

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2 0 2 6 - 0 0 0 0 6 4 8 6

PHOTOS TAKEN  OH-2  OH-3  
 SECONDARY CRASH  OH-1P  OTHER  
 PRIVATE PROPERTY

LOCAL INFORMATION  
 REPORTING AGENCY NAME\*  
**City of Kent Police**  
 NCIC\*  
**0 6 7 0 3**

HIT/SKIP  
 1 - SOLVED  
 2 - UNSOLVED  
 NUMBER OF UNITS  
**0 1**  
 UNIT IN ERROR  
 98 - ANIMAL  
 99 - UNKNOWN  
**0 1**

COUNTY\* **6 7** LOCALITY\*  
 1 - CITY  
 2 - VILLAGE  
 3 - TOWNSHIP  
**1**  
 LOCATION: CITY, VILLAGE, TOWNSHIP\*  
**Kent**

CRASH DATE / TIME\*  
**04262026 / 0213**  
 CRASH SEVERITY  
 1 - FATAL  
 2 - SERIOUS INJURY SUSPECTED  
 3 - MINOR INJURY SUSPECTED  
 4 - INJURY POSSIBLE  
 5 - PROPERTY DAMAGE ONLY  
**2**

ROUTE TYPE **S R** ROUTE NUMBER **59** PREFIX **3**  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
 LOCATION ROAD NAME  
**MAIN**  
 ROAD TYPE **S T**

LATITUDE DECIMAL DEGREES  
**41.153910**

ROUTE TYPE ROUTE NUMBER PREFIX  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
 REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
**Sherman**  
 ROAD TYPE **S T**

LONGITUDE DECIMAL DEGREES  
**-81.348020**

REFERENCE POINT  
 1 - INTERSECTION  
 2 - MILE POST  
 3 - HOUSE #  
**1**  
 DIRECTION FROM REFERENCE  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
 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 HW - HIGHWAY RD - ROAD  
 AV - AVENUE LA - LANE SQ - SQUARE  
 BL - BOULEVARD MP - MILEPOST ST - STREET  
 CR - CIRCLE OV - OVAL TE - TERRACE  
 CT - COURT PK - PARKWAY TL - TRAIL  
 DR - DRIVE PI - PIKE WA - WAY  
 HE - HEIGHTS PL - PLACE

INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA  
 NUMBER OF APPROACHES  
**3**  
 ROADWAY  
 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  
**0 1**  
 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

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  
**1**

DIRECTION OF TRAVEL  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
**3**  
 MEDIAN TYPE  
 1 - DIVIDED FLUSH MEDIAN (<4 FEET)  
 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)  
 3 - DIVIDED, DEPRESSED MEDIAN  
 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)  
 9 - OTHER/UNKNOWN  
**4**

WORK ZONE RELATED  
 WORKERS PRESENT  
 LAW ENFORCEMENT PRESENT  
 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 - STRAIGHT LEVEL  
 2 - STRAIGHT GRADE  
 3 - CURVE LEVEL  
 4 - CURVE GRADE  
 9 - OTHER/UNKNOWN  
**2**

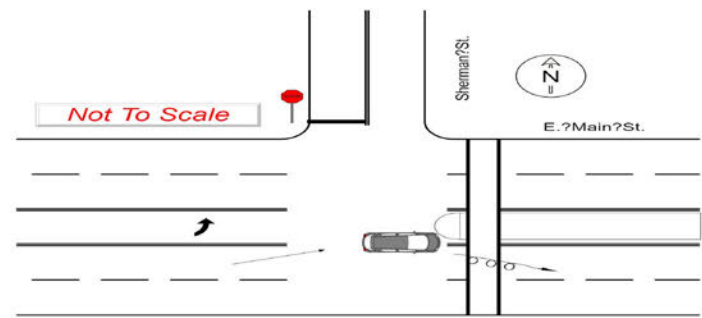
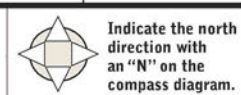
CONDITIONS  
 1 - DRY  
 2 - WET  
 3 - SNOW  
 4 - ICE  
 5 - SAND, MUD, DIRT, OIL, GRAVEL  
 6 - WATER (STANDING, MOVING)  
 7 - SLUSH  
 9 - OTHER/UNKNOWN  
**2**

SURFACE  
 1 - CONCRETE  
 2 - BLACKTOP, BITUMINOUS, ASPHALT  
 3 - BRICK/BLOCK  
 4 - SLAG, GRAVEL, STONE  
 5 - DIRT  
 9 - OTHER/UNKNOWN  
**2**

