

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 checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION			LOCAL REPORT NUMBER*			
		REPORTING AGENCY NAME* City of Kent Police			NCIC*	2 0 2 6 - 0 0 0 0 0 9 0 8		
COUNTY* 6 7 LOCALITY* 1 -CITY 2-VILLAGE 3-TOWNSHIP Kent					HIT/SKIP 1-SOLVED 2-UNRESOLVED	NUMBER OF UNITS 0 2	UNIT IN ERROR 0 1 98-ANIMAL 99-UNKNOWN	
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME FAIRCHILD	ROAD TYPE A V	CRASH DATE / TIME* 01212026/1559		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) SUNSET WAY	ROAD TYPE B L	LATITUDE DECIMAL DEGREES 41.165166		LONGITUDE DECIMAL DEGREES -81.386263
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE #	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	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS	ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE				NUMBER OF APPROACHES 4		
LOCATION OF FIRST HARMFUL EVENT 1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFIC WAY 7-ON RAMP 8-OFF RAMP			MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION 2-BEFORE 3-TWO MOTOR VEHICLES IN TRANSPORT 4-REAR-END 5-HEAD-ON			DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST	MEDIAN TYPE 1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (≥4 FEET) 3-DIVIDED, DEPRESSED MEDIAN 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9-OTHER/UNKNOWN	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER		LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA		CONTOUR 1	CONDITIONS 1	SURFACE 2
1 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		WEATHER 6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER/UNKNOWN		1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN	1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN	1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN
<p>NARRATIVE</p> <p>UNIT 2 WAS TRAVELING WESTBOUND ON FAIRCHILD AVE. MAKING A RIGHT TURN ONTO SUNSET WAY BLVD. UNIT 1 WAS DIRECTLY BEHIND UNIT 2. UNIT 1 ATTEMPTED TO PASS UNIT 2 TO THE RIGHT WHILE MAKING THE TURN ONTO SUNSET WAY BLVD. AND STRUCK UNIT 2.</p>								
CRASH REPORTED DATE / TIME 01212026/1559		DISPATCH DATE / TIME 01212026/1600		ARRIVAL DATE / TIME 01212026/1616		SCENE CLEARED DATE / TIME 01212026/1656		REPORT TAKEN BY
TOTAL TIME ROADWAY CLOSED 0 5 7		OTHER INVESTIGATION TIME 0 2 0		TOTAL MINUTES 0 7 6		OFFICER'S NAME* Hadaway, Joseph	CHECKED BY OFFICER'S NAME* Hadaway, Joseph	<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)
						OFFICER'S BADGE NUMBER* 2 1 6	CHECKED BY OFFICER'S BADGE NUMBER* 2 1 6	

UNIT # **0 1** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
CHANCE, BRIAN, JOSEPH

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

9597 HICKORY HILL DR , Twinsburg ,OH 44087

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

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE O H	LICENSE PLATE # JKX9890	VEHICLE IDENTIFICATION # 3 FA6 P0 HD8 ER1 75008	VEHICLE YEAR 2014	VEHICLE MAKE Ford
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY CINCINNATI CASUALTY	INSURANCE POLICY # 077612	COLOR RED	VEHICLE MODEL FUSION
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 0 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		

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

0 1	AUTONOMOUS MODE LEVEL			
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

0 1	CARGO BODY TYPE			
CARGO BODY TYPE				
0 1	1 - NO CARGO BODY TYPE /NOTAPPLICABLE 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

0 1	VEHICLE DEFECTS			
VEHICLE DEFECTS				
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

0 1	NON-MOTORIST LOCATION AT IMPACT			
NON-MOTORIST LOCATION AT IMPACT				
0 1	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

3	ACTION			
1 0	PRE-CRASH ACTIONS			
3	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER/UNKNOWN	0 5	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

1 0	CONTRIBUTING CIRCUMSTANCES			
CONTRIBUTING CIRCUMSTANCES				
1 0	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				
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1 2 0	NON-COLLISION			
2 1 1	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE			
3 1 1	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE			

4 1 1	COLLISION WITH FIXED OBJECT - STRUCK			
5 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			
6 1 1	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER			

