

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION		2 0 2 5 - 0 0 0 0 8 8 2 6						
COUNTY* 6 7		LOCALITY* 1 1 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* Kent		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 0 2		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 0 1	
REPORTING AGENCY NAME* City of Kent Police		NCIC* 0 6 7 0 3		CRASH DATE / TIME* 06/23/2025 / 10:45		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5					
ROUTE TYPE S R		ROUTE NUMBER 43		PREFIX 2		LOCATION ROAD NAME WATER		ROAD TYPE S T		LATITUDE DECIMAL DEGREES 41.136744	
ROUTE TYPE D R		ROUTE NUMBER 1		PREFIX 1		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) BERYL		ROAD TYPE D R		LONGITUDE DECIMAL DEGREES -81.355193	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> ROADWAY DIVIDED	
DISTANCE FROM REFERENCE 4 0 0		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2		LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN 0 1		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN 6		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (>4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE) 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN 0 1		NARRATIVE Unit 1 was southbound on S. Water St. in the left lane approaching Beryl Dr. Unit 2 was also southbound on S. Water St. and in the right lane. Unit 1 failed to yield changing into the right lane and struck Unit 2.		<p>Indicate the north direction with an "N" on the compass diagram.</p>					
CRASH REPORTED DATE / TIME 06/23/2025 / 10:45		DISPATCH DATE / TIME 06/23/2025 / 10:47		ARRIVAL DATE / TIME 06/23/2025 / 10:49		SCENE CLEARED DATE / TIME 06/23/2025 / 11:46		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)			
TOTAL TIME ROADWAY CLOSED 0 0 0		OTHER INVESTIGATION TIME 0 3 0		TOTAL MINUTES 0 8 9		OFFICER'S NAME* Hilbruner, Neal		CHECKED BY OFFICER'S NAME* Ennemoser, James			
OFFICER'S BADGE NUMBER* 2 3 7		CHECKED BY OFFICER'S BADGE NUMBER* 2 5 5									



[illegible]



