

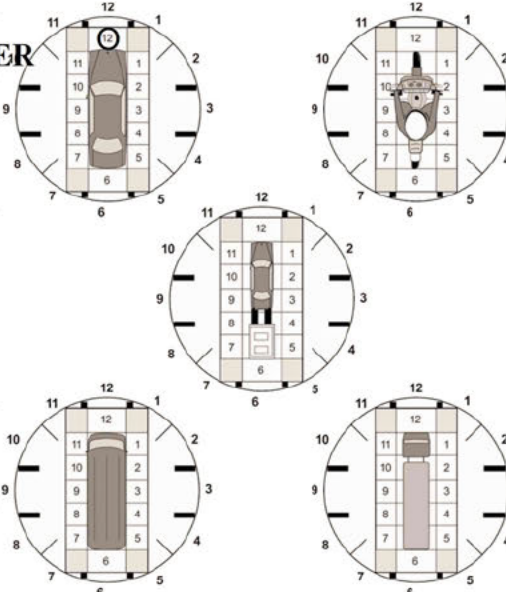
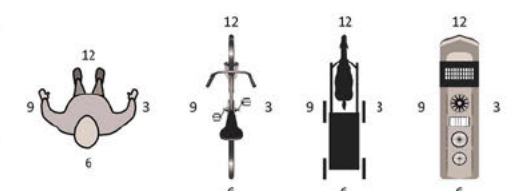


<input type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		2 0 2 5 - 0 0 0 1 7 7 7 1									
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*		HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR					
<input type="checkbox"/> PRIVATE PROPERTY				City of Kent Police		0 6 7 0 3		1 - SOLVED 2 - UNSOLVED	0 2	98 - ANIMAL 99 - UNKNOWN					
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE / TIME*		CRASH SEVERITY							
6 7	1	Kent				12/22/2025/1731		4							
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE		LATITUDE DECIMAL DEGREES		1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY					
S R	261							41.134376							
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE		LONGITUDE DECIMAL DEGREES							
				SUNNYBROOK		R D		-81.361914							
REFERENCE POINT		DIRECTION FROM REFERENCE		ROUTE TYPE		ROAD TYPE		INTERSECTION RELATED							
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		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		X WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4					
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS													
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				6 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				4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		3 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE) 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		LOCATION OF CRASH IN WORK ZONE		CONTOUR		CONDITIONS		SURFACE					
		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN					
LIGHT CONDITION		WEATHER													
2 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		0 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN													
NARRATIVE											 Indicate the north direction with an "N" on the compass diagram.				
Unit 2 was traveling East bound on STHY 261. Unit 1 was traveling West bound on STHY 261. Unit 2 began making a left hand turn onto Franklin Ave to travel North bound, when it failed to yield to West bound traffic and struck the side of Unit 2.															
															
CRASH REPORTED DATE / TIME			DISPATCH DATE / TIME			ARRIVAL DATE / TIME			SCENE CLEARED DATE / TIME			REPORT TAKEN BY			
12/22/2025/1731			12/22/2025/1733			12/22/2025/1739			12/22/2025/1836			X POLICE AGENCY <input type="checkbox"/> MOTORIST			
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*				CHECKED BY OFFICER'S NAME*				SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)	
0 6 3		0 1 0		0 7 3		Jones, Steven R				Nelson, Josh					
						OFFICER'S BADGE NUMBER*				CHECKED BY OFFICER'S BADGE NUMBER*					
						2 3 0				2 3 2					

