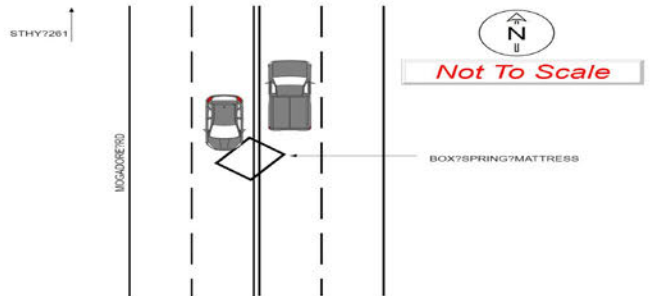
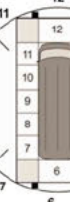



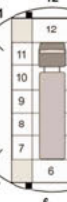
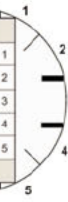


<input type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		2 0 2 5 - 0 0 0 1 0 3 7 7					
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*		HIT/SKIP	NUMBER OF 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				0 7 2 0 2 5 / 1 3 5 2		5			
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES		CRASH SEVERITY		
				MOGADORE		R D	4 1 . 1 3 1 3 4 1		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		
				261		H W	- 8 1 . 3 7 5 2 7 9		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	
3 3 3		3								<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	
<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		LOCATION OF CRASH IN WORK ZONE		CONTOUR		CONDITIONS	
				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 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		2 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	
LIGHT CONDITION				WEATHER				SURFACE			
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				2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN			
NARRATIVE											
UNIT 1 TRAVELED NORTH ON MOGADORE ROAD AS UNIT 2 TRAVELED SOUTH. UNIT 1 FAILED TO SECURE LOAD IN THE BED OF THE TRUCK WHICH FELL INTO THE PATH OF UNIT 2. UNIT 2 STRUCK THE FALLEN ITEM WHICH CAUSED DAMAGE TO THEIR VEHICLE.											
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY			
0 7 2 0 2 5 / 1 3 5 2		0 7 2 0 2 5 / 1 3 5 4		0 7 2 0 2 5 / 1 3 5 8		0 7 2 0 2 5 / 1 4 2 1		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> 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 1 5		0 4 2		Kunka, Leonard B		Kunka, Leonard B			
						OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*			
						2 5 0		2 5 0			

OWNER	UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) BAKER, KEITH, AARON	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 2349 INNWOOD DR, AUSTINTOWN, OH 44515				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE O H	LICENSE PLATE # JFJ6927	VEHICLE IDENTIFICATION # 1 GCNCNEH0 GZ2 2 3 0 0 7	VEHICLE YEAR 2 0 1 6	VEHICLE MAKE Chevrolet
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY ERIE	INSURANCE POLICY # Q048011435	COLOR WHI	VEHICLE MODEL SILVERADO
	<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 0 2	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"/> MOTORCYCLE 2-WHEELED	<input type="checkbox"/> GOLF CART	
	<input type="checkbox"/> PASSENGER VAN (MINIVAN)		<input type="checkbox"/> MOTORCYCLE 3-WHEELED	<input type="checkbox"/> SNOWMOBILE	
	<input type="checkbox"/> SPORT UTILITY VEHICLE		<input type="checkbox"/> AUTOCYCLE	<input type="checkbox"/> SINGLE UNIT TRUCK	
	<input type="checkbox"/> PICK UP		<input type="checkbox"/> MOPED OR MOTORIZED BICYCLE	<input type="checkbox"/> SEMI-TRACTOR	
	<input type="checkbox"/> CARGO VAN		<input type="checkbox"/> ALL TERRAIN VEHICLE (ATV / UTV)	<input type="checkbox"/> FARM EQUIPMENT	
<input type="checkbox"/> VAN (9-15 SEATS)			<input type="checkbox"/> MOTORHOME		
UNIT TYPE 0 4		# OF TRAILING UNITS 00			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL			
<input type="checkbox"/> 1 - YES		<input type="checkbox"/> 0 - NO AUTOMATION			
<input type="checkbox"/> 2 - NO		<input type="checkbox"/> 1 - DRIVER ASSISTANCE			
<input type="checkbox"/> 9 - OTHER / UNKNOWN		<input type="checkbox"/> 2 - PARTIAL AUTOMATION			
SPECIAL FUNCTION		VEHICLE DEFECTS			
<input type="checkbox"/> 1 - NONE		<input type="checkbox"/> 1 - TURN SIGNALS			
<input type="checkbox"/> 2 - TAXI		<input type="checkbox"/> 2 - HEAD LAMPS			
<input type="checkbox"/> 3 - ELECTRONIC RIDE SHARING		<input type="checkbox"/> 3 - TAIL LAMPS			
