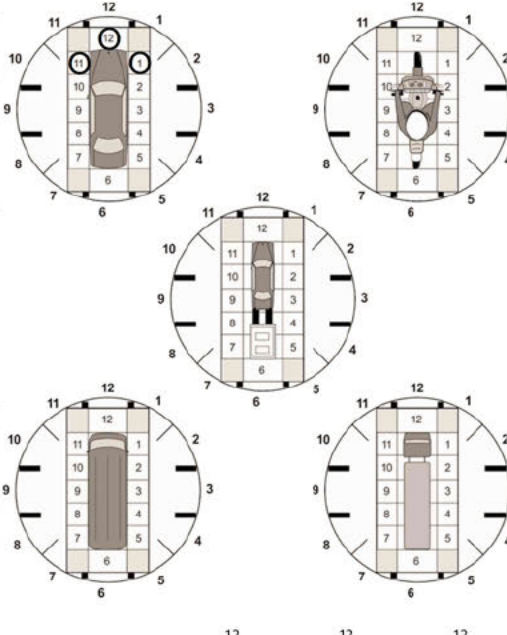
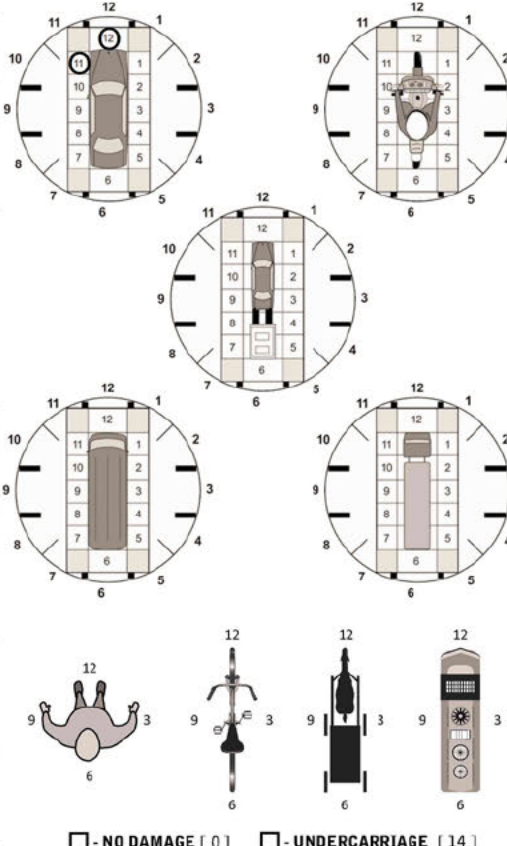


☒ PHOTOS TAKEN ☐ SECONDARY CRASH		☐ OH-2 ☒ OH-1P ☐ PRIVATE PROPERTY	☐ OH-3 ☐ OTHER	LOCAL INFORMATION KENT		2 0 2 5 - 0 0 0 1 3 5 5 7											
COUNTY* 6 7		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1		LOCATION: CITY, VILLAGE, TOWNSHIP* Kent		REPORTING AGENCY NAME* City of Kent Police		NCIC* 0 6 7 0 3		HIT/SKIP 1 - SOLVED 2 - UNSOLVED 0 2		NUMBER OF UNITS 0 2		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 0 1			
CRASH DATE / TIME* 09182025/1451		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 3		ROUTE TYPE S R		ROUTE NUMBER 43		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1		LOCATION ROAD NAME MANTUA		ROAD TYPE S T		LATITUDE DECIMAL DEGREES 41.1 6 5 6 3 0			
REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ORCHARD		ROUTE TYPE S T		LONGITUDE DECIMAL DEGREES -81.3 5 6 1 1 5		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 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			
DISTANCE FROM REFERENCE 0 1		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 6		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE) 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN		INTERSECTION RELATED ☒ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 3		ROADWAY ☐ ROADWAY DIVIDED					
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 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
LIGHT CONDITION 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 0 1 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		NARRATIVE UNIT ONE WAS TRAVELING NORTHBOUND ON N. MANTUA STREET IN THE LEFT HAND LANE. UNIT TWO WAS TRAVELING SOUTHBOUND ON N. MANTUA STREET IN THE RIGHT HAND LANE. UNIT ONE MADE A LEFT TURN ONTO NEEDHAM AVE AND STRUCK UNIT TWO ON THE FRONT DRIVE SIDE. UNIT TWO THEN WENT OFF THE ROAD LEFT AND STRUCK A STREET SIGN BEFORE COMING TO REST ON THE SIDEWALK. UNIT TWO DROVE HERSELF TO THE CLEVELAND CLINIC ER IN STOW.		Indicate the north direction with an "N" on the compass diagram. 											
CRASH REPORTED DATE / TIME 09182025/1451		DISPATCH DATE / TIME 09182025/1454		ARRIVAL DATE / TIME 09182025/1502		SCENE CLEARED DATE / TIME 09182025/1548		REPORT TAKEN BY ☒ POLICE AGENCY ☐ MOTORIST ☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)									
TOTAL TIME ROADWAY CLOSED 0 0 0		OTHER INVESTIGATION TIME 0 3 0		TOTAL MINUTES 0 8 4		OFFICER'S NAME* Bruno, Samantha		CHECKED BY OFFICER'S NAME* Nelson, Josh									
OFFICER'S BADGE NUMBER* 2 5 4		CHECKED BY OFFICER'S BADGE NUMBER* 2 3 2															

