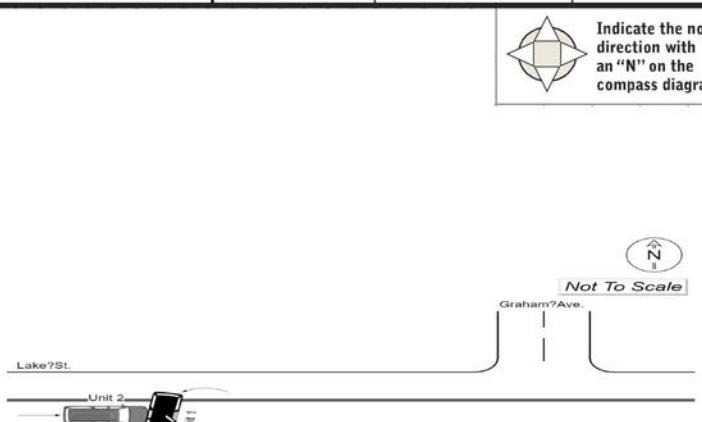


## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION			LOCAL REPORT NUMBER*					
		REPORTING AGENCY NAME* <b>City of Kent Police</b>			NCIC* <b>06703</b>					
COUNTY* <b>6 7</b>		LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP <b>1 Kent</b>		LOCATION: CITY, VILLAGE, TOWNSHIP*			HIT/SKIP 1-SOLVED 2-UNRESOLVED			
ROUTE TYPE		ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST <b>LAKE</b>	LOCATION ROAD NAME	ROAD TYPE <b>S T</b>	NUMBER OF UNITS <b>0 2</b>		UNIT IN ERROR 98-ANIMAL 99-UNKNOWN <b>0 1</b>		
ROUTE TYPE		ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST <b>GRAHAM</b>	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE <b>A V</b>	LATITUDE DECIMAL DEGREES <b>41 16 31 93</b>		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY		
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # <b>1</b>		DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST <b>4</b>	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE <b>6</b>	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)			INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		
DISTANCE FROM REFERENCE <b>2 0 0</b>		DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS <b>2</b>	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE <b>6</b>	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	ROADWAY			NUMBER OF APPROACHES <b>5</b>		
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>0 1</b>			MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION 2-BEFORE 3-TWO MOTOR VEHICLES IN TRANSPORT 4-REAR-END 5-HEAD-ON <b>6</b>	1-CROSSOVER 10-DRIVeway/ALLEY ACCESS 11-RAILWAY GRADE CROSSING 12-SHARED USE PATHS OR TRAILS 13-BIKE LANE 14-TOLL BOOTH 99-OTHER/UNKNOWN	DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST	ROADWAY DIVIDED			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	
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>0 6</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	1-CONTOUR <b>1</b>	CONDITIONS <b>4</b>	SURFACE <b>1</b>			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 <b>4</b>		WEATHER 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL <b>0 6</b>	1-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER/UNKNOWN	1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-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					
NARRATIVE <b>Unit 1 was westbound on Lake St. and Unit 2 was eastbound on Lake St. Unit 1 failed to control the vehicle, spun out and struck oncoming Unit 2.</b>										Indicate the north direction with an "N" on the compass diagram.
										Not To Scale

CRASH REPORTED DATE / TIME <b>01292026/1823</b>		DISPATCH DATE / TIME <b>01292026/1824</b>		ARRIVAL DATE / TIME <b>01292026/1831</b>		SCENE CLEARED DATE / TIME <b>01292026/1919</b>		REPORT TAKEN BY
TOTAL TIME ROADWAY CLOSED <b>0 3 5</b>		OTHER INVESTIGATION TIME <b>0 1 0</b>		TOTAL MINUTES <b>0 6 5</b>		OFFICER'S NAME* <b>Hilbruner, Neal</b>		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
						CHECKED BY OFFICER'S NAME* <b>Nelson, Josh</b>		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)
						OFFICER'S BADGE NUMBER* <b>2 3 7</b>		CHECKED BY OFFICER'S BADGE NUMBER* <b>2 3 2</b>

OWNER UNIT # <b>0 1</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER) <b>MARKS, ALAINA, HOPE</b>	OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER) <b>6615 CLEVELAND RD A10 ,Ravenna Twp ,OH 44266</b>	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE <b>O H</b>	LICENSE PLATE # <b>JNR5350</b>	VEHICLE IDENTIFICATION # <b>3 GKGK26 U52G139431</b>		VEHICLE YEAR <b>2002</b>	VEHICLE MAKE <b>GMC</b>
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #		COLOR <b>BLK</b>	VEHICLE MODEL <b>YUKON</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>Bakers Towing</b>	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>		<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS <b>0 1</b>	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> PLACARD	

