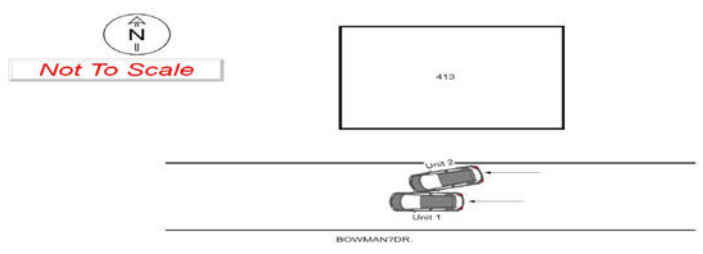


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

| | | | | | | | | | | | |
|---|--------------|--|--|---|--|--|---------------------------|---|--|---|--|
| <input type="checkbox"/> PHOTOS TAKEN | | <input type="checkbox"/> OH-2 | <input type="checkbox"/> OH-3 | LOCAL INFORMATION | | 2 0 2 5 - 0 0 0 1 7 9 4 0 | | | | | |
| <input type="checkbox"/> SECONDARY CRASH | | <input type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME* | | NCIC* | | HIT/SKIP | NUMBER OF UNITS | UNIT IN ERROR | |
| <input type="checkbox"/> PRIVATE PROPERTY | | | | City of Kent Police | | 0 6 7 0 3 | | 1 - SOLVED 2 - UNSOLVED | 0 2 | 98 - ANIMAL 99 - UNKNOWN | |
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | | | | CRASH DATE / TIME* | | CRASH SEVERITY | | | |
| 6 7 | 1 | Kent | | | | 12282025/1453 | | 5 | | | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME | | ROAD TYPE | LATITUDE DECIMAL DEGREES | | CRASH SEVERITY | | |
| | | | | BOWMAN | | D R | 41.141265 | | 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 #) | | ROAD TYPE | LONGITUDE DECIMAL DEGREES | | | | |
| | | | | 413 | | | -81.353146 | | | | |
| REFERENCE POINT | | DIRECTION FROM REFERENCE | | ROUTE TYPE | | ROAD TYPE | | INTERSECTION RELATED | | | |
| 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # | | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | | AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS | | HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY | | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES | |
| DISTANCE FROM REFERENCE | | DISTANCE UNIT OF MEASURE | | | | | | ROADWAY | | | |
| | | 1 - MILES 2 - FEET 3 - YARDS | | | | | | <input type="checkbox"/> ROADWAY DIVIDED | | | |
| LOCATION OF FIRST HARMFUL EVENT | | | | MANNER OF CRASH COLLISION/IMPACT | | | | DIRECTION OF TRAVEL | | MEDIAN TYPE | |
| 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 | | | | 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 | | | | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN | |
| <input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE | | WORK ZONE TYPE | | LOCATION OF CRASH IN WORK ZONE | | CONTOUR | | CONDITIONS | | SURFACE | |
| | | 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | | 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | | 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN | | 2 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN | | 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN | |
| LIGHT CONDITION | | | | WEATHER | | | | | | | |
| 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN | | | | 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 WAS TRAVELING WEST ON BOWMAN DR. UNIT 2 WAS PARKED IN FRONT OF 413 BOWMAN DR. UNIT 2 TRIED TO ENTER THE ROADWAY AND FAILED TO YIELD TO UNIT 1 STRIKING THE PASSENGER SIDE OF THE VEHICLE. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| CRASH REPORTED DATE / TIME | | DISPATCH DATE / TIME | | ARRIVAL DATE / TIME | | SCENE CLEARED DATE / TIME | | REPORT TAKEN BY | | | |
| 12282025/1453 | | 12282025/1454 | | 12282025/1456 | | 12282025/1516 | | <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS) | | | |
| TOTAL TIME ROADWAY CLOSED | | OTHER INVESTIGATION TIME | | TOTAL MINUTES | | OFFICER'S NAME* | | CHECKED BY OFFICER'S NAME* | | | |
| 0 0 0 | | 0 1 0 | | 0 3 2 | | Knapp, Derek Raymond | | Fuller, James | | | |
| | | | | | | OFFICER'S BADGE NUMBER* | | CHECKED BY OFFICER'S BADGE NUMBER* | | | |
| | | | | | | 2 5 3 | | 2 2 1 | | | |

| | | | | | |
|--|--|---|--|---|-----------------------------------|
| OWNER | UNIT # 0 1 | OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) BECK, AMBER, ROSE | OWNED 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) 900 MORRIS RD 2, Kent, OH 44240 | | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | |
| LP STATE O H | | LICENSE PLATE # HUF3726 | VEHICLE IDENTIFICATION # 3 KPA24AD2PE586905 | VEHICLE YEAR 2 0 2 3 | VEHICLE MAKE Kia Motors |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | | INSURANCE COMPANY AMERICAN FAMILY | INSURANCE POLICY # 16043370783FPFAOH | COLOR BLK | VEHICLE MODEL RIO |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | TYPE OF USE | | TOWED BY: COMPANY NAME | |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT | | #OCCUPANTS 0 1 | | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD | |
| UNIT TYPE 0 1 | | VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | | | |
| # OF TRAILING UNITS 0 | | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN | | | |
| SPECIAL FUNCTION 0 1 | | AUTONOMOUS MODE LEVEL 0 | | | |
| CARGO BODY TYPE 0 1 | | VEHICLE DEFECTS | | | |
| VEHICLE LOCATION AT IMPACT 0 1 | | ACTION 4 | | | |
| CONTRIBUTING CIRCUMSTANCES 0 1 | | SEQUENCE OF EVENTS | | | |
| FIRST HARMFUL EVENT 1 | | MOST HARMFUL EVENT 1 | | | |

