

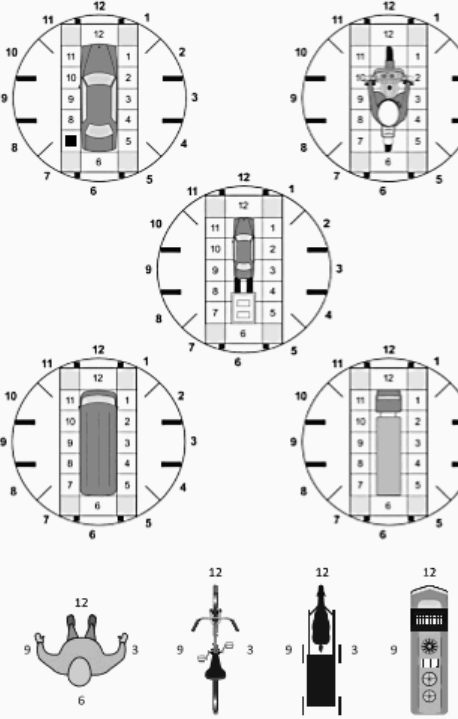
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR S

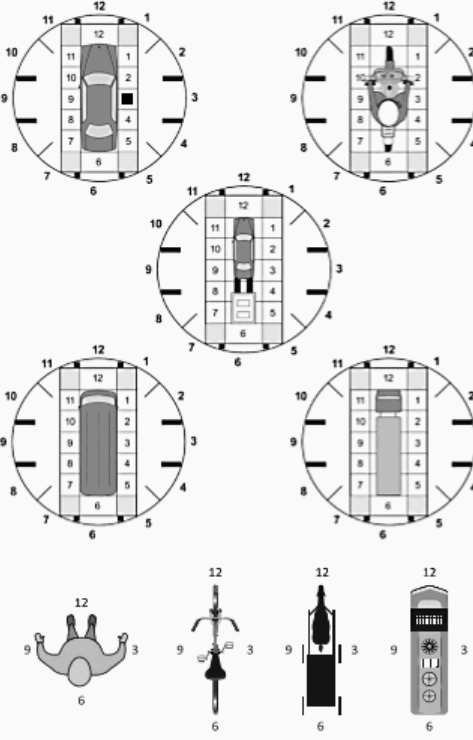
LOCAL REPORT NUMBER *

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> Private Property	LOCAL INFORMATION REPORTING AGENCY NAME * City of Hudson		NCIC * 0 7 7 0 5		2 0 2 2 0 0 5 3	
COUNTY * 7 7	LOCALITY * 1	LOCATION: CITY, VILLAGE, TOWNSHIP * HUDSON		CRASH DATE/TIME 0 1 1 1 2 0 2 2 1 6 2 3		CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY		
ROUTE TYPE []	ROUTE NUMBER []	PREFIX []	LOCATION ROAD NAME STOW	ROAD TYPE R D	LATITUDE DECIMAL DEGREE 4 1 . 2 2 5 8 4 8		CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY	
ROUTE TYPE []	ROUTE NUMBER []	PREFIX []	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE NO.) RAVENNA	ROAD TYPE S T	LONGITUDE DECIMAL DEGREE 8 1 . 4 1 1 2 7 1			
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 1	DIRECTION 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	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPRO <input type="checkbox"/> WITHIN INTERCHANGE ARE NUMBER OF APPROACH 4			
DISTANCE FROM REFERENCE []	DISTANCE UNIT OF MEASURE 1 - Miles 2 - Feet []	MANNER OF CRASH COLLISION/IMPACT 7 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON		DIRECTION OF TRAV [] 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)		
<input type="checkbox"/> WORK ZONE <input type="checkbox"/> RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> ACTIVE SCHOOL ZON	WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK []	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA []		CONTOUR 2 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE	CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER /UNKNOWN		
LIGHT CONDITIO 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING		WEATHER 2 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 STOPPED AT A TRAFFIC SIGNAL ON STOW ROAD (SOUTH) AT RAVENNA STREET WHEN UNIT#2 TRAVELING SOUTH, SIDE-SWIPED UNIT#1 ON THE LEFT REAR BUMPER. UNIT#2 REPORTED TO HAVING A BRAKE ISSUE. NO INJURIES REPORTED. MINOR DAMAGE.				
CRASH REPORTED DATE/TIME 0 1 1 1 2 0 2 2 1 6 2 3		DISPATCH DATE/TIME 0 1 1 1 2 0 2 2 1 6 2 3		ARRIVAL DATE/TIME 0 1 1 1 2 0 2 2 1 6 2 8		SCENE CLEARED DATE/TIME 0 1 1 1 2 0 2 2 1 6 5 6		REPORT TAKEN B <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)
TOTAL TIME ROADWAY 0	OTHER INVESTIGATION 3 0	TOTAL MINUTES 5 8	OFFICER'S NAME * John T Dean		CHECKED BY OFFICER'S NAME * Kevin Gahagan			
		OFFICER'S BADGE NUMBER * 1 8 8		CHECKED BY OFFICER'S BADGE NUMBER * 1 8 7				

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MID [REDACTED] (Same As Driver)	OWNER PHONE: INCLUDE AREA CODE [REDACTED] (Same As Driver)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP [REDACTED] (Same As Driver)		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP [REDACTED]		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE [REDACTED]
	LP STATE OH	LICENSE PLATE # [REDACTED]	VEHICLE IDENTIFICATION # [REDACTED]
	INSURANCE VERIFIED [REDACTED]		INSURANCE COMPANY PROGRESSIVE
	INSURANCE POLICY # [REDACTED]		VEHICLE YEAR 2018
	VEHICLE MAKE Honda		VEHICLE COLOR GRY
	VEHICLE MODEL Odyssey		VEHICLE MAKE Honda
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY		US DOT # [REDACTED]
	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>		HIT/SKIP UNIT <input type="checkbox"/>
	# OCCUPANTS 02		VEHICLE WEIGHT GVWR/GC WGT 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED		CLASS # PLACARD [REDACTED]
EVENT(S)	UNIT TYPE 02		
	# OF TRAILING UNITS [REDACTED]		
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		
	AUTONOMOUS MODE LEVEL [REDACTED]		
	SPECIAL FUNCTION 01		
	CARGO BODY TYPE 01		
	VEHICLE DEFECTS [REDACTED]		
	NON-MOTORIST LOCATION AT IMPACT [REDACTED]		
	ACTION 4		
	CONTRIBUTING CIRCUMSTANCES [REDACTED]		
SEQUENCE OF EVENTS			
EVENTS			
COLLISION WITH FIXED OBJECT - STRUCK			
FIRST HARMFUL EVENT 1			
MOST HARMFUL EVENT 1			

LOCAL REPORT 20220053	
DAMAGE	
DAMAGE SCALE 2 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [1] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 07 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE	
TRAFFIC	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 2 1 - ROUNDABOUT 2 - SIGNAL 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES 2	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 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 0	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 35	

OWNER	UNIT # 02	OWNER NAME: LAST, FIRST, MID [REDACTED] (Same As Driver)	OWNER PHONE: INCLUDE AREA CODE [REDACTED] (Same As Driver)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP [REDACTED] (Same As Driver)		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP [REDACTED]		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE [REDACTED]
	LP STATE OH	LICENSE PLATE # [REDACTED]	VEHICLE IDENTIFICATION # [REDACTED]
	INSURANCE VERIFIED [REDACTED]		INSURANCE COMPANY [REDACTED]
	INSURANCE POLICY # [REDACTED]		VEHICLE YEAR 2014
	VEHICLE MAKE Dodge		VEHICLE COLOR BLU
	VEHICLE MODEL Caravan/Grand		TOWED BY: COMPANY NAME [REDACTED]
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY		US DOT # [REDACTED]
	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED
	# OCCUPANTS 02		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
	UNIT TYPE 02 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - MOTORCYCLE 2-WHEELER 7 - MOTORCYCLE 3-WHEELER 8 - AUTOCYCLE 9 - MOPED OR MOTORIZED BICYCLE 10 - GOLF CART 11 - SNOWMOBILE 12 - SINGLE UNIT TRUCK 13 - SEMI-TRACTOR 14 - FARM EQUIPMENT 15 - MOTORHOME 16 - LIMO (LIVERY VEHICLE) 17 - BUS (16+ PASSENGERS) 18 - OTHER VEHICLE 19 - HEAVY EQUIPMENT 20 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 21 - PEDESTRIAN/SKATEBOARD 22 - WHEELCHAIR (ANY TYPE) 23 - OTHER NON-MOTORIST 24 - BICYCLE 25 - TRAIN 26 - UNKNOWN OR HIT/SKID		
# OF TRAILING UNITS [REDACTED]			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER / [REDACTED] AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 9 - UNKNOWN			
SPECIAL FUNCTION 01 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUNAL 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 21 - MAIL CARRIER 99 - OTHER / UNKNOWN			
CARGO BODY TYPE 01 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 3 - LOGGING 4 - INTERMODAL CONTAINER CHASSIS 5 - CARGO VAN/ENCLOSED 6 - POLE 7 - CARGO TANK 8 - FLAT BED 9 - CONCRETE MIXER 10 - AUTO TRANSPORTER 11 - GARBAGE/REFUSE			
VEHICLE DEFECTS [REDACTED] 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 [REDACTED] 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER 6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER /			
ACTION 3 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 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE			
CONTRIBUTING CIRCUMSTANCES 08 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 CHANGING 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 DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION			
SEQUENCE OF EVENTS EVENTS 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 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 MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR			
COLLISION WITH FIXED OBJECT - STRUCK 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN			
FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 2			

