

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

2023-00016534

PHOTOS TAKEN
 SECONDARY CRASH

OH-2
 OH-1P
 PRIVATE PROPERTY

OH-3
 OTHER

LOCAL INFORMATION

REPORTING AGENCY NAME*
City of Kent Police

NCIC*
06703

HIT/SKIP
1 - SOLVED
2 - UNSOLVED

NUMBER OF UNITS
02

UNIT IN ERROR
98 - ANIMAL
99 - UNKNOWN

COUNTY* **67** LOCALITY* **1** LOCATION: CITY, VILLAGE, TOWNSHIP*
Kent

CRASH DATE / TIME*
10132023/1752

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

ROUTE TYPE **S R** ROUTE NUMBER **43** PREFIX **1** LOCATION ROAD NAME **MANTUA** ROAD TYPE **S T**

ROUTE TYPE ROUTE NUMBER PREFIX LOCATION ROAD NAME (ROAD, MILEPOST, HOUSE #) ROAD TYPE
FAIRCHILD **A V**

LATITUDE DECIMAL DEGREES
41.158578

LONGITUDE DECIMAL DEGREES
-81.359909

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

DIRECTION FROM REFERENCE
1 - N - NORTH
2 - S - SOUTH
3 - E - EAST
4 - W - 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
01 - 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
2 - REAR-END
3 - HEAD-ON

1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT
4 - REAR-TO-REAR
5 - BACKING
6 - ANGLE
7 - SIDESWIPE, SAME DIRECTION
8 - SIDESWIPE, OPPOSITE DIRECTION
9 - OTHER / UNKNOWN

DIRECTION OF TRAVEL
N - NORTH
S - SOUTH
E - EAST
W - 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
02 - CLOUDY
3 - FOG, SMOG, SMOKE
4 - RAIN
5 - SLEET, HAIL

1 - CLEAR
6 - SNOW
7 - SEVERE CROSSWINDS
8 - BLOWING SAND, SOIL, DIRT, SNOW
9 - FREEZING RAIN OR FREEZING DRIZZLE
99 - OTHER / UNKNOWN

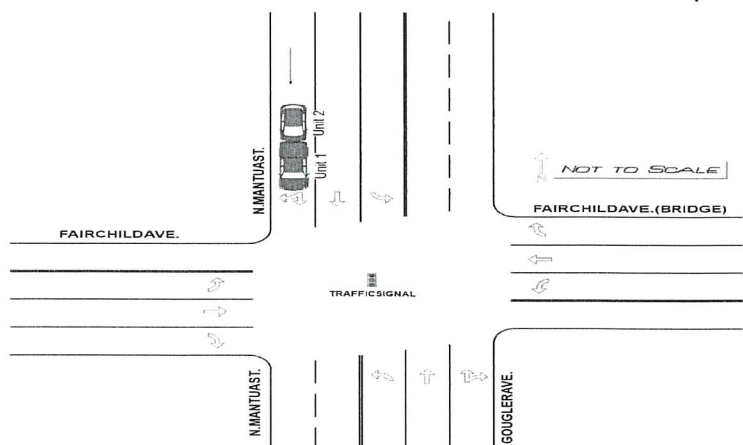
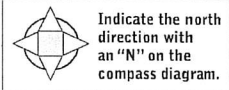
CRASH REPORTED DATE / TIME

DISPATCH DATE / TIME

ARRIVAL

NARRATIVE

Unit #1 was stopped at the red light on N Mantua at Fairchild. Unit #2 failed to stop and struck Unit #1.



TOTAL TIME ROADWAY CLOSED

OTHER INVESTIGATION TIME

TOTAL MINUTES

OFFICER'S NAME*

OFFICER'S BADGE NUMBER*

CHECKED BY OFFICER'S NAME*

CHECKED BY OFFICER'S BADGE NUMBER*

POLICE AGENCY
 MOTORIST
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DPS)

OWNER UNIT # 01, OWNER NAME: HUZVAR, TIMOTHY, J, OWNER PHONE: Redacted per ORC 149.43 (A)(1)(m), OWNER ADDRESS: 578 FRANCIS ST, Kent, OH 44240

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

LP STATE OH, LICENSE PLATE # HZS4433, VEHICLE IDENTIFICATION # 1C6HJTA GXL L168834, VEHICLE YEAR 2020, VEHICLE MAKE Jeep, INSURANCE COMPANY ALL STATE, INSURANCE POLICY # 826121657, COLOR GRN, VEHICLE MODEL RENEGADE

DAMAGED AREA(S) INDICATE ALL THAT APPLY. Includes four circular diagrams showing damage locations on a vehicle's top-down view.

