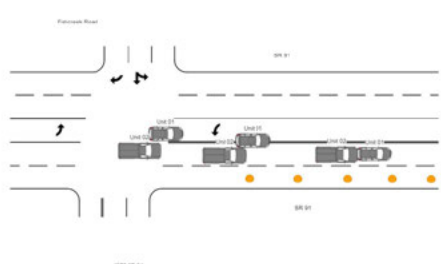


<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OH-3 <input checked="" type="checkbox"/> OTHER	LOCAL INFORMATION REPORTING AGENCY NAME* <b>STPD</b>		NCIC* <b>07712</b>		<b>2026-00006515</b>		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS <b>02</b>		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN <b>02</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>03312026/1556</b>		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY <b>4</b>						
ROUTE TYPE <b>R D</b>		ROUTE NUMBER <b>41</b>		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST <b>1</b>		LOCATION ROAD NAME <b>DARROW</b>		ROAD TYPE <b>R D</b>		LATITUDE DECIMAL DEGREES <b>41.199759</b>		LONGITUDE DECIMAL DEGREES <b>-81.439776</b>		
ROUTE TYPE <b>R D</b>		ROUTE NUMBER <b>41</b>		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST <b>1</b>		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>FISHCREEK</b>		ROAD TYPE <b>R D</b>		LONGITUDE DECIMAL DEGREES <b>-81.439776</b>		INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES <b>04</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>1</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		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED						
DISTANCE FROM REFERENCE <b>01</b>		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS <b>1</b>		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>7</b>		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST <b>1</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>1</b>				
<input checked="" 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 <b>1</b>		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 <b>3</b>		CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN <b>2</b>		CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN <b>1</b>		SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN <b>2</b>				
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>1</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>02</b>		NARRATIVE <p>Unit 01 was SB on SR 91 in the center lane approaching Fishcreek Rd. Unit 02 was SB on SR 91 in the right lane. Unit 02 activated the left turn signal and began merging into the center lane while in the intersection, in front of Unit 01, in preparation to enter an active work zone, which had the right lane closed. Unit 02 did not yield to Unit 01 when entering the center lane in front of Unit 01. Unit 01 exited the center lane to avoid a collision with Unit 02, and crossed over the double yellow, into the oncoming traffic lane. Unit 01 merged back into the center lane in front of Unit 02, without yielding to</p>										
CRASH REPORTED DATE / TIME <b>03312026/1556</b>		DISPATCH DATE / TIME <b>03312026/1607</b>		ARRIVAL DATE / TIME <b>03312026/1609</b>		SCENE CLEARED DATE / TIME <b>03312026/1609</b>		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO IOPD)						
TOTAL TIME ROADWAY CLOSED <b>030</b>		OTHER INVESTIGATION TIME <b>120</b>		TOTAL MINUTES <b>122</b>		OFFICER'S NAME* <b>OLESINSKI, KASEY</b>		CHECKED BY OFFICER'S NAME* <b>CORFMAN, JACOB</b>						
OFFICER'S BADGE NUMBER* <b>000713</b>		CHECKED BY OFFICER'S BADGE NUMBER* <b>000708</b>												



OWNER

VEHICLE

EVENT(S)

<b>UNIT #</b> 01	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE (X SAME AS DRIVER) <b>KING, PATRICIA MARIE</b>	<b>OWNER PHONE:</b> INCLUDE AREA CODE (X SAME AS DRIVER) 3303298630
<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP (X SAME AS DRIVER) <b>310 ARCHWOOD AVE MUNROE FALLS OH 44262</b>		
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE

<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> HXL8270	<b>VEHICLE IDENTIFICATION #</b> KM8J2CA4XKU891309	<b>VEHICLE YEAR</b> 2019	<b>VEHICLE MAKE</b> Hyundai
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> STATE FARM	<b>INSURANCE POLICY #</b> 2805354SFP35	<b>COLOR</b> GRY	<b>VEHICLE MODEL</b> TUCSON
<input type="checkbox"/> <b>COMMERCIAL</b>	<input type="checkbox"/> <b>GOVERNMENT</b>	<input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>	<b>US DOT #</b>	
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b>#OCCUPANTS</b> 03	<b>VEHICLE WEIGHT GVWR/GCWR</b> 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
<b>TYPE OF USE</b> <input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>		<b>TOWED BY:</b> COMPANY NAME		
<b>UNIT TYPE</b> 01		<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> <b>MATERIAL RELEASED</b> <input type="checkbox"/> <b>PLACARD ID #</b>		
<b># OF TRAILING UNITS</b>		<b>VEHICLE YEAR</b> 2019		
<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b> 2		<b>AUTONOMOUS MODE LEVEL</b> 0		
<b>SPECIAL FUNCTION</b> 01		<b>VEHICLE MAKE</b> Hyundai		
<b>CARGO BODY TYPE</b> 01		<b>VEHICLE MODEL</b> TUCSON		
<b>VEHICLE DEFECTS</b>		<b>VEHICLE YEAR</b> 2019		

<b>NON-MOTORIST LOCATION AT IMPACT</b>	<b>VEHICLE IDENTIFICATION #</b>	<b>VEHICLE YEAR</b>	<b>VEHICLE MAKE</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
13 - OTHER / UNKNOWN	14 - OTHER / UNKNOWN	15 - OTHER / UNKNOWN	16 - OTHER / UNKNOWN

<b>CONTRIBUTING CIRCUMSTANCES</b>	<b>SEQUENCE OF EVENTS</b>	<b>EVENTS</b>	<b>COLLISION WITH FIXED OBJECT - STRUCK</b>
1 - NONE	1 - OVERTURN/ROLLOVER	1 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	1 - IMPACT ATTENUATOR / CRASH CUSHION
2 - FAILURE TO YIELD	2 - FIRE/EXPLOSION	2 - SEPARATION OF UNITS	2 - PORTABLE BARRIER
3 - RAN RED LIGHT	3 - IMMERSION	3 - RAN OFF ROAD RIGHT	3 - MEDIAN CABLE BARRIER
4 - RAN STOP SIGN	4 - JACKKNIFE	4 - RAN OFF ROAD LEFT	4 - MEDIAN GUARDRAIL BARRIER
5 - UNSAFE SPEED	5 - CARGO / EQUIPMENT LOSS OR SHIFT	5 - CROSS MEDIAN	5 - BRIDGE OVERHEAD STRUCTURE
6 - IMPROPER TURN		6 - EQUIPMENT FAILURE	6 - BRIDGE PIER OR ABUTMENT
		7 - SEPARATION OF UNITS	7 - BRIDGE PARAPET
		8 - RAN OFF ROAD RIGHT	8 - BRIDGE RAIL
		9 - RAN OFF ROAD LEFT	9 - GUARDRAIL FACE
		10 - CROSS MEDIAN	
		11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
		12 - SEPARATION OF UNITS	
		13 - RAN OFF ROAD RIGHT	
		14 - RAN OFF ROAD LEFT	
		15 - CROSS MEDIAN	
		16 - EQUIPMENT FAILURE	
		17 - SEPARATION OF UNITS	
		18 - RAN OFF ROAD RIGHT	
		19 - RAN OFF ROAD LEFT	
		20 - CROSS MEDIAN	
		21 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
		22 - SEPARATION OF UNITS	
		23 - RAN OFF ROAD RIGHT	
		24 - RAN OFF ROAD LEFT	
		25 - CROSS MEDIAN	
		26 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
		27 - SEPARATION OF UNITS	
		28 - RAN OFF ROAD RIGHT	
		29 - RAN OFF ROAD LEFT	
		30 - CROSS MEDIAN	
		31 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
		32 - SEPARATION OF UNITS	
		33 - RAN OFF ROAD RIGHT	
		34 - RAN OFF ROAD LEFT	
		35 - CROSS MEDIAN	
		36 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
		37 - SEPARATION OF UNITS	
		38 - RAN OFF ROAD RIGHT	
		39 - RAN OFF ROAD LEFT	
		40 - CROSS MEDIAN	
		41 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
		42 - SEPARATION OF UNITS	
		43 - RAN OFF ROAD RIGHT	
		44 - RAN OFF ROAD LEFT	
		45 - CROSS MEDIAN	
		46 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
		47 - SEPARATION OF UNITS	
		48 - RAN OFF ROAD RIGHT	
		49 - RAN OFF ROAD LEFT	
		50 - CROSS MEDIAN	
		51 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
		52 - SEPARATION OF UNITS	
		53 - RAN OFF ROAD RIGHT	
		54 - RAN OFF ROAD LEFT	
		55 - CROSS MEDIAN	
		56 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
		57 - SEPARATION OF UNITS	
		58 - RAN OFF ROAD RIGHT	
		59 - RAN OFF ROAD LEFT	
		60 - CROSS MEDIAN	
		61 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
		62 - SEPARATION OF UNITS	
		63 - RAN OFF ROAD RIGHT	
		64 - RAN OFF ROAD LEFT	
		65 - CROSS MEDIAN	
		66 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
		67 - SEPARATION OF UNITS	
		68 - RAN OFF ROAD RIGHT	
		69 - RAN OFF ROAD LEFT	
		70 - CROSS MEDIAN	
		71 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
		72 - SEPARATION OF UNITS	
		73 - RAN OFF ROAD RIGHT	
		74 - RAN OFF ROAD LEFT	
		75 - CROSS MEDIAN	
		76 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
		77 - SEPARATION OF UNITS	
		78 - RAN OFF ROAD RIGHT	
		79 - RAN OFF ROAD LEFT	
		80 - CROSS MEDIAN	
		81 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
		82 - SEPARATION OF UNITS	
		83 - RAN OFF ROAD RIGHT	
		84 - RAN OFF ROAD LEFT	
		85 - CROSS MEDIAN	
		86 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
		87 - SEPARATION OF UNITS	
		88 - RAN OFF ROAD RIGHT	
		89 - RAN OFF ROAD LEFT	
		90 - CROSS MEDIAN	
		91 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
		92 - SEPARATION OF UNITS	
		93 - RAN OFF ROAD RIGHT	
		94 - RAN OFF ROAD LEFT	
		95 - CROSS MEDIAN	
		96 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
		97 - SEPARATION OF UNITS	
		98 - RAN OFF ROAD RIGHT	
		99 - RAN OFF ROAD LEFT	
		100 - CROSS MEDIAN	

