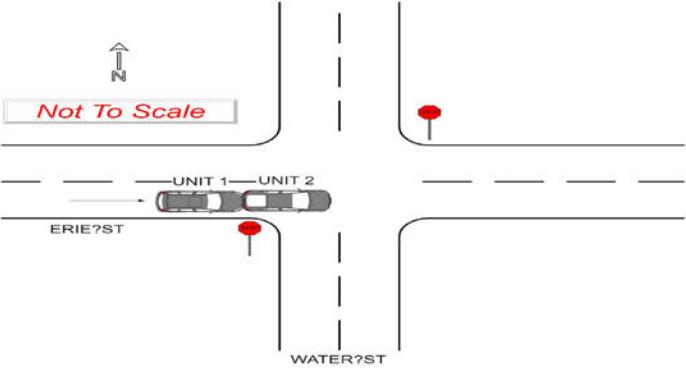


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION			LOCAL REPORT NUMBER*			
		REPORTING AGENCY NAME* City of Kent Police			NCIC* 06703			
ROUTE TYPE <input type="checkbox"/>	ROUTE NUMBER <input type="checkbox"/>	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 2	LOCATION ROAD NAME WATER	ROAD TYPE S T	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 0 2	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 0 1	
ROUTE TYPE <input type="checkbox"/>	ROUTE NUMBER <input type="checkbox"/>	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST <input type="checkbox"/>	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ERIE	ROAD TYPE S T	CRASH DATE / TIME* 01172026/1334			
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # <input type="checkbox"/>	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 4	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROUTE TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
DISTANCE FROM REFERENCE 2 5	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2	ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			NUMBER OF APPROACHES 4	
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			MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - HEAD-ON 2			ROADWAY <input type="checkbox"/> ROADWAY DIVIDED		
						DIRECTION OF TRAVEL 1 - NORTH	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 0 2		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 3
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 0 2				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
<p>NARRATIVE</p> <p>UNIT 1 WAS STOPPED BEHIND UNIT 2 FACING EASTBOUND ON E ERIE ST AT THE INTERSECTION WITH WATER STREET. UNIT 2 STARTED TO PULL FORWARD SLOWLY TO ENTER THE INTERSECTION. UNIT 2 STOPPED AS ANOTHER CAR APPROACHED, AND UNIT 1 PULLED FORWARD AND STRUCK UNIT 2.</p> <div style="text-align: right; margin-top: 10px;">  <p>Indicate the north direction with an "N" on the compass diagram.</p> </div> <div style="text-align: center; margin-top: 20px;">  <p><i>Not To Scale</i></p> </div>								
CRASH REPORTED DATE / TIME 01172026/1334		DISPATCH DATE / TIME 01172026/1343		ARRIVAL DATE / TIME 01172026/1350		SCENE CLEARED DATE / TIME 01172026/1415		REPORT TAKEN BY
TOTAL TIME ROADWAY CLOSED 0 0 0		OTHER INVESTIGATION TIME 0 4 0		TOTAL MINUTES 0 7 2		OFFICER'S NAME* Kern, Steven Andrew		<input checked="" type="checkbox"/> POLICE AGENCY
						CHECKED BY OFFICER'S NAME* Kunka, Leonard B		<input type="checkbox"/> MOTORIST
						OFFICER'S BADGE NUMBER* 2 3 9		<input type="checkbox"/> SUPPLEMENT (CORRECTION or ADDITION TO AN EXISTING REPORT SENT TO COPS)
						CHECKED BY OFFICER'S BADGE NUMBER* 2 5 0		

