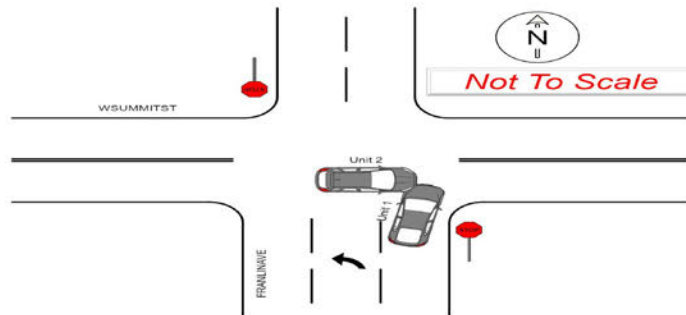
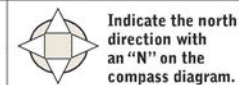


|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3<br><input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY   |  | LOCAL INFORMATION<br>REPORTING AGENCY NAME*<br><b>City of Kent Police</b>  |  | NCIC*<br><b>06703</b>   |  | LOCAL REPORT NUMBER*<br><b>2024-00005830</b>   |  |
| COUNTY* <b>67</b> LOCALITY* <b>1</b><br><small>1-CITY<br/>2-VILLAGE<br/>3-TOWNSHIP</small>   |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br><b>Kent</b>  |  | CRASH DATE / TIME*<br><b>04232024/1030</b>  |  | CRASH SEVERITY<br><b>5</b><br><small>1 - FATAL<br/>2 - SERIOUS INJURY SUSPECTED<br/>3 - MINOR INJURY SUSPECTED<br/>4 - INJURY POSSIBLE<br/>5 - PROPERTY DAMAGE ONLY</small>  |  |
| ROUTE TYPE    ROUTE NUMBER    PREFIX<br><small>N - NORTH<br/>S - SOUTH<br/>E - EAST<br/>W - WEST</small>   |  | LOCATION ROAD NAME<br><b>SUMMIT</b>  |  | ROAD TYPE<br><b>S T</b>   |  | LATITUDE DECIMAL DEGREES<br><b>41.150114</b>   |  |
| ROUTE TYPE    ROUTE NUMBER    PREFIX<br><small>N - NORTH<br/>S - SOUTH<br/>E - EAST<br/>W - WEST</small>   |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br><b>FRANKLIN</b>   |  | ROAD TYPE<br><b>A V</b>   |  | LONGITUDE DECIMAL DEGREES<br><b>-81.360241</b>   |  |
| REFERENCE POINT<br><b>1</b><br><small>1 - INTERSECTION<br/>2 - MILE POST<br/>3 - HOUSE #</small>   |  | DIRECTION FROM REFERENCE<br><small>N - NORTH<br/>S - SOUTH<br/>E - EAST<br/>W - WEST</small>   |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE   |  | ROAD TYPE<br>AL - ALLEY    HW - HIGHWAY    RD - ROAD<br>AV - AVENUE    LA - LANE    SQ - SQUARE<br>BL - BOULEVARD    MP - MILEPOST    ST - STREET<br>CR - CIRCLE    OV - OVAL    TE - TERRACE<br>CT - COURT    PK - PARKWAY    TL - TRAIL<br>DR - DRIVE    PI - PIKE    WA - WAY<br>HE - HEIGHTS    PL - PLACE |  |
| DISTANCE FROM REFERENCE<br><small>1 - MILES<br/>2 - FEET<br/>3 - YARDS</small>   |  | INTERSECTION RELATED<br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input checked="" type="checkbox"/> WITHIN INTERCHANGE AREA    NUMBER OF APPROACHES <b>4</b>   |  | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED   |  |  |  |
| LOCATION OF FIRST HARMFUL EVENT<br><b>01</b><br><small>1 - ON ROADWAY    9 - CROSSOVER<br/>2 - ON SHOULDER    10 - DRIVEWAY/ALLEY ACCESS<br/>3 - IN MEDIAN    11 - RAILWAY GRADE CROSSING<br/>4 - ON ROADSIDE    12 - SHARED USE PATHS OR TRAILS<br/>5 - ON GORE    13 - BIKE LANE<br/>6 - OUTSIDE TRAFFIC WAY    14 - TOLL BOOTH<br/>7 - ON RAMP    99 - OTHER / UNKNOWN<br/>8 - OFF RAMP</small> |  | MANNER OF CRASH COLLISION/IMPACT<br><b>6</b><br><small>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br/>2 - REAR-END<br/>3 - HEAD-ON<br/>4 - REAR-TO-REAR<br/>5 - BACKING<br/>6 - ANGLE<br/>7 - SIDESWIPE, SAME DIRECTION<br/>8 - SIDESWIPE, OPPOSITE DIRECTION<br/>9 - OTHER / UNKNOWN</small> |  | DIRECTION OF TRAVEL<br><small>N - NORTH<br/>S - SOUTH<br/>E - EAST<br/>W - WEST</small>   |  | MEDIAN TYPE<br><small>1 - DIVIDED FLUSH MEDIAN (&lt;4 FEET)<br/>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br/>3 - DIVIDED, DEPRESSED MEDIAN<br/>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br/>9 - OTHER/UNKNOWN</small>   |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE  |  | WORK ZONE TYPE<br><small>1 - LANE CLOSURE<br/>2 - LANE SHIFT/CROSSOVER<br/>3 - WORK ON SHOULDER OR MEDIAN<br/>4 - INTERMITTENT OR MOVING WORK<br/>5 - OTHER</small>  |  | LOCATION OF CRASH IN WORK ZONE<br><small>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br/>2 - ADVANCE WARNING AREA<br/>3 - TRANSITION AREA<br/>4 - ACTIVITY AREA<br/>5 - TERMINATION AREA</small>  |  | CONTOUR<br><b>2</b><br><small>1 - STRAIGHT LEVEL<br/>2 - STRAIGHT GRADE<br/>3 - CURVE LEVEL<br/>4 - CURVE GRADE<br/>9 - OTHER/UNKNOWN</small>  |  |
| LIGHT CONDITION<br><b>1</b><br><small>1 - DAYLIGHT<br/>2 - DAWN/DUSK<br/>3 - DARK - LIGHTED ROADWAY<br/>4 - DARK - ROADWAY NOT LIGHTED<br/>5 - DARK - UNKNOWN ROADWAY LIGHTING<br/>9 - OTHER / UNKNOWN</small>   |  | WEATHER<br><b>01</b><br><small>1 - CLEAR    6 - SNOW<br/>2 - CLOUDY    7 - SEVERE CROSSWINDS<br/>3 - FOG, SMOG, SMOKE    8 - BLOWING SAND, SOIL, DIRT, SNOW<br/>4 - RAIN    9 - FREEZING RAIN OR FREEZING DRIZZLE<br/>5 - SLEET, HAIL    99 - OTHER / UNKNOWN</small>  |  | CONDITIONS<br><b>1</b><br><small>1 - DRY<br/>2 - WET<br/>3 - SNOW<br/>4 - ICE<br/>5 - SAND, MUD, DIRT, OIL, GRAVEL<br/>6 - WATER (STANDING, MOVING)<br/>7 - SLUSH<br/>9 - OTHER/UNKNOWN</small> |  | SURFACE<br><b>2</b><br><small>1 - CONCRETE<br/>2 - BLACKTOP, BITUMINOUS, ASPHALT<br/>3 - BRICK/BLOCK<br/>4 - SLAG, GRAVEL, STONE<br/>5 - DIRT<br/>9 - OTHER/UNKNOWN</small>  |  |

