

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2 0 2 4 - 0 0 0 1 9 2 2 5

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

LOCAL INFORMATION

REPORTING AGENCY NAME\*

City of Kent Police

NCIC\*

0 6 7 0 3

HIT/SKIP

1 - SOLVED  
 2 - UNSOLVED

NUMBER OF UNITS

0 1

UNIT IN ERROR

98 - ANIMAL  
 99 - UNKNOWN

COUNTY\* 6 7   LOCALITY\* 1  
1 - CITY  
 2 - VILLAGE  
 3 - TOWNSHIP

LOCATION: CITY, VILLAGE, TOWNSHIP\*

Kent

CRASH DATE / TIME\*

12312024/2111

CRASH SEVERITY

- 5
- 1 - FATAL
  - 2 - SERIOUS INJURY SUSPECTED
  - 3 - MINOR INJURY SUSPECTED
  - 4 - INJURY POSSIBLE
  - 5 - PROPERTY DAMAGE ONLY

ROUTE TYPE   ROUTE NUMBER   PREFIX  
1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST

LOCATION ROAD NAME

MAJORS LN

ROAD TYPE

LATITUDE DECIMAL DEGREES

41.160949

ROUTE TYPE   ROUTE NUMBER   PREFIX  
1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)

FAIRCHILD

ROAD TYPE

LONGITUDE DECIMAL DEGREES

-81.367507

REFERENCE POINT  
 1 - INTERSECTION  
 2 - MILE POST  
 3 - HOUSE #

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

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
- 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

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

- 1 - STRAIGHT LEVEL
- 2 - STRAIGHT GRADE
- 3 - CURVE LEVEL
- 4 - CURVE GRADE
- 9 - OTHER/UNKNOWN

CONDITIONS

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

SURFACE

- 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

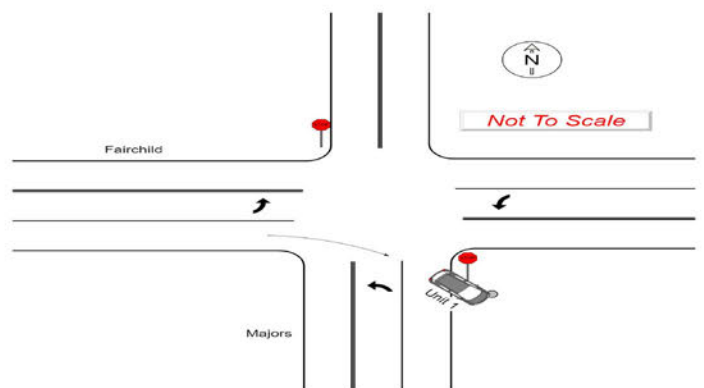
WEATHER

- 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

NARRATIVE

Unit #1 was fleeing from a traffic stop. Unit #1 was eastbound on Fairchild and attempted a right turn onto Majors. Unit #1 failed to negotiate the turn, ran off the road left and struck a telephone pole. The three occupants fled the vehicle after the crash and only the driver was located.

Indicate the north direction with an "N" on the compass diagram.



CRASH REPORTED DATE / TIME  
 1 2 3 1 2 0 2 4 / 2 1 1 1

DISPATCH DATE / TIME  
 1 2 3 1 2 0 2 4 / 2 1 1 1

ARRIVAL DATE / TIME  
 1 2 3 1 2 0 2 4 / 2 1 1 1

SCENE CLEARED DATE / TIME  
 1 2 3 1 2 0 2 4 / 2 3 0 0

REPORT TAKEN BY

POLICE AGENCY  
 MOTORIST

TOTAL TIME ROADWAY CLOSED  
 1 2 0

OTHER INVESTIGATION TIME  
 0 6 0

TOTAL MINUTES  
 1 6 9

OFFICER'S NAME\*  
 Carnahan, Michael

OFFICER'S BADGE NUMBER\*  
 2 4 7

CHECKED BY OFFICER'S NAME\*  
 Ennemoser, James

CHECKED BY OFFICER'S BADGE NUMBER\*  
 2 5 5

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

**OWNER**

UNIT # **01** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) **SCHULTZ, TODD, EUGENE** OWNER PHONE: **REDACTED PER ORC 149.43(A)(1)**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) **5855 WOODHILL ST, PAINESVILLE, OH 44077**

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

**VEHICLE**

LP STATE **OH** LICENSE PLATE # **JEZ9774** VEHICLE IDENTIFICATION # **JMBKFACL5H0153009** VEHICLE YEAR **2017** VEHICLE MAKE **Mazda**

INSURANCE VERIFIED INSURANCE COMPANY **STATE FARM** INSURANCE POLICY # **2081812SFP35** COLOR **BLU** VEHICLE MODEL **CX5**

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

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS **03** VEHICLE WEIGHT GVWR/GCWR  MATERIAL RELEASED  PLACARD CLASS # PLACARD ID #

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) 17 - MOTORHOME

# OF TRAILING UNITS **0**

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?  NO AUTONOMY 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 YES 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 4 - HIGH AUTOMATION 5 - FULL AUTOMATION

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

1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 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 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

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**

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 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
 4 - STRUCK 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 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN

**CONTRIBUTING CIRCUMSTANCES**

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  
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 12 - IMPROPER BACKING

