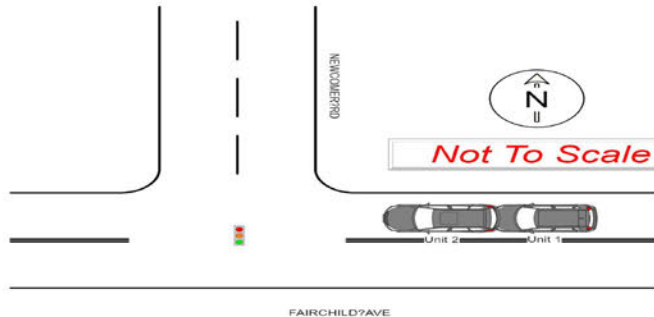


<input type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		2 0 2 5 - 0 0 0 1 7 1 5 0				
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*		HIT/SKIP	NUMBER OF 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				12052025/0751		5		
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROUTE TYPE	LATITUDE DECIMAL DEGREES	CRASH SEVERITY		
				FAIRCHILD		A V	41.166261	1 - FATAL		
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROUTE TYPE	LONGITUDE DECIMAL DEGREES	2 - SERIOUS INJURY SUSPECTED		
				NEWCOMER		R D	-81.392138	3 - MINOR INJURY SUSPECTED		
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		RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE									NUMBER OF APPROACHES
	1 - MILES 2 - FEET 3 - YARDS									3
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 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN				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
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE		CONTOUR		CONDITIONS	SURFACE	
		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 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
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						
NARRATIVE				<div>Indicate the north direction with an "N" on the compass diagram.</div> 						
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY		
12052025/0751		12052025/0753		12052025/0755		12052025/0814		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST		
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*		SUPPLEMENT			
0 0 0	0 1 5	0 3 6	Kunka, Leonard B		Kunka, Leonard B		(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)			
			OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*					
			2 5 0		2 5 0					

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (NAME AS DRIVER) HOWELL, EVAN, JEREMIAH	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 4791 PIERCE RD, GARRETTSVILLE, OH 44231																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
VEHICLE	LP STATE OH	LICENSE PLATE # KHR7177	VEHICLE IDENTIFICATION # 1HGEJ6672WL030443	VEHICLE YEAR 1998	VEHICLE MAKE Honda																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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	<input type="checkbox"/> PASSENGER CAR		<input type="checkbox"/> PASSENGER VAN (MINIVAN)	<input type="checkbox"/> SPORT UTILITY VEHICLE	<input type="checkbox"/> PICK UP	<input type="checkbox"/> CARGO VAN	<input type="checkbox"/> VAN (9-15 SEATS)	<input type="checkbox"/> MOTORCYCLE 2-WHEELED	<input type="checkbox"/> MOTORCYCLE 3-WHEELED	<input type="checkbox"/> AUTOCYCLE	<input type="checkbox"/> MOPED OR MOTORIZED BICYCLE	<input type="checkbox"/> ALL TERRAIN VEHICLE (ATV / UTV)	<input type="checkbox"/> GOLF CART	<input type="checkbox"/> SNOWMOBILE	<input type="checkbox"/> SINGLE UNIT TRUCK	<input type="checkbox"/> SEMI-TRACTOR	<input type="checkbox"/> FARM EQUIPMENT	<input type="checkbox"/> MOTORHOME	<input type="checkbox"/> LIMO (LIVERY VEHICLE)	<input type="checkbox"/> BUS (16+ PASSENGERS)	<input type="checkbox"/> OTHER VEHICLE	<input type="checkbox"/> HEAVY EQUIPMENT	<input type="checkbox"/> ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	<input type="checkbox"/> PEDESTRIAN / SKATER	<input type="checkbox"/> WHEELCHAIR (ANY TYPE)	<input type="checkbox"/> OTHER NON-MOTORIST	<input type="checkbox"/> BICYCLE	<input type="checkbox"/> TRAIN	<input type="checkbox"/> UNKNOWN OR HIT/SKIP																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
	UNIT TYPE 01		# OF TRAILING UNITS 00		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		1-YES 2-NO 9-OTHER/UNKNOWN		AUTONOMOUS MODE LEVEL 0		1-NO AUTOMATION		2-DRIVER ASSISTANCE		3-CONDITIONAL AUTOMATION		4-HIGH AUTOMATION		5-FULL AUTOMATION		9-UNKNOWN																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
	SPECIAL FUNCTION 01		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-MAIL CARRIER		21-OTHER / UNKNOWN																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
	CARGO BODY TYPE 01		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-AUTOTRANSORTER		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 08		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- 20		2- 0		3- 0		4- 0		5- 0		6- 0		7- 0		8- 0		9- 0		10- 0		11- 0		12- 0		13- 0		14- 0		15- 0		16- 0		17- 0		18- 0		19- 0		20- 0		21- 0		22- 0		23- 0		24- 0		25- 0		26- 0		27- 0		28- 0		29- 0		30- 0		31- 0		32- 0		33- 0		34- 0		35- 0		36- 0		37- 0		38- 0		39- 0		40- 0		41- 0		42- 0		43- 0		44- 0		45- 0		46- 0		47- 0		48- 0		49- 0		50- 0		51- 0		52- 0		53- 0		54- 0		55- 0		56- 0		57- 0		58- 0		59- 0		60- 0		61- 0		62- 0		63- 0		64- 0		65- 0		66- 0		67- 0		68- 0		69- 0		70- 0		71- 0		72- 0		73- 0		74- 0		75- 0		76- 0		77- 0		78- 0		79- 0		80- 0		81- 0		82- 0		83- 0		84- 0		85- 0		86- 0		87- 0		88- 0		89- 0		90- 0		91- 0		92- 0		93- 0		94- 0		95- 0		96- 0		97- 0		98- 0		99- 0		100- 0		101- 0		102- 0		103- 0		104- 0		105- 0		106- 0		107- 0		108- 0		109- 0		110- 0		111- 0		112- 0		113- 0		114- 0		115- 0		116- 0		117- 0		118- 0		119- 0		120- 0		121- 0		122- 0		123- 0		124- 0		125- 0		126- 0		127- 0		128- 0		129- 0		130- 0		131- 0		132- 0		133- 0		134- 0		135- 0		136- 0		137- 0		138- 0		139- 0		140- 0		141- 0		142- 0		143- 0		144- 0		145- 0		146- 0		147- 0		148- 0		149- 0		150- 0		151- 0		152- 0		153- 0		154- 0		155- 0		156- 0		157- 0		158- 0		159- 0		160- 0		161- 0		162- 0		163- 0		164- 0		165- 0		166- 0		167- 0		168- 0		169- 0		170- 0		171- 0		172- 0		173- 0		174- 0		175- 0		176- 0		177- 0		178- 0		179- 0		180- 0		181- 0		182- 0		183- 0		184- 0		185- 0		186- 0		187- 0		188- 0		189- 0		190- 0		191- 0		192- 0		193- 0		194- 0		195- 0		196- 0		197- 0		198- 0		199- 0		200- 0		201- 0		202- 0		203- 0		204- 0		205- 0		206- 0		207- 0		208- 0		209- 0		210- 0		211- 0		212- 0		213- 0		214- 0		215- 0		216- 0		217- 0		218- 0		219- 0		220- 0		221- 0		222- 0		223- 0		224- 0		225- 0		226- 0		227- 0		228- 0		229- 0		230- 0		231- 0		232- 0		233- 0		234- 0		235- 0		236- 0		237- 0		238- 0		239- 0		240- 0		241- 0		242- 0		243- 0		244- 0		245- 0		246- 0		247- 0		248- 0		249- 0		250- 0		251- 0		252- 0		253- 0		254- 0		255- 0		256- 0		257- 0		258- 0		259- 0		260- 0		261- 0		262- 0		263- 0		264- 0		265- 0		266- 0		267- 0		268- 0		269- 0		270- 0		271- 0		272- 0		273- 0		274- 0		275- 0		276- 0		277- 0		278- 0		279- 0		280- 0		281- 0		282- 0		283- 0		284- 0		285- 0		286- 0		287- 0		288- 0		289- 0		290- 0		291- 0		292- 0		293- 0		294- 0		295- 0		296- 0		297- 0		298- 0		299- 0		300- 0		301- 0		302- 0		303- 0		304- 0		305- 0		306- 0		307- 0		308- 0		309- 0		310- 0		311- 0		312- 0		313- 0		314- 0		315- 0		316- 0		317- 0		318- 0		319- 0		320- 0		321- 0		322- 0		323- 0		324- 0		325- 0		326- 0		327- 0		328- 0		329- 0		330- 0		331- 0		332- 0		333- 0		334- 0		335- 0		336- 0		337- 0		338- 0		339- 0		340- 0		341- 0		342- 0		343- 0		344- 0		345- 0		346- 0		347- 0		348- 0		349- 0		350- 0		351- 0		352- 0		353- 0		354- 0		355- 0		356- 0		357- 0		358- 0		359- 0		360- 0		361- 0		362- 0		363- 0		364- 0		365- 0		366- 0		367- 0		368- 0		369- 0		370- 0		371- 0		372- 0		373- 0		374- 0		375- 0		376- 0		377- 0		378- 0		379- 0		380- 0		381- 0		382- 0		383- 0		384- 0		385- 0		386- 0		387- 0		388- 0		389- 0		390- 0		391- 0		392- 0		393- 0		394- 0		395- 0		396- 0		397- 0		398- 0		399- 0		400- 0		401- 0		402- 0		403- 0		404- 0		405- 0		406- 0		407- 0		408- 0		409- 0		410- 0		411- 0		412- 0		413- 0		414- 0		415- 0		416- 0		417- 0		418- 0		419- 0		420- 0		421- 0		422- 0		423- 0		424- 0		425- 0		426- 0		427- 0		428- 0		429- 0		430- 0		431- 0		432- 0		433- 0		434- 0		435- 0		436- 0		437- 0		438- 0		439- 0		440- 0		441- 0		442- 0		443- 0		444- 0		445- 0		446- 0		447- 0		448- 0		449- 0		450- 0		451- 0		452- 0		453- 0		454- 0		455- 0		456- 0		457- 0		458- 0		459- 0		460- 0		461- 0		462- 0		463- 0		464- 0		465- 0		466- 0		467- 0		468- 0		469- 0		470- 0		471- 0		472- 0		473- 0		474- 0		475- 0		476- 0		477- 0		478- 0		479- 0		480- 0		481- 0		482- 0		483- 0		484- 0		485- 0		486- 0		487- 0		488- 0		489- 0		490- 0		491- 0		492- 0		493- 0		494- 0		495- 0		496- 0		497- 0		498- 0		499- 0		500- 0		501- 0		502- 0		503- 0		504- 0		505- 0		506- 0		507- 0		508- 0		509- 0		510- 0		511- 0		512- 0		513- 0		514- 0		515- 0		516-	

OWNER	UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE (NAME AS DRIVER) OFFODILE, ONYEBUCHI, FELIX	OWNED PHONE: INCLUDE AREA CODE (NAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (NAME AS DRIVER) 281 NOTTINGHAM CIR, Kent, OH 44240				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
VEHICLE	LP STATE O H	LICENSE PLATE # 0GBUEFI	VEHICLE IDENTIFICATION # 4JGBB8GBXA745145	VEHICLE YEAR 2011	VEHICLE MAKE Mercedes-Benz
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY SONNENBERG MUTUAL	INSURANCE POLICY # AL3401701568-0	COLOR GRY	VEHICLE MODEL ML350
	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 0 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
	TYPE OF USE		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)		1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
	UNIT TYPE 0 3		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 - TRAIL 99 - UNKNOWN OR HIT/SKIP
	# OF TRAILING UNITS 00				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1-YES 2-NO 9-OTHER/UNKNOWN		AUTONOMOUS MODE LEVEL 0		
	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 4		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		NON-COLLISION 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTORVEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT			
COLLISION WITH FIXED OBJECT - STRUCK		25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN			
FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 1			

LOCAL REPORT NUMBER 2 0 2 5 - 0 0 0 1 7 1 5 0	
DAMAGE DAMAGE SCALE 2 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 0 6 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 2 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 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 3 TO 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 0 0 0	DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 3 5	

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER													
2 0 2 5 - 0 0 0 1 7 1 5 0													
UNIT # 0 1		NAME: LAST, FIRST, MIDDLE HOWELL, EVAN, JEREMIAH				DATE OF BIRTH 0 7 2 7 2 0 0 5		AGE 2 0	GENDER M				
ADDRESS: STREET, CITY, STATE, ZIP 4791 PIERCE RD, GARRETTSVILLE, OH 44231						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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE O H	OPERATOR LICENSE NUMBER REDACTED PER ORC 4501:1-12		OFFENSE CHARGED 333.03		LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Maximum Speed Limits		CITATION NUMBER 29633					
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1			
UNIT # 0 2		NAME: LAST, FIRST, MIDDLE OFFODILE, ONYEBUCHI, FELIX				DATE OF BIRTH 0 1 0 9 1 9 4 9		AGE 7 6	GENDER M				
ADDRESS: STREET, CITY, STATE, ZIP 281 NOTTINGHAM CIR, Kent, OH 44240						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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE O H	OPERATOR LICENSE NUMBER REDACTED PER ORC 4501:1-12		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER					
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1			
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4			
INJURIES		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		F - FEMALE		16 - OUTSIDE MIRROR		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		4 - OTHER	
6 - CHILD RESTRAINT SYSTEM - REAR FACING				F - FEMALE		M - MALE		17 - PROSTHETIC AID		9 - OTHER / UNKNOWN		DRUG TEST RESULT(S)	
7 - BOOSTER SEAT				U - OTHER / UNKNOWN		U - OTHER / UNKNOWN		18 - OTHER				1 - AMPHETAMINES	
8 - HELMET USED												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	