






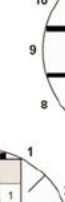


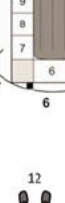



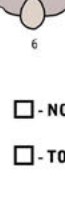

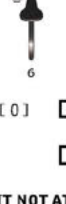







OWNER	UNIT # <b>01</b>		OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) <b>FINLEY, BENJAMIN, FRANK</b>		OWNED DRONE: (X SAME AS DRIVER) / (X SAME AS INDUSTRY) <b>REDACTED PER ORC 149.43(A)(1)</b>		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) <b>2756 HARTWOOD CIR, Stow, OH 44224</b>						
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP					COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
VEHICLE	LP STATE <b>OH</b>	LICENSE PLATE # <b>HGM7294</b>	VEHICLE IDENTIFICATION # <b>2HGF B2 F5 1 F H5 6 4 0 5 4</b>			VEHICLE YEAR <b>2015</b>	VEHICLE MAKE <b>Honda</b>
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <b>ALL STATE</b>		INSURANCE POLICY # <b>992916959</b>		COLOR <b>BLU</b>	VEHICLE MODEL <b>CIVIC</b>
	<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>01</b>	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #	
	1 - PASSENGER CAR		7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	16 - LIM0 (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER	
	2 - PASSENGER VAN (MINIVAN)		8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)	
	3 - SPORT UTILITY VEHICLE		9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST	
	4 - PICKUP		10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE	
	5 - CARGO VAN		11 - ALL TERRAIN VEHICLE (ATV / UTV)	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN	
	6 - VAN (9-15 SEATS)			17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP	
VEHICLE	UNIT TYPE <b>01</b>		# OF TRAILING UNITS				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL <b>0</b>		9 - UNKNOWN		
	1 - YES 2 - NO 9 - OTHER / UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION		3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION		
	1 - NONE		6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER	
	2 - TAXI		7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN	
	3 - ELECTRONIC RIDE SHARING		8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL		
	4 - SCHOOL TRANSPORT		9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING		
	5 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL		
	1 - NO CARGO BODY TYPE / NOT APPLICABLE		3 - VEHICLE TOWING ANOTHER MOTORVEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER	
	2 - BUS		4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTOTRANSPORTER	
VEHICLE	CARGO BODY TYPE <b>01</b>		7 - GRAIN/CHIPS/GRAVEL		10 - FLAT BED	14 - GARBAGE/REFUSE	
	1 - TURN SIGNALS		4 - BRAKES	7 - WORN OR SLICK TIRES	11 - DUMP	99 - OTHER / UNKNOWN	
	2 - HEAD LAMPS		5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN	
	3 - TAIL LAMPS		6 - TIRE BLOWOUT	10 - DISABLED FROM PRIOR ACCIDENT			
	1 - INTERSECTION - MARKED CROSSWALK		3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE	
	2 - INTERSECTION - UNMARKED CROSSWALK		4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	99 - OTHER / UNKNOWN	
			5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS		
	1 - NON-CONTACT		1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE	
	2 - NON-COLLISION		2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING	
	3 - STRIKING		3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST	
EVENT(S)	ACTION <b>4</b>		PRE-CRASH ACTIONS <b>11</b>		10 - PARKED	16 - WORKING	
	5 - BOTH STRIKING & STRUCK		5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	21 - STANDING OUTSIDE DISABLED VEHICLE	
	9 - OTHER / UNKNOWN		6 - MAKING LEFT TURN	12 - DRIVERLESS		99 - OTHER / UNKNOWN	
	1 - NONE		7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY	
	2 - FAILURE TO YIELD		8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE	
	3 - RAN RED LIGHT		9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/ SPILLING	23 - OPENING DOOR INTO ROADWAY	
	4 - RAN STOP SIGN		10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION	
	5 - UNSAFE SPEED		11 - DROVE OFF ROAD				
	6 - IMPROPER TURN		12 - IMPROPER BACKING				
	SEQUENCE OF EVENTS						
EVENT(S)	1 <b>20</b>		NON-COLLISION		22 - WORK ZONE MAINTENANCE EQUIPMENT		
	2		1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE	
	3		2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	24 - OTHER MOVABLE OBJECT	
	4		3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION		
	5		4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN		
	6		5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDAL CYCLE		
			COLLISION WITH FIXED OBJECT - STRUCK				
	4		25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	
	5		26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	
	6		27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT	
1 <b>1</b> FIRST HARMFUL EVENT 1 <b>1</b> MOST HARMFUL EVENT							

LOCAL REPORT NUMBER	
<div style="display: flex; justify-content: space-around; font-size: 1.2em;"> <span>2</span><span>0</span><span>2</span><span>5</span> - <span>0</span><span>0</span><span>0</span><span>1</span><span>3</span><span>5</span><span>6</span><span>9</span> </div>	
DAMAGE	
DAMAGE SCALE	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1 - NONE</p> <p>2 - MINOR DAMAGE</p> <p>9 - UNKNOWN</p> </div> <div style="width: 45%;"> <p>3 - FUNCTIONAL DAMAGE</p> <p>4 - DISABLING DAMAGE</p> </div> </div>	
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px; margin-right: 10px;">3</div> </div>	
DAMAGED AREA(S)	
INDICATE ALL THAT APPLY	
<div style="display: grid; grid-template-columns: 1fr 1fr; gap: 10px;">       </div>	
<div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">  <p>12</p> </div> <div style="text-align: center;">  <p>12</p> </div> <div style="text-align: center;">  <p>12</p> </div> <div style="text-align: center;">  <p>12</p> </div> </div>	
<div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">  <p>12</p> </div> <div style="text-align: center;">  <p>12</p> </div> <div style="text-align: center;">  <p>12</p> </div> <div style="text-align: center;">  <p>12</p> </div> </div>	
<div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">  <p>12</p> </div> <div style="text-align: center;">  <p>12</p> </div> <div style="text-align: center;">  <p>12</p> </div> <div style="text-align: center;">  <p>12</p> </div> </div>	
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p><input type="checkbox"/> - NO DAMAGE [ 0 ]</p> <p><input type="checkbox"/> - TOP [ 13 ]</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> - UNDERCARRIAGE [ 14 ]</p> <p><input type="checkbox"/> - ALL AREAS [ 15 ]</p> </div> </div> <p style="text-align: center; margin-top: 10px;"><input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]</p>	
INITIAL POINT OF CONTACT	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>0 - NO DAMAGE</p> <p>1-12 - REFER TO UNIT DIAGRAM</p> <p>13 - TOP</p> </div> <div style="width: 45%;"> <p>14 - UNDERCARRIAGE</p> <p>15 - VEHICLE NOT AT SCENE</p> <p>99 - UNKNOWN</p> </div> </div>	
TRAFFIC	
<p style="font-weight: bold;">TRAFFICWAY FLOW</p> <p>1 - ONE-WAY</p> <p>2 - TWO-WAY</p> <div style="border: 1px solid black; padding: 2px 10px; margin-top: 10px;">2</div>	<p style="font-weight: bold;">TRAFFIC CONTROL</p> <p>1 - ROUNDABOUT    4 - STOP SIGN</p> <p>2 - SIGNAL            5 - YIELD SIGN</p> <p>3 - FLASHER         6 - NO CONTROL</p> <div style="border: 1px solid black; padding: 2px 10px; margin-top: 10px;">6</div>
<p style="font-weight: bold;"># OF THROUGH LANES ON ROAD</p> <div style="border: 1px solid black; padding: 2px 10px; margin-top: 10px;">4</div>	<p style="font-weight: bold;">RAIL GRADE CROSSING</p> <p>1 - NOT INVOLVED</p> <p>2 - INVOLVED-ACTIVE CROSSING</p> <p>3 - INVOLVED-PASSIVE CROSSING</p> <div style="border: 1px solid black; padding: 2px 10px; margin-top: 10px;">1</div>
UNIT / NON-MOTORIST DIRECTION	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>FROM <div style="border: 1px solid black; padding: 2px 10px;">3</div> TO <div style="border: 1px solid black; padding: 2px 10px;">4</div></p> </div> <div style="width: 45%;"> <p>1 - NORTH            5 - NORTHEAST</p> <p>2 - SOUTH           6 - NORTHWEST</p> <p>3 - EAST             7 - SOUTHEAST</p> <p>4 - WEST            8 - SOUTHWEST</p> <p>9 - OTHER / UNKNOWN</p> </div> </div>	
<p style="font-weight: bold;">UNIT SPEED</p> <div style="border: 1px solid black; padding: 2px 10px; margin-top: 10px;">0 2 5</div>	<p style="font-weight: bold;">DETECTED SPEED</p> <p>1 - STATED / ESTIMATED SPEED</p> <p>2 - CALCULATED / EDR</p> <p>3 - UNDETERMINED</p> <div style="border: 1px solid black; padding: 2px 10px; margin-top: 10px;">1</div>
<p style="font-weight: bold;">POSTED SPEED</p> <div style="border: 1px solid black; padding: 2px 10px; margin-top: 10px;">3 5</div>	



OWNER	UNIT # <b>0 2</b>	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) <b>CARTER, RACHAEL, EVA</b>	OWNED PHONE: INCLUDE AREA CODE (SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) <b>1631 HANNUM DR, Streetsboro, OH 44241</b>				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE <b>O H</b>	LICENSE PLATE # <b>MXH18</b>	VEHICLE IDENTIFICATION # <b>J Y A R J 0 6 E 8 8 A 0 3 8 4 3 8</b>	VEHICLE YEAR <b>2 0 0 8</b>	VEHICLE MAKE <b>Yamaha</b>
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <b>GEICO</b>	INSURANCE POLICY # <b>6104570004</b>	COLOR <b>WHI</b>	VEHICLE MODEL <b>YZF-R6</b>
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME <b>Bakers Towing</b>	
	<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	
	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.				
	UNIT TYPE <b>0 7</b>		1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP		
	# OF TRAILING UNITS <b>0</b>				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 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 9 - UNKNOWN		
	SPECIAL FUNCTION <b>0 1</b>		1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL		
	CARGO BODY TYPE <b>0 1</b>		1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTOTRANSPORTER 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN		
VEHICLE DEFECTS		1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT 3 - TAIL LAMPS 6 - TIRE BLOWOUT			
EVENT(S)	NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS		
	ACTION <b>3</b>		1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS		
	CONTRIBUTING CIRCUMSTANCES <b>0 8</b>		1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 6 - IMPROPER TURN 12 - IMPROPER BACKING		
	SEQUENCE OF EVENTS		NON-COLLISION 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTORVEHICLE		
	COLLISION WITH FIXED OBJECT - STRUCK		25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 55 - OTHER / UNKNOWN 49 - FIRE HYDRANT		
	FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b>				

LOCAL REPORT NUMBER <b>2 0 2 5 - 0 0 0 1 3 5 6 9</b>	
DAMAGE DAMAGE SCALE <b>4</b> 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR 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 <b>1 2</b> 0 - NO DAMAGE 14 - UNDERCARRIAGE 1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFICWAY FLOW <b>2</b> 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL <b>6</b> 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <b>4</b>	RAIL GRADE CROSSING <b>1</b> 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 <b>0 4 2</b>	DETECTED SPEED <b>1</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <b>3 5</b>	



## MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER													
2 0 2 5 - 0 0 0 1 3 5 6 9													
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER					
0 1	FINLEY, BENJAMIN, FRANK				0 8 2 0 1 9 8 2		4 3	M					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
2756 HARTWOOD CIR ,Stow ,OH 44224					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		0 3	1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4	
							1	1		1	1		
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER					
0 2	WILLIAMS, LANDEN, THOMAS				0 7 1 1 2 0 0 8		1 7	M					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
1631 HANNUM DR ,Streetsboro ,OH 44241					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			
3	2	Brimfield Fire	UHPMC		0 8	<input checked="" type="checkbox"/>	0 1	5	3	1			
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
O H	REDACTED PER ORC 4501:1-12		4511.21A			Assured Clear Distan		29731					
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	M		1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4	
							1	1		1	1		
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	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	TYPE	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 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		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		4 - TALKING ON HAND-HELD COMMUNICATION DEVICE		4 - TEST GIVEN, RESULTS KNOWN	
5 - NO APPARENT INJURY		5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M/C MOPEL ONLY		5 - EXCEPT CLASS A BUS & CLASS B BUS		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN	
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS		6 - PASSENGER		ALCOHOL TEST TYPE	
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION		H - HAZMAT		7 - EXCEPT TRACTOR-TRAILER		7 - OTHER DISTRACTION INSIDE THE VEHICLE		1 - NONE	
2 - EMS		8 - THIRD - MIDDLE		1 - NOT EJECTED		M - MOTORCYCLE		8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		2 - BLOOD	
3 - POLICE		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED		P - PASSENGER		9 - LEARNER'S PERMIT RESTRICTIONS		9 - OTHER / UNKNOWN		3 - URINE	
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED		N - TANKER		10 - LIMITED TO DAYLIGHT ONLY		CONDITION		4 - BREATH	
SAFETY EQUIPMENT		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE		Q - MOTOR SCOOTER		11 - LIMITED TO EMPLOYMENT		1 - APPARENTLY NORMAL		5 - OTHER	
1 - NONE USED		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED		R - THREE-WHEEL MOTORCYCLE		12 - LIMITED - OTHER		2 - PHYSICAL IMPAIRMENT		DRUG TEST TYPE	
2 - SHOULDER BELT ONLY USED		13 - TRAILING UNIT		1 - NOT TRAPPED		S - SCHOOL BUS		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		1 - NONE	
3 - LAP BELT ONLY USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS		14 - MILITARY VEHICLES ONLY		4 - ILLNESS		2 - BLOOD	
4 - SHOULDER & LAP BELT USED		15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS		X - TANKER / HAZMAT		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		3 - URINE	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN				GENDER		16 - OUTSIDE MIRROR		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		4 - OTHER	
6 - CHILD RESTRAINT SYSTEM - REAR FACING						F - FEMALE		17 - PROSTHETIC AID		9 - OTHER / UNKNOWN		DRUG TEST RESULT(S)	
7 - BOOSTER SEAT						M - MALE		18 - OTHER				1 - AMPHETAMINES	
8 - HELMET USED						U - OTHER / UNKNOWN						2 - BARBITURATES	
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)												3 - BENZODIAZEPINES	
10 - REFLECTIVE CLOTHING												4 - CANNABINOIDS	
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY												5 - COCAINE	
99 - OTHER / UNKNOWN												6 - OPIATES / OPIOIDS	
												7 - OTHER	
												8 - NEGATIVE RESULTS	



# OCCUPANT / WITNESS ADDENDUM

**LOCAL REPORT NUMBER**  
**2 0 2 5 - 0 0 0 1 3 5 6 9**

<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>
<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>
<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>
<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 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  <b>EJECTION</b> 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE  <b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS

<b>WITNESS</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>GENDER</b>
	<b>MCGINNIS, KAMRYN, ANISA</b>	<b>0 7 2 8 2 0 0 6</b>	<b>1 9</b>	<b>F</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>METZO, MIRANDA, MARIE</b>	<b>0 9 2 9 2 0 0 5</b>	<b>1 9</b>	<b>F</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>		