

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 checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION			LOCAL REPORT NUMBER*			
		REPORTING AGENCY NAME* City of Kent Police			NCIC*	HIT/SKIP	NUMBER OF UNITS	
					06703	1 - SOLVED 2 - UNSOLVED	0 2	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*		CRASH SEVERITY	
6 7	1	1-CITY 2-VILLAGE 3-TOWNSHIP Kent			01112026/1321		1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME RIVER		ROAD TYPE	LATITUDE DECIMAL DEGREES 41.152611		
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) MAIN		ROAD TYPE	LONGITUDE DECIMAL DEGREES -81.361485		
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED				
1 - INTERSECTION 1 2 - MILE POST 3 - HOUSE #	2	IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES	
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	ROUTE TYPE	ROAD TYPE	ROADWAY				
3 0 0	2	CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input type="checkbox"/> ROADWAY DIVIDED		
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT					
1 - ON ROADWAY 0 1 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	6	1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT	4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER/UNKNOWN	DIRECTION OF TRAVEL	MEDIAN TYPE		
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE	WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	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		
LIGHT CONDITION			WEATHER	2	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	2		
1 - DAYLIGHT 1 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	0 2	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	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN			
NARRATIVE				 UNIT 1 WAS DRIVING NORTHBOUND ON S RIVER ST IN THE LEFT LANE. UNIT 2 WAS DRIVING NORTHBOUND ON S RIVER ST IN THE RIGHT LANE. UNIT 2 ATTEMPTED TO TURN LEFT INTO A PRIVATE DRIVE NOT YIELDING TO TRAFFIC IN THE OTHER NORTHBOUND LANE. UNIT 2 STRUCK UNIT 1.				
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		
01112026/1321		01112026/1322		01112026/1325		01112026/1344		
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		REPORT TAKEN BY		
0 0 0		0 1 0		0 3 2		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST		
OFFICER'S NAME*		OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S NAME*		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)		
Driscoll, Sean D		2 2 0		Short, Jason M				
				CHECKED BY OFFICER'S BADGE NUMBER*				
				2 2 8				

UNIT # **0 1** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)

1867 43 , Suffield , OH 44260

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

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

REDACTED PER ORC 149.43(A)(1)

LP STATE **O H** LICENSE PLATE # **GKA4300**

INSURANCE VERIFIED

INSURANCE COMPANY

VEHICLE IDENTIFICATION # **1C4AJWA8FL577740**

INSURANCE POLICY #

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE YEAR **2015**

VEHICLE MAKE **Jeep**

COLOR **GRN**

VEHICLE MODEL **WRANGLER**

TYPE OF USE
COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT **0 1**

UNIT TYPE **0 3**

4 - PICKUP

5 - CARGO VAN

6 - VAN (9-15 SEATS)

3 - SPORT UTILITY VEHICLE

11 - ALL TERRAIN VEHICLE (ATV/UTV)

2 - PASSENGER VAN (MINIVAN)

8 - MOTORCYCLE 3-WHEELED

9 - AUTO CYCLE

10 - MOPED OR MOTORIZED BICYCLE

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

00 # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

1 - YES 2 - NO 9 - OTHER/UNKNOWN

0 AUTONOMOUS MODE LEVEL

0 - NO AUTOMATION

1 - DRIVER ASSISTANCE

2 - PARTIAL AUTOMATION

3 - CONDITIONAL AUTOMATION

4 - HIGH AUTOMATION

5 - FULL AUTOMATION

01 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 - 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

