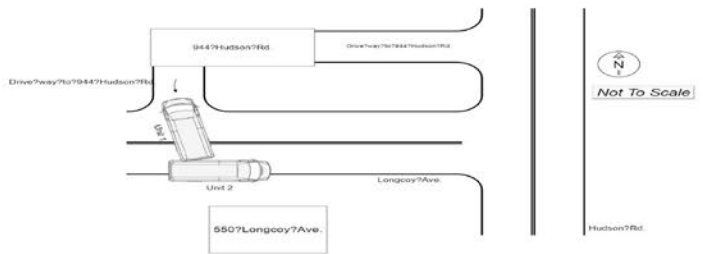


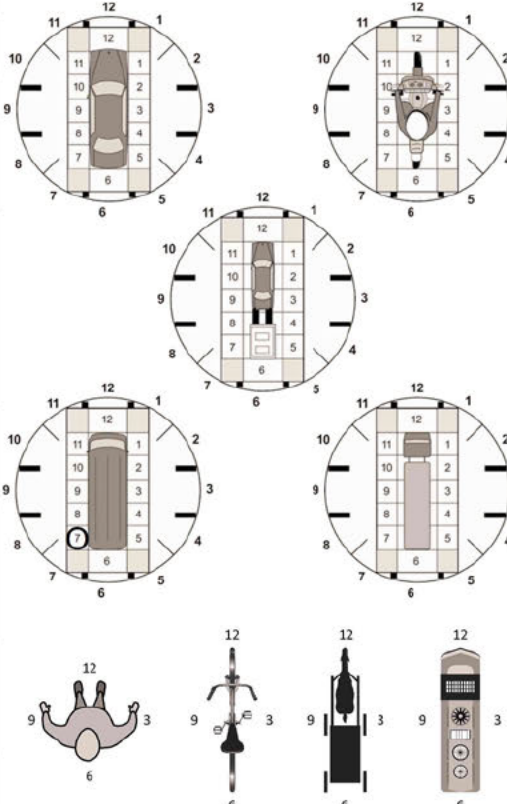
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

<input type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		2 0 2 5 - 0 0 0 0 9 0 8 2							
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*		HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR			
		<input type="checkbox"/> PRIVATE PROPERTY		City of Kent Police		0 6 7 0 3		1 1 - SOLVED 2 - UNSOLVED	0 2	0 1 98 - ANIMAL 99 - UNKNOWN			
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE / TIME*		CRASH SEVERITY					
6 7	1	Kent				0 6 2 7 2 0 2 5 / 1 1 0 5		5					
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY				
				LONGCOY		A V	4 1 . 1 6 3 0 9 8						
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LONGITUDE DECIMAL DEGREES						
				HUDSON		R D	- 8 1 . 3 6 2 6 7 8						
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		<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES			
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE											
1 0 0		2											
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				1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		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			
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				1									
<input type="checkbox"/> WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE		CONTOUR		CONDITIONS		SURFACE			
<input type="checkbox"/> WORKERS PRESENT		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		1		2			
<input type="checkbox"/> LAW ENFORCEMENT PRESENT						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		1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN			
<input type="checkbox"/> ACTIVE SCHOOL ZONE													
LIGHT CONDITION				WEATHER									
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					
0 1				0 1									
NARRATIVE													
Unit 1 backed out of the driveway of 944 Hudson Rd. and struck Unit 2 which was parked and unoccupied in front of 550 Longcoy Ave.													
													
CRASH REPORTED DATE / TIME			DISPATCH DATE / TIME			ARRIVAL DATE / TIME			SCENE CLEARED DATE / TIME			REPORT TAKEN BY	
0 6 2 7 2 0 2 5 / 1 1 0 5			0 6 2 7 2 0 2 5 / 1 1 0 7			0 6 2 7 2 0 2 5 / 1 1 1 1			0 6 2 7 2 0 2 5 / 1 1 3 2			<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*			CHECKED BY OFFICER'S NAME*			<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)	
0 0 0		0 1 0		0 3 5		Hilbruner, Neal			Short, Jason M				
						OFFICER'S BADGE NUMBER*			CHECKED BY OFFICER'S BADGE NUMBER*				
						2 3 7			2 2 8				

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) WRIGHT HEATING & COOLING	OWNED PHONE: INCLUDE AREA CODE (SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 418 WATER ST, Kent, OH 44240			COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	
LP STATE OH		LICENSE PLATE # PKD5478	VEHICLE IDENTIFICATION # 1FTYR1ZM7GKA87141	VEHICLE YEAR 2016	VEHICLE MAKE Ford
<input checked="" type="checkbox"/> INSURANCE VERIFIED		INSURANCE COMPANY CINCINNATI INS CO	INSURANCE POLICY # EBA0653130	COLOR WHI	VEHICLE MODEL TRANSIT
<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 checked="" type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 01		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
VEHICLE TYPE 05		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.			
# OF TRAILING UNITS 00		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1-YES 2-NO 9-OTHER/UNKNOWN			
SPECIAL FUNCTION 01		AUTONOMOUS MODE LEVEL 0			
CARGO BODY TYPE 06		VEHICLE DEFECTS			
NON-MOTORIST LOCATION AT IMPACT		ACTION			
CONTRIBUTING CIRCUMSTANCES		SEQUENCE OF EVENTS			
FIRST HARMFUL EVENT		MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 2025-00009082	
DAMAGE	
DAMAGE SCALE 2 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 07 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2	
UNIT SPEED 002	DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 25	

