



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION				LOCAL REPORT NUMBER*		
<input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME* City of Kent Police				NCIC*	2 0 2 6 - 0 0 0 0 0 7 3 4	
								HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR
								1 - SOLVED	0 2	98 - ANIMAL
								2 - UNSOLVED		99 - UNKNOWN
COUNTY* 6 7		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1		LOCATION: CITY, VILLAGE, TOWNSHIP* Kent				CRASH DATE / TIME* 01172026/1235		CRASH SEVERITY
										1 - FATAL
										2 - SERIOUS INJURY SUSPECTED
										3 - MINOR INJURY SUSPECTED
										4 - INJURY POSSIBLE
										5 - PROPERTY DAMAGE ONLY
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3	LOCATION ROAD NAME SUMMIT			ROAD TYPE	LATITUDE DECIMAL DEGREES 41.149935	
	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) LINCOLN			ROAD TYPE	LONGITUDE DECIMAL DEGREES -81.351023	
REFERENCE POINT	DIRECTION FROM REFERENCE		ROUTE TYPE		ROAD TYPE		INTERSECTION RELATED			
	1 - INTERSECTION 1	2 - MILE POST 3 - HOUSE #	1 - NORTH 3 2 - SOUTH 3 - EAST 4 - WEST	IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES 4	
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE		ROUTE TYPE		ROAD TYPE		ROADWAY			
	2 - 0	2 - FEET 3 - YARDS	CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT				DIRECTION OF TRAVEL		MEDIAN TYPE
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	2	1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - HEAD-ON	4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER/UNKNOWN	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST			1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN	
<input type="checkbox"/> WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE		CONTOUR	CONDITIONS	SURFACE		
<input type="checkbox"/> WORKERS PRESENT		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		2	3	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN		
<input type="checkbox"/> LAW ENFORCEMENT PRESENT						1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN				
<input type="checkbox"/> ACTIVE SCHOOL ZONE						1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN				
LIGHT CONDITION			WEATHER							
1	1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	0 2	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						
<p>NARRATIVE</p> <p>UNIT 1 WAS STOPPED ON E. SUMMIT ST. AT S. LINCOLN ST. TRAVELING WEST. UNIT 2 WAS TRAVELING WEST ON E. SUMMIT ST. APPROACHING S. LINCOLN ST. UNIT 2 SLID ON THE SNOW COVERED ROAD AND STRUCK THE REAR OF THE UNIT 1.</p>										 <p>Indicate the north direction with an "N" on the compass diagram.</p>
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY		
01172026/1235		01172026/1238		01172026/1244		01172026/1308		<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		OTHER INVESTIGATION TIME		TOTAL MINUTES	OFFICER'S NAME* Knapp, Derek Raymond	CHECKED BY OFFICER'S NAME* Hadaway, Joseph				
					OFFICER'S BADGE NUMBER* 2 5 3	CHECKED BY OFFICER'S BADGE NUMBER* 2 1 6				

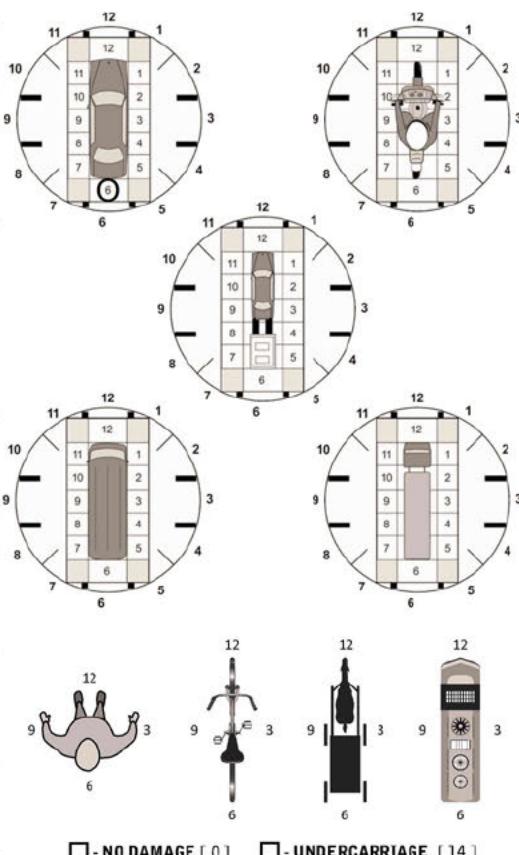
LOCAL REPORT NUMBER
2 0 2 6 - 0 0 0 0 0 7 3 4

