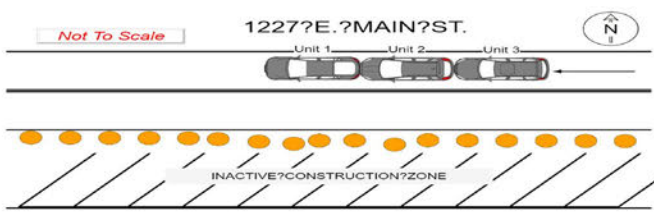
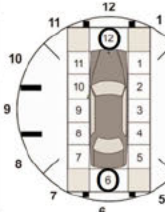
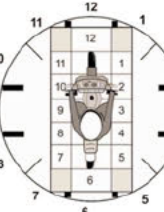
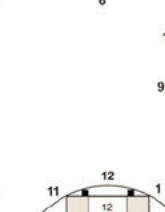
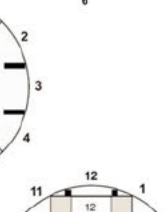
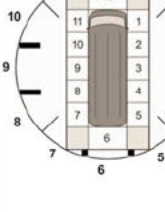
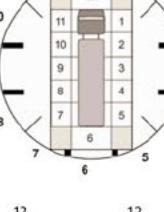
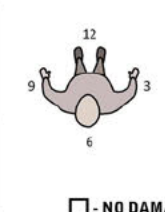
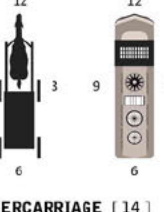


|                                                                                                                                                                                                                                                                                                                              |                                              |                                                                                                                                |                                                     |                                                                                                                                                                                                                                       |  |                                                                                                          |                           |                                                                                                                                                                                           |                 |                                                                                                                                                                                    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> PHOTOS TAKEN                                                                                                                                                                                                                                                                                        |                                              | <input type="checkbox"/> OH-2                                                                                                  | <input type="checkbox"/> OH-3                       | LOCAL INFORMATION                                                                                                                                                                                                                     |  | 2 0 2 6 - 0 0 0 1 3 8 7 1                                                                                |                           |                                                                                                                                                                                           |                 |                                                                                                                                                                                    |  |
| <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<br>2 - UNSOLVED                                                                                                                                                                | 0 3             | 0 3<br>98 - ANIMAL<br>99 - UNKNOWN                                                                                                                                                 |  |
| COUNTY*                                                                                                                                                                                                                                                                                                                      | LOCALITY*                                    | LOCATION: CITY, VILLAGE, TOWNSHIP*                                                                                             |                                                     |                                                                                                                                                                                                                                       |  | CRASH DATE / TIME*                                                                                       |                           | CRASH SEVERITY                                                                                                                                                                            |                 |                                                                                                                                                                                    |  |
| 6 7                                                                                                                                                                                                                                                                                                                          | 1<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP | Kent                                                                                                                           |                                                     |                                                                                                                                                                                                                                       |  | 08292026/1541                                                                                            |                           | 5<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY                                                           |                 |                                                                                                                                                                                    |  |
| LOCATION                                                                                                                                                                                                                                                                                                                     | ROUTE TYPE                                   | ROUTE NUMBER                                                                                                                   | PREFIX                                              | LOCATION ROAD NAME                                                                                                                                                                                                                    |  | ROAD TYPE                                                                                                | LATITUDE DECIMAL DEGREES  |                                                                                                                                                                                           |                 |                                                                                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                              | S R                                          | 59                                                                                                                             | 3<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | MAIN                                                                                                                                                                                                                                  |  | S T                                                                                                      | 41.153800                 |                                                                                                                                                                                           |                 |                                                                                                                                                                                    |  |
| REFERENCE                                                                                                                                                                                                                                                                                                                    | ROUTE TYPE                                   | ROUTE NUMBER                                                                                                                   | PREFIX                                              | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)                                                                                                                                                                                         |  | ROAD TYPE                                                                                                | LONGITUDE DECIMAL DEGREES |                                                                                                                                                                                           |                 |                                                                                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                              |                                              |                                                                                                                                | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST      | 1227                                                                                                                                                                                                                                  |  |                                                                                                          | -81.341645                |                                                                                                                                                                                           |                 |                                                                                                                                                                                    |  |
| 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<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY   |                 | <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                                                                                                                                                                                   |                 |                                                                                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                              |                                              | 1 - MILES<br>2 - FEET<br>3 - YARDS                                                                                             |                                                     |                                                                                                                                                                                                                                       |  |                                                                                                          |                           | <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<br>9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN |                                              |                                                                                                                                |                                                     | 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN |  |                                                                                                          |                           | 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                                                                                             |  | 2<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                                      |                 | 2<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<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN            |  |                                                                                                          |                           |                                                                                                                                                                                           |                 |                                                                                                                                                                                    |  |
