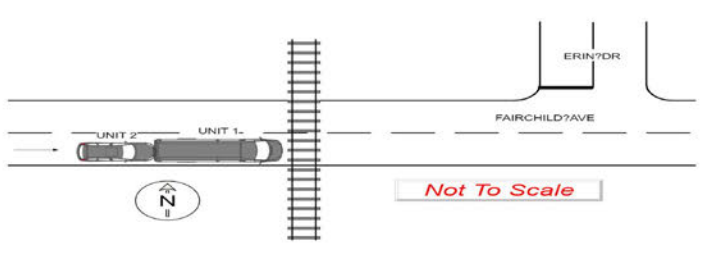


<input type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		2 0 2 5 - 0 0 0 1 6 5 8 7					
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*		HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR	
<input type="checkbox"/> PRIVATE PROPERTY				City of Kent Police		0 6 7 0 3		1 - SOLVED 2 - UNSOLVED	0 2	98 - ANIMAL 99 - UNKNOWN	
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE / TIME*		CRASH SEVERITY			
6 7	1	Kent				1 1 2 0 2 0 2 5 / 0 7 4 9		5			
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES		CRASH SEVERITY		
				FAIRCHILD		A V	4 1 . 1 6 3 4 1 6		1 - FATAL		
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LONGITUDE DECIMAL DEGREES		2 - SERIOUS INJURY SUSPECTED		
				ERIN		D R	- 8 1 . 3 7 4 2 4 1		3 - MINOR INJURY SUSPECTED		
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	
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE						NUMBER OF APPROACHES		ROADWAY	
5 0 0		2								<input type="checkbox"/> ROADWAY DIVIDED	
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	
1 0 1				2							
<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		2		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							
1				0 2							
NARRATIVE											
UNIT 1 WAS EASTBOUND ON FAIRCHILD AVE. UNIT 1 STOPPED ON FAIRCHILD AVE AT THE RAILROAD TRACKS. UNIT 2 WAS DRIVING BEHIND UNIT 1. UNIT 2 DID NOT STOP IN TIME AND STRUCK UNIT 1.											
											
CRASH REPORTED DATE / TIME				DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
1 1 2 0 2 0 2 5 / 0 7 4 9				1 1 2 0 2 0 2 5 / 0 7 5 0		1 1 2 0 2 0 2 5 / 0 7 5 7		1 1 2 0 2 0 2 5 / 0 8 1 9		<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 ODPS)	
0 0 0		0 1 0		0 3 9		Driscoll, Sean D		Nelson, Josh			
						OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*			
						2 2 0		2 3 2			