LOCAL REPORT 20220053	
DAMAGE DAMAGE SCALE 2 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY 	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [1] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 03 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE	
TRAFFIC TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL 2 1 - ROUNDABOUT 2 - SIGNAL 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL	
# OF THROUGH LANES 2	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 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 15	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 35	

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER									
2	0	2	2	0	0	5	3		

MOTORIST / NON-MOTORIST	UNIT # 0 1		NAME: LAST, FIRST, MIDDLE [REDACTED]				DATE OF BIRTH [REDACTED]				AGE 38	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]						CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
	INJURIES 5	INJURED TAKEN [REDACTED]	EMS AGENCY (NA ME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]		SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
	OL STATE [REDACTED]	OPERATOR LICENSE NUMBER [REDACTED]		OFFENSE CHARGED [REDACTED]		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION [REDACTED]		CITATION NUMBER [REDACTED]			
	OL CLASS 4	ENDORSEMENT [REDACTED]	RESTRICTION SELECT UP TO 3 [REDACTED]		DRIVER DISTRACTED 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE [REDACTED]		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4 [REDACTED]	

MOTORIST / NON-MOTORIST	UNIT # 0 2		NAME: LAST, FIRST, MIDDLE [REDACTED]				DATE OF BIRTH [REDACTED]				AGE 89	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]						CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
	INJURIES 5	INJURED TAKEN [REDACTED]	EMS AGENCY (NA ME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]		SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
	OL STATE [REDACTED]	OPERATOR LICENSE NUMBER [REDACTED]		OFFENSE CHARGED [REDACTED]		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION [REDACTED]		CITATION NUMBER [REDACTED]			
	OL CLASS 4	ENDORSEMENT [REDACTED]	RESTRICTION SELECT UP TO 3 [REDACTED]		DRIVER DISTRACTED 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE [REDACTED]		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4 [REDACTED]	

MOTORIST / NON-MOTORIST	UNIT # [REDACTED]		NAME: LAST, FIRST, MIDDLE [REDACTED]				DATE OF BIRTH [REDACTED]				AGE [REDACTED]	GENDER [REDACTED]
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]						CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
	INJURIES [REDACTED]	INJURED TAKEN [REDACTED]	EMS AGENCY (NA ME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]		SAFETY EQUIPMENT USED [REDACTED]	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION [REDACTED]	AIR BAG USAGE [REDACTED]	EJECTION [REDACTED]	TRAPPED [REDACTED]	
	OL STATE [REDACTED]	OPERATOR LICENSE NUMBER [REDACTED]		OFFENSE CHARGED [REDACTED]		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION [REDACTED]		CITATION NUMBER [REDACTED]			
	OL CLASS [REDACTED]	ENDORSEMENT [REDACTED]	RESTRICTION SELECT UP TO 3 [REDACTED]		DRIVER DISTRACTED [REDACTED]	ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG		CONDITION [REDACTED]	ALCOHOL TEST STATUS [REDACTED] TYPE [REDACTED] VALUE [REDACTED]		DRUG TEST(S) STATUS [REDACTED] TYPE [REDACTED] RESULT SELECT UP TO 4 [REDACTED]	

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 - M / C 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 DISTRACTIONS 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
INJURED TAKEN BY		EJECTION	OL ENDORSEMENT			ALCOHOL TEST TYPE
1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	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
SAFETY EQUIPMENT		TRAPPED			CONDITION	DRUG TEST TYPE
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 (ELBOWS, 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			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
			GENDER			DRUG TEST RESULT(S)
			F - FEMALE M - MALE U - OTHER/UNKNOWN			1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR S

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH				<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> Private Property		<input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	
LOCAL INFORMATION STOW RD. / RAVENNA				REPORTING AGENCY NAME * City of Hudson			
NCIC * 0 7 7 0 5				HIT/SKIP 1 - Solved 2 - Unsolved		NUMBER OF UNITS 0 2	
UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 0 2				CRASH DATE/TIME 0 3 1 1 2 0 2 2 0 7 2 4			
CRASH SEVERITY 2 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY				CRASH DATE/TIME 0 3 1 1 2 0 2 2 0 7 2 4			
COUNTY * 7 7		LOCALITY * 1 1 - CITY * 2 - VILLAGE * 3 - TOWNSHIP *		LOCATION: CITY, VILLAGE, TOWNSHIP * HUDSON		CRASH DATE/TIME 0 3 1 1 2 0 2 2 0 7 2 4	
ROUTE TYPE []		ROUTE NUMBER []		PREFIX []		LOCATION ROAD NAME STOW	
ROUTE TYPE []		ROUTE NUMBER []		PREFIX []		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE) RAVENNA	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 1		DIRECTION 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		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	
DISTANCE FROM REFERENCE []		DISTANCE UNIT OF MEASURE 1 - Miles 2 - Feet		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - REAR-END 3 - HEAD-ON 6		DIRECTION OF TRAV 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 7 - ON RAMP 0 1		CROSSOVER / ALLEY ACCESS 10 - DRIVEWAY / ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS 13 - BIKE LANE		MANNER OF CRASH COLLISION/IMPACT 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)	
WORK ZONE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA		CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE		CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT 6 - OIL, GRAVEL 7 - WATER (STANDING, MOVING) 8 - SLUSH 9 - OTHER/UNKNOWN	
SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - 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		LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING		CRASH REPORTED DATE/TIME 0 3 1 1 2 0 2 2 0 7 2 4	
NARRATIVE UNIT 1 WAS EAST ON RAVENNA ST. AT STOW RD. WITH A GREEN LIGHT. UNIT 2 WAS NORTH ON STOW RD. WITH THE RED LIGHT. UNIT 2 FAILED TO STOP FOR THE RED LIGHT AND STRUCK UNIT 1. THE DRIVER OF UNIT 1 WAS TRANSPORTED TO A LOCAL HOSPITAL BY HUDSON EMS FOR UNKNOWN INJURIES.		SCENE CLEARED DATE/TIME 0 3 1 1 2 0 2 2 0 8 3 6		REPORT TAKEN BY POLICE AGENCY		SUPPLEMENT (CORRECTION OR ADDITION) TO AN EXISTING REPORT SENT TO OOPS	
TOTAL TIME ROADWAY 4 8 0		OTHER INVESTIGATION 1 2 0		TOTAL MINUTES 1 8 7		OFFICER'S NAME * Brian F Louque	
OFFICER'S BADGE NUMBER * 1 0 9		CHECKED BY OFFICER'S NAME * John Dean		CHECKED BY OFFICER'S BADGE NUMBER * 1 8 8		CRASH DATE/TIME 0 3 1 1 2 0 2 2 0 7 2 4	

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MID [REDACTED] (Same As Driver)	OWNER PHONE: INCLUDE AREA CODE [REDACTED] (Same As Driver)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP [REDACTED] (Same As Driver)		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP [REDACTED]		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE [REDACTED]
	LP STATE OH	LICENSE PLATE # [REDACTED]	VEHICLE IDENTIFICATION # [REDACTED]
	INSURANCE VERIFIED [REDACTED]	INSURANCE COMPANY [REDACTED]	INSURANCE POLICY # [REDACTED]
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY		VEHICLE YEAR 2009
	US DOT # [REDACTED]		VEHICLE MAKE Ford
	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED		VEHICLE COLOR BLU
	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		VEHICLE MODEL F-150
	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>		HAZARDOUS MATERIAL CLASS # PLACARD [REDACTED]
	HIT/SKIP UNIT <input type="checkbox"/>		
	# OCCUPANTS 01		
EVENT(S)	UNIT TYPE 04		
	# OF TRAILING UNITS [REDACTED]		
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		
	AUTONOMOUS MODE LEVEL [REDACTED]		
	SPECIAL FUNCTION 01		
	CARGO BODY TYPE 01		
	VEHICLE DEFECTS [REDACTED]		
	NON-MOTORIST LOCATION AT IMPACT [REDACTED]		
	ACTION 4		
	CONTRIBUTING CIRCUMSTANCES [REDACTED]		
SEQUENCE OF EVENTS			
EVENTS			
COLLISION WITH FIXED OBJECT - STRUCK			
FIRST HARMFUL EVENT 1			
MOST HARMFUL EVENT 1			

