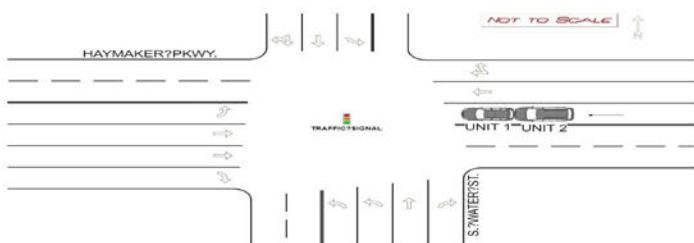


**TRAFFIC CRASH REPORT**

\*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*			
		<b>REPORTING AGENCY NAME*</b> <b>City of Kent Police</b>			NCIC*	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 0 2	
<b>COUNTY*</b> 6 7 <b>LOCALITY*</b> 1 - CITY 1 1 - CITY 2 - VILLAGE 2 - VILLAGE 3 - TOWNSHIP 3 - TOWNSHIP <b>LOCATION:</b> CITY, VILLAGE, TOWNSHIP* Kent					<b>CRASH DATE / TIME*</b> <b>01172026/1754</b>		<b>UNIT IN ERROR</b> 0 2 98 - ANIMAL 99 - UNKNOWN	
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME <b>HAYMAKER WY</b>	ROAD TYPE P K	LATITUDE DECIMAL DEGREES 41 15 12 87		<b>CRASH SEVERITY</b> 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	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>WATER</b>	ROAD TYPE S T	LONGITUDE DECIMAL DEGREES -81 35 79 19		
<b>REFERENCE POINT</b> 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		<b>DIRECTION FROM REFERENCE</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		<b>ROUTE TYPE</b> IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	<b>ROAD TYPE</b> 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	<b>INTERSECTION RELATED</b> <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH 4 <input type="checkbox"/> WITHIN INTERCHANGE AREA		
<b>DISTANCE FROM REFERENCE</b> 1 0		<b>DISTANCE UNIT OF MEASURE</b> 1 - MILES 2 - FEET 3 - YARDS				<b>ROADWAY</b> <input type="checkbox"/> ROADWAY DIVIDED		
<b>LOCATION OF FIRST HARMFUL EVENT</b> 0 1 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				<b>MANNER OF CRASH COLLISION/IMPACT</b> 2 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 13 - TRAILS 14 - BIKE LANE 15 - TOLL BOOTH 99 - OTHER / UNKNOWN	<b>DIRECTION OF TRAVEL</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	<b>MEDIAN TYPE</b> 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		<b>WORK ZONE TYPE</b> 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		<b>LOCATION OF CRASH IN WORK ZONE</b> 1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING SIGN 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	<b>CONTOUR</b> 1	<b>CONDITIONS</b> 1	<b>SURFACE</b> 2	
<b>LIGHT CONDITION</b> 3 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		<b>WEATHER</b> 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 - 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		
<b>NARRATIVE</b> <p><b>UNIT 1 WAS STOPPED ON HAYMAKER PKWY AT THE S WATER ST INTERSECTION IN THE LEFT TURN LANE TO GO SOUTHBOUND. UNIT 2 WAS BEHIND UNIT 1. UNIT 2S FOOT SLIPPED OFF THE BREAK AND UNIT 2 STRUCK UNIT 1 FROM BEHIND.</b></p>								
<b>CRASH REPORTED DATE / TIME</b> <b>01172026/1754</b>		<b>DISPATCH DATE / TIME</b> <b>01172026/1754</b>		<b>ARRIVAL DATE / TIME</b> <b>01172026/1804</b>		<b>SCENE CLEARED DATE / TIME</b> <b>01172026/1821</b>		
<b>TOTAL TIME ROADWAY CLOSED</b> <b>0 0 0</b>		<b>OTHER INVESTIGATION TIME</b> <b>0 1 0</b>		<b>TOTAL MINUTES</b> <b>0 3 7</b>		<b>OFFICER'S NAME*</b> <b>Driscoll, Sean D</b>		
						<b>CHECKED BY OFFICER'S NAME*</b> <b>Hadaway, Joseph</b>		
						<b>OFFICER'S BADGE NUMBER*</b> <b>2 2 0</b>		
						<b>CHECKED BY OFFICER'S BADGE NUMBER*</b> <b>2 1 6</b>		
<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST								
<b>SUPPLEMENT</b> <small>(CORRECTION or ADDITION TO AN EXISTING REPORT SENT TO COPS)</small>								

Indicate the north direction with an "N" on the compass diagram.