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 0 8

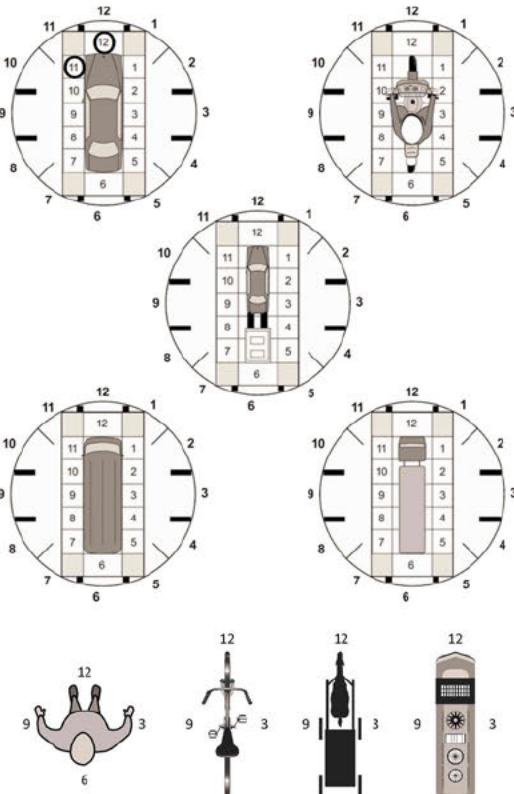
DAMAGE

2 DAMAGE SCALE

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

DAMAGED AREA(S)

INDICATE ALL THAT APPLY



- NO DAMAGE [0] - UNDERCARRIAGE [14]

- TOP [13] - ALL AREAS [15]

- UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

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

TRAFFIC

TRAFFIC WAY FLOW 2	TRAFFIC CONTROL 6
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 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 3 TO 1	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
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UNIT SPEED

0 1 0	DETECTED SPEED 1
1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	

POSTED SPEED

3 5	
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UNIT # OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
0 2 HILLEGAS, DAVID, VERNON

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

6314 ROCK SPRING RD ,Charlestown ,OH 44266

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

LP STATE LICENSE PLATE #
O H GLZ8273

VEHICLE IDENTIFICATION #
1 GC2 KVE G9 F Z1 3 5 1 1 6

INSURANCE VERIFIED INSURANCE COMPANY
SONNENBERG MUTUAL

INSURANCE POLICY #
34018594769

TYPE OF USE
 COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT #

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT

#OCCUPANTS
0 3

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

UNIT TYPE
0 4

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

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

OF TRAILING UNITS
0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?
2

1 - YES 2 - NO 9 - OTHER/UNKNOWN

AUTONOMOUS MODE LEVEL
0

0 - NO AUTOMATION
1 - DRIVER ASSISTANCE
2 - PARTIAL AUTOMATION
3 - CONDITIONAL AUTOMATION
4 - HIGH AUTOMATION
5 - FULL AUTOMATION

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

0 1

1 - NO CARGO BODY TYPE / NOT APPLICABLE
2 - BUS

3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE
4 - LOGGING

5 - CARGO VAN/ENCLOSED BOX
6 - CARGO VAN/ENCLOSED BOX

7 - GRAIN/CHIPS/GRAVEL
8 - GRAIN/CHIPS/GRAVEL

9 - POLE
10 - FLAT BED
11 - DUMP

12 - CONCRETE MIXER
13 - AUTOTRANSPORTER
14 - GARBAGE/REFUSE
99 - OTHER / UNKNOWN

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

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

0 1

1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING
4 - STRUCK
5 - BOTH STRIKING & STRUCK
9 - OTHER / UNKNOWN

0 5

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

0 1

1 - LEFT OF CENTER
2 - FAILURE TO YIELD
3 - RAN RED LIGHT
4 - RAN STOP SIGN
5 - UNSAFE SPEED
6 - IMPROPER TURN

7 - FOLLOWING TOO CLOSE / ACDA
8 - IMPROPER LANE CHANGE
9 - IMPROPER PASSING
10 - DROVE OFF ROAD
11 - SWERVING TO AVOID

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

0 1

1 - OVERTURN/ROLLOVER
2 - FIRE/EXPLOSION
3 - IMMERSION
4 - JACKKNIFE
5 - CARGO / EQUIPMENT LOSS OR SHIFT

6 - SEPARATION OF UNITS
7 - RAN OFF ROAD RIGHT
8 - RAN OFF ROAD LEFT

9 - CROSS MEDIUM
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 MOVABLE OBJECT

0 1

1 - IMPACT ATTENUATOR / CRASH CUSHION
2 - BRIDGE OVERHEAD STRUCTURE
3 - BRIDGE PIER OR ABUTMENT BARRIER
4 - BRIDGE PARAPET BARRIER
5 - BRIDGE RAIL
6 - GUARDRAIL FACE