01 CARGO BODY TYPE

1 - NO CARGO BODY TYPE / NOT APPLICABLE

2 - BUS

3 - LOGGING

4 - CARGO VAN/ENCLOSED BOX

5 - CARGO VAN/ENCLOSED BOX

6 - GRAIN/CHIPS/GRAVEL

7 - INTERMODAL CONTAINER CHASSIS

8 - POLE

9 - CARGO TANK

10 - FLAT BED

11 - DUMP

12 - CONCRETE MIXER

13 - AUTOTRPORTER

14 - GARBAGE/REFUSE

15 - OTHER / UNKNOWN

01 VEHICLE DEFECTS

1 - TURN SIGNALS

2 - HEAD LAMPS

3 - TAIL LAMPS

4 - BRAKES

5 - STEERING

6 - TIRES

7 - WORN OR SLICK TIRES

8 - TRAILER EQUIPMENT DEFECTIVE

9 - MOTOR TROUBLE

10 - DISABLED FROM PRIOR ACCIDENT

11 - TURN SIGNALS

12 - HEAD LAMPS

13 - TAIL LAMPS

14 - BRAKES

15 - STEERING

16 - TIRES

17 - WORN OR SLICK TIRES

18 - TRAILER EQUIPMENT DEFECTIVE

19 - MOTOR TROUBLE

20 - DISABLED FROM PRIOR ACCIDENT

21 - TURN SIGNALS

22 - HEAD LAMPS

23 - TAIL LAMPS

24 - BRAKES

25 - STEERING

26 - TIRES

27 - WORN OR SLICK TIRES

28 - TRAILER EQUIPMENT DEFECTIVE

29 - MOTOR TROUBLE

30 - DISABLED FROM PRIOR ACCIDENT

31 - TURN SIGNALS

32 - HEAD LAMPS

33 - TAIL LAMPS

34 - BRAKES

35 - STEERING

36 - TIRES

37 - WORN OR SLICK TIRES

38 - TRAILER EQUIPMENT DEFECTIVE

39 - MOTOR TROUBLE

40 - DISABLED FROM PRIOR ACCIDENT

41 - TURN SIGNALS

42 - HEAD LAMPS

43 - TAIL LAMPS

44 - BRAKES

45 - STEERING

46 - TIRES

47 - WORN OR SLICK TIRES

48 - TRAILER EQUIPMENT DEFECTIVE

49 - MOTOR TROUBLE

50 - DISABLED FROM PRIOR ACCIDENT

51 - TURN SIGNALS

52 - HEAD LAMPS

53 - TAIL LAMPS

54 - BRAKES

55 - STEERING

56 - TIRES

57 - WORN OR SLICK TIRES

58 - TRAILER EQUIPMENT DEFECTIVE

59 - MOTOR TROUBLE

60 - DISABLED FROM PRIOR ACCIDENT

61 - TURN SIGNALS

62 - HEAD LAMPS

63 - TAIL LAMPS

64 - BRAKES

65 - STEERING

66 - TIRES

67 - WORN OR SLICK TIRES

68 - TRAILER EQUIPMENT DEFECTIVE

69 - MOTOR TROUBLE

70 - DISABLED FROM PRIOR ACCIDENT

71 - TURN SIGNALS

72 - HEAD LAMPS

73 - TAIL LAMPS

74 - BRAKES

75 - STEERING

76 - TIRES

77 - WORN OR SLICK TIRES

78 - TRAILER EQUIPMENT DEFECTIVE

79 - MOTOR TROUBLE

80 - DISABLED FROM PRIOR ACCIDENT

81 - TURN SIGNALS

82 - HEAD LAMPS

83 - TAIL LAMPS

84 - BRAKES

85 - STEERING

86 - TIRES

87 - WORN OR SLICK TIRES

88 - TRAILER EQUIPMENT DEFECTIVE

89 - MOTOR TROUBLE

90 - DISABLED FROM PRIOR ACCIDENT

91 - TURN SIGNALS

92 - HEAD LAMPS

93 - TAIL LAMPS

94 - BRAKES

95 - STEERING

96 - TIRES

97 - WORN OR SLICK TIRES

98 - TRAILER EQUIPMENT DEFECTIVE

99 - MOTOR TROUBLE

00 - DISABLED FROM PRIOR ACCIDENT

01 - TURN SIGNALS

02 - HEAD LAMPS

03 - TAIL LAMPS

04 - BRAKES

05 - STEERING

06 - TIRES

07 - WORN OR SLICK TIRES

08 - TRAILER EQUIPMENT DEFECTIVE

09 - MOTOR TROUBLE

10 - DISABLED FROM PRIOR ACCIDENT

11 - TURN SIGNALS

12 - HEAD LAMPS

13 - TAIL LAMPS

14 - BRAKES

15 - STEERING

16 - TIRES

17 - WORN OR SLICK TIRES

