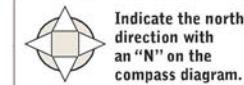
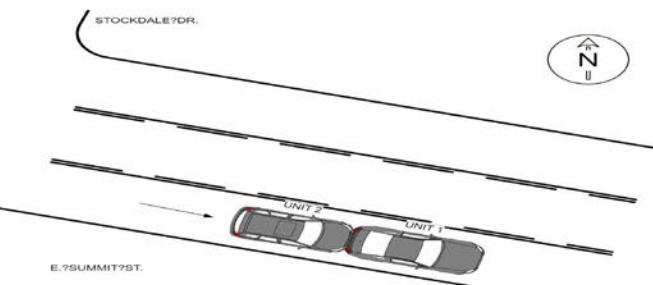


# TRAFFIC CRASH REPORT

\*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*				
		<b>REPORTING AGENCY NAME*</b> <b>City of Kent Police</b>			<b>NCIC*</b> <b>06703</b>				
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*			HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR		
6 7	1 - CITY 2 - VILLAGE 3 - TOWNSHIP	Kent			1 - SOLVED 2 - UNSOLVED	0 2	0 2 98 - ANIMAL 99 - UNKNOWN		
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	CRASH DATE / TIME*	CRASH SEVERITY	
				3	SUMMIT	S T	01202026/1040	5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LATITUDE DECIMAL DEGREES		
					STOCKDALE	D R	41.149154		
REFERENCE POINT		DIRECTION FROM REFERENCE		ROUTE TYPE	ROAD TYPE	LONGITUDE DECIMAL DEGREES			
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	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	-81.349932	
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE		ROUTE TYPE	ROAD TYPE	NUMBER OF APPROACHES			
1 0 0		1 - MILES 2 - FEET 3 - YARDS		CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE					
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT			INTERSECTION RELATED		
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				1 - NOT COLLISION 2 - BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 4 - HEAD-ON			<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		
				2 - BACKING 5 - ANGLE 6 - SIDEWIPE, SAME DIRECTION 7 - SIDEWIPE, OPPOSITE DIRECTION 8 - OTHER / UNKNOWN					
				3 - TRANSITION AREA			ROADWAY		
				4 - ACTIVITY AREA			<input type="checkbox"/> ROADWAY DIVIDED		
				5 - TERMINATION AREA					
DIRECTION OF TRAVEL		MEDIAN TYPE							
1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN							
WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE		CONTOUR	CONDITIONS	SURFACE	
<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		2	1	2	
						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	
LIGHT CONDITION		WEATHER							
1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		0 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					
<p>NARRATIVE</p> <p>UNIT ONE WAS TRAVELING EASTBOUND ON E. SUMMIT ST. AND WAS STOPPED FOR TRAFFIC AHEAD. UNIT TWO WAS TRAVELING EASTBOUND ON E. SUMMIT ST. BEHIND UNIT ONE. UNIT TWO FAILED TO MAINTAIN ASSURED CLEAR DISTANCE AHEAD, STRIKING UNIT ONE.</p>									
									
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
01202026/1040		01202026/1040		01202026/1044		01202026/1146		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*	
0 0 0		0 2 0		0 8 6		Bolgrin, Mary Elizabeth		Wheeler, George	
						OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*	
						2 1 9		2 4 3	
<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)									

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )	OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )
0 1	MARTIN, ANGELIQUE, MICHELE	REDACTED PER ORC 149.43(A)(1)
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )		
12600 JACINTH CT, OKLAHOMA CITY, OK 73173		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O K	NHX174	2 C3 CDXB G4 P H5 3 5 7 3 5	2 0 2 3	Dodge

<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	ALLSTATE	821682519	GRY	CHARGER

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 1	UNIT TYPE	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				
2	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN

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 / 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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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 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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4	ACTION	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	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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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 MOVABLE OBJECT
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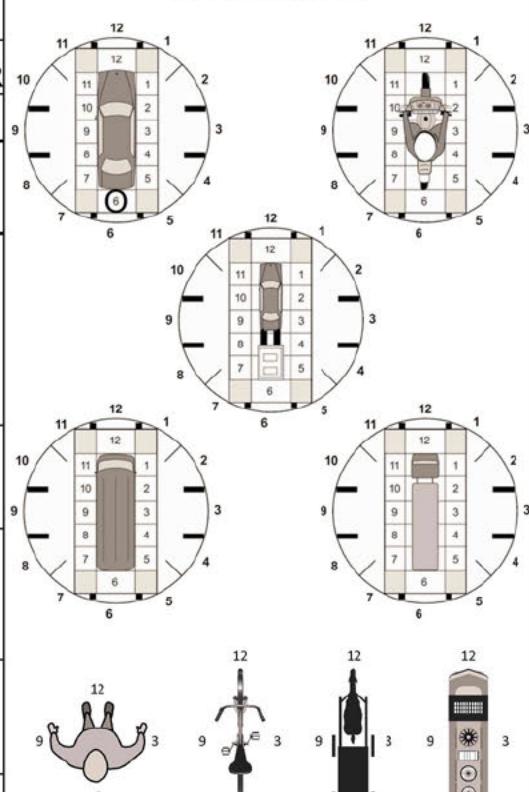
4 1 1	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER 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	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 8 5 3

DAMAGE  
DAMAGE SCALE  
3 - NONE  
2 - MINOR DAMAGE  
1 - UNKNOWN  
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  
2

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

UNIT SPEED  
0 0 0

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

POSTED SPEED  
3 5

UNIT # **0 2** OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER) **MITNICK, BRIAN, STEVEN**  
OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER) **127 GREENWOOD DR 7, BRIDGEVILLE, PA 15017**

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

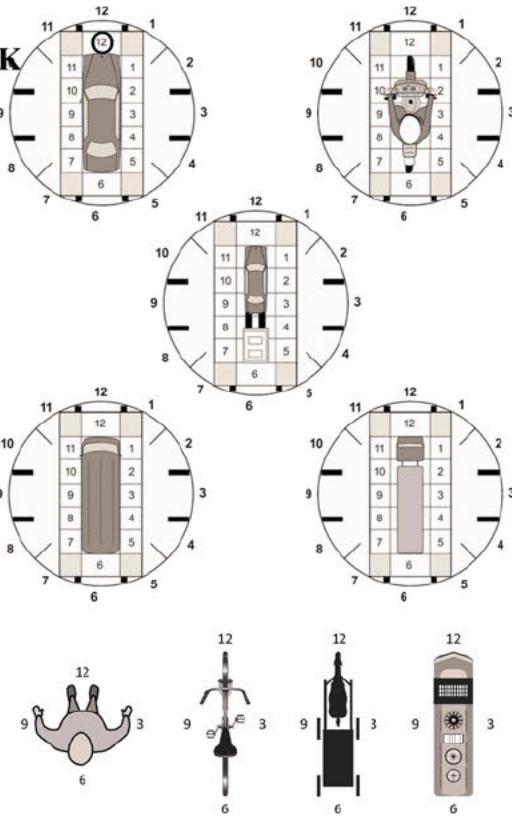
LOCAL REPORT NUMBER  
**2 0 2 6 - 0 0 0 0 0 8 5 3**

DAMAGE

DAMAGE SCALE

<b>3</b>	1 - NONE	3 - FUNCTIONAL DAMAGE
	2 - MINOR DAMAGE	4 - DISABLING DAMAGE
	9 - UNKNOWN	

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY



INITIAL POINT OF CONTACT

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

TRAFFIC

<b>TRAFFIC WAY FLOW</b> <b>1</b>	<b>TRAFFIC CONTROL</b> 1 - ONE-WAY 2 - TWO-WAY
<b>1</b>	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL

<b># OF THROUGH LANES ON ROAD</b> <b>2</b>	<b>RAIL GRADE CROSSING</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
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UNIT / NON-MOTORIST DIRECTION

<b>FROM</b> <b>4</b>	<b>TO</b> <b>3</b>	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 2 0**

DETECTED SPEED

<b>1</b>	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED

POSTED SPEED

**3 5**

LP STATE **P A** LICENSE PLATE # **KZK9469** VEHICLE IDENTIFICATION # **JF2GTACC7KH267739** VEHICLE YEAR **2019** VEHICLE MAKE **Subaru**  
 INSURANCE VERIFIED INSURANCE COMPANY **ERIE** INSURANCE POLICY # **Q052816432** COLOR **SIL** VEHICLE MODEL **CROSSTREK**

