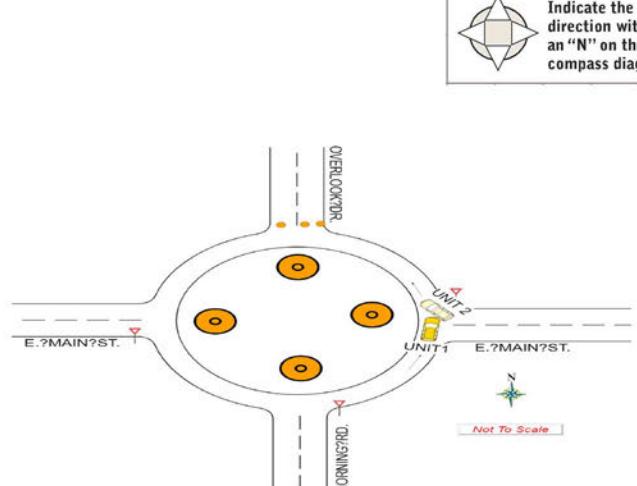


## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION			LOCAL REPORT NUMBER*			
		REPORTING AGENCY NAME* <b>City of Kent Police</b>			NCIC* <b>06703</b>			
COUNTY* <b>6</b>		LOCALITY* <b>1</b> 1-CITY 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* <b>Kent</b>			HIT/SKIP 1-SOLVED 2-UNRESOLVED	
ROUTE TYPE <b>S R</b>		ROUTE NUMBER <b>59</b>	PREFIX <b>3</b> 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME <b>MAIN</b>	ROAD TYPE <b>S T</b>	CRASH DATE / TIME* <b>01212026/1843</b>		UNIT IN ERROR <b>02</b> 98-ANIMAL 99-UNKNOWN
ROUTE TYPE <b></b>		ROUTE NUMBER <b></b>	PREFIX <b></b> 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>HORNING</b>	ROAD TYPE <b>R D</b>	LATITUDE DECIMAL DEGREES <b>41.153692</b>		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # <b>1</b>		DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROUTE TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	LONGITUDE DECIMAL DEGREES <b>-81.339610</b>		INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # <b>0 1</b>		DISTANCE FROM REFERENCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS	DISTANCE 1-MILES 2-FEET 3-YARDS	ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	NUMBER OF APPROACHES <b>3</b>		ROADWAY <input type="checkbox"/> 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 <b>0 1</b>				MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN 4-TRANSPORT 5-REAR-END 6-HEAD-ON <b>6</b>	DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST	MEDIAN TYPE 1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (≥4 FEET) 3-DIVIDED, DEPRESSED MEDIAN 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9-OTHER/UNKNOWN		
<input checked="" type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER <b>3</b>	LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA <b>4</b>	CONTOUR <b>1</b>	CONDITIONS <b>1</b>	SURFACE <b>2</b>		
LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK-LIGHTED ROADWAY 4-DARK-ROADWAY NOT LIGHTED 5-DARK-UNKNOWN ROADWAY LIGHTING 9-OTHER/UNKNOWN <b>3</b>		WEATHER 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL <b>0 1</b>	1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN	1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN	1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN			
NARRATIVE <b>UNIT 1 WAS DRIVING IN THE ROUNDABOUT FROM HORNING RD, ATTEMPTING TO TRAVEL WEST BOUND ON E. MAIN ST. UNIT 2 FAILED TO YIELD BEFORE ENTERING THE ROUNDABOUT FROM E. MAIN ST. CAUSING UNIT 1 TO STRIKE THE SIDE OF UNIT 2.</b>								
CRASH REPORTED DATE / TIME <b>01212026/1843</b>		DISPATCH DATE / TIME <b>01212026/1904</b>		ARRIVAL DATE / TIME <b>01212026/1915</b>		SCENE CLEARED DATE / TIME <b>01212026/1946</b>		
TOTAL TIME ROADWAY CLOSED <b>0 0 0</b>		OTHER INVESTIGATION TIME <b>0 1 0</b>		TOTAL MINUTES <b>0 5 2</b>		OFFICER'S NAME* <b>Jones, Steven R</b>	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
						CHECKED BY OFFICER'S NAME* <b>Nelson, Josh</b>	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)	
						OFFICER'S BADGE NUMBER* <b>2 3 0</b>	CHECKED BY OFFICER'S BADGE NUMBER* <b>2 3 2</b>	

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER	OWNER ADDRESS: STREET, CITY, STATE, ZIP <input type="checkbox"/> SAME AS DRIVER	OWNED PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER REDACTED PER ORC 149.43(A)(1)
SCOTT, JILL, LEA			
13135 CHILlicothe RD, CHESTERLAND, OH 44026			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	KFF5327	2GNAXHEV6K6231134	2019	Chevrolet
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
ALL STATE		992863304	CPR	EQUINOX

TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME		
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE			
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS			
		VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL		
		1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/> MATERIAL RELEASED	CLASS #	
			<input type="checkbox"/> PLACARD	PLACARD ID #	
0 3		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICKUP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - 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?		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
2	1 - YES 2 - NO 9 - OTHER/UNKNOWN	0	
AUTONOMOUS MODE LEVEL			

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
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0 1		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTOTRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
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0 1		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
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0 1		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK 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
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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
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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
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SEQUENCE OF EVENTS							
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1 2 0		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVEABLE OBJECT
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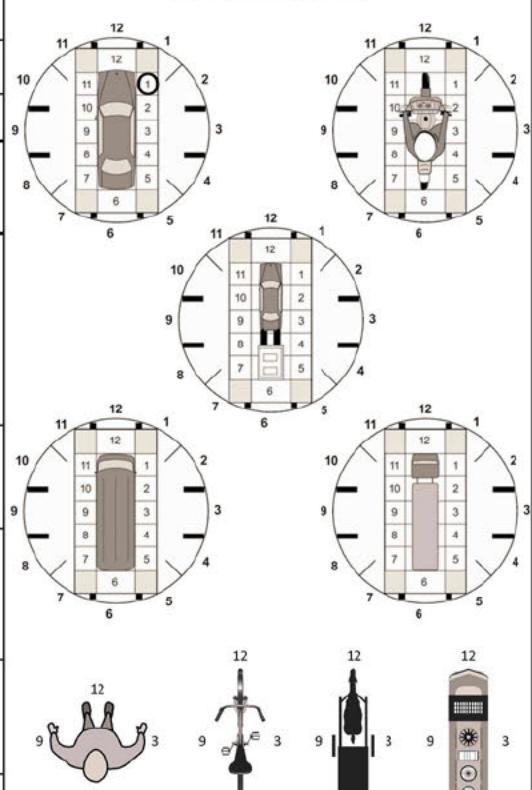
4 1 1		25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
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1		FIRST HARMFUL EVENT	MOST HARMFUL EVENT
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LOCAL REPORT NUMBER  
2 0 2 6 - 0 0 0 0 0 9 1 8

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

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY



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

INITIAL POINT OF CONTACT  
0 - NO DAMAGE  
1 - 12 - REFER TO UNIT DIAGRAM  
14 - UNDERCARRIAGE  
15 - VEHICLE NOT AT SCENE  
99 - UNKNOWN  
13 - TOP

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

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

# OF THROUGH LANES ON ROAD  
1

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

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

UNIT SPEED  
0 1 3

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

POSTED SPEED  
3 5

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)
DIONNE, PATRICIA, ANN		
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER)		
1379 BROWN ST ,Akron ,OH 44301		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	FPM6770	ZACCJBBH3FPC30899	2015	Jeep

<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	ERIE	Q106807565	BGE	RENEGADE

TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL	
		0 1	<input type="checkbox"/> MATERIAL RELEASED	CLASS #
			<input type="checkbox"/> PLACARD	PLACARD ID #

0 3	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICKUP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - 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
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0 0	# OF TRAILING UNITS	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
2	1 - YES 2 - NO 9 - OTHER/UNKNOWN	0		

