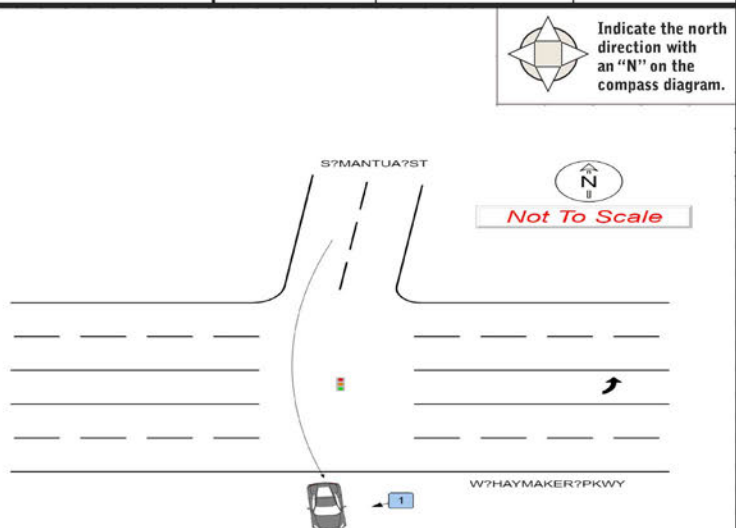


<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION REPORTING AGENCY NAME* <b>City of Kent Police</b>		NCIC* <b>06703</b>	LOCAL REPORT NUMBER* <b>2025-00016875</b>	
COUNTY* <b>67</b>	LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP <b>1</b>	LOCATION: CITY, VILLAGE, TOWNSHIP* <b>Kent</b>		CRASH DATE / TIME* <b>11272025/0325</b>		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY <b>5</b>	
ROUTE TYPE <b>S R</b>	ROUTE NUMBER <b>59</b>	PREFIX <b>4</b>	LOCATION ROAD NAME <b>HAYMAKER WY</b>	ROAD TYPE <b>P K</b>	LATITUDE DECIMAL DEGREES <b>41.151119</b>	CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY <b>5</b>	
ROUTE TYPE <b>S R</b>	ROUTE NUMBER <b>43</b>	PREFIX <b>4</b>	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>MANTUA</b>	ROAD TYPE <b>S T</b>	LONGITUDE DECIMAL DEGREES <b>-81.364022</b>		
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # <b>1</b>	DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST <b>2</b>	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 checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES <b>3</b>		
DISTANCE FROM REFERENCE <b>5</b>	DISTANCE UNIT OF MEASURE 1-MILES 2-Feet 3-YARDS <b>3</b>				ROADWAY <input type="checkbox"/> ROADWAY DIVIDED		
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 <b>04</b>		MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2-REAR-END 3-HEAD-ON <b>1</b>		DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST <b>1</b>		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 <b>1</b>	
<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 <b>01</b>	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 <b>1</b>		CONTOUR 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN <b>1</b>	CONDITIONS 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN <b>1</b>	SURFACE 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN <b>2</b>
LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK-LIGHTED ROADWAY 4-DARK-ROADWAY NOT LIGHTED 5-DARK-UNKNOWN ROADWAY LIGHTING 9-OTHER/UNKNOWN <b>3</b>		WEATHER 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL <b>01</b>		6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER/UNKNOWN			
NARRATIVE <b>UNIT 1 WAS TRAVELING SOUTHBOUND ON S MANTUA ST APPROACHING HAYMAKER PKWY. UNIT 1 FAILED TO MAINTAIN CONTROL OF HIS VEHICLE, RUNNING OFF THE ROADWAY, HITTING A GUARDRAIL THEN INTO A DITCH.</b>							
CRASH REPORTED DATE / TIME <b>11272025/0325</b>		DISPATCH DATE / TIME <b>11272025/0326</b>		ARRIVAL DATE / TIME <b>11272025/0335</b>		SCENE CLEARED DATE / TIME <b>11272025/0509</b>	
TOTAL TIME ROADWAY CLOSED <b>000</b>	OTHER INVESTIGATION TIME <b>010</b>	TOTAL MINUTES <b>113</b>	OFFICER'S NAME* <b>Strebel, Tyler Austin</b>		CHECKED BY OFFICER'S NAME* <b>Nelson, Josh</b>		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)
			OFFICER'S BADGE NUMBER* <b>235</b>		CHECKED BY OFFICER'S BADGE NUMBER* <b>232</b>		

