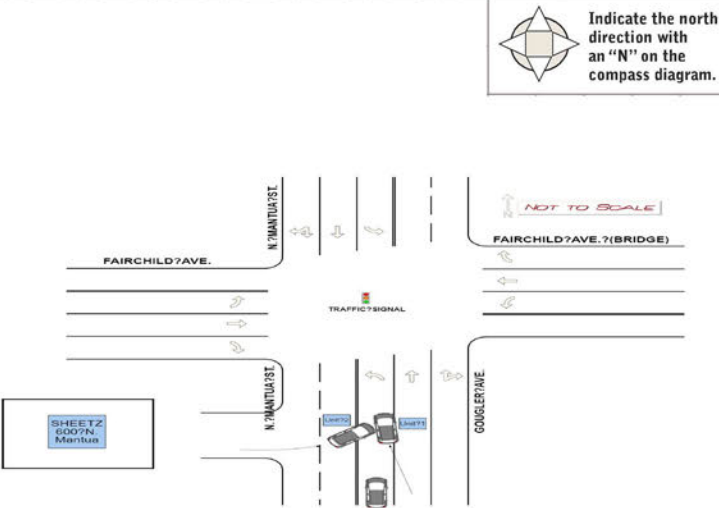


☐ PHOTOS TAKEN		☐ OH-2	☐ OH-3	LOCAL INFORMATION		2 0 2 6 - 0 0 0 1 2 9 6 2					
☐ SECONDARY CRASH		☐ OH-1P	☐ OTHER	REPORTING AGENCY NAME*		NCIC*		HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR	
☐ PRIVATE PROPERTY				City of Kent Police		0 6 7 0 3		1 - SOLVED 2 - UNSOLVED	0 2	98 - ANIMAL 99 - UNKNOWN	
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE / TIME*		CRASH SEVERITY			
6 7	1	Kent				08172026/1729		5			
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES		1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY		
				FAIRCHILD		A V	41.158512				
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LONGITUDE DECIMAL DEGREES				
S R	43			600 N MANTUA			-81.3607				
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		☒ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA	
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE							NUMBER OF APPROACHES			
1 0	2							6			
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 (ANY TYPE) 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN	
☐ WORK ZONE RELATED ☐ WORKERS PRESENT ☐ LAW ENFORCEMENT PRESENT ☐ ACTIVE SCHOOL ZONE				WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE		CONTOUR		CONDITIONS	SURFACE
				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		2		1	2
LIGHT CONDITION				WEATHER				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
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							
NARRATIVE											
Vehicle #2 was waiting to exit 600 N. Mantua onto Fairchild when another vehicle stopped in the left turn lane to motion Vehicle #2 to exit. Vehicle #2 exited the parking lot and began to enter the turn lane. Vehicle #1 was E/B on Fairchild and was also entering the turn lane. Vehicle #2 stuck Vehicle #1. The result was a two car accident.											
											
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY			
08172026/1729		08172026/1733		08172026/1739		08172026/1812		☒ POLICE AGENCY ☐ MOTORIST ☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)			
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*						
0 0 0	0 3 0	0 6 3	Soika, Richard		Soika, Richard						
			OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*						
			2 2 4		2 2 4						