18 - TRAILER EQUIPMENT DEFECTIVE

19 - MOTOR TROUBLE

20 - DISABLED FROM PRIOR ACCIDENT

21 - TURN SIGNALS

22 - HEAD LAMPS

23 - TAIL LAMPS

24 - BRAKES

25 - STEERING

26 - TIRES

27 - WORN OR SLICK TIRES

28 - TRAILER EQUIPMENT DEFECTIVE

29 - MOTOR TROUBLE

30 - DISABLED FROM PRIOR ACCIDENT

31 - TURN SIGNALS

32 - HEAD LAMPS

33 - TAIL LAMPS

34 - BRAKES

35 - STEERING

36 - TIRES

37 - WORN OR SLICK TIRES

38 - TRAILER EQUIPMENT DEFECTIVE

39 - MOTOR TROUBLE

40 - DISABLED FROM PRIOR ACCIDENT

41 - TURN SIGNALS

42 - HEAD LAMPS

43 - TAIL LAMPS

44 - BRAKES

45 - STEERING

46 - TIRES

47 - WORN OR SLICK TIRES

48 - TRAILER EQUIPMENT DEFECTIVE

49 - MOTOR TROUBLE

50 - DISABLED FROM PRIOR ACCIDENT

51 - TURN SIGNALS

52 - HEAD LAMPS

53 - TAIL LAMPS

54 - BRAKES

55 - STEERING

56 - TIRES

57 - WORN OR SLICK TIRES

58 - TRAILER EQUIPMENT DEFECTIVE

59 - MOTOR TROUBLE

60 - DISABLED FROM PRIOR ACCIDENT

61 - TURN SIGNALS

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)
PARR, COURTNEY, NICOLE HOLDEN		
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 654 WINKLER DR 4, WOOSTER, OH 44691		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	KUV1851	3G5DA03L47S517025	2007	Buick
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	GAINSCO	OPHA29566310-0000	RED	RENDEZVOUS
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 4	<input type="checkbox"/> MATERIAL RELEASED	CLASS #
			<input type="checkbox"/> PLACARD	PLACARD ID #

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 99 - UNKNOWN OR HIT/SKIP
0 3				
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	
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
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
0 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

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

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
3	0 6					

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
0 6					

SEQUENCE OF EVENTS

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 MOVEABLE OBJECT
1					

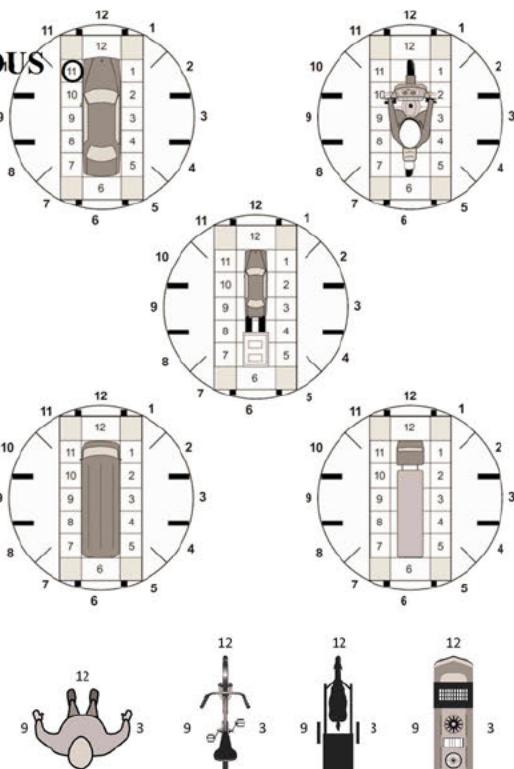
4 1 1	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER 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	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
5 1 1					

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER
2 0 2 6 - 0 0 0 0 0 4 3 6

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
13 - 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
2
RAIL GRADE CROSSING
1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

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

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

LOCAL REPORT NUMBER									
2 0 2 6 - 0 0 0 0 0 4 3 6									
					DATE OF BIRTH		AGE	GENDER	
					1 1 2 8 1 9 4 1		84	M	

