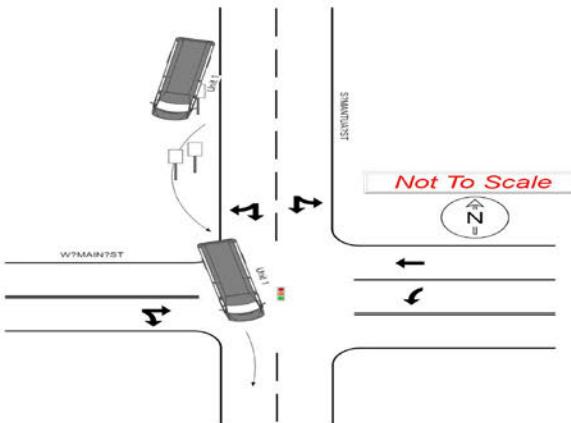


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input 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				
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*			HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR		
6 7	1 1-CITY 2-VILLAGE 3-TOWNSHIP	Kent			1 1-SOLVED 2-UNRESOLVED	0 1	0 1 98-ANIMAL 99-UNKNOWN		
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	CRASH DATE / TIME*			
	S R	43	2	MANTUA	S T	12292025/1354 5			
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LATITUDE DECIMAL DEGREES			
				MAIN	S T	41 14 16 89			
						LONGITUDE DECIMAL DEGREES			
						-81 36 25 49			
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	CRASH SEVERITY					
1 2-MILE POST 3-HOUSE #	1 1-NORTH 2-SOUTH 3-EAST 4-WEST	IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	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	1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED					
3 0	2 1-MILES 2-FEET 3-YARDS	CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	RD - ROAD	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input checked="" type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4					
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT	ROADWAY					
0 1	1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFIC WAY 7-ON RAMP 8-OFF RAMP	9-CROSSOVER 10-DRIVeway/ALLEY ACCESS 11-RAILWAY GRADE CROSSING 12-SHARED USE PATHS OR TRAILS 13-BIKE LANE 14-TOLL BOOTH 99-OTHER/UNKNOWN	1 1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN 4-TRANSPORT 2-REAR-END 3-HEAD-ON	4 4-REAR-TO-REAR 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-OTHER/UNKNOWN	<input type="checkbox"/> ROADWAY DIVIDED				
DIRECTION OF TRAVEL			MEDIAN TYPE						
	1 1-NORTH 2-SOUTH 3-EAST 4-WEST		1 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 TYPE			LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE			
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE	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 2 3 4 9	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	9	9				
1 1-DAYLIGHT 2-DAWN/DUSK 3-DARK-LIGHTED ROADWAY 4-DARK-ROADWAY NOT LIGHTED 5-DARK-UNKNOWN ROADWAY LIGHTING 9-OTHER/UNKNOWN	0 6 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					 Indicate the north direction with an "N" on the compass diagram.				
UNIT 1 TRAVELED OFF THE ROAD TO THE RIGHT WHILE TRAVELING SOUTH ON S MANTUA ST. UNIT 1 STRUCK THREE POSTED SIGNS AND WENT BACK ONTO THE ROADWAY HEADED SOUTH.									
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME			
12292025/1354		12292025/1359		12292025/1400		12292025/1446			
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		REPORT TAKEN BY			
0 0 0		0 3 0		0 7 7		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST			
OFFICER'S NAME*		OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S NAME*		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)			
Kunka, Leonard B		2 5 0		Kunka, Leonard B					
				CHECKED BY OFFICER'S BADGE NUMBER*					
				2 5 0					

LOCAL REPORT NUMBER
2 0 2 5 - 0 0 0 1 7 9 9 0

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 YOSICK, ROBERT, WILLIAM				DATE OF BIRTH	AGE	GENDER			
					0 8 3 0 1 9 7 5	50	M				
ADDRESS: STREET, CITY, STATE, ZIP 2209 OLD FORGE RD ,Brimfield Twp ,OH 44240					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 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE O H	OPERATOR LICENSE NUMBER REDACTED PER ORC 4501:1-12		OFFENSE CHARGED 335.12	LOCAL CODE 	OFFENSE DESCRIPTION Stopping after Accid		CITATION NUMBER 29636				
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 				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 		
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 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 	ALCOHOL TEST STATUS 	TYPE 	VALUE 	DRUG TEST(S) STATUS 	TYPE 	RESULT SELECT UP TO 4
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 		
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 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 	ALCOHOL TEST STATUS 	TYPE 	VALUE 	DRUG TEST(S) 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 (OHIO = D) 5- M/C 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 HAND-Held 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					
EJECTION 				OL ENDORSEMENT 	ALCOHOL TEST TYPE 						
1- NOT EJECTED 2- PARTIALLY EJECTED 3- TOTALLY EJECTED 4- NOT APPLICABLE				H- HAZMAT M- MOTORCYCLE P- PASSENGER N- TANKER Q- MOTOR SCOOTER	1- NONE 2- BLOOD 3- URINE 4- BREATH 5- OTHER						
TRAPPED 				R- THREE-WHEEL MOTORCYCLE S- SCHOOL BUS T- DOUBLE & TRIPLE TRAILERS X- TANKER / HAZMAT	DRUG TEST TYPE 						
1- NOT TRAPPED 2- EXTRICATED BY MECHANICAL MEANS 3- FREED BY NON-MECHANICAL MEANS				F- FEMALE M- MALE U- OTHER / UNKNOWN	DRUG TEST RESULT(S) 						
GENDER 				CONDITION 							
F- FEMALE M- MALE U- OTHER / UNKNOWN				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) 						
U- OTHER / UNKNOWN				1- AMPHETAMINES 2- BARBITURATES 3- BENZODIAZEPINES 4- CANNABINOIDs 5- COCAINE 6- OPIATES / OPIOIDS 7- OTHER 8- NEGATIVE RESULTS							
INJURED TAKEN BY 											
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											