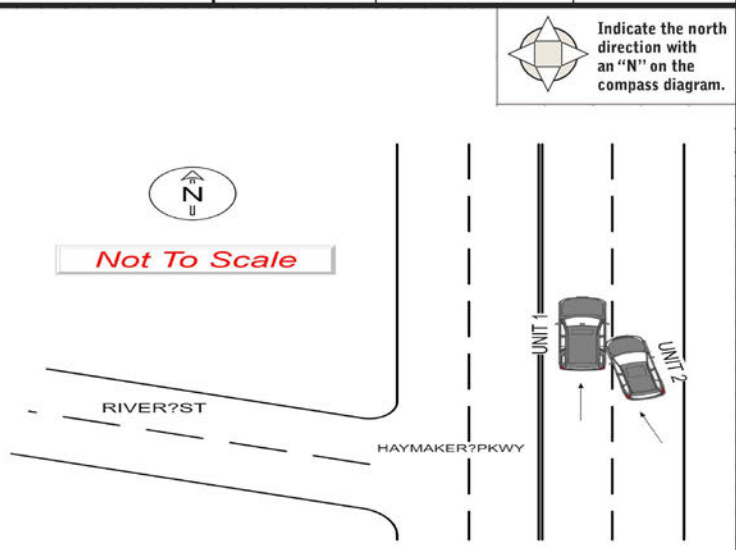


|  |  |   |   |   |                                    |  |  |   |                 |   |  |
|--|--|---|---|---|------------------------------------|--|--|---|-----------------|---|--|
| <input type="checkbox"/> PHOTOS TAKEN  |  | <input type="checkbox"/> OH-2   | <input type="checkbox"/> OH-3                 | LOCAL INFORMATION   |                                    | 2 0 2 5 - 0 0 0 1 6 1 8 7  |  |   |                 |   |  |
| <input type="checkbox"/> SECONDARY CRASH   |  | <input checked="" 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<br>2 - UNSOLVED  | 0 2             | 0 2<br>98 - ANIMAL<br>99 - UNKNOWN  |  |
| COUNTY*  | LOCALITY*                                      | LOCATION: CITY, VILLAGE, TOWNSHIP*  |   |   |                                    | CRASH DATE / TIME*   |  | CRASH SEVERITY  |                 |   |  |
| 6 7  | 1  | Kent  |   |   |                                    | 11112025/1054  |  | 5   |                 |   |  |
| ROUTE TYPE   | ROUTE NUMBER                                   | PREFIX  | LOCATION ROAD NAME                            |   | ROUTE TYPE                         | LATITUDE DECIMAL DEGREES   |  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY  |                 |   |  |
| S R  | 59   | 4   | HAYMAKER WY                                   |   | P K                                | 41.151092  |  |   |                 |   |  |
| ROUTE TYPE   | ROUTE NUMBER                                   | PREFIX  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) |   | ROUTE TYPE                         | LONGITUDE DECIMAL DEGREES  |  |   |                 |   |  |
| S R  | 43   |   | RIVER   |   | S T                                | -81.361809   |  |   |                 |   |  |
| REFERENCE POINT  | DIRECTION FROM REFERENCE                       | ROUTE TYPE  |   | ROAD TYPE   |                                    | INTERSECTION RELATED   |  |   |                 |   |  |
| 1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #   | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE |   | AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS                                    |                                    | HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE   |  | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES   |                 |   |  |
| DISTANCE FROM REFERENCE  | DISTANCE UNIT OF MEASURE                       |   |   |   |                                    | ROADWAY  |  |   |                 |   |  |
| 5 0  | 2  |   |   |   |                                    | <input type="checkbox"/> ROADWAY DIVIDED   |  |   |                 |   |  |
| LOCATION OF FIRST HARMFUL EVENT  |  | MANNER OF CRASH COLLISION/IMPACT  |   | DIRECTION OF TRAVEL   |                                    | MEDIAN TYPE  |  |   |                 |   |  |
| 1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP   |  | 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON  |   | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |                                    | 1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE)<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |  |   |                 |   |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE  |  | WORK ZONE TYPE  |   | LOCATION OF CRASH IN WORK ZONE  |                                    | CONTOUR  |  | CONDITIONS  |                 | SURFACE   |  |
|  |  | 1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER        |   | 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |                                    | 1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/UNKNOWN   |  | 1<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN                                      |                 | 1<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/UNKNOWN |  |
| LIGHT CONDITION  |  | WEATHER   |   |   |                                    |  |  |   |                 |   |  |
| 1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN  |  | 1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL  |   | 6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN  |                                    |  |  |   |                 |   |  |
| 0 1  |  | 0 2   |   |   |                                    |  |  |   |                 |   |  |
| NARRATIVE  |  |   |   |   |                                    |  |  |   |                 |   |  |
| UNIT 1 WAS DRIVING EASTBOUND ON HAYMAKER PKWY NEAR RIVER ST. UNIT 1 STATED UNIT 2 WAS STOPPED IN THE RIGHT LANE AND TRAFFIC WAS MOVING AROUND HIM. AS UNIT 1 PASSED UNIT 2, UNIT 2 STARTED TO DRIVE AND TURNED INTO UNIT 1. UNIT 2 FIRST TOLD OFFICERS HE WAS IN THE LEFT LANE AND UNIT 1 WAS LEFT OF HIM. OFFICERS TOLD HIM THAT WOULD HAVE MEANT UNIT 1 WAS DRIVING AGAINST ON COMING TRAFFIC. UNIT 2 THEN CHANGED |  |   |   |   |                                    |  |  |   |                 |   |  |
|    |  |   |   |   |                                    |  |  |   |                 |   |  |
| CRASH REPORTED DATE / TIME   |  | DISPATCH DATE / TIME  |   | ARRIVAL DATE / TIME   |                                    | SCENE CLEARED DATE / TIME  |  | REPORT TAKEN BY   |                 |   |  |
| 11112025/1054  |  | 11112025/1058   |   | 11112025/1101   |                                    | 11112025/1124  |  | <input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS) |                 |   |  |
| TOTAL TIME ROADWAY CLOSED  | OTHER INVESTIGATION TIME                       | TOTAL MINUTES   | OFFICER'S NAME*                               |   | CHECKED BY OFFICER'S NAME*         |  |  |   |                 |   |  |
| 0 0 0  | 0 1 0  | 0 3 6   | Driscoll, Sean D                              |   | Nelson, Josh                       |  |  |   |                 |   |  |
|  |  |   | OFFICER'S BADGE NUMBER*                       |   | CHECKED BY OFFICER'S BADGE NUMBER* |  |  |   |                 |   |  |
|  |  |   | 2 2 0   |   | 2 3 2                              |  |  |   |                 |   |  |