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE													
	0 1	KUNKLE, WILLIAM, E													
	ADDRESS: STREET, CITY, STATE, ZIP 1867 STHY 43 , Suffield , OH 44260					CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)									
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	0 1	AIR BAG USAGE	1	EJECTION	1	TRAPPED
OL STATE O H	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	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	1	<input type="checkbox"/> ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1	<input type="checkbox"/> DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4	1	1	1	1	1	1	
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE PARR, COURTNEY, NICOLE HOLDEN					DATE OF BIRTH 0 9 0 7 1 9 8 8					AGE	GENDER F			
ADDRESS: STREET, CITY, STATE, ZIP 654 WINKLER DR 4 ,WOOSTER ,OH 44691					CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)										
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	0 1	AIR BAG USAGE	1	EJECTION	1	TRAPPED	1
OL STATE O H	OPERATOR LICENSE NUMBER REDACTED PER ORC 4501:1-12			OFFENSE CHARGED 331.14	LOCAL CODE	X	OFFENSE DESCRIPTION Signals Before Chang			CITATION NUMBER 30486					
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	1	<input type="checkbox"/> ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1	<input type="checkbox"/> DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4	1	1	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		<input type="checkbox"/> 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 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION		<input type="checkbox"/> ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1	<input type="checkbox"/> DRUG TEST(S) STATUS 1 TYPE 1 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- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	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	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	5- TEST GIVEN, RESULTS UNKNOWN									
INJURED TAKEN BY	6- SECOND - RIGHT SIDE	9- DEPLOYMENT UNKNOWN	6- NO VALID OL	6- EXCEPT CLASS A & CLASS B BUS	6- TALKING ON HAND-Held COMMUNICATION DEVICE	6- TALKING ON HAND-Held COMMUNICATION DEVICE									
1- NOT TRANSPORTED /TREATED AT SCENE	7- THRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7- EXCEPT TRACTOR-TRAILER	7- TALKING ON HAND-Held COMMUNICATION DEVICE	7- TALKING ON HAND-Held COMMUNICATION DEVICE									
2- EMS	8- THRD - MIDDLE	1- NOTEJECTED	H- HAZMAT	8- INTERMEDIATE LICENSE RESTRICTIONS	8- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	8- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE									
3- POLICE	9- THRD - RIGHT SIDE	2- PARTIALLY EJECTED	M- MOTORCYCLE	9- LEARNER'S PERMIT RESTRICTIONS	6- PASSENGER	6- PASSENGER									
9- OTHER / UNKNOWN	10- SLEEPER SECTION OF TRUCK CAB	3- TOTALLY EJECTED	P- PASSENGER	10- LIMITED TO DAYLIGHT ONLY	7- OTHER DISTRACTION INSIDE THE VEHICLE	7- OTHER DISTRACTION INSIDE THE VEHICLE									
SAFETY EQUIPMENT		4- NOTAPPLICABLE	N- TANKER	11- LIMITED TO EMPLOYMENT	8- OTHER DISTRACTION OUTSIDE THE VEHICLE	8- OTHER DISTRACTION OUTSIDE THE VEHICLE									
1- NONE USED	11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	F- FEMALE	Q- MOTOR SCOOTER	12- LIMITED - OTHER	9- OTHER / UNKNOWN	9- OTHER / UNKNOWN									
2- SHOULDER BELT ONLY USED	12- PASSENGER IN UNENCLOSED CARGO AREA	M- MALE	R- THREE-WHEEL MOTORCYCLE	13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	ALCOHOL TEST TYPE	ALCOHOL TEST TYPE									
3- LAP BELT ONLY USED	13- TRAILING UNIT	U- OTHER / UNKNOWN	S- SCHOOL BUS	14- MILITARY VEHICLES ONLY	1- NONE	1- NONE									
4- SHOULDER & LAP BELT USED	14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		T- DOUBLE & TRIPLE TRAILERS	15- MOTOR VEHICLES WITHOUT AIR BRAKES	2- BLOOD	2- BLOOD									
5- CHILD RESTRAINT SYSTEM - FORWARD FACING	15- NON-MOTORIST		X- TANKER / HAZMAT	16- OUTSIDE MIRROR	3- URINE	3- URINE									
6- CHILD RESTRAINT SYSTEM - REAR FACING	99- OTHER / UNKNOWN			17- PROSTHETIC AID	4- BREATH	4- BREATH									
7- BOOSTER SEAT				18- OTHER	5- OTHER	5- OTHER									
8- HELMET USED					CONDITION	CONDITION									
9- PROTECTIVE PADS USED (ELBOW KNEES, ETC.)					1- APPARENTLY NORMAL	1- APPARENTLY NORMAL									
10- REFLECTIVE CLOTHING					2- PHYSICAL IMPAIRMENT	2- PHYSICAL IMPAIRMENT									
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY					3- EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3- EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)									
99- OTHER / UNKNOWN					4- ILLNESS	4- ILLNESS									
					5- FELL ASLEEP, FAINTED, FATIGUED, ETC.	5- FELL ASLEEP, FAINTED, FATIGUED, ETC.									
					6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL									
					7- OTHER	7- OTHER									
					8- NEGATIVE RESULTS	8- NEGATIVE RESULTS									



OCCUPANT / WITNESS ADDENDUM

OCCUPANT

OCCUPANT

WITNESS

WITNESS

LOCAL REPORT NUMBER

2 0 2 6 - 0 0 0 0 0 4 3 6

UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
02	STIFFEND, MARIE, ANN				0 6 0 4 1 9 9 6	2 9	F		
ADDRESS: STREET, CITY, STATE, ZIP 940 NORTHGATE DRA1 ,WOOSTER ,OH 44691									
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	<input type="checkbox"/>	0 3	1	1	1
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
02	PARR, KILLIAN, R				0 4 0 8 2 0 2 0	0 5	M		
ADDRESS: STREET, CITY, STATE, ZIP 940 NORTHGATE DRA1 ,WOOSTER ,OH 44691									
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 7	<input type="checkbox"/>	0 4	1	1	1
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
02	PARR, LUNA, R				1 2 1 6 2 0 2 1	0 4	F		
ADDRESS: STREET, CITY, STATE, ZIP 940 NORTHGATE DRA1 ,WOOSTER ,OH 44691									
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 5	<input type="checkbox"/>	0 6	1	1	1
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP									
INJURIES		SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE			
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			
INJURED TAKEN BY		1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		7 - 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 EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE			
GENDER		F - FEMALE M - MALE U - OTHER / UNKNOWN		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 TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			
NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP									
NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP									
NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP									