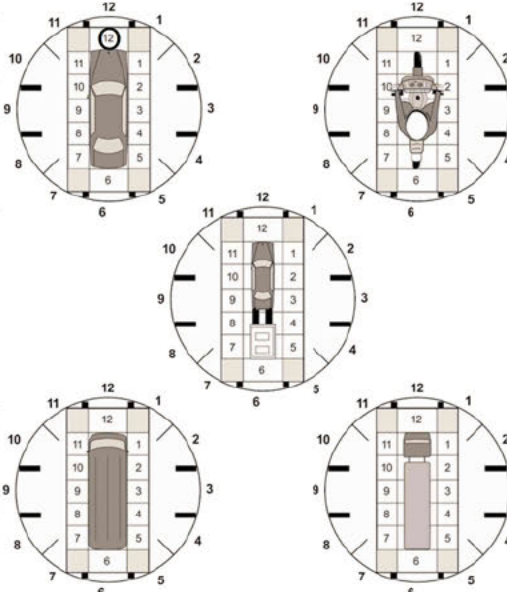
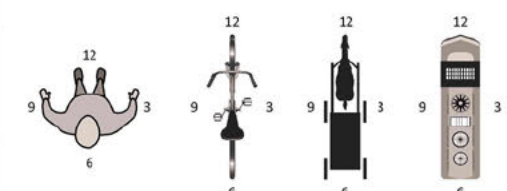
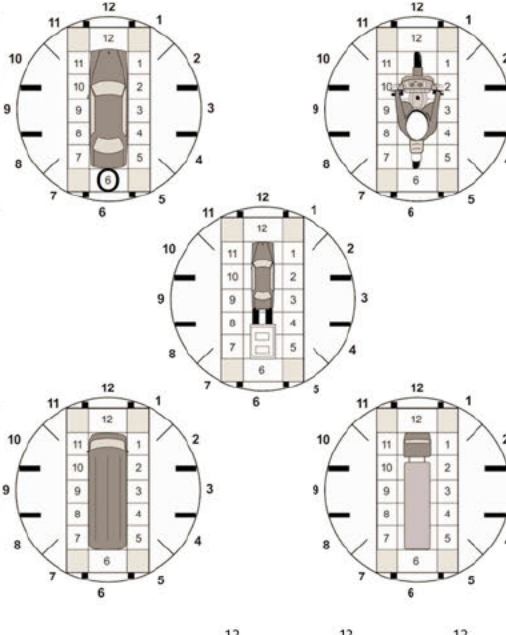


OWNER	UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) VICAREL, MONICA, LYNN	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 1042 SUSAN RD, Ravenna, OH 44266				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE O H	LICENSE PLATE # HZC6954	VEHICLE IDENTIFICATION # 5 FNR L5 H6 XGB1 5 7 0 9 6	VEHICLE YEAR 2 0 1 6	VEHICLE MAKE Honda
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY ALLSTATE	INSURANCE POLICY # 992974657	COLOR GRY	VEHICLE MODEL ODYSSEY
	<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 1	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 2		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 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 99 - UNKNOWN OR HIT/SKIP			
# OF TRAILING UNITS 00		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN 0 AUTONOMOUS MODE LEVEL			
SPECIAL FUNCTION 0 1		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 0 1		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTOTRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN			
VEHICLE DEFECTS 0 1		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 0 1		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 3		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 0 8		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		NON-COLLISION 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTORVEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT			
COLLISION WITH FIXED OBJECT - STRUCK		25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN			
FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 1			

LOCAL REPORT NUMBER 2 0 2 5 - 0 0 0 1 6 5 8 9	
DAMAGE DAMAGE SCALE 2 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 1 2 0 - NO DAMAGE 14 - UNDERCARRIAGE 1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFIC TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL 2 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 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 0 0 2	DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 2 5	

OWNER	UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) BABLE, BRIAN, ROBERT	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 1893 MERRILL RD, Franklin Twp, OH 44240				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE O H	LICENSE PLATE # KCY5473	VEHICLE IDENTIFICATION # 1 GNF K13 0 7 8 R2 5 5 1 2 1	VEHICLE YEAR 2 0 0 8	VEHICLE MAKE Chevrolet
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY progressive	INSURANCE POLICY # 974186105	COLOR TAN	VEHICLE MODEL TAHOE
	<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 1	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 3		# 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		SPECIAL FUNCTION			
<input type="checkbox"/> 1 - NONE		<input type="checkbox"/> 6 - BUS - CHARTER/TOUR			
<input type="checkbox"/> 2 - TAXI		<input type="checkbox"/> 7 - BUS - INTERCITY			
<input type="checkbox"/> 3 - ELECTRONIC RIDE SHARING		<input type="checkbox"/> 8 - BUS - SHUTTLE			
<input type="checkbox"/> 4 - SCHOOL TRANSPORT		<input type="checkbox"/> 9 - BUS - OTHER			
<input type="checkbox"/> 5 - BUS - TRANSIT/COMMUTER		<input type="checkbox"/> 10 - AMBULANCE			
CARGO BODY TYPE		CARGO BODY TYPE			
<input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE		<input type="checkbox"/> 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE			