LIGHT CONDITION  
 1 - DAYLIGHT  
 2 - DAWN/DUSK  
 3 - DARK - LIGHTED ROADWAY  
 4 - DARK - ROADWAY NOT LIGHTED  
 5 - DARK - UNKNOWN ROADWAY LIGHTING  
 9 - OTHER / UNKNOWN  
**3**

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 traveling eastbound on E Main St by Sherman St. Unit 1 drove left of center, struck the concrete median, then rolled onto it's right side.**



CRASH REPORTED DATE / TIME  
**0 4 2 6 2 0 2 6 / 0 2 1 3**

DISPATCH DATE / TIME  
**0 4 2 6 2 0 2 6 / 0 2 1 4**

ARRIVAL DATE / TIME  
**0 4 2 6 2 0 2 6 / 0 2 1 6**

SCENE CLEARED DATE / TIME  
**0 4 2 6 2 0 2 6 / 0 4 5 8**

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST

TOTAL TIME ROADWAY CLOSED  
**0 5 9**  
 OTHER INVESTIGATION TIME  
**0 3 0**  
 TOTAL MINUTES  
**1 9 4**

OFFICER'S NAME\*  
**Knight, Zachary Tyler**  
 OFFICER'S BADGE NUMBER\*  
**2 1 8**

CHECKED BY OFFICER'S NAME\*  
**Soika, Richard**  
 CHECKED BY OFFICER'S BADGE NUMBER\*  
**2 2 4**

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS)

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (☒ SAME AS DRIVER) **EVERLY, WILLIAM, JOSHUA**

OWNER PHONE: INCLUDE AREA CODE (☒ SAME AS DRIVER) **REDACTED PER ORC 149.43(A)(1)**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER)  
**439 CIRCLE AVE, Newton Falls, OH 44444**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE OH LICENSE PLATE # KOZ4808 VEHICLE IDENTIFICATION # 2G11Z5S34K9104118 VEHICLE YEAR 2019 VEHICLE MAKE Chevrolet

INSURANCE VERIFIED  INSURANCE COMPANY \_\_\_\_\_ INSURANCE POLICY # \_\_\_\_\_ COLOR BLK VEHICLE MODEL IMPALA

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME City Service

HAZARDOUS MATERIAL:  MATERIAL RELEASED  PLACARD

CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_

UNIT TYPE 01 # OF TRAILING UNITS 00

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL 0

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 22 - OTHER / UNKNOWN

CARGO BODY TYPE 01

1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTOTRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE DEFECTS 01

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 01

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 2 PRE-CRASH ACTIONS 09

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 07

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 3 5 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT

2 0 1 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

1 1 FIRST HARMFUL EVENT 1 1 MOST HARMFUL EVENT

NON-COLLISION

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

LOCAL REPORT NUMBER  
2026-00006486

**DAMAGE**

DAMAGE SCALE 4

1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY

- NO DAMAGE [ 0 ]  - UNDERCARRIAGE [ 14 ]

- TOP [ 13 ]  - ALL AREAS [ 15 ]

- UNIT NOT AT SCENE [ 16 ]

**INITIAL POINT OF CONTACT**

1 1

0 - NO DAMAGE 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

**TRAFFIC**

TRAFFICWAY FLOW 2

1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL 6

1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL

# OF THROUGH LANES ON ROAD 1

RAIL GRADE CROSSING 1

1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**

FROM 4 TO 3

1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED 0 4 0

POSTED SPEED 3 5

DETECTED SPEED 1

1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
**2 0 2 6 - 0 0 0 0 6 4 8 6**