TYPE OF USE  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS **0 1**  
UNIT TYPE  
**0 1**  
1 - PASSENGER CAR  
2 - PASSENGER VAN (MINIVAN)  
3 - SPORT UTILITY VEHICLE  
4 - PICKUP  
5 - CARGO VAN  
6 - VAN (9-15 SEATS)  
11 - ALL TERRAIN VEHICLE (ATV / UTV)

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

TOWED BY: COMPANY NAME  
HAZARDOUS MATERIAL  
 MATERIAL RELEASED CLASS # **0** PLACARD ID # **0**

1 - PASSENGER CAR  
2 - PASSENGER VAN (MINIVAN)  
3 - SPORT UTILITY VEHICLE  
4 - PICKUP  
5 - CARGO VAN  
6 - VAN (9-15 SEATS)  
11 - ALL TERRAIN VEHICLE (ATV / UTV)

1 - MOTORCYCLE 2-WHEELED  
8 - MOTORCYCLE 3-WHEELED  
9 - AUTO CYCLE  
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 **00**  
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

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

1 - FIRE  
12 - MILITARY  
13 - POLICE  
14 - PUBLIC UTILITY  
15 - CONSTRUCTION EQUIPMENT  
16 - FARM  
17 - MOWING  
18 - SNOW REMOVAL  
19 - TOWING  
21 - MAIL CARRIER  
22 - SAFETY SERVICE PATROL

CARGO BODY TYPE  
**0 1**  
1 - NO CARGO BODY TYPE / NOT APPLICABLE  
2 - BUS  
3 - LOGGING

3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE  
5 - INTERMODAL CONTAINER CHASSIS  
6 - CARGO VAN/ENCLOSED BOX  
7 - GRAIN/CHIPS/GRAVEL

8 - POLE  
9 - CARGO TANK  
10 - FLAT BED  
11 - DUMP

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

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

NON-MOTORIST LOCATION AT IMPACT  
**0 1**  
1 - INTERSECTION - MARKED CROSSWALK  
2 - INTERSECTION - UNMARKED CROSSWALK  
3 - MIDBLOCK - MARKED CROSSWALK  
4 - TRAVEL LANE - OTHER LOCATION

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

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

PRE-CRASH ACTIONS  
**0 1**  
1 - STRIKING  
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  
22 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES  
**0 8**  
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  
24 - OTHER IMPROPER ACTION

SEQUENCE OF EVENTS  
**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 MOVABLE OBJECT