DAMAGE

DAMAGE SCALE

<input type="checkbox"/> 1 - NONE	<input type="checkbox"/> 3 - FUNCTIONAL DAMAGE
<input type="checkbox"/> 2 - MINOR DAMAGE	<input type="checkbox"/> 4 - DISABLING DAMAGE
<input type="checkbox"/> 9 - UNKNOWN	

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



INITIAL POINT OF CONTACT

<input type="checkbox"/> 0 - NO DAMAGE	<input type="checkbox"/> 14 - UNDERCARRIAGE
<input type="checkbox"/> 1-12 - REFER TO UNIT DIAGRAM	<input type="checkbox"/> 15 - VEHICLE NOT AT SCENE
<input type="checkbox"/> 99 - UNKNOWN	
<input type="checkbox"/> 13 - TOP	

TRAFFIC

<input type="checkbox"/> TRAFFICWAY FLOW 1 - ONE-WAY	<input type="checkbox"/> TRAFFIC CONTROL 1 - ROUNDABOUT
<input type="checkbox"/> 2 - TWO-WAY	<input type="checkbox"/> 4 - STOP SIGN
<input type="checkbox"/> 2 - SIGNAL	
<input type="checkbox"/> 5 - YIELD SIGN	
<input type="checkbox"/> 3 - FLASHER	
<input type="checkbox"/> 6 - NO CONTROL	

OF THROUGH LANES ON ROAD

<input type="checkbox"/> 1 - NOT INVOLVED
<input type="checkbox"/> 2 - INVOLVED-ACTIVE CROSSING
<input type="checkbox"/> 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

<input type="checkbox"/> FROM 3 TO 4	<input type="checkbox"/> 1 - NORTH	<input type="checkbox"/> 5 - NORTHEAST
	<input type="checkbox"/> 2 - SOUTH	<input type="checkbox"/> 6 - NORTHWEST
	<input type="checkbox"/> 3 - EAST	<input type="checkbox"/> 7 - SOUTHEAST
	<input type="checkbox"/> 4 - WEST	<input type="checkbox"/> 8 - SOUTHWEST
	<input type="checkbox"/> 9 - OTHER / UNKNOWN	

UNIT SPEED

<input type="checkbox"/> 0 0 0	<input type="checkbox"/> 1 - STATED / ESTIMATED SPEED
<input type="checkbox"/> 2 - CALCULATED / EDR	
<input type="checkbox"/> 3 - UNDETERMINED	

POSTED SPEED

<input type="checkbox"/> 3 5

UNIT # OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
0 1 CONLEY, JOSEPH, F
OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
2477 E 37TH ST, LORAIN, OH 44055

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE LICENSE PLATE #
O H KPM5685 VEHICLE IDENTIFICATION #
5 NMJ FCA EXN H0 9 2 7 1 1 VEHICLE YEAR
2 0 2 2 VEHICLE MAKE
Hyundai

INSURANCE VERIFIED INSURANCE COMPANY
STATEFARM INSURANCE POLICY #
1767177SFP35 COLOR
WHI VEHICLE MODEL
TUCSON

TYPE OF USE
 COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE
US DOT #

INTERLOCK DEVICE EQUIPPED # OCCUPANTS
 HIT/SKIP UNIT 0 2 VEHICLE WEIGHT GVWR/GCWR
1 - ≤10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.