| NARRATIVE                                                                                                                                                                                                                                                                                                                    |                                              |                                                                                                                                |                                                     |                                                                                                                                                                                                                                       |  |                                                                                                          |                           |                                                                                                                                                                                           |                 |                                                                                                                                                                                    |  |
| UNIT ONE WAS STOPPED IN TRAFFIC IN THE ROADWAY WESTBOUND IN FRONT OF 1227 E. MAIN ST. UNIT TWO WAS STOPPED IN THE ROADWAY BEHIND UNIT ONE. UNIT THREE, DRIVING WESTBOUND ON E. MAIN ST. FAILED TO STOP WITH AN ASSURED CLEAR DISTANCE AND STRUCK UNIT TWO. UNIT TWO WAS PUSHED INTO UNIT ONE. DAMAGE TO ALL THREE VEHICLES.  |                                              |                                                                                                                                |                                                     |                                                                                                                                                                                                                                       |  |                                                                                                          |                           |                                                                                                                                                                                           |                 |                                                                                                                                                                                    |  |
|                                                                                                                                                                                                                                          |                                              |                                                                                                                                |                                                     |                                                                                                                                                                                                                                       |  |                                                                                                          |                           |                                                                                                                                                                                           |                 |                                                                                                                                                                                    |  |
| CRASH REPORTED DATE / TIME                                                                                                                                                                                                                                                                                                   |                                              | DISPATCH DATE / TIME                                                                                                           |                                                     | ARRIVAL DATE / TIME                                                                                                                                                                                                                   |  | SCENE CLEARED DATE / TIME                                                                                |                           | REPORT TAKEN BY                                                                                                                                                                           |                 |                                                                                                                                                                                    |  |
| 08292026/1541                                                                                                                                                                                                                                                                                                                |                                              | 08292026/1543                                                                                                                  |                                                     | 08292026/1549                                                                                                                                                                                                                         |  | 08292026/1609                                                                                            |                           | <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 OOPS) |                 |                                                                                                                                                                                    |  |
| TOTAL TIME ROADWAY CLOSED                                                                                                                                                                                                                                                                                                    |                                              | OTHER INVESTIGATION TIME                                                                                                       |                                                     | TOTAL MINUTES                                                                                                                                                                                                                         |  | OFFICER'S NAME*                                                                                          |                           | CHECKED BY OFFICER'S NAME*                                                                                                                                                                |                 |                                                                                                                                                                                    |  |
| 0 0 0                                                                                                                                                                                                                                                                                                                        |                                              | 0 2 0                                                                                                                          |                                                     | 0 4 6                                                                                                                                                                                                                                 |  | McNulty, Samantha S                                                                                      |                           | Hadaway, Joseph                                                                                                                                                                           |                 |                                                                                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                              |                                              |                                                                                                                                |                                                     |                                                                                                                                                                                                                                       |  | OFFICER'S BADGE NUMBER*                                                                                  |                           | CHECKED BY OFFICER'S BADGE NUMBER*                                                                                                                                                        |                 |                                                                                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                              |                                              |                                                                                                                                |                                                     |                                                                                                                                                                                                                                       |  | 2 3 6                                                                                                    |                           | 2 1 6                                                                                                                                                                                     |                 |                                                                                                                                                                                    |  |

|                                                     |                                                                                                                                       |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                   |                            |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------|
| OWNER                                               | UNIT #<br><b>0 1</b>                                                                                                                  | OWNER NAME: LAST, FIRST, MIDDLE (X) (NAME AS DRIVER)<br><b>SALGADO, MARK, W</b>                                                                                                                                                | OWNER PHONE: INCLUDE AREA CODE (X) (SAME AS DRIVER)<br><b>ORC 149.43(A)(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                   |                            |
|                                                     | OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) (SAME AS DRIVER)<br><b>437 OAKGROVE ST, Ravenna, OH 44266</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>KXD1028</b>                                                                                                                                                                                              | VEHICLE IDENTIFICATION #<br><b>WBSEH93557B798514</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VEHICLE YEAR<br><b>2 0 0 7</b>                                                                    | VEHICLE MAKE<br><b>BMW</b> |
|                                                     | <input checked="" type="checkbox"/> INSURANCE VERIFIED                                                                                | INSURANCE COMPANY<br><b>ALLSTATE</b>                                                                                                                                                                                           | INSURANCE POLICY #<br><b>969912251</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | COLOR<br><b>BLU</b>                                                                               | VEHICLE MODEL<br><b>M6</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 1</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) 99 - UNKNOWN OR HIT/SKIP                                                     |                                                                                                   |                            |
|                                                     | # OF TRAILING UNITS                                                                                                                   |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                   |                            |
|                                                     | 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> 1 - NO AUTOMATION 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<br><b>0 1</b>                       |                                                                                                                                       | 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<br><b>0 1</b>                                                                                         |                                                                                                                                                                                                                                | 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER CROSSWALK 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 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 6 - 0 0 0 1 3 8 7 1</b>                                                                                                                                                                                |                                                                                                                     |
| DAMAGE<br>DAMAGE SCALE<br><b>2</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 6</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>2</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>3</b> TO <b>4</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 0 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 (NAME AS DRIVER)<br><b>SILOVICH, BRANDON, GREGORY</b> | OWNED PHONE - INCLUDE AREA CODE / CELL OR HOME PHONE<br><b>ORC 149.43(A)(1)</b> |                                                                                                      |                                                               |                                    |                                           |                                               |                                               |                                     |                                                     |                                                          |                                    |                                     |                                            |                                       |                                         |                                    |                                                |                                               |                                        |                                                      |                                                                    |                                              |                                                |                                             |                                  |                                  |                                              |                                 |                             |                      |           |                                    |             |                                    |                   |                                     |             |                                              |                            |                                         |                   |                                      |                      |                                                                                     |  |                                     |  |                   |  |                                      |  |                                        |  |                      |  |             |  |                         |  |                      |  |
|                                                     | OWNER ADDRESS: STREET, CITY, STATE, ZIP (NAME AS DRIVER)<br><b>2816 BRIDLEWOOD ST NW, NORTH CANTON, OH 44720</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>KRA1067</b>                                                     | VEHICLE IDENTIFICATION #<br><b>1 HGC V2 F 5 1 KA 0 1 3 0 6 1</b>                | VEHICLE YEAR<br><b>2 0 1 9</b>                                                                       | VEHICLE MAKE<br><b>Honda</b>                                  |                                    |                                           |                                               |                                               |                                     |                                                     |                                                          |                                    |                                     |                                            |                                       |                                         |                                    |                                                |                                               |                                        |                                                      |                                                                    |                                              |                                                |                                             |                                  |                                  |                                              |                                 |                             |                      |           |                                    |             |                                    |                   |                                     |             |                                              |                            |                                         |                   |                                      |                      |                                                                                     |  |                                     |  |                   |  |                                      |  |                                        |  |                      |  |             |  |                         |  |                      |  |
|                                                     | <input checked="" type="checkbox"/> INSURANCE VERIFIED                                                           | INSURANCE COMPANY<br><b>STATE FARM</b>                                                | INSURANCE POLICY #<br><b>4284214-SFP-35</b>                                     | COLOR<br><b>GRY</b>                                                                                  | VEHICLE MODEL<br><b>ACCORD</b>                                |                                    |                                           |                                               |                                               |                                     |                                                     |                                                          |                                    |                                     |                                            |                                       |                                         |                                    |                                                |                                               |                                        |                                                      |                                                                    |                                              |                                                |                                             |                                  |                                  |                                              |                                 |                             |                      |           |                                    |             |                                    |                   |                                     |             |                                              |                            |                                         |                   |                                      |                      |                                                                                     |  |                                     |  |                   |  |                                      |  |                                        |  |                      |  |             |  |                         |  |                      |  |
|                                                     | <input type="checkbox"/> COMMERCIAL                                                                              | <input type="checkbox"/> GOVERNMENT                                                   | <input type="checkbox"/> IN EMERGENCY RESPONSE                                  | 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<br><input type="checkbox"/> PLACARD |                                                               |                                    |                                           |                                               |                                               |                                     |                                                     |                                                          |                                    |                                     |                                            |                                       |                                         |                                    |                                                |                                               |                                        |                                                      |                                                                    |                                              |                                                |                                             |                                  |                                  |                                              |                                 |                             |                      |           |                                    |             |                                    |                   |                                     |             |                                              |                            |                                         |                   |                                      |                      |                                                                                     |  |                                     |  |                   |  |                                      |  |                                        |  |                      |  |             |  |                         |  |                      |  |
|                                                     | TYPE OF USE                                                                                                      |                                                                                       | US DOT #                                                                        | VEHICLE WEIGHT GVWR/GCWR                                                                             |                                                               |                                    |                                           |                                               |                                               |                                     |                                                     |                                                          |                                    |                                     |                                            |                                       |                                         |                                    |                                                |                                               |                                        |                                                      |                                                                    |                                              |                                                |                                             |                                  |                                  |                                              |                                 |                             |                      |           |                                    |             |                                    |                   |                                     |             |                                              |                            |                                         |                   |                                      |                      |                                                                                     |  |                                     |  |                   |  |                                      |  |                                        |  |                      |  |             |  |                         |  |                      |  |
|                                                     | <input type="checkbox"/> PASSENGER CAR                                                                           |                                                                                       | <input type="checkbox"/> PASSENGER VAN (MINIVAN)                                | <input type="checkbox"/> SPORT UTILITY VEHICLE                                                       | <input type="checkbox"/> PICK UP                              | <input type="checkbox"/> CARGO VAN | <input type="checkbox"/> VAN (9-15 SEATS) | <input type="checkbox"/> MOTORCYCLE 2-WHEELED | <input type="checkbox"/> MOTORCYCLE 3-WHEELED | <input type="checkbox"/> AUTOCYCLE  | <input type="checkbox"/> MOPED OR MOTORIZED BICYCLE | <input type="checkbox"/> ALL TERRAIN VEHICLE (ATV / UTV) | <input type="checkbox"/> GOLF CART | <input type="checkbox"/> SNOWMOBILE | <input type="checkbox"/> SINGLE UNIT TRUCK | <input type="checkbox"/> SEMI-TRACTOR | <input type="checkbox"/> FARM EQUIPMENT | <input type="checkbox"/> MOTORHOME | <input type="checkbox"/> 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                                                                                                        |                                                                                       | # OF TRAILING UNITS                                                             |                                                                                                      | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? |                                    | AUTONOMOUS MODE LEVEL                     |                                               | 1 - NO AUTOMATION                             |                                     | 2 - DRIVER ASSISTANCE                               |                                                          | 3 - CONDITIONAL AUTOMATION         |                                     | 4 - HIGH AUTOMATION                        |                                       | 5 - FULL AUTOMATION                     |                                    | 9 - UNKNOWN                                    |                                               |                                        |                                                      |                                                                    |                                              |                                                |                                             |                                  |                                  |                                              |                                 |                             |                      |           |                                    |             |                                    |                   |                                     |             |                                              |                            |                                         |                   |                                      |                      |                                                                                     |  |                                     |  |                   |  |                                      |  |                                        |  |                      |  |             |  |                         |  |                      |  |
|                                                     | SPECIAL FUNCTION                                                                                                 |                                                                                       | 1 - NONE                                                                        |                                                                                                      | 2 - TAXI                                                      |                                    | 3 - ELECTRONIC RIDE SHARING               |                                               | 4 - SCHOOL TRANSPORT                          |                                     | 5 - BUS - TRANSIT/COMMUTER                          |                                                          | 6 - BUS - CHARTER/TOUR             |                                     | 7 - BUS - INTERCITY                        |                                       | 8 - BUS - SHUTTLE                       |                                    | 9 - BUS - OTHER                                |                                               | 10 - AMBULANCE                         |                                                      | 11 - FIRE                                                          |                                              | 12 - MILITARY                                  |                                             | 13 - POLICE                      |                                  | 14 - PUBLIC UTILITY                          |                                 | 15 - CONSTRUCTION EQUIPMENT |                      | 16 - FARM |                                    | 17 - MOWING |                                    | 18 - SNOW REMOVAL |                                     | 19 - TOWING |                                              | 20 - SAFETY SERVICE PATROL |                                         | 21 - MAIL CARRIER |                                      | 99 - OTHER / UNKNOWN |                                                                                     |  |                                     |  |                   |  |                                      |  |                                        |  |                      |  |             |  |                         |  |                      |  |
|                                                     | CARGO BODY TYPE                                                                                                  |                                                                                       | 1 - NO CARGO BODY TYPE / NOT APPLICABLE                                         |                                                                                                      | 2 - BUS                                                       |                                    | 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE   |                                               | 4 - LOGGING                                   |                                     | 5 - INTERMODAL CONTAINER CHASSIS                    |                                                          | 6 - CARGO VAN/ENCLOSED BOX         |                                     | 7 - GRAIN/CHIPS/GRAVEL                     |                                       | 8 - POLE                                |                                    | 9 - CARGO TANK                                 |                                               | 10 - FLAT BED                          |                                                      | 11 - DUMP                                                          |                                              | 12 - CONCRETE MIXER                            |                                             | 13 - AUTOTRANSPORTER             |                                  | 14 - GARBAGE/REFUSE                          |                                 | 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                                              |                                                                                                                  | 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                          |                                                                                                                  | 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 - 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                                 |                                                                                                                  | 2                                                                                     |                                                                                 | MOST HARMFUL EVENT                                                                                   |                                                               | 1                                  |                                           |                                               |                                               |                                     |                                                     |                                                          |                                    |                                     |                                            |                                       |                                         |                                    |                                                |                                               |                                        |                                                      |                                                                    |                                              |                                                |                                             |                                  |                                  |                                              |                                 |                             |                      |           |                                    |             |                                    |                   |                                     |             |                                              |                            |                                         |                   |                                      |                      |                                                                                     |  |                                     |  |                   |  |                                      |  |                                        |  |                      |  |             |  |                         |  |                      |  |