<input type="checkbox"/> 4 - SCHOOL TRANSPORT		<input type="checkbox"/> 4 - BRAKES			
<input type="checkbox"/> 5 - BUS - TRANSIT/COMMUTER		<input type="checkbox"/> 5 - STEERING			
		<input type="checkbox"/> 6 - TIRE BLOWOUT			
		<input type="checkbox"/> 7 - WORN OR SLICK TIRES			
		<input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE			
		<input type="checkbox"/> 9 - MOTOR TROUBLE			
		<input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT			
		<input type="checkbox"/> 11 - FIRE			
		<input type="checkbox"/> 12 - MILITARY			
		<input type="checkbox"/> 13 - POLICE			
		<input type="checkbox"/> 14 - PUBLIC UTILITY			
		<input type="checkbox"/> 15 - CONSTRUCTION EQUIPMENT			
		<input type="checkbox"/> 16 - FARM			
		<input type="checkbox"/> 17 - MOWING			
		<input type="checkbox"/> 18 - SNOW REMOVAL			
		<input type="checkbox"/> 19 - TOWING			
		<input type="checkbox"/> 20 - SAFETY SERVICE PATROL			
		<input type="checkbox"/> 21 - MAIL CARRIER			
		<input type="checkbox"/> 99 - OTHER / UNKNOWN			
		<input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE			
		<input type="checkbox"/> 2 - BUS			
		<input type="checkbox"/> 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE			
		<input type="checkbox"/> 4 - LOGGING			
		<input type="checkbox"/> 5 - INTERMODAL CONTAINER CHASSIS			
		<input type="checkbox"/> 6 - CARGO VAN/ENCLOSED BOX			
		<input type="checkbox"/> 7 - GRAIN/CHIPS/GRAVEL			
		<input type="checkbox"/> 8 - POLE			
		<input type="checkbox"/> 9 - CARGO TANK			
		<input type="checkbox"/> 10 - FLAT BED			
		<input type="checkbox"/> 11 - DUMP			
		<input type="checkbox"/> 12 - CONCRETE MIXER			
		<input type="checkbox"/> 13 - AUTOTRANSPORTER			
		<input type="checkbox"/> 14 - GARBAGE/REFUSE			
		<input type="checkbox"/> 99 - OTHER / UNKNOWN			
		<input type="checkbox"/> 1 - NON-MOTORIST LOCATION AT IMPACT			
		<input type="checkbox"/> 2 - INTERSECTION - UNMARKED CROSSWALK			
		<input type="checkbox"/> 3 - INTERSECTION - OTHER CROSSWALK			
		<input type="checkbox"/> 4 - MIDBLOCK - MARKED CROSSWALK			
		<input type="checkbox"/> 5 - TRAVEL LANE - OTHER LOCATION			
		<input type="checkbox"/> 6 - BICYCLE LANE			
		<input type="checkbox"/> 7 - SHOULDER / ROADSIDE			
		<input type="checkbox"/> 8 - SIDEWALK			
		<input type="checkbox"/> 9 - MEDIAN/CROSSING ISLAND			
		<input type="checkbox"/> 10 - DRIVEWAY ACCESS			
		<input type="checkbox"/> 11 - SHARED USE PATHS OR TRAILS			
		<input type="checkbox"/> 12 - FIRST RESPONDER AT INCIDENT SCENE			
		<input type="checkbox"/> 99 - OTHER / UNKNOWN			
		<input type="checkbox"/> 1 - NON-CONTACT			
		<input type="checkbox"/> 2 - NON-COLLISION			
		<input type="checkbox"/> 3 - STRIKING			
		<input type="checkbox"/> 4 - STRUCK			
		<input type="checkbox"/> 5 - BOTH STRIKING & STRUCK			
		<input type="checkbox"/> 9 - OTHER / UNKNOWN			
		<input type="checkbox"/> 1 - STRAIGHT AHEAD			
		<input type="checkbox"/> 2 - BACKING			
		<input type="checkbox"/> 3 - CHANGING LANES			
		<input type="checkbox"/> 4 - OVERTAKING/PASSING			
		<input type="checkbox"/> 5 - MAKING RIGHT TURN			
		<input type="checkbox"/> 6 - MAKING LEFT TURN			
		<input type="checkbox"/> 7 - MAKING U-TURN			
		<input type="checkbox"/> 8 - ENTERING TRAFFIC LANE			
		<input type="checkbox"/> 9 - LEAVING TRAFFIC LANE			
		<input type="checkbox"/> 10 - PARKED			
		<input type="checkbox"/> 11 - SLOWING OR STOPPED IN TRAFFIC			
		<input type="checkbox"/> 12 - DRIVERLESS			
		<input type="checkbox"/> 13 - NEGOTIATING A CURVE			
		<input type="checkbox"/> 14 - ENTERING OR CROSSING SPECIFIED LOCATION			
		<input type="checkbox"/> 15 - WALKING, RUNNING, JOGGING, PLAYING			
		<input type="checkbox"/> 16 - WORKING			
