

**TRAFFIC CRASH REPORT**

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION			LOCAL REPORT NUMBER*					
		<b>REPORTING AGENCY NAME*</b> <b>City of Kent Police</b>			<b>NCIC*</b> <b>06703</b>					
<b>COUNTY*</b> <b>6 7</b>		<b>LOCALITY*</b> <b>1-CITY 2-VILLAGE 3-TOWNSHIP</b> <b>Kent</b>		<b>LOCATION: CITY, VILLAGE, TOWNSHIP*</b> <b>SUMMIT</b>			<b>HIT/SKIP</b> 1 - SOLVED 2 - UNSOLVED	<b>NUMBER OF UNITS</b> <b>0 2</b>	<b>UNIT IN ERROR</b> <b>98-ANIMAL 99-UNKNOWN</b>	
<b>REFERENCE LOCATION</b>  <b>ROUTE TYPE</b> <b>ROUTE NUMBER</b> <b>PREFIX</b>	<b>1 - NORTH</b> <b>2 - SOUTH</b> <b>3 - EAST</b> <b>4 - WEST</b>		<b>LOCATION ROAD NAME</b> <b>SUMMIT</b>			<b>ROAD TYPE</b> <b>S T</b>	<b>CRASH DATE / TIME*</b> <b>01302026/1410</b>		<b>CRASH SEVERITY</b> <b>1 - FATAL</b> <b>2 - SERIOUS INJURY SUSPECTED</b> <b>3 - MINOR INJURY SUSPECTED</b> <b>4 - INJURY POSSIBLE</b> <b>5 - PROPERTY DAMAGE ONLY</b>	
	<b>ROUTE TYPE</b> <b>ROUTE NUMBER</b> <b>PREFIX</b>		<b>1 - NORTH</b> <b>2 - SOUTH</b> <b>3 - EAST</b> <b>4 - WEST</b>			<b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b> <b>1450</b>			<b>ROAD TYPE</b>  <b>LATITUDE DECIMAL DEGREES</b> <b>4.44205</b>	<b>LONGITUDE DECIMAL DEGREES</b> <b>-81.341772</b>
<b>REFERENCE POINT</b> <b>1 - INTERSECTION</b> <b>2 - MILE POST</b> <b>3 - HOUSE #</b>		<b>DIRECTION FROM REFERENCE</b> <b>1 - NORTH</b> <b>2 - SOUTH</b> <b>3 - EAST</b> <b>4 - WEST</b>		<b>ROUTE TYPE</b> <b>IR - INTERSTATE ROUTE(TP)</b> <b>US - FEDERAL US ROUTE</b> <b>SR - STATE ROUTE</b>		<b>ROAD TYPE</b> <b>AL - ALLEY</b> <b>AV - AVENUE</b> <b>BL - BOULEVARD</b> <b>CR - CIRCLE</b> <b>CT - COURT</b> <b>DR - DRIVE</b> <b>HE - HEIGHTS</b> <b>HW - HIGHWAY</b> <b>LA - LANE</b> <b>MP - MILEPOST</b> <b>OV - OVAL</b> <b>PK - PARKWAY</b> <b>PI - PIKE</b> <b>PL - PLACE</b> <b>RD - ROAD</b> <b>SQ - SQUARE</b> <b>ST - STREET</b> <b>TE - TERRACE</b> <b>TL - TRAIL</b> <b>WA - WAY</b>		<b>INTERSECTION RELATED</b> <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		
<b>DISTANCE FROM REFERENCE</b>		<b>DISTANCE UNIT OF MEASURE</b> <b>1 - MILES</b> <b>2 - FEET</b> <b>3 - YARDS</b>		<b>ROUTE TYPE</b> <b>CR - NUMBERED COUNTY ROUTE</b> <b>TR - NUMBERED TOWNSHIP ROUTE</b>		<b>ROADWAY</b> <input checked="" type="checkbox"/> <b>ROADWAY DIVIDED</b>				
