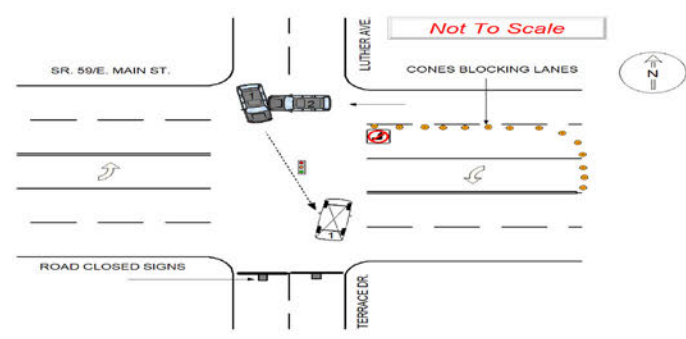
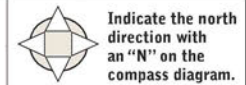


<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> PRIVATE PROPERTY	<input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	LOCAL INFORMATION REPORTING AGENCY NAME* <b>City of Kent Police</b>		NCIC* <b>06703</b>		LOCAL REPORT NUMBER* <b>2023-00005996</b>		HIT/SKIP 1 - SOLVED 2 - UNSOLVED <b>0 2</b>		NUMBER OF UNITS <b>0 2</b>		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN <b>0 2</b>	
COUNTY* <b>6 7</b>		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP <b>1</b>		LOCATION: CITY, VILLAGE, TOWNSHIP* <b>Kent</b>		CRASH DATE / TIME* <b>04182023/1545</b>		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY <b>5</b>							
ROUTE TYPE <b>S R</b>		ROUTE NUMBER <b>59</b>		PREFIX N - NORTH S - SOUTH E - EAST W - WEST <b>3</b>		LOCATION ROAD NAME <b>MAIN</b>		ROAD TYPE <b>S T</b>		LATITUDE DECIMAL DEGREES <b>41.153727</b>		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED			
ROUTE TYPE <b>A V</b>		ROUTE NUMBER <b>0 1</b>		PREFIX N - NORTH S - SOUTH E - EAST W - WEST <b>6</b>		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>LUTHER</b>		ROAD TYPE <b>A V</b>		LONGITUDE DECIMAL DEGREES <b>-81.354090</b>					
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # <b>1</b>		DIRECTION FROM REFERENCE N - NORTH S - SOUTH E - EAST W - WEST <b>1</b>		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 OV - OVAL 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 <b>0 1</b>		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS <b>0 1</b>		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 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN <b>6</b>		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN <b>6</b>		DIRECTION OF TRAVEL N - NORTH S - SOUTH E - EAST W - WEST <b>1</b>		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 <b>2</b>					
<input checked="" 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 <b>1</b>		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA <b>4</b>		CONTOUR <b>1</b> 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		CONDITIONS <b>1</b> 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE <b>2</b> 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN					
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN <b>1</b>		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN <b>0 2</b>		NARRATIVE <b>UNIT 1 WAS MAKING A LEFT TURN FROM LUTHER AVE. ONTO E. MAIN ST. UNIT 2 WAS TRAVELING WESTBOUND ON E. MAIN ST. IN THE CURB LANE. THE CENTER WESTBOUND LANE AND THE WESTBOUND LEFT TURN LANE WERE CLOSED DUE TO CONSTRUCTION. UNIT 2 RAN THE RED LIGHT AND STRUCK UNIT 1 ON THEIR DRIVER'S SIDE. AS A RESULT OF THE COLLISION, UNIT 1 OVERTURNED, COMING TO REST ON ITS ROOF WITHIN THE INTERSECTION.</b>											
CRASH REPORTED DATE / TIME <b>04182023/1545</b>		DISPATCH DATE / TIME <b>04182023/1546</b>		ARRIVAL DATE / TIME <b>04182023/1550</b>		SCENE CLEARED DATE / TIME <b>04182023/1644</b>		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS)							
TOTAL TIME ROADWAY CLOSED <b>0 5 0</b>		OTHER INVESTIGATION TIME <b>0 6 0</b>		TOTAL MINUTES <b>1 1 8</b>		OFFICER'S NAME* <b>Bowen, Jared</b>		CHECKED BY OFFICER'S NAME* <b>Bowen, Jared</b>							
OFFICER'S BADGE NUMBER* <b>2 1 4</b>		CHECKED BY OFFICER'S BADGE NUMBER* <b>2 1 4</b>													



