1 8		250- 1 8		251- 1 8		252- 1 8		253- 1 8		254- 1 8		255- 1 8		256- 1 8		257- 1 8		258- 1 8		259- 1 8		260- 1 8		261- 1 8		262- 1 8		263- 1 8		264- 1 8		265- 1 8		266- 1 8		267- 1 8		268- 1 8		269- 1 8		270- 1 8		271- 1 8		272- 1 8		273- 1 8		274- 1 8		275- 1 8		276- 1 8		277- 1 8		278- 1 8		279- 1 8		280- 1 8		281- 1 8		282- 1 8		283- 1 8		284- 1 8		285- 1 8		286- 1 8		287- 1 8		288- 1 8		289- 1 8		290- 1 8		291- 1 8		292- 1 8		293- 1 8		294- 1 8		295- 1 8		296- 1 8		297- 1 8		298- 1 8		299- 1 8		300- 1 8		301- 1 8		302- 1 8		303- 1 8		304- 1 8		305- 1 8		306- 1 8		307- 1 8		308- 1 8		309- 1 8		310- 1 8		311- 1 8		312- 1 8		313- 1 8		314- 1 8		315- 1 8		316- 1 8		317- 1 8		318- 1 8		319- 1 8		320- 1 8		321- 1 8		322- 1 8		323- 1 8		324- 1 8		325- 1 8		326- 1 8		327- 1 8		328- 1 8		329- 1 8		330- 1 8		331- 1 8		332- 1 8		333- 1 8		334- 1 8		335- 1 8		336- 1 8		337- 1 8		338- 1 8		339- 1 8		340- 1 8		341- 1 8		342- 1 8		343- 1 8		344- 1 8		345- 1 8		346- 1 8		347- 1 8		348- 1 8		349- 1 8		350- 1 8		351- 1 8		352- 1 8		353- 1 8		354- 1 8		355- 1 8		356- 1 8		357- 1 8		358- 1 8		359- 1 8		360- 1 8		361- 1 8		362- 1 8		363- 1 8		364- 1 8		365- 1 8		366- 1 8		367- 1 8		368- 1 8		369- 1 8		370- 1 8		371- 1 8		372- 1 8		373- 1 8		374- 1 8		375- 1 8		376- 1 8		377- 1 8		378- 1 8		379- 1 8		380- 1 8		381- 1 8		382- 1 8		383- 1 8		384- 1 8		385- 1 8		386- 1 8		387- 1 8		388- 1 8		389- 1 8		390- 1 8		391- 1 8		392- 1 8		393- 1 8		394- 1 8		395- 1 8		396- 1 8		397- 1 8		398- 1 8		399- 1 8		400- 1 8		401- 1 8		402- 1 8		403- 1 8		404- 1 8		405- 1 8		406- 1 8		407- 1 8		408- 1 8		409- 1 8		410- 1 8		411- 1 8		412- 1 8		413- 1 8		414- 1 8		415- 1 8		416- 1 8		417- 1 8		418- 1 8		419- 1 8		420- 1 8		421- 1 8		422- 1 8		423- 1 8		424- 1 8		425- 1 8		426- 1 8		427- 1 8		428- 1 8		429- 1 8		430- 1 8		431- 1 8		432- 1 8		433- 1 8		434- 1 8		435- 1 8		436- 1 8		437- 1 8		438- 1 8		439- 1 8		440- 1 8		441- 1 8		442- 1 8		443- 1 8		444- 1 8		445- 1 8		446- 1 8		447- 1 8		448- 1 8		449- 1 8		450- 1 8		451- 1 8		452- 1 8		453- 1 8		454- 1 8		455- 1 8		456- 1 8		457- 1 8		458- 1 8		459- 1 8		460- 1 8		461- 1 8			