OWNER	UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) RICHARDS, RICHARD, P	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 419 NEEDHAM AVE, Kent, OH 44240				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE O H	LICENSE PLATE # GKA3820	VEHICLE IDENTIFICATION # 3 F M C R 9 B 6 2 P R E 3 5 2 3 1	VEHICLE YEAR 2 0 2 3	VEHICLE MAKE Ford
	☒ INSURANCE VERIFIED	INSURANCE COMPANY GRANGE	INSURANCE POLICY # 4618247	COLOR GRY	VEHICLE MODEL BRONCO
	☐ COMMERCIAL	☐ GOVERNMENT	☐ IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME City Service	
	☐ INTERLOCK DEVICE EQUIPPED	☐ HIT/SKIP UNIT	#OCCUPANTS 0 1	HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD	
	TYPE OF USE		US DOT #	VEHICLE WEIGHT GVWR/GCWR	
	☐ PASSENGER CAR		☐ MOTORCYCLE 2-WHEELED	☐ GOLF CART	
	☐ PASSENGER VAN (MINIVAN)		☐ MOTORCYCLE 3-WHEELED	☐ SNOWMOBILE	
	☐ SPORT UTILITY VEHICLE		☐ AUTOCYCLE	☐ SINGLE UNIT TRUCK	
	☐ PICK UP		☐ MOPED OR MOTORIZED BICYCLE	☐ SEMI-TRACTOR	
	☐ CARGO VAN		☐ ALL TERRAIN VEHICLE (ATV / UTV)	☐ FARM EQUIPMENT	
☐ VAN (9-15 SEATS)			☐ MOTORHOME		
# OF TRAILING UNITS		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?			
0 3		0			
UNIT TYPE		AUTONOMOUS MODE LEVEL			
2		0			
SPECIAL FUNCTION		VEHICLE DEFECTS			
0 1		0 1			
CARGO BODY TYPE		VEHICLE DEFECTS			
0 1		0 1			
VEHICLE DEFECTS		NON-MOTORIST LOCATION AT IMPACT			
0 1		0 1			
NON-MOTORIST LOCATION AT IMPACT		ACTION			
0 1		3			
ACTION		CONTRIBUTING CIRCUMSTANCES			
0 6		0 2			
CONTRIBUTING CIRCUMSTANCES		SEQUENCE OF EVENTS			
0 2		2 0			
SEQUENCE OF EVENTS		NON-COLLISION			
1 2 0		1 2 0			
NON-COLLISION		COLLISION WITH FIXED OBJECT - STRUCK			
1 2 0		1 2 0			
COLLISION WITH FIXED OBJECT - STRUCK		FIRST HARMFUL EVENT			
1 2 0		1 2 0			
FIRST HARMFUL EVENT		MOST HARMFUL EVENT			
1 2 0		1 2 0			
MOST HARMFUL EVENT					

LOCAL REPORT NUMBER 2 0 2 5 - 0 0 0 1 3 5 5 7	
DAMAGE	
DAMAGE SCALE	
4	
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	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
2	6
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
4	1
UNIT / NON-MOTORIST DIRECTION	
FROM 2 TO 4	
UNIT SPEED	DETECTED SPEED
0 1 0	1
POSTED SPEED	
3 5	