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

|                                                     |                                                                                                              |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |                               |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------|
| OWNER                                               | UNIT #<br><b>03</b>                                                                                          | OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)<br><b>MONTAZERI, HOSSEIN, TONY</b>                                                                                                                                      | OWNER PHONE: (INCLUDE AREA CODE) (SAME AS DRIVER)<br><b>ORC 149.43(A)(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                   |                               |
|                                                     | OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)<br><b>531 SAWMILL DR, CANFIELD, OH 44406</b>        |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |                               |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |                                                                                                              | COMMERCIAL CARRIER PHONE: (INCLUDE AREA CODE)                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |                               |
| VEHICLE                                             | LP STATE<br><b>OH</b>                                                                                        | LICENSE PLATE #<br><b>JJG8191</b>                                                                                                                                                                                        | VEHICLE IDENTIFICATION #<br><b>JTMZK31VX86012842</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VEHICLE YEAR<br><b>2008</b>                                                                       | VEHICLE MAKE<br><b>Toyota</b> |
|                                                     | <input checked="" type="checkbox"/> INSURANCE VERIFIED                                                       | INSURANCE COMPANY<br><b>STATE FARM</b>                                                                                                                                                                                   | INSURANCE POLICY #<br><b>2586279-SFP-35</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | COLOR<br><b>RED</b>                                                                               | VEHICLE MODEL<br><b>RAV 4</b> |
|                                                     | <input type="checkbox"/> COMMERCIAL                                                                          | TYPE OF USE<br><input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                        | US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TOWED BY: COMPANY NAME                                                                            |                               |
|                                                     | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED                                                           | HIT/SKIP UNIT                                                                                                                                                                                                            | #OCCUPANTS<br><b>01</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>03</b>                                                                                       |                                                                                                                                                                                                                          | 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP                                   |                                                                                                   |                               |
|                                                     | # OF TRAILING UNITS                                                                                          |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |                               |
|                                                     | 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>01</b>                                                                                |                                                                                                                                                                                                                          | 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<br><b>01</b>                                                                                 |                                                                                                                                                                                                                          | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTOTRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   |                               |
| VEHICLE DEFECTS                                     |                                                                                                              | 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |                               |
| EVENT(S)                                            | 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<br><b>3</b>                                                                                           |                                                                                                                                                                                                                          | 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<br><b>08</b>                                                                      |                                                                                                                                                                                                                          | 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<br>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                                                                                          |                                                                                                                                                                                                                          | MOST HARMFUL EVENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                               |
|                                                     | 1                                                                                                            |                                                                                                                                                                                                                          | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                   |                               |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| LOCAL REPORT NUMBER<br><b>2026-00013871</b>                                                                                                                                                                                            |                                                                                                             |
| DAMAGE<br>DAMAGE SCALE<br><b>2</b> 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 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>12</b> 0 - NO DAMAGE 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN                                                                                  |                                                                                                             |
| TRAFFIC<br>TRAFFICWAY FLOW<br><b>2</b> 1 - ONE-WAY 2 - TWO-WAY<br>TRAFFIC CONTROL<br><b>6</b> 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL                                                        |                                                                                                             |
| # OF THROUGH LANES ON ROAD<br><b>2</b>                                                                                                                                                                                                 | RAIL GRADE CROSSING<br><b>1</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION<br>FROM <b>3</b> TO <b>4</b><br>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN                                                        |                                                                                                             |
| UNIT SPEED<br><b>010</b>                                                                                                                                                                                                               | DETECTED SPEED<br><b>1</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED               |
| POSTED SPEED<br><b>35</b>                                                                                                                                                                                                              |                                                                                                             |