		<input type="checkbox"/> 17 - PUSHING VEHICLE			
		<input type="checkbox"/> 18 - APPROACHING OR LEAVING VEHICLE			
		<input type="checkbox"/> 19 - STANDING			
		<input type="checkbox"/> 20 - OTHER NON-MOTORIST			
		<input type="checkbox"/> 21 - STANDING OUTSIDE DISABLED VEHICLE			
		<input type="checkbox"/> 99 - OTHER / UNKNOWN			
		<input type="checkbox"/> 1 - NONE			
		<input type="checkbox"/> 2 - FAILURE TO YIELD			
		<input type="checkbox"/> 3 - RAN RED LIGHT			
		<input type="checkbox"/> 4 - RAN STOP SIGN			
		<input type="checkbox"/> 5 - UNSAFE SPEED			
		<input type="checkbox"/> 6 - IMPROPER TURN			
		<input type="checkbox"/> 7 - LEFT OF CENTER			
		<input type="checkbox"/> 8 - FOLLOWING TOO CLOSE / ACDA			
		<input type="checkbox"/> 9 - IMPROPER LANE CHANGE			
		<input type="checkbox"/> 10 - IMPROPER PASSING			
		<input type="checkbox"/> 11 - DROVE OFF ROAD			
		<input type="checkbox"/> 12 - IMPROPER BACKING			
		<input type="checkbox"/> 13 - IMPROPER START FROM A PARKED POSITION			
		<input type="checkbox"/> 14 - STOPPED OR PARKED ILLEGALLY			
		<input type="checkbox"/> 15 - SWERVING TO AVOID			
		<input type="checkbox"/> 16 - WRONG WAY			
		<input type="checkbox"/> 17 - VISION OBSTRUCTION			
		<input type="checkbox"/> 18 - OPERATING DEFECTIVE EQUIPMENT			
		<input type="checkbox"/> 19 - LOAD SHIFTING/FALLING/SPILLING			
		<input type="checkbox"/> 20 - IMPROPER CROSSING			
		<input type="checkbox"/> 21 - LYING IN ROADWAY			
		<input type="checkbox"/> 22 - NOT DISCERNIBLE			
		<input type="checkbox"/> 23 - OPENING DOOR INTO ROADWAY			
		<input type="checkbox"/> 99 - OTHER IMPROPER ACTION			
		<input type="checkbox"/> 1 - NONE			
		<input type="checkbox"/> 2 - FAILURE TO YIELD			
		<input type="checkbox"/> 3 - RAN RED LIGHT			
		<input type="checkbox"/> 4 - RAN STOP SIGN			
		<input type="checkbox"/> 5 - UNSAFE SPEED			
		<input type="checkbox"/> 6 - IMPROPER TURN			
		<input type="checkbox"/> 7 - LEFT OF CENTER			
		<input type="checkbox"/> 8 - FOLLOWING TOO CLOSE / ACDA			
		<input type="checkbox"/> 9 - IMPROPER LANE CHANGE			
		<input type="checkbox"/> 10 - IMPROPER PASSING			
		<input type="checkbox"/> 11 - DROVE OFF ROAD			
		<input type="checkbox"/> 12 - IMPROPER BACKING			
		<input type="checkbox"/> 13 - IMPROPER START FROM A PARKED POSITION			
		<input type="checkbox"/> 14 - STOPPED OR PARKED ILLEGALLY			
		<input type="checkbox"/> 15 - SWERVING TO AVOID			
		<input type="checkbox"/> 16 - WRONG WAY			
		<input type="checkbox"/> 17 - VISION OBSTRUCTION			
		<input type="checkbox"/> 18 - OPERATING DEFECTIVE EQUIPMENT			
		<input type="checkbox"/> 19 - LOAD SHIFTING/FALLING/SPILLING			
		<input type="checkbox"/> 20 - IMPROPER CROSSING			
		<input type="checkbox"/> 21 - LYING IN ROADWAY			
		<input type="checkbox"/> 22 - NOT DISCERNIBLE			
		<input type="checkbox"/> 23 - OPENING DOOR INTO ROADWAY			
		<input type="checkbox"/> 99 - OTHER IMPROPER ACTION			
		<input type="checkbox"/> 1 - NONE			
		<input type="checkbox"/> 2 - FAILURE TO YIELD			
		<input type="checkbox"/> 3 - RAN RED LIGHT			
		<input type="checkbox"/> 4 - RAN STOP SIGN			
		<input type="checkbox"/> 5 - UNSAFE SPEED			
		<input type="checkbox"/> 6 - IMPROPER TURN			
		<input type="checkbox"/> 7 - LEFT OF CENTER			
		<input type="checkbox"/> 8 - FOLLOWING TOO CLOSE / ACDA			
		<input type="checkbox"/> 9 - IMPROPER LANE CHANGE			
		<input type="checkbox"/> 10 - IMPROPER PASSING			
		<input type="checkbox"/> 11 - DROVE OFF ROAD			
		<input type="checkbox"/> 12 - IMPROPER BACKING			
		<input type="checkbox"/> 13 - IMPROPER START FROM A PARKED POSITION			
		<input type="checkbox"/> 14 - STOPPED OR PARKED ILLEGALLY			
		<input type="checkbox"/> 15 - SWERVING TO AVOID			
