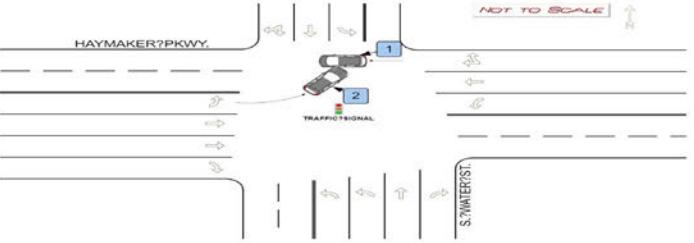




## TRAFFIC CRASH REPORT

\*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*				
		REPORTING AGENCY NAME* <b>City of Kent Police</b>				NCIC* <b>06703</b>				
COUNTY* <b>6 7</b>		LOCALITY* <b>1-CITY 2-VILLAGE 3-TOWNSHIP</b>		LOCATION: CITY, VILLAGE, TOWNSHIP* <b>Kent</b>				HIT/SKIP 1-SOLVED 2-UNRESOLVED	NUMBER OF UNITS <b>0 2</b>	UNIT IN ERROR 98-ANIMAL 99-UNKNOWN
REFERENCE LOCATION	ROUTE TYPE <b>S R</b>	ROUTE NUMBER <b>59</b>	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME <b>HAYMAKER WY</b>		ROAD TYPE <b>P K</b>	CRASH DATE / TIME* <b>01172026/0240</b>			CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY
	ROUTE TYPE <b>S R</b>	ROUTE NUMBER <b>43</b>	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>WATER</b>		ROAD TYPE <b>S T</b>	LATITUDE DECIMAL DEGREES <b>41.151225</b>			LONGITUDE DECIMAL DEGREES <b>-81.358213</b>
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE #		DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST		ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			NUMBER OF APPROACHES <b>4</b>	
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS		ROADWAY			ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT 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				MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN 4-TRANSPORT 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-REAR-END 10-HEAD-ON 11-RAILWAY GRADE CROSSING 12-SHARED USE PATHS OR TRAILS 13-BIKE LANE 14-TOLL BOOTH 99-OTHER/UNKNOWN			DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST		MEDIAN TYPE 1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (≥4 FEET) 3-DIVIDED, DEPRESSED MEDIAN 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 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER		LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE 2-ADVANCE WARNING SIGN 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA			CONTOUR <b>2</b>	CONDITIONS <b>3</b>	SURFACE <b>2</b>	
LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK-LIGHTED ROADWAY 4-DARK-ROADWAY NOT LIGHTED 5-DARK-UNKNOWN ROADWAY LIGHTING 9-OTHER/UNKNOWN		WEATHER 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL		1-Straight Level 2-Straight Grade 3-Curve Level 4-Curve Grade 9-Other/Unknown			1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-Other/Unknown	1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-Other/Unknown		
NARRATIVE <b>UNIT 1 WAS TRAVELING W/B IN THE CURB LANE ON HAYMAKER BLVD. AT S. WATER ST. UNIT 2 WAS TRAVELING E/B ON HAYMAKER PKWY IN THE LEFT TURN LANE. UNIT 2 FAILED TO YIELD WHILE TURNING LEFT TO N/B S. WATER ST. AND STRUCK UNIT 1 ON THE DRIVER SIDE. UNIT 2 THEN FLED THE SCENE. UNIT 1 ONLY KNOWS THE HIT SKIP. UNIT 2 VEHICLE WAS A SILVER CAR.</b>						 <p>Indicate the north direction with an "N" on the compass diagram.</p> 				
CRASH REPORTED DATE / TIME <b>01172026/0240</b>		DISPATCH DATE / TIME <b>01172026/0241</b>		ARRIVAL DATE / TIME <b>01172026/0243</b>		SCENE CLEARED DATE / TIME <b>01172026/0305</b>		REPORT TAKEN BY		
TOTAL TIME ROADWAY CLOSED <b>0 1 0</b>		OTHER INVESTIGATION TIME <b>0 6 0</b>		TOTAL MINUTES <b>0 8 4</b>		OFFICER'S NAME* <b>Fuller, James</b>		CHECKED BY OFFICER'S NAME* <b>Fuller, James</b>		
						OFFICER'S BADGE NUMBER* <b>2 2 1</b>		CHECKED BY OFFICER'S BADGE NUMBER* <b>2 2 1</b>		
<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST  <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)										

