

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION <b>25-00335</b>		<b>2 0 2 5 - 0 0 0 0 0 3 3 5</b>				
REPORTING AGENCY NAME* <b>STPD</b>		NCIC* <b>0 7 7 1 2</b>		HIT/SKIP 1 - SOLVED 2 - UNSOLVED <b>2</b>		NUMBER OF UNITS <b>0 2</b>		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN <b>0 2</b>	
COUNTY* <b>7 7</b>		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP <b>1</b>		LOCATION: CITY, VILLAGE, TOWNSHIP* <b>Stow</b>		CRASH DATE / TIME* <b>0 1 0 6 2 0 2 5 / 1 0 0 0</b>		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY <b>2</b>	
ROUTE TYPE <b>R D</b>		ROUTE NUMBER <b>4 1</b>		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST <b>1 6 4 5 9 8</b>		LOCATION ROAD NAME <b>GRAHAM</b>		ROAD TYPE <b>R D</b>	
ROUTE TYPE <b>8 5 7</b>		ROUTE NUMBER <b>8 5 7</b>		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>857</b>		ROAD TYPE <b>8 1 4 8 1 9 7 6</b>	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # <b>3</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 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 OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES <b>ROADWAY</b> <input type="checkbox"/> ROADWAY DIVIDED	
DISTANCE FROM REFERENCE <b>9 9</b>		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		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 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN <b>1</b>		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	
<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 <b>1</b> 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		CONDITIONS <b>2</b> 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	
LIGHT CONDITION <b>1</b> 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER <b>0 6</b> 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		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		SURFACE <b>2</b> 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN			
NARRATIVE <b>Unit #1, a pedestrian, was walking southbound in the parking lot in front of 857 Graham Rd. Unit #2 was traveling east through the parking lot and failed to yield the right of way to Unit #1. Unit #2 struck Unit #1, causing a knee injury and a possible concussion. Unit #2 then fled the scene.</b>					<p>Indicate the north direction with an "N" on the compass diagram.</p> <p>Driveway in front of 857 Graham Rd</p> <p>Unit #2 Unit #1</p> <p>Not To Scale</p>				
CRASH REPORTED DATE / TIME <b>0 1 0 7 2 0 2 5 / 1 0 4 7</b>		DISPATCH DATE / TIME <b>0 1 0 7 2 0 2 5 / 1 0 5 0</b>		ARRIVAL DATE / TIME <b>0 1 0 7 2 0 2 5 / 1 0 5 2</b>		SCENE CLEARED DATE / TIME <b>0 1 0 7 2 0 2 5 / 1 1 1 8</b>		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION IN ADDITION TO AN EXISTING REPORT SENT TO IDPS)	
TOTAL TIME ROADWAY CLOSED <b>0 2 0</b>		OTHER INVESTIGATION TIME <b>0 4 8</b>		OFFICER'S NAME* <b>HADDIX, BRIAN</b>		CHECKED BY OFFICER'S NAME* <b>OLESINSKI, KASEY</b>		OFFICER'S BADGE NUMBER* <b>0 0 0 7 3 6</b>	
TOTAL MINUTES <b>0 4 8</b>		OFFICER'S BADGE NUMBER* <b>0 0 0 7 3 6</b>		CHECKED BY OFFICER'S BADGE NUMBER* <b>0 0 0 7 1 3</b>		OFFICER'S BADGE NUMBER* <b>0 0 0 7 1 3</b>		CHECKED BY OFFICER'S BADGE NUMBER* <b>0 0 0 7 1 3</b>	