**SEQUENCE OF EVENTS**

1 **09** 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 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 - 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 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

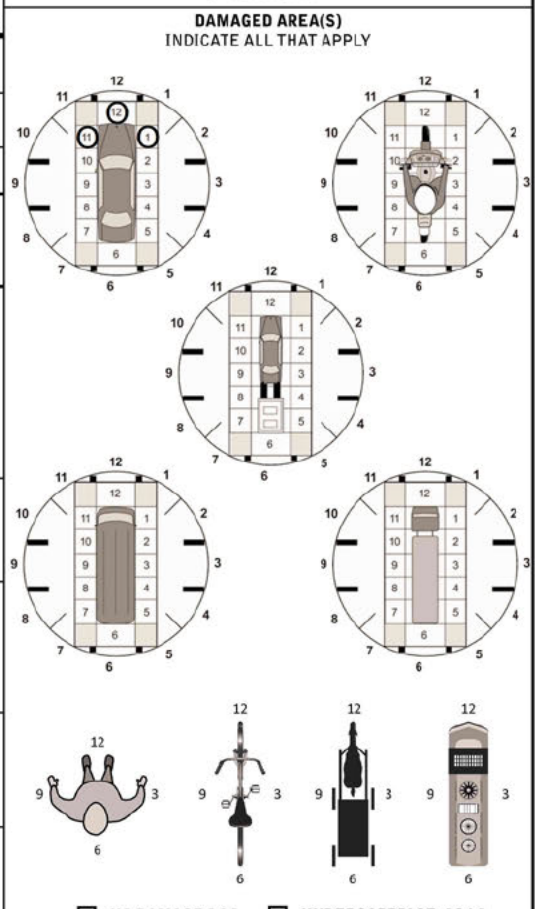
**FIRST HARMFUL EVENT** **1** **MOST HARMFUL EVENT** **2**

LOCAL REPORT NUMBER **2024-00019225**

**DAMAGE**

**DAMAGE SCALE**

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



- NO DAMAGE [ 0 ]  - UNDERCARRIAGE [ 14 ]  
 - TOP [ 13 ]  - ALL AREAS [ 15 ]  
 - UNIT NOT AT SCENE [ 16 ]

**INITIAL POINT OF CONTACT**

**11** 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

**TRAFFIC**

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

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

**# OF THROUGH LANES ON ROAD** **2**

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

**UNIT / NON-MOTORIST DIRECTION**

FROM **4** TO **7**

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

**UNIT SPEED** \_\_\_\_\_

**POSTED SPEED** **3 5**

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 4 - 0 0 0 1 9 2 2 5

<b>UNIT #</b> 0 1	<b>NAME: LAST, FIRST, MIDDLE</b> HARRISON, BRAYLIN, LAMERE		<b>DATE OF BIRTH</b> 0 1 2 4 2 0 0 9		<b>AGE</b> 15	<b>GENDER</b> M
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 6600 ALPHA DR 112 ,KENT ,OH 44240				<b>CONTACT PHONE - INCLUDE AREA CODE</b> REDACTED PER ORC 149.43(A)(1)		
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 1
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>	<b>OFFENSE CHARGED</b> 4511.202	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> Failure to Control		<b>CITATION NUMBER</b> 28288
<b>OL CLASS</b>	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b> 9	<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: 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>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> STATUS: , TYPE: , VALUE: .
					<b>DRUG TEST(S)</b> 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>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> STATUS: , TYPE: , VALUE: .
					<b>DRUG TEST(S)</b> 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	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> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		<b>EJECTION</b> 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	<b>OL ENDORSEMENT</b> 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			<b>ALCOHOL TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
<b>SAFETY EQUIPMENT</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	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	<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	<b>GENDER</b> F - FEMALE M - MALE U - OTHER / UNKNOWN		<b>CONDITION</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	<b>DRUG TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
						<b>DRUG TEST RESULT(S)</b> 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 4 - 0 0 0 1 9 2 2 5

<b>OCCUPANT</b>	<b>UNIT #</b> 01	<b>NAME: LAST, FIRST, MIDDLE</b> WAHID, ZAMIR, J	<b>DATE OF BIRTH</b> 1 1 1 5 2 0 1 0	<b>AGE</b> 14	<b>GENDER</b> M
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 655 HAZEN AVE 11 ,Ravenna ,OH 44266			<b>CONTACT PHONE - INCLUDE AREA CODE</b> REDACTED PER ORC 149.43(A)(1)	
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET <b>SEATING POSITION</b> 9 9 <b>AIR BAG USAGE</b> 4 <b>EJECTION</b> 1 <b>TRAPPED</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 01	<b>NAME: LAST, FIRST, MIDDLE</b> FELDING, RAIDEN, R J	<b>DATE OF BIRTH</b> 0 1 1 2 2 0 0 9	<b>AGE</b> 15	<b>GENDER</b> M
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 709 AKRON BLVD ,Kent ,OH 44240			<b>CONTACT PHONE - INCLUDE AREA CODE</b> REDACTED PER ORC 149.43(A)(1)	
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET <b>SEATING POSITION</b> 9 9 <b>AIR BAG USAGE</b> 4 <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>	<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>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>		

<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>		