1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER
2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)
3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST
4 - PICKUP	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
5 - CARGO VAN	11 - ALL-TERRAIN VEHICLE (ATV / UTV)	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN
6 - VAN (9-15 SEATS)		17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP

00	# OF TRAILING UNITS	(ATV / UTV)			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION		3 - CONDITIONAL AUTOMATION	
2		1 - DRIVER ASSISTANCE		9 - UNKNOWN	
1 - YES 2 - NO 9 - OTHER/UNKNOWN		0		4 - HIGH AUTOMATION	
		AUTONOMOUS MODE LEVEL		5 - FULL AUTOMATION	
1 - NONE		6 - BUS / CHARTER/TOUR		11 - FIRE	
7 - PASSENGER		8 - COMMUTER		12 - AIRPORT	
9 - COMMERCIAL		10 - PERSONAL		13 - FARM	
21 - MAIL CARRIER		22 - OTHER		23 - UNKNOWN	

<b>01</b>	1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
<b>SPECIAL FUNCTION</b>	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN
	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL	
	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
	5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL	

<b>0 1</b> <b>CARGO BODY TYPE</b>	1 - NO CARGO BODY TYPE /NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	9 - CARGO TANK 10 - FLAT BED 11 - DUMP	13 - AUTOTRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

<b>VEHICLE DEFECTS</b>	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
	1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER	

**NON-MOTORIST** CROSSTWALK 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS **AT INCIDENT SCENE**  
**LOCATION** 2 - INTERSECTION - UNMARKED CROSSTWALK 8 - SIDEWALK 11 - SHARED USE PATHS OR **99 - OTHER / UNKNOWN**  
**AT IMPACT** CROSSTWALK 5 - TRAVEL LANE - OTHER LOCATION TRAILS

1-NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18-APPROACHING OR LEAVING VEHICLE
2-NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19-STANDING
3-STRIKING	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	15 - WALKING RUNNING, JOGGING, PLAYING	20-OTHER NON-MOTORIST
4 - STRUCK	4 - OVERTAKING/PASSING	10 - PARKED	16 - WORKING	21-STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	99-OTHER / UNKNOWN
9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	12 - DRIVELESS		

9. OTHER UNKNOWN		10. DRIVERLESS		11. VEHICLE	
9.9 CONTRIBUTING CIRCUMSTANCES	1 -NONE	7 -LEFT OF CENTER	13 -IMPROPER START FROM A PARKED POSITION	17 -VISION OBSTRUCTION	21 -LYING IN ROADWAY
	2 -FAILURE TO YIELD	8 -FOLLOWING TOO CLOSE / A/CDA	14 -STOPPED OR PARKED ILLEGALLY	18 -OPERATING DEFECTIVE EQUIPMENT	22 -NOT DISCERNIBLE
	3 -RAN RED LIGHT	9 -IMPROPER LANE CHANGE	15 -SWERVING TO AVOID	19 -LOAD SHIFTING/FALLING/ SPILLING	23 -OPENING DOOR INTO ROADWAY
	4 -RAN STOP SIGN	10 -IMPROPER PASSING	16 -WRONG WAY	20 -IMPROPER CROSSING	99 -OTHER IMPROPER ACTION
	5 -UNSAFE SPEED	11 -DROVE OFF ROAD			
	6 -IMPROPER TURN	12 -IMPROPER BACKING			

## SEQUENCE OF EVENTS

### NON-COLLISION

NON-COLLISION				
1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE – OPPOSITE DIRECTION OF	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	12 - DOWNHILL ROLLAWAY	17 - ANIMAL – FARM	23 - STRUCK BY FALLING, SHIFTING CARGO OR
3 - IMMERSION	8 - RAN OFF ROAD RIGHT		18 - ANIMAL – DEER	

2	_____	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY	19 - ANIMAL - OTHER	SHIFTING CARGO
		5 - CARGO / EQUIPMENT	10 - CROSS MEDIAN	13 - OTHER NON-COLLISION	20 - MOTOR VEHICLE IN	ANYTHING SET IN MOTION
		LOSSOR SHIFT		14 - PEDESTRIAN	TRANSPORT	BY A MOTOR VEHICLE
3	_____			15 - PEDALCYCLE	21 - PARKED MOTORVEHICLE	24 - OTHER MOVEABLE OBJECT