OWNER	UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) UNITED STATES POSTAL SERVICE	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)																										
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 626 FRANKLIN AVE, Kent, OH 44240																												
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																											
VEHICLE	LP STATE OH	LICENSE PLATE # 0333414	VEHICLE IDENTIFICATION # NA	VEHICLE YEAR 2 0 2 5	VEHICLE MAKE																								
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY UNITED STATES POSTAL	INSURANCE POLICY #	COLOR WHI	VEHICLE MODEL																								
	<input type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME																									
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 0 0	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD																									
	TYPE OF USE		US DOT #	VEHICLE WEIGHT GVWR/GCWR																									
	<input type="checkbox"/> PASSENGER CAR		<input type="checkbox"/> PASSENGER VAN (MINIVAN)	<input type="checkbox"/> SPORT UTILITY VEHICLE	<input type="checkbox"/> PICK UP	<input type="checkbox"/> CARGO VAN	<input type="checkbox"/> VAN (9-15 SEATS)	<input type="checkbox"/> MOTORCYCLE 2-WHEELED	<input type="checkbox"/> MOTORCYCLE 3-WHEELED	<input type="checkbox"/> AUTOCYCLE	<input type="checkbox"/> MOPED OR MOTORIZED BICYCLE	<input type="checkbox"/> ALL TERRAIN VEHICLE (ATV / UTV)	<input type="checkbox"/> GOLF CART	<input type="checkbox"/> SNOWMOBILE	<input type="checkbox"/> SINGLE UNIT TRUCK	<input type="checkbox"/> SEMI-TRACTOR	<input type="checkbox"/> FARM EQUIPMENT	<input type="checkbox"/> MOTORHOME	<input type="checkbox"/> LIM0 (LIVERY VEHICLE)	<input type="checkbox"/> BUS (16+ PASSENGERS)	<input type="checkbox"/> OTHER VEHICLE	<input type="checkbox"/> HEAVY EQUIPMENT	<input type="checkbox"/> ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	<input type="checkbox"/> PEDESTRIAN / SKATER	<input type="checkbox"/> WHEELCHAIR (ANY TYPE)	<input type="checkbox"/> OTHER NON-MOTORIST	<input type="checkbox"/> BICYCLE	<input type="checkbox"/> TRAIN	<input type="checkbox"/> UNKNOWN OR HIT/SKIP
	UNIT TYPE 0 5		# OF TRAILING UNITS 0		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1-YES 2-NO 9-OTHER/UNKNOWN		AUTONOMOUS MODE LEVEL 0		1-NO AUTOMATION 2-DRIVER ASSISTANCE 3-PARTIAL AUTOMATION		4-CONDITIONAL AUTOMATION 5-HIGH AUTOMATION 9-UNKNOWN																		
	SPECIAL FUNCTION 2 1		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 0 1		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 0 1		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																				
NON-MOTORIST LOCATION AT IMPACT 4		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 4		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 0 1		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- 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 1		MOST HARMFUL EVENT 1																											

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

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER												
2 0 2 5 - 0 0 0 0 9 0 8 2												
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER				
0 1	NEES, JACOB, HARRISON				0 4 1 2 2 0 0 1		2 4	M				
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
2331 CRAMER AVE, Akron, OH 44312					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		
5					0 4		0 1	1	1	1		
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
O H	REDACTED PER ORC 4501:1-12		331.13		X	Starting and Backing		29908				
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	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> 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												
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)			
			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> 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)			
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> 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	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	2 - BLOOD						
3 - POLICE	9 - THIRD - RIGHT SIDE	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY	9 - OTHER / UNKNOWN	3 - URINE						
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT	CONDITION	4 - BREATH						
SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	TRAPPED	Q - MOTOR SCOOTER	12 - LIMITED - OTHER	1 - APPARENTLY NORMAL	5 - OTHER						
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	2 - PHYSICAL IMPAIRMENT	DRUG TEST TYPE						
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	14 - MILITARY VEHICLES ONLY	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	1 - NONE						
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	4 - ILLNESS	2 - BLOOD						
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	GENDER	X - TANKER / HAZMAT	16 - OUTSIDE MIRROR	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	3 - URINE						
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN	F - FEMALE		17 - PROSTHETIC AID	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4 - OTHER						
6 - CHILD RESTRAINT SYSTEM - REAR FACING		M - MALE		18 - OTHER	9 - OTHER / UNKNOWN	DRUG TEST RESULT(S)						
7 - BOOSTER SEAT		U - OTHER / UNKNOWN				1 - AMPHETAMINES						
8 - HELMET USED						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						

LOCAL REPORT NUMBER 25-9082	REPORTING AGENCY Kent PD	DATE OF CRASH Mo 6 10 27 Y 25
IN COUNTY OF Portage	CRASH LOCATION Longcove Ave @ Hudson Rd.	

Unit #2

- United States Postal van
- no plate
- vehicle ID only # 0333414
- unoccupied
- self insured via USPS
- was backed into by a Wright Heating & Cooling work truck.

The HVAC worker left his name & number with the USPS worker who was on foot in the area. Once information was handed off, HVAC worker left to go to a job site.

Unit #1

- driver returned to KPD after work to receive citation.

OFFICER'S SIGNATURE

X

[Signature]

BADGE NUMBER

237