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

OWNER PHONE: INCLUDE AREA CODE (  SAME AS DRIVER) **REDACTED PER ORC 149.43(A)(1)**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER) **11567 HOLBROOK AVE NW, UNIONTOWN, OH 44685**

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

LP STATE **O H** LICENSE PLATE # **JAM1085**

VEHICLE IDENTIFICATION # **KM8J M12 BX9 U105790**

VEHICLE YEAR **2009**

VEHICLE MAKE **Hyundai**

INSURANCE VERIFIED INSURANCE COMPANY **FARMERS**

INSURANCE POLICY # **193142654**

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

TYPE OF USE  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT #

TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT

#OCCUPANTS **0 2**

HAZARDOUS MATERIAL  
MATERIAL RELEASED  PLACARD

CLASS # **SIL** PLACARD ID #

1 - PASSENGER CAR  
2 - PASSENGER VAN (MINIVAN)  
3 - SPORT UTILITY VEHICLE  
4 - PICKUP  
5 - CARGO VAN  
6 - VAN (9-15 SEATS)

1 - ≤10K LBS.  
2 - 10,001 - 26K LBS.  
3 - >26K LBS.

1 - 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  
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 3-WHEELED  
8 - MOTORCYCLE 2-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

0 0  
# OF TRAILING UNITS  
1 - YES  
2 - NO  
9 - OTHER/UNKNOWN

0 - NOAUTOMATION  
1 - DRIVER ASSISTANCE  
2 - PARTIAL AUTOMATION

3 - CONDITIONAL AUTOMATION  
4 - HIGH AUTOMATION  
5 - FULL AUTOMATION  
9 - UNKNOWN

0 1  
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

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

0 1  
VEHICLE DEFECTS  
1 - TURN SIGNALS  
2 - HEAD LAMPS  
3 - TAIL LAMPS

4 - BRAKES  
5 - STEERING  
6 - TIRE BLOWOUT

8 - POLE  
9 - CARGO TANK  
10 - FLAT BED  
11 - DUMP

0 1  
NON-MOTORIST LOCATION AT IMPACT  
1 - INTERSECTION - MARKED CROSSWALK  
2 - INTERSECTION - UNMARKED CROSSWALK

3 - INTERSECTION - OTHER CROSSWALK  
4 - MIDBLOCK - MARKED CROSSWALK  
5 - TRAVEL LANE - OTHER LOCATION

12 - FIRST RESPONDER AT INCIDENT SCENE  
13 - MAIL CARRIER  
14 - SNOW REMOVAL  
15 - TOWING  
16 - SAFETY SERVICE PATROL

0 1  
ACTION  
1 - NON-CONTACT  
2 - NON-COLLISION  
3 - STRIKING  
4 - STRUCK  
5 - BOTH STRIKING & STRUCK  
9 - OTHER/UNKNOWN

1 - STRAIGHT AHEAD  
2 - BACKING  
3 - CHANGING LANES  
4 - OVERTAKING/PASSING  
5 - MAKING RIGHT TURN  
6 - MAKING LEFT TURN

7 - MAKING U-TURN  
8 - ENTERING TRAFFIC LANE  
9 - LEAVING TRAFFIC LANE  
10 - PARKED  
11 - SLOWING OR STOPPED IN TRAFFIC  
12 - DRIVERLESS

0 1  
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

0 1  
SEQUENCE OF EVENTS  
1 - OVERTURN/ROLLOVER  
2 - FIRE/EXPLOSION  
3 - IMMERSION

4 - JACKKNIFE  
5 - CARGO / EQUIPMENT LOSS OR SHIFT

17 - VISION OBSTRUCTION  
18 - OPERATING DEFECTIVE EQUIPMENT  
19 - LOAD SHIFTING/FALLING/SPILLING  
20 - IMPROPER CROSSING

0 1  
NON-COLLISION  
1 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL  
2 - DOWNHILL RUNAWAY  
3 - OTHER NON-COLLISION

4 - PEDESTRIAN  
5 - PEDALCYCLE

16 - RAILWAY VEHICLE  
17 - ANIMAL - FARM  
18 - ANIMAL - DEER  
19 - ANIMAL - OTHER  
20 - MOTOR VEHICLE IN TRANSPORT  
21 - PARKED MOTOR VEHICLE

