

## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<input type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		2 0 2 6 - 0 0 0 0 1 5 3 2		
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	
<input type="checkbox"/> PRIVATE PROPERTY				City of Kent Police		0 6 7 0 3	1 - SOLVED 2 - UNSOLVED	
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		CRASH DATE / TIME*		NUMBER OF UNITS		
6 7	1	Kent		02022026/1310		0 2		
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROUTE TYPE	LATITUDE DECIMAL DEGREES	CRASH SEVERITY	
S R	59	3		MAIN	S T	41.153775	1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROUTE TYPE	LONGITUDE DECIMAL DEGREES		
				HORNING	R D	-81.339615		
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED				
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY			<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE			ROADWAY				
	1 - MILES 2 - FEET 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 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP		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 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		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		
<input checked="" 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		LOCATION OF CRASH IN WORK ZONE		CONTOUR		
		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		1		
LIGHT CONDITION		WEATHER		CONDITIONS		SURFACE		
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		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		1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN		
NARRATIVE				Indicate the north direction with an "N" on the compass diagram.				
Unit 2 was within the round about at E. Main St. and Horning Rd. Unit 1 was eastbound on E. Main St. and failed to yield entering the roundabout. Unit 1 struck 2 within the roundabout.								
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		
0 2 0 2 2 0 2 6 / 1 3 1 0		0 2 0 2 2 0 2 6 / 1 3 1 6		0 2 0 2 2 0 2 6 / 1 3 2 0		0 2 0 2 2 0 2 6 / 1 3 5 0		
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		
0 0 0		0 1 0		0 4 4		Hilbruner, Neal		
						CHECKED BY OFFICER'S NAME*		
						Nelson, Josh		
						OFFICER'S BADGE NUMBER*		
						2 3 7		
						CHECKED BY OFFICER'S BADGE NUMBER*		
						2 3 2		
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)				



OWNER	UNIT # <b>0 1</b>	OWNER NAME: LAST, FIRST, MIDDLE (NAME AS DRIVER) <b>CLARK, IDA, M</b>	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) <b>340 WASHINGTON AVE, Ravenna, OH 44266</b>				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE <b>O H</b>	LICENSE PLATE # <b>FXQ2646</b>	VEHICLE IDENTIFICATION # <b>2 G N A L B E K 9 D 1 2 6 6 8 3 2</b>	VEHICLE YEAR <b>2 0 1 3</b>	VEHICLE MAKE <b>Chevrolet</b>
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <b>ALLSTATE</b>	INSURANCE POLICY # <b>826625250</b>	COLOR <b>BLK</b>	VEHICLE MODEL <b>EQUINOX</b>
	TYPE OF USE <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 <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 3</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 <b>00</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> 0 - 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			
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 <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 <b>0 2</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 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 <b>1</b>		MOST HARMFUL EVENT <b>1</b>		

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



OWNER	UNIT # <b>0 2</b>	OWNER NAME: LAST, FIRST, MIDDLE (NAME AS DRIVER) <b>PALMER, GREAT, CHIMAObi</b>	OWNER PHONE: INCLUDE AREA CODE (STATEMENT REQUIRED) <b>REDACTED PER ORC 149.43(A)(1)</b>
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (NAME AS DRIVER) <b>385 WOODSIDE DR, Sagamore Hills, OH 44067</b>		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
VEHICLE	LP STATE <b>O H</b>	LICENSE PLATE # <b>JSG1573</b>	VEHICLE IDENTIFICATION # <b>1 9 XFC1F3 0 KE0 0 0 7 4 5</b>
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <b>GEICO</b>	INSURANCE POLICY # <b>6038090863</b>
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS <b>0 1</b>
	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
	UNIT TYPE <b>0 1</b>		VEHICLE YEAR <b>2 0 1 9</b>
	VEHICLE MAKE <b>Honda</b>		VEHICLE MODEL <b>CIVIC</b>
	TOWED BY: COMPANY NAME		
	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>
	SPECIAL FUNCTION <b>0 1</b>		
EVENT(S)	CARGO BODY TYPE <b>0 1</b>		
	VEHICLE DEFECTS <b>0 1</b>		
	NON-MOTORIST LOCATION AT IMPACT <b>0 1</b>		
	ACTION <b>4</b>		
	CONTRIBUTING CIRCUMSTANCES <b>0 1</b>		
	SEQUENCE OF EVENTS <b>1 2 0</b>		
	NON-COLLISION		
	COLLISION WITH FIXED OBJECT - STRUCK		
	FIRST HARMFUL EVENT <b>1</b>		MOST HARMFUL EVENT <b>1</b>

LOCAL REPORT NUMBER <b>2 0 2 6 - 0 0 0 0 1 5 3 2</b>	
DAMAGE DAMAGE SCALE <b>2</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>0 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>1</b> 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL <b>1</b> 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD <b>1</b>	RAIL GRADE CROSSING <b>1</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM <b>3</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 0 5</b>	DETECTED SPEED <b>1</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <b>3 5</b>	



## MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER											
2 0 2 6 - 0 0 0 0 1 5 3 2											
UNIT # 0 1	NAME: LAST, FIRST, MIDDLE CLARK, IDA, M				DATE OF BIRTH 0 8 0 7 1 9 4 1		AGE 8 4	GENDER F			
ADDRESS: STREET, CITY, STATE, ZIP 340 WASHINGTON AVE ,Ravenna ,OH 44266					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 1	EJECTION 1	TRAPPED 1
OL STATE O H	OPERATOR LICENSE NUMBER REDACTED PER ORC 4501:1-12		OFFENSE CHARGED 331.18		LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Operation of Vehicle			CITATION NUMBER 30427		
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1	
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE PALMER, GREAT, CHIMAObI				DATE OF BIRTH 0 5 1 5 2 0 0 3		AGE 2 2	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 385 WOODSIDE DR ,Sagamore Hills ,OH 44067					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 1	EJECTION 1	TRAPPED 1
OL STATE O H	OPERATOR LICENSE NUMBER REDACTED PER ORC 4501:1-12		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 1 1 .		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	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											
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 MOPEL 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											
GENDER											
F - FEMALE											
M - MALE											
U - OTHER / UNKNOWN											