<input type="checkbox"/> 2 - BUS		<input type="checkbox"/> 4 - LOGGING			
VEHICLE DEFECTS		VEHICLE DEFECTS			
<input type="checkbox"/> 1 - TURN SIGNALS		<input type="checkbox"/> 4 - BRAKES			
<input type="checkbox"/> 2 - HEAD LAMPS		<input type="checkbox"/> 5 - STEERING			
<input type="checkbox"/> 3 - TAIL LAMPS		<input type="checkbox"/> 6 - TIRE BLOWOUT			
NON-MOTORIST LOCATION AT IMPACT		NON-MOTORIST LOCATION AT IMPACT			
<input type="checkbox"/> 1 - INTERSECTION - MARKED CROSSWALK		<input type="checkbox"/> 3 - INTERSECTION - OTHER			
<input type="checkbox"/> 2 - INTERSECTION - UNMARKED CROSSWALK		<input type="checkbox"/> 4 - MIDBLOCK - MARKED CROSSWALK			
<input type="checkbox"/> 3 - INTERSECTION - OTHER		<input type="checkbox"/> 5 - TRAVEL LANE - OTHER LOCATION			
<input type="checkbox"/> 4 - MIDBLOCK - MARKED CROSSWALK		<input type="checkbox"/> 6 - BICYCLE LANE			
<input type="checkbox"/> 5 - TRAVEL LANE - OTHER LOCATION		<input type="checkbox"/> 7 - SHOULDER / ROADSIDE			
ACTION		ACTION			
<input type="checkbox"/> 1 - NON-CONTACT		<input type="checkbox"/> 7 - MAKING U-TURN			
<input type="checkbox"/> 2 - NON-COLLISION		<input type="checkbox"/> 8 - ENTERING TRAFFIC LANE			
<input type="checkbox"/> 3 - STRIKING		<input type="checkbox"/> 9 - LEAVING TRAFFIC LANE			
<input type="checkbox"/> 4 - STRUCK		<input type="checkbox"/> 10 - PARKED			
<input type="checkbox"/> 5 - BOTH STRIKING & STRUCK		<input type="checkbox"/> 11 - SLOWING OR STOPPED IN TRAFFIC			
<input type="checkbox"/> 9 - OTHER / UNKNOWN		<input type="checkbox"/> 12 - DRIVERLESS			
CONTRIBUTING CIRCUMSTANCES		CONTRIBUTING CIRCUMSTANCES			
<input type="checkbox"/> 1 - NONE		<input type="checkbox"/> 7 - LEFT OF CENTER			
<input type="checkbox"/> 2 - FAILURE TO YIELD		<input type="checkbox"/> 8 - FOLLOWING TOO CLOSE / ACDA			
<input type="checkbox"/> 3 - RAN RED LIGHT		<input type="checkbox"/> 9 - IMPROPER LANE CHANGE			
<input type="checkbox"/> 4 - RAN STOP SIGN		<input type="checkbox"/> 10 - IMPROPER PASSING			
<input type="checkbox"/> 5 - UNSAFE SPEED		<input type="checkbox"/> 11 - DROVE OFF ROAD			
<input type="checkbox"/> 6 - IMPROPER TURN		<input type="checkbox"/> 12 - IMPROPER BACKING			
SEQUENCE OF EVENTS		SEQUENCE OF EVENTS			
<input type="checkbox"/> 1 - OVERTURN/ROLLOVER		<input type="checkbox"/> 6 - EQUIPMENT FAILURE			
<input type="checkbox"/> 2 - FIRE/EXPLOSION		<input type="checkbox"/> 7 - SEPARATION OF UNITS			
<input type="checkbox"/> 3 - IMMERSION		<input type="checkbox"/> 8 - RAN OFF ROAD RIGHT			
<input type="checkbox"/> 4 - JACKKNIFE		<input type="checkbox"/> 9 - RAN OFF ROAD LEFT			
<input type="checkbox"/> 5 - CARGO / EQUIPMENT LOSS OR SHIFT		<input type="checkbox"/> 10 - CROSS MEDIAN			
NON-COLLISION		NON-COLLISION			
<input type="checkbox"/> 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL		<input type="checkbox"/> 16 - RAILWAY VEHICLE			
<input type="checkbox"/> 12 - DOWNHILL RUNAWAY		<input type="checkbox"/> 17 - ANIMAL - FARM			
<input type="checkbox"/> 13 - OTHER NON-COLLISION		<input type="checkbox"/> 18 - ANIMAL - DEER			
<input type="checkbox"/> 14 - PEDESTRIAN		<input type="checkbox"/> 19 - ANIMAL - OTHER			
<input type="checkbox"/> 15 - PEDALCYCLE		<input type="checkbox"/> 20 - MOTOR VEHICLE IN TRANSPORT			
COLLISION WITH FIXED OBJECT - STRUCK		COLLISION WITH FIXED OBJECT - STRUCK			
<input type="checkbox"/> 25 - IMPACT ATTENUATOR / CRASH CUSHION		<input type="checkbox"/> 31 - GUARDRAIL END			