OWNER	UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER FROMAN, ERIC, JON	OWNER PHONE: () INCLUDE AREA CODE () SAME AS DRIVER REDACTED PER ORC 149.43(A)(1)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER 3851 MARTHA RD, Brimfield Twp, OH 44240																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: () INCLUDE AREA CODE																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
VEHICLE	LP STATE O H	LICENSE PLATE # KBU5133	VEHICLE IDENTIFICATION # 1 GNE V GK W8 L J 3 2 2 5 6 8	VEHICLE YEAR 2 0 2 0	VEHICLE MAKE Chevrolet																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY ALL STATE	INSURANCE POLICY # 926-292-106	COLOR MAR	VEHICLE MODEL TRAVERSE																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME City Service																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 0 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
	TYPE OF USE		US DOT #	VEHICLE WEIGHT GVWR/GCWR																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
	<input type="checkbox"/> PASSENGER CAR		<input type="checkbox"/> PASSENGER VAN (MINIVAN)	<input type="checkbox"/> SPORT UTILITY VEHICLE	<input type="checkbox"/> PICK UP	<input type="checkbox"/> CARGO VAN	<input type="checkbox"/> VAN (9-15 SEATS)	<input type="checkbox"/> MOTORCYCLE 2-WHEELED	<input type="checkbox"/> MOTORCYCLE 3-WHEELED	<input type="checkbox"/> AUTOCYCLE	<input type="checkbox"/> MOPED OR MOTORIZED BICYCLE	<input type="checkbox"/> ALL TERRAIN VEHICLE (ATV / UTV)	<input type="checkbox"/> GOLF CART	<input type="checkbox"/> SNOWMOBILE	<input type="checkbox"/> SINGLE UNIT TRUCK	<input type="checkbox"/> SEMI-TRACTOR	<input type="checkbox"/> FARM EQUIPMENT	<input type="checkbox"/> MOTORHOME	<input type="checkbox"/> LIM0 (LIVERY VEHICLE)	<input type="checkbox"/> BUS (16+ PASSENGERS)	<input type="checkbox"/> OTHER VEHICLE	<input type="checkbox"/> HEAVY EQUIPMENT	<input type="checkbox"/> ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	<input type="checkbox"/> PEDESTRIAN / SKATER	<input type="checkbox"/> WHEELCHAIR (ANY TYPE)	<input type="checkbox"/> OTHER NON-MOTORIST	<input type="checkbox"/> BICYCLE	<input type="checkbox"/> TRAIN	<input type="checkbox"/> UNKNOWN OR HIT/SKIP																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
	UNIT TYPE 0 3		# OF TRAILING UNITS 00		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-DRIVER ASSISTANCE		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-MAIL CARRIER		99-OTHER / UNKNOWN																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
	CARGO BODY TYPE 0 1		1-NO CARGO BODY TYPE / NOT APPLICABLE		2-BUS		3-VEHICLE TOWING ANOTHER MOTORVEHICLE		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-AUTOTRANSORTER		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		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		1- 2 0		2- 0		3- 0		4- 0		5- 0		6- 0		7- 0		8- 0		9- 0		10- 0		11- 0		12- 0		13- 0		14- 0		15- 0		16- 0		17- 0		18- 0		19- 0		20- 0		21- 0		22- 0		23- 0		24- 0		25- 0		26- 0		27- 0		28- 0		29- 0		30- 0		31- 0		32- 0		33- 0		34- 0		35- 0		36- 0		37- 0		38- 0		39- 0		40- 0		41- 0		42- 0		43- 0		44- 0		45- 0		46- 0		47- 0		48- 0		49- 0		50- 0		51- 0		52- 0		53- 0		54- 0		55- 0		56- 0		57- 0		58- 0		59- 0		60- 0		61- 0		62- 0		63- 0		64- 0		65- 0		66- 0		67- 0		68- 0		69- 0		70- 0		71- 0		72- 0		73- 0		74- 0		75- 0		76- 0		77- 0		78- 0		79- 0		80- 0		81- 0		82- 0		83- 