OWNER	UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) HEAVNER, KELLIE, RENEE	OWNED PHONE: INCLUDE AREA CODE / CELL OR BUSINESS ORC 149.43(A)(1)																																																												
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 5429 STHY 303, NEWTON FALLS, OH 44444																																																														
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																																													
VEHICLE	LP STATE O H	LICENSE PLATE # KAF1244	VEHICLE IDENTIFICATION # 3 F AD P 4 B J 0 K M I 2 6 6 2 0	VEHICLE YEAR 2 0 1 9	VEHICLE MAKE Ford																																																										
	☒ INSURANCE VERIFIED	INSURANCE COMPANY Progressive	INSURANCE POLICY # 923976794	COLOR WHI	VEHICLE MODEL FIESTA																																																										
	☐ COMMERCIAL	☐ GOVERNMENT	☐ IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME																																																											
	☐ 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		☐ PASSENGER VAN (MINIVAN)	☐ SPORT UTILITY VEHICLE	☐ PICK UP	☐ CARGO VAN	☐ VAN (9-15 SEATS)	☐ MOTORCYCLE 2-WHEELED	☐ MOTORCYCLE 3-WHEELED	☐ AUTOCYCLE	☐ MOPED OR MOTORIZED BICYCLE	☐ ALL TERRAIN VEHICLE (ATV / UTV)	☐ GOLF CART	☐ SNOWMOBILE	☐ SINGLE UNIT TRUCK	☐ SEMI-TRACTOR	☐ FARM EQUIPMENT	☐ MOTORHOME	☐ LIMO (LIVERY VEHICLE)	☐ BUS (16+ PASSENGERS)	☐ OTHER VEHICLE	☐ HEAVY EQUIPMENT	☐ ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	☐ PEDESTRIAN / SKATER	☐ WHEELCHAIR (ANY TYPE)	☐ OTHER NON-MOTORIST	☐ BICYCLE	☐ TRAIN	☐ UNKNOWN OR HIT/SKIP																																		
	UNIT TYPE		# OF TRAILING UNITS		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		1-YES 2-NO 9-OTHER/UNKNOWN		AUTONOMOUS MODE LEVEL		1-NO AUTOMATION		2-DRIVER ASSISTANCE		3-PARTIAL AUTOMATION		4-CONDITIONAL AUTOMATION		5-HIGH 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-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-AUTOTRANSORTER		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		1-2-0		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 6 - 0 0 0 1 2 9 6 2	
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	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 4	RAIL GRADE CROSSING 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 2 0	DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 3 5	

