

| | | | | | | | |
|---|---|--|------------------------|---------------------------|--|-----------------|--|
| <input type="checkbox"/> PHOTOS TAKEN | <input type="checkbox"/> OH-2 | <input checked="" type="checkbox"/> OH-3 | LOCAL INFORMATION | 2 0 2 3 - 0 0 0 0 1 0 1 0 | | | |
| <input type="checkbox"/> SECONDARY CRASH | <input checked="" type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME* | NGIC* | HIT/SKIP 1 - SOLVED 2 - UNSOLVED | NUMBER OF UNITS | UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN |
| <input type="checkbox"/> PRIVATE PROPERTY | | | City of Kent Police | 0,6703 | 0 2 | 0 1 | |

| | | | | |
|----------------|---|--|---------------------------------------|---|
| COUNTY* 6 7 | LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1 | LOCATION: CITY, VILLAGE, TOWNSHIP* Kent | CRASH DATE / TIME* 01192023 / 2336 | CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5 |
|----------------|---|--|---------------------------------------|---|

| | | | | | |
|-------------------|--------------------|-------------|---|------------------|---|
| ROUTE TYPE S R | ROUTE NUMBER 43 | PREFIX 1 | LOCATION ROAD NAME MANTUA | ROAD TYPE S T | LATITUDE DECIMAL DEGREES 41.169300 |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) RIVER BEND | ROAD TYPE B L | LONGITUDE DECIMAL DEGREES -81.341430 |

| | | | | | | |
|--|--|---|---|---|---|---|
| REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1 | DIRECTION FROM REFERENCE N - NORTH S - SOUTH E - EAST W - 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 | ROAD TYPE 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 type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS | | | | | ROADWAY <input type="checkbox"/> ROADWAY DIVIDED |

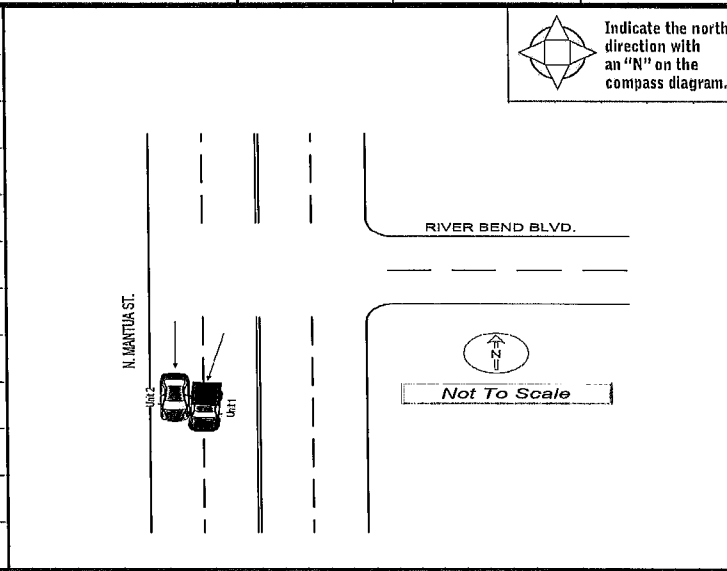
| | | | | |
|--|--|--|---|--|
| LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 0 1 | 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN | 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 7 | DIRECTION OF TRAVEL N - NORTH S - SOUTH E - EAST W - 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 WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | CONTOUR 1 | CONDITIONS 2 | SURFACE 2 |
|---|--|---|--------------|-----------------|--------------|

| | | | | |
|---|--|---|---|--|
| LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 3 | 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 0 4 | 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

Unit 2 was southbound on N. Mantua St. near River Bend Blvd. in the curb lane. Unit 1 was southbound on N. Mantua St. in the inside lane. Unit 1 was making a lane change into the curb lane and struck Unit 2.