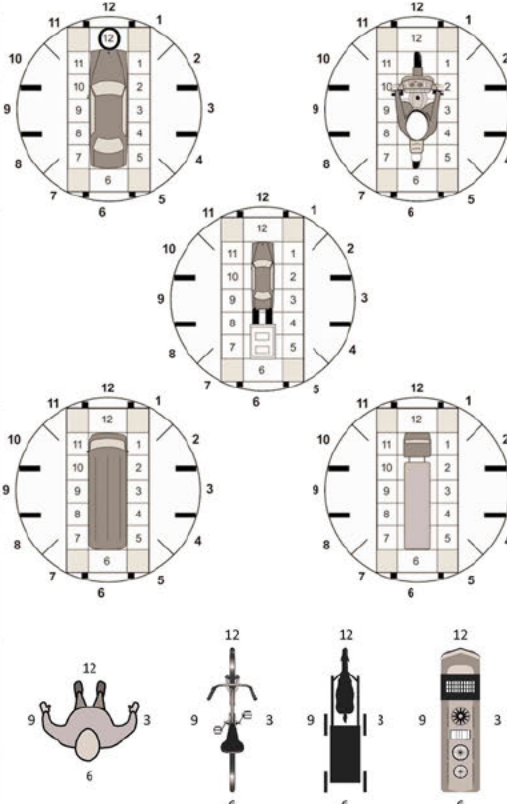


OWNER	UNIT # <b>01</b>	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) <b>SURBURBAN SCHOOL TRANSPORTATION</b>	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) <b>REDACTED PER ORC 149.43(A)(1)</b>		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) <b>1289 PEARL RD, BRUNSWICK, OH 44212</b>				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE <b>OH</b>	LICENSE PLATE # <b>GWU7082</b>	VEHICLE IDENTIFICATION # <b>1GBZG1FA3E1192559</b>	VEHICLE YEAR <b>2014</b>	VEHICLE MAKE <b>Chevrolet</b>
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <b>AIG NATIONAL</b>	INSURANCE POLICY # <b>GPNU-EP-0011135-05</b>	COLOR <b>WHI</b>	VEHICLE MODEL <b>EXPRESS</b>
	TYPE OF USE <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 type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS <b>01</b>	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.				
	UNIT TYPE <b>06</b>		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 - PICK UP 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) 99 - UNKNOWN OR HIT/SKIP		
	# OF TRAILING UNITS <b>00</b>				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <b>2</b> 1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL <b>0</b> 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN		
	SPECIAL FUNCTION <b>04</b>		1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 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		
	CARGO BODY TYPE <b>01</b>		1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTOTRANSPORTER 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN		
VEHICLE DEFECTS		1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT 3 - TAIL LAMPS 6 - TIRE BLOWOUT			
EVENT(S)	NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS		
	ACTION <b>4</b>		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 - DRIVERLESS		
	CONTRIBUTING CIRCUMSTANCES <b>01</b>		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 / ACDA 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 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTORVEHICLE		
	COLLISION WITH FIXED OBJECT - STRUCK		25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 55 - OTHER / UNKNOWN 49 - FIRE HYDRANT		
	FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b>				

LOCAL REPORT NUMBER <b>2025-00016587</b>	
DAMAGE DAMAGE SCALE <b>2</b> 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 <b>06</b> 0 - NO DAMAGE 14 - UNDERCARRIAGE 1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFICWAY FLOW <b>2</b> 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL <b>6</b> 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <b>2</b>	RAIL GRADE CROSSING <b>3</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM <b>4</b> TO <b>3</b> 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <b>000</b>	DETECTED SPEED <b>1</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <b>35</b>	



OWNER	UNIT # <b>0 2</b>	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) <b>MC MILLEN, VANESSA, ANN</b>	OWNED PHONE: INCLUDE AREA CODE (SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)																										
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) <b>1955 THORNDALE AVE, Stow, OH 44224</b>		COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP																										
VEHICLE	LP STATE <b>O H</b>	LICENSE PLATE # <b>JTD5596</b>	VEHICLE IDENTIFICATION # <b>4 S 4 B P 6 1 C 0 8 7 3 3 4 4 4 6</b>	VEHICLE YEAR <b>2 0 0 8</b>	VEHICLE MAKE <b>Subaru</b>																								
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <b>PROGRESSIVE</b>	INSURANCE POLICY # <b>987572587</b>	COLOR <b>BLU</b>	VEHICLE MODEL <b>OUTBACK</b>																								
	<input type="checkbox"/> COMMERCIAL	<input 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 <b>0 1</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 <b>0 1</b>		# OF TRAILING UNITS <b>0 0</b>		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <b>2</b> 1-YES 2-NO 9-OTHER/UNKNOWN		AUTONOMOUS MODE LEVEL <b>0</b>		1-NO AUTOMATION 2-DRIVER ASSISTANCE 3-PARTIAL AUTOMATION		4-CONDITIONAL AUTOMATION 5-HIGH AUTOMATION 9-UNKNOWN																		
	SPECIAL FUNCTION <b>0 1</b>		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 <b>0 1</b>		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 <b>0 1</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																				
NON-MOTORIST LOCATION AT IMPACT <b>0 1</b>		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 <b>3</b>		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 <b>0 8</b>		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 <b>1</b>		MOST HARMFUL EVENT <b>1</b>																											

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



## MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER													
2 0 2 5 - 0 0 0 1 6 5 8 7													
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER					
0 1	SCHUSTER, JAMES, W				0 1 2 0 1 9 4 9		7 6	M					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
131 W STATE ST ,BARBERTON ,OH 44203					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	<input type="checkbox"/>	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				<input type="checkbox"/>								
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	WALKER, CAMERON, ROBERT				0 9 1 7 1 9 9 9		2 6	M					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
4705 FISHCREEK RD 4 ,Stow ,OH 44224					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	<input type="checkbox"/>	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		333.03		<input checked="" type="checkbox"/>	Maximum Speed Limits		29593					
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					
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			
						<input type="checkbox"/>							
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
					<input type="checkbox"/>								
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 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 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		3 - URINE	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN				GENDER		16 - OUTSIDE MIRROR		9 - OTHER / UNKNOWN		4 - OTHER	
6 - CHILD RESTRAINT SYSTEM - REAR FACING						F - FEMALE		17 - PROSTHETIC AID				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	