

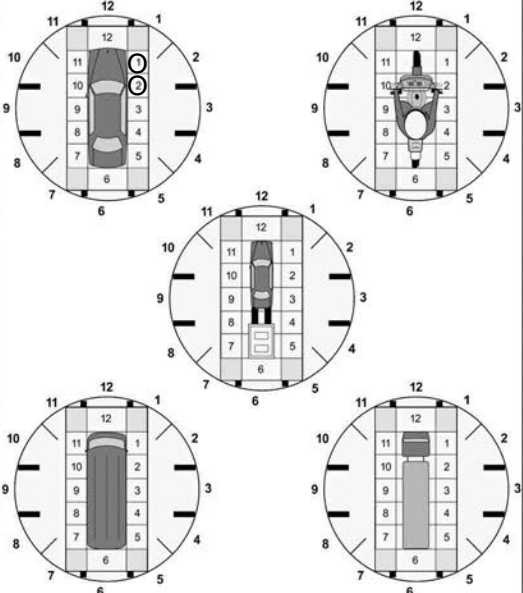
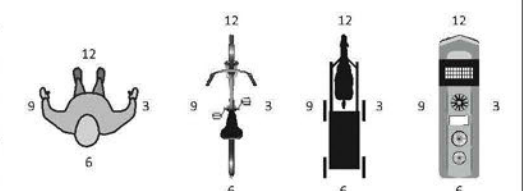
<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> PRIVATE PROPERTY	<input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	LOCAL INFORMATION REPORTING AGENCY NAME* <b>STPD</b>		NCIC* <b>07712</b>		LOCAL REPORT NUMBER* <b>2025-00003135</b>		HIT/SKIP 1 - SOLVED 2 - UNSOLVED <b>01</b>		NUMBER OF UNITS <b>01</b>		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN <b>98</b>	
COUNTY* <b>77</b>		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP <b>1</b>		LOCATION: CITY, VILLAGE, TOWNSHIP* <b>Stow</b>		CRASH DATE / TIME* <b>02212025 / 2250</b>		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY <b>5</b>							
ROUTE TYPE LOCATION ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST <b>KENT</b>		LOCATION ROAD NAME <b>KENT</b>		ROAD TYPE <b>R D</b>		LATITUDE DECIMAL DEGREES <b>41.158640</b>		LONGITUDE DECIMAL DEGREES <b>-81.420792</b>							
ROUTE TYPE REFERENCE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST <b>VIRA</b>		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>VIRA</b>		ROAD TYPE <b>R D</b>											
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # <b>1</b>		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST <b>3</b>		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>0</b>							
DISTANCE FROM REFERENCE <b>100</b>		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS <b>2</b>						ROADWAY <input type="checkbox"/> ROADWAY DIVIDED							
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP <b>01</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 <b>1</b>				DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST <b>01</b>		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 <b>01</b>					
<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>2</b> 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		CONDITIONS <b>1</b> 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE <b>2</b> 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN					
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN <b>3</b>				WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN <b>01</b>											
NARRATIVE <b>Unit #1 stated he was traveling west on Kent Rd. and hit a deer that was standing in the road. His front windshield was broken along with his passenger side mirror.</b>										Indicate the north direction with an "N" on the compass diagram.					
Not To Scale															

CRASH REPORTED DATE / TIME <b>02212025 / 2251</b>		DISPATCH DATE / TIME <b>02212025 / 2253</b>		ARRIVAL DATE / TIME <b>02212025 / 2257</b>		SCENE CLEARED DATE / TIME <b>02212025 / 2310</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>000</b>		OTHER INVESTIGATION TIME <b>030</b>		TOTAL MINUTES <b>047</b>		OFFICER'S NAME* <b>FARRELL, NATHAN</b>		CHECKED BY OFFICER'S NAME* <b>BURGESS, JUSTIN</b>	
				OFFICER'S BADGE NUMBER* <b>000774</b>		CHECKED BY OFFICER'S BADGE NUMBER* <b>000717</b>			

OWNER

VEHICLE

EVENT(S)