| | | | | |
|---|---|--|--|---|
| CRASH REPORTED DATE / TIME 0 1 2 0 2 0 2 3 / 0 0 0 1 | DISPATCH DATE / TIME 0 1 2 0 2 0 2 3 / 0 0 0 3 | ARRIVAL DATE / TIME 0 1 2 0 2 0 2 3 / 0 0 0 8 | SCENE CLEARED DATE / TIME 0 1 2 0 2 0 2 3 / 0 0 5 6 | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED 0 0 0 | OTHER INVESTIGATION TIME 0 3 0 | TOTAL MINUTES 0 8 3 | OFFICER'S NAME* Schmitt, Benjamin | CHECKED BY OFFICER'S NAME* Nelson, Josh |
| | | OFFICER'S BADGE NUMBER* 2 3 3 | CHECKED BY OFFICER'S BADGE NUMBER* 2 3 2 | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS) |

OWNER

UNIT # **01** OWNER NAME: LAST, FIRST, MIDDLE (☒ SAME AS DRIVER)
ANDERSON, ROBERT, CECIL

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER)
2121 SUMMERS AVE, Streetsboro, OH 44241

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

OWNER PHONE: INCLUDE AREA CODE (☒ SAME AS DRIVER)

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LOCAL REPORT NUMBER
2023-00001010

VEHICLE

LP STATE **OH** LICENSE PLATE # **JTQ9887** VEHICLE IDENTIFICATION # **1GGGTCE39F1215664** VEHICLE YEAR **2015** VEHICLE MAKE **Chevrolet**

INSURANCE VERIFIED INSURANCE COMPANY **ALLSTATE** INSURANCE POLICY # **826515532** COLOR **RED** VEHICLE MODEL **COLORADO**

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT #

HAZARDOUS MATERIAL: MATERIAL RELEASED PLACARD

HAZARDOUS MATERIAL CLASS # PLACARD ID #

DAMAGE

DAMAGE SCALE

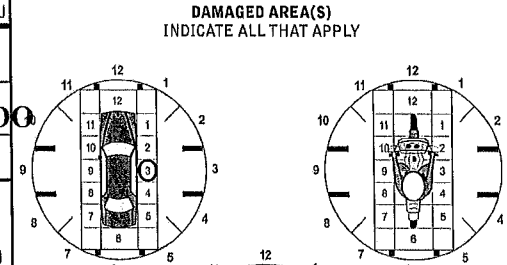
2 1 - NONE 3 - FUNCTIONAL DAMAGE
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE
 9 - UNKNOWN

UNIT TYPE

04

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 99 - UNKNOWN OR HITS/SKIP

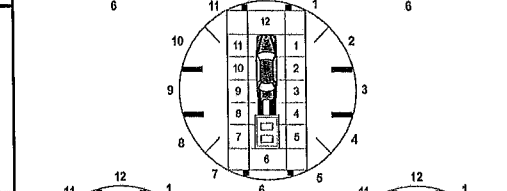
OF TRAILING UNITS **00**



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



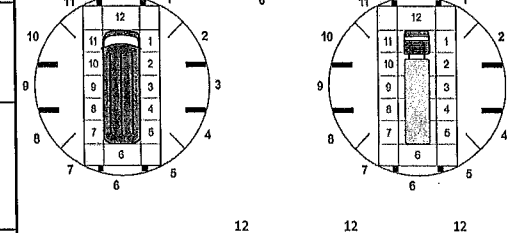
CARGO BODY TYPE

01

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

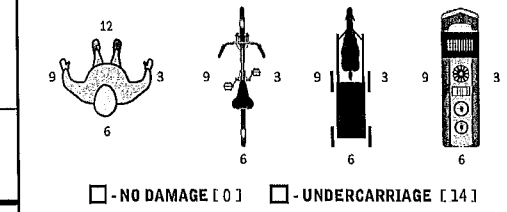
VEHICLE DEFECTS

1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT
 3 - TAIL LAMPS 6 - TIRE BLOWOUT



NON-MOTORIST LOCATION AT IMPACT

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

3

1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE OR LEAVING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE
 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING
 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST
 4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

INITIAL POINT OF CONTACT

03

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

CONTRIBUTING CIRCUMSTANCES

09

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 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
 6 - IMPROPER TURN 12 - IMPROPER BACKING