LOCAL REPORT 20220433	
DAMAGE	
DAMAGE SCALE 4 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [1] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 01 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE	
TRAFFIC	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 2 1 - ROUNDABOUT 2 - SIGNAL 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES 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 0	DETECTED SPEED 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 0	

OWNER	UNIT # 02	OWNER NAME: LAST, FIRST, MID [REDACTED] (<input type="checkbox"/> Same As Driver)	OWNER PHONE: INCLUDE AREA CODE [REDACTED] (<input type="checkbox"/> Same As Driver)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP [REDACTED] (<input type="checkbox"/> Same As Driver)		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP [REDACTED]		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE [REDACTED]
	LP STATE OH	LICENSE PLATE # [REDACTED]	VEHICLE IDENTIFICATION # [REDACTED]
	INSURANCE VERIFIED <input type="checkbox"/>	INSURANCE COMPANY [REDACTED]	INSURANCE POLICY # [REDACTED]
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY		VEHICLE YEAR 2013
	US DOT # 121073P		VEHICLE MAKE Peterbilt
	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED		VEHICLE COLOR BLU
	VEHICLE MODEL Other/Unknown		TOWED BY: COMPANY NAME INTERSTATE TOWING
	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>		HAZARDOUS MATERIAL CLASS # PLACARD [REDACTED]
	HIT/SKIP UNIT <input type="checkbox"/>		HAZARDOUS MATERIAL CLASS # PLACARD [REDACTED]
	# OCCUPANTS 01		
EVENT(S)	VEHICLE TYPE 20		
	# OF TRAILING UNITS [REDACTED]		
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		
	AUTONOMOUS MODE LEVEL [REDACTED]		
	SPECIAL FUNCTION 01		
	CARGO BODY TYPE 01		
	VEHICLE DEFECTS [REDACTED]		
	NON-MOTORIST LOCATION AT IMPACT [REDACTED]		
	ACTION 3		
	CONTRIBUTING CIRCUMSTANCES 03		
SEQUENCE OF EVENTS			
EVENTS			
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 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 MOTOR VEHICLE 22. WORK ZONE MAINTENANCE EQUIPMENT 23. STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR			
COLLISION WITH FIXED OBJECT - STRUCK			
25. IMPACT ATTENUATOR / CRASH CUSHION 26. BRIDGE OVERHEAD STRUCTURE 27. BRIDGE PIER OR ABUTMENT 28. BRIDGE PARAPET 29. BRIDGE RAIL 30. GUARDRAIL FACE 31. GUARDRAIL END 32. PORTABLE BARRIER 33. MEDIAN CABLE BARRIER 34. MEDIAN GUARDRAIL BARRIER 35. MEDIAN CONCRETE BARRIER 36. MEDIAN OTHER BARRIER 37. TRAFFIC SIGN POST 38. OVERHEAD SIGN POST 39. LIGHT/LUMINARIES SUPPORT 40. UTILITY POLE 41. OTHER POST, POLE OR SUPPORT 42. CULVERT 43. CURB 44. DITCH 45. EMBANKMENT 46. FENCE 47. MAILBOX 48. TREE 49. FIRE HYDRANT 50. WORKZONE 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 20220433	
DAMAGE	
DAMAGE SCALE 4 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [1] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 12 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 2 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES 2	RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 2 TO 1 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 35	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 35	

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER									
2	0	2	2	0	4	3	3		

UNIT # 0 1		NAME: LAST, FIRST, MIDDLE [REDACTED]				DATE OF BIRTH [REDACTED]				AGE [REDACTED]	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]						CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
INJURIES 2	INJURE D TAKEN 2	EMS AGENCY (NA ME) HUDSON EMS	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) CLEVE CLINIC		SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE [REDACTED]	OPERATOR LICENSE NUMBER [REDACTED]		OFFENSE CHARGED [REDACTED]		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION [REDACTED]			CITATION NUMBER [REDACTED]		
OL CLASS 4	ENDORSEME NT [REDACTED]	RESTRICTION SELECT UP TO 3 [REDACTED]		DRIVER DISTRACTE 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE [REDACTED]		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4 [REDACTED]	

UNIT # 0 2		NAME: LAST, FIRST, MIDDLE [REDACTED]				DATE OF BIRTH [REDACTED]				AGE 3 3	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]						CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
INJURIES 5	INJURE D TAKEN [REDACTED]	EMS AGENCY (NA ME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]		SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE [REDACTED]	OPERATOR LICENSE NUMBER [REDACTED]		OFFENSE CHARGED 414.03		LOCAL CODE [REDACTED]	OFFENSE DESCRIPTION RED LIGHT VIOLATION			CITATION NUMBER 81689		
OL CLASS 2	ENDORSEME NT [REDACTED]	RESTRICTION SELECT UP TO 3 [REDACTED]		DRIVER DISTRACTE 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUAN <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE [REDACTED]		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4 [REDACTED]	


UNIT # [REDACTED]		NAME: LAST, FIRST, MIDDLE [REDACTED]				DATE OF BIRTH [REDACTED]				AGE [REDACTED]	GENDER [REDACTED]
ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]						CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
INJURIES [REDACTED]	INJURE D TAKEN [REDACTED]	EMS AGENCY (NA ME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]		SAFETY EQUIPMENT USED [REDACTED]	<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION [REDACTED]	AIR BAG USAGE [REDACTED]	EJECTION [REDACTED]	TRAPPED [REDACTED]
OL STATE [REDACTED]	OPERATOR LICENSE NUMBER [REDACTED]		OFFENSE CHARGED [REDACTED]		LOCAL CODE [REDACTED]	OFFENSE DESCRIPTION [REDACTED]			CITATION NUMBER [REDACTED]		
OL CLASS [REDACTED]	ENDORSEME NT [REDACTED]	RESTRICTION SELECT UP TO 3 [REDACTED]		DRIVER DISTRACTE [REDACTED]	ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUAN OTHER DRUG		CONDITION [REDACTED]	ALCOHOL TEST STATUS [REDACTED] TYPE [REDACTED] VALUE [REDACTED]		DRUG TEST(S) STATUS [REDACTED] TYPE [REDACTED] RESULT SELECT UP TO 4 [REDACTED]	

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 - M / C 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-TRAI LER 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 DISTRACTIONS 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 [REDACTED] ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS
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	
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 (ELBOWS, 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	