<input type="checkbox"/> 26 - BRIDGE OVERHEAD STRUCTURE		<input type="checkbox"/> 32 - PORTABLE BARRIER			
<input type="checkbox"/> 27 - BRIDGE PIER OR ABUTMENT		<input type="checkbox"/> 33 - MEDIAN CABLE BARRIER			
<input type="checkbox"/> 28 - BRIDGE PARAPET		<input type="checkbox"/> 34 - MEDIAN GUARDRAIL BARRIER			
<input type="checkbox"/> 29 - BRIDGE RAIL		<input type="checkbox"/> 35 - MEDIAN CONCRETE BARRIER			
<input type="checkbox"/> 30 - GUARDRAIL FACE		<input type="checkbox"/> 36 - MEDIAN OTHER BARRIER			
<input type="checkbox"/> 37 - TRAFFIC SIGN POST		<input type="checkbox"/> 41 - CURB			
<input type="checkbox"/> 38 - OVERHEAD SIGN POST		<input type="checkbox"/> 42 - DITCH			
<input type="checkbox"/> 39 - LIGHT / LUMINARIES SUPPORT		<input type="checkbox"/> 43 - EMBANKMENT			
<input type="checkbox"/> 40 - UTILITY POLE		<input type="checkbox"/> 44 - FENCE			
<input type="checkbox"/> 41 - OTHER POST, POLE OR SUPPORT		<input type="checkbox"/> 45 - MAILBOX			
<input type="checkbox"/> 42 - CULVERT		<input type="checkbox"/> 46 - TREE			
<input type="checkbox"/> 43 - CURB		<input type="checkbox"/> 47 - FIRE HYDRANT			
<input type="checkbox"/> 44 - DITCH		<input type="checkbox"/> 50 - WORK ZONE MAINTENANCE EQUIPMENT			
<input type="checkbox"/> 45 - EMBANKMENT		<input type="checkbox"/> 51 - WALL			
<input type="checkbox"/> 46 - FENCE		<input type="checkbox"/> 52 - BUILDING			
<input type="checkbox"/> 47 - MAILBOX		<input type="checkbox"/> 53 - TUNNEL			
<input type="checkbox"/> 48 - TREE		<input type="checkbox"/> 54 - OTHER FIXED OBJECT			
<input type="checkbox"/> 49 - FIRE HYDRANT		<input type="checkbox"/> 99 - OTHER / UNKNOWN			
FIRST HARMFUL EVENT		MOST HARMFUL EVENT			
<input type="checkbox"/> 1		<input type="checkbox"/> 1			

LOCAL REPORT NUMBER 2 0 2 5 - 0 0 0 1 6 5 8 9	
DAMAGE	
DAMAGE SCALE	
<input type="checkbox"/> 1 - NONE	
<input type="checkbox"/> 2 - MINOR DAMAGE	
<input type="checkbox"/> 3 - FUNCTIONAL DAMAGE	
<input type="checkbox"/> 4 - DISABLING DAMAGE	
<input type="checkbox"/> 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	
<input type="checkbox"/> 0 - NO DAMAGE	
<input type="checkbox"/> 1 - 12 - REFER TO UNIT DIAGRAM	
<input type="checkbox"/> 13 - TOP	
<input type="checkbox"/> 14 - UNDERCARRIAGE	
<input type="checkbox"/> 15 - VEHICLE NOT AT SCENE	
<input type="checkbox"/> 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
<input type="checkbox"/> 1 - ONE-WAY	<input type="checkbox"/> 1 - ROUNDABOUT
<input type="checkbox"/> 2 - TWO-WAY	<input type="checkbox"/> 2 - SIGNAL
	<input type="checkbox"/> 3 - FLASHER
	<input type="checkbox"/> 5 - YIELD SIGN
	<input type="checkbox"/> 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
<input type="checkbox"/> 2	<input type="checkbox"/> 1 - NOT INVOLVED
	<input type="checkbox"/> 2 - INVOLVED-ACTIVE CROSSING
	<input type="checkbox"/> 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM <input type="checkbox"/> 1 TO <input type="checkbox"/> 2	
<input type="checkbox"/> 1 - NORTH	
<input type="checkbox"/> 2 - SOUTH	
<input type="checkbox"/> 3 - EAST	
<input type="checkbox"/> 4 - WEST	
<input type="checkbox"/> 5 - NORTHEAST	
<input type="checkbox"/> 6 - NORTHWEST	
<input type="checkbox"/> 7 - SOUTHEAST	
<input type="checkbox"/> 8 - SOUTHWEST	
<input type="checkbox"/> 9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 - STATED / ESTIMATED SPEED
POSTED SPEED	<input type="checkbox"/> 2 - CALCULATED / EDR
<input type="checkbox"/> 2 <input type="checkbox"/> 5	<input type="checkbox"/> 3 - UNDETERMINED