<b>LOCATION OF FIRST HARMFUL EVENT</b> <b>0 1</b> <b>1 - ON ROADWAY</b> <b>2 - ON SHOULDER</b> <b>3 - IN MEDIAN</b> <b>4 - ON ROADSIDE</b> <b>5 - ON GORE</b> <b>6 - OUTSIDE TRAFFIC WAY</b> <b>7 - ON RAMP</b> <b>8 - OFF RAMP</b> <b>9 - CROSSOVER</b> <b>10 - DRIVEWAY/ALLEY ACCESS</b> <b>11 - RAILWAY GRADE CROSSING</b> <b>12 - SHARED USE PATHS OR TRAILS</b> <b>13 - BIKE LANE</b> <b>14 - TOLL BOOTH</b> <b>99 - OTHER/UNKNOWN</b>				<b>MANNER OF CRASH COLLISION/IMPACT</b> <b>2</b> <b>1 - NOT COLLISION</b> <b>2 - BETWEEN</b> <b>3 - TWO MOTOR VEHICLES IN TRANSPORT</b> <b>4 - REAR-TO-REAR</b> <b>5 - BACKING</b> <b>6 - ANGLE</b> <b>7 - SIDESWIPE, SAME DIRECTION</b> <b>8 - SIDESWIPE, OPPOSITE DIRECTION</b> <b>9 - HEAD-ON</b> <b>9 - OTHER/UNKNOWN</b>			<b>DIRECTION OF TRAVEL</b> <b>4</b> <b>1 - NORTH</b> <b>2 - SOUTH</b> <b>3 - EAST</b> <b>4 - WEST</b>	<b>MEDIAN TYPE</b> <b>2</b> <b>1 - DIVIDED FLUSH MEDIAN (&lt;4 FEET)</b> <b>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)</b> <b>3 - DIVIDED, DEPRESSED MEDIAN</b> <b>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)</b> <b>9 - OTHER/UNKNOWN</b>		
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		<b>WORK ZONE TYPE</b> <b>1 - LANE CLOSURE</b> <b>2 - LANE SHIFT/CROSSOVER</b> <b>3 - WORK ON SHOULDER OR MEDIAN</b> <b>4 - INTERMITTENT OR MOVING WORK</b> <b>5 - OTHER</b>		<b>LOCATION OF CRASH IN WORK ZONE</b> <b>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN</b> <b>2 - ADVANCE WARNING AREA</b> <b>3 - TRANSITION AREA</b> <b>4 - ACTIVITY AREA</b> <b>5 - TERMINATION AREA</b>			<b>CONTOUR</b> <b>1</b>	<b>CONDITIONS</b> <b>3</b>	<b>SURFACE</b> <b>2</b>	
<b>LIGHT CONDITION</b> <b>1</b> <b>1 - DAYLIGHT</b> <b>2 - DAWN/DUSK</b> <b>3 - DARK - LIGHTED ROADWAY</b> <b>4 - DARK - ROADWAY NOT LIGHTED</b> <b>5 - DARK - UNKNOWN ROADWAY LIGHTING</b> <b>9 - OTHER / UNKNOWN</b>		<b>WEATHER</b> <b>0 1</b> <b>1 - CLEAR</b> <b>2 - CLOUDY</b> <b>3 - FOG, SMOG, SMOKE</b> <b>4 - RAIN</b> <b>5 - SLEET, HAIL</b> <b>6 - SNOW</b> <b>7 - SEVERE CROSSWINDS</b> <b>8 - BLOWING SAND, SOIL, DIRT, SNOW</b> <b>9 - FREEZING RAIN OR FREEZING DRIZZLE</b> <b>99 - OTHER / UNKNOWN</b>			<b>1 - STRAIGHT LEVEL</b> <b>2 - STRAIGHT GRADE</b> <b>3 - CURVE LEVEL</b> <b>4 - CURVE GRADE</b> <b>9 - OTHER/UNKNOWN</b>	<b>1 - DRY</b> <b>2 - WET</b> <b>3 - SNOW</b> <b>4 - ICE</b> <b>5 - SAND, MUD, DIRT, OIL, GRAVEL</b> <b>6 - WATER (STANDING, MOVING)</b> <b>7 - SLUSH</b> <b>9 - OTHER/UNKNOWN</b>	<b>1 - CONCRETE</b> <b>2 - BLACKTOP, BITUMINOUS, ASPHALT</b> <b>3 - BRICK/BLOCK</b> <b>4 - SLAG, GRAVEL, STONE</b> <b>5 - DIRT</b> <b>9 - OTHER/UNKNOWN</b>			
<b>NARRATIVE</b> <b>UNIT 1 WAS TRAVELING WEST ON E. SUMMIT ST. IN FRONT OF 1450 E. SUMMIT ST. AND STOPPED AT A CROSSWALK FOR PEDESTRIANS. UNIT 2 WAS TRAVELING WEST ON E. SUMMIT ST. BEHIND UNIT 1. UNIT 2 STRUCK UNIT 1 FROM THE REAR.</b>						 Indicate the north direction with an "N" on the compass diagram.				
			<b>Not To Scale</b> <b>E. SUMMIT ST.</b> <b>Unit 1 Unit 2</b> <b>1450</b>							