		<input type="checkbox"/> 16 - WRONG WAY			
		<input type="checkbox"/> 17 - VISION OBSTRUCTION			
		<input type="checkbox"/> 18 - OPERATING DEFECTIVE EQUIPMENT			
		<input type="checkbox"/> 19 - LOAD SHIFTING/FALLING/SPILLING			
		<input type="checkbox"/> 20 - IMPROPER CROSSING			
		<input type="checkbox"/> 21 - LYING IN ROADWAY			
		<input type="checkbox"/> 22 - NOT DISCERNIBLE			
		<input type="checkbox"/> 23 - OPENING DOOR INTO ROADWAY			
		<input type="checkbox"/> 99 - OTHER IMPROPER ACTION			
		<input type="checkbox"/> 1 - NONE			
		<input type="checkbox"/> 2 - FAILURE TO YIELD			
		<input type="checkbox"/> 3 - RAN RED LIGHT			
		<input type="checkbox"/> 4 - RAN STOP SIGN			
		<input type="checkbox"/> 5 - UNSAFE SPEED			
		<input type="checkbox"/> 6 - IMPROPER TURN			
		<input type="checkbox"/> 7 - LEFT OF CENTER			
		<input type="checkbox"/> 8 - FOLLOWING TOO CLOSE / ACDA			
		<input type="checkbox"/> 9 - IMPROPER LANE CHANGE			
		<input type="checkbox"/> 10 - IMPROPER PASSING			
		<input type="checkbox"/> 11 - DROVE OFF ROAD			
		<input type="checkbox"/> 12 - IMPROPER BACKING			
		<input type="checkbox"/> 13 - IMPROPER START FROM A PARKED POSITION			
		<input type="checkbox"/> 14 - STOPPED OR PARKED ILLEGALLY			
		<input type="checkbox"/> 15 - SWERVING TO AVOID			
		<input type="checkbox"/> 16 - WRONG WAY			
		<input type="checkbox"/> 17 - VISION OBSTRUCTION			
		<input type="checkbox"/> 18 - OPERATING DEFECTIVE EQUIPMENT			
		<input type="checkbox"/> 19 - LOAD SHIFTING/FALLING/SPILLING			
		<input type="checkbox"/> 20 - IMPROPER CROSSING			
		<input type="checkbox"/> 21 - LYING IN ROADWAY			
		<input type="checkbox"/> 22 - NOT DISCERNIBLE			
		<input type="checkbox"/> 23 - OPENING DOOR INTO ROADWAY			
		<input type="checkbox"/> 99 - OTHER IMPROPER ACTION			
		<input type="checkbox"/> 1 - NONE			
		<input type="checkbox"/> 2 - FAILURE TO YIELD			
		<input type="checkbox"/> 3 - RAN RED LIGHT			
		<input type="checkbox"/> 4 - RAN STOP SIGN			
		<input type="checkbox"/> 5 - UNSAFE SPEED			
		<input type="checkbox"/> 6 - IMPROPER TURN			
		<input type="checkbox"/> 7 - LEFT OF CENTER			
		<input type="checkbox"/> 8 - FOLLOWING TOO CLOSE / ACDA			
		<input type="checkbox"/> 9 - IMPROPER LANE CHANGE			
		<input type="checkbox"/> 10 - IMPROPER PASSING			
		<input type="checkbox"/> 11 - DROVE OFF ROAD			
		<input type="checkbox"/> 12 - IMPROPER BACKING			
		<input type="checkbox"/> 13 - IMPROPER START FROM A PARKED POSITION			
		<input type="checkbox"/> 14 - STOPPED OR PARKED ILLEGALLY			
		<input type="checkbox"/> 15 - SWERVING TO AVOID			
		<input type="checkbox"/> 16 - WRONG WAY			
		<input type="checkbox"/> 17 - VISION OBSTRUCTION			
		<input type="checkbox"/> 18 - OPERATING DEFECTIVE EQUIPMENT			
		<input type="checkbox"/> 19 - LOAD SHIFTING/FALLING/SPILLING			
		<input type="checkbox"/> 20 - IMPROPER CROSSING			
		<input type="checkbox"/> 21 - LYING IN ROADWAY			
		<input type="checkbox"/> 22 - NOT DISCERNIBLE			
		<input type="checkbox"/> 23 - OPENING DOOR INTO ROADWAY			
		<input type="checkbox"/> 99 - OTHER IMPROPER ACTION			
		<input type="checkbox"/> 1 - NONE			
		<input type="checkbox"/> 2 - FAILURE TO YIELD			
		<input type="checkbox"/> 3 - RAN RED LIGHT			
		<input type="checkbox"/> 4 - RAN STOP SIGN			
		<input type="checkbox"/> 5 - UNSAFE SPEED			
		<input type="checkbox"/> 6 - IMPROPER TURN			
		<input type="checkbox"/> 7 - LEFT OF CENTER			
		<input type="checkbox"/> 8 - FOLLOWING TOO CLOSE / ACDA			
		<input type="checkbox"/> 9 - IMPROPER LANE CHANGE			
		<input type="checkbox"/> 10 - IMPROPER PASSING			
		<input type="checkbox"/> 11 - DROVE OFF ROAD			
		<input type="checkbox"/> 12 - IMPROPER BACKING			