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER																					
2 0 2 5 - 0 0 0 1 6 5 8 9																					
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER													
0 1	VICAREL, MONICA, LYNN				0 2 2 5 1 9 7 9		4 6	F													
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																
1042 SUSAN RD ,Ravenna ,OH 44266					REDACTED PER ORC 149.43(A)(1)																
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED												
5				0 4		0 1	1	1	1												
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER														
O H	REDACTED PER ORC 4501:1-12		333.03	X	Maximum Speed Limits		29390														
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			8	<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	BABLE, BRIAN, ROBERT				0 9 0 9 1 9 8 5		4 0	M													
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																
1893 MERRILL RD ,Franklin 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 MOPEL ONLY		5 - EXCEPT CLASS A BUS & CLASS B BUS		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN	
INJURED TAKEN BY										6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		7 - EXCEPT TRACTOR-TRAILER		6 - PASSENGER		ALCOHOL TEST TYPE	
1 - NOT TRANSPORTED / TREATED AT SCENE										7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION		H - HAZMAT		8 - INTERMEDIATE LICENSE RESTRICTIONS		7 - OTHER DISTRACTION INSIDE THE VEHICLE		1 - NONE	
2 - EMS										8 - THIRD - MIDDLE		1 - NOT EJECTED		M - MOTORCYCLE		9 - LEARNER'S PERMIT RESTRICTIONS		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		2 - BLOOD	
3 - POLICE										9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED		P - PASSENGER		10 - LIMITED TO DAYLIGHT ONLY		9 - OTHER / UNKNOWN		3 - URINE	
9 - OTHER / UNKNOWN										10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED		N - TANKER		11 - LIMITED TO EMPLOYMENT				4 - BREATH	
SAFETY EQUIPMENT										11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE		Q - MOTOR SCOOTER		12 - LIMITED - OTHER		8 - OTHER / UNKNOWN		5 - OTHER	
1 - NONE USED										12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED		R - THREE-WHEEL MOTORCYCLE		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		CONDITION		DRUG TEST TYPE	
2 - SHOULDER BELT ONLY USED										13 - TRAILING UNIT		1 - NOT TRAPPED		S - SCHOOL BUS		14 - MILITARY VEHICLES ONLY		1 - APPARENTLY NORMAL		1 - NONE	
3 - LAP BELT ONLY USED										14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		2 - PHYSICAL IMPAIRMENT		2 - BLOOD	
4 - SHOULDER & LAP BELT USED										15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS		X - TANKER / HAZMAT		16 - OUTSIDE MIRROR		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		3 - URINE	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING										99 - OTHER / UNKNOWN						17 - PROSTHETIC AID		4 - ILLNESS		4 - OTHER	
6 - CHILD RESTRAINT SYSTEM - REAR FACING																18 - OTHER		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		5 - COCAINE	
7 - BOOSTER SEAT																		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6 - OPIATES / OPIOIDS	
8 - HELMET USED																		9 - OTHER / UNKNOWN		7 - OTHER	
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)																				8 - NEGATIVE RESULTS	
10 - REFLECTIVE CLOTHING																					
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY																					
99 - OTHER / UNKNOWN																					