

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

LOCAL INFORMATION  
 REPORTING AGENCY NAME\*  
**City of Kent Police**  
 NCIC\*  
**0,6703**

HIT/SKIP  
 1 - SOLVED  
 2 - UNSOLVED  
 NUMBER OF UNITS  
**0 2**  
 UNIT IN ERROR  
 98 - ANIMAL  
 99 - UNKNOWN  
**9 9**

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

CRASH DATE / TIME\*  
**05292024/1710**  
 CRASH SEVERITY  
 1 - FATAL  
 2 - SERIOUS INJURY SUSPECTED  
 3 - MINOR INJURY SUSPECTED  
 4 - INJURY POSSIBLE  
 5 - PROPERTY DAMAGE ONLY  
**5**

ROUTE TYPE  
**S R**  
 ROUTE NUMBER  
**59**  
 PREFIX  
**3**  
 LOCATION ROAD NAME  
**HAYMAKER WY**  
 ROAD TYPE  
**P K**

LATITUDE DECIMAL DEGREES  
**41.152664**  
 LONGITUDE DECIMAL DEGREES  
**-81.354971**

REFERENCE POINT  
 1 - INTERSECTION  
 2 - MILE POST  
 3 - HOUSE #  
**1**  
 DIRECTION FROM REFERENCE  
 N - NORTH  
 S - SOUTH  
 E - EAST  
 W - WEST  
**3**  
 ROUTE TYPE  
 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

INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA  
 NUMBER OF APPROACHES  
**3**  
 ROADWAY  
 ROADWAY DIVIDED

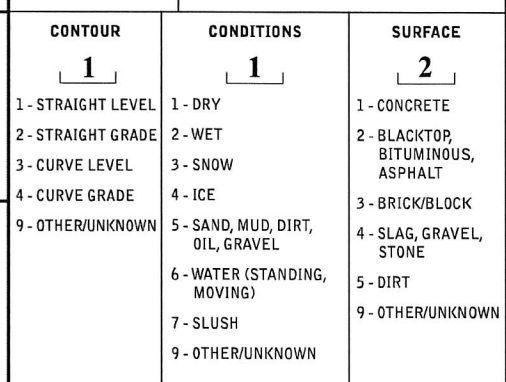
LOCATION OF FIRST HARMFUL EVENT  
 1 - ON ROADWAY  
 2 - ON SHOULDER  
 3 - IN MEDIAN  
 4 - ON ROADSIDE  
 5 - ON GORE  
 6 - OUTSIDE TRAFFIC WAY  
 7 - ON RAMP  
 8 - OFF RAMP  
**0 1**  
 MANNER OF CRASH COLLISION/IMPACT  
 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT  
 2 - REAR-END  
 3 - HEAD-ON  
 4 - REAR-TO-REAR  
 5 - BACKING  
 6 - ANGLE  
 7 - SIDESWIPE, SAME DIRECTION  
 8 - SIDESWIPE, OPPOSITE DIRECTION  
 9 - OTHER / UNKNOWN  
**7**  
 DIRECTION OF TRAVEL  
 N - NORTH  
 S - SOUTH  
 E - EAST  
 W - WEST  
 MEDIAN TYPE  
 1 - DIVIDED FLUSH MEDIAN (< 4 FEET)  
 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET)  
 3 - DIVIDED, DEPRESSED MEDIAN  
 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)  
 9 - OTHER/UNKNOWN

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

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

LIGHT CONDITION  
 1 - DAYLIGHT  
 2 - DAWN/DUSK  
 3 - DARK - LIGHTED ROADWAY  
 4 - DARK - ROADWAY NOT LIGHTED  
 5 - DARK - UNKNOWN ROADWAY LIGHTING  
 9 - OTHER / UNKNOWN  
**1**  
 WEATHER  
 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  
**0 1**

NARRATIVE  
**UNIT 1 AND 2 WERE BOTH TRAVELING WESTBOUND ON HAYMAKER PKWY. UNIT 1 ADVISED UNIT 2 FAILED TO MAINTAIN THEIR LANE OF TRAVEL, STRIKING HIM ON THE DRIVE SIDE. UNIT 2 ADVISED UNIT 1 FAILED TO MAINTAIN HIS LANE OF TRAVEL CAUSING HIS VEHICLE TO SIDESWIPE HER VEHICLE CAUSING PASSENGER SIDE DAMAGE. UNIT 1 HAD DAMAGE TO DRIVER SIDE DOOR AND UNIT 2 HAD DAMAGE TO PASSENGER SIDE DOOR. UNIT 2 HAD 5 PASSENGERS**



CRASH REPORTED DATE / TIME  
**05292024/1710**  
 DISPATCH DATE / TIME  
**05292024/1711**  
 ARRIVAL DATE / TIME  
**05292024/1714**  
 SCENE CLEARED DATE / TIME  
**05292024/1745**  
 REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST  
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)  
 TOTAL TIME ROADWAY CLOSED  
**0 0 0**  
 OTHER INVESTIGATION TIME  
**0 1 0**  
 TOTAL MINUTES  
**0 4 4**  
 OFFICER'S NAME\*  
**Strebel, Tyler Austin**  
 OFFICER'S BADGE NUMBER\*  
**2 3 5**  
 CHECKED BY OFFICER'S NAME\*  
**Hadaway, Joseph**  
 CHECKED BY OFFICER'S BADGE NUMBER\*  
**2 1 6**

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**KIMBLE, AMANDA, R**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER)  
**1066 MEREDITH ST, Kent, OH 44240**

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

OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)  
**Redacted per ORC 149.43 (A)(1)(m)**

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE OH LICENSE PLATE # JZS5489 VEHICLE IDENTIFICATION # WBA8D9C57JEM31858 VEHICLE YEAR 2018 VEHICLE MAKE BMW

INSURANCE VERIFIED INSURANCE COMPANY INCLINE INSURANCE INSURANCE POLICY # 0HA2210QC09383 COLOR WHI VEHICLE MODEL 330I

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

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

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

HAZARDOUS MATERIAL  
 MATERIAL RELEASED CLASS # PLACARD ID #  
 PLACARD

UNIT TYPE 01

# OF TRAILING UNITS 00

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

AUTONOMOUS MODE LEVEL 0

SPECIAL FUNCTION 01

CARGO BODY TYPE 01

VEHICLE DEFECTS

NON-MOTORIST LOCATION AT IMPACT

ACTION 9 PRE-CRASH ACTIONS 01

CONTRIBUTING CIRCUMSTANCES 22

SEQUENCE OF EVENTS

EVENTS

1 20 1 - OVERTURN/ROLLOVER  
2 00 2 - FIRE/EXPLOSION  
3 00 3 - IMMERSION  
4 00 4 - JACKKNIFE  
5 00 5 - CARGO / EQUIPMENT LOSS OR SHIFT  
6 00 6 - IMPROPER TURN

7 00 7 - LEFT OF CENTER  
8 00 8 - FOLLOWING TOO CLOSE / ACDA  
9 00 9 - IMPROPER LANE CHANGE  
10 00 10 - IMPROPER PASSING  
11 00 11 - DROVE OFF ROAD  
12 00 12 - IMPROPER BACKING

13 00 13 - IMPROPER START FROM A PARKED POSITION  
14 00 14 - STOPPED OR PARKED ILLEGALLY  
15 00 15 - SWERVING TO AVOID  
16 00 16 - WRONG WAY

17 00 17 - VISION OBSTRUCTION  
18 00 18 - OPERATING DEFECTIVE EQUIPMENT  
19 00 19 - LOAD SHIFTING/FALLING/ SPILLING  
20 00 20 - IMPROPER CROSSING

21 00 21 - LYING IN ROADWAY  
22 00 22 - NOT DISCERNIBLE  
23 00 23 - OPENING DOOR INTO ROADWAY  
99 00 99 - OTHER IMPROPER ACTION