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR S

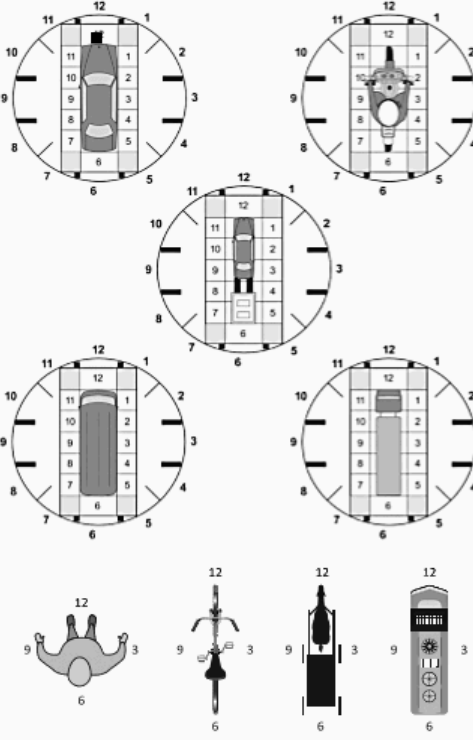
LOCAL REPORT NUMBER *

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> Private Property	LOCAL INFORMATION STOW RD. / RAVENNA		2 0 2 2 0 7 8 3	
REPORTING AGENCY NAME * City of Hudson		NCIC * 0 7 7 0 5		HIT/SKIP 1 - Solved 2 - Unsolved	NUMBER OF UNITS 0 2	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 0 2
COUNTY * 7 7	LOCALITY * 1 - CITY * 2 - VILLAGE * 3 - TOWNSHIP *	LOCATION: CITY, VILLAGE, TOWNSHIP * HUDSON		CRASH DATE/TIME 0 4 2 8 2 0 2 2 1 6 1 3		CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY
ROUTE TYPE 	ROUTE NUMBER 	PREFIX 	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME RAVENNA	ROAD TYPE S T	LATITUDE DECIMAL DEGREE 4 1 . 2 2 5 5 3 5
ROUTE TYPE 	ROUTE NUMBER 	PREFIX 	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE NO.) STOW	ROAD TYPE R D	LONGITUDE DECIMAL DEGREE 8 1 . 4 1 1 0 1 7
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 1	DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY 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 <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPRO <input type="checkbox"/> WITHIN INTERCHANGE ARE NUMBER OF APPROACH 4
DISTANCE FROM REFERENCE 5 0	DISTANCE UNIT OF MEASURE 1 - Miles 2 - Feet 2					ROADWAY <input type="checkbox"/> ROADWAY DIVIDE
LOCATION OF FIRST HARMFUL EVENT 0 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 7 - ON RAMP 9 - CROSSOVER 10 - DRIVEWAY / ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS 13 - BIKE LANE		MANNER OF CRASH COLLISION/IMPACT 2 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 TRAV 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)
<input type="checkbox"/> WORK ZONE <input type="checkbox"/> RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> ACTIVE SCHOOL ZON		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 		CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE
LIGHT CONDITIO 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING		WEATHER 1 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		CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT 6 - OIL, GRAVEL 7 - WATER (STANDING, MOVING) 8 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER /UNKNOWN
NARRATIVE UNIT 1 AND 2 WERE WEST ON RAVENNA ST. AT STOW RD. UNIT 1 STOPPED FOR TRAFFIC, UNIT 2 DID NOT STOP IN TIME AND STRUCK UNIT 1.						
						
CRASH REPORTED DATE/TIME 0 4 2 8 2 0 2 2 1 6 1 3		DISPATCH DATE/TIME 0 4 2 8 2 0 2 2 1 6 1 4		ARRIVAL DATE/TIME 0 4 2 8 2 0 2 2 1 6 2 4		SCENE CLEARED DATE/TIME 0 4 2 8 2 0 2 2 1 6 4 7
TOTAL TIME ROADWAY 0	OTHER INVESTIGATION 2 0	TOTAL MINUTES 4 3	OFFICER'S NAME * Brian F Louge		CHECKED BY OFFICER'S NAME * Brian Kozel	
			OFFICER'S BADGE NUMBER * 1 0 9		CHECKED BY OFFICER'S BADGE NUMBER * 1 8 2	
					<input type="checkbox"/> REPORT TAKEN BY POLICE AGENCY <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)	

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MID [REDACTED] (Same As Driver)	OWNER PHONE: INCLUDE AREA CODE [REDACTED] (Same As Driver)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP [REDACTED] (Same As Driver)		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP [REDACTED]		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE [REDACTED]
	LP STATE OH	LICENSE PLATE # [REDACTED]	VEHICLE IDENTIFICATION # [REDACTED]
	INSURANCE VERIFIED [REDACTED]		INSURANCE COMPANY [REDACTED]
	INSURANCE POLICY # [REDACTED]		VEHICLE YEAR 2019
	VEHICLE MAKE Chevrolet		VEHICLE COLOR GRY
	VEHICLE MODEL Silverado		TOWED BY: COMPANY NAME [REDACTED]
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY		US DOT # [REDACTED]
	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED
	HIT/SKIP UNIT <input type="checkbox"/>		CLASS # PLACARD [REDACTED]
	# OCCUPANTS 01		
VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.			
UNIT TYPE 04			
# OF TRAILING UNITS [REDACTED]			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2			
AUTONOMOUS MODE LEVEL [REDACTED]			
SPECIAL FUNCTION 01			
CARGO BODY TYPE 01			
VEHICLE DEFECTS [REDACTED]			
NON-MOTORIST LOCATION AT IMPACT [REDACTED]			
ACTION 4			
CONTRIBUTING CIRCUMSTANCES [REDACTED]			
SEQUENCE OF EVENTS			
EVENTS			
COLLISION WITH FIXED OBJECT - STRUCK			
FIRST HARMFUL EVENT 1			
MOST HARMFUL EVENT 1			

LOCAL REPORT 20220783	
DAMAGE	
DAMAGE SCALE 2	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
INITIAL POINT OF CONTACT 06	
TRAFFIC	
TRAFFICWAY FLOW 2	TRAFFIC CONTROL 2
# OF THROUGH LANES 2	RAIL GRADE CROSSING 1
UNIT / NON-MOTORIST DIRECTION FROM 7 TO 6	
UNIT SPEED 00	DETECTED SPEED 1
POSTED SPEED 35	

OWNER	UNIT # 02	OWNER NAME: LAST, FIRST, MID [REDACTED] (<input type="checkbox"/> Same As Driver)	OWNER PHONE: INCLUDE AREA CODE [REDACTED] (<input type="checkbox"/> Same As Driver)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP [REDACTED] (<input type="checkbox"/> Same As Driver)		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP [REDACTED]		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE [REDACTED]
	LP STATE OH	LICENSE PLATE # [REDACTED]	VEHICLE IDENTIFICATION # [REDACTED]
	INSURANCE VERIFIED <input type="checkbox"/>		INSURANCE COMPANY [REDACTED]
	INSURANCE POLICY # [REDACTED]		VEHICLE YEAR 2020
	VEHICLE MAKE Ford		VEHICLE COLOR RED
	VEHICLE MODEL F-250		TOWED BY: COMPANY NAME [REDACTED]
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY		US DOT # [REDACTED]
	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED
	HIT/SKIP UNIT <input type="checkbox"/>		CLASS # [REDACTED]
	# OCCUPANTS 01		PLACARD [REDACTED]
VEHICLE	VEHICLE WEIGHT GVWR/GC W 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
	UNIT TYPE 04		
	# OF TRAILING UNITS [REDACTED]		
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		
	AUTONOMOUS MODE LEVEL [REDACTED]		
	SPECIAL FUNCTION 01		
	CARGO BODY TYPE 01		
	VEHICLE DEFECTS [REDACTED]		
	NON-MOTORIST LOCATION AT IMPACT [REDACTED]		
	ACTION 3		
EVENT(S)	CONTRIBUTING CIRCUMSTANCES [REDACTED]		
	SEQUENCE OF EVENTS [REDACTED]		
	EVENTS [REDACTED]		
	COLLISION WITH FIXED OBJECT - STRUCK [REDACTED]		
	FIRST HARMFUL EVENT 1		
	MOST HARMFUL EVENT 1		

LOCAL REPORT 20220783	
DAMAGE DAMAGE SCALE 2 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY 	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [1] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 12 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP	
TRAFFIC TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL 2 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 6 - NO CONTROL	
# OF THROUGH LANES 2	
RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION FROM 7 TO 6 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 5	
DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED 3 5	

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER									
2	0	2	2	0	7	8	3		

MOTORIST / NON-MOTORIST	UNIT # 0 1		NAME: LAST, FIRST, MIDDLE [REDACTED]				DATE OF BIRTH [REDACTED]				AGE 54	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]						CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
	INJURIES 5	INJURED TAKEN [REDACTED]	EMS AGENCY (NA ME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]		SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
	OL STATE [REDACTED]	OPERATOR LICENSE NUMBER [REDACTED]		OFFENSE CHARGED [REDACTED]		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION [REDACTED]		CITATION NUMBER [REDACTED]			
OL CLASS 2	ENDORSEMENT [REDACTED]	RESTRICTION SELECT UP TO 3 [REDACTED]		DRIVER DISTRACTED 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE [REDACTED]		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4 [REDACTED]		

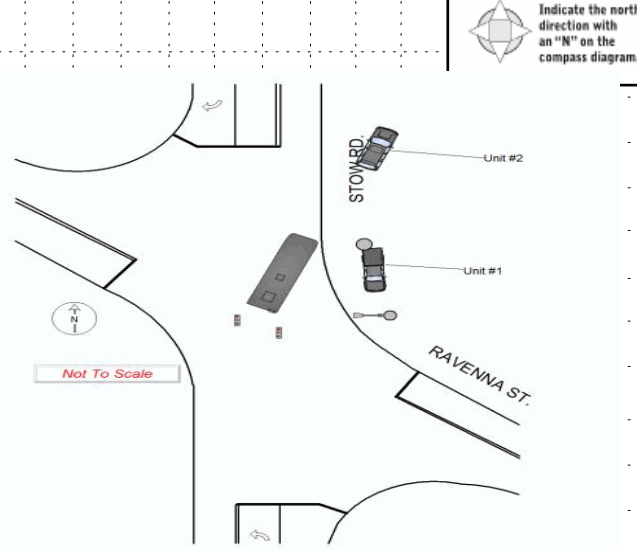
MOTORIST / NON-MOTORIST	UNIT # 0 2		NAME: LAST, FIRST, MIDDLE [REDACTED]				DATE OF BIRTH [REDACTED]				AGE 58	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]						CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
	INJURIES 5	INJURED TAKEN [REDACTED]	EMS AGENCY (NA ME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]		SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
	OL STATE [REDACTED]	OPERATOR LICENSE NUMBER [REDACTED]		OFFENSE CHARGED [REDACTED]		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION [REDACTED]		CITATION NUMBER [REDACTED]			
OL CLASS [REDACTED]	ENDORSEMENT [REDACTED]	RESTRICTION SELECT UP TO 3 [REDACTED]		DRIVER DISTRACTED 5	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE [REDACTED]		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4 [REDACTED]		

