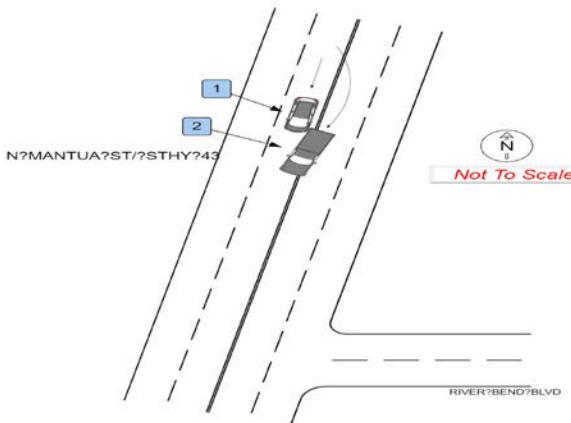


TRAFFIC CRASH REPORT

*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* City of Kent Police			NCIC* 06703							
COUNTY* 6 7		LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP Kent		LOCATION: CITY, VILLAGE, TOWNSHIP* STHY 43			HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 0 2	UNIT IN ERROR 98-ANIMAL 99-UNKNOWN			
REFERENCE LOCATION ROUTE TYPE S R	ROUTE NUMBER 43	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME STHY 43			ROAD TYPE U L	CRASH DATE / TIME* 01082026/0555					
			REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) RIVERBEND				LATITUDE DECIMAL DEGREES 41 17 16 73					
REFERENCE ROUTE TYPE 1 0 0	ROUTE NUMBER 3	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) RIVERBEND			ROAD TYPE B L	LONGITUDE DECIMAL DEGREES -81 35 27 58					
			ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE				ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY					
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 CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE			INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA					
DISTANCE FROM REFERENCE 1 0 0		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS					ROADWAY <input type="checkbox"/> ROADWAY DIVIDED					
LOCATION OF FIRST HARMFUL EVENT 0 1			MANNER OF CRASH COLLISION/IMPACT 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			DIRECTION OF TRAVEL 7			MEDIAN TYPE 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - HEAD-ON			
<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 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA			CONTOUR 1				
LIGHT CONDITION 3		WEATHER 0 1						CONDITIONS 1				
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		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			SURFACE 2				
NARRATIVE UNIT 1 AND UNIT TWO WERE ON STHY 43 SOUTHBOUND ENTERING THE CITY. ONCE THEY ENTERED THE CITY, UNIT 1 WAS IN FRONT OF UNIT 2. UNIT 1 WAS IN THE CENTER LANE, ANOTHER VEHICLE WAS IN THE CURB LANE. UNIT 2 WENT LEFT OF CENTER, PASSING UNIT 1 ON THE LEFT, WHILE DOING SO, HE STRUCK UNIT 1 WITH THE PASSENGER SIDE REAR OF HIS VEHICLE ON UNIT 1 DRIVER SIDE FRONT.						 <p>Indicate the north direction with an "N" on the compass diagram.</p>  <p>Not To Scale</p>						
CRASH REPORTED DATE / TIME 01082026/0555		DISPATCH DATE / TIME 01082026/0558		ARRIVAL DATE / TIME 01082026/0601		SCENE CLEARED DATE / TIME 01082026/0624		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST				
TOTAL TIME ROADWAY CLOSED 0 0 0		OTHER INVESTIGATION TIME 0 1 0		TOTAL MINUTES 0 3 6		OFFICER'S NAME* Strelbel, Tyler Austin		CHECKED BY OFFICER'S NAME* Short, Jason M				
						OFFICER'S BADGE NUMBER* 2 3 5		CHECKED BY OFFICER'S BADGE NUMBER* 2 2 8				
SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)												

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)
0 1	JAHNAE, DE, ASIA	REDACTED PER ORC 149.43(A)(1)