UNIT TYPE 04, TYPE OF USE PASSENGER CAR, US DOT #, VEHICLE WEIGHT GVWR/GCWR 2-10,001-26K LBS., HAZARDOUS MATERIAL CLASS #, PLACARD #

Additional circular diagrams for damaged area reporting.

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2, AUTONOMOUS MODE LEVEL 0, SPECIAL FUNCTION 01

Additional circular diagrams for damaged area reporting.

CARGO BODY TYPE 01, VEHICLE DEFECTS 01, SPECIAL FUNCTION 01

Diagrams showing damage to vehicle components like wheels and suspension.

NON-MOTORIST LOCATION AT IMPACT 01, ACTION 4, PRE-CRASH ACTIONS 11

INITIAL POINT OF CONTACT 06, 0 - NO DAMAGE, 14 - UNDERCARRIAGE, 15 - VEHICLE NOT AT SCENE, 19 - STANDING, 20 - OTHER NON-MOTORIST, 21 - STANDING OUTSIDE DISABLED VEHICLE, 22 - WORKING, 23 - PUSHING VEHICLE, 99 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES 01, SEQUENCE OF EVENTS 20

TRAFFICWAY FLOW 2, TRAFFIC CONTROL 2, # OF THROUGH LANES ON ROAD 4, RAIL GRADE CROSSING 1

SEQUENCE OF EVENTS 20, COLLISION WITH FIXED OBJECT - STRUCK, FIRST HARMFUL EVENT, MOST HARMFUL EVENT

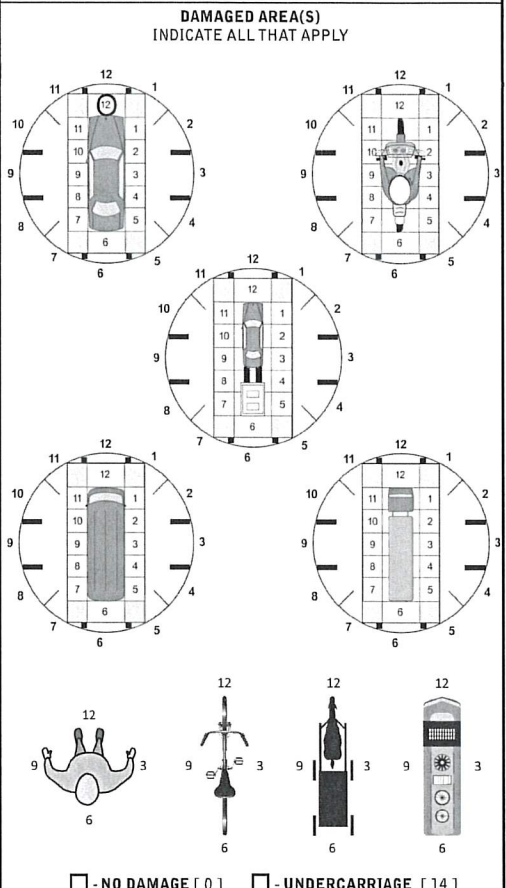
UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2, UNIT SPEED, DETECTED SPEED, POSTED SPEED

LOCAL REPORT NUMBER
2023 - 00016534

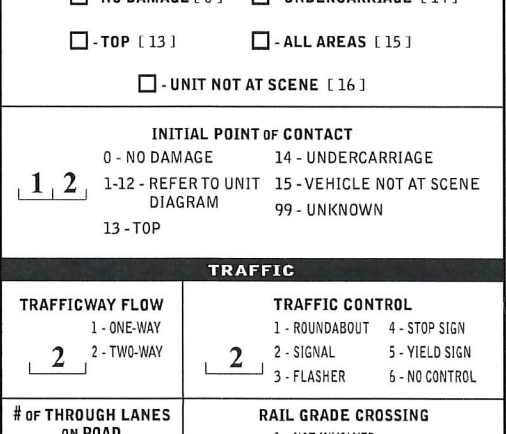
OWNER	UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) BONGIORNI, CHRISTOPHER, DAVID	OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER) Redacted per ORC 149.43 (A)(1)(m)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER) 1401 RIVER TRAIL BLVD, Kent, OH 44240		
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

