

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

2 0 2 6 - 0 0 0 0 1 7 6 4

PHOTOS TAKEN OH-2 OH-3
 SECONDARY CRASH OH-1P OTHER
 PRIVATE PROPERTY

LOCAL INFORMATION
 REPORTING AGENCY NAME*
STPD
 NCIC*
0 7 7 1 2

HIT/SKIP
 1 - SOLVED
 2 - UNSOLVED
 NUMBER OF UNITS
0 2
 UNIT IN ERROR
 98 - ANIMAL
 99 - UNKNOWN
0 2

COUNTY* **7 7** LOCALITY* **1**
 1 - CITY
 2 - VILLAGE
 3 - TOWNSHIP
 LOCATION: CITY, VILLAGE, TOWNSHIP*
Stow

CRASH DATE / TIME*
0 1 2 9 2 0 2 6 / 1 7 1 0
 CRASH SEVERITY
 1 - FATAL
 2 - SERIOUS INJURY SUSPECTED
 3 - MINOR INJURY SUSPECTED
 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY
5

LOCATION
 ROUTE TYPE ROUTE NUMBER PREFIX
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 LOCATION ROAD NAME
COMMERCE
 ROAD TYPE
D R

LATITUDE DECIMAL DEGREES
4 1 . 1 9 0 6 6 9

REFERENCE
 ROUTE TYPE ROUTE NUMBER PREFIX
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)
1550
 ROAD TYPE

LONGITUDE DECIMAL DEGREES
- 8 1 . 4 4 9 4 4 7

REFERENCE POINT
 1 - INTERSECTION
 2 - MILE POST
 3 - HOUSE #
3
 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 HW - HIGHWAY RD - ROAD
 AV - AVENUE LA - LANE SQ - SQUARE
 BL - BOULEVARD MP - MILEPOST ST - STREET
 CR - CIRCLE OV - OVAL TE - TERRACE
 CT - COURT PK - PARKWAY TL - TRAIL
 DR - DRIVE PI - PIKE WA - WAY
 HE - HEIGHTS PL - PLACE

INTERSECTION RELATED
 WITHIN INTERSECTION OR ON APPROACH
 WITHIN INTERCHANGE AREA NUMBER OF APPROACHES
 ROADWAY
 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
0 1
 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

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
8

DIRECTION OF TRAVEL
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 MEDIAN TYPE
 1 - DIVIDED FLUSH MEDIAN (<4 FEET)
 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)
 3 - DIVIDED, DEPRESSED MEDIAN
 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
 9 - OTHER/UNKNOWN

WORK ZONE RELATED
 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT
 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
2
 1 - STRAIGHT LEVEL
 2 - STRAIGHT GRADE
 3 - CURVE LEVEL
 4 - CURVE GRADE
 9 - OTHER/UNKNOWN

CONDITIONS
3
 1 - DRY
 2 - WET
 3 - SNOW
 4 - ICE
 5 - SAND, MUD, DIRT, OIL, GRAVEL
 6 - WATER (STANDING, MOVING)
 7 - SLUSH
 9 - OTHER/UNKNOWN

SURFACE
2
 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
2

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
0 6

NARRATIVE

UNIT ONE TRAVELING WEST ON COMMERCE

DR. UNIT TWO PULLING OUT OF 1550

COMMERCE DR HEADING WEST ON

COMMERCE. UNIT TWO PULLED OUT IN

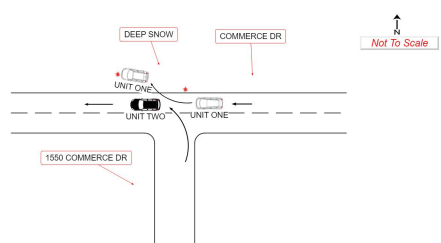
FRONT OF UNIT ONE. UNIT ONE DROVE

OFF THE ROADWAY TO THE RIGHT TO

AVOID HITTING UNIT TWO. UNIT TWO WAS

CITED FOR FAILURE TO YIELD WHEN

EXITING A PRIVATE DRIVE.



