

2 0 2 5 - 0 0 0 0 3 8 6 2

PHOTOS TAKEN  
 SECONDARY CRASH  
 OH-2  
 OH-1P  
 PRIVATE PROPERTY  
 OH-3  
 OTHER

LOCAL INFORMATION  
 REPORTING AGENCY NAME\*  
**City of Kent Police**  
 NCIC\*  
**0 6 7 0 3**

HIT/SKIP  
 1 - SOLVED  
 2 - UNSOLVED  
 NUMBER OF UNITS  
**0 2**  
 UNIT IN ERROR  
 98 - ANIMAL  
 99 - UNKNOWN  
**0 2**

COUNTY\* **6 7** LOCALITY\* **1** LOCATION: CITY, VILLAGE, TOWNSHIP\*  
**Kent**

CRASH DATE / TIME\*  
**03222025 / 1209**  
 CRASH SEVERITY  
**5**  
 1 - FATAL  
 2 - SERIOUS INJURY SUSPECTED  
 3 - MINOR INJURY SUSPECTED  
 4 - INJURY POSSIBLE  
 5 - PROPERTY DAMAGE ONLY

ROUTE TYPE **S R** ROUTE NUMBER **43** PREFIX  
 LOCATION ROAD NAME  
**RIVER**  
 ROAD TYPE **S T**

LATITUDE DECIMAL DEGREES  
**41.152581**

ROUTE TYPE PREFIX  
 REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
**MAIN**  
 ROAD TYPE **S T**

LONGITUDE DECIMAL DEGREES  
**-81.361408**

REFERENCE POINT  
**1**  
 DIRECTION FROM REFERENCE  
**2**  
 ROUTE TYPE  
 IR - INTERSTATE ROUTE (TP)  
 US - FEDERAL US ROUTE  
 SR - STATE ROUTE  
 CR - NUMBERED COUNTY ROUTE  
 TR - NUMBERED TOWNSHIP ROUTE  
 ROAD TYPE  
 AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY

INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA  
 NUMBER OF APPROACHES  
 ROADWAY  
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT  
**0 1**  
 MANNER OF CRASH COLLISION/IMPACT  
**6**  
 DIRECTION OF TRAVEL  
**1** - NORTH  
**2** - SOUTH  
**3** - EAST  
**4** - 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

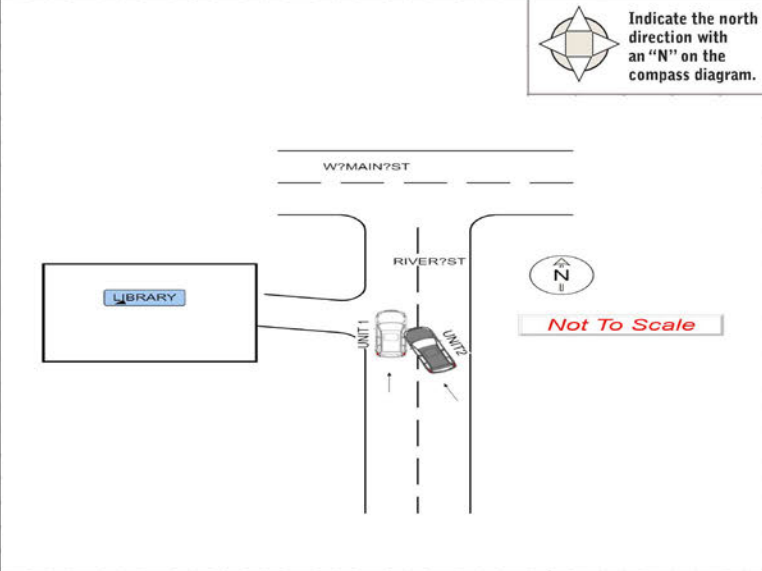
WORK ZONE RELATED  
 WORKERS PRESENT  
 LAW ENFORCEMENT PRESENT  
 ACTIVE SCHOOL ZONE  
 WORK ZONE TYPE  
 1 - LANE CLOSURE  
 2 - LANE SHIFT/CROSSOVER  
 3 - WORK ON SHOULDER OR MEDIAN  
 4 - INTERMITTENT OR MOVING WORK  
 5 - OTHER  
 LOCATION OF CRASH IN WORK ZONE  
 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN  
 2 - ADVANCE WARNING AREA  
 3 - TRANSITION AREA  
 4 - ACTIVITY AREA  
 5 - TERMINATION AREA