0		84- 0		85- 0		86- 0		87- 0		88- 0		89- 0		90- 0		91- 0		92- 0		93- 0		94- 0		95- 0		96- 0		97- 0		98- 0		99- 0		100- 0		101- 0		102- 0		103- 0		104- 0		105- 0		106- 0		107- 0		108- 0		109- 0		110- 0		111- 0		112- 0		113- 0		114- 0		115- 0		116- 0		117- 0		118- 0		119- 0		120- 0		121- 0		122- 0		123- 0		124- 0		125- 0		126- 0		127- 0		128- 0		129- 0		130- 0		131- 0		132- 0		133- 0		134- 0		135- 0		136- 0		137- 0		138- 0		139- 0		140- 0		141- 0		142- 0		143- 0		144- 0		145- 0		146- 0		147- 0		148- 0		149- 0		150- 0		151- 0		152- 0		153- 0		154- 0		155- 0		156- 0		157- 0		158- 0		159- 0		160- 0		161- 0		162- 0		163- 0		164- 0		165- 0		166- 0		167- 0		168- 0		169- 0		170- 0		171- 0		172- 0		173- 0		174- 0		175- 0		176- 0		177- 0		178- 0		179- 0		180- 0		181- 0		182- 0		183- 0		184- 0		185- 0		186- 0		187- 0		188- 0		189- 0		190- 0		191- 0		192- 0		193- 0		194- 0		195- 0		196- 0		197- 0		198- 0		199- 0		200- 0		201- 0		202- 0		203- 0		204- 0		205- 0		206- 0		207- 0		208- 0		209- 0		210- 0		211- 0		212- 0		213- 0		214- 0		215- 0		216- 0		217- 0		218- 0		219- 0		220- 0		221- 0		222- 0		223- 0		224- 0		225- 0		226- 0		227- 0		228- 0		229- 0		230- 0		231- 0		232- 0		233- 0		234- 0		235- 0		236- 0		237- 0		238- 0		239- 0		240- 0		241- 0		242- 0		243- 0		244- 0		245- 0		246- 0		247- 0		248- 0		249- 0		250- 0		251- 0		252- 0		253- 0		254- 0		255- 0		256- 0		257- 0		258- 0		259- 0		260- 0		261- 0		262- 0		263- 0		264- 0		265- 0		266- 0		267- 0		268- 0		269- 0		270- 0		271- 0		272- 0		273- 0		274- 0		275- 0		276- 0		277- 0		278- 0		279- 0		280- 0		281- 0		282- 0		283- 0		284- 0		285- 0		286- 0		287- 0		288- 0		289- 0		290- 0		291- 0		292- 0		293- 0		294- 0		295- 0		296- 0		297- 0		298- 0		299- 0		300- 0		301- 0		302- 0		303- 0		304- 0		305- 0		306- 0		307- 0		308- 0		309- 0		310- 0		311- 0		312- 0		313- 0		314- 0		315- 0		316- 0		317- 0		318- 0		319- 0		320- 0		321- 0		322- 0		323- 0		324- 0		325- 0		326- 0		327- 0		328- 0		329- 0		330- 0		331- 0		332- 0		333- 0		334- 0		335- 0		336- 0		337- 0		338- 0		339- 0		340- 0		341- 0		342- 0		343- 0		344- 0		345- 0		346- 0		347- 0		348- 0		349- 0		350- 0		351- 0		352- 0		353- 0		354- 0		355- 0		356- 0		357- 0		358- 0		359- 0		360- 0		361- 0		362- 0		363- 0		364- 0		365- 0		366- 0		367- 0		368- 0		369- 0		370- 0		371- 0		372- 0		373- 0		374- 0		375- 0		376- 0		377- 0		378- 0		379- 0		380- 0		381- 0		382- 0		383- 0		384- 0		385- 0		386- 0		387- 0		388- 0		389- 0		390- 0		391- 0		392- 0		393- 0		394- 0		395- 0		396- 0		397- 0		398- 0		399- 0		400- 0		401- 0		402- 0		403- 0		404- 0		405- 0		406- 0		407- 0		408- 0		409- 0		410- 0		411- 0		412- 0		413- 0		414- 0		415- 0		416- 0		417- 0		418- 0		419- 0		420- 0		421- 0		422- 0		423- 0		424- 0		425- 0		426- 0		427- 0		428- 0		429- 0		430- 0		431- 0		432- 0		433- 0		434- 0		435- 0		436- 0		437- 0		438- 0		439- 0		440- 0		441- 0		442- 0		443- 0		444- 0		445- 0		446- 0		447- 0		448- 0		449- 0		450- 0		451- 0		452- 0		453- 0		454- 0		455- 0		456- 0		457- 0		458- 0		459- 0		460- 0		461- 0		462- 0		463- 0		464- 0		465- 0		466- 0		467- 0		468- 0		469- 0		470- 0		471- 0		472- 0		473- 0		474- 0		475- 0		476- 0		477- 0		478- 0		479- 0		480- 0		481- 0		482- 0		483- 0		484- 0		485- 0		486- 0		487- 0		488- 0		489- 0		490- 0		491- 0		492- 0		493- 0		494- 0		495- 0		496- 0		497- 0		498- 0		499- 0		500- 0		501- 0		502- 0		503- 0		504- 0		505- 0		506- 0		507- 0		508- 0		509- 0		510- 0		511- 0		512- 0		513- 0		514- 0	