CRASH REPORTED DATE / TIME
0 1 2 9 2 0 2 6 / 1 7 1 0

DISPATCH DATE / TIME
0 1 2 9 2 0 2 6 / 1 7 2 1

ARRIVAL DATE / TIME
0 1 2 9 2 0 2 6 / 1 7 2 3

SCENE CLEARED DATE / TIME
0 1 2 9 2 0 2 6 / 1 7 4 4

REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST

TOTAL TIME ROADWAY CLOSED
0 2 3

OTHER INVESTIGATION TIME
0 3 0

TOTAL MINUTES
0 5 3

OFFICER'S NAME*
FLASCO, NICHOLAS
OFFICER'S BADGE NUMBER*
0 0 0 7 6 4

CHECKED BY OFFICER'S NAME*
CORFMAN, JACOB
CHECKED BY OFFICER'S BADGE NUMBER*
0 0 0 7 0 8

SUPPLEMENT
 (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OEPS)

OWNER

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)
JONES, NATHAN T

OWNER PHONE: INCLUDE AREA CODE (☒ SAME AS DRIVER)
3306960430

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER)
2842 OAKWOOD DR CUYAHOGA FALLS OH 44221

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LOCAL REPORT NUMBER
2026-00001764

DAMAGE

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

VEHICLE

LP STATE OH LICENSE PLATE # HIU2595 VEHICLE IDENTIFICATION # 1N4AL3AP4GC191901 VEHICLE YEAR 2016 VEHICLE MAKE Nissan

INSURANCE VERIFIED INSURANCE COMPANY ALLSTATE INSURANCE POLICY # 826988300 COLOR WHI VEHICLE MODEL ALTIMA

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE
US DOT # _____ TOWED BY: COMPANY NAME Joe's

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 01 VEHICLE WEIGHT GVWR/GWR: 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
HAZARDOUS MATERIAL: MATERIAL RELEASED CLASS # _____ PLACARD ID # _____ PLACARD

UNIT TYPE: 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

OF TRAILING UNITS _____

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

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 CONTROL: 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL

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

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 9 - UNKNOWN

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 21 - MAIL CARRIER 99 - OTHER / UNKNOWN

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

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

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 99 - OTHER / UNKNOWN

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

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

TRAFFICWAY FLOW: 1 - ONE-WAY 2 - TWO-WAY

OF THROUGH LANES ON ROAD: 2

SEQUENCE OF EVENTS: 1 08 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 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

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 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

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

UNIT SPEED: 030 POSTED SPEED: 35 DETECTED SPEED: 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

OWNER

VEHICLE

EVENT(S)

UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER) BELL, STEPHEN RYAN	OWNER PHONE: INCLUDE AREA CODE (☑ SAME AS DRIVER) 3 3 0 7 8 0 8 0 0 3
OWNER ADDRESS: STREET, CITY, STATE, ZIP (☑ SAME AS DRIVER) 1100 STONER ST Akron OH 44320		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH	LICENSE PLATE # KVG5971	VEHICLE IDENTIFICATION # 1 G N E R H K W 3 K J 1 6 1 8 8 0	VEHICLE YEAR 2 0 1 9	VEHICLE MAKE Chevrolet
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY STATE FARM	INSURANCE POLICY # 4264238SFP35	COLOR BLK	VEHICLE MODEL TRAVERS
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 0 1	HAZARDOUS MATERIAL	
TYPE OF USE		TOWED BY: COMPANY NAME		
<input type="checkbox"/> VEHICLE WEIGHT GVWR/GCWR		<input type="checkbox"/> MATERIAL RELEASED		
<input type="checkbox"/> VEHICLE WEIGHT GVWR/GCWR		<input type="checkbox"/> PLACARD		
1 - PASSENGER CAR		18 - LIMO (LIVERY VEHICLE)		
2 - PASSENGER VAN (MINIVAN)		19 - BUS (16+ PASSENGERS)		
3 - SPORT UTILITY VEHICLE		20 - OTHER VEHICLE		
4 - PICK UP		21 - HEAVY EQUIPMENT		
5 - CARGO VAN		22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE		
6 - VAN (9-15 SEATS)		23 - PEDESTRIAN / SKATER		
7 - MOTORCYCLE 2-WHEELED		24 - WHEELCHAIR (ANY TYPE)		
8 - MOTORCYCLE 3-WHEELED		25 - OTHER NON-MOTORIST		
9 - AUTOCYCLE		26 - BICYCLE		
10 - MOPED OR MOTORIZED BICYCLE		27 - TRAIN		
11 - ALL TERRAIN VEHICLE (ATV / UTV)		99 - UNKNOWN OR HIT/SKIP		
# OF TRAILING UNITS		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		
0 1		0 - NO AUTOMATION		
		1 - DRIVER ASSISTANCE		
		2 - PARTIAL AUTOMATION		
		3 - CONDITIONAL AUTOMATION		
		4 - HIGH AUTOMATION		
		5 - FULL AUTOMATION		
		9 - UNKNOWN		
SPECIAL FUNCTION		1 - NONE		
0 1		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		
CARGO BODY TYPE		1 - NO CARGO BODY TYPE / NOT APPLICABLE		
0 1		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		
VEHICLE DEFECTS		1 - TURN SIGNALS		
0 1		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		
NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK		
0 1		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		

VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR	VEHICLE MAKE
2 0 1 9	Chevrolet	TRAVERS	2 0 1 9	Chevrolet

CONTRIBUTING CIRCUMSTANCES	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR
0 2	2 0 1 9	Chevrolet	TRAVERS	2 0 1 9

SEQUENCE OF EVENTS	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR
1 2 0	2 0 1 9	Chevrolet	TRAVERS	2 0 1 9

EVENT(S)	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR
1 2 0	2 0 1 9	Chevrolet	TRAVERS	2 0 1 9

EVENT(S)	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR
1 2 0	2 0 1 9	Chevrolet	TRAVERS	2 0 1 9

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1 2 0	2 0 1 9	Chevrolet	TRAVERS	2 0 1 9

EVENT(S)	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR
1 2 0	2 0 1 9	Chevrolet	TRAVERS	2 0 1 9

EVENT(S)	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR
1 2 0	2 0 1 9	Chevrolet	TRAVERS	2 0 1 9

EVENT(S)	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR
1 2 0	2 0 1 9	Chevrolet	TRAVERS	2 0 1 9

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EVENT(S)	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR
1 2 0	2 0 1 9	Chevrolet	TRAVERS	2 0 1 9

EVENT(S)	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR
1 2 0	2 0 1 9	Chevrolet	TRAVERS	2 0 1 9

EVENT(S)	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR
1 2 0	2 0 1 9	Chevrolet	TRAVERS	2 0 1 9

EVENT(S)	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR
1 2 0	2 0 1 9	Chevrolet	TRAVERS	2 0 1 9

EVENT(S)	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR
1 2 0	2 0 1 9	Chevrolet	TRAVERS	2 0 1 9

EVENT(S)	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR
1 2 0	2 0 1 9	Chevrolet	TRAVERS	2 0 1 9

EVENT(S)	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR
1 2 0	2 0 1 9	Chevrolet	TRAVERS	2 0 1 9

EVENT(S)	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR
1 2 0	2 0 1 9	Chevrolet	TRAVERS	2 0 1 9

EVENT(S)	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR
1 2				

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 0 2 6 - 0 0 0 0 1 7 6 4

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE GETZ, MIKAELA MARIE		DATE OF BIRTH 1 2 0 6 1 9 9 6		AGE 0 2 9	GENDER F				
ADDRESS: STREET, CITY, STATE, ZIP 2842 OAKWOOD DR CUYAHOGA FALLS OH 44221				CONTACT PHONE - INCLUDE AREA CODE 3 3 0 6 9 6 0 4 3 0						
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE O H	OPERATOR LICENSE NUMBER		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 1 TYPE: 1 VALUE: .		DRUG TEST(S) STATUS: 1 1 TYPE: 1 RESULT: SELECT UP TO 4	

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE BELL, STEPHEN RYAN		DATE OF BIRTH 0 6 2 4 1 9 8 6		AGE 0 3 9	GENDER M				
ADDRESS: STREET, CITY, STATE, ZIP 1100 STONER ST Akron OH 44320				CONTACT PHONE - INCLUDE AREA CODE 3 3 0 7 8 0 8 0 0 3						
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331.22	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Right of Way from Priv		CITATION NUMBER SC0010193			
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 1 TYPE: 1 VALUE: .		DRUG TEST(S) STATUS: 1 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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	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 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	TRAPPED	OL ENDORSEMENT	CONDITION	ALCOHOL TEST TYPE	DRUG 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	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	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
SAFETY EQUIPMENT	GENDER	DRUG TEST RESULT(S)				
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	F - FEMALE M - MALE U - OTHER / UNKNOWN	1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS				