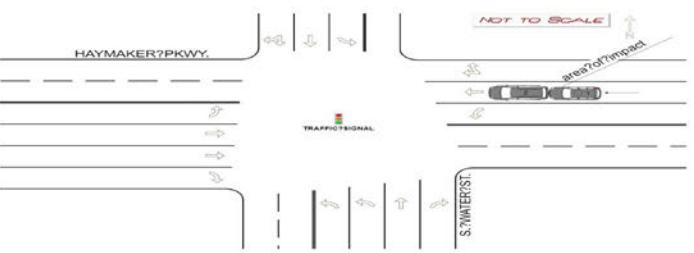


<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION REPORTING AGENCY NAME* NCIC* City of Kent Police 06703				LOCAL REPORT NUMBER* 2026-00000855			
COUNTY* 67 LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP Kent		LOCATION: CITY, VILLAGE, TOWNSHIP* ROUTE TYPE S R ROUTE NUMBER 59 PREFIX 3 LOCATION ROAD NAME HAYMAKER WY ROAD TYPE P K ROUTE TYPE S R ROUTE NUMBER 43 PREFIX 3 LOCATION ROAD NAME WATER ROAD TYPE S T				CRASH DATE / TIME* 01202026/1120 5 LATITUDE DECIMAL DEGREES 41.151654 LONGITUDE DECIMAL DEGREES -81.354405			
REFERENCE LOCATION ROUTE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # DISTANCE FROM REFERENCE 50		DIRECTION FROM REFERENCE 1 - NORTH 3 2 - SOUTH 3 - EAST 4 - WEST DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 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 HW - HIGHWAY RD - ROAD AV - AVENUE LA - LANE SQ - SQUARE BL - BOULEVARD MP - MILEPOST ST - STREET CR - CIRCLE OV - OVAL TE - TERRACE CT - COURT PK - PARKWAY TL - TRAIL DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE			
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		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 4 - REAR-TO-REAR BETWEEN 2 - TWO MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 10 - OTHER / UNKNOWN				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			
<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 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 1 SURFACE 2 1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE 2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - CURVE LEVEL 3 - SNOW 3 - BRICK/BLOCK 4 - CURVE GRADE 4 - ICE 4 - SLAG, GRAVEL, STONE 9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL 5 - DIRT 6 - WATER (STANDING, MOVING) 6 - WATER (STANDING, MOVING) 7 - SLUSH 7 - SLUSH 9 - OTHER/UNKNOWN 9 - OTHER/UNKNOWN			
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 1 - CLEAR 6 - SNOW 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN				 Indicate the north direction with an "N" on the compass diagram.			
NARRATIVE <p>Units #1 and #2 were stopped in traffic traveling W/B on E. Haymaker Pkwy. in the inner most straight only lane. Unit #1 struck Unit #2 in the rear accelerating from a stopped position.</p>									
CRASH REPORTED DATE / TIME 01202026/1120		DISPATCH DATE / TIME 01202026/1121		ARRIVAL DATE / TIME 01202026/1127		SCENE CLEARED DATE / TIME 01202026/1153		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION or ADDITION TO AN EXISTING REPORT SENT TO COPS)	
TOTAL TIME ROADWAY CLOSED 0 2 3		OTHER INVESTIGATION TIME 0 2 0		TOTAL MINUTES 0 5 2		OFFICER'S NAME* Smith, Mitchell Robert OFFICER'S BADGE NUMBER* 2 3 1		CHECKED BY OFFICER'S NAME* Nelson, Josh CHECKED BY OFFICER'S BADGE NUMBER* 2 3 2	

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)
0 1	BEMPAH, SANDRA, OWUSUAAH	REDACTED PER ORC 149.43(A)(1)
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)		
254 CHOCTAW PL, Kent, OH 44240		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	KCL6248	2 HKR W2 H2 9 L H6 4 8 7 0 9	2 0 2 0	Honda
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	STATEFARM	2475414-SFP-35	RED	CRV
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 1	<input type="checkbox"/> MATERIAL RELEASED	CLASS #
			<input type="checkbox"/> PLACARD	PLACARD ID #

0 3	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER
UNIT TYPE	2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)
	3 - SPORT UTILITY VEHICLE	9 - AUTO CYCLE	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

0 0	# OF TRAILING UNITS				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	
2	1 - YES	2 - NO	3 - OTHER/UNKNOWN	0	
				1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION
				2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION

0 1	1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
SPECIAL FUNCTION	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	

0 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
CARGO BODY TYPE	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTOTRANSPORTER
			7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE
				11 - DUMP	99 - OTHER / UNKNOWN

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			

1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE
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2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	
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	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN
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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	0 1	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING
4 - STRUCK	PRE-CRASH ACTIONS	4 - OVERTAKING/PASSING	10 - PARKED	20 - OTHER NON-MOTORIST
5 - BOTH STRIKING & STRUCK		5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	21 - STANDING OUTSIDE DISABLED VEHICLE
9 - OTHER / UNKNOWN		6 - MAKING LEFT TURN	12 - DRIVERLESS	17 - PUSHING VEHICLE

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					
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1 2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
2 1 1	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
5 1 1	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	18 - ANIMAL - OTHER	20 - MOTOR VEHICLE IN TRANSPORT
4 1 1	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	21 - PARKED MOTOR VEHICLE	24 - OTHER MOVABLE OBJECT
5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE			

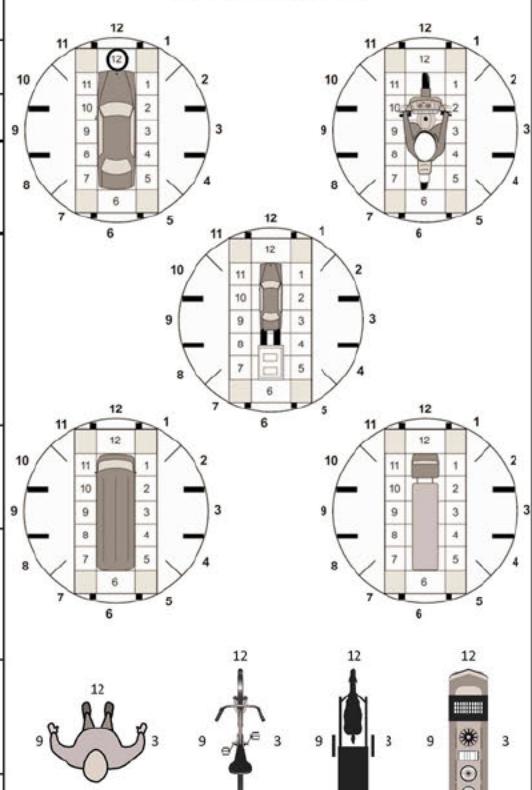
4 1 1	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
5 1 1	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL
6 1 1	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	52 - BUILDING
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	40 - SUPPORT	46 - FENCE	53 - TUNNEL
	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	48 - TREE
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	49 - FIRE HYDRANT	54 - OTHER FIXED OBJECT

1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT		
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LOCAL REPORT NUMBER
2 0 2 6 - 0 0 0 0 0 8 5 5

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

TRAFFIC WAY FLOW
1 - ONE-WAY 2 - TWO-WAY

OF THROUGH LANES ON ROAD
2 1

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

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

UNIT SPEED
0 0 8
1
POSTED SPEED
3 5
DETECTED SPEED
1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

OWNER	UNIT # 0 2 OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) STITT, CATHIE, SUE			OWNED PHONE: <small>INCLUDE AREA CODE / <input checked="" type="checkbox"/> SAME AS DRIVER</small> REDACTED PER ORC 149.43(A)(1)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 227 NATHAN AVE, Cuyahoga Falls, OH 44221			COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE O H	LICENSE PLATE # BFK6742	VEHICLE IDENTIFICATION # 2 C4 RDGBG5 HR8 55 59 7		VEHICLE YEAR 2 0 1 7	VEHICLE MAKE Dodge	
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY ALLSTATE	INSURANCE POLICY # 092869913		COLOR WHI	VEHICLE MODEL CARAVAN	
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #		TOWED BY: COMPANY NAME		
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 0 2	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
UNIT TYPE 0 2	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 - MOVED 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-MOTOR VEHICLE 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	
VEHICLE # OF TRAILING UNITS 00	# OF TRAILING UNITS					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL 0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 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 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	
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	
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 99 - OTHER / UNKNOWN	
ACTION 4	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 1 1 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 0 1	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 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	
COLLISION WITH FIXED OBJECT - STRUCK						
4 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	
5 1	1 - FIRST HARMFUL EVENT		1 - MOST HARMFUL EVENT			

LOCAL REPORT NUMBER											
2	0	2	6	-	0	0	0	0	8	5	5
DAMAGE											
DAMAGE SCALE											
<u>2</u>	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											
<u>0</u>	<u>6</u>	0 - NO DAMAGE	14 - UNDERCARRIAGE								
1-12 - REFER TO UNIT DIAGRAM		15 - VEHICLE NOT AT SCENE									
13 - TOP		99 - UNKNOWN									
TRAFFIC											
TRAFFICWAY FLOW	TRAFFIC CONTROL										
<u>2</u>	1 - ONE-WAY	2 - TWO-WAY	<u>2</u>	1 - ROUNDABOUT	4 - STOP SIGN						
				2 - SIGNAL	5 - YIELD SIGN						
				3 - FLASHER	6 - NO CONTROL						
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING										
<u>2</u>	<u>1</u>	1 - NOT INVOLVED	2 - INVOLVED-ACTIVE CROSSING	3 - INVOLVED-PASSIVE CROSSING							
UNIT / NON-MOTORIST DIRECTION											
FROM <u>3</u> TO <u>4</u>	1 - NORTH	5 - NORTHEAST									
	2 - SOUTH	6 - NORTHWEST									
	3 - EAST	7 - SOUTHEAST									
	4 - WEST	8 - SOUTHWEST									
	9 - OTHER / UNKNOWN										
UNIT SPEED						DETECTED SPEED					
<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>	1 - STATED / ESTIMATED SPEED	2 - CALCULATED / EDR						
POSTED SPEED						3 - UNDETERMINED					
<u>3</u>	<u>5</u>										