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER ) <b>LAKSIRI, SOUFIANE</b>		OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER ) <b>REDACTED PER ORC 149.43(A)(1)</b>
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER ) <b>1840 RHODES RD 459, Kent, OH 44240</b>			COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR
<b>O H</b>	<b>KUC1181</b>	<b>1G1P A5SH3D7151626</b>	<b>2013</b>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE MAKE
	<b>PROGRESSIVE</b>	<b>865380023</b>	<b>Chevrolet</b>
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	
INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR
		<b>0 1</b>	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
UNIT TYPE	HAZARDOUS MATERIAL		
<b>0 1</b>	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
CLASS # PLACARD ID #			
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 99 - UNKNOWN OR HIT/SKIP			
<b>00</b>	# OF TRAILING UNITS		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <b>2</b> 1-YES 2-NO 9-OTHER/UNKNOWN			
AUTONOMOUS MODE LEVEL <b>0</b> 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN			
SPECIAL FUNCTION <b>0 1</b> 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER			
6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE			
11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL			
CARGO BODY TYPE <b>0 1</b> 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS			
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - CARGO VAN/ENCLOSED BOX 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 15 - OTHER / UNKNOWN			
VEHICLE DEFECTS <b>1</b> 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS			
4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT			
7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE			
9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT			
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			
NON-MOTORIST LOCATION AT IMPACT <b>1</b> 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 AT INCIDENT SCENE 11 - SHARED USE PATHS OR TRAILS			
12 - FIRST RESPONDER AT INCIDENT SCENE 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE			
ACTION <b>4</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <b>0 1</b> 4 - PRE-CRASH 5 - BOTH STRIKING & STRUCK 6 - MAKING LEFT TURN			
7 - STRAIGHT AHEAD 8 - BACKING 9 - CHANGING LANES 10 - OVERTAKING/PASSING 11 - MAKING RIGHT TURN			
12 - MAKING U-TURN 13 - LEAVING TRAFFIC LANE 14 - PARKED 15 - SLOWING OR STOPPED IN TRAFFIC 16 - DRIVERLESS			
17 - ENTERING TRAFFIC LANE 18 - LEAVING TRAFFIC LANE 19 - SLOWING OR STOPPED IN TRAFFIC 20 - DRIVING REVERSE			
21 - APPROACHING OR LEAVING VEHICLE 22 - NOT STANDING 23 - WORKING 24 - PUSHING VEHICLE			
25 - APPROACHING OR LEAVING VEHICLE 26 - NOT STANDING 27 - WORKING 28 - PUSHING VEHICLE			
29 - APPROACHING OR LEAVING VEHICLE 30 - NOT STANDING 31 - WORKING 32 - PUSHING VEHICLE			
33 - APPROACHING OR LEAVING VEHICLE 34 - NOT STANDING 35 - WORKING 36 - PUSHING VEHICLE			
37 - APPROACHING OR LEAVING VEHICLE 38 - NOT STANDING 39 - WORKING 40 - PUSHING VEHICLE			
41 - APPROACHING OR LEAVING VEHICLE 42 - NOT STANDING 43 - WORKING 44 - PUSHING VEHICLE			
45 - APPROACHING OR LEAVING VEHICLE 46 - NOT STANDING 47 - WORKING 48 - PUSHING VEHICLE			
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321 - APPROACHING OR LEAVING VEHICLE 322 - NOT STANDING 323 - WORKING 324 - PUSHING VEHICLE			
325 - APPROACHING OR LEAVING VEHICLE 326 - NOT STANDING 327 - WORKING 328 - PUSHING VEHICLE			
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489 - APPROACHING OR LEAVING VEHICLE 490 - NOT STANDING 491 - WORKING 492 - PUSHING VEHICLE			
493 - APPROACHING OR LEAVING VEHICLE 494 - NOT STANDING 495 - WORKING 496 - PUSHING VEHICLE			
497 - APPROACHING OR LEAVING VEHICLE 498 - NOT STANDING 499 - WORKING 500 - PUSHING VEHICLE			
501 - APPROACHING OR LEAVING VEHICLE 502 - NOT STANDING 503 - WORKING 504 - PUSHING VEHICLE			
505 - APPROACHING OR LEAVING VEHICLE 506 - NOT STANDING 507 - WORKING 508 - PUSHING VEHICLE			
509 - APPROACHING OR LEAVING VEHICLE 510 - NOT STANDING 511 - WORKING 512 - PUSHING VEHICLE			
513 - APPROACHING OR LEAVING VEHICLE 514 - NOT STANDING 515 - WORKING 516 - PUSHING VEHICLE			
517 - APPROACHING OR LEAVING VEHICLE 518 - NOT STANDING 519 - WORKING 520 - PUSHING VEHICLE			
521 - APPROACHING OR LEAVING VEHICLE 522 - NOT STANDING 523 - WORKING 524 - PUSHING VEHICLE			
525 - APPROACHING OR LEAVING VEHICLE 526 - NOT STANDING 527 - WORKING 528 - PUSHING VEHICLE			
529 - APPROACHING OR LEAVING VEHICLE 530 - NOT STANDING 531 - WORKING 532 - PUSHING VEHICLE			
533 - APPROACHING OR LEAVING VEHICLE 534 - NOT STANDING 535 - WORKING 536 - PUSHING VEHICLE			
537 - APPROACHING OR LEAVING VEHICLE 538 - NOT STANDING 539 - WORKING 540 - PUSHING VEHICLE			
541 - APPROACHING OR LEAVING VEHICLE 542 - NOT STANDING 543 - WORKING 544 - PUSHING VEHICLE			
545 - APPROACHING OR LEAVING VEHICLE 546 - NOT STANDING 547 - WORKING 548 - PUSHING VEHICLE			
549 - APPROACHING OR LEAVING VEHICLE 550 - NOT STANDING 551 - WORKING 552 - PUSHING VEHICLE			
553 - APPROACHING OR LEAVING VEHICLE 554 - NOT STANDING 555 - WORKING 556 - PUSHING VEHICLE			
557 - APPROACHING OR LEAVING VEHICLE 558 - NOT STANDING 559 - WORKING 560 - PUSHING VEHICLE			
561 - APPROACHING OR LEAVING VEHICLE 562 - NOT STANDING 563 - WORKING 564 - PUSHING VEHICLE			
565 - APPROACHING OR LEAVING VEHICLE 566 - NOT STANDING 567 - WORKING 568 - PUSHING VEHICLE			
569 - APPROACHING OR LEAVING VEHICLE 570 - NOT STANDING 571 - WORKING 			