OWNER	UNIT # <b>0 1</b>	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) <b>ADAMS, BRIAN, S</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>777 NANCY DR, Aurora, OH 44202</b>				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE <b>O H</b>	LICENSE PLATE # <b>KHV9179</b>	VEHICLE IDENTIFICATION # <b>W1KAF4HB8PR109057</b>	VEHICLE YEAR <b>2 0 2 3</b>	VEHICLE MAKE <b>Mercedes-Benz</b>
	<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR <b>GRY</b>	VEHICLE MODEL <b>C-CLASS</b>
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME <b>Interstate Towing</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	
	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.				
	UNIT TYPE <b>0 1</b>				
	# OF TRAILING UNITS <b>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 2-PARTIAL AUTOMATION 3-CONDITIONAL AUTOMATION 4-HIGH AUTOMATION 5-FULL AUTOMATION 9-UNKNOWN		
	SPECIAL FUNCTION <b>0 1</b>				
	CARGO BODY TYPE <b>0 1</b>				
VEHICLE DEFECTS <b>0 1</b>					
NON-MOTORIST LOCATION AT IMPACT <b>0 1</b>					
ACTION <b>3</b>					
CONTRIBUTING CIRCUMSTANCES <b>1 1</b>					
SEQUENCE OF EVENTS					
1 <b>0 8</b>					
2 <b>4 3</b>					
3 <b>3 0</b>					
4 <b>4 4</b>					
5					
6					
1 <b>1</b>					
FIRST HARMFUL EVENT		3 MOST HARMFUL EVENT			

LOCAL REPORT NUMBER <b>2 0 2 5 - 0 0 0 1 6 8 7 5</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 2</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>1</b> 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL <b>2</b> 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD <b>2</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>3 5</b>	DETECTED SPEED <b>3</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

## MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER											
2 0 2 5 - 0 0 0 1 6 8 7 5											
UNIT # 0 1		NAME: LAST, FIRST, MIDDLE ADAMS, BRIAN, S				DATE OF BIRTH 1 2 2 4 1 9 8 6		AGE 3 8	GENDER M		
ADDRESS: STREET, CITY, STATE, ZIP 777 NANCY DR ,Aurora ,OH 44202						CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)					
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1
OL STATE O H	OPERATOR LICENSE NUMBER REDACTED PER ORC 4501:1-12			OFFENSE CHARGED 331.34		LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Failure to Control;		CITATION NUMBER 13485		
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 4 4 . 1 2 9		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1	
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	
INJURIES		SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTION(S)		DRIVER DISTRACTION	
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED		1 - CLASS A		1 - ALCOHOL INTERLOCK DEVICE		1 - NOT DISTRACTED	
2 - SUSPECTED SERIOUS INJURY		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT		2 - CLASS B		2 - CDL INTRASTATE ONLY		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	
3 - SUSPECTED MINOR INJURY		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE		3 - CLASS C		3 - CORRECTIVE LENSES		3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	
4 - POSSIBLE INJURY		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT / SIDE		4 - REGULAR CLASS (OHIO - D)		4 - FARM WAIVER		4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	
5 - NO APPARENT INJURY		5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M/C MOPED ONLY		5 - EXCEPT CLASS A BUS & CLASS B BUS		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		7 - EXCEPT TRACTOR-TRAILER		6 - PASSENGER	
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION		H - HAZMAT		8 - INTERMEDIATE LICENSE RESTRICTIONS		7 - OTHER DISTRACTION INSIDE THE VEHICLE	
2 - EMS		8 - THIRD - MIDDLE		1 - NOT EJECTED		M - MOTORCYCLE		9 - LEARNER'S PERMIT RESTRICTIONS		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	
3 - POLICE		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED		P - PASSENGER		10 - LIMITED TO DAYLIGHT ONLY		9 - OTHER / UNKNOWN	
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED		N - TANKER		11 - LIMITED TO EMPLOYMENT		CONDITION	
SAFETY EQUIPMENT		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE		Q - MOTOR SCOOTER		12 - LIMITED - OTHER		1 - APPARENTLY NORMAL	
1 - NONE USED		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED		R - THREE-WHEEL MOTORCYCLE		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		2 - PHYSICAL IMPAIRMENT	
2 - SHOULDER BELT ONLY USED		13 - TRAILING UNIT		1 - NOT TRAPPED		S - SCHOOL BUS		14 - MILITARY VEHICLES ONLY		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	
3 - LAP BELT ONLY USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		4 - ILLNESS	
4 - SHOULDER & LAP BELT USED		15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS		X - TANKER / HAZMAT		16 - OUTSIDE MIRROR		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN		GENDER		F - FEMALE		17 - PROSTHETIC AID		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	
6 - CHILD RESTRAINT SYSTEM - REAR FACING				M - MALE		M - MOTORCYCLE		18 - OTHER		9 - OTHER / UNKNOWN	
7 - BOOSTER SEAT				U - OTHER / UNKNOWN		P - PASSENGER				7 - OTHER	
8 - HELMET USED						N - TANKER				8 - NEGATIVE RESULTS	
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						Q - MOTOR SCOOTER					
10 - REFLECTIVE CLOTHING						R - THREE-WHEEL MOTORCYCLE					
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						S - SCHOOL BUS					
99 - OTHER / UNKNOWN						T - DOUBLE & TRIPLE TRAILERS					
						X - TANKER / HAZMAT					