		<input type="checkbox"/> 13 - IMPROPER START FROM A PARKED POSITION			
		<input type="checkbox"/> 14 - STOPPED OR PARKED ILLEGALLY			
		<input type="checkbox"/> 15 - SWERVING TO AVOID			
		<input type="checkbox"/> 16 - WRONG WAY			
		<input type="checkbox"/> 17 - VISION OBSTRUCTION			
		<input type="checkbox"/> 18 - OPERATING DEFECTIVE EQUIPMENT			
		<input type="checkbox"/> 19 - LOAD SHIFTING/FALLING/SPILLING			
		<input type="checkbox"/> 20 - IMPROPER CROSSING			
		<input type="checkbox"/> 21 - LYING IN ROADWAY			
		<input type="checkbox"/> 22 - NOT DISCERNIBLE			
		<input type="checkbox"/> 23 - OPENING DOOR INTO ROADWAY			
		<input type="checkbox"/> 99 - OTHER IMPROPER ACTION			
		<input type="checkbox"/> 1 - NONE			
		<input type="checkbox"/> 2 - FAILURE TO YIELD			
		<input type="checkbox"/> 3 - RAN RED LIGHT			
		<input type="checkbox"/> 4 - RAN STOP SIGN			
		<input type="checkbox"/> 5 - UNSAFE SPEED			
		<input type="checkbox"/> 6 - IMPROPER TURN			
		<input type="checkbox"/> 7 - LEFT OF CENTER			
		<input type="checkbox"/> 8 - FOLLOWING TOO CLOSE / ACDA			
		<input type="checkbox"/> 9 - IMPROPER LANE CHANGE			
		<input type="checkbox"/> 10 - IMPROPER PASSING			
		<input type="checkbox"/> 11 - DROVE OFF ROAD			
		<input type="checkbox"/> 12 - IMPROPER BACKING			
		<input type="checkbox"/> 13 - IMPROPER START FROM A PARKED POSITION			
		<input type="checkbox"/> 14 - STOPPED OR PARKED ILLEGALLY			
		<input type="checkbox"/> 15 - SWERVING TO AVOID			
		<input type="checkbox"/> 16 - WRONG WAY			
		<input type="checkbox"/> 17 - VISION OBSTRUCTION			
		<input type="checkbox"/> 18 - OPERATING DEFECTIVE EQUIPMENT			
		<input type="checkbox"/> 19 - LOAD SHIFTING/FALLING/SPILLING			
		<input type="checkbox"/> 20 - IMPROPER CROSSING			
		<input type="checkbox"/> 21 - LYING IN ROADWAY			
		<input type="checkbox"/> 22 - NOT DISCERNIBLE			
		<input type="checkbox"/> 23 - OPENING DOOR INTO ROADWAY			
		<input type="checkbox"/> 99 - OTHER IMPROPER ACTION			
		<input type="checkbox"/> 1 - NONE			
		<input type="checkbox"/> 2 - FAILURE TO YIELD			
		<input type="checkbox"/> 3 - RAN RED LIGHT			
		<input type="checkbox"/> 4 - RAN STOP SIGN			
		<input type="checkbox"/> 5 - UNSAFE SPEED			
		<input type="checkbox"/> 6 - IMPROPER TURN			
		<input type="checkbox"/> 7 - LEFT OF CENTER			
		<input type="checkbox"/> 8 - FOLLOWING TOO CLOSE / ACDA			
		<input type="checkbox"/> 9 - IMPROPER LANE CHANGE			
		<input type="checkbox"/> 10 - IMPROPER PASSING			
		<input type="checkbox"/> 11 - DROVE OFF ROAD			
		<input type="checkbox"/> 12 - IMPROPER BACKING			
		<input type="checkbox"/> 13 - IMPROPER START FROM A PARKED POSITION			
		<input type="checkbox"/> 14 - STOPPED OR PARKED ILLEGALLY			
		<input type="checkbox"/> 15 - SWERVING TO AVOID			
		<input type="checkbox"/> 16 - WRONG WAY			
		<input type="checkbox"/> 17 - VISION OBSTRUCTION			
		<input type="checkbox"/> 18 - OPERATING DEFECTIVE EQUIPMENT			
		<input type="checkbox"/> 19 - LOAD SHIFTING/FALLING/SPILLING			
		<input type="checkbox"/> 20 - IMPROPER CROSSING			
		<input type="checkbox"/> 21 - LYING IN ROADWAY			
		<input type="checkbox"/> 22 - NOT DISCERNIBLE			
		<input type="checkbox"/> 23 - OPENING DOOR INTO ROADWAY			
		<input type="checkbox"/> 99 - OTHER IMPROPER ACTION			
		<input type="checkbox"/> 1 - NONE			
		<input type="checkbox"/> 2 - FAILURE TO YIELD			
		<input type="checkbox"/> 3 - RAN RED LIGHT			
		<input type="checkbox"/> 4 - RAN STOP SIGN			
		<input type="checkbox"/> 5 - UNSAFE SPEED			
		<input type="checkbox"/> 6 - IMPROPER TURN			
		<input type="checkbox"/> 7 - LEFT OF CENTER			
		<input type="checkbox"/> 8 - FOLLOWING TOO CLOSE / ACDA			
		<input type="checkbox"/> 9 - IMPROPER LANE CHANGE			