1 00 1 - PASSENGER CAR  
2 00 2 - PASSENGER VAN (MINIVAN)  
3 00 3 - SPORT UTILITY VEHICLE  
4 00 4 - PICK UP  
5 00 5 - CARGO VAN  
6 00 6 - VAN (9-15 SEATS)  
7 00 7 - MOTORCYCLE 2-WHEELED  
8 00 8 - MOTORCYCLE 3-WHEELED  
9 00 9 - AUTOCYCLE  
10 00 10 - MOPED OR MOTORIZED BICYCLE  
11 00 11 - ALL TERRAIN VEHICLE (ATV / UTV)  
12 00 12 - GOLF CART  
13 00 13 - SNOWMOBILE  
14 00 14 - SINGLE UNIT TRUCK  
15 00 15 - SEMI-TRACTOR  
16 00 16 - FARM EQUIPMENT  
17 00 17 - MOTORHOME  
18 00 18 - LIMO (LIVERY VEHICLE)  
19 00 19 - BUS (16+ PASSENGERS)  
20 00 20 - OTHER VEHICLE  
21 00 21 - HEAVY EQUIPMENT  
22 00 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE  
23 00 23 - PEDESTRIAN / SKATER  
24 00 24 - WHEELCHAIR (ANY TYPE)  
25 00 25 - OTHER NON-MOTORIST  
26 00 26 - BICYCLE  
27 00 27 - TRAIN  
99 00 99 - UNKNOWN OR HITS/KIP

1 00 1 - NONE  
2 00 2 - TAXI  
3 00 3 - ELECTRONIC RIDE SHARING  
4 00 4 - SCHOOL TRANSPORT  
5 00 5 - BUS - TRANSIT/COMMUTER  
6 00 6 - BUS - CHARTER/TOUR  
7 00 7 - BUS - INTERCITY  
8 00 8 - BUS - SHUTTLE  
9 00 9 - BUS - OTHER  
10 00 10 - AMBULANCE  
11 00 11 - FIRE  
12 00 12 - MILITARY  
13 00 13 - POLICE  
14 00 14 - PUBLIC UTILITY  
15 00 15 - CONSTRUCTION EQUIPMENT  
16 00 16 - FARM  
17 00 17 - MOWING  
18 00 18 - SNOW REMOVAL  
19 00 19 - TOWING  
20 00 20 - SAFETY SERVICE PATROL  
21 00 21 - MAIL CARRIER  
99 00 99 - OTHER / UNKNOWN

1 00 1 - NO CARGO BODY TYPE / NOT APPLICABLE  
2 00 2 - BUS  
3 00 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE  
4 00 4 - LOGGING  
5 00 5 - INTERMODAL CONTAINER CHASSIS  
6 00 6 - CARGO VAN/ENCLOSED BOX  
7 00 7 - GRAIN/CHIPS/GRAVEL  
8 00 8 - POLE  
9 00 9 - CARGO TANK  
10 00 10 - FLAT BED  
11 00 11 - DUMP  
12 00 12 - CONCRETE MIXER  
13 00 13 - AUTO TRANSPORTER  
14 00 14 - GARBAGE/REFUSE  
99 00 99 - OTHER / UNKNOWN

1 00 1 - TURN SIGNALS  
2 00 2 - HEAD LAMPS  
3 00 3 - TAIL LAMPS  
4 00 4 - BRAKES  
5 00 5 - STEERING  
6 00 6 - TIRE BLOWOUT  
7 00 7 - WORN OR SLICK TIRES  
8 00 8 - TRAILER EQUIPMENT DEFECTIVE  
9 00 9 - MOTOR TROUBLE  
10 00 10 - DISABLED FROM PRIOR ACCIDENT  
99 00 99 - OTHER / UNKNOWN

1 00 1 - INTERSECTION - MARKED CROSSWALK  
2 00 2 - INTERSECTION - UNMARKED CROSSWALK  
3 00 3 - INTERSECTION - OTHER  
4 00 4 - MIDBLOCK - MARKED CROSSWALK  
5 00 5 - TRAVEL LANE - OTHER LOCATION  
6 00 6 - BICYCLE LANE  
7 00 7 - SHOULDER / ROADSIDE  
8 00 8 - SIDEWALK  
9 00 9 - MEDIAN/CROSSING ISLAND  
10 00 10 - DRIVEWAY ACCESS  
11 00 11 - SHARED USE PATHS OR TRAILS  
12 00 12 - FIRST RESPONDER AT INCIDENT SCENE  
99 00 99 - OTHER / UNKNOWN