TRAFFIC

TRAFFICWAY FLOW

2

1 - ONE-WAY
 2 - TWO-WAY

TRAFFIC CONTROL

6

1 - ROUNDABOUT 4 - STOP SIGN
 2 - SIGNAL 5 - YIELD SIGN
 3 - FLASHER 6 - NO CONTROL

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 - 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 20 - MOTOR VEHICLE IN TRANSPORT
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

OF THROUGH LANES ON ROAD

4

RAIL GRADE CROSSING

1

1 - NOT INVOLVED
 2 - INVOLVED-ACTIVE CROSSING
 3 - INVOLVED-PASSIVE CROSSING

COLLISION WITH FIXED OBJECT - STRUCK

25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL
 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

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

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

UNIT SPEED

035

POSTED SPEED

35

DETECTED SPEED

1

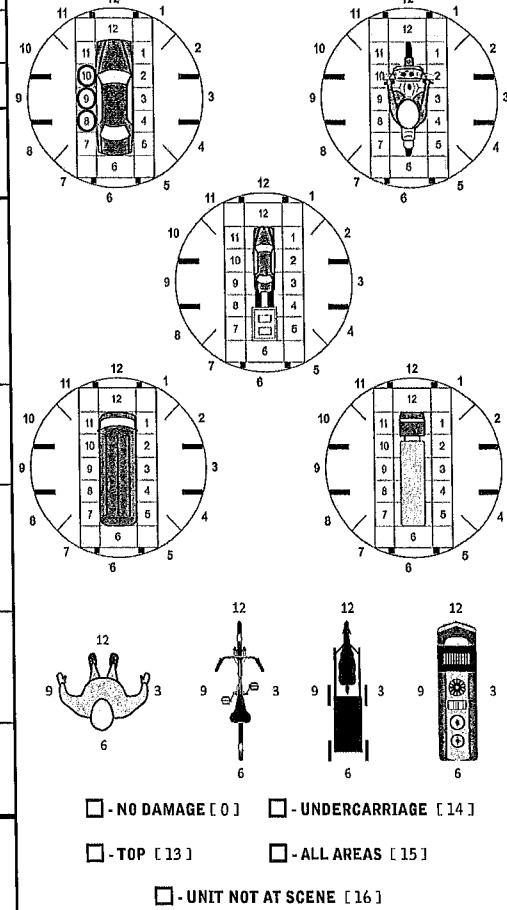
1 - STATED / ESTIMATED SPEED
 2 - CALCULATED / EDR
 3 - UNDETERMINED

OWNER
UNIT # 0 2 **OWNER NAME:** LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) **HILLIER, JOSHUA, ALEXANDER**
OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) **3497 OAK RD, Stow, OH 44224**
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____ **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE _____

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

LP STATE OH **LICENSE PLATE #** GIW2325 **VEHICLE IDENTIFICATION #** 5 N P E T 4 6 C 1 7 H 2 9 0 9 3 2 **VEHICLE YEAR** 2 0 0 7 **VEHICLE MAKE** Hyundai
 INSURANCE VERIFIED **INSURANCE COMPANY** OHIO MUTUAL INS. **INSURANCE POLICY #** CCG0003151502 **COLOR** MAR **VEHICLE MODEL** ELANTRA
 COMMERCIAL **GOVERNMENT** **IN EMERGENCY RESPONSE** **US DOT #** _____ **TOWED BY:** COMPANY NAME City Service
 INTERLOCK DEVICE EQUIPPED **HIT/SKIP UNIT** **#OCCUPANTS** 0 1 **VEHICLE WEIGHT GVWR/GCWR**
 1 - <10K Lbs.
 2 - 10,001 - 26K Lbs.
 3 - >26K Lbs.
 MATERIAL RELEASED **HAZARDOUS MATERIAL CLASS #** _____ **PLACARD ID #** _____
 PLACARD _____

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY



UNIT TYPE 0 1
 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER
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 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP
OF TRAILING UNITS _____

