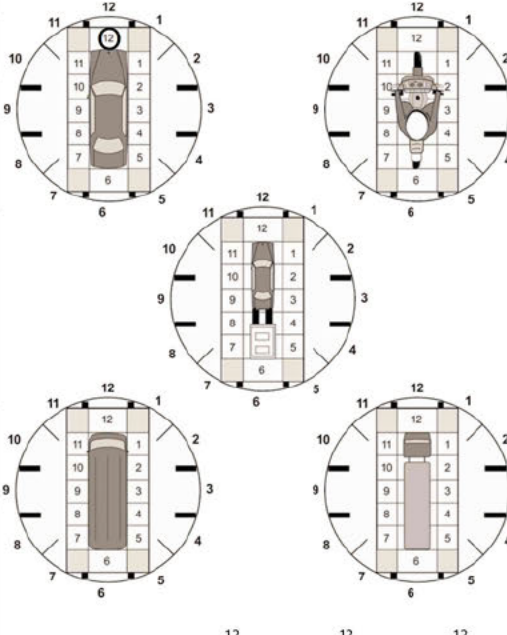
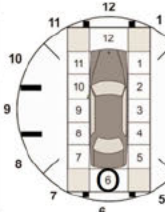
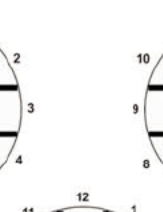
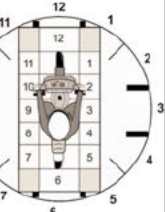
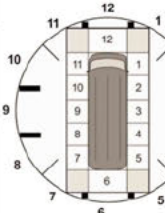
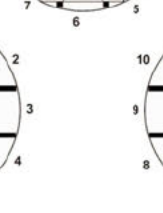
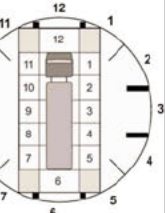
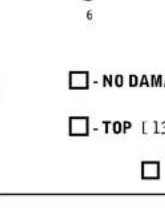
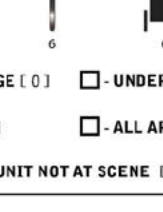


☐ PHOTOS TAKEN		☐ OH-2	☐ OH-3	LOCAL INFORMATION		2 0 2 6 - 0 0 0 1 3 1 7 4					
☐ SECONDARY CRASH		☒ OH-1P	☐ OTHER	REPORTING AGENCY NAME*		NCIC*		HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR	
☐ PRIVATE PROPERTY				City of Kent Police		0 6 7 0 3		1 - SOLVED 2 - UNSOLVED	0 2	98 - ANIMAL 99 - UNKNOWN	
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE / TIME*		CRASH SEVERITY			
6 7	1	Kent				08202026/1940		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	59	3	MAIN		S T	41.115369					
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROUTE TYPE	LONGITUDE DECIMAL DEGREES					
			LUTHER		A V	-81.345476					
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		☒ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 3	
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE									
3 0		2									
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT				DIRECTION OF TRAVEL		MEDIAN TYPE	
1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP				1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON				1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN	
0 1				2							
☐ WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE		CONTOUR		CONDITIONS		SURFACE	
☐ 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		2		1		2	
☐ 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	
☐ ACTIVE SCHOOL ZONE											
LIGHT CONDITION				WEATHER							
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN				1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL				6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN			
0 1											
NARRATIVE											
Unit 2 was stopped behind cars at the red light on E Main St (eastbound lane). Unit 1 was also eastbound behind Unit 2. Unit 1 struck Unit 2 in the rear.											
Indicate the north direction with an "N" on the compass diagram.											
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY			
08202026/1940		08202026/1942		08202026/1950		08202026/2047		☒ POLICE AGENCY ☐ MOTORIST			
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*		☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)	
0 0 0		0 3 0		0 9 5		Schmitt, Benjamin		Short, Jason M			
OFFICER'S BADGE NUMBER*		OFFICER'S BADGE NUMBER*		OFFICER'S BADGE NUMBER*		OFFICER'S BADGE NUMBER*		OFFICER'S BADGE NUMBER*			
2 3 3		2 3 3		2 3 3		2 2 8		2 2 8			

OWNER	UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) JADAE, ALEENA, GABRIELLE	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 249 HARRIS ST, Kent, OH 44240				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE O H	LICENSE PLATE # KZB9387	VEHICLE IDENTIFICATION # 1G1PC5S H3 C 7 3 8 1 9 1 8	VEHICLE YEAR 2 0 1 2	VEHICLE MAKE Chevrolet
	☐ INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR BLU	VEHICLE MODEL CRUZE
	TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME Bakers Towing	
	☐ INTERLOCK DEVICE EQUIPPED	☐ HIT/SKIP UNIT	#OCCUPANTS 0 2	HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD	
	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
	UNIT TYPE 0 1		# OF TRAILING UNITS 0 0		
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL 0		
	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		
	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		
	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		
EVENT(S)	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		
	3 ACTION 0 1 PRE-CRASH ACTIONS		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		
	0 8 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		NON-COLLISION		
	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		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		
	1 FIRST HARMFUL EVENT		1 MOST HARMFUL EVENT		

LOCAL REPORT NUMBER 2 0 2 6 - 0 0 0 1 3 1 7 4	
DAMAGE	
DAMAGE SCALE 4 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
	
☐ - NO DAMAGE [0] ☐ - UNDERCARRIAGE [14] ☐ - TOP [13] ☐ - ALL AREAS [15] ☐ - 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	
TRAFFIC	
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 4 TO 3 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 0 1 0	DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 3 5	

OWNER	UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE (X) (NAME AS DRIVER) ZIMMERMAN, MICHAEL, HAROLD	OWNER PHONE: (AREA CODE) (NUMBER) REDACTED PER ORC 149.43(A)(1)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) (NAME AS DRIVER) 5955 THORNDAL DR, Franklin Twp, OH 44240				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE O H	LICENSE PLATE # COG5365	VEHICLE IDENTIFICATION # 2 HNYD18646H509822	VEHICLE YEAR 2 0 0 6	VEHICLE MAKE Acura
	☒ INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE	INSURANCE POLICY # 971429131	COLOR SIL	VEHICLE MODEL MDX
	☐ COMMERCIAL	☐ GOVERNMENT	☐ IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME	
	☐ INTERLOCK DEVICE EQUIPPED	☐ HIT/SKIP UNIT	#OCCUPANTS 0 1	HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD	
	TYPE OF USE		US DOT #	VEHICLE WEIGHT GVWR/GCWR	
	☐ PASSENGER CAR		☐ MOTORCYCLE 2-WHEELED	☐ GOLF CART	
	☐ PASSENGER VAN (MINIVAN)		☐ MOTORCYCLE 3-WHEELED	☐ SNOWMOBILE	
	☐ SPORT UTILITY VEHICLE		☐ AUTOCYCLE	☐ SINGLE UNIT TRUCK	
	☐ PICK UP		☐ MOPED OR MOTORIZED BICYCLE	☐ SEMI-TRACTOR	
	☐ CARGO VAN		☐ ALL TERRAIN VEHICLE (ATV / UTV)	☐ FARM EQUIPMENT	
☐ VAN (9-15 SEATS)			☐ MOTORHOME		
UNIT TYPE 0 3		# OF TRAILING UNITS 00			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL			
☐ 1 - YES		☐ 0 - NO			
☐ 2 - NO		☐ 1 - PARTIAL AUTOMATION			
☐ 9 - OTHER / UNKNOWN		☐ 2 - FULL AUTOMATION			
SPECIAL FUNCTION		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		☐ 22 - OTHER / UNKNOWN			
CARGO BODY TYPE		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			
☐ 15 - OTHER / UNKNOWN		☐ 16 - OTHER / UNKNOWN			
VEHICLE DEFECTS		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			
☐ 11 - FIRST RESPONDER AT INCIDENT SCENE		☐ 12 - OTHER / UNKNOWN			
NON-MOTORIST LOCATION AT IMPACT		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 - OTHER / UNKNOWN			
ACTION		ACTION			
☐ 1 - NON-CONTACT		☐ 2 - NON-COLLISION			
☐ 3 - STRIKING		☐ 4 - STRUCK			
☐ 5 - BOTH STRIKING & STRUCK		☐ 6 - OTHER / UNKNOWN			
☐ 7 - STRAIGHT AHEAD		☐ 8 - BACKING			
☐ 9 - CHANGING LANES		☐ 10 - OVERTAKING/PASSING			
☐ 11 - MAKING RIGHT TURN		☐ 12 - MAKING LEFT TURN			
☐ 13 - MAKING U-TURN		☐ 14 - ENTERING TRAFFIC LANE			
☐ 15 - LEAVING TRAFFIC LANE		☐ 16 - PARKED			
☐ 17 - SLOWING OR STOPPED IN TRAFFIC		☐ 18 - DRIVERLESS			
☐ 19 - NEGOTIATING A CURVE		☐ 20 - ENTERING OR CROSSING SPECIFIED LOCATION			
☐ 21 - WALKING, RUNNING, JOGGING, PLAYING		☐ 22 - WORKING			
☐ 23 - PUSHING VEHICLE		☐ 24 - APPROACHING OR LEAVING VEHICLE			
☐ 25 - STANDING		☐ 26 - OTHER NON-MOTORIST			
☐ 27 - STANDING OUTSIDE DISABLED VEHICLE		☐ 28 - OTHER / UNKNOWN			
CONTRIBUTING CIRCUMSTANCES		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		☐ 24 - OTHER IMPROPER ACTION			
SEQUENCE OF EVENTS		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		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			
☐ 55 - OTHER / UNKNOWN		☐ 56 - OTHER / UNKNOWN			
FIRST HARMFUL EVENT		MOST HARMFUL EVENT			
☐ 1		☐ 1			

LOCAL REPORT NUMBER 2 0 2 6 - 0 0 0 1 3 1 7 4	
DAMAGE	
DAMAGE SCALE	
☐ 1 - NONE	
☐ 2 - MINOR DAMAGE	
☐ 3 - FUNCTIONAL DAMAGE	
☐ 4 - DISABLING DAMAGE	
☐ 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
	
	
	
	
	
	
	
	
	
☐ - NO DAMAGE [0]	
☐ - UNDERCARRIAGE [14]	
☐ - TOP [13]	
☐ - ALL AREAS [15]	
☐ - 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	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
☐ 1 - ONE-WAY	☐ 1 - ROUNDABOUT
☐ 2 - TWO-WAY	☐ 2 - SIGNAL
	☐ 3 - FLASHER
	☐ 4 - STOP SIGN
	☐ 5 - YIELD SIGN
	☐ 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
☐ 2	☐ 1 - NOT INVOLVED
	☐ 2 - INVOLVED-ACTIVE CROSSING
	☐ 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
☐ 1 - NORTH	
☐ 2 - SOUTH	
☐ 3 - EAST	
☐ 4 - WEST	
☐ 5 - NORTHEAST	
☐ 6 - NORTHWEST	
☐ 7 - SOUTHEAST	
☐ 8 - SOUTHWEST	
☐ 9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
☐ 0	☐ 1 - STATED / ESTIMATED SPEED
☐ 0	☐ 2 - CALCULATED / EDR
☐ 0	☐ 3 - UNDETERMINED
POSTED SPEED	
☐ 3	
☐ 5	