## MOTORIST / Non-MOTORIST

| LOCAL REPORT NUMBER                                                                                                                                                                                                                                                                                                                                                                        |                            |                                                                                                                                                                                                                                                                                                                                  |                                                 |                                                                                                                                               |                                     |                                                                                                                                                                                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                          |  |
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| 2 0 2 6 - 0 0 0 1 3 8 7 1                                                                                                                                                                                                                                                                                                                                                                  |                            |                                                                                                                                                                                                                                                                                                                                  |                                                 |                                                                                                                                               |                                     |                                                                                                                                                                                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                          |  |
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     | NAME: LAST, FIRST, MIDDLE  |                                                                                                                                                                                                                                                                                                                                  |                                                 |                                                                                                                                               | DATE OF BIRTH                       |                                                                                                                                                                                         | AGE              | GENDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                          |  |
| 0 1                                                                                                                                                                                                                                                                                                                                                                                        | SALGADO, MARK, W           |                                                                                                                                                                                                                                                                                                                                  |                                                 |                                                                                                                                               | 0 2 0 1 1 9 8 1                     |                                                                                                                                                                                         | 4 5              | M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                          |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |                            |                                                                                                                                                                                                                                                                                                                                  |                                                 |                                                                                                                                               | CONTACT PHONE - INCLUDE AREA CODE   |                                                                                                                                                                                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                          |  |
| 437 OAKGROVE ST ,Ravenna ,OH 44266                                                                                                                                                                                                                                                                                                                                                         |                            |                                                                                                                                                                                                                                                                                                                                  |                                                 |                                                                                                                                               | 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                                                                                                                                                                                                                                                                                                                                                                                        | ORC 4501:1-12              |                                                                                                                                                                                                                                                                                                                                  |                                                 |                                                                                                                                               | <input type="checkbox"/>            |                                                                                                                                                                                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                          |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                        | SILOVICH, BRANDON, GREGORY |                                                                                                                                                                                                                                                                                                                                  |                                                 |                                                                                                                                               | 1 0 1 1 2 0 0 5                     |                                                                                                                                                                                         | 2 0              | M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                          |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |                            |                                                                                                                                                                                                                                                                                                                                  |                                                 |                                                                                                                                               | CONTACT PHONE - INCLUDE AREA CODE   |                                                                                                                                                                                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                          |  |
| 2816 BRIDLEWOOD ST NW ,NORTH CANTON ,OH 44720                                                                                                                                                                                                                                                                                                                                              |                            |                                                                                                                                                                                                                                                                                                                                  |                                                 |                                                                                                                                               | 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                                                                                                                                                                                                                                                                                                                                                                                        | ORC 4501:1-12              |                                                                                                                                                                                                                                                                                                                                  |                                                 |                                                                                                                                               | <input type="checkbox"/>            |                                                                                                                                                                                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                          |  |