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

10018 DELORES DR D , Streetsboro , OH 44241

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	KEF2994	3 MVD MBA L 0 MM2 7 0 0 3 4	2 0 2 1	Mazda
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	STATEFARM	976592257	BLK	CX-30
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	0 1	1 - 10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/> MATERIAL RELEASED	CLASS #
UNIT TYPE		PLACARD ID #		
0 1	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	0 1	0 1	0 1	0 1
# 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 1	0 1	0 1	0 1	0 1
AUTONOMOUS MODE LEVEL				
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	0 1	0 1	0 1	0 1
CARGO BODY TYPE				
1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS				
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - CARGO VAN/ENCLOSED BOX 6 - GRAIN/CHIPS/GRAVEL				
5 - INTERMODAL CONTAINER CHASSIS 6 - FLAT BED 7 - DUMP				
8 - POLE 9 - CARGO TANK 10 - AUTOTRANSPORTER 11 - CONCRETE MIXER				
12 - GARBAGE/REFUSE 13 - DUMP				

0 1	0 1	0 1	0 1	0 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				

0 1	0 1	0 1	0 1	0 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				
12 - FIRST RESPONDER AT INCIDENT SCENE 13 - FIRST RESPONDER 99 - OTHER / UNKNOWN				

0 1	0 1	0 1	0 1	0 1
ACTION				
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN				
6 - OVERTAKING/PASSING 7 - CHANGING LANES 8 - MAKING RIGHT TURN 9 - MAKING LEFT TURN				
10 - SLOWING OR STOPPED IN TRAFFIC 11 - DRIVING ON MEDIAN 12 - SWERVING TO AVOID				
13 - MAKING U-TURN 14 - ENTERING TRAFFIC LANE 15 - PARKED 16 - DRIVING LESS				
17 - NEGOTIATING A CURVE 18 - LEAVING TRAFFIC LANE 19 - LEAVING TRAFFIC LANE 20 - WORKING				
21 - APPROACHING OR LEAVING VEHICLE 22 - STANDING 23 - WALKING, RUNNING, JOGGING, PLAYING 24 - STANDING OUTSIDE DISABLED VEHICLE				
25 - PUSHING VEHICLE 99 - OTHER / UNKNOWN				

0 1	0 1	0 1	0 1	0 1
CONTRIBUTING CIRCUMSTANCES				
1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN				
7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING				
13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY				
17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING				
21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION				

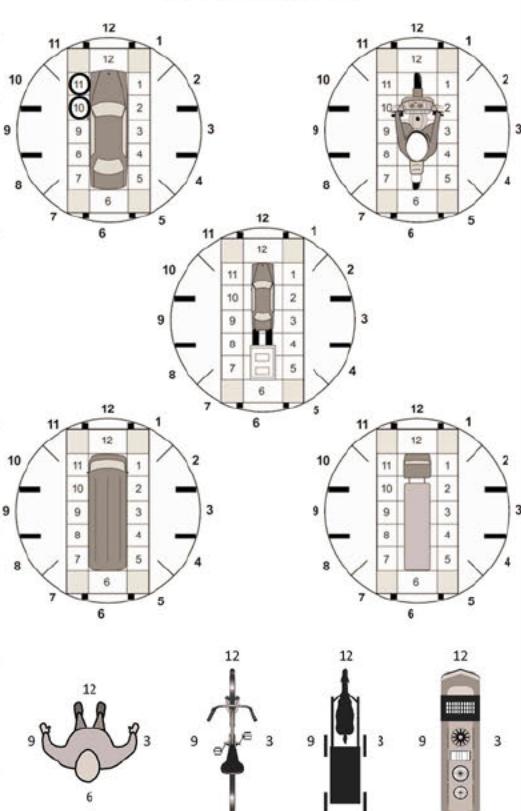
0 1	0 1	0 1	0 1	0 1
SEQUENCE OF EVENTS				
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT				
6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN				
11 - CROSS CENTERLINE - OPPOSITE DIRECTION 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 - WORK ZONE MAINTENANCE EQUIPMENT 22 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 23 - OTHER MOVABLE OBJECT				

0 1	0 1	0 1	0 1	0 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 40 - SUPPORT 41 - UTILITY POLE 42 - CULVERT				
43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT				
50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN				

LOCAL REPORT NUMBER
2 0 2 6 - 0 0 0 0 0 2 7 5

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

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
13 - TOP	99 - UNKNOWN

TRAFFIC WAY FLOW	TRAFFIC CONTROL
2	1 - ONE-WAY 2 - TWO-WAY
6	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 6 - NO CONTROL

# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

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

UNIT SPEED	DETECTED SPEED
0 4 0	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
3 5	POSTED SPEED

OWNER UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER PROTAIN, JASON, ROBERT	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER REDACTED PER ORC 149.43(A)(1)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER 2120 LAUREL LN ,Streetsboro ,OH 44241	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		

LP STATE O.H.	LICENSE PLATE # JGM2975	VEHICLE IDENTIFICATION # 1GCUDDEED3PZ189991	VEHICLE YEAR 2023	VEHICLE MAKE Chevrolet
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY GRANGE	INSURANCE POLICY # 4893272	COLOR RED	VEHICLE MODEL SILVERAD
<input type="checkbox"/> TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	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 CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> PLACARD	

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

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

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

0 1 CARGO BODY TYPE	1 - NO CARGO BODY TYPE /NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTORVEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12-CONCRETE MIXER
	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13-AUTOTRANSPORTER
			7 - GRAIN/CHIPS/GRAVEL	10-FLAT BED	14-GARBAGE/REFUSE
				11-DUMP	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
	1. INTERSECTION MARKED 2. INTERSECTION OTHER	3. BIKE LANE	4. MEDIAN CROSSING ISLAND	5. FIRST RESPONDER	

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

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

CONTRIBUTING CIRCUMSTANCES		DRIVER BEHAVIOR			
1	0	1-NONE	7-LEFT OF CENTER	13-IMPROPER START FROM A PARKED POSITION	21-LYING IN ROADWAY
		2-FAILURE TO YIELD	8-FOLLOWING TOO CLOSE / ACDA	18-OPERATING DEFECTIVE EQUIPMENT	22-NOT DISCERNIBLE
		3-RAN RED LIGHT	9-IMPROPER LANE CHANGE	14-STOPPED OR PARKED ILLEGALLY	23-OPENING DOOR INTO ROADWAY
		4-RAN STOP SIGN	10-IMPROPER PASSING	15-SWERVING TO AVOID SPILLING	99-OTHER IMPROPER ACTION
		5-UNSAFE SPEED	11-DROVE OFF ROAD	16-WRONG WAY	20-IMPROPER CROSSING
		6-IMPROPER TURN	12-IMPROPER BACKING		

SEQUENCE OF EVENTS

NON-COLLISION

NON-COLLISION				
1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE – OPPOSITE DIRECTION OF	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	12 - DOWNHILL ROLLAWAY	17 - ANIMAL – FARM	23 - STRUCK BY FALLING, SHIFTING CARGO OR
3 - IMMERSION	8 - RAN OFF ROAD RIGHT		18 - ANIMAL – DEER	

2_____ 4 - JACKNIFE 9 - RAN OFF ROAD LEFT 12 - DOWNHILL ROLLAWAY 19 - ANIMAL - OTHER SHIFTING CARGO
5 - CARGO / EQUIPMENT 10 - CROSS MEDIAN 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN ANYTHING SET IN MOTION
LOSSOR SHIFT 14 - PEDESTRIAN TRANSPORT BY A MOTOR VEHICLE
3_____ 15 - PEDALCYCLE 21 - PARKED MOTORVEHICLE 24 - OTHER MOVEABLE OBJECT

COLLISION WITH FIXED OBJECT - STRUCK				
4	25-IMPACT ATTENUATOR / CRASH CUSHION	31-GUARDRAIL END	37-TRAFFIC SIGN POST	43-CURB
	26-BRIDGE OVERHEAD STRUCTURE	32-PORTABLE BARRIER	38-OVERHEAD SIGN POST	44-DITCH
		33-MEDIAN CABLE BARRIER	39-LIGHT / LUMINARIES	45-EMBANKMENT
		34-MEDIAN GUARDRAIL SUPPORT	46-FENCE	50-WORK ZONE MAINTENANCE EQUIPMENT
				51-WALL
				52-BUILDING