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
 2 - PARTIAL AUTOMATION

SPECIAL FUNCTION 0 1
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ACTION 4 **PRE-CRASH ACTIONS** 0 1
 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE
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 3 - STRIKING 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
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CONTRIBUTING CIRCUMSTANCES 0 1
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 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 12 - IMPROPER BACKING

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

SEQUENCE OF EVENTS
 1 2 0
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OF THROUGH LANES ON ROAD 4
RAIL GRADE CROSSING 1
 1 - NOT INVOLVED
 2 - INVOLVED-ACTIVE CROSSING
 3 - INVOLVED-PASSIVE CROSSING

COLLISION WITH FIXED OBJECT - STRUCK
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FIRST HARMFUL EVENT 1 **MOST HARMFUL EVENT** 1

UNIT SPEED 0 3 5
POSTED SPEED 3 5
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, 1, 0, 1, 0

| | | | | | | | | | |
|---|---|----------------------------|---|--|--|---------------------------------|---|---------------------------------|---|
| UNIT # 0, 1 | NAME: LAST, FIRST, MIDDLE ANDERSON, ROBERT, CECIL | | | DATE OF BIRTH 0, 5, 2, 7, 2, 0, 0, 0 | | AGE 2, 2 | GENDER M | | |
| ADDRESS: STREET, CITY, STATE, ZIP 2121 SUMMERS AVE, Streetsboro, OH 44241 | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| 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 | | OFFENSE CHARGED 331.08 | LOCAL CODE <input checked="" type="checkbox"/> | OFFENSE DESCRIPTION Driving in Marked La | | | CITATION NUMBER 24779 | |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS TYPE VALUE 1 1 | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1 |

| | | | | | | | | | |
|---|--|----------------------------|---|---|--|---------------------------------|---|----------------------|---|
| UNIT # 0, 2 | NAME: LAST, FIRST, MIDDLE HILLIER, JOSHUA, ALEXANDER | | | DATE OF BIRTH 0, 4, 2, 5, 1, 9, 9, 4 | | AGE 2, 8 | GENDER M | | |
| ADDRESS: STREET, CITY, STATE, ZIP 3497 OAK RD, Stow, OH 44224 | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| 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 | | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | | CITATION NUMBER | |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS TYPE VALUE 2 1 | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 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 | ALCOHOL TEST STATUS TYPE VALUE | | DRUG TEST(S) 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 (OHIO = 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 / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN |
| INJURED TAKEN BY | EJECTION | TRAPPED | OL ENDORSEMENT | CONDITION | ALCOHOL TEST TYPE | DRUG 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 | 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS | 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 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN | 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER | 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER |
| SAFETY EQUIPMENT | TRAPPED | TRAPPED | GENDER | CONDITION | DRUG TEST RESULT(S) | DRUG TEST RESULT(S) |
| 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 | 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS | F - FEMALE M - MALE U - OTHER / UNKNOWN | 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN | 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER | 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 1 0 1 0

| | | | | | | | | | |
|---|------------------|---------------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | | AGE | GENDER | | | |
| | 01 | SUTTON, EMMA, LORRAINE | 0 4 2 0 | 2 0 0 3 | 1 9 | F | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| 9040 PORTAGE POINTE DR H, Streetsboro, OH 44241 | | | | | | | | | |
| 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 |
| 5 | | | | 0 4 | | 0 3 | 1 | 1 | 1 |

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|-----------------------------------|------------------|---------------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| OCCUPANT | 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 |
| | | | | | | | | | |

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|-----------------------------------|------------------|---------------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| OCCUPANT | 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 |
| | | | | | | | | | |