|                                                                                    |                                                              |                                       |                                                                               |                                                                                                                                                                     |                                                   |                                |                                                     |                      |                                                                   |  |
|------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------|-----------------------------------------------------|----------------------|-------------------------------------------------------------------|--|
| <b>UNIT #</b><br>0 1                                                               | <b>NAME: LAST, FIRST, MIDDLE</b><br>EVERLY, WILLIAM, JOSHUA  |                                       | <b>DATE OF BIRTH</b><br>0 8 0 2 1 9 9 5                                       |                                                                                                                                                                     | <b>AGE</b><br>3 0                                 | <b>GENDER</b><br>M             |                                                     |                      |                                                                   |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>439 CIRCLE AVE ,Newton Falls ,OH 44444 |                                                              |                                       |                                                                               | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>REDACTED PER ORC 149.43(A)(1)                                                                                           |                                                   |                                |                                                     |                      |                                                                   |  |
| <b>INJURIES</b><br>2                                                               | <b>INJURED TAKEN BY</b><br>2                                 | <b>EMS AGENCY (NAME)</b><br>Kent Fire | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b><br>Akron City Hospital | <b>SAFETY EQUIPMENT USED</b><br>0 4                                                                                                                                 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET  | <b>SEATING POSITION</b><br>0 1 | <b>AIR BAG USAGE</b><br>4                           | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>2                                               |  |
| <b>OL STATE</b><br>O H                                                             | <b>OPERATOR LICENSE NUMBER</b><br>REDACTED PER ORC 4501:1-12 |                                       | <b>OFFENSE CHARGED</b><br>331.34                                              | <b>LOCAL CODE</b><br><input checked="" type="checkbox"/>                                                                                                            | <b>OFFENSE DESCRIPTION</b><br>Failure to Control; |                                | <b>CITATION NUMBER</b><br>30346                     |                      |                                                                   |  |
| <b>OL CLASS</b><br>4                                                               | <b>ENDORSEMENT</b><br>SELECT UP TO 2                         | <b>RESTRICTION</b> SELECT UP TO 3     | <b>DRIVER DISTRACTED BY</b><br>1                                              | <b>ALCOHOL / DRUG SUSPECTED</b><br><input checked="" type="checkbox"/> ALCOHOL <input checked="" type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                                   | <b>CONDITION</b><br>6          | <b>ALCOHOL TEST</b><br>STATUS: 5, TYPE: 3, VALUE: . |                      | <b>DRUG TEST(S)</b><br>STATUS: 5, TYPE: 3, RESULT: SELECT UP TO 4 |  |

|                                          |                                      |                                   |                                                        |                                                                                                                                               |                                                  |                         |                                                   |                 |                                                                 |  |
|------------------------------------------|--------------------------------------|-----------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------|---------------------------------------------------|-----------------|-----------------------------------------------------------------|--|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>     |                                   | <b>DATE OF BIRTH</b>                                   |                                                                                                                                               | <b>AGE</b>                                       | <b>GENDER</b>           |                                                   |                 |                                                                 |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                      |                                   |                                                        | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                                                                                                      |                                                  |                         |                                                   |                 |                                                                 |  |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>              | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b>                                                                                                                  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>                              | <b>EJECTION</b> | <b>TRAPPED</b>                                                  |  |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>       |                                   | <b>OFFENSE CHARGED</b>                                 | <b>LOCAL CODE</b>                                                                                                                             | <b>OFFENSE DESCRIPTION</b>                       |                         | <b>CITATION NUMBER</b>                            |                 |                                                                 |  |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT</b><br>SELECT UP TO 2 | <b>RESTRICTION</b> SELECT UP TO 3 | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                                  | <b>CONDITION</b>        | <b>ALCOHOL TEST</b><br>STATUS: , TYPE: , VALUE: . |                 | <b>DRUG TEST(S)</b><br>STATUS: , TYPE: , RESULT: SELECT UP TO 4 |  |

|                                          |                                      |                                   |                                                        |                                                                                                                                               |                                                  |                         |                                                   |                 |                                                                 |  |
|------------------------------------------|--------------------------------------|-----------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------|---------------------------------------------------|-----------------|-----------------------------------------------------------------|--|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>     |                                   | <b>DATE OF BIRTH</b>                                   |                                                                                                                                               | <b>AGE</b>                                       | <b>GENDER</b>           |                                                   |                 |                                                                 |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                      |                                   |                                                        | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                                                                                                      |                                                  |                         |                                                   |                 |                                                                 |  |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>              | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b>                                                                                                                  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>                              | <b>EJECTION</b> | <b>TRAPPED</b>                                                  |  |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>       |                                   | <b>OFFENSE CHARGED</b>                                 | <b>LOCAL CODE</b>                                                                                                                             | <b>OFFENSE DESCRIPTION</b>                       |                         | <b>CITATION NUMBER</b>                            |                 |                                                                 |  |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT</b><br>SELECT UP TO 2 | <b>RESTRICTION</b> SELECT UP TO 3 | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                                  | <b>CONDITION</b>        | <b>ALCOHOL TEST</b><br>STATUS: , TYPE: , VALUE: . |                 | <b>DRUG TEST(S)</b><br>STATUS: , TYPE: , RESULT: SELECT UP TO 4 |  |

| 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 (OHID - 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                                   |
| <b>INJURED TAKEN BY</b><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                  | <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE                                      | <b>OL ENDORSEMENT</b><br>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 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                | <b>ALCOHOL TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                                                                                  |
| <b>SAFETY EQUIPMENT</b><br>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                                                                      | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                  | <b>GENDER</b><br>F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>CONDITION</b><br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN                                                                                                                        | <b>DRUG TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                               |                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                | <b>DRUG TEST RESULT(S)</b><br>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 |