|   |   |  |   |   |                                    |
|---|---|--|---|---|------------------------------------|
| OWNER   | UNIT #<br><b>0 1</b>  | OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)<br><b>THOMPSON, CHRISTINA, A</b>  | OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)<br>REDACTED PER ORC 149.43(A)(1)  |   |                                    |
|   | OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)<br><b>400 JEFFERSON RD, WOOSTER, OH 44691</b>                                |  |   |   |                                    |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE  |   |   |                                    |
| VEHICLE   | LP STATE<br><b>O H</b>  | LICENSE PLATE #<br><b>JFG5366</b>  | VEHICLE IDENTIFICATION #<br><b>5TDGZRBH7LS517115</b>  | VEHICLE YEAR<br><b>2 0 2 0</b>  | VEHICLE MAKE<br><b>Toyota</b>      |
|   | <input checked="" type="checkbox"/> INSURANCE VERIFIED  | INSURANCE COMPANY<br><b>ALLSTATE</b>   | INSURANCE POLICY #<br><b>980104222</b>  | COLOR<br><b>BLU</b>   | VEHICLE MODEL<br><b>HIGHLANDER</b> |
|   | TYPE OF USE<br><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<br><b>0 2</b>  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |                                    |
|   | VEHICLE WEIGHT GVWR/GCWR<br>1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.   |  |   |   |                                    |
|   | UNIT TYPE<br><b>0 3</b>   |  | 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER<br>2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)<br>3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST<br>4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE<br>5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN<br>6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP                                      |   |                                    |
|   | # OF TRAILING UNITS<br><b>00</b>  |  |   |   |                                    |
|   | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br><b>2</b> 1-YES 2-NO 9-OTHER/UNKNOWN                                  |  | AUTONOMOUS MODE LEVEL<br><b>0</b> 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN   |   |                                    |
|   | SPECIAL FUNCTION<br><b>0 1</b>  |  | 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER<br>2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN<br>3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL<br>4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING<br>5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL   |   |                                    |
|   | CARGO BODY TYPE<br><b>0 1</b>   |  | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER<br>2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTOTRANSPORTER<br>7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN  |   |                                    |
| VEHICLE DEFECTS                                     |   | 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN<br>2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT<br>3 - TAIL LAMPS 6 - TIRE BLOWOUT |   |   |                                    |
| EVENT(S)  | NON-MOTORIST LOCATION AT IMPACT   |  | 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE<br>2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 15 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN<br>5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS   |   |                                    |
|   | ACTION<br><b>4</b>  |  | 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE<br>2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING<br>3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST<br>4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE<br>5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN<br>9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS                               |   |                                    |
|   | CONTRIBUTING CIRCUMSTANCES<br><b>0 1</b>  |  | 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY<br>2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE<br>3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION<br>4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING<br>5 - UNSAFE SPEED 11 - DROVE OFF ROAD<br>6 - IMPROPER TURN 12 - IMPROPER BACKING   |   |                                    |
|   | SEQUENCE OF EVENTS  |  | NON-COLLISION<br>1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT<br>2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>3 - IMMERISION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT<br>4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTORVEHICLE                  |   |                                    |
|   | COLLISION WITH FIXED OBJECT - STRUCK  |  | 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT<br>26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL<br>27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING<br>28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL<br>29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT<br>30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 55 - OTHER / UNKNOWN<br>49 - FIRE HYDRANT |   |                                    |
|   | FIRST HARMFUL EVENT <b>1</b>  |  | MOST HARMFUL EVENT <b>1</b>   |   |                                    |