OWNER	UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) MONTY, ABBEY, GRACE	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER) ORC 149.43(A)(1)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 123 HAZEL ST NE, HARTVILLE, OH 44632				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE O H	LICENSE PLATE # KMP6961	VEHICLE IDENTIFICATION # 2 T3 B F R E V 8 G W 4 5 6 9 1 6	VEHICLE YEAR 2 0 1 6	VEHICLE MAKE Toyota
	☒ INSURANCE VERIFIED	INSURANCE COMPANY Progressive	INSURANCE POLICY # 877674039	COLOR BRO	VEHICLE MODEL RAV 4
	TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
	☐ INTERLOCK DEVICE EQUIPPED ☐ HIT/SKIP UNIT		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD	
	#OCCUPANTS 0 2				
	UNIT TYPE 0 1				
	# OF TRAILING UNITS				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1-YES 2-NO 9-OTHER/UNKNOWN		AUTONOMOUS MODE LEVEL 0		
	SPECIAL FUNCTION 0 1				
	CARGO BODY TYPE 0 1				
VEHICLE DEFECTS					
NON-MOTORIST LOCATION AT IMPACT					
ACTION 3		PRE-CRASH ACTIONS 0 8			
CONTRIBUTING CIRCUMSTANCES 0 2					
SEQUENCE OF EVENTS		NON-COLLISION			
1 2 0		11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL			
2		12 - DOWNHILL RUNAWAY			
3		13 - OTHER NON-COLLISION			
4		14 - PEDESTRIAN			
5		15 - PEDALCYCLE			
6		21 - PARKED MOTORVEHICLE			
7		22 - WORK ZONE MAINTENANCE EQUIPMENT			
8		23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE			
9		24 - OTHER MOVABLE OBJECT			
10		25 - IMPACT ATTENUATOR / CRASH CUSHION			
11		26 - BRIDGE OVERHEAD STRUCTURE			
12		27 - BRIDGE PIER OR ABUTMENT			
13		28 - BRIDGE PARAPET			
14		29 - BRIDGE RAIL			
15		30 - GUARDRAIL FACE			
16		31 - GUARDRAIL END			
17		32 - PORTABLE BARRIER			
18		33 - MEDIAN CABLE BARRIER			
19		34 - MEDIAN GUARDRAIL BARRIER			
20		35 - MEDIAN CONCRETE BARRIER			
21		36 - MEDIAN OTHER BARRIER			
22		37 - TRAFFIC SIGN POST			
23		38 - OVERHEAD SIGN POST			
24		39 - LIGHT / LUMINARIES SUPPORT			
25		40 - UTILITY POLE			
26		41 - OTHER POST, POLE OR SUPPORT			
27		42 - CULVERT			
28		43 - CURB			
29		44 - DITCH			
30		45 - EMBANKMENT			
31		46 - FENCE			
32		47 - MAILBOX			
33		48 - TREE			
34		49 - FIRE HYDRANT			
35		50 - WORK ZONE MAINTENANCE EQUIPMENT			
36		51 - WALL			
37		52 - BUILDING			
38		53 - TUNNEL			
39		54 - OTHER FIXED OBJECT			
40		99 - OTHER / UNKNOWN			
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MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER													
2 0 2 6 - 0 0 0 1 2 9 6 2													
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER					
0 1	WEBB, ROBERT, V				1 0 2 2 1 9 7 1		5 4	M					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
2155 SUMMERS AVE ,Streetsboro ,OH 44241					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	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)				
			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	MONTY, ABBEY, GRACE				0 8 2 9 2 0 0 3		2 2	F					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
123 HAZEL ST NE ,HARTVILLE ,OH 44632					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	ORC 4501:1-12		331.22		☒	Driving onto Roadway		21671					
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 MOPEL ONLY		5 - EXCEPT CLASS A 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		6 - EXCEPT CLASS A & CLASS B BUS		6 - PASSENGER		ALCOHOL TEST TYPE	
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION		H - HAZMAT		7 - EXCEPT TRACTOR-TRAILER		7 - OTHER DISTRACTION INSIDE THE VEHICLE		1 - NONE	
2 - EMS		8 - THIRD - MIDDLE		1 - NOT EJECTED		M - MOTORCYCLE		8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		2 - BLOOD	
3 - POLICE		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED		P - PASSENGER		9 - LEARNER'S PERMIT RESTRICTIONS		9 - OTHER / UNKNOWN		3 - URINE	
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED		N - TANKER		10 - LIMITED TO DAYLIGHT ONLY		CONDITION		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		11 - LIMITED TO EMPLOYMENT		1 - APPARENTLY NORMAL		5 - OTHER	
1 - NONE USED		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED		R - THREE-WHEEL MOTORCYCLE		12 - LIMITED - OTHER		2 - PHYSICAL IMPAIRMENT		DRUG TEST TYPE	
2 - SHOULDER BELT ONLY USED		13 - TRAILING UNIT		1 - NOT TRAPPED		S - SCHOOL BUS		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		1 - NONE	
3 - LAP BELT ONLY USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS		14 - MILITARY VEHICLES ONLY		4 - ILLNESS		2 - BLOOD	
4 - SHOULDER & LAP BELT USED		15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS		X - TANKER / HAZMAT		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		3 - URINE	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN		GENDER				16 - OUTSIDE MIRROR		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		4 - OTHER	
6 - CHILD RESTRAINT SYSTEM - REAR FACING				F - FEMALE				17 - PROSTHETIC AID		9 - OTHER / UNKNOWN		DRUG TEST RESULT(S)	
7 - BOOSTER SEAT				M - MALE				18 - OTHER				1 - AMPHETAMINES	
8 - HELMET USED				U - 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 6 - 0 0 0 1 2 9 6 2

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 02 Kurinsky, Keira, Michaela	DATE OF BIRTH 0 1 1 0 2 0 0 5		AGE 2 1	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 5401 LANCASTER LN ,Commerce Twp ,MI 48382			CONTACT PHONE - INCLUDE AREA CODE ORC 149.43(A)(1)		
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 1	☐ DOT-COMPLIANT MC HELMET SEATING POSITION 0 3 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		
	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		
	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		
	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 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - NONE USED - VEHICLE OCCUPANT 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	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	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN			EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE
GENDER F - FEMALE M - MALE U - OTHER / UNKNOWN			TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS

NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		

NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		

NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		