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

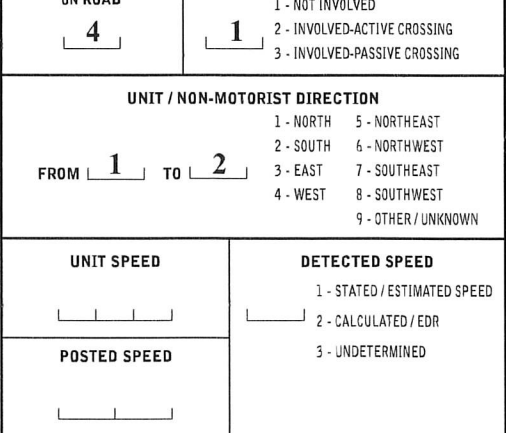
LP STATE OH	LICENSE PLATE # EFV7750	VEHICLE IDENTIFICATION # 1HGCR2F80HA177926	VEHICLE YEAR 2017	VEHICLE MAKE Honda	
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY STATE FARM	INSURANCE POLICY # 2169585FP35	COLOR GRY	VEHICLE MODEL ACCORD	
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 02	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
TYPE OF USE		VEHICLE WEIGHT GVWR/GCWR	CLASS # PLACARD ID #		
<input type="checkbox"/> PASSENGER CAR <input type="checkbox"/> PASSENGER VAN (MINIVAN) <input type="checkbox"/> SPORT UTILITY VEHICLE <input type="checkbox"/> PICK UP <input type="checkbox"/> CARGO VAN <input type="checkbox"/> VAN (9-15 SEATS)		<input type="checkbox"/> MOTORCYCLE 2-WHEELED <input type="checkbox"/> MOTORCYCLE 3-WHEELED <input type="checkbox"/> AUTOCYCLE <input type="checkbox"/> MOPED OR MOTORIZED BICYCLE <input type="checkbox"/> ALL TERRAIN VEHICLE (ATV / UTV)	<input type="checkbox"/> GOLF CART <input type="checkbox"/> DRIVER ASSISTANCE <input type="checkbox"/> SNOWMOBILE <input type="checkbox"/> SINGLE UNIT TRUCK <input type="checkbox"/> SEMI-TRACTOR <input type="checkbox"/> FARM EQUIPMENT <input type="checkbox"/> MOTORHOME	<input type="checkbox"/> LIMO (LIVERY VEHICLE) <input type="checkbox"/> BUS (16+ PASSENGERS) <input type="checkbox"/> OTHER VEHICLE <input type="checkbox"/> HEAVY EQUIPMENT <input type="checkbox"/> ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	<input type="checkbox"/> PEDESTRIAN / SKATER <input type="checkbox"/> WHEELCHAIR (ANY TYPE) <input type="checkbox"/> OTHER NON-MOTORIST <input type="checkbox"/> BICYCLE <input type="checkbox"/> TRAIN <input type="checkbox"/> UNKNOWN OR HIT/SKIP
UNIT TYPE 01	# OF TRAILING UNITS 0				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER / UNKNOWN		<input type="checkbox"/> 0 - NO AUTOMATION <input type="checkbox"/> 1 - HIGH AUTOMATION <input type="checkbox"/> 2 - PARTIAL AUTOMATION <input type="checkbox"/> 3 - CONDITIONAL AUTOMATION <input type="checkbox"/> 4 - HIGH AUTOMATION <input type="checkbox"/> 5 - FULL AUTOMATION <input type="checkbox"/> 9 - UNKNOWN			
SPECIAL FUNCTION		VEHICLE TYPE			
<input checked="" type="checkbox"/> NONE <input type="checkbox"/> TAXI <input type="checkbox"/> ELECTRONIC RIDE SHARING <input type="checkbox"/> SCHOOL TRANSPORT <input type="checkbox"/> BUS - TRANSIT/COMMUTER		<input type="checkbox"/> BUS - CHARTER/TOUR <input type="checkbox"/> BUS - INTERCITY <input type="checkbox"/> BUS - SHUTTLE <input type="checkbox"/> BUS - OTHER <input type="checkbox"/> AMBULANCE			
CARGO BODY TYPE		VEHICLE DEFECTS			
<input checked="" type="checkbox"/> NONE <input type="checkbox"/> BUS		<input type="checkbox"/> TURN SIGNALS <input type="checkbox"/> HEAD LAMPS <input type="checkbox"/> TAIL LAMPS			