UNIT TYPE
0 3 1 - PASSENGER CAR
2 - PASSENGER VAN (MINIVAN)
3 - SPORT UTILITY VEHICLE
4 - PICKUP
5 - CARGO VAN
6 - VAN (9-15 SEATS)
11 - ALL TERRAIN VEHICLE (ATV / UTV)
12 - GOLF CART
13 - SNOWMOBILE
14 - SINGLE UNIT TRUCK
15 - SEMI-TRACTOR
16 - FARM EQUIPMENT
17 - MOTORHOME
18 - LIMO (LIVERY VEHICLE)
19 - BUS (16+ PASSENGERS)
20 - OTHER VEHICLE
21 - HEAVY EQUIPMENT
22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE
23 - PEDESTRIAN / SKATER
24 - WHEELCHAIR (ANY TYPE)
25 - OTHER NON-MOTORIST
26 - BICYCLE
27 - TRAIN
99 - UNKNOWN OR HIT/SKIP

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

0 1 SPECIAL FUNCTION
1 - NONE
2 - TAXI
3 - ELECTRONIC RIDE SHARING
4 - SCHOOL TRANSPORT
5 - BUS - TRANSIT/COMMUTER
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

0 1 CARGO BODY TYPE
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 - AUTOTRPORTER

0 1 VEHICLE DEFECTS
1 - TURN SIGNALS
2 - HEAD LAMPS
3 - TAIL LAMPS
4 - BRAKES
5 - STEERING
6 - DEFECTIVE
7 - WORN OR SLICK TIRES
8 - TRAILER EQUIPMENT
9 - MOTOR TROUBLE
10 - DISABLED FROM PRIOR ACCIDENT
11 - TURNED OVER
12 - FLATBED

NON-MOTORIST LOCATION AT IMPACT
1 - INTERSECTION - MARKED CROSSWALK
2 - INTERSECTION - UNMARKED CROSSWALK
3 - MIDBLOCK - MARKED CROSSWALK
4 - SIDEWALK
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

4 ACTION
1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING
4 - STRUCK
5 - BOTH STRIKING & STRUCK
9 - OTHER / UNKNOWN
PRE-CRASH ACTIONS
4 - OVERTAKING/PASSING
5 - MAKING RIGHT TURN
6 - MAKING LEFT TURN
7 - MAKING U-TURN
8 - BACKING
9 - CHANGING LANES
10 - SLOWING OR STOPPED IN TRAFFIC
11 - DRIVING ON THE WRONG SIDE
12 - DRIVING ON THE WRONG WAY
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
22 - LYING IN ROADWAY
23 - NOT DISCERNIBLE
24 - OTHER IMPROPER ACTION

0 1 CONTRIBUTING CIRCUMSTANCES
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

SEQUENCE OF EVENTS
1 2 0 1 - OVERTURN/ROLLOVER
2 - FIRE/EXPLOSION
3 - IMMERSION
4 - JACKKNIFE
5 - CARGO / EQUIPMENT LOSS OR SHIFT
6 - IMPROPER TURN
7 - SEPARATION OF UNITS
8 - RAN OFF ROAD RIGHT
9 - RAN OFF ROAD LEFT
10 - CROSS MEDIAN
11 - CROSS CENTER LINE - 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 MOVEABLE OBJECT

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
40 - SUPPORT
41 - UTILITY POLE
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

1 FIRST HARMFUL EVENT
1 MOST HARMFUL EVENT

OWNER

UNIT # OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
0 2 MYERS, JOHN, KENNETH

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)

42253 BIGGS RD ,LAGRANGE ,OH 44050

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

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)
REDACTED PER ORC 149.43(A)(1)

LP STATE LICENSE PLATE # O H FZV8159

VEHICLE IDENTIFICATION # 4 T 1 D A A C K 7 S U 1 5 4 4 0 7

VEHICLE YEAR 2 0 2 5 VEHICLE MAKE Toyota

INSURANCE VERIFIED

INSURANCE COMPANY NATIONWIDE

INSURANCE POLICY # 9234J060130

COLOR BLU

VEHICLE MODEL CAMRY

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 0 2

US DOT #

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

TOWED BY: COMPANY NAME

HAZARDOUS MATERIAL
 MATERIAL RELEASED
 PLACARD

0 1 UNIT TYPE

1 - PASSENGER CAR
2 - PASSENGER VAN (MINIVAN)
3 - SPORT UTILITY VEHICLE
4 - PICKUP
5 - CARGO VAN
6 - VAN (9-15 SEATS)

1 - MOTORCYCLE 2-WHEELED

8 - MOTORCYCLE 3-WHEELED

9 - AUTOCYCLE

10 - MOPED OR MOTORIZED

BICYCLE

11 - ALL TERRAIN VEHICLE (ATV / UTV)