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

LOCAL REPORT NUMBER

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

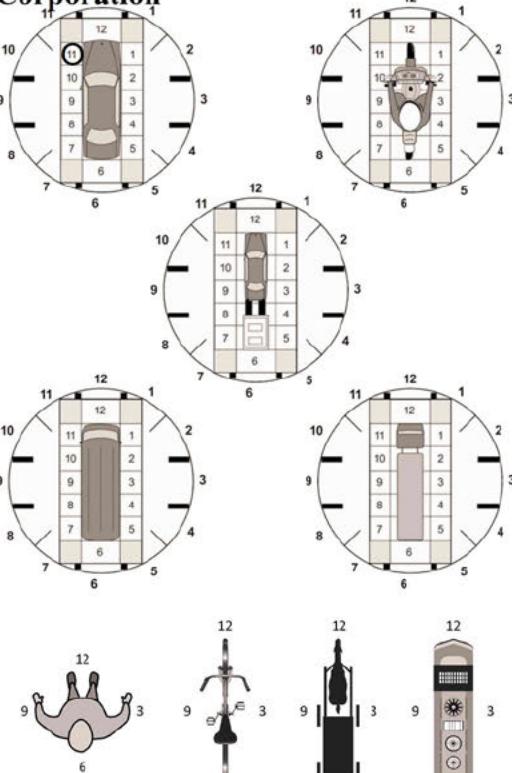
DAMAGE

DAMAGE SCALE

<input type="checkbox"/> 2	1 - NONE	3 - FUNCTIONAL DAMAGE
	2 - MINOR DAMAGE	4 - DISABLING DAMAGE
	9 - UNKNOWN	

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

Corporation



- NO DAMAGE [0] - UNDERCARRIAGE [14]
 - TOP [13] - ALL AREAS [15]
 - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

<input type="checkbox"/> 0	0 - NO DAMAGE	14 - UNDERCARRIAGE
<input type="checkbox"/> 1	1-12 - REFER TO UNIT DIAGRAM	15 - VEHICLE NOT AT SCENE
		99 - UNKNOWN
	13 - TOP	

TRAFFIC

<input type="checkbox"/> 1	TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
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OF THROUGH LANES ON ROAD

<input type="checkbox"/> 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
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UNIT / NON-MOTORIST DIRECTION

<input type="checkbox"/> 4	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
<input type="checkbox"/> 3	

UNIT SPEED

<input type="checkbox"/> 1	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
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POSTED SPEED

2 5

UNIT # OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
0 1 KERELITCH, JOHN, W
OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
1639 MAIN ST ,Franklin Twp ,OH 44240

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE <input type="checkbox"/> P A	LICENSE PLATE # <input type="checkbox"/> LZN3966	VEHICLE IDENTIFICATION # <input type="checkbox"/> KNDP CCA 6 3 B 7 1 1 2 1 9 6	VEHICLE YEAR <input type="checkbox"/> 2 0 1 1	VEHICLE MAKE <input type="checkbox"/> Kia Motors
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <input type="checkbox"/> PROGRESSIVE	INSURANCE POLICY # <input type="checkbox"/> 972582685	COLOR <input type="checkbox"/> RED	VEHICLE MODEL <input type="checkbox"/> SPORTAGE
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 <input type="checkbox"/> 0 1	HAZARDOUS MATERIAL	
		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	MATERIAL RELEASED <input type="checkbox"/> PLACARD	CLASS # <input type="checkbox"/> PLACARD ID #

<input type="checkbox"/> 0 1	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
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<input type="checkbox"/> 0	# OF TRAILING UNITS	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	<input type="checkbox"/> 0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN
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<input type="checkbox"/> 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 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL
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<input type="checkbox"/> 0 1	CARGO BODY TYPE	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	5 - INTERMODAL CONTAINER CHASSIS 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	8 - POLE 12 - CONCRETE MIXER 13 - AUTOTRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
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<input type="checkbox"/> 0	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
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<input type="checkbox"/> 0	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
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<input type="checkbox"/> 3	ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
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<input type="checkbox"/> 0 8	CONTRIBUTING CIRCUMSTANCES	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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<input type="checkbox"/> 1	SEQUENCE OF EVENTS	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT
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<input type="checkbox"/> 4	NON-COLLISION	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
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<input type="checkbox"/> 5	COLLISION WITH FIXED OBJECT - STRUCK	1 - FIRST HARMFUL EVENT	2 - MOST HARMFUL EVENT	3 - CURB 4 - DITCH 5 - EMBANKMENT 6 - FENCE 7 - MAILBOX 8 - TREE 9 - FIRE HYDRANT	10 - WORK ZONE MAINTENANCE EQUIPMENT 11 - WALL 12 - BUILDING 13 - TUNNEL 14 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
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OWNER