NON-MOTORIST LOCATION AT IMPACT	VEHICLE DEFECTS	VEHICLE DEFECTS	VEHICLE DEFECTS
<input type="checkbox"/> INTERSECTION - MARKED CROSSWALK <input type="checkbox"/> INTERSECTION - UNMARKED CROSSWALK	<input type="checkbox"/> TURN SIGNALS <input type="checkbox"/> HEAD LAMPS <input type="checkbox"/> TAIL LAMPS	<input type="checkbox"/> BRAKES <input type="checkbox"/> STEERING <input type="checkbox"/> TIRE BLOWOUT	<input type="checkbox"/> WORN OR SLICK TIRES <input type="checkbox"/> MOTOR TROUBLE <input type="checkbox"/> TRAILER EQUIPMENT DEFECTIVE <input type="checkbox"/> DISABLED FROM PRIOR ACCIDENT
ACTION	PRE-CRASH ACTIONS	NON-COLLISION	COLLISION WITH FIXED OBJECT - STRUCK
<input checked="" type="checkbox"/> NON-CONTACT <input type="checkbox"/> NON-COLLISION <input type="checkbox"/> STRIKING <input type="checkbox"/> STRUCK <input type="checkbox"/> BOTH STRIKING & STRUCK <input type="checkbox"/> OTHER / UNKNOWN	<input checked="" type="checkbox"/> STRAIGHT AHEAD <input type="checkbox"/> BACKING <input type="checkbox"/> CHANGING LANES <input type="checkbox"/> OVERTAKING/PASSING <input type="checkbox"/> MAKING RIGHT TURN <input type="checkbox"/> MAKING LEFT TURN	<input type="checkbox"/> CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL <input type="checkbox"/> DOWNHILL RUNAWAY <input type="checkbox"/> OTHER NON-COLLISION <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PEDALCYCLE	<input type="checkbox"/> RAILWAY VEHICLE <input type="checkbox"/> ANIMAL - FARM <input type="checkbox"/> ANIMAL - DEER <input type="checkbox"/> ANIMAL - OTHER <input type="checkbox"/> MOTOR VEHICLE IN TRANSPORT <input type="checkbox"/> PARKED MOTOR VEHICLE
CONTRIBUTING CIRCUMSTANCES	SEQUENCE OF EVENTS	TRAFFIC	
<input checked="" type="checkbox"/> NONE <input type="checkbox"/> FAILURE TO YIELD <input type="checkbox"/> RAN RED LIGHT <input type="checkbox"/> RAN STOP SIGN <input type="checkbox"/> UNSAFE SPEED <input type="checkbox"/> IMPROPER TURN	<input type="checkbox"/> LEFT OF CENTER <input type="checkbox"/> FOLLOWING TOO CLOSE / ACDA <input type="checkbox"/> IMPROPER LANE CHANGE <input type="checkbox"/> IMPROPER PASSING <input type="checkbox"/> DROVE OFF ROAD <input type="checkbox"/> IMPROPER BACKING	TRAFFICWAY FLOW <input checked="" type="checkbox"/> ONE-WAY <input checked="" type="checkbox"/> TWO-WAY	TRAFFIC CONTROL <input type="checkbox"/> ROUNDABOUT <input type="checkbox"/> STOP SIGN <input type="checkbox"/> SIGNAL <input type="checkbox"/> YIELD SIGN <input type="checkbox"/> FLASHER <input type="checkbox"/> NO CONTROL