12 - GOLF CART

13 - SNOWMOBILE

14 - SINGLE UNIT TRUCK

15 - SEMI-TRACTOR

16 - FARM EQUIPMENT

17 - MOTORHOME

18 - LIMO (LIVERY VEHICLE)

19 - BUS (16+ PASSENGERS)

20 - OTHER VEHICLE

21 - HEAVY EQUIPMENT

22 - ANIMAL WITH RIDER OR

ANIMAL-DRAWN VEHICLE

23 - PEDESTRIAN / SKATER

24 - WHEELCHAIR (ANY TYPE)

25 - OTHER NON-MOTORIST

26 - BICYCLE

27 - TRAIN

99 - UNKNOWN OR HIT/SKIP

0 0 # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

2 1-YES 2-NO 9-OTHER/UNKNOWN

AUTONOMOUS MODE LEVEL

0 - NO AUTOMATION
1 - DRIVER ASSISTANCE
2 - PARTIAL AUTOMATION
5 - FULL AUTOMATION

0 1 SPECIAL FUNCTION

1 - NONE
2 - TAXI
3 - ELECTRONIC RIDE SHARING
4 - SCHOOL TRANSPORT
5 - BUS - TRANSIT/COMMUTER

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

0 1 CARGO BODY TYPE

1 - NO CARGO BODY TYPE /NOTAPPLICABLE
2 - BUS

3 - VEHICLE TOWING ANOTHER

MOTORVEHICLE

4 - LOGGING

5 - CARGO VAN/ENCLOSED BOX

6 - GRAIN/CHIPS/GRAVEL

5 - INTERMODAL CONTAINER

CHASSIS

6 - CARGO VAN/ENCLOSED BOX

7 - DUMP

8 - POLE

9 - CARGO TANK

10 - FLAT BED

11 - GARBAGE/REFUSE

12 - CONCRETE MIXER

0 1 VEHICLE DEFECTS

1 - TURN SIGNALS
2 - HEAD LAMPS
3 - TAIL LAMPS

7 - WORN OR SLICK TIRES

8 - TRAILER EQUIPMENT

DEFECTIVE

9 - MOTOR TROUBLE

10 - DISABLED FROM PRIOR

ACCIDENT

NON-MOTORIST LOCATION AT IMPACT

1 - INTERSECTION - MARKED CROSSWALK
2 - INTERSECTION - UNMARKED CROSSWALK

3 - INTERSECTION - OTHER

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

3 ACTION

1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING PRE-CRASH
4 - STRUCK

1 - STRAIGHT AHEAD

2 - BACKING

3 - CHANGING LANES

4 - MIDBLOCK - MARKED

CROSSWALK

5 - BOTH STRIKING & STRUCK

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 - DRIVING REVERSE

13 - NEGOTIATING A CURVE

14 - ENTERING OR CROSSING

SPECIFIED LOCATION

15 - WALKING, RUNNING,

JOGGING, PLAYING

20 - OTHER NON-MOTORIST

21 - STANDING OUTSIDE

DISABLED VEHICLE

16 - WORKING

17 - PUSHING VEHICLE

99 - OTHER / UNKNOWN

0 8 CONTRIBUTING CIRCUMSTANCES

1 - NONE
2 - FAILURE TO YIELD
3 - RAN RED LIGHT

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

1 2 0

1 - OVERTURN/ROLLOVER

NON-COLLISION

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

2 1 1

4 - JACKKNIFE

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

51 - WALL

52 - BUILDING

53 - TUNNEL

46 - FENCE

47 - MAILBOX

48 - TREE

54 - OTHER FIXED OBJECT

49 - FIRE HYDRANT

99 - OTHER / UNKNOWN

3 1 1

1 - FIRST HARMFUL EVENT

1 - STATE / ESTIMATED SPEED

0 1 5

1 - CALCULATED / EDR

3 - UNDETERMINED

3 5

1 - MOST HARMFUL EVENT

3

2

1

0

9

8

7

6

5

4

3

2

1

0

DAMAGE

DAMAGE SCALE

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

LOCAL REPORT NUMBER
2 0 2 6 - 0 0 0 0 0 7 3 4

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE CONLEY, MAGGIE, SUZANNE					DATE OF BIRTH 1 1 2 5 2 0 0 3	AGE 22	GENDER F	
	ADDRESS: STREET, CITY, STATE, ZIP 2477 E 37TH ST ,LORAIN ,OH 44055						CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)			
	INJURIES 4	INJURED TAKEN BY 1	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	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER		
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 1	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4 1			
UNIT #	NAME: LAST, FIRST, MIDDLE MYERS, ASHLYNN, SKYE					DATE OF BIRTH 0 8 2 6 2 0 0 7	AGE 18	GENDER F		
ADDRESS: STREET, CITY, STATE, ZIP 42253 BIGGS RD ,LAGRANGE ,OH 44050						CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)				