OWNER

VEHICLE

EVENT(S)

**UNIT #** 01 **OWNER NAME:** LAST, FIRST, MIDDLE (☒ SAME AS DRIVER)  
**KUTOLOWSKI, MADELYN, MAY**

**OWNER PHONE:** INCLUDE AREA CODE (☒ SAME AS DRIVER)  
Redacted per ORC 149.43(A)(1)

**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER)  
**129 UNIVERSITY DR, Kent, OH 44240**

**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP

**COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

**LP STATE** OH **LICENSE PLATE #** JJS1313 **VEHICLE IDENTIFICATION #** KL4MMESL6MB104040 **VEHICLE YEAR** 2021 **VEHICLE MAKE** Buick

**INSURANCE VERIFIED** **INSURANCE COMPANY** STATE FARM **INSURANCE POLICY #** C201888C1535B **COLOR** BLK **VEHICLE MODEL** Encore

**COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #** \_\_\_\_\_ **TOWED BY: COMPANY NAME** City Service

**INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **#OCCUPANTS** 01 **VEHICLE WEIGHT GVWR/GCWR**  
1 - <10K LBS.  
2 - 10,001 - 26K LBS.  
3 - >26K LBS.

**HAZARDOUS MATERIAL**  
 **MATERIAL RELEASED** **CLASS #** \_\_\_\_\_ **PLACARD ID #** \_\_\_\_\_  
 **PLACARD** \_\_\_\_\_

**UNIT TYPE**  
03  
1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
6 - VAN (9-15 SEATS) 17 - MOTORHOME

**# OF TRAILING UNITS** 0

**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?**  
2 1 - YES 2 - NO 9 - OTHER / UNKNOWN **AUTONOMOUS MODE LEVEL**  
0 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 5 - FULL AUTOMATION

**SPECIAL FUNCTION** 01  
1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

**CARGO BODY TYPE** 01  
1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTOTRANSPORTER  
7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

**VEHICLE DEFECTS**  
1 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

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

**ACTION** 4 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 06 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

**CONTRIBUTING CIRCUMSTANCES** 01  
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 20 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
2 01 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER  
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT  
3 - \_\_\_\_\_

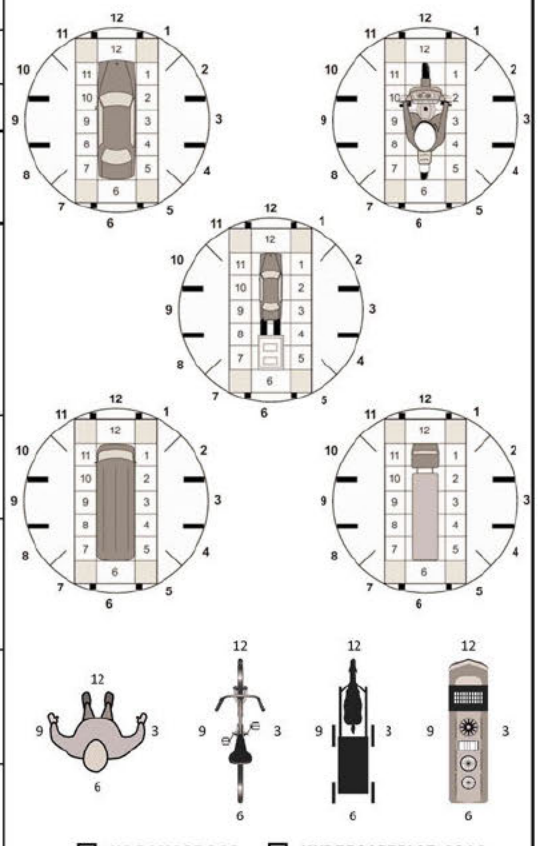
**COLLISION WITH FIXED OBJECT - STRUCK**  
4 \_\_\_\_\_ 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
5 \_\_\_\_\_ 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
6 \_\_\_\_\_ 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN  
49 - FIRE HYDRANT

**FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT** 1

**LOCAL REPORT NUMBER**  
2023-00005996

**DAMAGE**  
**DAMAGE SCALE**  
4 1 - NONE 3 - FUNCTIONAL DAMAGE  
2 - MINOR 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**  
09 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
99 - UNKNOWN  
13 - TOP

**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** 4 **RAIL GRADE CROSSING** 1  
1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

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

**UNIT SPEED** 015 **DETECTED SPEED** 1  
1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED

**POSTED SPEED** 25

**OWNER**  
**UNIT #** 02 **OWNER NAME:** LAST, FIRST, MIDDLE (SAME AS DRIVER) **ROSENBLUM, THOMAS, BARRY**  
**OWNER PHONE:** INCLUDE AREA CODE (SAME AS DRIVER) **Redacted per ORC 149.43(A)(1)**  
**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (SAME AS DRIVER)  
**200 TONAWANDA TRL SW, HARTVILLE, OH 44632**  
**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

**LP STATE** OH **LICENSE PLATE #** HGK8971 **VEHICLE IDENTIFICATION #** JNKAJ09F08MB56119 **VEHICLE YEAR** 2008 **VEHICLE MAKE** Infiniti  
 **INSURANCE VERIFIED** **INSURANCE COMPANY** GEICO **INSURANCE POLICY #** 4048709978 **COLOR** BRO **VEHICLE MODEL** EX35  
 **COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #** **VEHICLE WEIGHT GVWR/GCWR**  
 **INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **#OCCUPANTS** 01  
**TYPE OF USE**  **COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **TOWED BY: COMPANY NAME** Bakers Towing  
 **HAZARDOUS MATERIAL**  **MATERIAL RELEASED**  **PLACARD** **CLASS #** **PLACARD ID #**

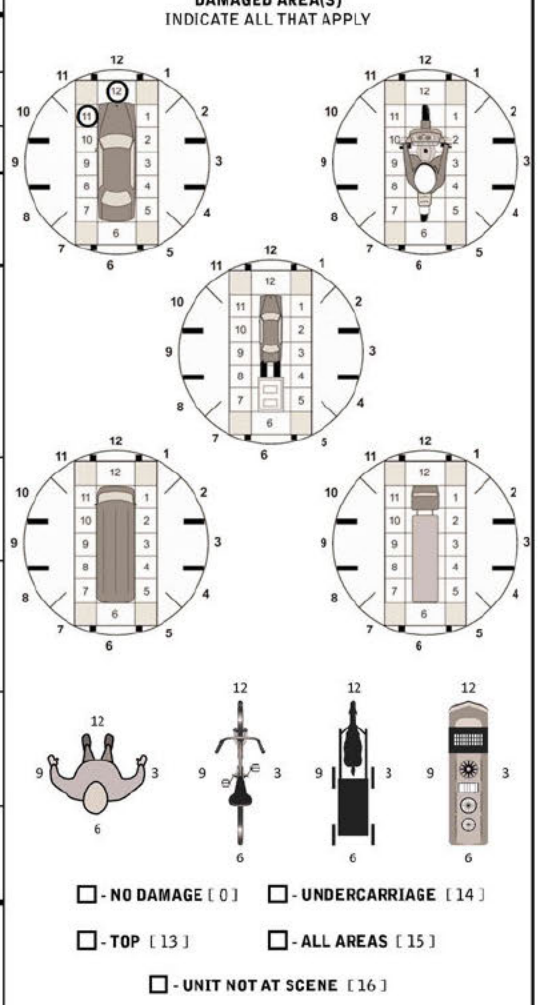
**UNIT TYPE** 03  
**# OF TRAILING UNITS** 0  
**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?** 2  
**AUTONOMOUS MODE LEVEL** 0  
**SPECIAL FUNCTION** 01  
**CARGO BODY TYPE** 01  
**VEHICLE DEFECTS** 01