<b>OWNER</b>	<b>UNIT #</b> 01	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )	<b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )
	<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )		
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE	
<b>LP STATE</b>	<b>LICENSE PLATE #</b>	<b>VEHICLE IDENTIFICATION #</b>	<b>VEHICLE YEAR</b> <b>VEHICLE MAKE</b>
<input type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b>	<b>INSURANCE POLICY #</b>	<b>COLOR</b> <b>VEHICLE MODEL</b>
<input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>	<b>TYPE OF USE</b>	<b>US DOT #</b>	<b>TOWED BY:</b> COMPANY NAME
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b> <input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b>#OCCUPANTS</b>	<b>VEHICLE WEIGHT GVWR/GCWR</b> 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> <b>MATERIAL RELEASED</b> <b>CLASS #</b> <b>PLACARD ID #</b> <input type="checkbox"/> <b>PLACARD</b>
<b>UNIT TYPE</b> 1 - PASSENGER CAR    2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE    4 - PICK UP 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	<b># OF TRAILING UNITS</b>		
<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b> 1 - YES    2 - NO    9 - OTHER / UNKNOWN		<b>AUTONOMOUS MODE LEVEL</b> 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN	
<b>SPECIAL FUNCTION</b> 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		
<b>CARGO BODY TYPE</b> 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		
<b>VEHICLE DEFECTS</b> 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			
<b>NON-MOTORIST LOCATION AT IMPACT</b> 1 - INTERSECTION - MARKED CROSSWALK    2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER    4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION    6 - BICYCLE LANE    7 - SHOULDER / ROADSIDE 8 - SIDEWALK    9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS    11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN			
<b>ACTION</b> 1 - NON-CONTACT    2 - NON-COLLISION    3 - STRIKING 4 - STRUCK    5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	<b>PRE-CRASH ACTIONS</b> 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	
<b>CONTRIBUTING CIRCUMSTANCES</b> 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			
<b>SEQUENCE OF EVENTS</b> 1 - OVERTURN/ROLLOVER    2 - FIRE/EXPLOSION    3 - IMMERSION 4 - JACKKNIFE    5 - CARGO / EQUIPMENT LOSS OR SHIFT	<b>EVENTS</b> 6 - EQUIPMENT FAILURE    7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT    9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN    11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY    13 - OTHER NON-COLLISION 14 - PEDESTRIAN    15 - PEDALCYCLE 16 - RAILWAY VEHICLE    17 - ANIMAL - FARM 18 - ANIMAL - DEER    19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT    21 - PARKED MOTORVEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT		
<b>COLLISION WITH FIXED OBJECT - STRUCK</b> 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			
<b>FIRST HARMFUL EVENT</b> <b>MOST HARMFUL EVENT</b>			

<b>LOCAL REPORT NUMBER</b>	
2 0 2 5 - 0 0 0 0 0 3 3 5	
<b>DAMAGE</b>	
<b>DAMAGE SCALE</b>	
1 - NONE    2 - MINOR DAMAGE    3 - FUNCTIONAL DAMAGE    4 - DISABLING DAMAGE 9 - UNKNOWN	
<b>DAMAGED AREA(S)</b> INDICATE ALL THAT APPLY	
<input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ] <input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ] <input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]	
<b>INITIAL POINT OF CONTACT</b>	
0 - NO DAMAGE    1 - 12 - REFER TO UNIT DIAGRAM    13 - TOP 14 - UNDERCARRIAGE    15 - VEHICLE NOT AT SCENE    99 - UNKNOWN	
<b>TRAFFIC</b>	
<b>TRAFFICWAY FLOW</b> 1 - ONE-WAY    2 - TWO-WAY	<b>TRAFFIC CONTROL</b> 1 - ROUNDABOUT    2 - SIGNAL    3 - FLASHER 4 - STOP SIGN    5 - YIELD SIGN    6 - NO CONTROL
<b># OF THROUGH LANES ON ROAD</b> 2	<b>RAIL GRADE CROSSING</b> 1 - NOT INVOLVED    2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
<b>UNIT / NON-MOTORIST DIRECTION</b>	
FROM 1 TO 2 1 - NORTH    2 - SOUTH    3 - EAST    4 - WEST 5 - NORTHEAST    6 - NORTHWEST    7 - SOUTHEAST    8 - SOUTHWEST 9 - OTHER / UNKNOWN	
<b>UNIT SPEED</b> 0 0	<b>DETECTED SPEED</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
<b>POSTED SPEED</b> 0 0	