| 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 3                                                                                                                                                                                                                                                                                                                                                                                        | MONTAZERI, CIAVASH, DAVID  |                                                                                                                                                                                                                                                                                                                                  |                                                 |                                                                                                                                               | 0 3 2 5 1 9 9 8                     |                                                                                                                                                                                         | 2 8              | M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                          |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |                            |                                                                                                                                                                                                                                                                                                                                  |                                                 |                                                                                                                                               | CONTACT PHONE - INCLUDE AREA CODE   |                                                                                                                                                                                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                          |  |
| 531 SAWMILL DR ,CANFIELD ,OH 44406                                                                                                                                                                                                                                                                                                                                                         |                            |                                                                                                                                                                                                                                                                                                                                  |                                                 |                                                                                                                                               | 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                                                                                                                                                                                                                                                                                                                                                                                        | ORC 4501:1-12              |                                                                                                                                                                                                                                                                                                                                  | 333.03                                          |                                                                                                                                               | <input checked="" type="checkbox"/> | Maximum Speed Limits                                                                                                                                                                    |                  | 31444                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                          |  |
| 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    |                                                                                                                                                          |  |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |                            | SEATING POSITION                                                                                                                                                                                                                                                                                                                 |                                                 | AIR BAG                                                                                                                                       |                                     | OL CLASS                                                                                                                                                                                |                  | OL RESTRICTION(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              | DRIVER DISTRACTION                                                                                                                                                                                                                                                                                                                                                                             |      | TEST STATUS                                                                                                                                              |  |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY                                                                                                                                                                                                                                                                   |                            | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB |                                                 | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |                                     | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - MC MOPED ONLY<br>6 - NO VALID OL                                                                       |                  | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER |              | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN |      | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN |  |
| INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                           |                            |                                                                                                                                                                                                                                                                                                                                  |                                                 | EJECTION                                                                                                                                      |                                     | OL ENDORSEMENT                                                                                                                                                                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | ALCOHOL TEST TYPE                                                                                                                                                                                                                                                                                                                                                                              |      |                                                                                                                                                          |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                     |                            |                                                                                                                                                                                                                                                                                                                                  |                                                 | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE                                                         |                                     | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                                                                                                                                                                                                                                                                                                                  |      |                                                                                                                                                          |  |
| SAFETY EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                           |                            |                                                                                                                                                                                                                                                                                                                                  |                                                 | TRAPPED                                                                                                                                       |                                     | GENDER                                                                                                                                                                                  |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | DRUG TEST TYPE                                                                                                                                                                                                                                                                                                                                                                                 |      |                                                                                                                                                          |  |
| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |                            | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN                                                                      |                                                 | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                                    |                                     | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                                                                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER                                                                                                                                                                                                                                                                                                                                                |      | DRUG TEST RESULT(S)                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                                                                                                                                                                                                                  |                                                 |                                                                                                                                               |                                     |                                                                                                                                                                                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS                                                                                                                                                                                                                                   |      |                                                                                                                                                          |  |