INJURIES 5	INJURED TAKEN BY <input type="checkbox"/>	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 333.03	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Maximum Speed Limits		CITATION NUMBER 30457			
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 1	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4 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 <input type="checkbox"/>	EMS AGENCY (NAME)	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED <input type="checkbox"/>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS	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 1	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4 1			
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				
INJURED TAKEN BY 1- NOT TRANSPORTED / TREATED AT SCENE 2- EMS 3- POLICE 9- OTHER / UNKNOWN		EJECTION	OL ENDORSEMENT 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	ALCOHOL TEST TYPE 1- NONE 2- BLOOD 3- URINE 4- BREATH 5- OTHER					
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		TRAPPED 1- NOT TRAPPED 2- EXTRICATED BY MECHANICAL MEANS 3- FREED BY NON-MECHANICAL MEANS	GENDER F- FEMALE M- MALE U- OTHER / UNKNOWN	DRUG TEST TYPE 1- NONE 2- BLOOD 3- URINE 4- OTHER						
				CONDITION 1- APPARENTLY NORMAL 2- PHYSICAL IMPAIRMENT 3- EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4- ILLNESS 5- FELL ASLEEP, FAINTED, FATIGUED, ETC. 6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9- OTHER / UNKNOWN	DRUG TEST RESULT(S) 1- AMPHETAMINES 2- BARBITURATES 3- BENZODIAZEPINES 4- CANNABINOID 5- COCAINE 6- OPIATES / OPIOIDS 7- OTHER 8- NEGATIVE RESULTS					



OCCUPANT / WITNESS ADDENDUM

OCCUPANT / WITNESS ADDENDUM							2 0 2 6 - 0 0 0 0 0 7 3 4		
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE SARRIS, DESPINA				DATE OF BIRTH	AGE	GENDER	
	01					0 8 2 6 2 0 0 2	23	F	
ADDRESS: STREET, CITY, STATE, ZIP 7930 PEAR DR, CHESTERLAND, OH 44026							CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)		
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED					
4	1			0 4	<input type="checkbox"/> DOT-C COMPLIANT MC HELMET	0 3	1	1	
UNIT #	NAME: LAST, FIRST, MIDDLE FYE, AVEN, WINCHESTER				DATE OF BIRTH	AGE	GENDER		
02					1 1 1 0 2 0 0 9	16	M		
ADDRESS: STREET, CITY, STATE, ZIP 17817 VERMONT ST, GRAFTON, OH 44044							CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)		
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED					
5				0 4	<input type="checkbox"/> DOT-C COMPLIANT MC HELMET	0 3	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					
					<input type="checkbox"/> DOT-C COMPLIANT MC HELMET				
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-C COMPLIANT MC HELMET				
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						
INJURED TAKEN BY		6 - CHILD RESTRAINT SYSTEM - REAR FACING	9 - DEPLOYMENT UNKNOWN						
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - BOOSTER SEAT	8 - THIRD - MIDDLE	1 - NOT EJECTED						
2 - EMS	8 - HELMET USED	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED						
3 - POLICE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED						
9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE						
GENDER		11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY	12 - PASSENGER IN UNENCLOSED CARGO AREA	1 - NOT TRAPPED					
F - FEMALE	99 - OTHER / UNKNOWN	13 - TRAILING UNIT	2 - EXTRICATED BY MECHANICAL MEANS						
M - MALE		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3 - FREED BY NON-MECHANICAL MEANS						
U - OTHER / UNKNOWN		15 - NON-MOTORIST							
		99 - OTHER / UNKNOWN							
NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				