<b>OWNER</b>	<b>UNIT #</b> 0 2	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )	<b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )
	<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )		
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE	
<b>LP STATE</b>	<b>LICENSE PLATE #</b>	<b>VEHICLE IDENTIFICATION #</b>	<b>VEHICLE YEAR</b> <b>VEHICLE MAKE</b>
<input type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b>	<b>INSURANCE POLICY #</b>	<b>COLOR</b> <b>VEHICLE MODEL</b>
<input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>	<b>TYPE OF USE</b>	<b>US DOT #</b>	<b>TOWED BY:</b> COMPANY NAME
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b> <input checked="" type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b>#OCCUPANTS</b> 0 1	<b>VEHICLE WEIGHT GVWR/GCWR</b> 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> <b>MATERIAL RELEASED</b> <b>CLASS #</b> <b>PLACARD ID #</b> <input type="checkbox"/> <b>PLACARD</b>
<b>UNIT TYPE</b> 9 9	1 - PASSENGER CAR    7 - MOTORCYCLE 2-WHEELED    12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)    23 - PEDESTRIAN / SKATER	24 - WHEELCHAIR (ANY TYPE)
<b># OF TRAILING UNITS</b>	2 - PASSENGER VAN (MINIVAN)    8 - MOTORCYCLE 3-WHEELED    13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)    24 - WHEELCHAIR (ANY TYPE)	25 - OTHER NON-MOTORIST
<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>	3 - SPORT UTILITY VEHICLE    9 - AUTOCYCLE    14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE    25 - OTHER NON-MOTORIST	26 - BICYCLE
1 - YES    2 - NO    9 - OTHER / UNKNOWN	4 - PICK UP    10 - MOPED OR MOTORIZED BICYCLE    15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT    26 - BICYCLE	27 - TRAIN
<b>AUTONOMOUS MODE LEVEL</b>	5 - CARGO VAN    11 - ALL TERRAIN VEHICLE (ATV / UTV)	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE    99 - UNKNOWN OR HIT/SKIP	
0 1	0 - NO AUTOMATION    1 - DRIVER ASSISTANCE    2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION    4 - HIGH AUTOMATION    5 - FULL AUTOMATION	
<b>SPECIAL FUNCTION</b>	1 - NONE    6 - BUS - CHARTER/TOUR    11 - FIRE	16 - FARM    21 - MAIL CARRIER	99 - OTHER / UNKNOWN
0 1	2 - TAXI    7 - BUS - INTERCITY    12 - MILITARY	17 - MOWING    18 - SNOW REMOVAL	
<b>CARGO BODY TYPE</b>	3 - ELECTRONIC RIDE SHARING    8 - BUS - SHUTTLE    9 - BUS - OTHER	14 - PUBLIC UTILITY    19 - TOWING	
1 - NO CARGO BODY TYPE / NOT APPLICABLE    2 - BUS	10 - AMBULANCE    15 - CONSTRUCTION EQUIPMENT    20 - SAFETY SERVICE PATROL		
<b>VEHICLE DEFECTS</b>	1 - TURN SIGNALS    4 - BRAKES    7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE    10 - DISABLED FROM PRIOR ACCIDENT	
2 - HEAD LAMPS    5 - STEERING    8 - TRAILER EQUIPMENT DEFECTIVE			
3 - TAIL LAMPS    6 - TIRE BLOWOUT			
<b>NON-MOTORIST LOCATION AT IMPACT</b>	1 - INTERSECTION - MARKED CROSSWALK    3 - INTERSECTION - OTHER    4 - MIDBLOCK - MARKED CROSSWALK	6 - BICYCLE LANE    7 - SHOULDER / ROADSIDE    8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND    10 - DRIVEWAY ACCESS    11 - SHARED USE PATHS OR TRAILS
2 - INTERSECTION - UNMARKED CROSSWALK    5 - TRAVEL LANE - OTHER LOCATION			12 - FIRST RESPONDER AT INCIDENT SCENE    99 - OTHER / UNKNOWN
<b>ACTION</b> 3	1 - NON-CONTACT    2 - NON-COLLISION    3 - STRIKING	1 - STRAIGHT AHEAD    2 - BACKING    3 - CHANGING LANES	7 - MAKING U-TURN    8 - ENTERING TRAFFIC LANE    9 - LEAVING TRAFFIC LANE
4 - STRUCK    5 - BOTH STRIKING & STRUCK    9 - OTHER / UNKNOWN	4 - OVERTAKING/PASSING    5 - MAKING RIGHT TURN    6 - MAKING LEFT TURN	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
<b>CONTRIBUTING CIRCUMSTANCES</b> 0 2	1 - NONE    7 - LEFT OF CENTER    13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION    18 - OPERATING DEFECTIVE EQUIPMENT	21 - LYING IN ROADWAY    22 - NOT DISCERNIBLE    23 - OPENING DOOR INTO ROADWAY
2 - FAILURE TO YIELD    3 - RAN RED LIGHT    4 - RAN STOP SIGN    5 - UNSAFE SPEED    6 - IMPROPER TURN	8 - FOLLOWING TOO CLOSE / ACDA    9 - IMPROPER LANE CHANGE    10 - IMPROPER PASSING    11 - DROVE OFF ROAD    12 - IMPROPER BACKING	14 - STOPPED OR PARKED ILLEGALLY    15 - SWERVING TO AVOID    16 - WRONG WAY	19 - LOAD SHIFTING/FALLING/SPILLING    99 - OTHER IMPROPER ACTION
<b>SEQUENCE OF EVENTS</b>	<b>EVENTS</b>		
1 1 4	1 - OVERTURN/ROLLOVER    6 - EQUIPMENT FAILURE    11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE    17 - ANIMAL - FARM    18 - ANIMAL - DEER	22 - WORK ZONE MAINTENANCE EQUIPMENT    23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
2	2 - FIRE/EXPLOSION    7 - SEPARATION OF UNITS    8 - RAN OFF ROAD RIGHT	12 - DOWNHILL RUNAWAY    13 - OTHER NON-COLLISION    14 - PEDESTRIAN	24 - OTHER MOVABLE OBJECT
3	3 - IMMERSION    9 - RAN OFF ROAD LEFT    10 - CROSS MEDIAN	15 - PEDALCYCLE    21 - PARKED MOTORVEHICLE	
4	<b>COLLISION WITH FIXED OBJECT - STRUCK</b>		
5	25 - IMPACT ATTENUATOR / CRASH CUSHION    31 - GUARDRAIL END    32 - PORTABLE BARRIER	37 - TRAFFIC SIGN POST    38 - OVERHEAD SIGN POST    39 - LIGHT / LUMINARIES SUPPORT	43 - CURB    44 - DITCH    45 - EMBANKMENT
6	26 - BRIDGE OVERHEAD STRUCTURE    33 - MEDIAN CABLE BARRIER    34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE    41 - OTHER POST, POLE OR SUPPORT    42 - CULVERT	46 - FENCE    47 - MAILBOX    48 - TREE    49 - FIRE HYDRANT
1	27 - BRIDGE PIER OR ABUTMENT    28 - BRIDGE PARAPET    29 - BRIDGE RAIL    30 - GUARDRAIL FACE	35 - MEDIAN CONCRETE BARRIER    36 - MEDIAN OTHER BARRIER	50 - WORK ZONE MAINTENANCE EQUIPMENT    51 - WALL    52 - BUILDING    53 - TUNNEL    54 - OTHER FIXED OBJECT    99 - OTHER / UNKNOWN
<b>FIRST HARMFUL EVENT</b> <b>MOST HARMFUL EVENT</b>	1	1	