NARRATIVE

**UNIT 2 TRAVELED EAST ON SUMMIT STREET THROUGH THE INTERSECTION AT FRANKLIN AVENUE. UNIT 1 TRAVELED NORTH ON FRANKLIN AND ENTERED THE INTERSECTION WITHOUT DUE CAUTION TO RIGHT OF WAY TRAFFIC. UNIT 1 STRUCK UNIT 2.**



|  |  |  |  |   |  |   |  |   |  |
|--|--|--|--|---|--|---|--|---|--|
| CRASH REPORTED DATE / TIME<br><b>04232024/1030</b> |  | DISPATCH DATE / TIME<br><b>04232024/1035</b> |  | ARRIVAL DATE / TIME<br><b>04232024/1040</b> |  | SCENE CLEARED DATE / TIME<br><b>04232024/1104</b> |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |  |
| TOTAL TIME ROADWAY CLOSED<br><b>000</b>            |  | OTHER INVESTIGATION TIME<br><b>020</b>       |  | TOTAL MINUTES<br><b>049</b>                 |  | OFFICER'S NAME*<br><b>Kunka, Leonard B</b>        |  | CHECKED BY OFFICER'S NAME*<br><b>Ennemoser, James</b>   |  |
|  |  |  |  | OFFICER'S BADGE NUMBER*<br><b>250</b>       |  | CHECKED BY OFFICER'S BADGE NUMBER*<br><b>255</b>  |  | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS)           |  |

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)  
**VEZVAEI, MAHBOBEH**

OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)  
Redacted per ORC 149.43(A)(1)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)  
**1460 LAKE MARTIN DR, Kent, OH 44240**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE OH LICENSE PLATE # HTJ1502 VEHICLE IDENTIFICATION # 4T1BF3EK9BU175437 VEHICLE YEAR 2011 VEHICLE MAKE Toyota

INSURANCE VERIFIED  INSURANCE COMPANY GEICO INSURANCE POLICY # 2010754170 COLOR RED VEHICLE MODEL CAMRY

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_

HAZARDOUS MATERIAL:  MATERIAL RELEASED  PLACARD

CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_

UNIT TYPE 01 # OF TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL 0

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 22 - OTHER / UNKNOWN

CARGO BODY TYPE 01

1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 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

**EVENT(S)**

NON-MOTORIST LOCATION AT IMPACT 3

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 3 PRE-CRASH ACTIONS 05

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 04

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

SEQUENCE OF EVENTS

1 20 2 \_\_\_\_\_ 3 \_\_\_\_\_

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 38 - OVERHEAD SIGN POST 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

LOCAL REPORT NUMBER  
2024-00005830

**DAMAGE**

DAMAGE SCALE 3

1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

**TRAFFIC**

TRAFFICWAY FLOW 2

1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL 4

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

# OF THROUGH LANES ON ROAD 2

RAIL GRADE CROSSING 1

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

**UNIT / NON-MOTORIST DIRECTION**

FROM 2 TO 3

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

UNIT SPEED 015

POSTED SPEED 25

DETECTED SPEED 1

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

**UNIT #** 02 **OWNER NAME:** LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**NICHOLS, DAVID, RYAN** **OWNER PHONE:** INCLUDE AREA CODE (☐ SAME AS DRIVER)  
Redacted per ORC 149.43(A)(1)

**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER)  
**10931 KENT AVE NE, HARTVILLE, OH 44632**

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

**LOCAL REPORT NUMBER**  
2024-00005830

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

**LP STATE** OH **LICENSE PLATE #** HHQ7015 **VEHICLE IDENTIFICATION #** 4T1BE46K07U163529 **VEHICLE YEAR** 2007 **VEHICLE MAKE** Toyota

**INSURANCE VERIFIED** **INSURANCE COMPANY** CINCINNATI INSURANCE **INSURANCE POLICY #** 30196550 **COLOR** TAN **VEHICLE MODEL** CAMRY

**COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **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** \_\_\_\_\_

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY

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

**UNIT TYPE** 01 **# OF TRAILING UNITS** 00

**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 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** 01  
1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 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**  
4 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** 4 **PRE-CRASH ACTIONS** 01  
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

**INITIAL POINT OF CONTACT**  
02 0 - NO DAMAGE 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

**CONTRIBUTING CIRCUMSTANCES** 01  
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

**TRAFFIC**  
**TRAFFICWAY FLOW** 2 1 - ONE-WAY 2 - TWO-WAY  
**TRAFFIC CONTROL** 4 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL

**SEQUENCE OF EVENTS**  
1 20 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**  
4 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