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER													
2 0 2 6 - 0 0 0 1 3 1 7 4													
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER					
0 1	DANIEL, TREVOR, LUCAS				0 3 0 5 2 0 0 8		1 8	M					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
249 HARRIS 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	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
5					0 4	☐	0 1	1	1	1			
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
O H	REDACTED PER ORC 4501:1-12		333.03		X	Maximum Speed Limits		30793					
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	☐ ALCOHOL ☐ MARIJUANA ☐ 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	ZIMMERMAN, MICHAEL, HAROLD				0 4 0 4 1 9 6 2		6 4	M					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
5955 THORNDALE DR ,Franklin Twp ,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	☐	0 1	1	1	1			
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
O H	REDACTED PER ORC 4501:1-12												
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	☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4	
							1	1		5	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			
						☐							
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)				
				☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG			STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4	
INJURIES		SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS	
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED		1 - CLASS A		1 - ALCOHOL INTERLOCK DEVICE		1 - NOT DISTRACTED		1 - NONE GIVEN	
2 - SUSPECTED SERIOUS INJURY		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT		2 - CLASS B		2 - CDL INTRASTATE ONLY		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)		2 - TEST REFUSED	
3 - SUSPECTED MINOR INJURY		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE		3 - CLASS C		3 - CORRECTIVE LENSES		3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	
4 - POSSIBLE INJURY		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT / SIDE		4 - REGULAR CLASS (OHIO - D)		4 - FARM WAIVER		4 - TALKING ON HAND-HELD COMMUNICATION DEVICE		4 - TEST GIVEN, RESULTS KNOWN	
5 - NO APPARENT INJURY		5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M/C MOPED ONLY		5 - EXCEPT CLASS A BUS		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN	
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS		6 - PASSENGER		ALCOHOL TEST TYPE	
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION		H - HAZMAT		7 - EXCEPT TRACTOR-TRAILER		7 - OTHER DISTRACTION INSIDE THE VEHICLE		1 - NONE	
2 - EMS		8 - THIRD - MIDDLE		1 - NOT EJECTED		M - MOTORCYCLE		8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		2 - BLOOD	
3 - POLICE		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED		P - PASSENGER		9 - LEARNER'S PERMIT RESTRICTIONS		9 - OTHER / UNKNOWN		3 - URINE	
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED		N - TANKER		10 - LIMITED TO DAYLIGHT ONLY		CONDITION		4 - BREATH	
SAFETY EQUIPMENT		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE		Q - MOTOR SCOOTER		11 - LIMITED TO EMPLOYMENT		1 - APPARENTLY NORMAL		5 - OTHER	
1 - NONE USED		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED		R - THREE-WHEEL MOTORCYCLE		12 - LIMITED - OTHER		2 - PHYSICAL IMPAIRMENT		DRUG TEST TYPE	
2 - SHOULDER BELT ONLY USED		13 - TRAILING UNIT		1 - NOT TRAPPED		S - SCHOOL BUS		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		1 - NONE	
3 - LAP BELT ONLY USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS		14 - MILITARY VEHICLES ONLY		4 - ILLNESS		2 - BLOOD	
4 - SHOULDER & LAP BELT USED		15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS		X - TANKER / HAZMAT		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		5 - 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	

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 0 2 6 - 0 0 0 1 3 1 7 4

OCCUPANT		UNIT #		NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE		GENDER	
		01		JADAE, ALEENA, GABRIELLE		0 2 1 7 2 0 0 8		18		F	
		ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
		249 HARRIS ST ,Kent ,OH 44240									
		INJURIES		INJURED TAKEN BY		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	
		5								0 4	
		☐		DOT-COMPLIANT MC HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION	
						0 3		1		1	
		TRAPPED								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									
		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									
		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									
		INJURIES		SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE			
		1 - FATAL		1 - NONE USED - VEHICLE OCCUPANT		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED			
		2 - SUSPECTED SERIOUS INJURY		2 - SHOULDER BELT ONLY USED		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT			
		3 - SUSPECTED MINOR INJURY		3 - LAP BELT ONLY USED		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE			
		4 - POSSIBLE INJURY		4 - SHOULDER & LAP BELT USED		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT/SIDE			
		5 - NO APPARENT INJURY		5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		5 - SECOND - MIDDLE		5 - NOT APPLICABLE			
		INJURED TAKEN BY		6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN			
		1 - NOT TRANSPORTED /TREATED AT SCENE		7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION			
		2 - EMS		8 - HELMET USED		8 - THIRD - MIDDLE		1 - NOT EJECTED			
		3 - POLICE		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED			
		9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED			
		GENDER		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE			
		F - FEMALE		99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED			
		M - MALE				13 - TRAILING UNIT		1 - NOT TRAPPED			
		U - OTHER / UNKNOWN				14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS			
						15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS			
						99 - OTHER / UNKNOWN					
		WITNESS		NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE		GENDER	
		ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
		WITNESS		NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE		GENDER	
		ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
		WITNESS		NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE		GENDER	
		ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					