<b>LOCAL REPORT NUMBER</b>	
2 0 2 5 - 0 0 0 0 0 3 3 5	
<b>DAMAGE</b>	
<b>DAMAGE SCALE</b>	
9 1 - NONE    3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE    4 - DISABLING DAMAGE 9 - UNKNOWN	
<b>DAMAGED AREA(S)</b> INDICATE ALL THAT APPLY	
<input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ] <input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ] <input checked="" type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]	
<b>INITIAL POINT OF CONTACT</b>	
1 5 0 - NO DAMAGE    14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM    15 - VEHICLE NOT AT SCENE 13 - TOP    99 - UNKNOWN	
<b>TRAFFIC</b>	
<b>TRAFFICWAY FLOW</b> 1 - ONE-WAY 2 2 - TWO-WAY	<b>TRAFFIC CONTROL</b> 1 - ROUNDABOUT    4 - STOP SIGN 2 - SIGNAL    5 - YIELD SIGN 3 - FLASHER    6 - NO CONTROL
<b># OF THROUGH LANES ON ROAD</b> 2	<b>RAIL GRADE CROSSING</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
<b>UNIT / NON-MOTORIST DIRECTION</b>	
FROM 4 TO 3 1 - NORTH    5 - NORTHEAST 2 - SOUTH    6 - NORTHWEST 3 - EAST    7 - SOUTHEAST 4 - WEST    8 - SOUTHWEST 9 - OTHER / UNKNOWN	
<b>UNIT SPEED</b> 0 0	<b>DETECTED SPEED</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
<b>POSTED SPEED</b> 0 0	

# MOTORIST / Non-MOTORIST

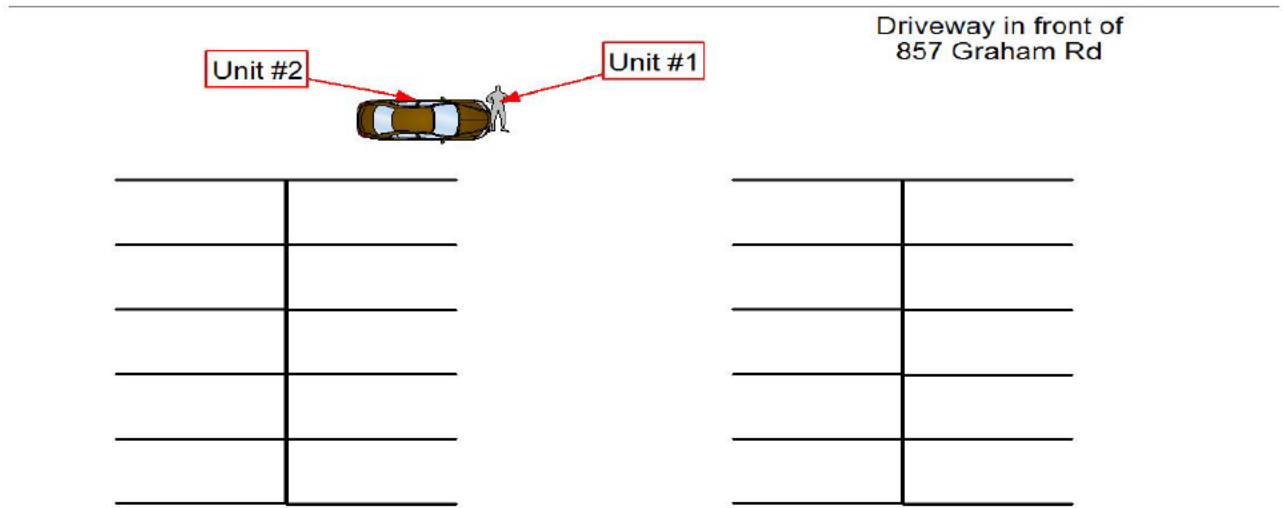
LOCAL REPORT NUMBER  
 2 0 2 5 - 0 0 0 0 0 3 3 5

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>			<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>					
0 1	WITHROW, JOHN ROBERT			0 7 1 9 1 9 5 5		0 6 9	M					
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>				<b>CONTACT PHONE - INCLUDE AREA CODE</b>								
1956 CLAIRMONT AVE AKRON OH 44301				3 0 0 6 8 7 8 9 9 6								
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>			
2	9		No transport Necessary	0 1								
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>					
O H												
<b>OL CLASS</b>	<b>ENDORSEMENT</b>	<b>RESTRICTION</b>	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b>		<b>CONDITION</b>	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>			
4				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS: 1	TYPE: 1	VALUE: .	STATUS: 1	TYPE: 1	RESULT: SELECT UP TO 4

<b>UNIT #</b>	<b>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</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>			
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>					
<b>OL CLASS</b>	<b>ENDORSEMENT</b>	<b>RESTRICTION</b>	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b>		<b>CONDITION</b>	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>			
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			STATUS:	TYPE:	VALUE:	STATUS:	TYPE:	RESULT: SELECT UP TO 4

<b>UNIT #</b>	<b>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</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>			
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>					
<b>OL CLASS</b>	<b>ENDORSEMENT</b>	<b>RESTRICTION</b>	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b>		<b>CONDITION</b>	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>			
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			STATUS:	TYPE:	VALUE:	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 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - MC 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 HANDS-FREE 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 R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	
<b>SAFETY EQUIPMENT</b>	<b>TRAPPED</b>		<b>GENDER</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		F - FEMALE M - MALE U - OTHER / UNKNOWN		1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	
				<b>CONDITION</b>		<b>DRUG TEST RESULT(S)</b>
				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		1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS



*Not To Scale*