0 1  
COLLISION WITH FIXED OBJECT - STRUCK  
25 - IMPACT ATTENUATOR / CRASH CUSHION  
26 - BRIDGE OVERHEAD STRUCTURE  
27 - BRIDGE PIER OR ABUTMENT  
28 - BRIDGE PARAPET  
29 - BRIDGE RAIL  
30 - GUARDRAIL FACE

31 - GUARDRAIL END  
32 - PORTABLE BARRIER  
33 - MEDIAN CABLE BARRIER  
34 - MEDIAN GUARDRAIL BARRIER  
35 - MEDIAN CONCRETE BARRIER  
36 - MEDIAN OTHER BARRIER

37 - TRAFFIC SIGN POST  
38 - OVERHEAD SIGN POST  
39 - LIGHT / LUMINARIES SUPPORT  
40 - UTILITY POLE  
41 - OTHER POST, POLE OR SUPPORT  
42 - CULVERT

0 1  
UNIT SPEED  
1 - 0 0 0

2 - 0 0 0

3 - 0 0 0

0 1  
POSTED SPEED  
1 - 3 5

2 - 3 5

3 - 3 5

LOCAL REPORT NUMBER

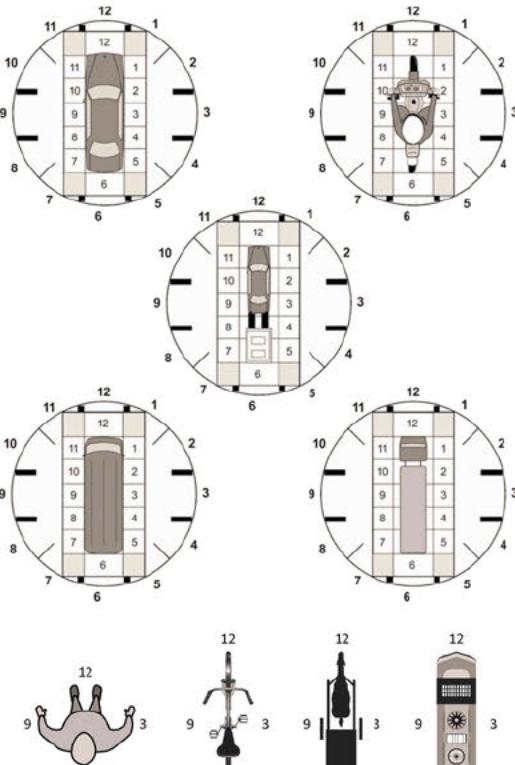
2 0 2 6 - 0 0 0 0 0 7 4 3

DAMAGE

DAMAGE SCALE

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

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY



INITIAL POINT OF CONTACT

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

TRAFFIC

TRAFFIC WAY FLOW  
1 - ONE-WAY  
2 - TWO-WAY

RAIL GRADE CROSSING

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

UNIT / NON-MOTORIST DIRECTION

1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST  
5 - NORTHEAST  
6 - NORTHWEST  
7 - SOUTHEAST  
8 - SOUTHWEST  
9 - OTHER / UNKNOWN

UNIT SPEED

1 - 0 0 0

DETECTED SPEED

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

POSTED SPEED

1 - 3 5

UNIT # **0 2** OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER) **ROSS, RONALD, ANTHONY**  
OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER) **365 BURR OAK DR, Kent, OH 44240**

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

OWNED PHONE: INCLUDE AREA CODE (  SAME AS DRIVER) **REDACTED PER ORC 149.43(A)(1)**

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LOCAL REPORT NUMBER  
**2 0 2 6 - 0 0 0 0 0 7 4 3**