<b>SEQUENCE OF EVENTS</b>	<b>EVENTS</b>	<b>COLLISION WITH FIXED OBJECT - STRUCK</b>
1 1	1 - OVERTURN/ROLLOVER	1 - IMPACT ATTENUATOR / CRASH CUSHION
2 0	2 - FIRE/EXPLOSION	2 - PORTABLE BARRIER
3 0	3 - IMMERSION	3 - MEDIAN CABLE BARRIER
4 0	4 - JACKKNIFE	4 - MEDIAN GUARDRAIL BARRIER
5 0	5 - CARGO / EQUIPMENT LOSS OR SHIFT	5 - BRIDGE OVERHEAD STRUCTURE
6 2	6 - EQUIPMENT FAILURE	6 - BRIDGE PIER OR ABUTMENT
7 3	7 - SEPARATION OF UNITS	7 - BRIDGE PARAPET
8 0	8 - RAN OFF ROAD RIGHT	8 - BRIDGE RAIL
9 0	9 - RAN OFF ROAD LEFT	9 - GUARDRAIL FACE
10 0	10 - CROSS MEDIAN	
11 1	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
12 0	12 - SEPARATION OF UNITS	
13 0	13 - RAN OFF ROAD RIGHT	
14 0	14 - RAN OFF ROAD LEFT	
15 0	15 - CROSS MEDIAN	
16 1	16 - EQUIPMENT FAILURE	
17 0	17 - SEPARATION OF UNITS	
18 0	18 - RAN OFF ROAD RIGHT	
19 0	19 - RAN OFF ROAD LEFT	
20 0	20 - CROSS MEDIAN	
21 1	21 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
22 0	22 - SEPARATION OF UNITS	
23 0	23 - RAN OFF ROAD RIGHT	
24 0	24 - RAN OFF ROAD LEFT	
25 0	25 - CROSS MEDIAN	
26 1	26 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
27 0	27 - SEPARATION OF UNITS	
28 0	28 - RAN OFF ROAD RIGHT	
29 0	29 - RAN OFF ROAD LEFT	
30 0	30 - CROSS MEDIAN	
31 1	31 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
32 0	32 - SEPARATION OF UNITS	
33 0	33 - RAN OFF ROAD RIGHT	
34 0	34 - RAN OFF ROAD LEFT	
35 0	35 - CROSS MEDIAN	
36 1	36 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
37 0	37 - SEPARATION OF UNITS	
38 0	38 - RAN OFF ROAD RIGHT	
39 0	39 - RAN OFF ROAD LEFT	
40 0	40 - CROSS MEDIAN	
41 1	41 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
42 0	42 - SEPARATION OF UNITS	
43 0	43 - RAN OFF ROAD RIGHT	
44 0	44 - RAN OFF ROAD LEFT	
45 0	45 - CROSS MEDIAN	
46 1	46 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
47 0	47 - SEPARATION OF UNITS	
48 0	48 - RAN OFF ROAD RIGHT	
49 0	49 - RAN OFF ROAD LEFT	
50 0	50 - CROSS MEDIAN	
51 1	51 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
52 0	52 - SEPARATION OF UNITS	
53 0	53 - RAN OFF ROAD RIGHT	
54 0	54 - RAN OFF ROAD LEFT	
55 0	55 - CROSS MEDIAN	
56 1	56 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
57 0	57 - SEPARATION OF UNITS	
58 0	58 - RAN OFF ROAD RIGHT	
59 0	59 - RAN OFF ROAD LEFT	
60 0	60 - CROSS MEDIAN	
61 1	61 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
62 0	62 - SEPARATION OF UNITS	
63 0	63 - RAN OFF ROAD RIGHT	
64 0	64 - RAN OFF ROAD LEFT	
65 0	65 - CROSS MEDIAN	
66 1	66 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
67 0	67 - SEPARATION OF UNITS	
68 0	68 - RAN OFF ROAD RIGHT	
69 0	69 - RAN OFF ROAD LEFT	
70 0	70 - CROSS MEDIAN	
71 1	71 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
72 0	72 - SEPARATION OF UNITS	
73 0	73 - RAN OFF ROAD RIGHT	
74 0	74 - RAN OFF ROAD LEFT	
75 0	75 - CROSS MEDIAN	
76 1	76 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
77 0	77 - SEPARATION OF UNITS	
78 0	78 - RAN OFF ROAD RIGHT	
79 0	79 - RAN OFF ROAD LEFT	
80 0	80 - CROSS MEDIAN	
81 1	81 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
82 0	82 - SEPARATION OF UNITS	
83 0	83 - RAN OFF ROAD RIGHT	
84 0	84 - RAN OFF ROAD LEFT	
85 0	85 - CROSS MEDIAN	
86 1	86 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
87 0	87 - SEPARATION OF UNITS	
88 0	88 - RAN OFF ROAD RIGHT	
89 0	89 - RAN OFF ROAD LEFT	
90 0	90 - CROSS MEDIAN	
91 1	91 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
92 0	92 - SEPARATION OF UNITS	
93 0	93 - RAN OFF ROAD RIGHT	
94 0	94 - RAN OFF ROAD LEFT	
95 0	95 - CROSS MEDIAN	
96 1	96 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	
97 0	97 - SEPARATION OF UNITS	
98 0	98 - RAN OFF ROAD RIGHT	
99 0	99 - RAN OFF ROAD LEFT	
100 0	100 - CROSS MEDIAN	

<b>LOCAL REPORT NUMBER</b> 2026-00006515	
<b>DAMAGE</b>	
<b>DAMAGE SCALE</b> 3 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"/> <b>NO DAMAGE</b> [ 0 ] <input type="checkbox"/> <b>UNDERCARRIAGE</b> [ 14 ] <input type="checkbox"/> <b>TOP</b> [ 13 ] <input type="checkbox"/> <b>ALL AREAS</b> [ 15 ] <input type="checkbox"/> <b>UNIT NOT AT SCENE</b> [ 16 ]	
<b>INITIAL POINT OF CONTACT</b>	
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> 2 1 - ONE-WAY 2 2 - TWO-WAY	<b>TRAFFIC CONTROL</b> 2 1 - ROUNDABOUT 4 - STOP SIGN 2 2 - SIGNAL 5 - YIELD SIGN 3 3 - FLASHER 6 - NO CONTROL
<b># OF THROUGH LANES ON ROAD</b> 3	<b>RAIL GRADE CROSSING</b> 1 1 - NOT INVOLVED 2 2 - INVOLVED-ACTIVE CROSSING 3 3 - INVOLVED-PASSIVE CROSSING
<b>UNIT / NON-MOTORIST DIRECTION</b>	
FROM 1 TO 2 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
<b>UNIT SPEED</b> 0 4 0	<b>DETECTED SPEED</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
<b>POSTED SPEED</b> 4 5	

**OWNER**

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER) **LOVELACE, TYLER JAMES** OWNER PHONE: INCLUDE AREA CODE (☑ SAME AS DRIVER) **3309689445**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☑ SAME AS DRIVER) **2396 LADD ST AKRON OH 44312**

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

**VEHICLE**

LP STATE OH LICENSE PLATE # U895561 VEHICLE IDENTIFICATION # 3GCRKRE A7AG241235 VEHICLE YEAR 2010 VEHICLE MAKE **Chevrolet**

INSURANCE VERIFIED INSURANCE COMPANY **PROGRESSIVE** INSURANCE POLICY # **988053814** COLOR **BLU** VEHICLE MODEL **SILVERA**

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

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

UNIT TYPE 04 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 6 - VAN (9-15 SEATS) 99 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS \_\_\_\_\_

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 01 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE 01 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTOTRANSPORTER  
 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE DEFECTS 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

NON-MOTORIST LOCATION AT IMPACT \_\_\_\_\_ 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN  
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

ACTION 5 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE  
 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
 3 - STRIKING 03 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
 4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES 02 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE  
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION  
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING  
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD  
 6 - IMPROPER TURN 12 - IMPROPER BACKING

SEQUENCE OF EVENTS

EVENTS

1 20 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 2 20 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 3 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
 4 JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT  
 5 CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTORVEHICLE

COLLISION WITH FIXED OBJECT - STRUCK

25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
 27 - BRIDGE PIER OR ABUTMENT STRUCTURE 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN  
 49 - FIRE HYDRANT

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER 2026-00006515

DAMAGE

DAMAGE SCALE 3 1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 - MINOR 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 10 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

TRAFFIC

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

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

# OF THROUGH LANES ON ROAD 3

RAIL GRADE CROSSING 1 1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2

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

UNIT SPEED 040

POSTED SPEED 45

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

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
 2 0 2 6 - 0 0 0 0 6 5 1 5

<b>UNIT #</b> 0 1	<b>NAME: LAST, FIRST, MIDDLE</b> KING, PATRICIA MARIE		<b>DATE OF BIRTH</b> 0 6 1 8 1 9 7 3		<b>AGE</b> 0 5 2	<b>GENDER</b> F				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 310 ARCHWOOD AVE MUNROE FALLS OH 44262				<b>CONTACT PHONE - INCLUDE AREA CODE</b> 3 3 0 3 2 9 8 6 3 0						
<b>INJURIES</b> 4	<b>INJURED TAKEN BY</b> 2	<b>EMS AGENCY (NAME)</b> SFD	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> Akron General North		<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> [REDACTED]		<b>OFFENSE CHARGED</b> 331.08	<b>LOCAL CODE</b> <input checked="" type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> Driving in Marked Lanes or C		<b>CITATION NUMBER</b> 149678			
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b> [REDACTED]	<b>RESTRICTION</b> [REDACTED]	<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> STATUS: 1 TYPE: 1 VALUE: .		<b>DRUG TEST(S)</b> STATUS: 1 TYPE: 1 RESULT: [REDACTED]	