LOCAL REPORT NUMBER						
2 0 2 6 - 0 0 0 0 0 8 5 5				DATE OF BIRTH	AGE	GENDER
0 1	2 8 1 9 8 4	4 1	M			

MOTORIST / Non-MOTORIST

UNIT #	NAME: LAST, FIRST, MIDDLE ABOAGYE, SAMUEL, OFORI					DATE OF BIRTH	AGE	GENDER																																																																																																																																																																																																																																																								
0 1	0 1 2 8 1 9 8 4	4 1	M																																																																																																																																																																																																																																																													
ADDRESS: STREET, CITY, STATE, ZIP 254 CHOCTAW PL, Kent, 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	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																																																																																																																																																																																																																							
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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	4 - TEST GIVEN, RESULTS KNOWN	5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - TEST GIVEN, RESULTS UNKNOWN	INJURED TAKEN BY										1 - NOT TRANSPORTED / TREATED AT SCENE	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	2 - EMS	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	8 - THIRD - MIDDLE	8 - NO VALID OL	7 - EXCEPT TRACTOR-TRAILER	3 - POLICE	9 - THIRD - RIGHT SIDE	10 - SLEEPER SECTION OF TRUCK CAB	10 - NO VALID OL	8 - INTERMEDIATE LICENSE RESTRICTIONS	9 - OTHER / UNKNOWN				9 - 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1 - NOT TRANSPORTED / TREATED AT SCENE	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS																																																																																																																																																																																																																																																												
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3 - POLICE	9 - THIRD - RIGHT SIDE	10 - SLEEPER SECTION OF TRUCK CAB	10 - NO VALID OL	8 - INTERMEDIATE LICENSE RESTRICTIONS																																																																																																																																																																																																																																																												
9 - OTHER / UNKNOWN				9 - LEARNER'S PERMIT RESTRICTIONS																																																																																																																																																																																																																																																												
SAFETY EQUIPMENT																																																																																																																																																																																																																																																																
1 - NONE USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOT EJECTED	H - HAZMAT	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 - NONE																																																																																																																																																																																																																																																			
2 - SHOULDER BELT ONLY USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	2 - PARTIALLY EJECTED	M - MOTORCYCLE	16 - OUTSIDE MIRROR	17 - PROSTHETIC AID	18 - OTHER	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	1 - BLOOD																																																																																																																																																																																																																																																			
3 - LAP BELT ONLY USED	13 - TRAILING UNIT	3 - TOTALLY EJECTED	P - PASSENGER	17 - PROSTHETIC AID	18 - OTHER	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	2 - URINE																																																																																																																																																																																																																																																			
4 - SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	4 - NOT APPLICABLE	N - TANKER	18 - OTHER	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	8 - BREATH																																																																																																																																																																																																																																																				
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	15 - NON-MOTORIST		Q - MOTOR SCOOTER	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	8 - BREATH	9 - OTHER / UNKNOWN	1 - NONE																																																																																																																																																																																																																																																			
6 - CHILD RESTRAINT SYSTEM - REAR FACING	99 - OTHER / UNKNOWN		R - THREE-WHEEL MOTORCYCLE	2 - APPARENTLY NORMAL	3 - PHYSICAL IMPAIRMENT	4 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	5 - ILLNESS	6 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	7 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	8 - OTHER / UNKNOWN	9 - OTHER / UNKNOWN	10 - OTHER	2 - BLOOD																																																																																																																																																																																																																																																			
7 - BOOSTER SEAT			S - SCHOOL BUS	3 - APPARENTLY NORMAL	4 - PHYSICAL IMPAIRMENT	5 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	6 - ILLNESS	7 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	8 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	9 - OTHER / UNKNOWN	10 - OTHER	11 - OTHER	3 - URINE																																																																																																																																																																																																																																																			
8 - HELMET USED			T - DOUBLE & TRIPLE TRAILERS	4 - APPARENTLY NORMAL	5 - PHYSICAL IMPAIRMENT	6 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	7 - ILLNESS	8 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	9 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	10 - OTHER / UNKNOWN	11 - OTHER	12 - OTHER	4 - OTHER																																																																																																																																																																																																																																																			
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			X - TANKER / HAZMAT	5 - APPARENTLY NORMAL	6 - PHYSICAL IMPAIRMENT	7 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	8 - ILLNESS	9 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	10 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	11 - OTHER / UNKNOWN	12 - OTHER	13 - OTHER	5 - COCAINE																																																																																																																																																																																																																																																			
10 - REFLECTIVE CLOTHING			GENDER		6 - APPARENTLY NORMAL	7 - PHYSICAL IMPAIRMENT	8 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	9 - ILLNESS	10 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	11 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	12 - OTHER / UNKNOWN	13 - OTHER	14 - OTHER	6 - OPIATES / OPIOIDS																																																																																																																																																																																																																																																		
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			F - FEMALE	M - MALE	7 - APPARENTLY NORMAL	8 - PHYSICAL IMPAIRMENT	9 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	10 - ILLNESS	11 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	12 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	13 - OTHER / UNKNOWN	14 - OTHER	7 - NEGATIVE RESULTS																																																																																																																																																																																																																																																			
99 - OTHER / UNKNOWN			U - OTHER / UNKNOWN		8 - APPARENTLY NORMAL	9 - PHYSICAL IMPAIRMENT	10 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	11 - ILLNESS	12 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	13 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	14 - OTHER / UNKNOWN	15 - OTHER	8 - NEGATIVE RESULTS																																																																																																																																																																																																																																																			



OCCUPANT / WITNESS ADDENDUM

					LOCAL REPORT NUMBER 2 0 2 6 - 0 0 0 0 0 8 5 5					
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE HENDRICKS, AUSTIN, RILEY			DATE OF BIRTH 0 1 0 8 2 0 0 5	AGE 21	GENDER M			
	ADDRESS: STREET, CITY, STATE, ZIP 227 NATHAN AVE ,Cuyahoga Falls ,OH 44221				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
	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
	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
	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 				