**NON-MOTORIST LOCATION AT IMPACT** 01  
**ACTION** 03  
**CONTRIBUTING CIRCUMSTANCES** 03  
**SEQUENCE OF EVENTS** 120  
**NON-COLLISION**  
**COLLISION WITH FIXED OBJECT - STRUCK**

**EVENT(S)**  
**SEQUENCE OF EVENTS**  
**NON-COLLISION**  
**COLLISION WITH FIXED OBJECT - STRUCK**  
**FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT** 1

**LOCAL REPORT NUMBER**  
 2023 - 00005996

**DAMAGE**  
**DAMAGE SCALE**  
 4 1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
 9 - UNKNOWN



**INITIAL POINT OF CONTACT**  
 12 12 12  
 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

**TRAFFIC**  
**TRAFFICWAY FLOW** 2  
**TRAFFIC CONTROL** 2  
**# OF THROUGH LANES ON ROAD** 4  
**RAIL GRADE CROSSING** 1

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

**UNIT SPEED** 020  
**POSTED SPEED** 35  
**DETECTED SPEED** 1  
 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 3 - 0 0 0 0 5 9 9 6

<b>UNIT #</b> 0 1	<b>NAME: LAST, FIRST, MIDDLE</b> KUTOLOWSKI, MADELYN, MAY		<b>DATE OF BIRTH</b> 1 0 2 1 2 0 0 0		<b>AGE</b> 2 2	<b>GENDER</b> F				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 129 UNIVERSITY DR ,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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 1	<b>AIR BAG USAGE</b> 3	<b>EJECTION</b> 1	<b>TRAPPED</b> 3	
<b>OL STATE</b> O H	<b>OPERATOR LICENSE NUMBER</b> Redacted per ORC 4501:1-12		<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>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> 0 3	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS: 1 1 TYPE: 1 VALUE: .		<b>DRUG TEST(S)</b> STATUS: 1 1 TYPE: 1 RESULT: SELECT UP TO 4	

<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> ROSENBLUM, EMMA, MARGARET		<b>DATE OF BIRTH</b> 0 2 2 6 2 0 0 3		<b>AGE</b> 2 0	<b>GENDER</b> F				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 200 TONAWANDA TRL SW ,HARTVILLE ,OH 44632				<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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>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> 313.03C1	<b>LOCAL CODE</b> <input checked="" type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> Traffic Control Sign		<b>CITATION NUMBER</b> 25896			
<b>OL CLASS</b> 4	<b>ENDORSEMENT SELECT UP TO 2</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b> 5	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS: 1 1 TYPE: 1 VALUE: .		<b>DRUG TEST(S)</b> STATUS: 1 1 TYPE: 1 RESULT: SELECT UP TO 4	

<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>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>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</b> <input type="checkbox"/>	<b>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</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b> STATUS: TYPE: VALUE:		<b>DRUG TEST(S)</b> STATUS: TYPE: RESULT: SELECT UP TO 4	

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
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 (OHID - D) 5 - MC MOPED ONLY 6 - 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 HANDS-FREE 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 / UNSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY	EJECTION		OL ENDORSEMENT	ALCOHOL TEST TYPE		
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER			
SAFETY EQUIPMENT	TRAPPED		GENDER	DRUG TEST TYPE		
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	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	F - FEMALE M - MALE U - OTHER / UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER			
				DRUG TEST RESULT(S)		
				1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS		

# OCCUPANT / WITNESS ADDENDUM

**LOCAL REPORT NUMBER**  
**2 0 2 3 - 0 0 0 0 5 9 9 6**

<b>OCCUPANT</b>	<b>UNIT #</b> _____ <b>NAME:</b> LAST, FIRST, MIDDLE _____	<b>DATE OF BIRTH</b> _____	<b>AGE</b> _____	<b>GENDER</b> _____	
	<b>ADDRESS:</b> STREET, CITY, STATE, ZIP _____		<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> _____
		<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> _____	<b>AIR BAG USAGE</b> _____	
			<b>EJECTION</b> _____	<b>TRAPPED</b> _____	

<b>INJURIES</b>	<b>SAFETY EQUIPMENT USED</b>	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - NONE USED - VEHICLE OCCUPANT 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	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 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
<b>INJURED TAKEN BY</b>			<b>EJECTION</b>
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN			1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE
<b>GENDER</b>			<b>TRAPPED</b>
F - FEMALE M - MALE U - OTHER / UNKNOWN			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS

<b>NAME:</b> LAST, FIRST, MIDDLE <b>MCCOOL, EMMI, LEE</b>	<b>DATE OF BIRTH</b> _____	<b>AGE</b> _____	<b>GENDER</b> _____
<b>ADDRESS:</b> STREET, CITY, STATE, ZIP <b>1461 SHEPPERTON DR, WADSWORTH, OH 44281</b>	<b>CONTACT PHONE - INCLUDE AREA CODE</b> Redacted per ORC 149.43(A)(1)		

<b>NAME:</b> LAST, FIRST, MIDDLE <b>REHS, SOFIA, CARMELLA</b>	<b>DATE OF BIRTH</b> _____	<b>AGE</b> _____	<b>GENDER</b> _____
<b>ADDRESS:</b> STREET, CITY, STATE, ZIP <b>821 TAYLOR AVE, Cuyahoga Falls, OH 44221</b>	<b>CONTACT PHONE - INCLUDE AREA CODE</b> Redacted per ORC 149.43(A)(1)		

<b>NAME:</b> LAST, FIRST, MIDDLE _____	<b>DATE OF BIRTH</b> _____	<b>AGE</b> _____	<b>GENDER</b> _____
<b>ADDRESS:</b> STREET, CITY, STATE, ZIP _____	<b>CONTACT PHONE - INCLUDE AREA CODE</b> _____		

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 23-5996	REPORTING AGENCY Kent Police Dept.	DATE OF CRASH M 4 10/18 1123
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Emmi McCool (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
Sgt. Ryan #214 (OFFICER'S NAME) AT E. Main St. / Luther Ave. (LOCATION)

I was sitting at the ~~center of Luther Ave~~ and light on E main st waiting to turn left on to Luther Ave. My light was red & I saw the Black SUV attempting to make a left turn & a black SUV heading west on E main st driving very fast ran the red light smashing into the SUV trying to turn. The SUV flipped and I got out of my car & ran up to make sure driver was okay as I approached her vehicle she was climbing out the back door on the driver side of the car & helped her out of the car.

ADDRESS OF WITNESS 1761 Shepperton Dr. Wadsworth OH 44281	PHONE Redacted per ORC 149.43(A)(1)
SIGNATURE OF WITNESS Emmi McCool	OFFICER'S SIGNATURE Sgt. Ryan #214

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <b>23-5996</b>	REPORTING AGENCY <b>Kent Police Dept.</b>	DATE OF CRASH M <b>4</b> / D <b>18</b> / Y <b>23</b>
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Sofia Rehs (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
Sgt. Brown #214 (OFFICERS NAME) AT E. Main / Luther Ave. (LOCATION)

I was sitting at the light on Luther Ave. when it turned green. A car in front was turning left onto E. Main. As the car was turning a car going west ran their red light at a high speed and slammed into the turning car. The turning car then flipped, the other car stopped. I went over to the overturned car and the driver was standing and appeared physically okay.

ADDRESS OF WITNESS <b>500 Golden Oaks Dr. Bldg. K Apt. 1108</b>	PHONE <b>Redacted per ORC 149.43(A)(1)</b>
SIGNATURE OF WITNESS <i>[Signature]</i>	OFFICERS SIGNATURE <b>Sgt. Brown #214</b>