<b>CRASH REPORTED DATE / TIME</b> <b>01302026/1410</b>		<b>DISPATCH DATE / TIME</b> <b>01302026/1417</b>		<b>ARRIVAL DATE / TIME</b> <b>01302026/1421</b>		<b>SCENE CLEARED DATE / TIME</b> <b>01302026/1440</b>		<b>REPORT TAKEN BY</b>
<b>TOTAL TIME ROADWAY CLOSED</b> <b>0 0 0</b>		<b>OTHER INVESTIGATION TIME</b> <b>0 1 0</b>		<b>TOTAL MINUTES</b> <b>0 3 3</b>		<b>OFFICER'S NAME*</b> <b>Knapp, Derek Raymond</b>		<input checked="" type="checkbox"/> <b>POLICE AGENCY</b> <input type="checkbox"/> <b>MOTORIST</b>
						<b>CHECKED BY OFFICER'S NAME*</b> <b>Hadaway, Joseph</b>		<input type="checkbox"/> <b>SUPPLEMENT</b> (CORRECTION or ADDITION TO AN EXISTING REPORT SENT TO COPS)
						<b>OFFICER'S BADGE NUMBER*</b> <b>2 5 3</b>		<b>CHECKED BY OFFICER'S BADGE NUMBER*</b> <b>2 1 6</b>

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )	OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER ) REDACTED PER ORC 149.43(A)(1)
0 1	ROY, PARTHA	
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER ) 107 SHARBOT CT, PITTSBURGH, PA 15237		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
P A	LPD2247	4 S 3 GKA A 6 1 K 3 6 0 1 8 8 7	2 0 1 9	Subaru
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	ALLSTATE	908777521	WHI	IMPREZA
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS	HAZARDOUS MATERIAL	
0 1		0 1	<input type="checkbox"/> MATERIAL RELEASED	CLASS #
UNIT TYPE		VEHICLE WEIGHT GVWR/GCWR	<input type="checkbox"/> PLACARD	PLACARD ID #
		1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		

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 - PICKUP	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)		17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP

0 0	# OF TRAILING UNITS				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?					
2	0				
1 - YES	2 - NO	9 - OTHER/UNKNOWN			
AUTONOMOUS MODE LEVEL					
0	1	2			
1 - NO AUTOMATION	2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION	4 - HIGH AUTOMATION	5 - FULL AUTOMATION	9 - UNKNOWN

0 1	SPECIAL FUNCTION	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	

0 1	CARGO BODY TYPE	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	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	14 - GARBAGE/REFUSE
					11 - DUMP	99 - OTHER / UNKNOWN