0 1	SPECIAL FUNCTION	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
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0 1	CARGO BODY TYPE	1 - NO CARGO BODY TYPE /NOTAPPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - CARGO VAN/ENCLOSED BOX 6 - GRAIN/CHIPS/GRAVEL	5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTOTRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
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1	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
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1	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
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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	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES	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
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0 2	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	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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1	SEQUENCE OF EVENTS						
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2 0	NON-COLLISION	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVEABLE OBJECT
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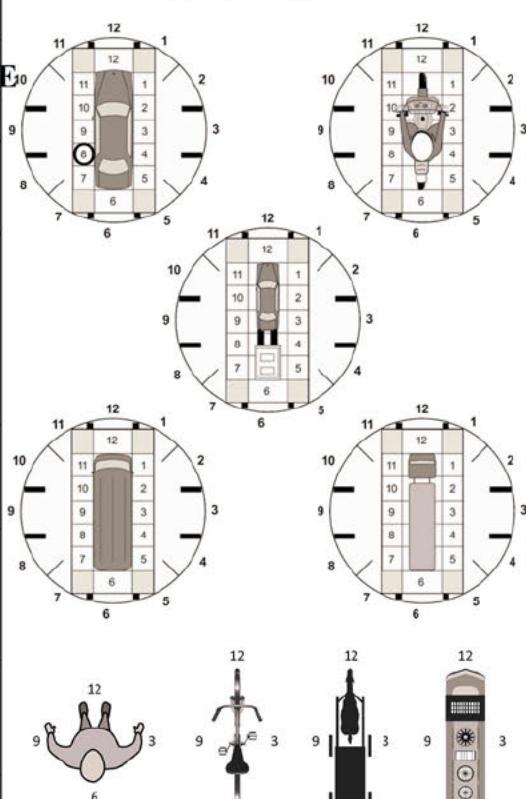
4 1	COLLISION WITH FIXED OBJECT - STRUCK	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN 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	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
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1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT
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LOCAL REPORT NUMBER  
2 0 2 6 - 0 0 0 0 0 9 1 8

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

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

# OF THROUGH LANES ON ROAD  
1

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

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

UNIT SPEED  
0 1 0

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

LOCAL REPORT NUMBER

2 0 2 6 - 0 0 0 0 0 9 1 8

UNIT #	NAME: LAST, FIRST, MIDDLE <b>SCOTT, MADELYN, ELISE</b>					DATE OF BIRTH	AGE	GENDER	
<b>0 1</b>						<b>0 5 1 2 2 0 0 6</b>	<b>1 9</b>	<b>F</b>	
ADDRESS: STREET, CITY, STATE, ZIP <b>13135 CHILlicothe RD ,CHESTERLAND ,OH 44026</b>									
INJURIES <b>5</b>	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED <b>0 4</b>	DOT-COMPLIANT MC HELMET	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 REDACTED PER ORC 4501:1-12		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER		
OL CLASS <b>4</b>	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY <b>1</b>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <b>1</b>	ALCOHOL TEST STATUS <b>1</b> TYPE <b>1</b> VALUE <b>1</b>	DRUG TEST(S) STATUS <b>1</b> TYPE <b>1</b> RESULT SELECT UP TO 4		
UNIT # <b>0 2</b>	NAME: LAST, FIRST, MIDDLE <b>DIONNE, PATRICIA, ANN</b>					DATE OF BIRTH <b>0 2 0 6 1 9 8 7</b>	AGE <b>3 8</b>	GENDER <b>F</b>	
ADDRESS: STREET, CITY, STATE, ZIP <b>1379 BROWN ST ,Akron ,OH 44301</b>									
INJURIES <b>5</b>	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED <b>0 4</b>	DOT-COMPLIANT MC HELMET	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 REDACTED PER ORC 4501:1-12		OFFENSE CHARGED <b>331.18</b>	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Operation of Vehicle		CITATION NUMBER <b>30358</b>		
OL CLASS <b>4</b>	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY <b>1</b>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <b>1</b>	ALCOHOL TEST STATUS <b>1</b> TYPE <b>1</b> VALUE <b>1</b>	DRUG TEST(S) STATUS <b>1</b> TYPE <b>1</b> RESULT SELECT UP TO 4		
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP									
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	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 <b>1</b>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <b>1</b>	ALCOHOL TEST STATUS <b>1</b> TYPE <b>1</b> VALUE <b>1</b>	DRUG TEST(S) STATUS <b>1</b> TYPE <b>1</b> 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 HAND-Held 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- NOTAPPLICABLE	5- M/C MOPED ONLY	5- EXCEPT CLASS A BUS	5- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5- TEST GIVEN, RESULTS UNKNOWN			
INJURED TAKEN BY				6- DEPLOYMENT UNKNOWN	6- NO VALID OL	6- PASSENGER			
1- NOT TRANSPORTED /TREATED AT SCENE	7- SECOND - RIGHT SIDE	7- THRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	8- THIRD - MIDDLE	8- THIRD - RIGHT SIDE	9- SLEEPER SECTION OF TRUCK CAB	10- LIMITED TO DAYLIGHT ONLY	7- OTHER DISTRACTION INSIDE THE VEHICLE		
2- EMS	8- THIRD - MIDDLE	8- THIRD - RIGHT SIDE	9- THIRD - RIGHT SIDE	10- SLEEPER SECTION OF TRUCK CAB	11- LIMITED TO EMPLOYMENT	12- LIMITED - OTHER	8- OTHER DISTRACTION OUTSIDE THE VEHICLE		
3- POLICE	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- MOTOR VEHICLES WITHOUT AIR BRAKES	16- OUTSIDE MIRROR	9- OTHER / UNKNOWN		
9- OTHER / UNKNOWN	15- NON-MOTORIST	15- NON-MOTORIST	15- NON-MOTORIST	15- NON-MOTORIST	17- PROSTHETIC AID	18- OTHER	10- OTHER		
SAFETY EQUIPMENT				EJECTION		OL ENDORSEMENT	ALCOHOL TEST TYPE		
1- NONE USED	1- NOT EJECTED	H- HAZMAT	1- INTERMEDIATE LICENSE RESTRICTIONS	1- BLOOD	1- NOT APPLICABLE	1- APPARENTLY NORMAL	1- NONE		
2- SHOULDER BELT ONLY USED	2- PARTIALLY EJECTED	M- MOTORCYCLE	2- LEARNER'S PERMIT RESTRICTIONS	2- URINE	2- PARTIALLY EJECTED	2- PHYSICAL IMPAIRMENT	2- BLOOD		
3- LAP BELT ONLY USED	3- TOTALLY EJECTED	P- PASSENGER	3- OTHER DISTRACTION INSIDE THE VEHICLE	3- BREATH	3- FREED BY NON-MECHANICAL MEANS	3- EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3- URINE		
4- SHOULDER & LAP BELT USED	4- NOTAPPLICABLE	N- TANKER	4- OTHER DISTRACTION OUTSIDE THE VEHICLE	4- OTHER	4- NOT TRAPPED	4- ILLNESS	4- OTHER		
5- CHILD RESTRAINT SYSTEM - FORWARD FACING	11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	Q- MOTOR SCOOTER	5- OTHER / UNKNOWN	5- OTHER	5- EXTRICATED BY MECHANICAL MEANS	5- FELL ASLEEP, FAINTED, FATIGUED, ETC.	5- AMPHETAMINES		
6- CHILD RESTRAINT SYSTEM - REAR FACING	12- PASSENGER IN UNENCLOSED CARGO AREA	R- THREE-WHEEL MOTORCYCLE	6- OTHER	6- OTHER	6- FREED BY NON-MECHANICAL MEANS	6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6- BARBITURATES		
7- BOOSTER SEAT	13- TRAILING UNIT	S- SCHOOL BUS	7- OTHER / UNKNOWN	7- OTHER	7- OTHER / UNKNOWN	7- COCAINE	7- BENZODIAZEPINES		
8- HELMET USED	14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	T- DOUBLE & TRIPLE TRAILERS	8- OTHER / UNKNOWN	8- OTHER	8- OTHER / UNKNOWN	8- CANNABINOID	8- OPIATES / OPIOIDS		
9- PROTECTIVE PADS USED (ELBOW KNEES, ETC.)	15- NON-MOTORIST	X- TANKER / HAZMAT	9- OTHER / UNKNOWN	9- OTHER	9- OTHER / UNKNOWN	9- OTHER / UNKNOWN	7- OTHER		
10- REFLECTIVE CLOTHING	99- OTHER / UNKNOWN	GENDER		DRUG TEST RESULT(S)					
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY	F- FEMALE	F- FEMALE		1- AMPHETAMINES					
12- OTHER / UNKNOWN	M- MALE	M- MALE		2- BARBITURATES					
13- OTHER / UNKNOWN	U- OTHER / UNKNOWN	U- OTHER / UNKNOWN		3- BENZODIAZEPINES					
14- OTHER / UNKNOWN				4- CANNABINOID					
15- OTHER / UNKNOWN				5- COCAINE					
16- OTHER / UNKNOWN				6- OPIATES / OPIOIDS					
17- OTHER / UNKNOWN				7- OTHER					
18- OTHER / UNKNOWN				8- NEGATIVE RESULTS					