OWNER	UNIT # <b>0 2</b>	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) <b>CARTER, FREDERICK, LEE</b>	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)																																																												
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) <b>452 HOWARD AVE, Springfield, OH 44312</b>																																																														
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																																													
VEHICLE	LP STATE <b>O H</b>	LICENSE PLATE # <b>JHT2608</b>	VEHICLE IDENTIFICATION # <b>1 9 X F C 2 F 5 7 H E 0 3 7 8 8 7</b>	VEHICLE YEAR <b>2 0 1 7</b>	VEHICLE MAKE <b>Honda</b>																																																										
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <b>WESTFIELD</b>	INSURANCE POLICY # <b>WNP7964726</b>	COLOR <b>BLU</b>	VEHICLE MODEL <b>CIVIC</b>																																																										
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME <b>City Service</b>																																																											
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS <b>0 1</b>	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD																																																											
	TYPE OF USE		US DOT #	VEHICLE WEIGHT GVWR/GCWR																																																											
	<input type="checkbox"/> PASSENGER CAR		<input type="checkbox"/> PASSENGER VAN (MINIVAN)	<input type="checkbox"/> SPORT UTILITY VEHICLE	<input type="checkbox"/> PICK UP	<input type="checkbox"/> CARGO VAN	<input type="checkbox"/> VAN (9-15 SEATS)	<input type="checkbox"/> MOTORCYCLE 2-WHEELED	<input type="checkbox"/> MOTORCYCLE 3-WHEELED	<input type="checkbox"/> AUTOCYCLE	<input type="checkbox"/> MOPED OR MOTORIZED BICYCLE	<input type="checkbox"/> ALL TERRAIN VEHICLE (ATV / UTV)	<input type="checkbox"/> GOLF CART	<input type="checkbox"/> SNOWMOBILE	<input type="checkbox"/> SINGLE UNIT TRUCK	<input type="checkbox"/> SEMI-TRACTOR	<input type="checkbox"/> FARM EQUIPMENT	<input type="checkbox"/> MOTORHOME	<input type="checkbox"/> 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 <b>0 1</b>		# OF TRAILING UNITS <b>0 0</b>		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <b>2</b> 1-YES 2-NO 9-OTHER/UNKNOWN		AUTONOMOUS MODE LEVEL <b>0</b>		1-NO AUTOMATION 1- DRIVER ASSISTANCE 2- PARTIAL AUTOMATION		3- CONDITIONAL AUTOMATION 4- HIGH AUTOMATION 5- FULL AUTOMATION		9- UNKNOWN																																																		
	SPECIAL FUNCTION <b>0 1</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 <b>0 1</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																																								
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 <b>4</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 <b>0 1</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		1- OVERTURN/ROLLOVER		2- FIRE/EXPLOSION		3- IMMERSION		4- JACKKNIFE		5- CARGO / EQUIPMENT LOSS OR SHIFT		6- EQUIPMENT FAILURE		7- SEPARATION OF UNITS		8- RAN OFF ROAD RIGHT		9- RAN OFF ROAD LEFT		10- CROSS MEDIAN		11- CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL		12- DOWNHILL RUNAWAY		13- OTHER NON-COLLISION		14- PEDESTRIAN		15- PEDALCYCLE		16- RAILWAY VEHICLE		17- ANIMAL - FARM		18- ANIMAL - DEER		19- ANIMAL - OTHER		20- MOTOR VEHICLE IN TRANSPORT		21- PARKED MOTORVEHICLE		22- WORK ZONE MAINTENANCE EQUIPMENT		23- STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE		24- OTHER MOVABLE OBJECT															
COLLISION WITH FIXED OBJECT - STRUCK		25- IMPACT ATTENUATOR / CRASH CUSHION		26- BRIDGE OVERHEAD STRUCTURE		27- BRIDGE PIER OR ABUTMENT		28- BRIDGE PARAPET		29- BRIDGE RAIL		30- GUARDRAIL FACE		31- GUARDRAIL END		32- PORTABLE BARRIER		33- MEDIAN CABLE BARRIER		34- MEDIAN GUARDRAIL BARRIER		35- MEDIAN CONCRETE BARRIER		36- MEDIAN OTHER BARRIER		37- TRAFFIC SIGN POST		38- OVERHEAD SIGN POST		39- LIGHT / LUMINARIES SUPPORT		40- UTILITY POLE		41- OTHER POST, POLE OR SUPPORT		42- CULVERT		43- CURB		44- DITCH		45- EMBANKMENT		46- FENCE		47- MAILBOX		48- TREE		49- FIRE HYDRANT		50- WORK ZONE MAINTENANCE EQUIPMENT		51- WALL		52- BUILDING		53- TUNNEL		54- OTHER FIXED OBJECT		99- OTHER / UNKNOWN	
FIRST HARMFUL EVENT		1		MOST HARMFUL EVENT		1																																																									