4 | **COLLISION WITH FIXED OBJECT - STRUCK**

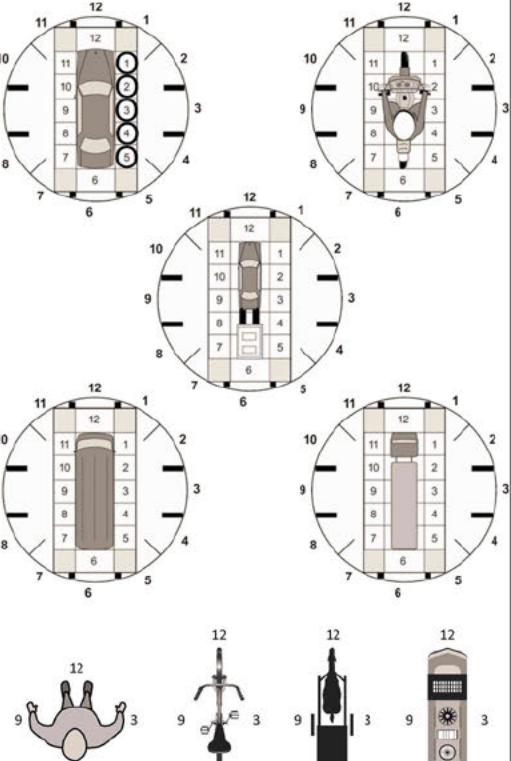
STRUCTURE	33-MEDIAN CALL BARRIER	35-EIGHTY LUMINARIES	45-ENVIRONMENT	
51-1-27-BRIDGE PIER OR ABUTMENT	34-MEDIAN GUARDRAIL BARRIER	37-SUPPORT	46-FENCE	52-BUILDING
28-BRIDGE PARAPET	35-MEDIAN CONCRETE BARRIER	40-UTILITY POLE	47-MAILBOX	53-TUNNEL
61-1-29-BRIDGE RAIL	36-POST, POLE OR SUPPORT	41-OTHER POST, POLE OR SUPPORT	48-TREE	54-OTHER FIXED OBJECT
			56-PIRE/IMPACT	99-OTHER / UNKNOWN

6 - GUARDRAIL 10 - OTHER BARRIER 36 - MEDIAN OTHER BARRIER 42 - CULVERT 49 - FIRE HYDRANT 99 - OTHER / UNKNOWN  
30 - GUARDRAIL FACE

LOCAL REPORT NUMBER

**DAMAGE**  
**DAMAGE SCALE**

**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**  
0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE  
DIAGRAM 99 - UNKNOWN  
0 3 13 - TOP

TRAFFIC		TRAFFIC CONTROL	
TRAFFICWAY FLOW		TRAFFIC CONTROL	
1 - ONE-WAY	2 - TWO-WAY	1 - ROUNDABOUT	4 - STOP SIGN
<b>2</b>	<b>6</b>	2 - SIGNAL	5 - YIELD SIGN
		3 - FLASHER	6 - NO CONTROL

# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED 1 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

<b>UNIT / NON-MOTORIST DIRECTION</b>					
<b>FROM</b>	<u>3</u>	<b>TO</b>	<u>4</u>	1 - NORTH	5 - NORTHEAST
				2 - SOUTH	6 - NORTHWEST
				3 - EAST	7 - SOUTHEAST
				4 - WEST	8 - SOUTHWEST
					9 - OTHER / UNKNOWN

UNIT SPEED	DETECTED SPEED
0 2 0	1 - STATED/ESTIMATED SPEED

<b>POSTED SPEED</b>	2 - CALCULATED / EDR
<b>3    5</b>	3 - UNDETERMINED

UNIT #  OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER)

**SAWYER, ROCKY**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER)

**6490 CHERRY LN ,Franklin Twp ,OH 44240**

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

LP STATE  LICENSE PLATE #

**O H JYB1668**

VEHICLE IDENTIFICATION #

**1 GNE K13 T31 J16 8441**

VEHICLE YEAR

**2001**

VEHICLE MAKE

**Chevrolet**

INSURANCE VERIFIED

INSURANCE COMPANY

**PROGRESSIVE**

INSURANCE POLICY #

**977898433**

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT #

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT

#OCCUPANTS

VEHICLE WEIGHT GVWR/GCWR  
1 - ≤10K LBS.  
2 - 10,001 - 26K LBS.  
3 - >26K LBS.