SEQUENCE OF EVENTS	NON-COLLISION	COLLISION WITH FIXED OBJECT - STRUCK
<input checked="" type="checkbox"/> 1 - OVERTURN/ROLLOVER <input type="checkbox"/> FIRE/EXPLOSION <input type="checkbox"/> IMMERSION <input type="checkbox"/> JACKKNIFE <input type="checkbox"/> CARGO / EQUIPMENT LOSS OR SHIFT <input type="checkbox"/> IMPACT ATTENUATOR / CRASH CUSHION <input type="checkbox"/> BRIDGE OVERHEAD STRUCTURE <input type="checkbox"/> BRIDGE PIER OR ABUTMENT <input type="checkbox"/> BRIDGE PARAPET <input type="checkbox"/> BRIDGE RAIL <input type="checkbox"/> GUARDRAIL FACE	<input type="checkbox"/> EQUIPMENT FAILURE <input type="checkbox"/> SEPARATION OF UNITS <input type="checkbox"/> RAN OFF ROAD RIGHT <input type="checkbox"/> RAN OFF ROAD LEFT <input type="checkbox"/> CROSS MEDIAN	<input type="checkbox"/> TRAFFIC SIGN POST <input type="checkbox"/> OVERHEAD SIGN POST <input type="checkbox"/> LIGHT / LUMINARIES SUPPORT <input type="checkbox"/> UTILITY POLE <input type="checkbox"/> OTHER POST, POLE OR SUPPORT <input type="checkbox"/> CULVERT
FIRST HARMFUL EVENT	MOST HARMFUL EVENT	UNIT / NON-MOTORIST DIRECTION
		FROM <input checked="" type="checkbox"/> 1 TO <input checked="" type="checkbox"/> 2
		UNIT SPEED <input type="checkbox"/>
		DETECTED SPEED <input type="checkbox"/>





MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2023-00016534

UNIT # 0, 1	NAME: LAST, FIRST, MIDDLE HUZVAR, TIMOTHY, J		DATE OF BIRTH 05141981		AGE	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP 578 S FRANCIS ST, Kent, OH 44240				CONTACT PHONE - INCLUDE AREA CODE Redacted per ORC 149.43						
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	TRAPPED	
OL STATE O, H	OPERATOR LICENSE NUMBER Redacted per ORC 4501:1-12		OFFENSE CHARGED	LOCAL CODE	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, 1 VALUE: .		DRUG TEST(S) STATUS: 1, 1 TYPE: 1, 1 RESULT SELECT UP TO 4	

UNIT # 0, 2	NAME: LAST, FIRST, MIDDLE BONGIORNI, AVA, MARIE		DATE OF BIRTH 09212006		AGE	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP 1401 RIVER TRAIL BLVD, Kent, OH 44240				CONTACT PHONE - INCLUDE AREA CODE Redacted per ORC 149.43						
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	TRAPPED	
OL STATE O, H	OPERATOR LICENSE NUMBER Redacted per ORC 4501:1-12		OFFENSE CHARGED 4511.21A	LOCAL CODE	OFFENSE DESCRIPTION Assured Clear Distan		CITATION NUMBER 27028			
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, 1 VALUE: .		DRUG TEST(S) STATUS: 1, 1 TYPE: 1, 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	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)	

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO - D) 5 - MC MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY	EJECTION	OL ENDORSEMENT	ALCOHOL TEST TYPE	CONDITION	DRUG TEST TYPE	DRUG TEST RESULT(S)
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	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 - OTHER	1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS
SAFETY EQUIPMENT	TRAPPED	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	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	F - FEMALE M - MALE U - OTHER / UNKNOWN				



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
 2 0 2 3 - 0 0 0 1 0 5 3 4

OCCUPANT	UNIT # 02	NAME: LAST, FIRST, MIDDLE MILLER, MARGARET, J			DATE OF BIRTH 0 4 1 0 2 0 0 9		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP 1353 WOODLAKE BLVD, Stow, OH 44224				CONTACT PHONE - INCLUDE AREA CODE Redacted per ORC 149.43				
	INJURIES 5	INJURED TAKEN BY 9	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Other	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 1	EJECTION <input type="checkbox"/>

OCCUPANT	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

OCCUPANT	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

OCCUPANT	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

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
INJURED TAKEN BY		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)	EJECTION
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
GENDER		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	TRAPPED
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	

WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE			

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	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE			

23-16534

Unit #1 was stopped at the red light on N Mantua at Fairchild. Unit #2 failed to stop and struck Unit #1.