1 00 1 - NON-CONTACT  
2 00 2 - NON-COLLISION  
3 00 3 - STRIKING  
4 00 4 - STRUCK  
5 00 5 - BOTH STRIKING & STRUCK  
9 00 9 - OTHER / UNKNOWN  
1 00 1 - STRAIGHT AHEAD  
2 00 2 - BACKING  
3 00 3 - CHANGING LANES  
4 00 4 - OVERTAKING/PASSING  
5 00 5 - MAKING RIGHT TURN  
6 00 6 - MAKING LEFT TURN  
7 00 7 - MAKING U-TURN  
8 00 8 - ENTERING TRAFFIC LANE  
9 00 9 - LEAVING TRAFFIC LANE  
10 00 10 - PARKED  
11 00 11 - SLOWING OR STOPPED IN TRAFFIC  
12 00 12 - DRIVERLESS  
13 00 13 - NEGOTIATING A CURVE  
14 00 14 - ENTERING OR CROSSING SPECIFIED LOCATION  
15 00 15 - WALKING, RUNNING, JOGGING, PLAYING  
16 00 16 - WORKING  
17 00 17 - PUSHING VEHICLE  
18 00 18 - APPROACHING A CURVE OR LEAVING VEHICLE  
19 00 19 - STANDING  
20 00 20 - OTHER NON-MOTORIST  
21 00 21 - STANDING OUTSIDE DISABLED VEHICLE  
99 00 99 - OTHER / UNKNOWN

1 00 1 - NONE  
2 00 2 - FAILURE TO YIELD  
3 00 3 - RAN RED LIGHT  
4 00 4 - RAN STOP SIGN  
5 00 5 - UNSAFE SPEED  
6 00 6 - IMPROPER TURN  
7 00 7 - LEFT OF CENTER  
8 00 8 - FOLLOWING TOO CLOSE / ACDA  
9 00 9 - IMPROPER LANE CHANGE  
10 00 10 - IMPROPER PASSING  
11 00 11 - DROVE OFF ROAD  
12 00 12 - IMPROPER BACKING  
13 00 13 - IMPROPER START FROM A PARKED POSITION  
14 00 14 - STOPPED OR PARKED ILLEGALLY  
15 00 15 - SWERVING TO AVOID  
16 00 16 - WRONG WAY  
17 00 17 - VISION OBSTRUCTION  
18 00 18 - OPERATING DEFECTIVE EQUIPMENT  
19 00 19 - LOAD SHIFTING/FALLING/ SPILLING  
20 00 20 - IMPROPER CROSSING  
21 00 21 - LYING IN ROADWAY  
22 00 22 - NOT DISCERNIBLE  
23 00 23 - OPENING DOOR INTO ROADWAY  
99 00 99 - OTHER IMPROPER ACTION

1 20 1 - OVERTURN/ROLLOVER  
2 00 2 - FIRE/EXPLOSION  
3 00 3 - IMMERSION  
4 00 4 - JACKKNIFE  
5 00 5 - CARGO / EQUIPMENT LOSS OR SHIFT  
6 00 6 - IMPROPER TURN

7 00 7 - LEFT OF CENTER  
8 00 8 - FOLLOWING TOO CLOSE / ACDA  
9 00 9 - IMPROPER LANE CHANGE  
10 00 10 - IMPROPER PASSING  
11 00 11 - DROVE OFF ROAD  
12 00 12 - IMPROPER BACKING

13 00 13 - IMPROPER START FROM A PARKED POSITION  
14 00 14 - STOPPED OR PARKED ILLEGALLY  
15 00 15 - SWERVING TO AVOID  
16 00 16 - WRONG WAY

17 00 17 - VISION OBSTRUCTION  
18 00 18 - OPERATING DEFECTIVE EQUIPMENT  
19 00 19 - LOAD SHIFTING/FALLING/ SPILLING  
20 00 20 - IMPROPER CROSSING

21 00 21 - LYING IN ROADWAY  
22 00 22 - NOT DISCERNIBLE  
23 00 23 - OPENING DOOR INTO ROADWAY  
99 00 99 - OTHER IMPROPER ACTION

1 00 1 - IMPROPER START FROM A PARKED POSITION  
2 00 2 - BACKING  
3 00 3 - CHANGING LANES  
4 00 4 - OVERTAKING/PASSING  
5 00 5 - MAKING RIGHT TURN  
6 00 6 - MAKING LEFT TURN  
7 00 7 - MAKING U-TURN  
8 00 8 - ENTERING TRAFFIC LANE  
9 00 9 - LEAVING TRAFFIC LANE  
10 00 10 - PARKED  
11 00 11 - SLOWING OR STOPPED IN TRAFFIC  
12 00 12 - DRIVERLESS  
13 00 13 - NEGOTIATING A CURVE  
14 00 14 - ENTERING OR CROSSING SPECIFIED LOCATION  
15 00 15 - WALKING, RUNNING, JOGGING, PLAYING  
16 00 16 - WORKING  
17 00 17 - PUSHING VEHICLE  
18 00 18 - APPROACHING A CURVE OR LEAVING VEHICLE  
19 00 19 - STANDING  
20 00 20 - OTHER NON-MOTORIST  
21 00 21 - STANDING OUTSIDE DISABLED VEHICLE  
99 00 99 - OTHER / UNKNOWN

1 00 1 - NONE  
2 00 2 - FAILURE TO YIELD  
3 00 3 - RAN RED LIGHT  
4 00 4 - RAN STOP SIGN  
5 00 5 - UNSAFE SPEED  
6 00 6 - IMPROPER TURN  
7 00 7 - LEFT OF CENTER  
8 00 8 - FOLLOWING TOO CLOSE / ACDA  
9 00 9 - IMPROPER LANE CHANGE  
10 00 10 - IMPROPER PASSING  
11 00 11 - DROVE OFF ROAD  
12 00 12 - IMPROPER BACKING  
13 00 13 - IMPROPER START FROM A PARKED POSITION  
14 00 14 - STOPPED OR PARKED ILLEGALLY  
15 00 15 - SWERVING TO AVOID  
16 00 16 - WRONG WAY  
17 00 17 - VISION OBSTRUCTION  
18 00 18 - OPERATING DEFECTIVE EQUIPMENT  
19 00 19 - LOAD SHIFTING/FALLING/ SPILLING  
20 00 20 - IMPROPER CROSSING  
21 00 21 - LYING IN ROADWAY  
22 00 22 - NOT DISCERNIBLE  
23 00 23 - OPENING DOOR INTO ROADWAY  
99 00 99 - OTHER IMPROPER ACTION

LOCAL REPORT NUMBER  
2024-00007892

**DAMAGE**

DAMAGE SCALE  
2 1 - NONE 3 - FUNCTIONAL DAMAGE  
2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
9 - UNKNOWN

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY

NO DAMAGE [ 0 ]  UNDERCARRIAGE [ 14 ]  
 TOP [ 13 ]  ALL AREAS [ 15 ]  
 UNIT NOT AT SCENE [ 16 ]

**INITIAL POINT OF CONTACT**  
10 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

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

# OF THROUGH LANES ON ROAD 4

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

**UNIT SPEED**  
035

**POSTED SPEED**  
35

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

**OWNER**

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**NELSON, TORI, JERMEL**

OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)  
**Redacted per ORC 149.43 (A)(1)(mp)**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER)  
**1750 BELLAWAY DR, Twinsburg, OH 44087**

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE OH LICENSE PLATE # KIX6402 VEHICLE IDENTIFICATION # J A 4 A T W A A 2 N Z 0 0 2 8 8 4 VEHICLE YEAR 2022 VEHICLE MAKE Mitsubishi

INSURANCE VERIFIED INSURANCE COMPANY STATEFARM INSURANCE POLICY # 4075935-SFP-35 COLOR BLU VEHICLE MODEL ECLIPSE / SPYDER

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 06 US DOT #

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

HAZARDOUS MATERIAL  
 MATERIAL RELEASED CLASS # PLACARD ID #  
 PLACARD

UNIT TYPE 03

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 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

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 01

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 01

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

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 9 PRE-CRASH ACTIONS 01

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 22

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

1 20

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	
5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE	20 - MOTOR VEHICLE IN TRANSPORT	

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	99 - OTHER / UNKNOWN
			49 - FIRE HYDRANT	