OWNER	UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE (NAME AS DRIVER) GOODWIN, HEATHER, ANN	OWNED PHONE: INCLUDE AREA CODE (NAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (NAME AS DRIVER) 4650 ALLIANCE RD, Palmyra, OH 44266				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE O H	LICENSE PLATE # KOZ4390	VEHICLE IDENTIFICATION # 2 FMDK4KC7 BBA54175	VEHICLE YEAR 2 0 1 1	VEHICLE MAKE Ford
	☒ INSURANCE VERIFIED	INSURANCE COMPANY DIRECT	INSURANCE POLICY # 2027154386	COLOR BLK	VEHICLE MODEL EDGE
	☐ COMMERCIAL	☐ GOVERNMENT	☐ IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME Bakers Towing	
	☐ INTERLOCK DEVICE EQUIPPED	☐ HIT/SKIP UNIT	#OCCUPANTS 0 3	HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD	
	TYPE OF USE		US DOT #	VEHICLE WEIGHT GVWR/GCWR	
	☐ PASSENGER CAR		☐ MOTORCYCLE 2-WHEELED	☐ GOLF CART	
	☐ PASSENGER VAN (MINIVAN)		☐ MOTORCYCLE 3-WHEELED	☐ SNOWMOBILE	
	☐ SPORT UTILITY VEHICLE		☐ AUTOCYCLE	☐ SINGLE UNIT TRUCK	
	☐ PICK UP		☐ MOPED OR MOTORIZED BICYCLE	☐ SEMI-TRACTOR	
	☐ CARGO VAN		☐ ALL TERRAIN VEHICLE (ATV / UTV)	☐ FARM EQUIPMENT	
☐ VAN (9-15 SEATS)			☐ MOTORHOME		
# OF TRAILING UNITS		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?			
0 3		0			
UNIT TYPE		AUTONOMOUS MODE LEVEL			
2		0			
SPECIAL FUNCTION		1 - NONE			
0 1		2 - TAXI			
0 1		3 - ELECTRONIC RIDE SHARING			
0 1		4 - SCHOOL TRANSPORT			
0 1		5 - BUS - TRANSIT/COMMUTER			
CARGO BODY TYPE		1 - NO CARGO BODY TYPE / NOT APPLICABLE			
0 1		2 - BUS			
VEHICLE DEFECTS		1 - TURN SIGNALS			
0 1		2 - HEAD LAMPS			
0 1		3 - TAIL LAMPS			
NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK			
0 1		2 - INTERSECTION - UNMARKED CROSSWALK			
0 1		3 - INTERSECTION - OTHER			
0 1		4 - MIDBLOCK - MARKED CROSSWALK			
0 1		5 - TRAVEL LANE - OTHER LOCATION			
ACTION		1 - NON-CONTACT			
4		2 - NON-COLLISION			
0 1		3 - STRIKING			
0 1		4 - STRUCK			
0 1		5 - BOTH STRIKING & STRUCK			
0 1		9 - OTHER / UNKNOWN			
CONTRIBUTING CIRCUMSTANCES		1 - NONE			
0 1		2 - FAILURE TO YIELD			
0 1		3 - RAN RED LIGHT			
0 1		4 - RAN STOP SIGN			
0 1		5 - UNSAFE SPEED			
0 1		6 - IMPROPER TURN			
SEQUENCE OF EVENTS		1 - OVERTURN/ROLLOVER			
2 0		2 - FIRE/EXPLOSION			
0 9		3 - IMMERSION			
0 9		4 - JACKKNIFE			
4 1		5 - CARGO / EQUIPMENT LOSS OR SHIFT			
COLLISION WITH FIXED OBJECT - STRUCK		25 - IMPACT ATTENUATOR / CRASH CUSHION			
4		26 - BRIDGE OVERHEAD STRUCTURE			
5		27 - BRIDGE PIER OR ABUTMENT			
6		28 - BRIDGE PARAPET			
1		29 - BRIDGE RAIL			
1		30 - GUARDRAIL FACE			
FIRST HARMFUL EVENT		MOST HARMFUL EVENT			
1		1			

LOCAL REPORT NUMBER 2 0 2 5 - 0 0 0 1 3 5 5 7	
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	
0 - NO DAMAGE	
1 - 12 - REFER TO UNIT DIAGRAM	
13 - TOP	
14 - UNDERCARRIAGE	
15 - VEHICLE NOT AT SCENE	
99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT
2 - TWO-WAY	2 - SIGNAL
2	3 - FLASHER
6	4 - STOP SIGN
2	5 - YIELD SIGN
2	6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED
2	2 - INVOLVED-ACTIVE CROSSING
2	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 1 TO 2	
1 - NORTH	
2 - SOUTH	
3 - EAST	
4 - WEST	
5 - NORTHEAST	
6 - NORTHWEST	
7 - SOUTHEAST	
8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
0 2 5	1 - STATED / ESTIMATED SPEED
3 5	2 - CALCULATED / EDR
3 5	3 - UNDETERMINED