|  |   |
|--|---|
| LOCAL REPORT NUMBER<br><b>2 0 2 5 - 0 0 0 1 6 1 8 7</b>  |   |
| DAMAGE<br>DAMAGE SCALE<br><b>3</b> 1 - NONE 3 - FUNCTIONAL DAMAGE<br>2 - MINOR DAMAGE 4 - DISABLING DAMAGE<br>9 - UNKNOWN  |   |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY   |   |
|  |   |
| <input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]<br><input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ] |   |
| INITIAL POINT OF CONTACT<br><b>0 4</b> 0 - NO DAMAGE 14 - UNDERCARRIAGE<br>1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE<br>13 - TOP 99 - UNKNOWN   |   |
| TRAFFICWAY FLOW<br><b>2</b> 1 - ONE-WAY<br>2 - TWO-WAY   | TRAFFIC CONTROL<br><b>6</b> 1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br><b>4</b>   | RAIL GRADE CROSSING<br><b>1</b> 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING   |
| UNIT / NON-MOTORIST DIRECTION<br>FROM <b>4</b> TO <b>3</b><br>1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST<br>9 - OTHER / UNKNOWN  |   |
| UNIT SPEED<br><b>0 3 0</b>   | DETECTED SPEED<br><b>1</b> 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                 |
| POSTED SPEED<br><b>3 5</b>   |   |