**# OF THROUGH LANES ON ROAD** 2 **RAIL GRADE CROSSING** 1  
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

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

**UNIT SPEED** 025 **DETECTED SPEED** 1  
1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

**POSTED SPEED** 25

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
**2 0 2 4 - 0 0 0 0 5 8 3 0**

|   |  |                          |  |   |  |                                |                                 |                      |                     |  |
|---|--|--------------------------|--|---|--|--------------------------------|---------------------------------|----------------------|---------------------|--|
| <b>UNIT #</b><br>0 1  | <b>NAME: LAST, FIRST, MIDDLE</b><br>VEZVAEI, MAHBOBEH        |                          | <b>DATE OF BIRTH</b><br>1 0 0 3 1 9 5 2                |   | <b>AGE</b><br>7 1                                  | <b>GENDER</b><br>F             |                                 |                      |                     |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>1460 LAKE MARTIN DR ,Kent ,OH 44240 |  |                          |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>Redacted per ORC 149.43(A)(1)   |  |                                |                                 |                      |                     |  |
| <b>INJURIES</b><br>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><br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET   | <b>SEATING POSITION</b><br>0 1 | <b>AIR BAG USAGE</b><br>1       | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |  |
| <b>OL STATE</b><br>O H  | <b>OPERATOR LICENSE NUMBER</b><br>REDACTED PER ORC 4501:1-12 |                          | <b>OFFENSE CHARGED</b><br>331.19                       | <b>LOCAL CODE</b><br><input checked="" type="checkbox"/>  | <b>OFFENSE DESCRIPTION</b><br>Operation of Vehicle |                                | <b>CITATION NUMBER</b><br>27629 |                      |                     |  |
| <b>OL CLASS</b><br>4  | <b>ENDORSEMENT</b>   | <b>RESTRICTION</b>       | <b>DRIVER DISTRACTED BY</b><br>1                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>1          | <b>ALCOHOL TEST</b>             |                      | <b>DRUG TEST(S)</b> |  |

|  |   |                          |  |   |  |                                |                           |                      |                     |  |
|--|---|--------------------------|--|---|--|--------------------------------|---------------------------|----------------------|---------------------|--|
| <b>UNIT #</b><br>0 2   | <b>NAME: LAST, FIRST, MIDDLE</b><br>NICHOLS, GABRIELLE, MARIE |                          | <b>DATE OF BIRTH</b><br>1 1 0 3 2 0 0 1                |   | <b>AGE</b><br>2 2                                | <b>GENDER</b><br>F             |                           |                      |                     |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>10931 KENT AVE NE ,HARTVILLE ,OH 44632 |   |                          |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>Redacted per ORC 149.43(A)(1)   |  |                                |                           |                      |                     |  |
| <b>INJURIES</b><br>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><br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>0 1 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |  |
| <b>OL STATE</b><br>O H   | <b>OPERATOR LICENSE NUMBER</b><br>REDACTED PER ORC 4501:1-12  |                          | <b>OFFENSE CHARGED</b>                                 | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <b>OFFENSE DESCRIPTION</b>                       |                                | <b>CITATION NUMBER</b>    |                      |                     |  |
| <b>OL CLASS</b><br>4   | <b>ENDORSEMENT</b>  | <b>RESTRICTION</b>       | <b>DRIVER DISTRACTED BY</b><br>1                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>1          | <b>ALCOHOL TEST</b>       |                      | <b>DRUG TEST(S)</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>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<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY   | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN   | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHID - D)<br>5 - MC MOPED ONLY<br>6 - NO VALID OL  | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN |
| INJURED TAKEN BY   | EJECTION   |   | OL ENDORSEMENT   | GENDER  |  |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE  | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT   | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN  |   |  |  |
| SAFETY EQUIPMENT   | TRAPPED  |   | CONDITION  |   |  |  |
| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS   | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN |  |   |  |  |
|  |  |   | ALCOHOL TEST TYPE  |   | DRUG TEST TYPE   |  |
|  |  |   | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  |   | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER  |  |
|  |  |   | DRUG TEST RESULT(S)  |   |  |  |
|  |  |   | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |   |  |  |