		<input type="checkbox"/> 10 - IMPROPER PASSING			
		<input type="checkbox"/> 11 - DROVE OFF ROAD			
		<input type="checkbox"/> 12 - IMPROPER BACKING			
		<input type="checkbox"/> 13 - IMPROPER START FROM A PARKED POSITION			
		<input type="checkbox"/> 14 - STOPPED OR PARKED ILLEGALLY			
		<input type="checkbox"/> 15 - SWERVING TO AVOID			
		<input type="checkbox"/> 16 - WRONG WAY			
		<input type="checkbox"/> 17 - VISION OBSTRUCTION			
		<input type="checkbox"/> 18 - OPERATING DEFECTIVE EQUIPMENT			
		<input type="checkbox"/> 19 - LOAD SHIFTING/FALLING/SPILLING			
		<input type="checkbox"/> 20 - IMPROPER CROSSING			
		<input type="checkbox"/> 21 - LYING IN ROADWAY			
		<input type="checkbox"/> 22 - NOT DISCERNIBLE			
		<input type="checkbox"/> 23 - OPENING DOOR INTO ROADWAY			
		<input type="checkbox"/> 99 - OTHER IMPROPER ACTION			
		<input type="checkbox"/> 1 - NONE			
		<input type="checkbox"/> 2 - FAILURE TO YIELD			
		<input type="checkbox"/> 3 - RAN RED LIGHT			
		<input type="checkbox"/> 4 - RAN STOP SIGN			
		<input type="checkbox"/> 5 - UNSAFE SPEED			
		<input type="checkbox"/> 6 - IMPROPER TURN			
		<input type="checkbox"/> 7 - LEFT OF CENTER			
		<input type="checkbox"/> 8 - FOLLOWING TOO CLOSE / ACDA			
		<input type="checkbox"/> 9 - IMPROPER LANE CHANGE			
		<input type="checkbox"/> 10 - IMPROPER PASSING			
		<input type="checkbox"/> 11 - DROVE OFF ROAD			
		<input type="checkbox"/> 12 - IMPROPER BACKING			
		<input type="checkbox"/> 13 - IMPROPER START FROM A PARKED POSITION			
		<input type="checkbox"/> 14 - STOPPED OR PARKED ILLEGALLY			
		<input type="checkbox"/> 15 - SWERVING TO AVOID			
		<input type="checkbox"/> 16 - WRONG WAY			
		<input type="checkbox"/> 17 - VISION OBSTRUCTION			
		<input type="checkbox"/> 18 - OPERATING DEFECTIVE EQUIPMENT			
		<input type="checkbox"/> 19 - LOAD SHIFTING/FALLING/SPILLING			
		<input type="checkbox"/> 20 - IMPROPER CROSSING			
		<input type="checkbox"/> 21 - LYING IN ROADWAY			
		<input type="checkbox"/> 22 - NOT DISCERNIBLE			
		<input type="checkbox"/> 23 - OPENING DOOR INTO ROADWAY			
		<input type="checkbox"/> 99 - OTHER IMPROPER ACTION			
		<input type="checkbox"/> 1 - NONE			
		<input type="checkbox"/> 2 - FAILURE TO YIELD			
		<input type="checkbox"/> 3 - RAN RED LIGHT			
		<input type="checkbox"/> 4 - RAN STOP SIGN			
		<input type="checkbox"/> 5 - UNSAFE SPEED			
		<input type="checkbox"/> 6 - IMPROPER TURN			
		<input type="checkbox"/> 7 - LEFT OF CENTER			
		<input type="checkbox"/> 8 - FOLLOWING TOO CLOSE / ACDA			
		<input type="checkbox"/> 9 - IMPROPER LANE CHANGE			
		<input type="checkbox"/> 10 - IMPROPER PASSING			
		<input type="checkbox"/> 11 - DROVE OFF ROAD			
		<input type="checkbox"/> 12 - IMPROPER BACKING			
		<input type="checkbox"/> 13 - IMPROPER START FROM A PARKED POSITION			
		<input type="checkbox"/> 14 - STOPPED OR PARKED ILLEGALLY			
		<input type="checkbox"/> 15 - SWERVING TO AVOID			
		<input type="checkbox"/> 16 - WRONG WAY			
		<input type="checkbox"/> 17 - VISION OBSTRUCTION			
		<input type="checkbox"/> 18 - OPERATING DEFECTIVE EQUIPMENT			
		<input type="checkbox"/> 19 - LOAD SHIFTING/FALLING/SPILLING			

OWNER	UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE (X) (SAME AS DRIVER) SCHERER, CHARLOTTE, PAULINE MARIE		OWNED BY: LAST, FIRST, MIDDLE (X) (SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)	
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) (SAME AS DRIVER) 3613 MOGADORE RD, Brimfield Twp, OH 44240				
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
VEHICLE	LP STATE OH	LICENSE PLATE # JMJ9461	VEHICLE IDENTIFICATION # 4S4BTANC5R3141789		VEHICLE YEAR 2024
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE	INSURANCE POLICY # 972852128		COLOR SIL