MOTORIST / NON-MOTORIST	UNIT # [REDACTED]		NAME: LAST, FIRST, MIDDLE [REDACTED]				DATE OF BIRTH [REDACTED]				AGE [REDACTED]	GENDER [REDACTED]
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]						CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
	INJURIES [REDACTED]	INJURED TAKEN [REDACTED]	EMS AGENCY (NA ME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]		SAFETY EQUIPMENT USED [REDACTED]	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION [REDACTED]	AIR BAG USAGE [REDACTED]	EJECTION [REDACTED]	TRAPPED [REDACTED]	
	OL STATE [REDACTED]	OPERATOR LICENSE NUMBER [REDACTED]		OFFENSE CHARGED [REDACTED]		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION [REDACTED]		CITATION NUMBER [REDACTED]			
OL CLASS [REDACTED]	ENDORSEMENT [REDACTED]	RESTRICTION SELECT UP TO 3 [REDACTED]		DRIVER DISTRACTED [REDACTED]	ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG		CONDITION [REDACTED]	ALCOHOL TEST STATUS [REDACTED] TYPE [REDACTED] VALUE [REDACTED]		DRUG TEST(S) STATUS [REDACTED] TYPE [REDACTED] RESULT SELECT UP TO 4 [REDACTED]		

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 - M / C 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 DISTRACTIONS 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
INJURED TAKEN BY		EJECTION	OL ENDORSEMENT			ALCOHOL TEST TYPE
1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	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
SAFETY EQUIPMENT		TRAPPED			CONDITION	DRUG TEST TYPE
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 (ELBOWS, 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			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
			GENDER			DRUG TEST RESULT(S)
			F - FEMALE M - MALE U - OTHER/UNKNOWN			1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS

TRAFFIC CRASH REPORT

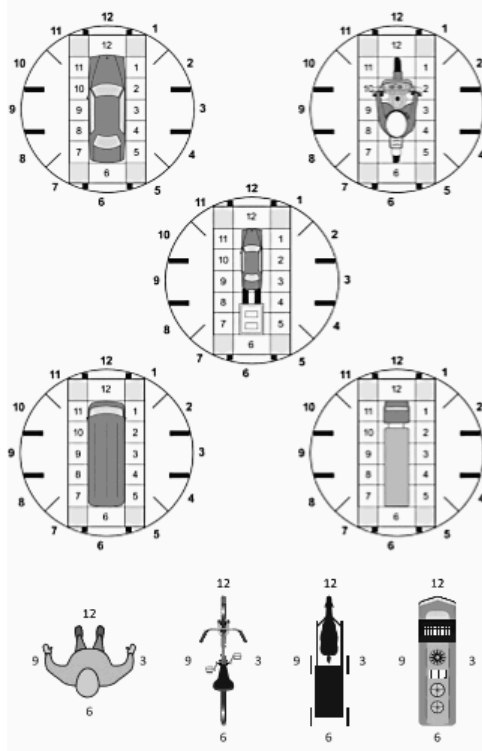
*DENOTES MANDATORY FIELD FOR S

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> Private Property	LOCAL INFORMATION REPORTING AGENCY NAME * City of Hudson		NCIC * 0 7 7 0 5		LOCAL REPORT NUMBER * 2 0 2 2 1 6 1 0			
COUNTY * 7 7	LOCALITY * 1	LOCATION: CITY, VILLAGE, TOWNSHIP * HUDSON			CRASH DATE/TIME 0 8 2 0 2 0 2 0 2 2 0 9 5 9		CRASH SEVERITY 2 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY			
ROUTE TYPE []	ROUTE NUMBER []	PREFIX []	LOCATION ROAD NAME STOW	ROAD TYPE R D	LATITUDE DECIMAL DEGR 4 1 . 2 2 5 5 6 1		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY			
ROUTE TYPE []	ROUTE NUMBER []	PREFIX []	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE) RAVENNA	ROAD TYPE S T	LONGITUDE DECIMAL DEGR 8 1 . 4 1 1 2 0 2					
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 1	DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 2	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY 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 <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPRO <input type="checkbox"/> WITHIN INTERCHANGE ARE NUMBER OF APPROACH 4					
DISTANCE FROM REFERENCE 5	DISTANCE UNIT OF MEASURE 1 - Miles 2 - Feet 2				ROADWAY <input type="checkbox"/> ROADWAY DIVIDE					
LOCATION OF FIRST HARMFUL EYE 0 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 7 - ON RAMP		MANNER OF CRASH COLLISION/IMPACT 6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON		DIRECTION OF TRAV 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)				
<input type="checkbox"/> WORK ZONE <input type="checkbox"/> RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> ACTIVE SCHOOL ZON		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA		CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE		CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT 6 - OIL, GRAVEL 7 - WATER (STANDING OR MOVING) 8 - SLUSH 9 - OTHER/UNKNOWN		
LIGHT CONDITIO 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING		WEATHER 1 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 NORTH BOUND ON STOW ROAD. UNIT #2 WAS EAST BOUND ON RAVENNA STREET. UNIT #2 STATED THE SUN OBSTRUCTED HIS VIEW AND HE DID NOT SEE THE RED LIGHT UNTIL HE HAD GONE THROUGH IT. STRIKING UNIT #2. BOTH OCCUPANTS OF UNIT #2 AND THE DRIVER OF UNIT #1 WERE TRANSPORTED WITH SEVERE INJURIES. UNIT #1 WAS AT FAULT AND CITED FOR A RED LIGHT VIOLATION. BOTH UNITS ALONG WITH THE FIFTH WHEEL MOTOR HOME (SWA6053) UNIT #1 WAS ATTACHED TO WERE REMOVED BY INTERSTATE TOWING.										
CRASH REPORTED DATE/TIME 0 8 2 0 2 0 2 0 2 2 0 9 5 9		DISPATCH DATE/TIME 0 8 2 0 2 0 2 0 2 2 1 0 0 1		ARRIVAL DATE/TIME 0 8 2 0 2 0 2 0 2 2 1 0 1 2		SCENE CLEARED DATE/TIME 0 8 2 0 2 0 2 0 2 2 1 1 2 8		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)		
TOTAL TIME ROADWAY 2 7 0	OTHER INVESTIGATION 8 0	TOTAL MINUTES 1 5 6	OFFICER'S NAME * Daniel D Worlev		CHECKED BY OFFICER'S NAME * John Dean					
			OFFICER'S BADGE NUMBER * 1 2 2		CHECKED BY OFFICER'S BADGE NUMBER * 1 8 8					

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MID [REDACTED] (Same As Driver)	OWNER PHONE: INCLUDE AREA CODE [REDACTED] (Same As Driver)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP [REDACTED] (Same As Driver)		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP [REDACTED]		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE [REDACTED]
	LP STATE OH	LICENSE PLATE # [REDACTED]	VEHICLE IDENTIFICATION # [REDACTED]
	INSURANCE VERIFIED [REDACTED]		INSURANCE COMPANY [REDACTED]
	INSURANCE POLICY # [REDACTED]		VEHICLE YEAR 2017
	VEHICLE MAKE Dodge		VEHICLE COLOR MAR
	VEHICLE MODEL Ram		TOWED BY: COMPANY NAME Interstate Towing
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY		US DOT # [REDACTED]
	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED
	HIT/SKIP UNIT <input type="checkbox"/>		CLASS # PLACARD [REDACTED]
	# OCCUPANTS 02		
VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.			
EVENT(S)	UNIT TYPE 04		
	# OF TRAILING UNITS 1		
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 YES 2 NO 9 - OTHER / [REDACTED]		
	AUTONOMOUS MODE LEVEL 0		
	SPECIAL FUNCTION 01		
	CARGO BODY TYPE 01		
	VEHICLE DEFECTS [REDACTED]		
	NON-MOTORIST LOCATION AT IMPACT [REDACTED]		
	ACTION 3		
	CONTRIBUTING CIRCUMSTANCES [REDACTED]		
SEQUENCE OF EVENTS			
EVENTS			
COLLISION WITH FIXED OBJECT - STRUCK			
FIRST HARMFUL EVENT 1			
MOST HARMFUL EVENT 1			