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER									
2 0 2 5 - 0 0 0 1 3 0 4 5									
UNIT # 0 1		NAME: LAST, FIRST, MIDDLE POWELL, CONNOR, JACOB				DATE OF BIRTH 0 3 0 6 2 0 0 4		AGE 2 1	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 1012 WOODROW ST, NORTH CANTON, OH 44720						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	
OL STATE O H		OPERATOR LICENSE NUMBER REDACTED PER ORC 4501:1-12		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION	
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 1		TYPE 1		VALUE .		STATUS 1	
TYPE 1		RESULT SELECT UP TO 4		STATUS 1		TYPE 1		RESULT SELECT UP TO 4	
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	
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION	
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		STATUS	
TYPE		RESULT SELECT UP TO 4		STATUS		TYPE		RESULT SELECT UP TO 4	
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	
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION	
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		STATUS	
TYPE		RESULT SELECT UP TO 4		STATUS		TYPE		RESULT SELECT UP TO 4	
INJURIES		SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTION(S)	
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED		1 - CLASS A		1 - ALCOHOL INTERLOCK DEVICE	
2 - SUSPECTED SERIOUS INJURY		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT		2 - CLASS B		2 - CDL INTRASTATE ONLY	
3 - SUSPECTED MINOR INJURY		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE		3 - CLASS C		3 - CORRECTIVE LENSES	
4 - POSSIBLE INJURY		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT / SIDE		4 - REGULAR CLASS (OHIO - D)		4 - FARM WAIVER	
5 - NO APPARENT INJURY		5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M/C MOPEL ONLY		5 - EXCEPT CLASS A BUS	
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS	
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION		OL ENDORSEMENT		7 - EXCEPT TRACTOR-TRAILER	
2 - EMS		8 - THIRD - MIDDLE		1 - NOT EJECTED		H - HAZMAT		8 - INTERMEDIATE LICENSE RESTRICTIONS	
3 - POLICE		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PERMIT RESTRICTIONS	
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED		P - PASSENGER		10 - LIMITED TO DAYLIGHT ONLY	
SAFETY EQUIPMENT		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE		N - TANKER		11 - LIMITED TO EMPLOYMENT	
1 - NONE USED		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED		Q - MOTOR SCOOTER		12 - LIMITED - OTHER	
2 - SHOULDER BELT ONLY USED		13 - TRAILING UNIT		1 - NOT TRAPPED		R - THREE-WHEEL MOTORCYCLE		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	
3 - LAP BELT ONLY USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS		S - SCHOOL BUS		14 - MILITARY VEHICLES ONLY	
4 - SHOULDER & LAP BELT USED		15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS		15 - MOTOR VEHICLES WITHOUT AIR BRAKES	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN		GENDER		X - TANKER / HAZMAT		16 - OUTSIDE MIRROR	
6 - CHILD RESTRAINT SYSTEM - REAR FACING				F - FEMALE				17 - PROSTHETIC AID	
7 - BOOSTER SEAT				M - MALE				18 - OTHER	
8 - HELMET USED				U - OTHER / UNKNOWN					
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)									
10 - REFLECTIVE CLOTHING									
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY									
99 - OTHER / UNKNOWN									
CONDITION		1 - APPARENTLY NORMAL		1 - NONE		DRUG TEST TYPE		1 - NONE	
2 - PHYSICAL IMPAIRMENT		2 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		2 - BLOOD		3 - URINE		2 - BLOOD	
3 - ILLNESS		4 - ILLNESS		3 - URINE		4 - OTHER		3 - URINE	
5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		4 - OTHER		DRUG TEST RESULT(S)		1 - AMPHETAMINES	
6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		DRUG TEST TYPE		1 - NONE		2 - BARBITURATES	
9 - OTHER / UNKNOWN		9 - OTHER / UNKNOWN		1 - NONE		2 - BLOOD		3 - BENZODIAZEPINES	
				2 - BLOOD		3 - URINE		4 - CANNABINOIDS	
				3 - URINE		4 - OTHER		5 - COCAINE	
				4 - OTHER				6 - OPIATES / OPIOIDS	
								7 - OTHER	
								8 - NEGATIVE RESULTS	

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 0 2 5 - 0 0 0 1 3 0 4 5

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	01	SMITH, KAYDENCE, JAILA	0 5 0 8 2 0 0 4	21	F
	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		
	927 S WATER ST, 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
	5				0 4
	<input type="checkbox"/>	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION
		0 3	1	1	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

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

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

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
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
INJURED TAKEN BY	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
1 - NOT TRANSPORTED / TREATED AT SCENE	8 - HELMET USED	8 - THIRD - MIDDLE	EJECTION
2 - EMS	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	1 - NOT EJECTED
3 - POLICE	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED
GENDER	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE
F - FEMALE		13 - TRAILING UNIT	TRAPPED
M - MALE		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	1 - NOT TRAPPED
U - OTHER / UNKNOWN		15 - NON-MOTORIST	2 - EXTRICATED BY MECHANICAL MEANS
		99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS

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	