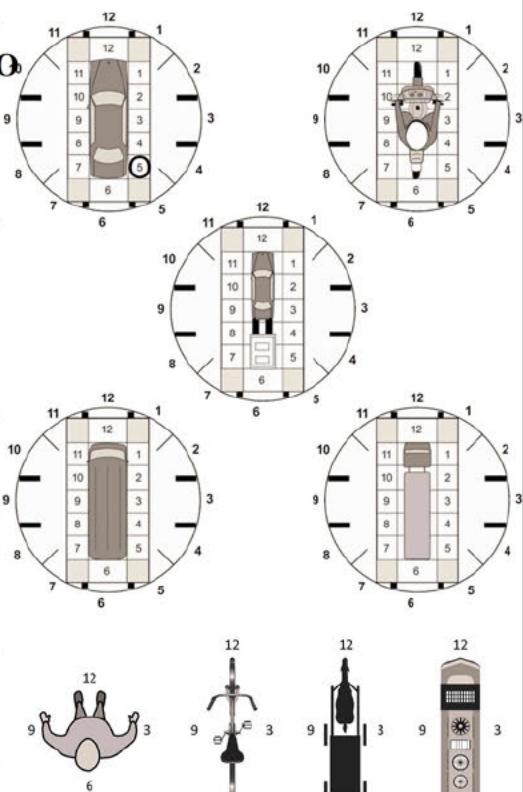
5	27-BRIDGE PIER OR ABUTMENT	37-MEDIAN GUARDRAIL	40-UTILITY POLE	45-PIPE	53-TUNNEL
	28-BRIDGE PARAPET	35-MEDIAN CONCRETE	41-OTHER POST, POLE	47-MAILBOX	54-OTHER FIXED OBJECT
	29-BRIDGE RAIL	36-MEDIAN OTHER BARRIER	42-OR SUPPORT	48-TREE	
6	30-GUARDRAIL FACE	36-MEDIAN OTHER BARRIER	42-CULVERT	49-FIRE HYDRANT	99-OTHER / UNKNOWN

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER

DAMAGE
DAMAGE SCALE

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	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT
2 - TWO-WAY	4 - STOP SIGN
2	6
	2 - SIGNAL
	5 - YIELD SIGN
	3 - FLASHER
	6 - NO CONTROL
# OF THROUGH LANES	RAIL GRADE CROSSING

2	1	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
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UNIT / NON-MOTORIST DIRECTION	
FROM <u>1</u>	TO <u>2</u>
1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	