| | |
|--|--|
| LOCAL REPORT NUMBER 2 0 2 5 - 0 0 0 1 7 9 4 0 | |
| DAMAGE DAMAGE SCALE 3 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY | |
| Corporation | |
| INITIAL POINT OF CONTACT 0 2 0 - NO DAMAGE 14 - UNDERCARRIAGE 1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN | |
| TRAFFIC TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY # OF THROUGH LANES ON ROAD 2 | |
| RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING | |
| UNIT / NON-MOTORIST DIRECTION FROM 3 TO 4 | |
| UNIT SPEED 0 2 0 | |
| DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED | |
| POSTED SPEED 2 5 | |

| | | | | | |
|---|---|---|---|---|-------------------------------|
| OWNER | UNIT # 0 2 | OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) BEICHLER, MACEN, MATHEW | 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) 5108 59 H26 ,Ravenna Twp ,OH 44266 | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | |
| VEHICLE | LP STATE O H | LICENSE PLATE # KSG1809 | VEHICLE IDENTIFICATION # S HHF K7 H6 XMU2 1 4 1 0 3 | VEHICLE YEAR 2 0 2 1 | VEHICLE MAKE Honda |
| | <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY PROGRESSIVE | INSURANCE POLICY # 999720454 | COLOR GRY | VEHICLE MODEL CIVIC |
| | <input type="checkbox"/> COMMERCIAL | TYPE OF USE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | US DOT # | TOWED BY: COMPANY NAME | |
| | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED | HIT/SKIP UNIT | #OCCUPANTS 0 1 | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD | |
| | VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | | | | |
| | UNIT TYPE 0 1 | | 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 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 - TRAIL 99 - UNKNOWN OR HIT/SKIP | | |
| | # OF TRAILING UNITS 0 | | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN | | |
| | AUTONOMOUS MODE LEVEL 0 | | 1 - NO AUTOMATION 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN | | |
| | SPECIAL FUNCTION 0 1 | | 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 | | |
| | CARGO BODY TYPE 0 1 | | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 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 | | |
| VEHICLE DEFECTS 0 1 | | 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN | | | |
| NON-MOTORIST LOCATION AT IMPACT 0 1 | | 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN | | | |
| ACTION 3 | | 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 | | | |
| CONTRIBUTING CIRCUMSTANCES 1 3 | | 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 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 MOTORVEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT | | | |
| 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 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 | | | |
| FIRST HARMFUL EVENT 1 | | MOST HARMFUL EVENT 1 | | | |

| | |
|--|---|
| LOCAL REPORT NUMBER 2 0 2 5 - 0 0 0 1 7 9 4 0 | |
| DAMAGE DAMAGE SCALE 2 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY | |
| | |
| <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16] | |
| INITIAL POINT OF CONTACT 1 1 0 - NO DAMAGE 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN | |
| TRAFFIC TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL 6 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL | |
| # OF THROUGH LANES ON ROAD 2 | RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION FROM 3 TO 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | |
| UNIT SPEED 0 0 2 | DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| POSTED SPEED 2 5 | |