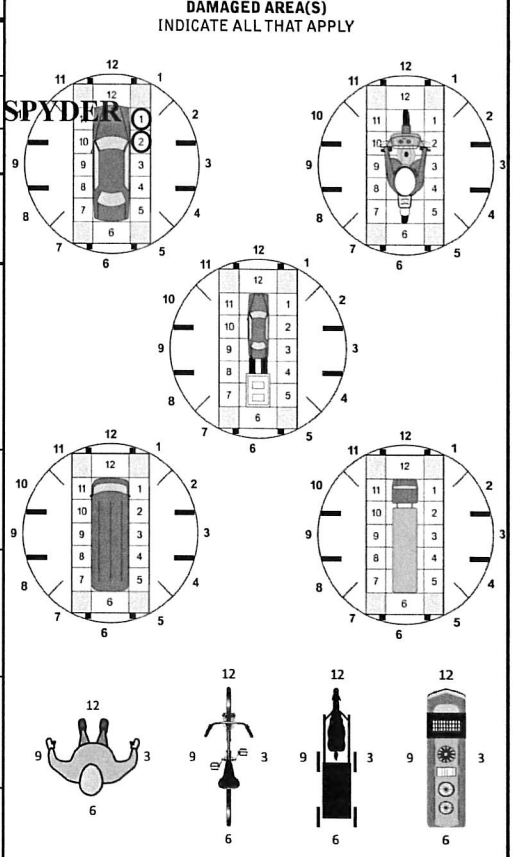
FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER  
2024-00007892

DAMAGE

DAMAGE SCALE 2

1 - NONE 3 - FUNCTIONAL DAMAGE  
2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
9 - UNKNOWN



NO DAMAGE [ 0 ]  UNDERCARRIAGE [ 14 ]  
 TOP [ 13 ]  ALL AREAS [ 15 ]  
 UNIT NOT AT SCENE [ 16 ]

INITIAL POINT OF CONTACT 02

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

TRAFFIC CONTROL 2

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

# OF THROUGH LANES ON ROAD 4

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

UNIT SPEED 035

POSTED SPEED 35

DETECTED SPEED 1

1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
 2, 0, 2, 4 - 0, 0, 0, 0, 7, 8, 9, 2

<b>UNIT #</b> 0, 1	<b>NAME: LAST, FIRST, MIDDLE</b> DUNHAM, SHAUN, MICHAEL			<b>DATE OF BIRTH</b> 0, 2, 1, 4, 1, 9, 7, 9		<b>AGE</b> 4, 5	<b>GENDER</b> M		
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 1066 MEREDITH ST, Kent, OH 44240				<b>CONTACT PHONE - INCLUDE AREA CODE</b> Redacted per QRC 149.43 (A)(1)(mm)					
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0, 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0, 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1
<b>OL STATE</b> O, H	<b>OPERATOR LICENSE NUMBER</b> Redacted per ORC 4501:1-12		<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>		
<b>OL CLASS</b> 4	<b>ENDORSEMENT SELECT UP TO 2</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS: 1, 1   TYPE: 1, 1   VALUE: .   STATUS: 1, 1   TYPE: 1, 1		<b>DRUG TEST(S)</b> RESULT SELECT UP TO 4

<b>UNIT #</b> 0, 2	<b>NAME: LAST, FIRST, MIDDLE</b> NELSON, MORGAN, KALEIGH			<b>DATE OF BIRTH</b> 0, 5, 1, 5, 2, 0, 0, 8		<b>AGE</b> 1, 6	<b>GENDER</b> F		
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 1750 BELLAWAY DR, Twinsburg, OH 44087				<b>CONTACT PHONE - INCLUDE AREA CODE</b> Redacted per QRC 149.43 (A)(1)(mm)					
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0, 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0, 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1
<b>OL STATE</b> O, H	<b>OPERATOR LICENSE NUMBER</b> Redacted per ORC 4501:1-12		<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>		
<b>OL CLASS</b> 4	<b>ENDORSEMENT SELECT UP TO 2</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS: 1, 1   TYPE: 1, 1   VALUE: .   STATUS: 1, 1   TYPE: 1, 1		<b>DRUG TEST(S)</b> RESULT SELECT UP TO 4