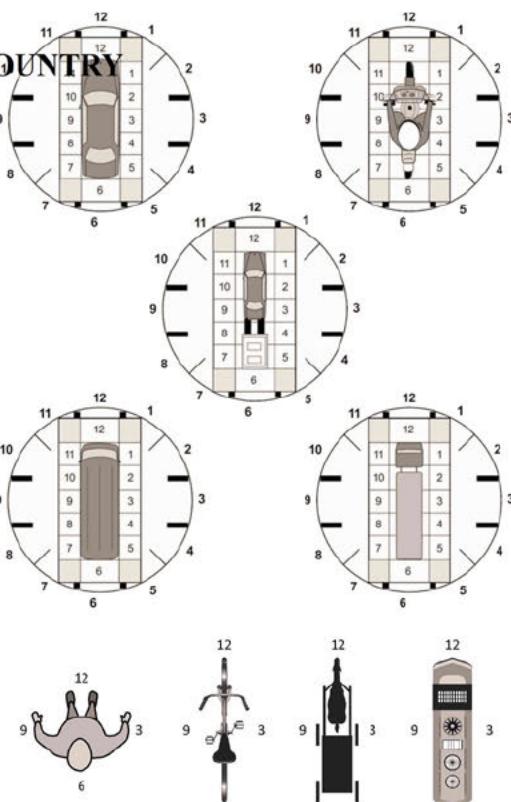
DAMAGE

DAMAGE SCALE

<b>1</b>	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

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

TRAFFIC

TRAFFICWAY FLOW	TRAFFIC CONTROL
<b>2</b>	1 - ONE-WAY
	2 - TWO-WAY
	4 - STOP SIGN
	5 - YIELD SIGN
	3 - FLASHER
	6 - NO CONTROL

# OF THROUGH LANES ON ROAD

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

UNIT / NON-MOTORIST DIRECTION

FROM <b>3</b> TO <b>4</b>	1 - NORTH	5 - NORTHEAST
	2 - SOUTH	6 - NORTHWEST
	3 - EAST	7 - SOUTHEAST
	4 - WEST	8 - SOUTHWEST
	9 - OTHER / UNKNOWN	

UNIT SPEED

**0 0 3**

DETECTED SPEED

<b>1</b>	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED

POSTED SPEED

**3 5**

LP STATE <b>O H</b>	LICENSE PLATE # <b>HLF2594</b>	VEHICLE IDENTIFICATION # <b>2 C4 RC1 BG0 GR1 59 0 9 6</b>	VEHICLE YEAR <b>2 0 1 6</b>	VEHICLE MAKE <b>Chrysler</b>		
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <b>USAA</b>	INSURANCE POLICY # <b>0090213227101</b>	COLOR <b>DBL</b>	VEHICLE MODEL <b>TOWN &amp; COUNTRY</b>		
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME			
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		# OCCUPANTS <b>0 1</b>	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD			
<b>0 2</b> UNIT TYPE		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICKUP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - PASSENGER VAN (16+ SEATS) 8 - MOTORCYCLE 2-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>0 0</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 99 - UNKNOWN			
<b>0 1</b> 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	
<b>0 1</b> 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
<b>1</b> 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
<b>1</b> 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
<b>3</b> ACTION		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
<b>0 8</b> 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

SEQUENCE OF EVENTS		NON-COLLISION				
<b>1 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 MOVEABLE OBJECT	
<b>2 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	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	
<b>3 1</b>	1 - FIRST HARMFUL EVENT	1 - MOST HARMFUL EVENT				

LOCAL REPORT NUMBER

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UNIT #	NAME: LAST, FIRST, MIDDLE <b>0 1 QUINE, MAXWELL, ANTHONY</b>					DATE OF BIRTH	AGE	GENDER																																																																																																																																																																																																					
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5- NO APPARENT INJURY	5- SECOND - MIDDLE	5- NOTAPPLICABLE	5- M/C MOPED ONLY	5- EXCEPT CLASS A BUS	5- TEST GIVEN, RESULTS UNKNOWN																																																																																																																																																																																																								
INJURED TAKEN BY		9- DEPLOYMENT UNKNOWN	6- NO VALID OL	6- EXCEPT CLASS A & CLASS B BUS																																																																																																																																																																																																									
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# OCCUPANT / WITNESS ADDENDUM

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WITNESS

WITNESS

LOCAL REPORT NUMBER

2 0 2 6 - 0 0 0 0 0 7 4 3

UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER
01	LUTTON, JAZ, MARIE				0 7 1 7 2 0 0 1	24	F
ADDRESS: STREET, CITY, STATE, ZIP							
5100 MIDDLEBRANCH AVE NE ,CANTON ,OH 44705							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED			
4	1	Kent Fire		0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	0 3	1
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP							
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
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP							
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					<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE
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					<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE
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	
INJURED TAKEN BY		6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN	
1 - NOT TRANSPORTED /TREATED AT SCENE		7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION	
2 - EMS		8 - HELMET USED		8 - THIRD - MIDDLE		1 - NOT EJECTED	
3 - POLICE		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED	
9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED	
GENDER		11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE	
F - FEMALE		99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED	
M - MALE				13 - TRAILING UNIT		1 - NOT TRAPPED	
U - OTHER / UNKNOWN				14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS	
				15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS	
				99 - OTHER / UNKNOWN			

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ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		
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