<b>UNIT #</b>	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE (☑ SAME AS DRIVER) <b>0 1</b> AVIRAM, ARI	<b>OWNER PHONE:</b> INCLUDE AREA CODE (☑ SAME AS DRIVER) <b>2 1 6 6 4 7 8 5 6 9</b>
<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP (☑ SAME AS DRIVER) <b>522 TREESIDE DR 2 Akron OH 44313</b>		
<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>O H</b>	<b>DLQ7786</b>	<b>4 T 1 B E 4 6 K 4 9 U 8 7 0 3 0 0</b>
<b>VEHICLE YEAR</b>	<b>VEHICLE MAKE</b>	
<b>2 0 0 9</b>	<b>Toyota</b>	
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b>	<b>INSURANCE POLICY #</b>
	<b>Allstate</b>	<b>826344631</b>
<input type="checkbox"/> <b>COMMERCIAL</b>	<input type="checkbox"/> <b>GOVERNMENT</b>	<input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b>#OCCUPANTS</b>
		<b>0 2</b>
<b>UNIT TYPE</b>	<b>US DOT #</b>	
<b>0 1</b>		
<b># OF TRAILING UNITS</b>	<b>VEHICLE WEIGHT GVWR/GCWR</b>	
	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>	<b>AUTONOMOUS MODE LEVEL</b>	
<b>2</b>	<b>0</b>	
<b>SPECIAL FUNCTION</b>	<b>HAZARDOUS MATERIAL</b>	
<b>0 1</b>	<input type="checkbox"/> <b>MATERIAL RELEASED</b> CLASS # PLACARD ID # <input type="checkbox"/> <b>PLACARD</b>	
<b>CARGO BODY TYPE</b>	<b>VEHICLE DEFECTS</b>	
<b>0 1</b>	<b>1 - TURN SIGNALS</b> <b>2 - HEAD LAMPS</b> <b>3 - TAIL LAMPS</b> <b>4 - BRAKES</b> <b>5 - STEERING</b> <b>6 - TIRE BLOWOUT</b> <b>7 - WORN OR SLICK TIRES</b> <b>8 - TRAILER EQUIPMENT DEFECTIVE</b> <b>9 - MOTOR TROUBLE</b> <b>10 - DISABLED FROM PRIOR ACCIDENT</b>	
<b>NON-MOTORIST LOCATION AT IMPACT</b>	<b>VEHICLE DAMAGE</b>	
<b>1 - INTERSECTION - MARKED CROSSWALK</b> <b>2 - INTERSECTION - UNMARKED CROSSWALK</b> <b>3 - INTERSECTION - OTHER</b> <b>4 - MIDBLOCK - MARKED CROSSWALK</b> <b>5 - TRAVEL LANE - OTHER LOCATION</b> <b>6 - BICYCLE LANE</b> <b>7 - SHOULDER / ROADSIDE</b> <b>8 - SIDEWALK</b> <b>9 - MEDIAN/CROSSING ISLAND</b> <b>10 - DRIVEWAY ACCESS</b> <b>11 - SHARED USE PATHS OR TRAILS</b> <b>12 - FIRST RESPONDER AT INCIDENT SCENE</b> <b>99 - OTHER / UNKNOWN</b>	<b>3</b> <b>1 - NONE</b> <b>2 - MINOR DAMAGE</b> <b>3 - FUNCTIONAL DAMAGE</b> <b>4 - DISABLING DAMAGE</b> <b>9 - UNKNOWN</b>	
<b>ACTION</b>	<b>DAMAGED AREA(S)</b>	
<b>3</b>	<b>INDICATE ALL THAT APPLY</b>	
<b>1 - NON-CONTACT</b> <b>2 - NON-COLLISION</b> <b>3 - STRIKING</b> <b>4 - STRUCK</b> <b>5 - BOTH STRIKING &amp; STRUCK</b> <b>9 - OTHER / UNKNOWN</b>		
<b>1 - NONE</b> <b>2 - FAILURE TO YIELD</b> <b>3 - RAN RED LIGHT</b> <b>4 - RAN STOP SIGN</b> <b>5 - UNSAFE SPEED</b> <b>6 - IMPROPER TURN</b>		
<b>SEQUENCE OF EVENTS</b>	<b>INITIAL POINT OF CONTACT</b>	
<b>1 8</b>	<b>0 1</b>	
<b>1 - OVERTURN/ROLLOVER</b> <b>2 - FIRE/EXPLOSION</b> <b>3 - IMMERSION</b> <b>4 - JACKKNIFE</b> <b>5 - CARGO / EQUIPMENT LOSS OR SHIFT</b>	<b>0 - NO DAMAGE</b> <b>1 - 12 - REFER TO UNIT DIAGRAM</b> <b>13 - TOP</b> <b>14 - UNDERCARRIAGE</b> <b>15 - VEHICLE NOT AT SCENE</b> <b>99 - UNKNOWN</b>	
<b>6 - EQUIPMENT FAILURE</b> <b>7 - SEPARATION OF UNITS</b> <b>8 - RAN OFF ROAD RIGHT</b> <b>9 - RAN OFF ROAD LEFT</b> <b>10 - CROSS MEDIAN</b>	<b>TRAFFIC</b>	
<b>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL</b> <b>12 - DOWNHILL RUNAWAY</b> <b>13 - OTHER NON-COLLISION</b> <b>14 - PEDESTRIAN</b> <b>15 - PEDALCYCLE</b>	<b>TRAFFICWAY FLOW</b> <b>2</b> <b>1 - ONE-WAY</b> <b>2 - TWO-WAY</b>	
<b>16 - RAILWAY VEHICLE</b> <b>17 - ANIMAL - FARM</b> <b>18 - ANIMAL - DEER</b> <b>19 - ANIMAL - OTHER</b> <b>20 - MOTOR VEHICLE IN TRANSPORT</b> <b>21 - PARKED MOTORVEHICLE</b>	<b>TRAFFIC CONTROL</b> <b>6</b> <b>1 - ROUNDABOUT</b> <b>2 - SIGNAL</b> <b>3 - FLASHER</b> <b>4 - STOP SIGN</b> <b>5 - YIELD SIGN</b> <b>6 - NO CONTROL</b>	
<b>22 - WORK ZONE MAINTENANCE EQUIPMENT</b> <b>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE</b> <b>24 - OTHER MOVABLE OBJECT</b>	<b># OF THROUGH LANES ON ROAD</b> <b>4</b>	
<b>25 - IMPACT ATTENUATOR / CRASH CUSHION</b> <b>26 - BRIDGE OVERHEAD STRUCTURE</b> <b>27 - BRIDGE PIER OR ABUTMENT</b> <b>28 - BRIDGE PARAPET</b> <b>29 - BRIDGE RAIL</b> <b>30 - GUARDRAIL FACE</b>	<b>RAIL GRADE CROSSING</b> <b>1</b> <b>1 - NOT INVOLVED</b> <b>2 - INVOLVED-ACTIVE CROSSING</b> <b>3 - INVOLVED-PASSIVE CROSSING</b>	
<b>31 - GUARDRAIL END</b> <b>32 - PORTABLE BARRIER</b> <b>33 - MEDIAN CABLE BARRIER</b> <b>34 - MEDIAN GUARDRAIL BARRIER</b> <b>35 - MEDIAN CONCRETE BARRIER</b> <b>36 - MEDIAN OTHER BARRIER</b>	<b>UNIT / NON-MOTORIST DIRECTION</b> <b>FROM 3 TO 4</b> <b>1 - NORTH</b> <b>2 - SOUTH</b> <b>3 - EAST</b> <b>4 - WEST</b> <b>5 - NORTHEAST</b> <b>6 - NORTHWEST</b> <b>7 - SOUTHEAST</b> <b>8 - SOUTHWEST</b> <b>9 - OTHER / UNKNOWN</b>	
<b>37 - TRAFFIC SIGN POST</b> <b>38 - OVERHEAD SIGN POST</b> <b>39 - LIGHT / LUMINARIES SUPPORT</b> <b>40 - UTILITY POLE</b> <b>41 - OTHER POST, POLE OR SUPPORT</b> <b>42 - CULVERT</b>	<b>UNIT SPEED</b> <b>0 3 5</b>	
<b>43 - CURB</b> <b>44 - DITCH</b> <b>45 - EMBANKMENT</b> <b>46 - FENCE</b> <b>47 - MAILBOX</b> <b>48 - TREE</b> <b>49 - FIRE HYDRANT</b>	<b>POSTED SPEED</b> <b>3 5</b>	
<b>50 - WORK ZONE MAINTENANCE EQUIPMENT</b> <b>51 - WALL</b> <b>52 - BUILDING</b> <b>53 - TUNNEL</b> <b>54 - OTHER FIXED OBJECT</b> <b>99 - OTHER / UNKNOWN</b>	<b>DETECTED SPEED</b> <b>1</b> <b>1 - STATED / ESTIMATED SPEED</b> <b>2 - CALCULATED / EDR</b> <b>3 - UNDETERMINED</b>	
<b>FIRST HARMFUL EVENT</b>	<b>MOST HARMFUL EVENT</b>	
<b>1</b>	<b>1</b>	

**LOCAL REPORT NUMBER**  
**2 0 2 5 - 0 0 0 0 3 1 3 5**



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
 2 0 2 5 - 0 0 0 0 3 1 3 5

<b>UNIT #</b> 0 1	<b>NAME: LAST, FIRST, MIDDLE</b> AVIRAM, ARI		<b>DATE OF BIRTH</b> 1 2 0 5 1 9 5 4		<b>AGE</b> 0 7 0	<b>GENDER</b> M						
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 522 TREESIDE DR 2 Akron OH 44313				<b>CONTACT PHONE - INCLUDE AREA CODE</b> 2 1 6 6 4 7 8 5 6 9								
<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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1		
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>					
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>			
							<b>STATUS</b> 1	<b>TYPE</b> 1	<b>VALUE</b>	<b>STATUS</b> 1	<b>TYPE</b> 1	<b>RESULT</b> 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> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>					
<b>OL CLASS</b>	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>			
							<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>	<b>STATUS</b>	<b>TYPE</b>	<b>RESULT</b> 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> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>					
<b>OL CLASS</b>	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>			
							<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>	<b>STATUS</b>	<b>TYPE</b>	<b>RESULT</b> 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
INJURED TAKEN BY	EJECTION		OL ENDORSEMENT	CONDITION		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 - 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 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
SAFETY EQUIPMENT	TRAPPED		GENDER		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 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS		



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
 2 0 2 5 - 0 0 0 0 3 1 3 5

<b>OCCUPANT</b>	<b>UNIT #</b> 01	<b>NAME: LAST, FIRST, MIDDLE</b> GLEIM, DIANE M	<b>DATE OF BIRTH</b> 07051956		<b>AGE</b> 068	<b>GENDER</b> F
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 2501 KENSINGTON RD Akron OH 44333			<b>CONTACT PHONE - INCLUDE AREA CODE</b> 3306669165		
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 03 <b>AIR BAG USAGE</b> 1 <b>EJECTION</b> 1 <b>TRAPPED</b> 1

<b>OCCUPANT</b>	<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>OCCUPANT</b>	<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>

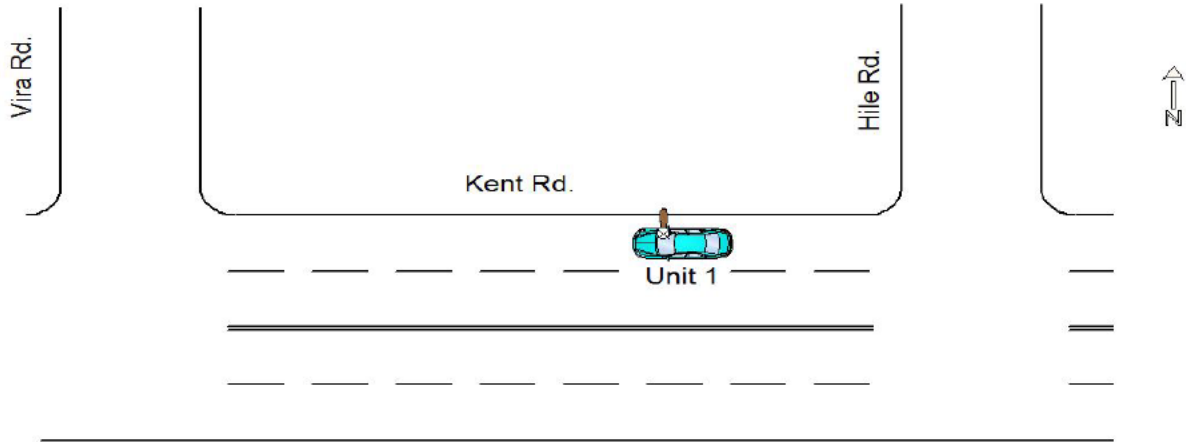
<b>OCCUPANT</b>	<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b>			<b>CONTACT PHONE - INCLUDE AREA CODE</b>		
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, 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>

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - NONE USED - VEHICLE OCCUPANT 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 - 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
INJURED TAKEN BY			EJECTION
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
GENDER			TRAPPED
F - FEMALE M - MALE U - OTHER / UNKNOWN			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS

<b>WITNESS</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>		

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*Not To Scale*