UNIT # <b>0 2</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER)
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER)		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE			
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #		COLOR	VEHICLE MODEL			
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME					
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS <b>0 1</b>	VEHICLE WEIGHT GVWR/GCW 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD				
UNIT TYPE <b>0 1</b>		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 UNITTRUCK 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						1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION <input type="checkbox"/> 1 - DRIVER ASSISTANCE <input type="checkbox"/> 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION <input type="checkbox"/> 4 - HIGH AUTOMATION <input type="checkbox"/> 5 - FULL AUTOMATION	9 - UNKNOWN		
<input type="checkbox"/> 1-YES <input type="checkbox"/> 2-NO <input type="checkbox"/> 9-OTHER/UNKNOWN		AUTONOMOUS MODE LEVEL				
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	
CARGO BODY TYPE		1 - NO CARGO BODYTYPE /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 - CARGOTANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
VEHICLE DEFECTS		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER / UNKNOWN

NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN
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ACTION		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	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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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

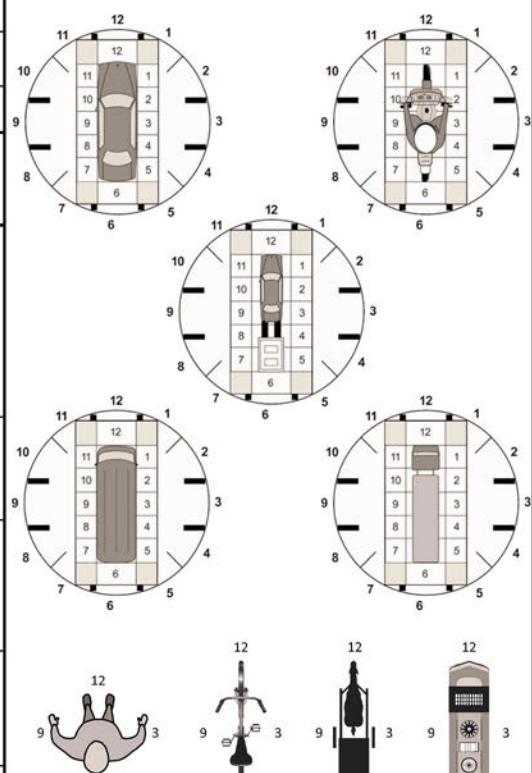
1 <b>2 0</b>		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 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 <b>1 1</b>		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

LOCAL REPORT NUMBER  
**2 0 2 6 - 0 0 0 0 0 7 1 3**

DAMAGE	
DAMAGE SCALE	
<b>9</b>	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN
3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	

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	
<b>1 2</b>	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP
14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	