UNIT # OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
0 2 RIES, ERIC, CHRISTOPHER

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

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

963 MARTINDALE DR, Tallmadge, OH 44278

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	KTJ4933	2 HGF E1 E5 6 PH4 7 1 3 5 6	2 0 2 3	Honda
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	PROGRESSIVE	862643830	BLK	CIVIC
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 2	<input type="checkbox"/> MATERIAL RELEASED	CLASS #
			<input type="checkbox"/> PLACARD	PLACARD ID #

0 1	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
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0 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		

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 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
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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
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	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
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	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	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN
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4	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
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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	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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SEQUENCE OF EVENTS

1 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 MOBILE OBJECT
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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 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
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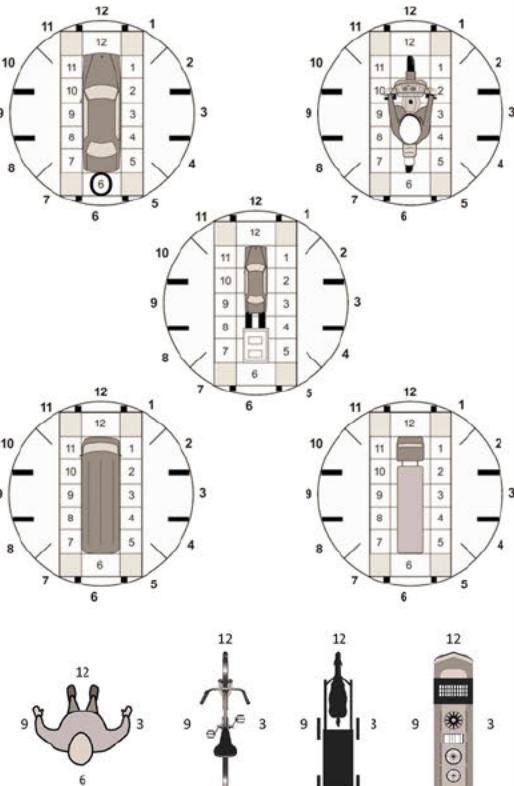
1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

DAMAGE

DAMAGE SCALE

2	1 - NONE 2 - MINOR DAMAGE	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 6	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
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TRAFFIC

2	TRAFFIC WAY FLOW 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
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2	# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
---	----------------------------	--