<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> LOVELACE, TYLER JAMES		<b>DATE OF BIRTH</b> 0 6 2 2 1 9 9 9		<b>AGE</b> 0 2 6	<b>GENDER</b> M				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 2396 LADD ST AKRON OH 44312				<b>CONTACT PHONE - INCLUDE AREA CODE</b> 3 3 0 9 6 8 9 4 4 5						
<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> [REDACTED]		<b>OFFENSE CHARGED</b> 331.08	<b>LOCAL CODE</b> <input checked="" type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> Driving in Marked Lanes or C		<b>CITATION NUMBER</b> 149679			
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b> [REDACTED]	<b>RESTRICTION</b> [REDACTED]	<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> STATUS: 1 TYPE: 1 VALUE: .		<b>DRUG TEST(S)</b> STATUS: 1 TYPE: 1 RESULT: [REDACTED]	

<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>	

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	1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	EJECTION	1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	OL ENDORSEMENT	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	ALCOHOL TEST TYPE	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	
SAFETY EQUIPMENT	1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	TRAPPED	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	GENDER	F - FEMALE M - MALE U - OTHER / UNKNOWN	DRUG TEST TYPE	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	
					CONDITION	1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	DRUG TEST RESULT(S)	1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2 0 2 6 - 0 0 0 0 6 5 1 5

<b>OCCUPANT</b>	<b>UNIT #</b> 01	<b>NAME: LAST, FIRST, MIDDLE</b> KING, AMELIA	<b>DATE OF BIRTH</b> 0 8 0 6 2 0 1 7		<b>AGE</b> 0 0 8	<b>GENDER</b> F
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 310 ARCHWOOD AVE MUNROE FALLS OH 44262				<b>CONTACT PHONE - INCLUDE AREA CODE</b>	
<b>INJURIES</b> 4	<b>INJURED TAKEN BY</b> 2	<b>EMS AGENCY (NAME)</b> STOW FD	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> Children's Hospital	<b>SAFETY EQUIPMENT USED</b> 0 7	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 4 <b>AIR BAG USAGE</b> 1 <b>EJECTION</b> 1 <b>TRAPPED</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 01	<b>NAME: LAST, FIRST, MIDDLE</b> KING, KEVIN KRISTOPHER	<b>DATE OF BIRTH</b> 0 4 1 8 1 9 9 6		<b>AGE</b> 0 2 9	<b>GENDER</b> M
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 310 ARCHWOOD AVE MUNROE FALLS OH 44262				<b>CONTACT PHONE - INCLUDE AREA CODE</b> 3 3 0 3 2 8 1 6 8 4	
<b>INJURIES</b> 4	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b> STOW FD	<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 3 <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>

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
<b>INJURED TAKEN BY</b>		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
1 - NOT TRANSPORTED /TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>
2 - EMS	7 - BOOSTER SEAT	8 - THIRD - MIDDLE	1 - NOT EJECTED
3 - POLICE	8 - HELMET USED	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
<b>GENDER</b>		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
F - FEMALE	10 - REFLECTIVE CLOTHING	12 - PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>
M - MALE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	13 - TRAILING UNIT	1 - NOT TRAPPED
U - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS
		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS
		99 - OTHER / UNKNOWN	

<b>WITNESS</b>	<b>NAME: LAST, FIRST, MIDDLE</b> ELISER, JAMES P	<b>DATE OF BIRTH</b> 0 8 1 5 1 9 7 3		<b>AGE</b> 0 5 2	<b>GENDER</b> M
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 4579 COX DR Stow OH 44224				<b>CONTACT PHONE - INCLUDE AREA CODE</b> 7 2 7 4 6 3 1 4 4 0

<b>WITNESS</b>	<b>NAME: LAST, FIRST, MIDDLE</b> BERTHOLD, HEATHER DAWN	<b>DATE OF BIRTH</b> 1 2 2 7 1 9 7 7		<b>AGE</b> 0 4 8	<b>GENDER</b> F
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 4055 KENNETH RD Stow OH 44224				<b>CONTACT PHONE - INCLUDE AREA CODE</b> 3 3 0 7 1 4 8 9 1 4

<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>

Unit 02 and Unit 01's rear passenger side struck Unit 02's front driver's side. Once in the center lane, Unit 01 almost immediately activated their brakes and was rear-ended by Unit 02.