|   |   |  |   |   |  |
|---|---|--|---|---|--|
| OWNER   | UNIT #<br><b>0 2</b>  | OWNER NAME: LAST, FIRST, MIDDLE ( ) (SAME AS DRIVER)<br><b>WHITE, LINDA, SUZANNE</b>   | OWNER PHONE: ( ) INCLUDE AREA CODE ( ) (SAME AS DRIVER)<br><b>REDACTED PER ORC 149.43(A)(1)</b>   |   |  |
|   | OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) (SAME AS DRIVER)<br><b>206 PROSPECT ST, Kent, OH 44240</b>                                |  |   |   |  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |   | COMMERCIAL CARRIER PHONE: ( ) INCLUDE AREA CODE  |   |   |  |
| VEHICLE   | LP STATE<br><b>O H</b>  | LICENSE PLATE #<br><b>JGP4671</b>  | VEHICLE IDENTIFICATION #<br><b>1 J 4 GR 4 8 K 7 5 C 5 8 7 7 8 3</b>   | VEHICLE YEAR<br><b>2 0 0 5</b>  | VEHICLE MAKE<br><b>Jeep</b>            |
|   | <input checked="" type="checkbox"/> INSURANCE VERIFIED  | INSURANCE COMPANY<br><b>ALLSTATE</b>   | INSURANCE POLICY #<br><b>942761369</b>  | COLOR<br><b>DGR</b>   | VEHICLE MODEL<br><b>GRAND CHEROKEE</b> |
|   | TYPE OF USE<br><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<br><b>0 1</b>  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |  |
|   | VEHICLE WEIGHT GVWR/GCWR<br>1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.   |  |   |   |  |
|   | UNIT TYPE<br><b>0 3</b>   |  | 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER<br>2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)<br>3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST<br>4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE<br>5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN<br>6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP                                      |   |  |
|   | # OF TRAILING UNITS<br><b>00</b>  |  |   |   |  |
|   | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br><b>2</b> 1 - YES 2 - NO 9 - OTHER / UNKNOWN                          |  | AUTONOMOUS MODE LEVEL<br><b>0</b> 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN   |   |  |
|   | SPECIAL FUNCTION<br><b>0 1</b>  |  | 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER<br>2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN<br>3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL<br>4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING<br>5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL   |   |  |
|   | CARGO BODY TYPE<br><b>0 1</b>   |  | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER<br>2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTOTRANSPORTER<br>7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN  |   |  |
| VEHICLE DEFECTS                                     |   | 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN<br>2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT<br>3 - TAIL LAMPS 6 - TIRE BLOWOUT |   |   |  |
| EVENT(S)  | NON-MOTORIST LOCATION AT IMPACT   |  | 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE<br>2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 15 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN<br>5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - OTHER / UNKNOWN  |   |  |
|   | ACTION<br><b>3</b>  |  | 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE<br>2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING<br>3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST<br>4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE<br>5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN<br>9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS                               |   |  |
|   | CONTRIBUTING CIRCUMSTANCES<br><b>0 2</b>  |  | 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY<br>2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE<br>3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION<br>4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING<br>5 - UNSAFE SPEED 11 - DROVE OFF ROAD<br>6 - IMPROPER TURN 12 - IMPROPER BACKING   |   |  |
|   | SEQUENCE OF EVENTS  |  | NON-COLLISION<br>1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT<br>2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>3 - IMMERISION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT<br>4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTORVEHICLE                  |   |  |
|   | COLLISION WITH FIXED OBJECT - STRUCK  |  | 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT<br>26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL<br>27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING<br>28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL<br>29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT<br>30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 55 - OTHER / UNKNOWN<br>49 - FIRE HYDRANT |   |  |
|   | FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b>  |  |   |   |  |

|  |   |
|--|---|
| LOCAL REPORT NUMBER<br><b>2 0 2 5 - 0 0 0 1 6 1 8 7</b>  |   |
| DAMAGE<br>DAMAGE SCALE<br><b>3</b> 1 - NONE 3 - FUNCTIONAL DAMAGE<br>2 - MINOR DAMAGE 4 - DISABLING DAMAGE<br>9 - UNKNOWN  |   |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY   |   |
|  |   |
| <input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]<br><input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ] |   |
| INITIAL POINT OF CONTACT<br><b>1 1</b> 0 - NO DAMAGE 14 - UNDERCARRIAGE<br>1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE<br>13 - TOP 99 - UNKNOWN   |   |
| TRAFFICWAY FLOW<br><b>2</b> 1 - ONE-WAY<br>2 - TWO-WAY   | TRAFFIC CONTROL<br><b>6</b> 1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br><b>4</b>   | RAIL GRADE CROSSING<br><b>1</b> 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING   |
| UNIT / NON-MOTORIST DIRECTION<br>FROM <b>4</b> TO <b>3</b><br>1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST<br>9 - OTHER / UNKNOWN  |   |
| UNIT SPEED<br><b>0 3 0</b>   | DETECTED SPEED<br><b>1</b> 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                 |
| POSTED SPEED<br><b>3 5</b>   |   |