MOTORIST / Non-MOTORIST

| LOCAL REPORT NUMBER | | | | | | | | | | | |
|--|----------------------------|----------------------------|-----------------|---|--|-----------------------------------|--------------------------|------------------|---------------|--------------|---------|
| 2 0 2 5 - 0 0 0 1 7 9 4 0 | | | | | | | | | | | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | AGE | GENDER | | |
| 0 1 | BECK, AMBER, ROSE | | | | | 0 2 1 6 2 0 0 2 | | 23 | F | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| 900 MORRIS RD 2 ,Kent ,OH 44240 | | | | | | REDACTED PER ORC 149.43(A)(1) | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| 5 | | | | | | 0 4 | <input type="checkbox"/> | 0 1 | 1 | 1 | 1 |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | CITATION NUMBER | | | |
| O H | REDACTED PER ORC 4501:1-12 | | | | | | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | | DRUG TEST(S) | |
| 4 | | | | 1 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | 1 | STATUS | TYPE | VALUE | STATUS |
| | | | | | | | | 1 | 1 | | 1 |
| UNIT # | | | | | | DATE OF BIRTH | | AGE | GENDER | | |
| 0 2 | | | | | | 0 9 1 5 2 0 0 6 | | 19 | M | | |
| NAME: LAST, FIRST, MIDDLE | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| BEICHLER, MACEN, MATHEW | | | | | | REDACTED PER ORC 149.43(A)(1) | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | | |
| 5108 STHY 59 H26 ,Ravenna Twp ,OH 44266 | | | | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| 5 | | | | | | 0 4 | <input type="checkbox"/> | 0 1 | 1 | 1 | 1 |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | CITATION NUMBER | | | |
| O H | REDACTED PER ORC 4501:1-12 | | 331.13 | | X | Starting and Backing | | 30453 | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | | DRUG TEST(S) | |
| 4 | | | | 1 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | 1 | STATUS | TYPE | VALUE | STATUS |
| | | | | | | | | 1 | 1 | | 1 |
| UNIT # | | | | | | 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 | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| | | | | | | | <input type="checkbox"/> | | | | |
| 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 | | CONDITION | ALCOHOL TEST | | DRUG TEST(S) | |
| | | | | | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | | STATUS | TYPE | VALUE | STATUS |
| | | | | | | | | | | | |
| INJURIES | | | | | | | | | | | |
| 1 - FATAL | | | | | | | | | | | |
| 2 - SUSPECTED SERIOUS INJURY | | | | | | | | | | | |
| 3 - SUSPECTED MINOR INJURY | | | | | | | | | | | |
| 4 - POSSIBLE INJURY | | | | | | | | | | | |
| 5 - NO APPARENT INJURY | | | | | | | | | | | |
| INJURED TAKEN BY | | | | | | | | | | | |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | | | | | | | | | | | |
| 2 - EMS | | | | | | | | | | | |
| 3 - POLICE | | | | | | | | | | | |
| 9 - OTHER / UNKNOWN | | | | | | | | | | | |
| SAFETY EQUIPMENT | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| SEATING POSITION | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| AIR BAG | | | | | | | | | | | |
| 1 - NOT DEPLOYED | | | | | | | | | | | |
| 2 - DEPLOYED FRONT | | | | | | | | | | | |
| 3 - DEPLOYED SIDE | | | | | | | | | | | |
| 4 - DEPLOYED BOTH FRONT / SIDE | | | | | | | | | | | |
| 5 - NOT APPLICABLE | | | | | | | | | | | |
| 9 - DEPLOYMENT UNKNOWN | | | | | | | | | | | |
| EJECTION | | | | | | | | | | | |
| 1 - NOT EJECTED | | | | | | | | | | | |
| 2 - PARTIALLY EJECTED | | | | | | | | | | | |
| 3 - TOTALLY EJECTED | | | | | | | | | | | |
| 4 - NOT APPLICABLE | | | | | | | | | | | |
| TRAPPED | | | | | | | | | | | |
| 1 - NOT TRAPPED | | | | | | | | | | | |
| 2 - EXTRICATED BY MECHANICAL MEANS | | | | | | | | | | | |
| 3 - FREED BY NON-MECHANICAL MEANS | | | | | | | | | | | |
| OL CLASS | | | | | | | | | | | |
| 1 - CLASS A | | | | | | | | | | | |
| 2 - CLASS B | | | | | | | | | | | |
| 3 - CLASS C | | | | | | | | | | | |
| 4 - REGULAR CLASS (OHIO - D) | | | | | | | | | | | |
| 5 - M/C MOPED ONLY | | | | | | | | | | | |
| 6 - NO VALID OL | | | | | | | | | | | |
| OL RESTRICTION(S) | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| DRIVER DISTRACTION | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| TEST STATUS | | | | | | | | | | | |
| 1 - NONE GIVEN | | | | | | | | | | | |
| 2 - TEST REFUSED | | | | | | | | | | | |
| 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE | | | | | | | | | | | |
| 4 - TEST GIVEN, RESULTS KNOWN | | | | | | | | | | | |
| 5 - TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | | | |
| ALCOHOL TEST TYPE | | | | | | | | | | | |
| 1 - NONE | | | | | | | | | | | |
| 2 - BLOOD | | | | | | | | | | | |
| 3 - URINE | | | | | | | | | | | |
| 4 - BREATH | | | | | | | | | | | |
| 5 - OTHER | | | | | | | | | | | |
| DRUG TEST TYPE | | | | | | | | | | | |
| 1 - NONE | | | | | | | | | | | |
| 2 - BLOOD | | | | | | | | | | | |
| 3 - URINE | | | | | | | | | | | |
| 4 - 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 | | | | | | | | | | | |
| 9 - OTHER / UNKNOWN | | | | | | | | | | | |
| DRUG TEST RESULT(S) | | | | | | | | | | | |
| 1 - AMPHETAMINES | | | | | | | | | | | |
| 2 - BARBITURATES | | | | | | | | | | | |
| 3 - BENZODIAZEPINES | | | | | | | | | | | |
| 4 - CANNABINOIDS | | | | | | | | | | | |
| 5 - COCAINE | | | | | | | | | | | |
| 6 - OPIATES / OPIOIDS | | | | | | | | | | | |
| 7 - OTHER | | | | | | | | | | | |
| 8 - NEGATIVE RESULTS | | | | | | | | | | | |