OWNER	UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) SHIPP, PAULA, JO	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)																																																												
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 3700 HOMESTEAD RD, Rootstown, OH 44266																																																														
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																																													
VEHICLE	LP STATE O H	LICENSE PLATE # GAW8655	VEHICLE IDENTIFICATION # J A 4 A D 3 A 3 9 J Z 0 0 0 5 4 2	VEHICLE YEAR 2 0 1 8	VEHICLE MAKE Mitsubishi																																																										
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY LAKESHORE INSURANCE	INSURANCE POLICY # SD 2206-00	COLOR BLK	VEHICLE MODEL OUTLANDER																																																										
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME																																																											
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 0 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD																																																											
	TYPE OF USE		US DOT #	VEHICLE WEIGHT GVWR/GCWR																																																											
	<input type="checkbox"/> PASSENGER CAR		<input type="checkbox"/> PASSENGER VAN (MINIVAN)	<input type="checkbox"/> SPORT UTILITY VEHICLE	<input type="checkbox"/> PICK UP	<input type="checkbox"/> CARGO VAN	<input type="checkbox"/> VAN (9-15 SEATS)	<input type="checkbox"/> MOTORCYCLE 2-WHEELED	<input type="checkbox"/> MOTORCYCLE 3-WHEELED	<input type="checkbox"/> AUTOCYCLE	<input type="checkbox"/> MOPED OR MOTORIZED BICYCLE	<input type="checkbox"/> ALL TERRAIN VEHICLE (ATV / UTV)	<input type="checkbox"/> GOLF CART	<input type="checkbox"/> SNOWMOBILE	<input type="checkbox"/> SINGLE UNIT TRUCK	<input type="checkbox"/> SEMI-TRACTOR	<input type="checkbox"/> FARM EQUIPMENT	<input type="checkbox"/> MOTORHOME	<input type="checkbox"/> LIMO (LIVERY VEHICLE)	<input type="checkbox"/> BUS (16+ PASSENGERS)	<input type="checkbox"/> OTHER VEHICLE	<input type="checkbox"/> HEAVY EQUIPMENT	<input type="checkbox"/> ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	<input type="checkbox"/> PEDESTRIAN / SKATER	<input type="checkbox"/> WHEELCHAIR (ANY TYPE)	<input type="checkbox"/> OTHER NON-MOTORIST	<input type="checkbox"/> BICYCLE	<input type="checkbox"/> TRAIN	<input type="checkbox"/> UNKNOWN OR HIT/SKIP																																		
	UNIT TYPE 0 3		# OF TRAILING UNITS 00		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1-YES 2-NO 9-OTHER/UNKNOWN		AUTONOMOUS MODE LEVEL 0		1-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 MOTORVEHICLE		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 3		1- NON-CONTACT		2- NON-COLLISION		3- STRIKING		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 2		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		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 MOTORVEHICLE		22- WORK ZONE MAINTENANCE EQUIPMENT		23- STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE		24- OTHER MOVABLE OBJECT															
COLLISION WITH FIXED OBJECT - STRUCK		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	
FIRST HARMFUL EVENT		1		MOST HARMFUL EVENT		1																																																									