CONTOUR  
**1**  
 1 - STRAIGHT LEVEL  
 2 - STRAIGHT GRADE  
 3 - CURVE LEVEL  
 4 - CURVE GRADE  
 9 - OTHER/UNKNOWN  
 CONDITIONS  
**1**  
 1 - DRY  
 2 - WET  
 3 - SNOW  
 4 - ICE  
 5 - SAND, MUD, DIRT, OIL, GRAVEL  
 6 - WATER (STANDING, MOVING)  
 7 - SLUSH  
 9 - OTHER/UNKNOWN  
 SURFACE  
**2**  
 1 - CONCRETE  
 2 - BLACKTOP, BITUMINOUS, ASPHALT  
 3 - BRICK/BLOCK  
 4 - SLAG, GRAVEL, STONE  
 5 - DIRT  
 9 - OTHER/UNKNOWN

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

NARRATIVE

**UNIT 1 AND 2 WERE DRIVING NORTHBOUND ON RIVER ST. UNIT 1 WAS IN THE LEFT LANE, UNIT 2 WAS IN THE RIGHT LANE. UNIT 2 TRIED TO TURN LEFT INTO THE LIBRARY PARKING LOT. UNIT 2 DID NOT YIELD TO UNIT 1 IN THE LEFT LANE. UNIT 2 STRUCK UNIT 1.**



CRASH REPORTED DATE / TIME: **0 3 2 2 2 0 2 5 / 1 2 0 9**  
 DISPATCH DATE / TIME: **0 3 2 2 2 0 2 5 / 1 2 1 0**  
 ARRIVAL DATE / TIME: **0 3 2 2 2 0 2 5 / 1 2 1 3**  
 SCENE CLEARED DATE / TIME: **0 3 2 2 2 0 2 5 / 1 2 3 4**  
 REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST  
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)  
 TOTAL TIME ROADWAY CLOSED: **0 0 0**  
 OTHER INVESTIGATION TIME: **0 1 0**  
 TOTAL MINUTES: **0 3 4**  
 OFFICER'S NAME\*: **Driscoll, Sean D**  
 OFFICER'S BADGE NUMBER\*: **2 2 0**  
 CHECKED BY OFFICER'S NAME\*: **Kunka, Leonard B**  
 CHECKED BY OFFICER'S BADGE NUMBER\*: **2 5 0**

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (X) (SAME AS DRIVER) **LOGAR, SYDNEY, WALLACE**

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

OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) (SAME AS DRIVER) **4403 EDSON RD, Brimfield Twp, OH 44240**

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE OH LICENSE PLATE # KNA1697 VEHICLE IDENTIFICATION # KL7CJKS B1MB305339 VEHICLE YEAR 2021 VEHICLE MAKE Chevrolet

INSURANCE VERIFIED INSURANCE COMPANY FARMERS INSURANCE POLICY # 191127375 COLOR WHI VEHICLE MODEL TRAX

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 01 US DOT #

VEHICLE WEIGHT GVWR/GCWR  
1 - <10K LBS.  
2 - 10,001 - 26K LBS.  
3 - >26K LBS.

HAZARDOUS MATERIAL  
 MATERIAL RELEASED CLASS # PLACARD ID #  
 PLACARD

TOWED BY: COMPANY NAME

UNIT TYPE 03

# OF TRAILING UNITS 00

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

AUTONOMOUS MODE LEVEL 0

SPECIAL FUNCTION 01

CARGO BODY TYPE 01

VEHICLE DEFECTS

NON-MOTORIST LOCATION AT IMPACT

ACTION 4

CONTRIBUTING CIRCUMSTANCES 01

SEQUENCE OF EVENTS

1 20

2

3

4

5

6

1 1 FIRST HARMFUL EVENT 1 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER

2025-00003862

**DAMAGE**

DAMAGE SCALE

3 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**

03 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

**TRAFFIC**

TRAFFICWAY FLOW 1 TRAFFIC CONTROL 6

# OF THROUGH LANES ON ROAD 2 RAIL GRADE CROSSING 1

**UNIT / NON-MOTORIST DIRECTION**

FROM 2 TO 1

UNIT SPEED 025 DETECTED SPEED 1

POSTED SPEED 25

**OWNER**

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (☒ SAME AS DRIVER)  
**WILLIAMS, VIC, M**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER)  
**316 DALE DR 102, Kent, OH 44240**

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

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE OH LICENSE PLATE # KCK3507 VEHICLE IDENTIFICATION # 5FN1F18598B018114 VEHICLE YEAR 2008 VEHICLE MAKE Honda

INSURANCE VERIFIED  INSURANCE COMPANY PROGRESSIVE INSURANCE POLICY # 983619580 COLOR BLK VEHICLE MODEL PILOT

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_

HAZARDOUS MATERIAL:  MATERIAL RELEASED  PLACARD

VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS., 2 - 10,001 - 26K LBS., 3 - >26K LBS.

UNIT TYPE 03 # OF TRAILING UNITS 00

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 AUTONOMOUS MODE LEVEL 0

SPECIAL FUNCTION 01

CARGO BODY TYPE 01

VEHICLE DEFECTS \_\_\_\_\_

NON-MOTORIST LOCATION AT IMPACT 3

ACTION 3 PRE-CRASH ACTIONS 03

CONTRIBUTING CIRCUMSTANCES 09

SEQUENCE OF EVENTS

1 20 2 \_\_\_\_\_ 3 \_\_\_\_\_

4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_

7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_

10 \_\_\_\_\_ 11 \_\_\_\_\_ 12 \_\_\_\_\_

13 \_\_\_\_\_ 14 \_\_\_\_\_ 15 \_\_\_\_\_

16 \_\_\_\_\_ 17 \_\_\_\_\_ 18 \_\_\_\_\_

19 \_\_\_\_\_ 20 \_\_\_\_\_ 21 \_\_\_\_\_

22 \_\_\_\_\_ 23 \_\_\_\_\_ 24 \_\_\_\_\_

25 \_\_\_\_\_ 26 \_\_\_\_\_ 27 \_\_\_\_\_

28 \_\_\_\_\_ 29 \_\_\_\_\_ 30 \_\_\_\_\_

31 \_\_\_\_\_ 32 \_\_\_\_\_ 33 \_\_\_\_\_

34 \_\_\_\_\_ 35 \_\_\_\_\_ 36 \_\_\_\_\_

37 \_\_\_\_\_ 38 \_\_\_\_\_ 39 \_\_\_\_\_

40 \_\_\_\_\_ 41 \_\_\_\_\_ 42 \_\_\_\_\_

43 \_\_\_\_\_ 44 \_\_\_\_\_ 45 \_\_\_\_\_

46 \_\_\_\_\_ 47 \_\_\_\_\_ 48 \_\_\_\_\_

49 \_\_\_\_\_ 50 \_\_\_\_\_ 51 \_\_\_\_\_

52 \_\_\_\_\_ 53 \_\_\_\_\_ 54 \_\_\_\_\_