NON-COLLISION  
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

COLLISION WITH FIXED OBJECT - STRUCK  
1 - FIRST HARMFUL EVENT  
2 - MOST HARMFUL EVENT

LOCAL REPORT NUMBER  
2 0 2 6 - 0 0 0 0 0 8 5 3

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE <b>MARTIN, HOLDEN, PHILLIP</b>					DATE OF BIRTH <b>0 2 2 2 2 0 0 5</b>	AGE <b>20</b>	GENDER <b>M</b>	
	ADDRESS: STREET, CITY, STATE, ZIP <b>1535 SCORPIO CT, Kent, OH 44240</b>						CONTACT PHONE - INCLUDE AREA CODE <b>REDACTED PER ORC 149.43(A)(1)</b>			
	INJURIES <b>5</b>	INJURED TAKEN BY <b> </b>	EMS AGENCY (NAME) <b> </b>	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY) <b> </b>	SAFETY EQUIPMENT USED <b>0 4</b>	<input type="checkbox"/> 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 K</b>	OPERATOR LICENSE NUMBER <b>REDACTED PER ORC 4501:1-12</b>		OFFENSE CHARGED <b> </b>	LOCAL CODE <b> </b>	OFFENSE DESCRIPTION <b> </b>		CITATION NUMBER <b> </b>		
OL CLASS <b>4</b>	ENDORSEMENT SELECT UP TO 2 <b> </b>	RESTRICTION SELECT UP TO 3 <b> </b>	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 <b>1</b>			
UNIT # <b>0 2</b>	NAME: LAST, FIRST, MIDDLE <b>MITNICK, TYE, STEVEN</b>					DATE OF BIRTH <b>0 9 1 2 2 0 0 4</b>	AGE <b>21</b>	GENDER <b>M</b>		
ADDRESS: STREET, CITY, STATE, ZIP <b>987 MORRIS RD A, Kent, OH 44240</b>						CONTACT PHONE - INCLUDE AREA CODE <b>REDACTED PER ORC 149.43(A)(1)</b>				
INJURIES <b>5</b>	INJURED TAKEN BY <b> </b>	EMS AGENCY (NAME) <b> </b>	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY) <b> </b>	SAFETY EQUIPMENT USED <b>0 4</b>	<input type="checkbox"/> 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>P A</b>	OPERATOR LICENSE NUMBER <b>REDACTED PER ORC 4501:1-12</b>		OFFENSE CHARGED <b>333.03</b>	LOCAL CODE <b> </b>	OFFENSE DESCRIPTION <b> </b>		CITATION NUMBER <b>29691</b>			
OL CLASS <b>4</b>	ENDORSEMENT SELECT UP TO 2 <b> </b>	RESTRICTION SELECT UP TO 3 <b> </b>	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 <b>1</b>			
UNIT #	NAME: LAST, FIRST, MIDDLE <b> </b>					DATE OF BIRTH <b> </b>	AGE <b> </b>	GENDER <b> </b>		
ADDRESS: STREET, CITY, STATE, ZIP <b> </b>						CONTACT PHONE - INCLUDE AREA CODE <b> </b>				
INJURIES	INJURED TAKEN BY <b> </b>	EMS AGENCY (NAME) <b> </b>	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY) <b> </b>	SAFETY EQUIPMENT USED <b> </b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION <b> </b>	AIR BAG USAGE <b> </b>	EJECTION <b> </b>	TRAPPED <b> </b>	
OL STATE	OPERATOR LICENSE NUMBER <b> </b>		OFFENSE CHARGED <b> </b>	LOCAL CODE <b> </b>	OFFENSE DESCRIPTION <b> </b>		CITATION NUMBER <b> </b>			
OL CLASS	ENDORSEMENT SELECT UP TO 2 <b> </b>	RESTRICTION SELECT UP TO 3 <b> </b>	DRIVER DISTRACTED BY <b> </b>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <b> </b>	ALCOHOL TEST STATUS <b> </b> TYPE <b> </b> VALUE <b> </b>	DRUG TEST(S) STATUS <b> </b> TYPE <b> </b> RESULT SELECT UP TO 4 <b> </b>			
<b>INJURIES</b>	<b>SEATING POSITION</b>	<b>AIR BAG</b>	<b>OL CLASS</b>	<b>OL RESTRICTION(S)</b>	<b>DRIVER DISTRACTION</b>	<b>TEST STATUS</b>				
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-HOLD 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				
<b>INJURED TAKEN BY</b>	<b>EJECTION</b>	<b>OL ENDORSEMENT</b>	<b>ALCOHOL TEST TYPE</b>							
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	1- NONE 2- BLOOD 3- URINE 4- BREATH 5- OTHER							
<b>SAFETY EQUIPMENT</b>	<b>TRAPPED</b>	<b>DRUG TEST TYPE</b>								
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	R- THREE-WHEEL MOTORCYCLE S- SCHOOL BUS T- DOUBLE & TRIPLE TRAILERS X- TANKER / HAZMAT	1- NONE 2- BLOOD 3- URINE 4- OTHER							
<b>GENDER</b>	<b>CONDITION</b>									
F- FEMALE M- MALE U- OTHER / UNKNOWN	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									
<b>DRUG TEST RESULT(S)</b>	<b>TEST STATUS</b>									
1- AMPHETAMINES 2- BARBITURATES 3- BENZODIAZEPINES 4- CANNABINOIDS 5- COCAINE 6- OPIATES / OPIOIDS 7- OTHER 8- NEGATIVE RESULTS	1- 0 2 2 2 2 0 0 5 2- 2 1 3- 1 1 4- 1 1 5- 0 1 6- 0 0 0 0 0 8 5 3									