7 - SEPARATION OF UNITS
8 - RAN OFF ROAD RIGHT
9 - RAN OFF ROAD LEFT

10 - CROSS MEDIUM
11 - CROSS MEDIAN GUARDRAIL
12 - GUARDRAIL END
13 - PORTABLE BARRIER
14 - MEDIAN CABLE BARRIER
15 - MEDIAN GUARDRAIL SUPPORT
16 - UTILITY POLE
17 - MAILBOX
18 - TREE
19 - FIRE HYDRANT

20 - OVERHEAD SIGN POST
21 - LIGHT / LUMINARIES
22 - SUPPORT
23 - OTHER POST, POLE OR SUPPORT
24 - CULVERT

25 - WORK ZONE MAINTENANCE EQUIPMENT
26 - WALL
27 - FENCE
28 - MAILBOX
29 - TUNNEL
30 - OTHER FIXED OBJECT
99 - OTHER / UNKNOWN

0 1

1 - FIRST HARMFUL EVENT
2 - MOST HARMFUL EVENT

0 1

1 - MOST HARMFUL EVENT

0 1

1 - UNIT SPEED

2 - POSTED SPEED

3 - DETECTED SPEED

4 - UNDETERMINED

5 - UNKNOWN

6 - NO CONTROL

7 - YIELD SIGN

8 - STOP SIGN

9 - ROUNDABOUT

10 - NOT INVOLVED

11 - INVOLVED-PASSIVE CROSSING

12 - INVOLVED-ACTIVE CROSSING

13 - TOP

14 - UNDERCARRIAGE

15 - VEHICLE NOT AT SCENE

16 - UNIT NOT AT SCENE

17 - TOP

18 - INITIAL POINT OF CONTACT

19 - UNKNOWN

20 - REFER TO UNIT DIAGRAM

21 - NO DAMAGE

22 - UNDERCARRIAGE

23 - TOP

24 - ALL AREAS

25 - UNIT NOT AT SCENE

26 - NO CONTROL

27 - YIELD SIGN

28 - STOP SIGN

29 - ROUNDABOUT

30 - NOT INVOLVED

31 - INVOLVED-PASSIVE CROSSING

32 - INVOLVED-ACTIVE CROSSING

33 - TOP

34 - INITIAL POINT OF CONTACT

35 - UNKNOWN

36 - REFER TO UNIT DIAGRAM

37 - NO DAMAGE

38 - UNDERCARRIAGE

39 - TOP

40 - ALL AREAS

41 - UNIT NOT AT SCENE

42 - NO CONTROL

43 - YIELD SIGN

44 - STOP SIGN

45 - ROUNDABOUT

46 - NOT INVOLVED

47 - INVOLVED-PASSIVE CROSSING

48 - INVOLVED-ACTIVE CROSSING

49 - TOP

50 - INITIAL POINT OF CONTACT

51 - UNKNOWN

52 - REFER TO UNIT DIAGRAM

53 - NO DAMAGE

54 - UNDERCARRIAGE

55 - TOP

56 - ALL AREAS

57 - UNIT NOT AT SCENE

58 - NO CONTROL

59 - YIELD SIGN

60 - STOP SIGN

61 - ROUNDABOUT

62 - NOT INVOLVED

63 - INVOLVED-PASSIVE CROSSING

64 - INVOLVED-ACTIVE CROSSING

65 - TOP

66 - INITIAL POINT OF CONTACT

67 - UNKNOWN

68 - REFER TO UNIT DIAGRAM

69 - NO DAMAGE

70 - UNDERCARRIAGE

71 - TOP

72 - ALL AREAS

73 - UNIT NOT AT SCENE

74 - NO CONTROL

75 - YIELD SIGN

76 - STOP SIGN

77 - ROUNDABOUT

78 - NOT INVOLVED

79 - INVOLVED-PASSIVE CROSSING

80 - INVOLVED-ACTIVE CROSSING

81 - TOP

82 - INITIAL POINT OF CONTACT

83 - UNKNOWN

84 - REFER TO UNIT DIAGRAM

85 - NO DAMAGE

86 - UNDERCARRIAGE

87 - TOP

88 - ALL AREAS

89 - UNIT NOT AT SCENE

90 - NO CONTROL

91 - YIELD SIGN

92 - STOP SIGN

93 - ROUNDABOUT

94 - NOT INVOLVED

95 - INVOLVED-PASSIVE CROSSING

96 - INVOLVED-ACTIVE CROSSING

97 - TOP

98 - INITIAL POINT OF CONTACT

99 - UNKNOWN

0 1 0

1 - STATED / ESTIMATED SPEED

2 - CALCULATED / EDR

3 - UNDETERMINED

3 5

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MOTORIST / Non-MOTORIST

MOTORIST / Non-MOTORIST										LOCAL REPORT NUMBER							
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH			AGE	GENDER		
	0_1	CHANCE, BRIAN, JOSEPH									0_4_2_3_1_9_9_6	29			M		
ADDRESS: STREET,CITY,STATE, ZIP 9597 HICKORY HILL DR , Twinsburg ,OH 44087										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	0_4	DOT-COMPLIANT MC HELMET	SEATING POSITION	0_1	AIR BAG USAGE	1	EJECTION	1	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE	OL CLASS	OFFENSE DESCRIPTION			CITATION NUMBER					
O_H	REDACTED PER ORC 4501:1-12			331.04			X	4	Overtaking & Passing			28493					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST			DRUG TEST(S)				
M					1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	<input type="checkbox"/> OTHER DRUG	1	1	1	1	1	1	RESULT SELECT UP TO 4		
UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH			AGE	GENDER			
0_2	HILLEGAS, DAVID, VERNON									0_4_1_6_1_9_6_2	6314 ROCK SPRING RD , Charlestown ,OH 44266			63	M		
ADDRESS: STREET,CITY,STATE, ZIP										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	0_4	DOT-COMPLIANT MC HELMET	SEATING POSITION	0_1	AIR BAG USAGE	1	EJECTION	1	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE	OL CLASS	OFFENSE DESCRIPTION			CITATION NUMBER					
O_H	REDACTED PER ORC 4501:1-12							M	0_2	1	1	1	1	1	RESULT SELECT UP TO 4		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST			DRUG TEST(S)				
M					1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	<input type="checkbox"/> OTHER DRUG	1	1	1	1	1	1	RESULT SELECT UP TO 4		
UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH			AGE	GENDER			
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OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE	OL CLASS	OFFENSE DESCRIPTION			CITATION NUMBER					
M						1	1	1	1	1	1	1	1	1	1		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST			DRUG TEST(S)				
M					1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	<input type="checkbox"/> OTHER DRUG	1	1	1	1	1	1	RESULT SELECT UP TO 4		
INJURIES		SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS					
1- FATAL 2- SUSPECTED SERIOUS INJURY 3- SUSPECTED MINOR INJURY 4- POSSIBLE INJURY 5- NO APPARENT INJURY		1- FRONT- LEFT SIDE (MOTORCYCLE DRIVER) 2- FRONT- MIDDLE 3- FRONT- RIGHT SIDE 4- SECOND- LEFT SIDE (MOTORCYCLE PASSENGER) 5- SECOND- MIDDLE 6- SECOND- RIGHT SIDE		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- NOT DEPLOYED 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- EXCEPT CLASS A BUS 4- EXCEPT CLASS A & CLASS B BUS 5- EXCEPT TRACTOR-TRAILER 6- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 7- PASSENGER 8- OTHER DISTRACTION INSIDE 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		EJECTION		OL ENDORSEMENT		TEST STATUS		ALCOHOL TEST TYPE									
1- NOT TRANSPORTED /TREATED AT SCENE 2- EMS 3- POLICE 9- OTHER/UNKNOWN		1- NOT EJECTED 2- PARTIALLY EJECTED 3- TOTALLY EJECTED 4- NOT APPLICABLE		H- HAZMAT M- MOTORCYCLE P- PASSENGER N- TANKER Q- MOTOR SCOOTER R- THREE-WHEEL MOTORCYCLE S- SCHOOL BUS T- DOUBLE & TRIPLE TRAILERS X- TANKER / HAZMAT		1- NONE 2- BLOOD 3- URINE 4- BREATH 5- OTHER		1- NONE 2- BLOOD 3- URINE 4- BREATH 5- OTHER									
SAFETY EQUIPMENT		TRAPPED		GENDER		TEST STATUS		DRUG TEST TYPE									
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		1- NOT TRAPPED 2- EXTRICATED BY MECHANICAL MEANS 3- FREED BY NON-MECHANICAL MEANS		F- FEMALE M- MALE U- OTHER / UNKNOWN		1- APPARENTLY NORMAL 2- PHYSICAL IMPAIRMENT 3- EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTUBED) 4- ILLNESS 5- FELL ASLEEP, FAINTED, FATIGUED, ETC. 6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9- OTHER / UNKNOWN		1- NONE 2- BLOOD 3- URINE 4- OTHER									
CONDITION		DRUG TEST RESULT(S)		TEST STATUS		TEST STATUS		TEST STATUS									
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OCCUPANT / WITNESS ADDENDUM

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OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER																																					
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ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																								
1370 SUNSET WAY BLVD ,Kent ,OH 44240																																													
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