55 \_\_\_\_\_ 56 \_\_\_\_\_ 57 \_\_\_\_\_

58 \_\_\_\_\_ 59 \_\_\_\_\_ 60 \_\_\_\_\_

61 \_\_\_\_\_ 62 \_\_\_\_\_ 63 \_\_\_\_\_

64 \_\_\_\_\_ 65 \_\_\_\_\_ 66 \_\_\_\_\_

67 \_\_\_\_\_ 68 \_\_\_\_\_ 69 \_\_\_\_\_

70 \_\_\_\_\_ 71 \_\_\_\_\_ 72 \_\_\_\_\_

73 \_\_\_\_\_ 74 \_\_\_\_\_ 75 \_\_\_\_\_

76 \_\_\_\_\_ 77 \_\_\_\_\_ 78 \_\_\_\_\_

79 \_\_\_\_\_ 80 \_\_\_\_\_ 81 \_\_\_\_\_

82 \_\_\_\_\_ 83 \_\_\_\_\_ 84 \_\_\_\_\_

85 \_\_\_\_\_ 86 \_\_\_\_\_ 87 \_\_\_\_\_

88 \_\_\_\_\_ 89 \_\_\_\_\_ 90 \_\_\_\_\_

91 \_\_\_\_\_ 92 \_\_\_\_\_ 93 \_\_\_\_\_

94 \_\_\_\_\_ 95 \_\_\_\_\_ 96 \_\_\_\_\_

97 \_\_\_\_\_ 98 \_\_\_\_\_ 99 \_\_\_\_\_

NON-MOTORIST LOCATION AT IMPACT

ACTION

CONTRIBUTING CIRCUMSTANCES

SEQUENCE OF EVENTS

1 20 2 \_\_\_\_\_ 3 \_\_\_\_\_

4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_

7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_

10 \_\_\_\_\_ 11 \_\_\_\_\_ 12 \_\_\_\_\_

13 \_\_\_\_\_ 14 \_\_\_\_\_ 15 \_\_\_\_\_

16 \_\_\_\_\_ 17 \_\_\_\_\_ 18 \_\_\_\_\_

19 \_\_\_\_\_ 20 \_\_\_\_\_ 21 \_\_\_\_\_

22 \_\_\_\_\_ 23 \_\_\_\_\_ 24 \_\_\_\_\_

25 \_\_\_\_\_ 26 \_\_\_\_\_ 27 \_\_\_\_\_

28 \_\_\_\_\_ 29 \_\_\_\_\_ 30 \_\_\_\_\_

31 \_\_\_\_\_ 32 \_\_\_\_\_ 33 \_\_\_\_\_

34 \_\_\_\_\_ 35 \_\_\_\_\_ 36 \_\_\_\_\_

37 \_\_\_\_\_ 38 \_\_\_\_\_ 39 \_\_\_\_\_

40 \_\_\_\_\_ 41 \_\_\_\_\_ 42 \_\_\_\_\_

43 \_\_\_\_\_ 44 \_\_\_\_\_ 45 \_\_\_\_\_

46 \_\_\_\_\_ 47 \_\_\_\_\_ 48 \_\_\_\_\_

49 \_\_\_\_\_ 50 \_\_\_\_\_ 51 \_\_\_\_\_

52 \_\_\_\_\_ 53 \_\_\_\_\_ 54 \_\_\_\_\_

55 \_\_\_\_\_ 56 \_\_\_\_\_ 57 \_\_\_\_\_

58 \_\_\_\_\_ 59 \_\_\_\_\_ 60 \_\_\_\_\_

61 \_\_\_\_\_ 62 \_\_\_\_\_ 63 \_\_\_\_\_

64 \_\_\_\_\_ 65 \_\_\_\_\_ 66 \_\_\_\_\_

67 \_\_\_\_\_ 68 \_\_\_\_\_ 69 \_\_\_\_\_

70 \_\_\_\_\_ 71 \_\_\_\_\_ 72 \_\_\_\_\_

73 \_\_\_\_\_ 74 \_\_\_\_\_ 75 \_\_\_\_\_

76 \_\_\_\_\_ 77 \_\_\_\_\_ 78 \_\_\_\_\_

79 \_\_\_\_\_ 80 \_\_\_\_\_ 81 \_\_\_\_\_

82 \_\_\_\_\_ 83 \_\_\_\_\_ 84 \_\_\_\_\_

85 \_\_\_\_\_ 86 \_\_\_\_\_ 87 \_\_\_\_\_

88 \_\_\_\_\_ 89 \_\_\_\_\_ 90 \_\_\_\_\_

91 \_\_\_\_\_ 92 \_\_\_\_\_ 93 \_\_\_\_\_

94 \_\_\_\_\_ 95 \_\_\_\_\_ 96 \_\_\_\_\_

97 \_\_\_\_\_ 98 \_\_\_\_\_ 99 \_\_\_\_\_

COLLISION WITH FIXED OBJECT - STRUCK