LOCAL REPORT 20221610	
DAMAGE	
DAMAGE SCALE 4 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [1] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 01 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE	
TRAFFIC	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 2 1 - ROUNDABOUT 2 - SIGNAL 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES 2	RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 2 TO 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 35	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 35	

OWNER	UNIT # 0 2	OWNER NAME: LAST, FIRST, MID [REDACTED] (<input type="checkbox"/> Same As Driver)	OWNER PHONE: INCLUDE AREA CODE [REDACTED] (<input type="checkbox"/> Same As Driver)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP [REDACTED] (<input type="checkbox"/> Same As Driver)		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP [REDACTED]		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE [REDACTED]
	LP STATE OH	LICENSE PLATE # [REDACTED]	VEHICLE IDENTIFICATION # [REDACTED]
	INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY [REDACTED]	INSURANCE POLICY # [REDACTED]
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY		VEHICLE YEAR 2 0 1 9
	US DOT # [REDACTED]		VEHICLE MAKE Subaru
	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED		VEHICLE MODEL Forester
	TOWED BY: COMPANY NAME Interstate Towing		VEHICLE COLOR SIL
	HAZARDOUS MATERIAL CLASS # PLACARD [REDACTED]		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
	HAZARDOUS MATERIAL CLASS # PLACARD [REDACTED]		HAZARDOUS MATERIAL CLASS # PLACARD [REDACTED]
	UNIT TYPE 0 3		
# OF TRAILING UNITS [REDACTED]			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 9 - UNKNOWN			
SPECIAL FUNCTION 0 1			
CARGO BODY TYPE 0 1			
VEHICLE DEFECTS [REDACTED]			
NON-MOTORIST LOCATION AT IMPACT [REDACTED]			
ACTION 4			
CONTRIBUTING CIRCUMSTANCES [REDACTED]			
SEQUENCE OF EVENTS			
EVENTS			
COLLISION WITH FIXED OBJECT - STRUCK			
FIRST HARMFUL EVENT 1			
MOST HARMFUL EVENT 1			

LOCAL REPORT 2 0 2 2 1 6 1 0	
DAMAGE	
DAMAGE SCALE 4 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [1] <input type="checkbox"/> - TOP [13] <input checked="" type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 0 1 0 - NO DAMAGE 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 2 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES 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 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 3 5	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 3 5	

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER
2 0 2 2 1 6 1 0

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE [REDACTED]		DATE OF BIRTH [REDACTED]		AGE 7 3	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]			CONTACT PHONE - INCLUDE AREA CODE [REDACTED]						
INJURIES 2	INJURE D TAKEN 2	EMS AGENCY (NA ME) HUDSON EMS	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) WESTERN RESERVE	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 4	EJECTION 1	TRAPPED 1
OL STATE [REDACTED]	OPERATOR LICENSE NUMBER [REDACTED]		OFFENSE CHARGED 414.03	LOCAL CODE ■	OFFENSE DESCRIPTION Red Light Violation		CITATION NUMBER 81833		
OL CLASS 1	ENDORSEME NT [REDACTED]	RESTRICTION SELECT UP TO 3 [REDACTED]	DRIVER DISTRACTE 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1		DRUG TEST(S) TYPE 1

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE [REDACTED]		DATE OF BIRTH [REDACTED]		AGE 4 1	GENDER F			
ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]			CONTACT PHONE - INCLUDE AREA CODE [REDACTED]						
INJURIES 2	INJURE D TAKEN 2	EMS AGENCY (NA ME) Hudson	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Akron General	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 4	EJECTION 1	TRAPPED 1
OL STATE [REDACTED]	OPERATOR LICENSE NUMBER [REDACTED]		OFFENSE CHARGED [REDACTED]	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION [REDACTED]		CITATION NUMBER [REDACTED]		
OL CLASS 4	ENDORSEME NT [REDACTED]	RESTRICTION SELECT UP TO 3 [REDACTED]	DRIVER DISTRACTE 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUAN <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1		DRUG TEST(S) TYPE [REDACTED]

UNIT # [REDACTED]	NAME: LAST, FIRST, MIDDLE [REDACTED]		DATE OF BIRTH [REDACTED]		AGE [REDACTED]	GENDER [REDACTED]			
ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]			CONTACT PHONE - INCLUDE AREA CODE [REDACTED]						
INJURIES [REDACTED]	INJURE D TAKEN [REDACTED]	EMS AGENCY (NA ME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]	SAFETY EQUIPMENT USED [REDACTED]	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION [REDACTED]	AIR BAG USAGE [REDACTED]	EJECTION [REDACTED]	TRAPPED [REDACTED]
OL STATE [REDACTED]	OPERATOR LICENSE NUMBER [REDACTED]		OFFENSE CHARGED [REDACTED]	LOCAL CODE [REDACTED]	OFFENSE DESCRIPTION [REDACTED]		CITATION NUMBER [REDACTED]		
OL CLASS [REDACTED]	ENDORSEME NT [REDACTED]	RESTRICTION SELECT UP TO 3 [REDACTED]	DRIVER DISTRACTE [REDACTED]	ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUAN OTHER DRUG		CONDITION [REDACTED]	ALCOHOL TEST STATUS [REDACTED]		DRUG TEST(S) TYPE [REDACTED]

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 - M / C 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-TRAI LER 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 DISTRACTIONS 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 [REDACTED] ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS
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 GENDER F - FEMALE M - MALE U - OTHER/UNKNOWN	
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 (ELBOWS, 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		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	

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT

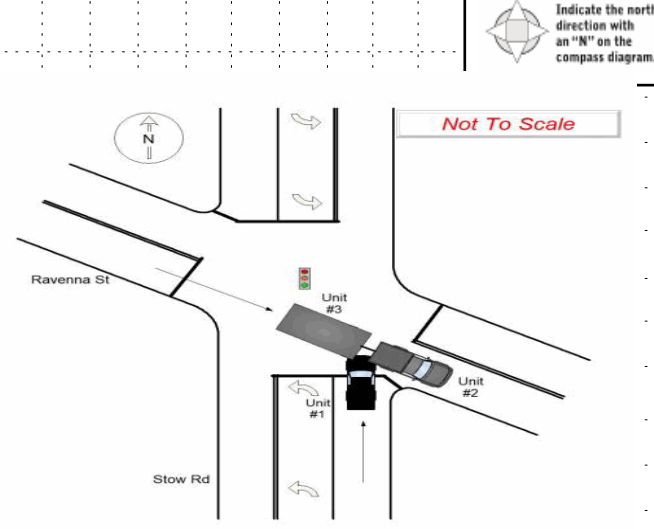
2 0 2 2 1 6 1 0

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE [REDACTED]			DATE OF BIRTH [REDACTED]		AGE 5 4	GENDER F	
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]				CONTACT PHONE - INCLUDE AREA CODE [REDACTED]				
	INJURIES 4	INJURED TAKEN BY 1	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 3	AIR BAG USAGE 4	EJECTION 1
OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE [REDACTED]			DATE OF BIRTH [REDACTED]		AGE 5	GENDER F	
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]				CONTACT PHONE - INCLUDE AREA CODE [REDACTED]				
	INJURIES 3	INJURED TAKEN BY 2	STREETSBORO EMS	AKRON CHILDRENS HOSP	SAFETY EQUIPMENT USED 0 5	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 6	AIR BAG USAGE 3	EJECTION 1
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			
		6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN			
INJURED TAKEN BY		7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)					
1 - NOT TRANSPORTED / TREATED AT SCENE		8 - HELMET USED		8 - THIRD - MIDDLE		EJECTION			
2 - EMS		9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)		9 - THIRD - RIGHT SIDE		1 - NOT EJECTED			
3 - POLICE		10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB		2 - PARTIALLY EJECTED			
9 - OTHER / UNKNOWN		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		3 - TOTALLY EJECTED			
GENDER		99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA		4 - NOT APPLICABLE			
F - FEMALE				13 - TRAILING UNIT		TRAPPED			
M - MALE				14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		1 - NOT TRAPPED			
U - OTHER/UNKNOWN						2 - EXTRICATED BY MECHANICAL MEANS			
						3 - FREED BY NON-MECHANICAL MEANS			

WITNESS	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH [REDACTED]	AGE 4 7	GENDER F
	ADDRESS: STREET, CITY, STATE, [REDACTED]	CONTACT PHONE - INCLUDE AREA CODE [REDACTED]		
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE,	CONTACT PHONE - INCLUDE AREA CODE		
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE,	CONTACT PHONE - INCLUDE AREA CODE		