TRAFFICWAY FLOW <b>2</b>	TRAFFIC CONTROL 1 - ONE-WAY 2 - TWO-WAY
# OF THROUGH LANES ON ROAD <b>4</b>	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION FROM <b>4</b> TO <b>1</b>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
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UNIT SPEED	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	<b>3 5</b>

**INJURED TAKEN BY**

1- NOT TRANSPORTED /TREATED AT SCENE  
2- EMS  
3- POLICE  
9- OTHER / UNKNOWN

**SAFETY EQUIPMENT**

1- NONE USED  
2- SHOULDER BELT ONLY USED  
3- LAP BELT ONLY USED  
4- SHOULDER & LAP BELT USED  
5- CHILD RESTRAINT SYSTEM - FORWARD FACING  
6- CHILD RESTRAINT SYSTEM - REAR FACING  
7- BOOSTER SEAT  
8- HELMET USED  
9- PROTECTIVE PADS USED (ELBOW KNEES, ETC.)  
10- REFLECTIVE CLOTHING  
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY  
99- OTHER / UNKNOWN

LOCAL REPORT NUMBER  
2 0 2 6 - 0 0 0 0 0 7 1 3

UNIT #	NAME: LAST, FIRST, MIDDLE <b>0 1 LAKSIRI, SOUIANE</b>					DATE OF BIRTH <b>0 5 1 5 1 9 9 7</b>	AGE <b>2 8</b>	GENDER <b>M</b>	
ADDRESS: STREET, CITY, STATE, ZIP <b>1840 RHODES RD 459, Kent, OH 44240</b>					CONTACT PHONE - INCLUDE AREA CODE <b>REDACTED PER ORC 149.43(A)(1)</b>				
INJURIES <b>5</b>	INJURED TAKEN BY <b> </b>	EMS AGENCY (NAME) <b> </b>	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY) <b> </b>	SAFETY EQUIPMENT USED <b>0 4</b>	DOT-COMPLIANT MC HELMET <input type="checkbox"/>	SEATING POSITION <b>0 1</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
OL STATE <b>O H</b>	OPERATOR LICENSE NUMBER <b>REDACTED PER ORC 4501:1-12</b>		OFFENSE CHARGED <b> </b>	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION <b> </b>		CITATION NUMBER <b> </b>		
OL CLASS <b>4</b>	ENDORSEMENT SELECT UP TO 2 <b> </b>	RESTRICTION SELECT UP TO 3 <b> </b>	DRIVER DISTRACTED BY <b>1</b>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <b>1</b>	ALCOHOL TEST STATUS <b>1</b> TYPE <b>1</b> VALUE <b> </b>	DRUG TEST(S) STATUS <b>1</b> TYPE <b>1</b> RESULT SELECT UP TO 4 <b> </b>		
UNIT # <b>0 2</b>	NAME: LAST, FIRST, MIDDLE <b>UNKNOWN</b>					DATE OF BIRTH <b> </b>	AGE <b> </b>	GENDER <b> </b>	
ADDRESS: STREET, CITY, STATE, ZIP <b> </b>					CONTACT PHONE - INCLUDE AREA CODE <b> </b>				
INJURIES <b>5</b>	INJURED TAKEN BY <b> </b>	EMS AGENCY (NAME) <b> </b>	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY) <b> </b>	SAFETY EQUIPMENT USED <b>9 9</b>	DOT-COMPLIANT MC HELMET <input type="checkbox"/>	SEATING POSITION <b>0 1</b>	AIR BAG USAGE <b>9</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
OL STATE <b> </b>	OPERATOR LICENSE NUMBER <b> </b>		OFFENSE CHARGED <b> </b>	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION <b> </b>		CITATION NUMBER <b> </b>		
OL CLASS <b> </b>	ENDORSEMENT SELECT UP TO 2 <b> </b>	RESTRICTION SELECT UP TO 3 <b> </b>	DRIVER DISTRACTED BY <b>9</b>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <b>9</b>	ALCOHOL TEST STATUS <b>1</b> TYPE <b>1</b> VALUE <b> </b>	DRUG TEST(S) STATUS <b>1</b> TYPE <b>1</b> RESULT SELECT UP TO 4 <b> </b>		
UNIT # <b> </b>	NAME: LAST, FIRST, MIDDLE <b> </b>					DATE OF BIRTH <b> </b>	AGE <b> </b>	GENDER <b> </b>	
ADDRESS: STREET, CITY, STATE, ZIP <b> </b>					CONTACT PHONE - INCLUDE AREA CODE <b> </b>				
INJURIES <b> </b>	INJURED TAKEN BY <b> </b>	EMS AGENCY (NAME) <b> </b>	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY) <b> </b>	SAFETY EQUIPMENT USED <b> </b>	DOT-COMPLIANT MC HELMET <input type="checkbox"/>	SEATING POSITION <b> </b>	AIR BAG USAGE <b> </b>	EJECTION <b> </b>	TRAPPED <b> </b>
OL STATE <b> </b>	OPERATOR LICENSE NUMBER <b> </b>		OFFENSE CHARGED <b> </b>	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION <b> </b>		CITATION NUMBER <b> </b>		
OL CLASS <b> </b>	ENDORSEMENT SELECT UP TO 2 <b> </b>	RESTRICTION SELECT UP TO 3 <b> </b>	DRIVER DISTRACTED BY <b> </b>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <b> </b>	ALCOHOL TEST STATUS <b> </b> TYPE <b> </b> VALUE <b> </b>	DRUG TEST(S) STATUS <b> </b> TYPE <b> </b> RESULT SELECT UP TO 4 <b> </b>		
<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 2- SUSPECTED SERIOUS INJURY 3- SUSPECTED MINOR INJURY 4- POSSIBLE INJURY 5- NO APPARENT INJURY	1- FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2- FRONT - MIDDLE 3- FRONT - RIGHT SIDE 4- SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5- SECOND - MIDDLE 6- SECOND - RIGHT SIDE 7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8- THIRD - MIDDLE 9- THIRD - RIGHT SIDE 10- SLEEPER SECTION OF TRUCK CAB	1- NOT DEPLOYED 2- DEPLOYED FRONT 3- DEPLOYED SIDE 4- DEPLOYED BOTH FRONT / SIDE 5- NOT APPLICABLE 9- DEPLOYMENT UNKNOWN	1- CLASS A 2- CLASS B 3- CLASS C 4- REGULAR CLASS (OHIO = D) 5- M/C MOPED ONLY 6- NO VALID OL 7- NO VALID OL	1- ALCOHOL INTERLOCK DEVICE 2- CDL INTRASTATE ONLY 3- CORRECTIVE LENSES 4- FARM WAIVER 5- EXCEPT CLASS A BUS 6- EXCEPT CLASS A & CLASS B BUS 7- EXCEPT TRACTOR-TRAILER 8- INTERMEDIATE LICENSE RESTRICTIONS 9- LEARNER'S PERMIT RESTRICTIONS 10- LIMITED TO DAYLIGHT ONLY 11- LIMITED TO EMPLOYMENT 12- LIMITED - OTHER 13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14- MILITARY VEHICLES ONLY 15- MOTOR VEHICLES WITHOUT AIR BRAKES 16- OUTSIDE MIRROR 17- PROSTHETIC AID 18- OTHER	1- NOT DISTRACTED 2- MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3- TALKING ON HAND-Held COMMUNICATION DEVICE 4- TALKING ON HAND-HELD COMMUNICATION DEVICE 5- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6- PASSENGER 7- OTHER DISTRACTION INSIDE THE VEHICLE 8- OTHER DISTRACTION OUTSIDE THE VEHICLE 9- OTHER / UNKNOWN	1- NONE GIVEN 2- TEST REFUSED 3- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4- TEST GIVEN, RESULTS KNOWN 5- TEST GIVEN, RESULTS UNKNOWN			
		<b>EJECTION</b>	<b>OL ENDORSEMENT</b>			<b>ALCOHOL TEST TYPE</b>			
		1- NOT EJECTED 2- PARTIALLY EJECTED 3- TOTALLY EJECTED 4- NOT APPLICABLE	H- HAZMAT M- MOTORCYCLE P- PASSENGER N- TANKER Q- MOTOR SCOOTER			1- NONE 2- BLOOD 3- URINE 4- BREATH 5- OTHER			
		<b>TRAPPED</b>				<b>DRUG TEST TYPE</b>			
		1- NOT TRAPPED 2- EXTRICATED BY MECHANICAL MEANS 3- FREED BY NON-MECHANICAL MEANS	R- THREE-WHEEL MOTORCYCLE S- SCHOOL BUS T- DOUBLE & TRIPLE TRAILERS X- TANKER / HAZMAT			1- NONE 2- BLOOD 3- URINE 4- OTHER			
			<b>GENDER</b>			<b>DRUG TEST RESULT(S)</b>			
			F- FEMALE M- MALE U- OTHER / UNKNOWN			1- AMPHETAMINES 2- BARBITURATES 3- BENZODIAZEPINES 4- CANNABINOIDs 5- COCAINE 6- OPIATES / OPIOIDS 7- OTHER 8- NEGATIVE RESULTS			