	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 0 2	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
	UNIT TYPE 0 3		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICKUP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
	# OF TRAILING UNITS 00		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICKUP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1-YES 2-NO 9-OTHER/UNKNOWN		AUTONOMOUS MODE LEVEL 0		3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
	SPECIAL FUNCTION 0 1		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		21 - MAIL CARRIER 99 - OTHER / UNKNOWN
	CARGO BODY TYPE 0 1		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		12 - CONCRETE MIXER 13 - AUTOTRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
	VEHICLE DEFECTS 0 1		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		99 - OTHER / UNKNOWN
EVENT(S)	NON-MOTORIST LOCATION AT IMPACT 0 1		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN
	ACTION 2		1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN		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		21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
	SEQUENCE OF EVENTS				
	NON-COLLISION				
	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 <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 2025-00010377 </div>					
DAMAGE DAMAGE SCALE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 2 1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN </div> <div style="width: 45%;"> 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE </div> </div>					
DAMAGED AREA(S) INDICATE ALL THAT APPLY <div style="display: flex; flex-wrap: wrap; justify-content: space-around;">       </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <input type="checkbox"/> - NO DAMAGE [0] </div> <div style="text-align: center;"> <input type="checkbox"/> - UNDERCARRIAGE [14] </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <input type="checkbox"/> - TOP [13] </div> <div style="text-align: center;"> <input type="checkbox"/> - ALL AREAS [15] </div> </div> <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> - UNIT NOT AT SCENE [16] </div>					
INITIAL POINT OF CONTACT <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 1 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP </div> <div style="width: 45%;"> 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN </div> </div>					
TRAFFIC <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> TRAFFICWAY FLOW 1 - ONE-WAY 2 2 - TWO-WAY </td> <td style="width: 50%; padding: 5px;"> TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL </td> </tr> <tr> <td style="padding: 5px;"> # OF THROUGH LANES ON ROAD 2 </td> <td style="padding: 5px;"> RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING 1 </td> </tr> </table>		TRAFFICWAY FLOW 1 - ONE-WAY 2 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 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING 1
TRAFFICWAY FLOW 1 - ONE-WAY 2 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 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING 1				
UNIT / NON-MOTORIST DIRECTION <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> FROM 1 TO 2 </div> <div style="width: 45%;"> 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN </div> </div>					
UNIT SPEED <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 2 - CALCULATED / EDR 3 - UNDETERMINED				
POSTED SPEED <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER													
2 0 2 5 - 0 0 0 1 0 3 7 7													
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER					
0 1	VASBINDER, JARED, CHRISTOPHER				0 9 1 5 2 0 0 0		2 4	M					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