## MOTORIST / Non-MOTORIST

| LOCAL REPORT NUMBER                           |                            |  |   |  |                                     |                              |                  |  |              |  |      |  |  |
|---|----------------------------|--|---|--|-------------------------------------|------------------------------|------------------|--|--------------|--|------|--|--|
| 2 0 2 5 - 0 0 0 1 6 1 8 7                     |                            |  |   |  |                                     |                              |                  |  |              |  |      |  |  |
| UNIT #  | NAME: LAST, FIRST, MIDDLE  |  |   |  | DATE OF BIRTH                       |                              | AGE              | GENDER   |              |  |      |  |  |
| 0 1   | THOMPSON, EMMA, PAIGE      |  |   |  | 0 4 2 7 2 0 0 5                     |                              | 2 0              | F  |              |  |      |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP             |                            |  |   |  | CONTACT PHONE - INCLUDE AREA CODE   |                              |                  |  |              |  |      |  |  |
| 400 JEFFERSON RD ,WOOSTER ,OH 44691           |                            |  |   |  | REDACTED PER ORC 149.43(A)(1)       |                              |                  |  |              |  |      |  |  |
| INJURIES                                      | INJURED TAKEN BY           | EMS AGENCY (NAME)  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  | SAFETY EQUIPMENT USED               | DOT-COMPLIANT MC HELMET      | SEATING POSITION | AIR BAG USAGE  | EJECTION     | TRAPPED  |      |  |  |
| 5   |                            |  |   |  | 0 4                                 | <input type="checkbox"/>     | 0 1              | 1  | 1            | 1  |      |  |  |
| OL STATE                                      | OPERATOR LICENSE NUMBER    |  | OFFENSE CHARGED                                 |  | LOCAL CODE                          | OFFENSE DESCRIPTION          |                  | CITATION NUMBER  |              |  |      |  |  |
| 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   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                     | 1                            | STATUS           | TYPE   | VALUE        | STATUS   | TYPE | RESULT SELECT UP TO 4                          |  |
|   |                            |  |   |  |                                     |                              | 1                | 1  |              | 1  | 1    |  |  |
| UNIT #  | NAME: LAST, FIRST, MIDDLE  |  |   |  | DATE OF BIRTH                       |                              | AGE              | GENDER   |              |  |      |  |  |
| 0 2   | WHITE, MICHAEL, STEVEN     |  |   |  | 1 2 2 2 1 9 6 2                     |                              | 6 2              | M  |              |  |      |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP             |                            |  |   |  | CONTACT PHONE - INCLUDE AREA CODE   |                              |                  |  |              |  |      |  |  |
| 206 S PROSPECT 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                                 | <input type="checkbox"/>     | 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 |  | 331.08  |  | <input checked="" type="checkbox"/> | Driving in Marked La         |                  | 29587  |              |  |      |  |  |
| OL CLASS                                      | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3   | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED   |                                     | CONDITION                    | ALCOHOL TEST     |  | DRUG TEST(S) |  |      |  |  |
| 4   |                            |  | 1   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                     | 1                            | STATUS           | TYPE   | VALUE        | STATUS   | TYPE | RESULT SELECT UP TO 4                          |  |
|   |                            |  |   |  |                                     |                              | 1                | 1  |              | 1  | 1    |  |  |
| UNIT #  | NAME: LAST, FIRST, MIDDLE  |  |   |  | DATE OF BIRTH                       |                              | AGE              | GENDER   |              |  |      |  |  |
|   |                            |  |   |  |                                     |                              |                  |  |              |  |      |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP             |                            |  |   |  | CONTACT PHONE - INCLUDE AREA CODE   |                              |                  |  |              |  |      |  |  |
|   |                            |  |   |  |                                     |                              |                  |  |              |  |      |  |  |
| INJURIES                                      | INJURED TAKEN BY           | EMS AGENCY (NAME)  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  | SAFETY EQUIPMENT USED               | DOT-COMPLIANT MC HELMET      | SEATING POSITION | AIR BAG USAGE  | EJECTION     | TRAPPED  |      |  |  |