UNIT / NON-MOTORIST DIRECTION

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

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

2 5

LOCAL REPORT NUMBER									
UNIT #	2 0 2 6 - 0 0 0 0 0 7 3 6								
0 1	DATE OF BIRTH 0 1 1 9 2 0 0 3 AGE 22 GENDER M								
ADDRESS: STREET, CITY, STATE, ZIP 1639 E MAIN ST ,Franklin Twp ,OH 44240									
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE P A	OPERATOR LICENSE NUMBER REDACTED PER ORC 4501:1-12		OFFENSE CHARGED 333.03	LOCAL CODE X	OFFENSE DESCRIPTION Maximum Speed Limits		CITATION NUMBER 31003		
OL CLASS 3	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 1 TYPE 1 VALUE .	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4		
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE RIES, ERIC, CHRISTOPHER								
ADDRESS: STREET, CITY, STATE, ZIP 963 MARTINDALE DR ,Tallmadge ,OH 44278									
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	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	LOCAL CODE	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 type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE .	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4		
UNIT #	NAME: LAST, FIRST, MIDDLE								
ADDRESS: STREET, CITY, STATE, ZIP									
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
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 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE .	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				
4- POSSIBLE INJURY	4- SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4- DEPLOYED BOTH FRONT / SIDE	4- REGULAR CLASS (OHIO = D)	4- FARM WAIVER					
5- NO APPARENT INJURY	5- SECOND - MIDDLE	5- NOTAPPLICABLE	5- M/C MOPED ONLY	5- EXCEPT CLASS A BUS					
INJURED TAKEN BY EJECTION OL ENDORSEMENT									
1- NOT TRANSPORTED /TREATED AT SCENE	6- SECOND - RIGHT SIDE	1- NOT EJECTED	H- HAZMAT	6- EXCEPT CLASS A & CLASS B BUS					
2- EMS	7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	2- PARTIALLY EJECTED	M- MOTORCYCLE	7- EXCEPT TRACTOR-TRAILER					
3- POLICE	8- THIRD - MIDDLE	3- TOTALLY EJECTED	P- PASSENGER	8- INTERMEDIATE LICENSE RESTRICTIONS					
9- OTHER / UNKNOWN	9- THIRD - RIGHT SIDE	4- NOTAPPLICABLE	N- TANKER	9- LEARNER'S PERMIT RESTRICTIONS					
SAFETY EQUIPMENT									
11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	TRAPPED	R- THREE-WHEEL MOTORCYCLE	10- LIMITED TO DAYLIGHT ONLY	10- LIMITED TO EMPLOYMENT					
12- PASSENGER IN UNENCLOSED CARGO AREA	1- NOTTRAPPED	S- SCHOOL BUS	11- LIMITED TO DAYLIGHT ONLY	11- LIMITED TO DAYLIGHT ONLY					
13- TRAILING UNIT	2- EXTRICATED BY MECHANICAL MEANS	T- DOUBLE & TRIPLE TRAILERS	12- LIMITED - OTHER	12- LIMITED - OTHER					
14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3- FREED BY NON-MECHANICAL MEANS	X- TANKER / HAZMAT	13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)					
15- NON-MOTORIST	GENDER		14- MILITARY VEHICLES ONLY	14- MILITARY VEHICLES ONLY					
99- OTHER / UNKNOWN	F- FEMALE	M- MALE	15- MOTOR VEHICLES WITHOUT AIR BRAKES	15- MOTOR VEHICLES WITHOUT AIR BRAKES					
	U- OTHER / UNKNOWN		16- OUTSIDE MIRROR	16- OUTSIDE MIRROR					
			17- PROSTHETIC AID	17- PROSTHETIC AID					
			18- OTHER	18- OTHER					
CONDITION									
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	7- OTHER / UNKNOWN	9- OTHER / UNKNOWN	10- OTHER	11- OTHER					
DRUG TEST TYPE									
1- NONE	2- BLOOD	3- URINE	4- BREATH	5- OTHER					
DRUG TEST RESULT(S)									
1- AMPHETAMINES	2- BARBITURATES	3- BENZODIAZEPINES	4- CANNABINOID	5- COCAINE					
6- OPIATES / OPIOIDS	7- OTHER	8- NEGATIVE RESULTS							



OCCUPANT / WITNESS ADDENDUM

					LOCAL REPORT NUMBER 2 0 2 6 - 0 0 0 0 0 7 3 6					
OCCUPANT	UNIT # 02	NAME: LAST, FIRST, MIDDLE SMITH, KRISTA, MARIE			DATE OF BIRTH 0 1 1 7 2 0 0 3		AGE 23	GENDER F		
	ADDRESS: STREET, CITY, STATE, ZIP 2723 CLERMONT ST, Shalersville, OH 44241					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 3	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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
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
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	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						EJECTION			
	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			
	GENDER						TRAPPED			
	F - FEMALE M - MALE U - OTHER / UNKNOWN						1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				