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|-----------------------------------|------------------|---------------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| OCCUPANT | 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 |
| | | | | | | | | | |

| INJURIES | SAFETY EQUIPMENT USED | SEATING POSITION | AIR BAG USAGE |
|--|---|--|------------------------------------|
| 1 - FATAL | 1 - NONE USED - VEHICLE OCCUPANT | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED |
| 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT |
| 3 - SUSPECTED MINOR INJURY | 3 - LAP BELT ONLY USED | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE |
| 4 - POSSIBLE INJURY | 4 - SHOULDER & LAP BELT USED | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT/SIDE |
| 5 - NO APPARENT INJURY | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE |
| | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN |
| INJURED TAKEN BY | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | EJECTION |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 8 - HELMET USED | 8 - THIRD - MIDDLE | 1 - NOT EJECTED |
| 2 - EMS | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT SIDE | 2 - PARTIALLY EJECTED |
| 3 - POLICE | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | 3 - TOTALLY EJECTED |
| 9 - OTHER / UNKNOWN | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE |
| GENDER | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | TRAPPED |
| F - FEMALE | | 13 - TRAILING UNIT | 1 - NOT TRAPPED |
| M - MALE | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 2 - EXTRICATED BY MECHANICAL MEANS |
| U - OTHER / UNKNOWN | | 15 - NON-MOTORIST | 3 - FREED BY NON-MECHANICAL MEANS |
| | | 99 - OTHER / UNKNOWN | |

| | | | | |
|-----------------------------------|---------------------------|-----------------------------------|-----|--------|
| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
| | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | CONTACT PHONE - INCLUDE AREA CODE | | |
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|-----------------------------------|---------------------------|-----------------------------------|-----|--------|
| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
| | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | CONTACT PHONE - INCLUDE AREA CODE | | |
| | | | | |

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|-----------------------------------|---------------------------|-----------------------------------|-----|--------|
| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
| | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | CONTACT PHONE - INCLUDE AREA CODE | | |
| | | | | |

| | | |
|--------------------------------|-----------------------------|-------------------------------------|
| LOCAL REPORT NUMBER 23-1010 | REPORTING AGENCY Kent PD | DATE OF CRASH M 01 D 20 Y 23 |
|--------------------------------|-----------------------------|-------------------------------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Robert Anderson III HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
Schmitt #233 AT Wolcott / N Mantua (scene)
OFFICER'S NAME LOCATION

So I was driving down the ~~road~~ North Mantua Road and we were reporting a car for driving err irritably and we saw an officer responding to the call coming off the side road so I went to change lanes. For the officer with his led lights on, while I was doing that the car behind me tried to speed around me as I was in a lane change and I hit his mirror. We pulled over and I got out and he started asking me what happened and was slurring his speech as soon as I got close enough I could smell alcohol on his breathe, he kept insisting we tried not to involve insurance and that I should ~~the~~ Venmo him 500\$ or that his buddy can fix it and I can pay him.

While this happened my girl friend emma was on the phone with dispatch about the car we called on.

| | |
|---|--|
| ADDRESS OF WITNESS 2121 Summers ave Streetsboro OH 44221 | PHONE |
| SIGNATURE OF WITNESS X <u>[Signature]</u> | OFFICER'S SIGNATURE X <u>[Signature] #233</u> |

| | | |
|--------------------------------|-----------------------------|-------------------------------|
| LOCAL REPORT NUMBER 23-1010 | REPORTING AGENCY Kent PD | DATE OF CRASH 01 20 23 |
|--------------------------------|-----------------------------|-------------------------------|

FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

| | |
|-------------------------------|---|
| I, <u>Emma Sutton</u> | HEREBY MAKE THIS VOLUNTARY STATEMENT TO |
| <small>PRINTED</small> | |
| <u>Schmitt #233</u> | AT <u>North Mantua/Wolcott (scene)</u> |
| <small>OFFICER'S NAME</small> | <small>LOCATION</small> |

I was on the phone with Kent Police dispatch, while Robert was driving to follow the other car, when a Kent police officer got behind us Robert put his blinker on and ran into the car, I never once saw the car in the mirror. Not sure where he came from.

| | |
|--|---|
| ADDRESS OF WITNESS 9040 Portage Pointe Drive Unit H | PHONE |
| SIGNATURE OF WITNESS X Emma Sutton | OFFICER'S SIGNATURE X [Signature] #233 |