|   |                            |  |   |  |                                     | <input type="checkbox"/>     |                  |  |              |  |      |  |  |
| OL STATE                                      | OPERATOR LICENSE NUMBER    |  | OFFENSE CHARGED                                 |  | LOCAL CODE                          | OFFENSE DESCRIPTION          |                  | CITATION NUMBER  |              |  |      |  |  |
|   |                            |  |   |  |                                     |                              |                  |  |              |  |      |  |  |
| OL CLASS                                      | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3   | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED   |                                     | CONDITION                    | ALCOHOL TEST     |  | DRUG TEST(S) |  |      |  |  |
|   |                            |  |   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                     |                              | STATUS           | TYPE   | VALUE        | STATUS   | TYPE | RESULT SELECT UP TO 4                          |  |
|   |                            |  |   |  |                                     |                              |                  |  |              |  |      |  |  |
| INJURIES                                      |                            | SEATING POSITION   |   | AIR BAG  |                                     | OL CLASS                     |                  | OL RESTRICTION(S)  |              | DRIVER DISTRACTION   |      | TEST STATUS                                    |  |
| 1 - FATAL                                     |                            | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  |   | 1 - NOT DEPLOYED   |                                     | 1 - CLASS A                  |                  | 1 - ALCOHOL INTERLOCK DEVICE   |              | 1 - NOT DISTRACTED   |      | 1 - NONE GIVEN                                 |  |
| 2 - SUSPECTED SERIOUS INJURY                  |                            | 2 - FRONT - MIDDLE   |   | 2 - DEPLOYED FRONT   |                                     | 2 - CLASS B                  |                  | 2 - CDL INTRASTATE ONLY  |              | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) |      | 2 - TEST REFUSED                               |  |
| 3 - SUSPECTED MINOR INJURY                    |                            | 3 - FRONT - RIGHT SIDE   |   | 3 - DEPLOYED SIDE  |                                     | 3 - CLASS C                  |                  | 3 - CORRECTIVE LENSES  |              | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE                                       |      | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE |  |
| 4 - POSSIBLE INJURY                           |                            | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  |   | 4 - DEPLOYED BOTH FRONT / SIDE   |                                     | 4 - REGULAR CLASS (OHIO - D) |                  | 4 - FARM WAIVER  |              | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE  |      | 4 - TEST GIVEN, RESULTS KNOWN                  |  |
| 5 - NO APPARENT INJURY                        |                            | 5 - SECOND - MIDDLE  |   | 5 - NOT APPLICABLE   |                                     | 5 - M/C MOPEL ONLY           |                  | 5 - EXCEPT CLASS A BUS   |              | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE   |      | 5 - TEST GIVEN, RESULTS UNKNOWN                |  |
| INJURED TAKEN BY                              |                            | 6 - SECOND - RIGHT SIDE  |   | 9 - DEPLOYMENT UNKNOWN   |                                     | 6 - NO VALID OL              |                  | 6 - EXCEPT CLASS A & CLASS B BUS   |              | 6 - PASSENGER  |      | ALCOHOL TEST TYPE                              |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE        |                            | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |   | EJECTION   |                                     | H - HAZMAT                   |                  | 7 - EXCEPT TRACTOR-TRAILER   |              | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   |      | 1 - NONE                                       |  |
| 2 - EMS                                       |                            | 8 - THIRD - MIDDLE   |   | 1 - NOT EJECTED  |                                     | M - MOTORCYCLE               |                  | 8 - INTERMEDIATE LICENSE RESTRICTIONS  |              | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE  |      | 2 - BLOOD                                      |  |
| 3 - POLICE                                    |                            | 9 - THIRD - RIGHT SIDE   |   | 2 - PARTIALLY EJECTED  |                                     | P - PASSENGER                |                  | 9 - LEARNER'S PERMIT RESTRICTIONS  |              | 9 - OTHER / UNKNOWN  |      | 3 - URINE                                      |  |
| 9 - OTHER / UNKNOWN                           |                            | 10 - SLEEPER SECTION OF TRUCK CAB  |   | 3 - TOTALLY EJECTED  |                                     | N - TANKER                   |                  | 10 - LIMITED TO DAYLIGHT ONLY  |              | CONDITION  |      | 4 - BREATH                                     |  |
| SAFETY EQUIPMENT                              |                            | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |   | 4 - NOT APPLICABLE   |                                     | Q - MOTOR SCOOTER            |                  | 11 - LIMITED TO EMPLOYMENT   |              | 1 - APPARENTLY NORMAL  |      | 5 - OTHER                                      |  |
| 1 - NONE USED                                 |                            | 12 - PASSENGER IN UNENCLOSED CARGO AREA  |   | TRAPPED  |                                     | R - THREE-WHEEL MOTORCYCLE   |                  | 12 - LIMITED - OTHER   |              | 2 - PHYSICAL IMPAIRMENT  |      | DRUG TEST TYPE                                 |  |
| 2 - SHOULDER BELT ONLY USED                   |                            | 13 - TRAILING UNIT   |   | 1 - NOT TRAPPED  |                                     | S - SCHOOL BUS               |                  | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) |              | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)                                    |      | 1 - NONE                                       |  |
| 3 - LAP BELT ONLY USED                        |                            | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |   | 2 - EXTRICATED BY MECHANICAL MEANS   |                                     | T - DOUBLE & TRIPLE TRAILERS |                  | 14 - MILITARY VEHICLES ONLY  |              | 4 - ILLNESS  |      | 2 - BLOOD                                      |  |
| 4 - SHOULDER & LAP BELT USED                  |                            | 15 - NON-MOTORIST  |   | 3 - FREED BY NON-MECHANICAL MEANS  |                                     | X - TANKER / HAZMAT          |                  | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   |              | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   |      | 3 - URINE                                      |  |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   |                            | 99 - OTHER / UNKNOWN   |   | GENDER   |                                     |                              |                  | 16 - OUTSIDE MIRROR  |              | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             |      | 4 - OTHER                                      |  |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |                            |  |   | F - FEMALE   |                                     |                              |                  | 17 - PROSTHETIC AID  |              | 9 - OTHER / UNKNOWN  |      | DRUG TEST RESULT(S)                            |  |
| 7 - BOOSTER SEAT                              |                            |  |   | M - MALE   |                                     |                              |                  | 18 - OTHER   |              |  |      | 1 - AMPHETAMINES                               |  |
| 8 - HELMET USED                               |                            |  |   | U - OTHER / UNKNOWN  |                                     |                              |                  |  |              |  |      | 2 - BARBITURATES                               |  |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |                            |  |   |  |                                     |                              |                  |  |              |  |      | 3 - BENZODIAZEPINES                            |  |
| 10 - REFLECTIVE CLOTHING                      |                            |  |   |  |                                     |                              |                  |  |              |  |      | 4 - CANNABINOIDS                               |  |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     |                            |  |   |  |                                     |                              |                  |  |              |  |      | 5 - COCAINE                                    |  |
| 99 - OTHER / UNKNOWN                          |                            |  |   |  |                                     |                              |                  |  |              |  |      | 6 - OPIATES / OPIOIDS                          |  |
|   |                            |  |   |  |                                     |                              |                  |  |              |  |      | 7 - OTHER                                      |  |
|   |                            |  |   |  |                                     |                              |                  |  |              |  |      | 8 - NEGATIVE RESULTS                           |  |



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
**2 0 2 5 - 0 0 0 1 6 1 8 7**

|                 |  |                                  |  |  |                              |   |                         |                      |                 |                |
|-----------------|--|----------------------------------|--|--|------------------------------|---|-------------------------|----------------------|-----------------|----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b>                   | <b>GENDER</b>   |                         |                      |                 |                |
|                 | <b>01</b>                                | <b>OPATZ, SETH, RYAN</b>         | <b>0 2 2 7 2 0 0 4</b>                   |  | <b>21</b>                    | <b>M</b>  |                         |                      |                 |                |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |                              |   |                         |                      |                 |                |
|                 | <b>925 BROOKE WAY, WOOSTER, OH 44691</b> |                                  | <b>REDACTED PER ORC 149.43(A)(1)</b>     |  |                              |   |                         |                      |                 |                |
|                 | <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b>                 | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |
|                 | <b>5</b>                                 |                                  |  |  | <b>0 4</b>                   |   | <b>0 3</b>              | <b>1</b>             | <b>1</b>        | <b>1</b>       |

|                 |  |                                  |  |  |                              |   |                         |                      |                 |                |
|-----------------|--|----------------------------------|--|--|------------------------------|---|-------------------------|----------------------|-----------------|----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b>                   | <b>GENDER</b>   |                         |                      |                 |                |
|                 |  |                                  |  |  |                              |   |                         |                      |                 |                |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |                              |   |                         |                      |                 |                |
|                 |  |                                  |  |  |                              |   |                         |                      |                 |                |
|                 | <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b>                 | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |
|                 |  |                                  |  |  |                              |   |                         |                      |                 |                |

|                 |  |                                  |  |  |                              |   |                         |                      |                 |                |
|-----------------|--|----------------------------------|--|--|------------------------------|---|-------------------------|----------------------|-----------------|----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b>                   | <b>GENDER</b>   |                         |                      |                 |                |
|                 |  |                                  |  |  |                              |   |                         |                      |                 |                |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |                              |   |                         |                      |                 |                |
|                 |  |                                  |  |  |                              |   |                         |                      |                 |                |
|                 | <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b>                 | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |
|                 |  |                                  |  |  |                              |   |                         |                      |                 |                |

|                 |  |                                  |  |  |                              |   |                         |                      |                 |                |
|-----------------|--|----------------------------------|--|--|------------------------------|---|-------------------------|----------------------|-----------------|----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b>                   | <b>GENDER</b>   |                         |                      |                 |                |
|                 |  |                                  |  |  |                              |   |                         |                      |                 |                |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |                              |   |                         |                      |                 |                |
|                 |  |                                  |  |  |                              |   |                         |                      |                 |                |
|                 | <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b>                 | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |
|                 |  |                                  |  |  |                              |   |                         |                      |                 |                |

|  |   |  |                                    |
|--|---|--|------------------------------------|
| <b>INJURIES</b>                        | <b>SAFETY EQUIPMENT USED</b>                  | <b>SEATING POSITION</b>  | <b>AIR BAG USAGE</b>               |
| 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             |
| <b>INJURED TAKEN BY</b>                | 7 - BOOSTER SEAT                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |                                    |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 8 - HELMET USED                               | 8 - THIRD - MIDDLE   | <b>EJECTION</b>                    |
| 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                |
| <b>GENDER</b>                          | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | 4 - NOT APPLICABLE                 |
| F - FEMALE                             |   | 13 - TRAILING UNIT   | <b>TRAPPED</b>                     |
| 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  |

|                |  |                      |            |               |
|----------------|--|----------------------|------------|---------------|
| <b>WITNESS</b> | <b>NAME: LAST, FIRST, MIDDLE</b>         | <b>DATE OF BIRTH</b> | <b>AGE</b> | <b>GENDER</b> |
|                |  |                      |            |               |
|                | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                      |            |               |
|                | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |                      |            |               |
|                |  |                      |            |               |

|                |  |                      |            |               |
|----------------|--|----------------------|------------|---------------|
| <b>WITNESS</b> | <b>NAME: LAST, FIRST, MIDDLE</b>         | <b>DATE OF BIRTH</b> | <b>AGE</b> | <b>GENDER</b> |
|                |  |                      |            |               |
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|                |  |                      |            |               |

|                |  |                      |            |               |
|----------------|--|----------------------|------------|---------------|
| <b>WITNESS</b> | <b>NAME: LAST, FIRST, MIDDLE</b>         | <b>DATE OF BIRTH</b> | <b>AGE</b> | <b>GENDER</b> |
|                |  |                      |            |               |
|                | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                      |            |               |
|                | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |                      |            |               |
|                |  |                      |            |               |

**HIS STORY TO WHERE HE WAS IN THE RIGHT**

**LANE AND UNIT 1 TURNED INTO HIM. UNIT 1 NEVER CHANGED HER STORY DURING THE INVESTIGATION.**