
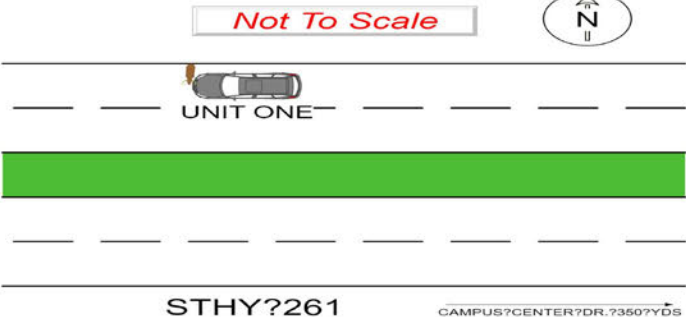
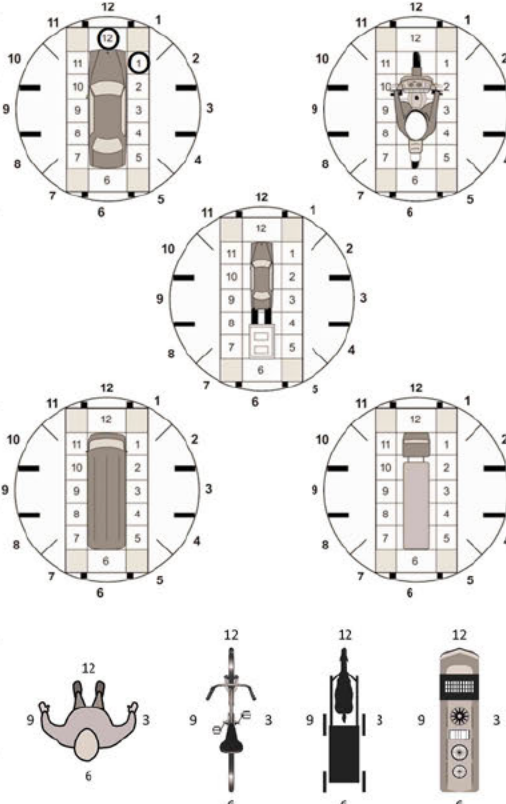


<input type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		2 0 2 5 - 0 0 0 0 6 8 2 9	
<input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-1P		<input type="checkbox"/> OTHER		REPORTING AGENCY NAME* City of Kent Police	
<input type="checkbox"/> PRIVATE PROPERTY				NCIC* 0 6 7 0 3		HIT/SKIP 1 - SOLVED 2 - UNSOLVED	
COUNTY* 6 7		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1		LOCATION: CITY, VILLAGE, TOWNSHIP* Kent		CRASH DATE / TIME* 05162025/1841	
ROUTE TYPE S R		ROUTE NUMBER 2 6 1		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME STHY 261	
ROUTE TYPE D R		ROUTE NUMBER 2 6 1		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) CAMPUS CENTER	
ROUTE TYPE D R		ROUTE NUMBER 2 6 1		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROAD TYPE D R	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 4		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 RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	
DISTANCE FROM REFERENCE 3 5 0		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 3		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES		ROADWAY <input checked="" type="checkbox"/> 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		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 4		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 3	
<input 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 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 1	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1		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		CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN 1		SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN 2	
NARRATIVE UNIT ONE WAS TRAVELING WB ON STHY 261 WEST OF CAMPUS CENTER DR. A DEER ENTERED THE ROADWAY, WHERE UNIT ONE STRUCK THE DEER CAUSING DISABLING DAMAGE.				   STHY?261 CAMPUS?CENTER?DR.73507YDS			
CRASH REPORTED DATE / TIME 0 5 1 6 2 0 2 5 / 1 8 4 1		DISPATCH DATE / TIME 0 5 1 6 2 0 2 5 / 1 8 4 7		ARRIVAL DATE / TIME 0 5 1 6 2 0 2 5 / 1 8 5 1		SCENE CLEARED DATE / TIME 0 5 1 6 2 0 2 5 / 1 9 2 2	
TOTAL TIME ROADWAY CLOSED 0 4 1		OTHER INVESTIGATION TIME 0 2 0		TOTAL MINUTES 0 5 5		OFFICER'S NAME* McNulty, Samantha S	
OFFICER'S BADGE NUMBER* 2 3 6		CHECKED BY OFFICER'S NAME* Kunka, Leonard B		CHECKED BY OFFICER'S BADGE NUMBER* 2 5 0		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 (X SAME AS DRIVER) <b>WILLIAMS, CRYSTAL, MARIE</b>	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)																																																												
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) <b>1065 JONES 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>JVN1696</b>	VEHICLE IDENTIFICATION # <b>3 G N A X N E V X L S 7 3 2 6 4 3</b>	VEHICLE YEAR <b>2 0 2 0</b>	VEHICLE MAKE <b>Chevrolet</b>																																																										
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <b>GRANGE</b>	INSURANCE POLICY # <b>4180663</b>	COLOR <b>WHI</b>	VEHICLE MODEL <b>EQUINOX</b>																																																										
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME <b>City Service</b>																																																											
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS <b>0 3</b>	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"/> LIMO (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		# OF TRAILING UNITS		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL		1 - NO AUTOMATION		2 - DRIVER ASSISTANCE		3 - CONDITIONAL AUTOMATION		4 - HIGH AUTOMATION		5 - FULL AUTOMATION		9 - UNKNOWN																																												
	SPECIAL FUNCTION		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		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																																								
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		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		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 <b>2 0 2 5 - 0 0 0 0 6 8 2 9</b>			
DAMAGE			
DAMAGE SCALE			
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 - NO DAMAGE		14 - UNDERCARRIAGE	
1-12 - REFER TO UNIT DIAGRAM		15 - VEHICLE NOT AT SCENE	
99 - UNKNOWN			
TRAFFIC			
TRAFFICWAY FLOW	TRAFFIC CONTROL		
1 - ONE-WAY	1 - ROUNDABOUT	4 - STOP SIGN	
2 - TWO-WAY	2 - SIGNAL	5 - YIELD SIGN	
	3 - FLASHER	6 - NO CONTROL	
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING		
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	DETECTED SPEED		
0 5 0	1 - STATED / ESTIMATED SPEED		
	2 - CALCULATED / EDR		
	3 - UNDETERMINED		
POSTED SPEED			
5 0			



## MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER																					
2 0 2 5 - 0 0 0 0 6 8 2 9																					
UNIT #	NAME: LAST, FIRST, MIDDLE																				
0 1	WILLIAMS, CRYSTAL, MARIE																				
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																
1065 JONES AVE ,Ravenna ,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												
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																				
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 #										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										
UNIT #										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										
UNIT #										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		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				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				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.		5 - COCAINE	
7 - BOOSTER SEAT																		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6 - OPIATES / OPIOIDS	
8 - HELMET USED																		9 - OTHER / UNKNOWN		7 - OTHER	
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)																				8 - NEGATIVE RESULTS	
10 - REFLECTIVE CLOTHING																					
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY																					
99 - OTHER / UNKNOWN																					



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
**2 0 2 5 - 0 0 0 0 6 8 2 9**

<b>OCCUPANT</b>	<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>GENDER</b>
	<b>01</b>	<b>STARCHER, FRANKLIN, G</b>	<b>0 8 1 2 1 9 7 9</b>	<b>4 5</b>	<b>M</b>
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>			<b>CONTACT PHONE - INCLUDE AREA CODE</b>		
<b>1065 JONES AVE ,Ravenna ,OH 44266</b>			<b>REDACTED PER ORC 149.43(A)(1)</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>5</b>				<b>0 4</b>	<b>SEATING POSITION</b> <b>0 3</b>
			<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>
			<b>1</b>	<b>1</b>	<b>1</b>

<b>OCCUPANT</b>	<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>GENDER</b>
	<b>01</b>	<b>EDWARDS, BRADLEY, LOUIS</b>	<b>1 1 1 6 1 9 7 9</b>	<b>4 5</b>	<b>M</b>
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>			<b>CONTACT PHONE - INCLUDE AREA CODE</b>		
<b>836 E SCHOOL ST ,Kent ,OH 44240</b>			<b>REDACTED PER ORC 149.43(A)(1)</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>5</b>				<b>0 4</b>	<b>SEATING POSITION</b> <b>0 6</b>
			<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>
			<b>1</b>	<b>1</b>	<b>1</b>

<b>OCCUPANT</b>	<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>OCCUPANT</b>	<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>INJURIES</b>	<b>SAFETY EQUIPMENT USED</b>	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>
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
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
<b>INJURED TAKEN BY</b>	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
1 - NOT TRANSPORTED / TREATED AT SCENE	8 - HELMET USED	8 - THIRD - MIDDLE	<b>EJECTION</b>
2 - EMS	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	1 - NOT EJECTED
3 - POLICE	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED
<b>GENDER</b>	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE
F - FEMALE		13 - TRAILING UNIT	<b>TRAPPED</b>
M - MALE		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	1 - NOT TRAPPED
U - OTHER / UNKNOWN		15 - NON-MOTORIST	2 - EXTRICATED BY MECHANICAL MEANS
		99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS

<b>WITNESS</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>		

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