TOWED BY: COMPANY NAME

MATERIAL RELEASED  PLACARD

CLASS #

PLACARD ID #

**0 3**

UNIT TYPE

1 - PASSENGER CAR  
2 - PASSENGER VAN (MINIVAN)  
3 - SPORT UTILITY VEHICLE  
4 - PICKUP  
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)

**00** # OF TRAILING UNITS

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

1 - NO CARGO BODY TYPE /NOTAPPLICABLE  
2 - BUS

3 - TAIL LAMPS

3 - VEHICLE TOWING ANOTHER MOTORVEHICLE  
4 - LOGGING  
6 - CARGO VAN/ENCLOSED BOX  
7 - GRAIN/CHIPS/GRAVEL

1 - TURN SIGNALS  
2 - HEAD LAMPS  
3 - TAIL LAMPS

4 - MIDBLOCK - MARKED CROSSWALK

4 - BRAKES  
5 - STEERING  
6 - TIRE BLOWOUT

1 - INTERSECTION - MARKED CROSSWALK

2 - INTERSECTION - UNMARKED CROSSWALK

3 - INTERSECTION - OTHER CROSSWALK  
4 - MIDBLOCK - MARKED CROSSWALK  
5 - TRAVEL LANE - OTHER LOCATION

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

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

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 MOBILE OBJECT

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  
40 - SUPPORT  
41 - UTILITY POLE  
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

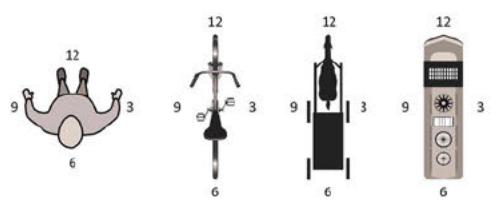
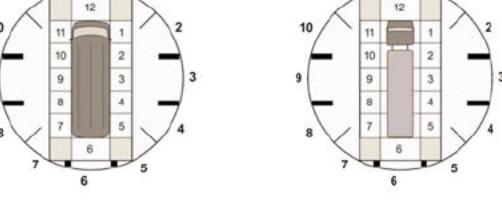
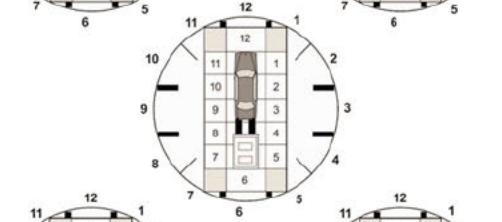
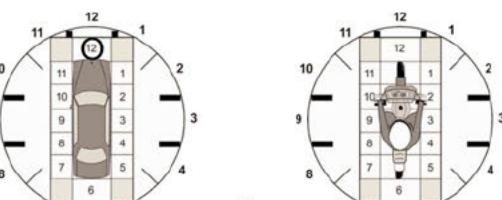
**2 0 2 6 - 0 0 0 0 1 3 4 5**

DAMAGE

DAMAGE SCALE

**3** 1 - NONE 3 - FUNCTIONAL DAMAGE  
2 - MINOR 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 2** 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE  
DIAGRAM 99 - UNKNOWN  
13 - TOP

TRAFFIC

TRAFFIC WAY FLOW **2** 1 - ONE-WAY 2 - TWO-WAY **6** 1 - ROUNDABOUT 4 - STOP SIGN  
2 - SIGNAL 5 - YIELD SIGN  
3 - FLASHER 6 - NO CONTROL