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2026-00006486

|          |                                   |                           |                   |                                                 |                                   |                                                  |                  |               |          |
|----------|-----------------------------------|---------------------------|-------------------|-------------------------------------------------|-----------------------------------|--------------------------------------------------|------------------|---------------|----------|
| OCCUPANT | 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 |
| OCCUPANT | 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 |
| OCCUPANT | 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 |
| OCCUPANT | 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 |

| INJURIES                               | SAFETY EQUIPMENT USED                         | SEATING POSITION                                                                       | AIR BAG USAGE                      |
|----------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------|
| 1 - FATAL                              | 1 - NONE USED - VEHICLE OCCUPANT              | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)                                              | 1 - NOT DEPLOYED                   |
| 2 - SUSPECTED SERIOUS INJURY           | 2 - SHOULDER BELT ONLY USED                   | 2 - FRONT - MIDDLE                                                                     | 2 - DEPLOYED FRONT                 |
| 3 - SUSPECTED MINOR INJURY             | 3 - LAP BELT ONLY USED                        | 3 - FRONT - RIGHT SIDE                                                                 | 3 - DEPLOYED SIDE                  |
| 4 - POSSIBLE INJURY                    | 4 - SHOULDER & LAP BELT USED                  | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)                                          | 4 - DEPLOYED BOTH FRONT/SIDE       |
| 5 - NO APPARENT INJURY                 | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   | 5 - SECOND - MIDDLE                                                                    | 5 - NOT APPLICABLE                 |
| <b>INJURED TAKEN BY</b>                |                                               | 6 - SECOND - RIGHT SIDE                                                                | 9 - DEPLOYMENT UNKNOWN             |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)                                            | <b>EJECTION</b>                    |
| 2 - EMS                                | 7 - BOOSTER SEAT                              | 8 - THIRD - MIDDLE                                                                     | 1 - NOT EJECTED                    |
| 3 - POLICE                             | 8 - HELMET USED                               | 9 - THIRD - RIGHT SIDE                                                                 | 2 - PARTIALLY EJECTED              |
| 9 - OTHER / UNKNOWN                    | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 10 - SLEEPER SECTION OF TRUCK CAB                                                      | 3 - TOTALLY EJECTED                |
| <b>GENDER</b>                          |                                               | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 |
| F - FEMALE                             | 10 - REFLECTIVE CLOTHING                      | 12 - PASSENGER IN UNENCLOSED CARGO AREA                                                | <b>TRAPPED</b>                     |
| M - MALE                               | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 13 - TRAILING UNIT                                                                     | 1 - NOT TRAPPED                    |
| U - OTHER / UNKNOWN                    | 99 - OTHER / UNKNOWN                          | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2 - EXTRICATED BY MECHANICAL MEANS |
|                                        |                                               | 15 - NON-MOTORIST                                                                      | 3 - FREED BY NON-MECHANICAL MEANS  |
|                                        |                                               | 99 - OTHER / UNKNOWN                                                                   |                                    |

|         |                                      |                                   |  |     |        |  |
|---------|--------------------------------------|-----------------------------------|--|-----|--------|--|
| WITNESS | NAME: LAST, FIRST, MIDDLE            | DATE OF BIRTH                     |  | AGE | GENDER |  |
|         | JACKSON, DANIEL, SCOTT               | 07292004                          |  | 21  | M      |  |
| WITNESS | ADDRESS: STREET, CITY, STATE, ZIP    | CONTACT PHONE - INCLUDE AREA CODE |  |     |        |  |
|         | 2850 TOWNLINE RD ,MADISON, ,OH 44057 | REDACTED PER ORC 149.43(A)(1)     |  |     |        |  |
| WITNESS | NAME: LAST, FIRST, MIDDLE            | DATE OF BIRTH                     |  | AGE | GENDER |  |
|         | HATHAWAY, CARA, NICOLE               | 12171994                          |  | 31  | F      |  |
| WITNESS | ADDRESS: STREET, CITY, STATE, ZIP    | CONTACT PHONE - INCLUDE AREA CODE |  |     |        |  |
|         | 614 HUDSON RD ,Kent, ,OH 44240       |                                   |  |     |        |  |
| WITNESS | NAME: LAST, FIRST, MIDDLE            | DATE OF BIRTH                     |  | AGE | GENDER |  |
|         |                                      |                                   |  |     |        |  |
| WITNESS | ADDRESS: STREET, CITY, STATE, ZIP    | CONTACT PHONE - INCLUDE AREA CODE |  |     |        |  |
|         |                                      |                                   |  |     |        |  |