474 HOWE RD ,Brimfield Twp ,OH 44240					REDACTED PER ORC 149.43(A)(1)								
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
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		339.08		X	Loads Dropping or Le		29883					
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	SCHERER, CHARLOTTE, PAULINE MARIE				0 5 3 1 2 0 0 0		2 5	F					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
3613 MOGADORE RD ,Brimfield Twp ,OH 44240					REDACTED PER ORC 149.43(A)(1)								
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
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 #	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		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		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		12 - LIMITED - OTHER		1 - APPARENTLY NORMAL		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)		2 - PHYSICAL IMPAIRMENT		DRUG TEST TYPE	
2 - SHOULDER BELT ONLY USED		13 - TRAILING UNIT		1 - NOT TRAPPED		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)		2 - EXTRICATED BY MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		4 - ILLNESS		2 - BLOOD	
4 - SHOULDER & LAP BELT USED		15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS		X - TANKER / HAZMAT		16 - OUTSIDE MIRROR		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		3 - URINE	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN		GENDER				17 - PROSTHETIC AID		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		4 - OTHER	
6 - CHILD RESTRAINT SYSTEM - REAR FACING				F - FEMALE				18 - OTHER		9 - OTHER / UNKNOWN		DRUG TEST RESULT(S)	
7 - BOOSTER SEAT				M - MALE								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 5 - 0 0 0 1 0 3 7 7

OCCUPANT	UNIT # 01	NAME: LAST, FIRST, MIDDLE BAKER, ALEXEUS, HOPE				DATE OF BIRTH 0 9 0 8 2 0 0 1		AGE 23	GENDER F	
	ADDRESS: STREET, CITY, STATE, ZIP 474 HOWE RD ,Brimfield Twp ,OH 44240					CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)				
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OCCUPANT	UNIT # 02	NAME: LAST, FIRST, MIDDLE CLARK, CATHLEEN, M				DATE OF BIRTH 0 6 2 9 1 9 6 1		AGE 64	GENDER F	
	ADDRESS: STREET, CITY, STATE, ZIP 1710 BRADY LAKE RD ,Franklin Twp ,OH 44240					CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)				
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
INJURIES		SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE				
1 - FATAL		1 - NONE USED - VEHICLE OCCUPANT		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED				
2 - SUSPECTED SERIOUS INJURY		2 - SHOULDER BELT ONLY USED		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT				
3 - SUSPECTED MINOR INJURY		3 - LAP BELT ONLY USED		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE				
4 - POSSIBLE INJURY		4 - SHOULDER & LAP BELT USED		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT/SIDE				
5 - NO APPARENT INJURY		5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		5 - SECOND - MIDDLE		5 - NOT APPLICABLE				
INJURED TAKEN BY		6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN				
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION				
2 - EMS		8 - HELMET USED		8 - THIRD - MIDDLE		1 - NOT EJECTED				
3 - POLICE		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED				
9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED				
GENDER		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE				
F - FEMALE		99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED				
M - MALE				13 - TRAILING UNIT		1 - NOT TRAPPED				
U - OTHER / UNKNOWN				14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS				
				15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS				
				99 - OTHER / UNKNOWN						
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					