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER																						
2 0 2 5 - 0 0 0 1 3 5 5 7																						
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER														
0 1	RICHARDS, KIMBERLY, G				1 0 1 2 1 9 5 6		6 8	F														
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																	
419 NEEDHAM AVE ,Kent ,OH 44240					REDACTED PER ORC 149.43(A)(1)																	
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED												
3	1	Kent Fire			0 4	☐	0 1	4	1	1												
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER														
O H	REDACTED PER ORC 4501:1-12		331.17		X	Right of Way when Tu		29197														
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)													
4			1	☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4										
							1	1		1	1											
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER														
0 2	GOODWIN, HEATHER, ANN				0 6 2 3 1 9 8 5		4 0	F														
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																	
4650 ALLIANCE RD ,Palmyra ,OH 44266					REDACTED PER ORC 149.43(A)(1)																	
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED												
3	1	Kent Fire			0 4	☐	0 1	2	1	1												
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER														
O H	REDACTED PER ORC 4501:1-12																					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)													
4			1	☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4										
							1	1		1	1											
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER														
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																	
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED												
						☐																
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER														
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)													
				☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG			STATUS	TYPE	VALUE	STATUS	TYPE	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 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		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 - TALKING ON HAND-HELD COMMUNICATION DEVICE		4 - TEST GIVEN, RESULTS KNOWN	
5 - NO APPARENT INJURY											5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M/C MOPED ONLY		5 - EXCEPT CLASS A BUS & CLASS B BUS		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN	
INJURED TAKEN BY											6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		7 - EXCEPT TRACTOR-TRAILER		6 - PASSENGER		ALCOHOL TEST TYPE	
1 - NOT TRANSPORTED / TREATED AT SCENE											7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION		H - HAZMAT		8 - INTERMEDIATE LICENSE RESTRICTIONS		7 - OTHER DISTRACTION INSIDE THE VEHICLE		1 - NONE	
2 - EMS											8 - THIRD - MIDDLE		1 - NOT EJECTED		M - MOTORCYCLE		9 - LEARNER'S PERMIT RESTRICTIONS		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		2 - BLOOD	
3 - POLICE											9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED		P - PASSENGER		10 - LIMITED TO DAYLIGHT ONLY		9 - OTHER / UNKNOWN		3 - URINE	
9 - OTHER / UNKNOWN											10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED		N - TANKER		11 - LIMITED TO EMPLOYMENT		5 - OTHER		4 - BREATH	
SAFETY EQUIPMENT											11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE		Q - MOTOR SCOOTER		12 - LIMITED - OTHER		7 - OTHER / UNKNOWN		5 - OTHER	
1 - NONE USED											12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED		R - THREE-WHEEL MOTORCYCLE		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		CONDITION		DRUG TEST TYPE	
2 - SHOULDER BELT ONLY USED											13 - TRAILING UNIT		1 - NOT TRAPPED		S - SCHOOL BUS		14 - MILITARY VEHICLES ONLY		1 - APPARENTLY NORMAL		1 - NONE	
3 - LAP BELT ONLY USED											14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		2 - PHYSICAL IMPAIRMENT		2 - BLOOD	
4 - SHOULDER & LAP BELT USED											15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS		X - TANKER / HAZMAT		16 - OUTSIDE MIRROR		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		3 - URINE	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING											99 - OTHER / UNKNOWN						17 - PROSTHETIC AID		4 - ILLNESS		4 - OTHER	
6 - CHILD RESTRAINT SYSTEM - REAR FACING																	18 - OTHER		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		DRUG TEST RESULT(S)	
7 - BOOSTER SEAT																			6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		1 - AMPHETAMINES	
8 - HELMET USED																			9 - OTHER / UNKNOWN		2 - BARBITURATES	
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)																					3 - BENZODIAZEPINES	
10 - REFLECTIVE CLOTHING																					4 - CANNABINOIDS	
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY																					5 - COCAINE	
99 - OTHER / UNKNOWN																					6 - OPIATES / OPIOIDS	
																					7 - OTHER	
																					8 - NEGATIVE RESULTS	

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 0 2 5 - 0 0 0 1 3 5 5 7

OCCUPANT	UNIT # 02	NAME: LAST, FIRST, MIDDLE URYCKI, LUKE, D			DATE OF BIRTH 1 2 2 1 2 0 1 3		AGE 11	GENDER M		
	ADDRESS: STREET, CITY, STATE, ZIP 4650 ALLIANCE RD ,Palmyra ,OH 44266				CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)					
OCCUPANT	INJURIES 3	INJURED TAKEN BY 1	EMS AGENCY (NAME) Kent Fire	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION 0 4	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OCCUPANT	UNIT # 02	NAME: LAST, FIRST, MIDDLE URYCKI, MARIO			DATE OF BIRTH 1 2 2 1 2 0 1 3		AGE 11	GENDER M		
	ADDRESS: STREET, CITY, STATE, ZIP 4650 ALLIANCE RD ,Palmyra ,OH 44266				CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)					
OCCUPANT	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 6	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	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
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	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
		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		
		INJURED TAKEN BY		6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		
		1 - NOT TRANSPORTED / TREATED AT SCENE		7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION		
		2 - EMS		8 - HELMET USED		8 - THIRD - MIDDLE		1 - NOT EJECTED		
		3 - POLICE		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED		
		9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED		
		GENDER		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE		
		F - FEMALE		99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED		
		M - MALE				13 - TRAILING UNIT		1 - NOT TRAPPED		
		U - 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		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
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