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>			<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>		
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>				<b>CONTACT PHONE - INCLUDE AREA CODE</b>					
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>		
<b>OL CLASS</b>	<b>ENDORSEMENT SELECT UP TO 2</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b> STATUS:   TYPE:   VALUE:   STATUS:   TYPE:		<b>DRUG TEST(S)</b> 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 DL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
<b>INJURED TAKEN BY</b>		<b>EJECTION</b>	<b>OL ENDORSEMENT</b>		<b>CONDITION</b>	<b>ALCOHOL TEST TYPE</b>
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
<b>SAFETY EQUIPMENT</b>		<b>TRAPPED</b>	<b>GENDER</b>			<b>DRUG TEST TYPE</b>
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	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 TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	F - FEMALE M - MALE U - OTHER / UNKNOWN			1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
						<b>DRUG TEST RESULT(S)</b>
						1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER			
2	0	2	4
-	0	0	0
7	8	9	2

<b>OCCUPANT</b>	<b>UNIT #</b> 02	<b>NAME: LAST, FIRST, MIDDLE</b> CUNNINGHAM, WILLIAM	<b>DATE OF BIRTH</b> 05/13/2008	<b>AGE</b> 16	<b>GENDER</b> M				
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 3140 DARIEN LN ,Twinsburg ,OH 44087			<b>CONTACT PHONE - INCLUDE AREA CODE</b> Redacted per ORC 149.43 (A)(1)(mm)					
	<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 04	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 02	<b>NAME: LAST, FIRST, MIDDLE</b> BORDERS, KELLEN, TERRELL	<b>DATE OF BIRTH</b> 03/12/2008	<b>AGE</b> 16	<b>GENDER</b> M				
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 7926 MEGAN MEADOW DR ,Hudson ,OH 44236			<b>CONTACT PHONE - INCLUDE AREA CODE</b> Redacted per ORC 149.43 (A)(1)(mm)					
	<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 05	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 02	<b>NAME: LAST, FIRST, MIDDLE</b> RAYMOND, GIANNA, NICOLE	<b>DATE OF BIRTH</b> 12/28/2006	<b>AGE</b> 17	<b>GENDER</b> F				
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 2472 WARREN PKWY 8 ,Twinsburg ,OH 44087			<b>CONTACT PHONE - INCLUDE AREA CODE</b> Redacted per ORC 149.43 (A)(1)(mm)					
	<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 01	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 11	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 02	<b>NAME: LAST, FIRST, MIDDLE</b> SMITH, TANIYAH, VICTORIA	<b>DATE OF BIRTH</b> 10/22/2005	<b>AGE</b> 18	<b>GENDER</b> F				
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 672 CALLIS OVAL CIR ,AKRON ,OH 44311			<b>CONTACT PHONE - INCLUDE AREA CODE</b> Redacted per ORC 149.43 (A)(1)(mm)					
	<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 03	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
<b>INJURED TAKEN BY</b>	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>
2 - EMS	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED
3 - POLICE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
<b>GENDER</b>	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
F - FEMALE	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>
M - MALE		13 - TRAILING UNIT	1 - NOT TRAPPED
U - OTHER / UNKNOWN		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS
		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS
		99 - OTHER / UNKNOWN	

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

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

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



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
 2 0 2 4 - 0 0 0 0 7 8 9 2

<b>OCCUPANT</b>	<b>UNIT #</b> 02	<b>NAME: LAST, FIRST, MIDDLE</b> CAMMACK, JAEON	<b>DATE OF BIRTH</b> 0 6 2 0 2 0 0 7		<b>AGE</b> 1 6	<b>GENDER</b> M
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 1985 CLIFFVIEW RD ,CLEVELAND ,OH 44121				<b>CONTACT PHONE - INCLUDE AREA CODE</b> Redacted per QRC 149.43 (A)(1)(mm)	
	<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0, 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET

<b>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"/> DOT-COMPLIANT MC HELMET

<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"/> DOT-COMPLIANT MC HELMET

<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"/> DOT-COMPLIANT MC HELMET

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>ADDRESS: STREET, CITY, STATE, ZIP</b>				<b>CONTACT PHONE - INCLUDE AREA CODE</b>	
	<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET

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

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

WITH 1 IN THE TRUNK. FAULT IS  
UNDETERMINED AT THIS TIME.