# OF THROUGH LANES ON ROAD **2** 1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

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

UNIT SPEED

**0 3 4** 1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED

POSTED SPEED

**3 5**

LOCAL REPORT NUMBER										
2 0 2 6 - 0 0 0 0 1 3 4 5										
DATE OF BIRTH AGE GENDER										
1 1 1 9 1 9 9 8 2 7 F										
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	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 3	EJECTION 1	TRAPPED 1	
OL STATE O H	OPERATOR LICENSE NUMBER REDACTED PER ORC 4501:1-12			OFFENSE CHARGED 331.34	LOCAL CODE X	OFFENSE DESCRIPTION Failure to Control;				CITATION NUMBER 29400
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 1 TYPE 1 VALUE .	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4			
UNIT #	NAME: LAST, FIRST, MIDDLE									
0 2	SAWYER, ROCKY									
ADDRESS: STREET, CITY, STATE, ZIP 6490 CHERRY LN ,Franklin Twp ,OH 44240										
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	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 X	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 1 TYPE 1 VALUE .	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4			
UNIT #	NAME: LAST, FIRST, MIDDLE									
ADDRESS: STREET, CITY, STATE, ZIP										
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	
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE X	OFFENSE DESCRIPTION				CITATION NUMBER
OL CLASS	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	ALCOHOL TEST STATUS 1 TYPE 1 VALUE .	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4			
INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS				
1- FATAL	1- FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1- NOT DEPLOYED	1- CLASS A	1- ALCOHOL INTERLOCK DEVICE	1- NOT DISTRACTED	1- NONE GIVEN				
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)	2- TEST REFUSED				
3- SUSPECTED MINOR INJURY	3- FRONT - RIGHT SIDE	3- DEPLOYED SIDE	3- CLASS C	3- CORRECTIVE LENSES	3- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE					
4- POSSIBLE INJURY	4- SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4- DEPLOYED BOTH FRONT / SIDE	4- REGULAR CLASS (OHIO = D)	4- FARM WAIVER	4- TEST GIVEN, RESULTS KNOWN					
5- NO APPARENT INJURY	5- SECOND - MIDDLE	5- NOTAPPLICABLE	5- M/C MOPED ONLY	5- EXCEPT CLASS A BUS	5- TEST GIVEN, RESULTS UNKNOWN					
INJURED TAKEN BY				6- NO VALID OL	6- EXCEPT CLASS A & CLASS B BUS					
1- NOT TRANSPORTED /TREATED AT SCENE	7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7- DEPLOYMENT UNKNOWN	7- EXCEPT TRACTOR-TRAILER	7- EXCEPT TRACTOR-TRAILER						
2- EMS	8- THIRD - MIDDLE	8- INTERMEDIATE LICENSE RESTRICTIONS	8- INTERMEDIATE LICENSE RESTRICTIONS	8- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE						
3- POLICE	9- THIRD - RIGHT SIDE	9- LEARNER'S PERMIT RESTRICTIONS	9- LEARNER'S PERMIT RESTRICTIONS	6- PASSENGER						
9- OTHER / UNKNOWN	10- SLEEPER SECTION OF TRUCK CAB	10- LIMITED TO DAYLIGHT ONLY	10- LIMITED TO DAYLIGHT ONLY	7- OTHER DISTRACTION INSIDE THE VEHICLE						
SAFETY EQUIPMENT				11- LIMITED TO EMPLOYMENT	8- OTHER DISTRACTION OUTSIDE THE VEHICLE					
1- NONE USED	11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	12- PASSENGER IN UNENCLOSED CARGO AREA	12- LIMITED - OTHER	8- OTHER / UNKNOWN						
2- SHOULDER BELT ONLY USED	12- PASSENGER IN UNENCLOSED CARGO AREA	13- FREED BY NON-MECHANICAL MEANS	13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	9- OTHER / UNKNOWN						
3- LAP BELT ONLY USED	13- TRAILING UNIT	14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14- MILITARY VEHICLES ONLY							
4- SHOULDER & LAP BELT USED	14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	15- NON-MOTORIST	15- MOTOR VEHICLES WITHOUT AIR BRAKES							
5- CHILD RESTRAINT SYSTEM - FORWARD FACING	15- NON-MOTORIST	99- OTHER / UNKNOWN	16- OUTSIDE MIRROR							
6- CHILD RESTRAINT SYSTEM - REAR FACING	99- OTHER / UNKNOWN		17- PROSTHETIC AID							
7- BOOSTER SEAT			18- OTHER							
8- HELMET USED										
9- PROTECTIVE PADS USED (ELBOW KNEES, ETC.)										
10- REFLECTIVE CLOTHING										
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY										
99- OTHER / UNKNOWN										
ALCOHOL TEST TYPE				1- NONE						
DRUG TEST TYPE				2- BLOOD						
CONDITION				3- URINE						
DRUG TEST RESULT(S)				4- BREATH						
DRUG TEST RESULT(S)				5- OTHER						
DRUG TEST RESULT(S)				1- AMPHETAMINES						
DRUG TEST RESULT(S)				2- BARBITURATES						
DRUG TEST RESULT(S)				3- BENZODIAZEPINES						
DRUG TEST RESULT(S)				4- CANNABINOID						
DRUG TEST RESULT(S)				5- COCAINE						
DRUG TEST RESULT(S)				6- OPIATES / OPIOIDS						
DRUG TEST RESULT(S)				7- OTHER						
DRUG TEST RESULT(S)				8- NEGATIVE RESULTS						