LOCAL REPORT NUMBER 2 0 2 5 - 0 0 0 1 7 7 7 1	
DAMAGE DAMAGE SCALE 3 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 1 2 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 2	RAIL GRADE CROSSING 1 1- NOT INVOLVED 2- INVOLVED-ACTIVE CROSSING 3- INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 4 TO 1 1- NORTH 5- NORTHEAST 2- SOUTH 6- NORTHWEST 3- EAST 7- SOUTHEAST 4- WEST 8- SOUTHWEST 9- OTHER / UNKNOWN	
UNIT SPEED 0 1 5	DETECTED SPEED 1 1- STATED / ESTIMATED SPEED 2- CALCULATED / EDR 3- UNDETERMINED
POSTED SPEED 5 5	

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER													
2 0 2 5 - 0 0 0 1 7 7 7 1													
UNIT # 0 1		NAME: LAST, FIRST, MIDDLE BOTZMAN, MELISSA, M				DATE OF BIRTH 0 1 2 2 1 9 7 7		AGE 4 8	GENDER F				
ADDRESS: STREET, CITY, STATE, ZIP 3851 MARTHA RD ,Brimfield Twp ,OH 44240						CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)							
INJURIES 4	INJURED TAKEN BY 1	EMS AGENCY (NAME) Kent Fire		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 TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1			
UNIT # 0 2		NAME: LAST, FIRST, MIDDLE SHIPP, PAULA, JO				DATE OF BIRTH 1 0 2 8 1 9 5 4		AGE 7 1	GENDER F				
ADDRESS: STREET, CITY, STATE, ZIP 3700 HOMESTEAD RD ,Rootstown ,OH 44266						CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)							
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE O H	OPERATOR LICENSE NUMBER REDACTED PER ORC 4501:1-12			OFFENSE CHARGED 331.17	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Right of Way when Tu			CITATION NUMBER 30352				
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 TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 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-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	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4			
INJURIES		SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS	
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED		1 - CLASS A		1 - ALCOHOL INTERLOCK DEVICE		1 - NOT DISTRACTED		1 - NONE GIVEN	
2 - SUSPECTED SERIOUS INJURY		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT		2 - CLASS B		2 - CDL INTRASTATE ONLY		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)		2 - TEST REFUSED	
3 - SUSPECTED MINOR INJURY		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE		3 - CLASS C		3 - CORRECTIVE LENSES		3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	
4 - POSSIBLE INJURY		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT / SIDE		4 - REGULAR CLASS (OHIO - D)		4 - FARM WAIVER		4 - TALKING ON HAND-HELD COMMUNICATION DEVICE		4 - TEST GIVEN, RESULTS KNOWN	
5 - NO APPARENT INJURY		5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M/C MOPEL ONLY		5 - EXCEPT CLASS A BUS & CLASS B BUS		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN	
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS		6 - PASSENGER		ALCOHOL TEST TYPE	
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION		H - HAZMAT		7 - EXCEPT TRACTOR-TRAILER		7 - OTHER DISTRACTION INSIDE THE VEHICLE		1 - NONE	
2 - EMS		8 - THIRD - MIDDLE		1 - NOT EJECTED		M - MOTORCYCLE		8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		2 - BLOOD	
3 - POLICE		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED		P - PASSENGER		9 - LEARNER'S PERMIT RESTRICTIONS		9 - OTHER / UNKNOWN		3 - URINE	
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED		N - TANKER		10 - LIMITED TO DAYLIGHT ONLY		CONDITION		4 - BREATH	
SAFETY EQUIPMENT		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE		Q - MOTOR SCOOTER		11 - LIMITED TO EMPLOYMENT		1 - APPARENTLY NORMAL		5 - OTHER	
1 - NONE USED		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED		R - THREE-WHEEL MOTORCYCLE		12 - LIMITED - OTHER		2 - PHYSICAL IMPAIRMENT		DRUG TEST TYPE	
2 - SHOULDER BELT ONLY USED		13 - TRAILING UNIT		1 - NOT TRAPPED		S - SCHOOL BUS		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		1 - NONE	
3 - LAP BELT ONLY USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS		14 - MILITARY VEHICLES ONLY		4 - ILLNESS		2 - BLOOD	
4 - SHOULDER & LAP BELT USED		15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS		X - TANKER / HAZMAT		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		3 - URINE	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN		GENDER		F - FEMALE		16 - OUTSIDE MIRROR		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		4 - OTHER	
6 - CHILD RESTRAINT SYSTEM - REAR FACING				F - FEMALE		M - MALE		17 - PROSTHETIC AID		9 - OTHER / UNKNOWN		DRUG TEST RESULT(S)	
7 - BOOSTER SEAT				M - MALE		U - OTHER / UNKNOWN		18 - OTHER				1 - AMPHETAMINES	
8 - HELMET USED												2 - BARBITURATES	
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)												3 - BENZODIAZEPINES	
10 - REFLECTIVE CLOTHING												4 - CANNABINOIDS	
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY												5 - COCAINE	
99 - OTHER / UNKNOWN												6 - OPIATES / OPIOIDS	
												7 - OTHER	
												8 - NEGATIVE RESULTS	

OCCUPANT / WITNESS ADDENDUM

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

OCCUPANT	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

OCCUPANT	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

OCCUPANT	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

OCCUPANT	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

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	RICHARDS, MATTHEW, CHRISTIAN				DATE OF BIRTH		AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE			
		27 LIGHTNING LN ,Brimfield Twp, ,OH 44240				REDACTED PER ORC 149.43(A)(1)			

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			