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



## MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER												
2 0 2 5 - 0 0 0 0 8 8 2 6												
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER				
0 1	SZUCH, RAYMOND, JOSEPH				0 7 0 6 1 9 8 8		3 6	M				
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
11755 STATE RD ,NORTH ROYALTON ,OH 44133					REDACTED PER ORC 149.43(A)(1)							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
5					0 4	<input type="checkbox"/>	0 1	1	1	1		
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
O H	REDACTED PER ORC 4501:1-12		331.14		X	Signals Before Chang		29906				
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 <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	CARTER, FREDERICK, LEE				0 6 0 7 1 9 7 7		4 8	M				
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
452 HOWARD AVE ,Springfield ,OH 44312					REDACTED PER ORC 149.43(A)(1)							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
5					0 4	<input type="checkbox"/>	0 1	1	1	1		
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
O H	REDACTED PER ORC 4501:1-12											
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
4			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
							1	1		1	1	
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
						<input type="checkbox"/>						
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
INJURIES												
1 - FATAL												
2 - SUSPECTED SERIOUS INJURY												
3 - SUSPECTED MINOR INJURY												
4 - POSSIBLE INJURY												
5 - NO APPARENT INJURY												
INJURED TAKEN BY												
1 - NOT TRANSPORTED / TREATED AT SCENE												
2 - EMS												
3 - POLICE												
9 - OTHER / UNKNOWN												
SAFETY EQUIPMENT												
1 - NONE USED												
2 - SHOULDER BELT ONLY USED												
3 - LAP BELT ONLY USED												
4 - SHOULDER & LAP BELT USED												
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING												
6 - CHILD RESTRAINT SYSTEM - REAR FACING												
7 - BOOSTER SEAT												
8 - HELMET USED												
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)												
10 - REFLECTIVE CLOTHING												
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY												
99 - OTHER / UNKNOWN												
SEATING POSITION												
1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)												
2 - FRONT - MIDDLE												
3 - FRONT - RIGHT SIDE												
4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)												
5 - SECOND - MIDDLE												
6 - SECOND - RIGHT SIDE												
7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)												
8 - THIRD - MIDDLE												
9 - THIRD - RIGHT SIDE												
10 - SLEEPER SECTION OF TRUCK CAB												
11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)												
12 - PASSENGER IN UNENCLOSED CARGO AREA												
13 - TRAILING UNIT												
14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)												
15 - NON-MOTORIST												
99 - OTHER / UNKNOWN												
AIR BAG												
1 - NOT DEPLOYED												
2 - DEPLOYED FRONT												
3 - DEPLOYED SIDE												
4 - DEPLOYED BOTH FRONT / SIDE												
5 - NOT APPLICABLE												
9 - DEPLOYMENT UNKNOWN												
EJECTION												
1 - NOT EJECTED												
2 - PARTIALLY EJECTED												
3 - TOTALLY EJECTED												
4 - NOT APPLICABLE												
TRAPPED												
1 - NOT TRAPPED												
2 - EXTRICATED BY MECHANICAL MEANS												
3 - FREED BY NON-MECHANICAL MEANS												
OL CLASS												
1 - CLASS A												
2 - CLASS B												
3 - CLASS C												
4 - REGULAR CLASS (OHIO - D)												
5 - M/C MOPED ONLY												
6 - NO VALID OL												
OL RESTRICTION(S)												
1 - ALCOHOL INTERLOCK DEVICE												
2 - CDL INTRASTATE ONLY												
3 - CORRECTIVE LENSES												
4 - FARM WAIVER												
5 - EXCEPT CLASS A BUS												
6 - EXCEPT CLASS A & CLASS B BUS												
7 - EXCEPT TRACTOR-TRAILER												
8 - INTERMEDIATE LICENSE RESTRICTIONS												
9 - LEARNER'S PERMIT RESTRICTIONS												
10 - LIMITED TO DAYLIGHT ONLY												
11 - LIMITED TO EMPLOYMENT												
12 - LIMITED - OTHER												
13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)												
14 - MILITARY VEHICLES ONLY												
15 - MOTOR VEHICLES WITHOUT AIR BRAKES												
16 - OUTSIDE MIRROR												
17 - PROSTHETIC AID												
18 - OTHER												
DRIVER DISTRACTION												
1 - NOT DISTRACTED												
2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)												
3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE												
4 - TALKING ON HAND-HELD COMMUNICATION DEVICE												
5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE												
6 - PASSENGER												
7 - OTHER DISTRACTION INSIDE THE VEHICLE												
8 - OTHER DISTRACTION OUTSIDE THE VEHICLE												
9 - OTHER / UNKNOWN												
TEST STATUS												
1 - NONE GIVEN												
2 - TEST REFUSED												
3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE												
4 - TEST GIVEN, RESULTS KNOWN												
5 - TEST GIVEN, RESULTS UNKNOWN												
ALCOHOL TEST TYPE												
1 - NONE												
2 - BLOOD												
3 - URINE												
4 - BREATH												
5 - OTHER												
DRUG TEST TYPE												
1 - NONE												
2 - BLOOD												
3 - URINE												
4 - OTHER												
CONDITION												
1 - APPARENTLY NORMAL												
2 - PHYSICAL IMPAIRMENT												
3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)												
4 - ILLNESS												
5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.												
6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL												
9 - OTHER / UNKNOWN												
DRUG TEST RESULT(S)												
1 - AMPHETAMINES												
2 - BARBITURATES												
3 - BENZODIAZEPINES												
4 - CANNABINOIDS												
5 - COCAINE												
6 - OPIATES / OPIOIDS												
7 - OTHER												
8 - NEGATIVE RESULTS												



LOCAL REPORT NUMBER 25-8826	REPORTING AGENCY Kent PD	DATE OF CRASH M/6 10/23/25
IN COUNTY OF Portage	CRASH LOCATION S. Water @ Berry	

Unit #1 trailer information (at fault)

VIN - 1ZFCF2430JB001689

Ohio plate - 5Z58954 / sticker - 5075258954

1996 International trailer

24ft.

18,000 GVW

black in color

no damage

Due to the trucks extended side mirrors and which were partially covered in mud, driver of Unit #1 did not see Unit #2 when changing lanes. No injury reported

OFFICER'S SIGNATURE

X *H. H. H. H. H.*

BADGE NUMBER

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