0 1	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			

0 1	NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK	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	
			5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN

4	ACTION	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	1 1 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST
		4 - STRUCK PRE-CRASH ACTIONS	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		

0 1	CONTRIBUTING CIRCUMSTANCES	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

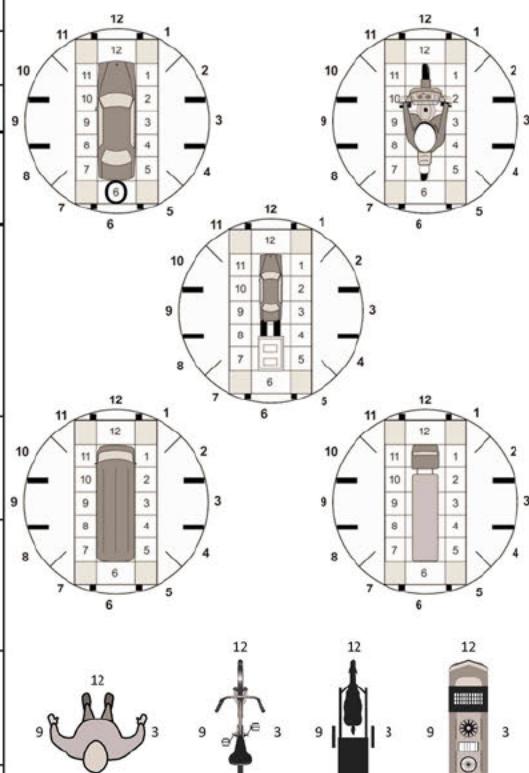
1 2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	18 - ANIMAL - OTHER	20 - MOTOR VEHICLE IN TRANSPORT
2 1	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	21 - PARKED MOTOR VEHICLE	24 - OTHER MOVABLE OBJECT
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE		

4 1	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
5 1		33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	46 - FENCE	52 - BUILDING
		34 - MEDIAN GUARDRAIL BARRIER	40 - SUPPORT	47 - MAILBOX	48 - TREE	53 - TUNNEL
6 1		27 - BRIDGE PIER OR ABUTMENT	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	49 - FIRE HYDRANT	54 - OTHER FIXED OBJECT
		28 - BRIDGE PARAPET	36 - MEDIAN OTHER BARRIER	42 - CULVERT		99 - OTHER / UNKNOWN
1	FIRST HARMFUL EVENT	29 - BRIDGE RAIL				
	MOST HARMFUL EVENT	30 - GUARDRAIL FACE				

LOCAL REPORT NUMBER  
2 0 2 6 - 0 0 0 0 1 3 9 2

DAMAGE	
DAMAGE SCALE	
2	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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  
0 - NO DAMAGE 14 - UNDERCARRIAGE  
1 - 12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE  
DIAGRAM 99 - UNKNOWN  
13 - TOP

TRAFFIC WAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
6	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
1	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION  
1 - NORTH 5 - NORTHEAST  
2 - SOUTH 6 - NORTHWEST  
3 - EAST 7 - SOUTHEAST  
4 - WEST 8 - SOUTHWEST  
9 - OTHER / UNKNOWN

UNIT SPEED	DETECTED SPEED
0 0 5	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
3 5	
POSTED SPEED	

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER )	OWNER PHONE
0 2	SAXTON, TAIJAH, MONIQUE	REDACTED PER ORC 149.43(A)(1)
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER )		
2141 BELLTREE DR ,REYNOLDSBURG ,OH 43068		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	KQM3531	1 HGE S 1 6 5 7 5 L 0 2 8 5 4 1	2 0 0 5	Honda

<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	PROGRESSIVE	997697779	BLK	CIVIC

<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	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL	
			1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	CLASS # PLACARD ID #

0 1	UNIT TYPE	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICKUP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN	28 - UNKNOWN OR HIT/SKIP
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0 0	# OF TRAILING UNITS	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
2	1 - YES 2 - NO 9 - OTHER/UNKNOWN	0		