UNIT SPEED	DETECTED SPEED
0 4 5	1 - STATED / ESTIMATED SPEED
POSTED SPEED	1 2 - CALCULATED / EDR 3 - UNDETERMINED

LOCAL REPORT NUMBER
2 0 2 6 - 0 0 0 0 0 2 7 5

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 JAHNAE, DE, ASIA				DATE OF BIRTH	AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP 10018 DELORES DR D ,Streetsboro ,OH 44241					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	DOT-COMPLIANT MC HELMET <input type="checkbox"/>	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
	OL STATE O H	OPERATOR LICENSE NUMBER REDACTED PER ORC 4501:1-12		OFFENSE CHARGED 	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION 		CITATION NUMBER 		
OL CLASS 4	ENDORSEMENT SELECT UP TO 2 	RESTRICTION SELECT UP TO 3 	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4 			
UNIT #	NAME: LAST, FIRST, MIDDLE 0 2 PROTAIN, JASON, ROBERT				DATE OF BIRTH	AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP 2120 LAUREL LN ,Streetsboro ,OH 44241					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	DOT-COMPLIANT MC HELMET <input type="checkbox"/>	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 331.03	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION Overtaking, Passing		CITATION NUMBER 30060			
OL CLASS 4	ENDORSEMENT SELECT UP TO 2 	RESTRICTION SELECT UP TO 3 	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4 			
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 	DOT-COMPLIANT MC HELMET <input type="checkbox"/>	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 2- SUSPECTED SERIOUS INJURY 3- SUSPECTED MINOR INJURY 4- POSSIBLE INJURY 5- NO APPARENT INJURY	1- FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2- FRONT - MIDDLE 3- FRONT - RIGHT SIDE 4- SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5- SECOND - MIDDLE 6- SECOND - RIGHT SIDE 7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8- THIRD - MIDDLE 9- THIRD - RIGHT SIDE 10- SLEEPER SECTION OF TRUCK CAB	1- NOT DEPLOYED 2- DEPLOYED FRONT 3- DEPLOYED SIDE 4- DEPLOYED BOTH FRONT / SIDE 5- NOT APPLICABLE 9- DEPLOYMENT UNKNOWN	1- CLASS A 2- CLASS B 3- CLASS C 4- REGULAR CLASS (OHIO = D) 5- M/C MOPED ONLY 6- NO VALID OL	1- ALCOHOL INTERLOCK DEVICE 2- CDL INTRASTATE ONLY 3- CORRECTIVE LENSES 4- FARM WAIVER 5- EXCEPT CLASS A BUS 6- EXCEPT CLASS A & CLASS B BUS 7- EXCEPT TRACTOR-TRAILER 8- INTERMEDIATE LICENSE RESTRICTIONS 9- LEARNER'S PERMIT RESTRICTIONS 10- LIMITED TO DAYLIGHT ONLY 11- LIMITED TO EMPLOYMENT 12- LIMITED - OTHER 13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14- MILITARY VEHICLES ONLY 15- MOTOR VEHICLES WITHOUT AIR BRAKES 16- OUTSIDE MIRROR 17- PROSTHETIC AID 18- OTHER	1- NOT DISTRACTED 2- MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3- TALKING ON HAND-Held COMMUNICATION DEVICE 4- TALKING ON HAND-HELD COMMUNICATION DEVICE 5- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6- PASSENGER 7- OTHER DISTRACTION INSIDE THE VEHICLE 8- OTHER DISTRACTION OUTSIDE THE VEHICLE 9- OTHER / UNKNOWN	1- NONE GIVEN 2- TEST REFUSED 3- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4- TEST GIVEN, RESULTS KNOWN 5- TEST GIVEN, RESULTS UNKNOWN				
INJURED TAKEN BY 1- NOT TRANSPORTED / TREATED AT SCENE 2- EMS 3- POLICE 9- OTHER / UNKNOWN		EJECTION 1- NOT EJECTED 2- PARTIALLY EJECTED 3- TOTALLY EJECTED 4- NOT APPLICABLE	OL ENDORSEMENT H- HAZMAT M- MOTORCYCLE P- PASSENGER N- TANKER Q- MOTOR SCOOTER	R- THREE-WHEEL MOTORCYCLE S- SCHOOL BUS T- DOUBLE & TRIPLE TRAILERS X- TANKER / HAZMAT	ALCOHOL TEST TYPE 1- NONE 2- BLOOD 3- URINE 4- BREATH 5- OTHER					
SAFETY EQUIPMENT 1- NONE USED 2- SHOULDER BELT ONLY USED 3- LAP BELT ONLY USED 4- SHOULDER & LAP BELT USED 5- CHILD RESTRAINT SYSTEM - FORWARD FACING 6- CHILD RESTRAINT SYSTEM - REAR FACING 7- BOOSTER SEAT 8- HELMET USED 9- PROTECTIVE PADS USED (ELBOW KNEES, ETC.) 10- REFLECTIVE CLOTHING 11- LIGHTING - PEDESTRIAN / BICYCLE ONLY 99- OTHER / UNKNOWN		TRAPPED 1- NOT TRAPPED 2- EXTRICATED BY MECHANICAL MEANS 3- FREED BY NON-MECHANICAL MEANS	GENDER F- FEMALE M- MALE U- OTHER / UNKNOWN	DRUG TEST TYPE 1- NONE 2- BLOOD 3- URINE 4- OTHER						
CONDITION 1- APPARENTLY NORMAL 2- PHYSICAL IMPAIRMENT 3- EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4- ILLNESS 5- FELL ASLEEP, FAINTED, FATIGUED, ETC. 6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9- OTHER / UNKNOWN		DRUG TEST RESULT(S) 1- AMPHETAMINES 2- BARBITURATES 3- BENZODIAZEPINES 4- CANNABINOIDs 5- COCAINE 6- OPIATES / OPIOIDS 7- OTHER 8- NEGATIVE RESULTS								