1 20 2 \_\_\_\_\_ 3 \_\_\_\_\_

4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_

7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_

10 \_\_\_\_\_ 11 \_\_\_\_\_ 12 \_\_\_\_\_

13 \_\_\_\_\_ 14 \_\_\_\_\_ 15 \_\_\_\_\_

16 \_\_\_\_\_ 17 \_\_\_\_\_ 18 \_\_\_\_\_

19 \_\_\_\_\_ 20 \_\_\_\_\_ 21 \_\_\_\_\_

22 \_\_\_\_\_ 23 \_\_\_\_\_ 24 \_\_\_\_\_

25 \_\_\_\_\_ 26 \_\_\_\_\_ 27 \_\_\_\_\_

28 \_\_\_\_\_ 29 \_\_\_\_\_ 30 \_\_\_\_\_

31 \_\_\_\_\_ 32 \_\_\_\_\_ 33 \_\_\_\_\_

34 \_\_\_\_\_ 35 \_\_\_\_\_ 36 \_\_\_\_\_

37 \_\_\_\_\_ 38 \_\_\_\_\_ 39 \_\_\_\_\_

40 \_\_\_\_\_ 41 \_\_\_\_\_ 42 \_\_\_\_\_

43 \_\_\_\_\_ 44 \_\_\_\_\_ 45 \_\_\_\_\_

46 \_\_\_\_\_ 47 \_\_\_\_\_ 48 \_\_\_\_\_

49 \_\_\_\_\_ 50 \_\_\_\_\_ 51 \_\_\_\_\_

52 \_\_\_\_\_ 53 \_\_\_\_\_ 54 \_\_\_\_\_

55 \_\_\_\_\_ 56 \_\_\_\_\_ 57 \_\_\_\_\_

58 \_\_\_\_\_ 59 \_\_\_\_\_ 60 \_\_\_\_\_

61 \_\_\_\_\_ 62 \_\_\_\_\_ 63 \_\_\_\_\_

64 \_\_\_\_\_ 65 \_\_\_\_\_ 66 \_\_\_\_\_

67 \_\_\_\_\_ 68 \_\_\_\_\_ 69 \_\_\_\_\_

70 \_\_\_\_\_ 71 \_\_\_\_\_ 72 \_\_\_\_\_

73 \_\_\_\_\_ 74 \_\_\_\_\_ 75 \_\_\_\_\_

76 \_\_\_\_\_ 77 \_\_\_\_\_ 78 \_\_\_\_\_

79 \_\_\_\_\_ 80 \_\_\_\_\_ 81 \_\_\_\_\_

82 \_\_\_\_\_ 83 \_\_\_\_\_ 84 \_\_\_\_\_

85 \_\_\_\_\_ 86 \_\_\_\_\_ 87 \_\_\_\_\_

88 \_\_\_\_\_ 89 \_\_\_\_\_ 90 \_\_\_\_\_

91 \_\_\_\_\_ 92 \_\_\_\_\_ 93 \_\_\_\_\_

94 \_\_\_\_\_ 95 \_\_\_\_\_ 96 \_\_\_\_\_

97 \_\_\_\_\_ 98 \_\_\_\_\_ 99 \_\_\_\_\_

LOCAL REPORT NUMBER  
2025-00003862

**DAMAGE**

DAMAGE SCALE

3 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**

11 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

**TRAFFIC**

TRAFFICWAY FLOW: 1 1 - ONE-WAY, 2 2 - TWO-WAY

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

# OF THROUGH LANES ON ROAD: 2

RAIL GRADE CROSSING: 1 1 - NOT INVOLVED, 2 - INVOLVED-ACTIVE CROSSING, 3 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**

FROM 2 TO 1

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

UNIT SPEED: 020

DETECTED SPEED: 1 1 - STATED / ESTIMATED SPEED, 2 - CALCULATED / EDR, 3 - UNDETERMINED

POSTED SPEED: 25

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
**2 0 2 5 - 0 0 0 0 3 8 6 2**

<b>UNIT #</b> 0 1	<b>NAME: LAST, FIRST, MIDDLE</b> LOGAR, SYDNEY, WALLACE		<b>DATE OF BIRTH</b> 1 2 2 0 2 0 0 1		<b>AGE</b> 23	<b>GENDER</b> F				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 4403 EDSON RD ,Brimfield Twp ,OH 44240				<b>CONTACT PHONE - INCLUDE AREA CODE</b> REDACTED PER ORC 149.43(A)(1)						
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b> REDACTED PER ORC 4501:1-12		<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>			
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS TYPE VALUE 1 1 .		<b>DRUG TEST(S)</b> STATUS TYPE RESULT SELECT UP TO 4 1 1	

<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> WILLIAMS, VIC, M		<b>DATE OF BIRTH</b> 0 7 2 2 2 0 0 4		<b>AGE</b> 20	<b>GENDER</b> F				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 316 DALE DR 102 ,Kent ,OH 44240				<b>CONTACT PHONE - INCLUDE AREA CODE</b> REDACTED PER ORC 149.43(A)(1)						
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b> REDACTED PER ORC 4501:1-12		<b>OFFENSE CHARGED</b> 331.14	<b>LOCAL CODE</b> <input checked="" type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> Signals Before Chang		<b>CITATION NUMBER</b> 28586			
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS TYPE VALUE 1 1 .		<b>DRUG TEST(S)</b> STATUS TYPE RESULT SELECT UP TO 4 1 1	

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>		<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>				<b>CONTACT PHONE - INCLUDE AREA CODE</b>						
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>	
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>			
<b>OL CLASS</b>	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b> STATUS TYPE VALUE		<b>DRUG TEST(S)</b> STATUS TYPE RESULT SELECT UP TO 4	

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHID - D) 5 - MC MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY	EJECTION		OL ENDORSEMENT	ALCOHOL TEST TYPE		
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER			
SAFETY EQUIPMENT	TRAPPED		GENDER	DRUG TEST TYPE		
1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	F - FEMALE M - MALE U - OTHER / UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER			
				DRUG TEST RESULT(S)		
				1 - 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 - 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 5 - 0 0 0 0 3 8 6 2

<b>OCCUPANT</b>	<b>UNIT #</b> 02	<b>NAME: LAST, FIRST, MIDDLE</b> BURNHAM, FIONA, ELYSE	<b>DATE OF BIRTH</b> 0 8   1 1   2 0 0 3		<b>AGE</b> 21	<b>GENDER</b> F			
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 4480 STHY 43 4 ,Brimfield Twp ,OH 44240			<b>CONTACT PHONE - INCLUDE AREA CODE</b> REDACTED PER ORC 149.43(A)(1)					
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 4	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> 0 6	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 02	<b>NAME: LAST, FIRST, MIDDLE</b> ROGERS, SOPHIA, ROSE	<b>DATE OF BIRTH</b> 0 7   0 4   2 0 0 3		<b>AGE</b> 21	<b>GENDER</b> F			
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 129 N LINCOLN ST ,Kent ,OH 44240			<b>CONTACT PHONE - INCLUDE AREA CODE</b> REDACTED PER ORC 149.43(A)(1)					
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> Akron Childrens Hosp...	<b>SAFETY EQUIPMENT USED</b> 0 4	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> 0 4	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 02	<b>NAME: LAST, FIRST, MIDDLE</b> GERACI, RYLEIGH, MAE	<b>DATE OF BIRTH</b> 0 8   1 7   2 0 0 4		<b>AGE</b> 20	<b>GENDER</b> F			
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 755 VANDERBILT DR ,MONROEVILLE ,PA 15146			<b>CONTACT PHONE - INCLUDE AREA CODE</b> REDACTED PER ORC 149.43(A)(1)					
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 4	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> 0 3	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>			
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b>			<b>CONTACT PHONE - INCLUDE AREA CODE</b>					
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>

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
<b>INJURED TAKEN BY</b>		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>
2 - EMS	7 - BOOSTER SEAT	8 - THIRD - MIDDLE	1 - NOT EJECTED
3 - POLICE	8 - HELMET USED	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
<b>GENDER</b>		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
F - FEMALE	10 - REFLECTIVE CLOTHING	12 - PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>
M - MALE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	13 - TRAILING UNIT	1 - NOT TRAPPED
U - OTHER / UNKNOWN	99 - 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	

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

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

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