0 1	SPECIAL FUNCTION	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
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0 1	CARGO BODY TYPE	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTOTRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
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1	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
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1	NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK 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
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3	ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	0 1 PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES	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
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0 8	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
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SEQUENCE OF EVENTS							
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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 MOTOR VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT
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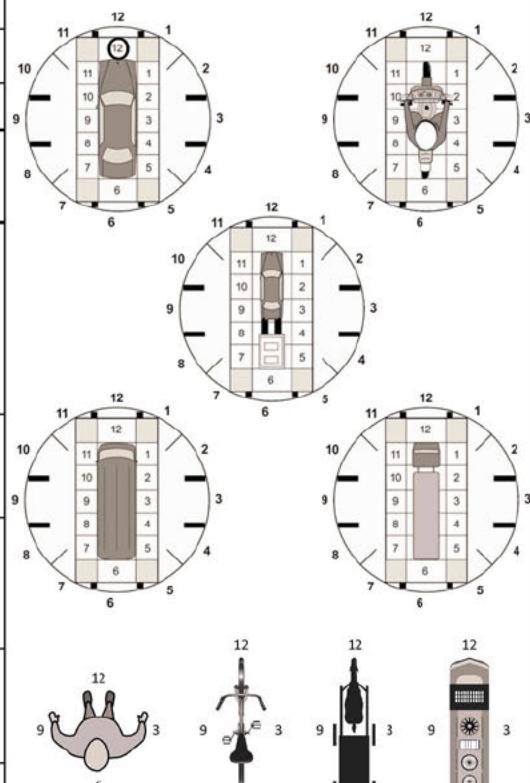
4 1 1	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER 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
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1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT
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LOCAL REPORT NUMBER  
2 0 2 6 - 0 0 0 0 1 3 9 2

DAMAGE  
DAMAGE SCALE  
3 - NONE  
2 - MINOR DAMAGE  
1 - UNKNOWN  
3 - FUNCTIONAL 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  
0 - NO DAMAGE  
1 - 12 - REFER TO UNIT DIAGRAM  
2 - 1 - 12 - REFER TO UNIT DIAGRAM  
3 - TOP  
14 - UNDERCARRIAGE  
15 - VEHICLE NOT AT SCENE  
99 - UNKNOWN

TRAFFIC  
TRAFFIC WAY FLOW  
1 - ONE-WAY  
2 - TWO-WAY  
6 -  
TRAFFIC CONTROL  
1 - ROUNDABOUT  
2 - SIGNAL  
3 - FLASHER  
4 - STOP SIGN  
5 - YIELD SIGN  
6 - NO CONTROL

# OF THROUGH LANES ON ROAD  
1 -  
1 -  
RAIL GRADE CROSSING  
1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST  
5 - NORTHEAST  
6 - NORTHWEST  
7 - SOUTHEAST  
8 - SOUTHWEST  
9 - OTHER / UNKNOWN

UNIT SPEED  
0 2 0  
1 -  
DETECTED SPEED  
1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED

POSTED SPEED  
3 5

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER	
	0 1	ROY, UNNABH					1 1 1 9 2 0 0 3	22	M	
	ADDRESS: STREET, CITY, STATE, ZIP 107 SHARBOT CT, PITTSBURGH, PA 15237					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	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE P A	OPERATOR LICENSE NUMBER REDACTED PER ORC 4501:1-12		OFFENSE CHARGED	LOCAL CODE □	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED □ ALCOHOL <input type="checkbox"/> MARIJUANA □ OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4			
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE SAXTON, TAIJAH, MONIQUE					DATE OF BIRTH 0 8 1 0 2 0 0 6	AGE 19	GENDER F		
ADDRESS: STREET, CITY, STATE, ZIP 2141 BELLTREE DR, REYNOLDSBURG, OH 43068					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	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE O H	OPERATOR LICENSE NUMBER REDACTED PER ORC 4501:1-12		OFFENSE CHARGED 333.03	LOCAL CODE X	OFFENSE DESCRIPTION Maximum Speed Limits		CITATION NUMBER 30461			
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED □ ALCOHOL <input type="checkbox"/> MARIJUANA □ OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4			
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 □ ALCOHOL <input type="checkbox"/> MARIJUANA □ OTHER DRUG	CONDITION	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4			
<b>INJURIES</b>	<b>SEATING POSITION</b>	<b>AIR BAG</b>	<b>OL CLASS</b>	<b>OL RESTRICTION(S)</b>	<b>DRIVER DISTRACTION</b>	<b>TEST STATUS</b>				
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- 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- TEST GIVEN, RESULTS KNOWN					
5- NO APPARENT INJURY	5- SECOND - MIDDLE	5- NOTAPPLICABLE	5- M/C MOPED ONLY	5- EXCEPT CLASS A BUS	5- TEST GIVEN, RESULTS UNKNOWN					
<b>INJURED TAKEN BY</b>	6- SECOND - RIGHT SIDE	6- DEPLOYMENT UNKNOWN	6- NO VALID OL	6- EXCEPT CLASS A & CLASS B BUS						
1- NOT TRANSPORTED /TREATED AT SCENE	7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7- TOTALLY EJECTED	7- EXCEPT TRACTOR-TRAILER							
2- EMS	8- THIRD - MIDDLE	8- PARTIALLY EJECTED	8- INTERMEDIATE LICENSE RESTRICTIONS							
3- POLICE	9- THIRD - RIGHT SIDE	9- NOTAPPLICABLE	9- LEARNER'S PERMIT RESTRICTIONS							
9- OTHER / UNKNOWN	10- SLEEPER SECTION OF TRUCK CAB	<b>EJECTION</b>	10- LIMITED TO DAYLIGHT ONLY							
<b>SAFETY EQUIPMENT</b>	11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	<b>TRAPPED</b>	11- LIMITED TO EMPLOYMENT							
1- NONE USED	12- PASSENGER IN UNENCLOSED CARGO AREA	1- NOT TRAPPED	12- LIMITED - OTHER							
2- SHOULDER BELT ONLY USED	13- TRAILING UNIT	2- EXTRICATED BY MECHANICAL MEANS	13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)							
3- LAP BELT ONLY USED	14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3- FREED BY NON-MECHANICAL MEANS	14- MILITARY VEHICLES ONLY							
4- SHOULDER & LAP BELT USED	15- NON-MOTORIST	<b>GENDER</b>	15- MOTOR VEHICLES WITHOUT AIR BRAKES							
5- CHILD RESTRAINT SYSTEM - FORWARD FACING	99- OTHER / UNKNOWN	F- FEMALE	16- OUTSIDE MIRROR							
6- CHILD RESTRAINT SYSTEM - REAR FACING		M- MALE	17- PROSTHETIC AID							
7- BOOSTER SEAT		U- OTHER / UNKNOWN	18- OTHER							
8- HELMET USED										
9- PROTECTIVE PADS USED (ELBOW KNEES, ETC.)										
10- REFLECTIVE CLOTHING										
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY										
99- OTHER / UNKNOWN										
<b>ALCOHOL TEST TYPE</b>	1- NONE									
2- BLOOD	2- URINE									
3- URINE	4- BREATH									
5- OTHER										
<b>DRUG TEST TYPE</b>	1- NONE									
2- BLOOD	3- URINE									
3- URINE	4- OTHER									
4- OTHER										
<b>DRUG TEST RESULT(S)</b>	1- AMPHETAMINES									
2- BARBITURATES	3- BENZODIAZEPINES									
3- BENZODIAZEPINES	4- CANNABINOID									
4- CANNABINOID	5- COCAINE									
5- COCAINE	6- OPIATES / OPIOIDS									
6- OPIATES / OPIOIDS	7- OTHER									
7- OTHER	8- NEGATIVE RESULTS									