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR S

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> Private Property	LOCAL INFORMATION STOW / RAVENNA		LOCAL REPORT NUMBER * 2 0 2 2 2 2 6	
REPORTING AGENCY NAME * City of Hudson		NCIC * 0 7 7 0 5		HIT/SKIP 1 - Solved 2 - Unsolved	NUMBER OF UNITS 0 3	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 0 1
COUNTY * 7 7	LOCALITY * 1 - CITY * 2 - VILLAGE * 3 - TOWNSHIP *	LOCATION: CITY, VILLAGE, TOWNSHIP * HUDSON		CRASH DATE/TIME 1 1 0 9 2 0 2 2 1 4 3 2		CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY
ROUTE TYPE REFERENCE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Stow	ROAD TYPE R D	LATITUDE DECIMAL DEGREE 4 1 . 2 2 5 5 7 7	
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE NO.) Ravenna	ROAD TYPE S T	LONGITUDE DECIMAL DEGREE 8 1 . 4 1 1 1 7 7	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 1	DIRECTION REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY 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 <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPRO <input type="checkbox"/> WITHIN INTERCHANGE ARE NUMBER OF APPROACH 4		
DISTANCE FROM REFERENCE 0	DISTANCE UNIT OF MEASURE 1 - Miles 2 - Feet 2			ROADWAY <input type="checkbox"/> ROADWAY DIVIDE		
LOCATION OF FIRST HARMFUL EYE 0 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 7 - ON RAMP 9 - CROSSOVER 10 - DRIVEWAY / ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS 13 - BIKE LANE		MANNER OF CRASH COLLISION/IMPACT 6 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 TRAV 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)		
<input type="checkbox"/> WORK ZONE <input type="checkbox"/> RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> ACTIVE SCHOOL ZON		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA	CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE	CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT 6 - OIL, GRAVEL 7 - WATER (STANDING OR MOVING) 8 - SLUSH 9 - OTHER/UNKNOWN	SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER /UNKNOWN
LIGHT CONDITIO 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING		WEATHER 1 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 NORTHBOUND ON STOW RD APPROACHING RAVENNA ST AND A RED LIGHT. UNIT #2 WITH ATTACHED TRAILER UNIT #3 WAS SOUTHEAST BOUND ON RAVENNA ST WITH A GREEN LIGHT AND BEGAN TO DRIVE THROUGH THE INTERSECTION. UNIT #1 FAILED TO STOP FOR THE RED LIGHT AND STRUCK UNITS #2 AND #3 SIMULTANEOUSLY. UNIT #1 CITED OBEDIENCE TO TRAFFIC CONTROL DEVICES. UNIT #1 SUSTAINED DISABLING DAMAGE AND WAS TOWED.						
						
CRASH REPORTED DATE/TIME 1 1 0 9 2 0 2 2 1 4 3 2		DISPATCH DATE/TIME 1 1 0 9 2 0 2 2 1 4 3 3		ARRIVAL DATE/TIME 1 1 0 9 2 0 2 2 1 4 4 4		SCENE CLEARED DATE/TIME 1 1 0 9 2 0 2 2 1 5 2 3
TOTAL TIME ROADWAY 0	OTHER INVESTIGATION 3 0	TOTAL MINUTES 6 9	OFFICER'S NAME * Jeff Antoon		CHECKED BY OFFICER'S NAME * John Dean	
			OFFICER'S BADGE NUMBER * 1 1 1		CHECKED BY OFFICER'S BADGE NUMBER * 1 8 8	
					<input type="checkbox"/> REPORT TAKEN BY POLICE AGENCY <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO A EXISTING REPORT SENT TO OOPS)	

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MID [REDACTED] (Same As Driver)	OWNER PHONE: INCLUDE AREA CODE [REDACTED] (Same As Driver)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP [REDACTED] (Same As Driver)		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP [REDACTED]		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE [REDACTED]
	LP STATE OH	LICENSE PLATE # [REDACTED]	VEHICLE IDENTIFICATION # [REDACTED]
	INSURANCE VERIFIED [REDACTED]		INSURANCE COMPANY [REDACTED]
	INSURANCE POLICY # [REDACTED]		VEHICLE YEAR 2002
	VEHICLE MAKE Chevrolet		VEHICLE COLOR BLK
	VEHICLE MODEL S-10		VEHICLE MAKE Chevrolet
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY		US DOT # [REDACTED]
	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED		CLASS # [REDACTED]
	PLACARD [REDACTED]		PLACARD [REDACTED]
	HAZARDOUS MATERIAL [REDACTED]		
EVENT(S)	UNIT TYPE 04		VEHICLE WEIGHT GVWR/GC [REDACTED]
	# OF TRAILING UNITS [REDACTED]		HAZARDOUS MATERIAL [REDACTED]
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		AUTONOMOUS MODE LEVEL 0
	SPECIAL FUNCTION 01		HAZARDOUS MATERIAL [REDACTED]
	CARGO BODY TYPE 01		HAZARDOUS MATERIAL [REDACTED]
	VEHICLE DEFECTS [REDACTED]		HAZARDOUS MATERIAL [REDACTED]
	NON-MOTORIST LOCATION AT IMPACT [REDACTED]		HAZARDOUS MATERIAL [REDACTED]
	ACTION 3		HAZARDOUS MATERIAL [REDACTED]
	CONTRIBUTING CIRCUMSTANCES [REDACTED]		HAZARDOUS MATERIAL [REDACTED]
	SEQUENCE OF EVENTS [REDACTED]		
COLLISION WITH FIXED OBJECT - STRUCK [REDACTED]			
FIRST HARMFUL EVENT 1			
MOST HARMFUL EVENT 1			

LOCAL REPORT 20222226	
DAMAGE DAMAGE SCALE 4 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY [REDACTED]	
INITIAL POINT OF CONTACT 12 0 - NO DAMAGE 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 13 - TOP	
TRAFFIC TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	
RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION FROM 2 TO 1 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 35	
DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED 35	

OWNER	UNIT # 0 2	OWNER NAME: LAST, FIRST, MID [REDACTED] (Same As Driver)	OWNER PHONE: INCLUDE AREA CODE [REDACTED] (Same As Driver)	
	OWNER ADDRESS: STREET, CITY, STATE, ZIP [REDACTED] (Same As Driver)			
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP [REDACTED]		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE [REDACTED]	
	LP STATE OH	LICENSE PLATE # [REDACTED]	VEHICLE IDENTIFICATION # [REDACTED]	VEHICLE YEAR 2010
	INSURANCE VERIFIED [REDACTED]	INSURANCE COMPANY [REDACTED]	INSURANCE POLICY # [REDACTED]	VEHICLE MAKE Ford
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY		US DOT # [REDACTED]	TOWED BY: COMPANY NAME [REDACTED]
	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT <input type="checkbox"/>	# OCCUPANTS 0 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED
	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		HAZARDOUS MATERIAL CLASS # PLACARD	
	UNIT TYPE 0 4		UNIT TYPE	
	# OF TRAILING UNITS 1		# OF TRAILING UNITS	
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER /		AUTONOMOUS MODE LEVEL 0	
	SPECIAL FUNCTION 0 1		SPECIAL FUNCTION	
CARGO BODY TYPE 0 1		CARGO BODY TYPE		
VEHICLE DEFECTS [REDACTED]		VEHICLE DEFECTS		
NON-MOTORIST LOCATION AT IMPACT [REDACTED]		NON-MOTORIST LOCATION AT IMPACT		
ACTION 4		ACTION		
CONTRIBUTING CIRCUMSTANCES [REDACTED]		CONTRIBUTING CIRCUMSTANCES		
SEQUENCE OF EVENTS				
EVENTS				
1 2 0				
2				
3				
4				
5				
6				
1				
FIRST HARMFUL EVENT				
1				
MOST HARMFUL EVENT				

LOCAL REPORT 2 0 2 2 2 2 2 6	
DAMAGE	
DAMAGE SCALE	
3 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [1] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
0 3 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
2 1 - ONE-WAY 2 - TWO-WAY	2 1 - ROUNDABOUT 2 - SIGNAL 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES	RAIL GRADE CROSSING
2	1 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 6 TO 7 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
2 5	1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
3 5	

OWNER	UNIT # 03	OWNER NAME: LAST, FIRST, MID [REDACTED] (Same As Driver)	OWNER PHONE: INCLUDE AREA CODE [REDACTED] (Same As Driver)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP [REDACTED] (Same As Driver)		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP [REDACTED]		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE [REDACTED]
	LP STATE OH	LICENSE PLATE # [REDACTED]	VEHICLE IDENTIFICATION # [REDACTED]
	INSURANCE VERIFIED <input type="checkbox"/>	INSURANCE COMPANY [REDACTED]	INSURANCE POLICY # [REDACTED]
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY		VEHICLE YEAR 2022
	US DOT # [REDACTED]		VEHICLE MAKE Other/Unknown
	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED		VEHICLE COLOR BLK
	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		VEHICLE MODEL Other/Unknown
	TOWED BY: COMPANY NAME [REDACTED]		
	UNIT TYPE 20		
	# OF TRAILING UNITS [REDACTED]		
EVENT(S)	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 YES 1 NO 9 - OTHER / [REDACTED]		
	AUTONOMOUS MODE LEVEL 0		
	SPECIAL FUNCTION 01		
	CARGO BODY TYPE 01		
	VEHICLE DEFECTS [REDACTED]		
	NON-MOTORIST LOCATION AT IMPACT [REDACTED]		
	ACTION 4		
	CONTRIBUTING CIRCUMSTANCES [REDACTED]		
	SEQUENCE OF EVENTS [REDACTED]		
	FIRST HARMFUL EVENT 1		
MOST HARMFUL EVENT 1			

LOCAL REPORT 20222226	
DAMAGE 3	
DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [1] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 03	
TRAFFIC TRAFFICWAY FLOW: 2 ONE-WAY 2 TWO-WAY TRAFFIC CONTROL: 2 ROUNDABOUT 2 SIGNAL 4 STOP SIGN 5 YIELD SIGN 6 NO CONTROL	
# OF THROUGH LANES: 2 RAIL GRADE CROSSING: 1	
UNIT / NON-MOTORIST DIRECTION FROM 6 TO 7	
UNIT SPEED: 25 POSTED SPEED: 35 DETECTED SPEED: 1	
1. STATED/ESTIMATED SPEED 2. CALCULATED / EDR 3. UNDETERMINED	

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER									
2	0	2	2	2	2	2	6		

MOTORIST / NON-MOTORIST	UNIT # 0 1	NAME: LAST, FIRST, MIDDLE [REDACTED]				DATE OF BIRTH [REDACTED]				AGE 4 7	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]					CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
	INJURIES 5	INJURED TAKEN [REDACTED]	EMS AGENCY (NA ME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
	OL STATE [REDACTED]	OPERATOR LICENSE NUMBER [REDACTED]		OFFENSE CHARGED 414.01	LOCAL CODE [REDACTED]	OFFENSE DESCRIPTION TCD - red light		CITATION NUMBER 85585			
	OL CLASS 4	ENDORSEMENT [REDACTED]	RESTRICTION SELECT UP TO 3 [REDACTED]	DRIVER DISTRACTED 9	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE [REDACTED]		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4 [REDACTED]	

MOTORIST / NON-MOTORIST	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE [REDACTED]				DATE OF BIRTH [REDACTED]				AGE 3 4	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]					CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
	INJURIES 5	INJURED TAKEN [REDACTED]	EMS AGENCY (NA ME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
	OL STATE [REDACTED]	OPERATOR LICENSE NUMBER [REDACTED]		OFFENSE CHARGED [REDACTED]	LOCAL CODE [REDACTED]	OFFENSE DESCRIPTION [REDACTED]		CITATION NUMBER [REDACTED]			
	OL CLASS 4	ENDORSEMENT [REDACTED]	RESTRICTION SELECT UP TO 3 [REDACTED]	DRIVER DISTRACTED 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE [REDACTED]		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4 [REDACTED]	

MOTORIST / NON-MOTORIST	UNIT # [REDACTED]	NAME: LAST, FIRST, MIDDLE [REDACTED]				DATE OF BIRTH [REDACTED]				AGE [REDACTED]	GENDER [REDACTED]
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]					CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
	INJURIES [REDACTED]	INJURED TAKEN [REDACTED]	EMS AGENCY (NA ME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]	SAFETY EQUIPMENT USED [REDACTED]	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION [REDACTED]	AIR BAG USAGE [REDACTED]	EJECTION [REDACTED]	TRAPPED [REDACTED]	
	OL STATE [REDACTED]	OPERATOR LICENSE NUMBER [REDACTED]		OFFENSE CHARGED [REDACTED]	LOCAL CODE [REDACTED]	OFFENSE DESCRIPTION [REDACTED]		CITATION NUMBER [REDACTED]			
	OL CLASS [REDACTED]	ENDORSEMENT [REDACTED]	RESTRICTION SELECT UP TO 3 [REDACTED]	DRIVER DISTRACTED [REDACTED]	ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG [REDACTED]		CONDITION [REDACTED]	ALCOHOL TEST STATUS [REDACTED] TYPE [REDACTED] VALUE [REDACTED]		DRUG TEST(S) STATUS [REDACTED] TYPE [REDACTED] RESULT SELECT UP TO 4 [REDACTED]	

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 - M / C 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 DISTRACTIONS 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
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
SAFETY EQUIPMENT		TRAPPED			CONDITION	DRUG TEST TYPE
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 (ELBOWS, 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			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
			GENDER			DRUG TEST RESULT(S)
			F - FEMALE M - MALE U - OTHER/UNKNOWN			1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS

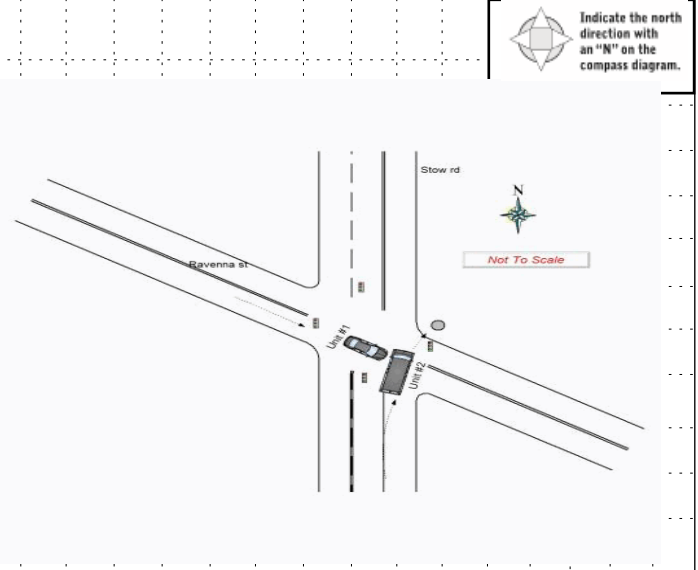
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

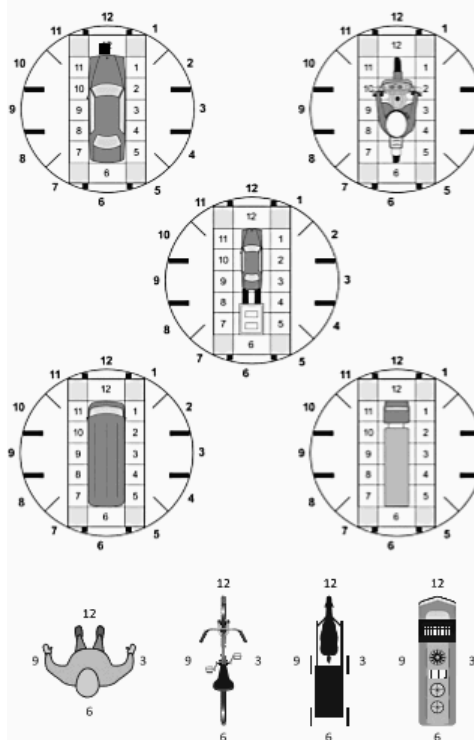
LOCAL REPORT NUMBER *

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> Private Property	<input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	LOCAL INFORMATION STOW RD. / RAVENNA ST. REPORTING AGENCY NAME * City of Hudson		2 0 2 3 1 6 1 3					
COUNTY * 7 7		LOCALITY * 1		LOCATION: CITY, VILLAGE, TOWNSHIP * HUDSON		CRASH DATE/TIME * 0 8 0 7 2 0 2 3 1 6 1 2					
ROUTE TYPE 		ROUTE NUMBER 		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME STOW		ROAD TYPE R D		CRASH SEVERITY 3	
ROUTE TYPE 		ROUTE NUMBER 		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) RAVENNA		ROAD TYPE S T		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 4		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		ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 	
DISTANCE EDPM DECEASED/PC 1 0		DISTANCE 1 UNIT PER MILE/100 FT 1 - Miles 2 - Feet 3 - Yards 2		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (24 FEET) 3 - DIVIDED, DEPRESSIONED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN			
LOCATION - FIRST ROAD/MEET EVENT 0 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE 7 - ON RAMP 8 - OFF RAMP		MANNER OF CRASH COLLISION/IMPACT 6 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 (24 FEET) 3 - DIVIDED, DEPRESSIONED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN					
<input 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 		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 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN		CONDITIONS 2 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN	
LIGHT CONDITION 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 4 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		CRASH REPORTED DATE/TIME 0 8 0 7 2 0 2 3 1 6 1 2		DISPATCH DATE/TIME 0 8 0 7 2 0 2 3 1 6 1 3		ARRIVAL DATE/TIME 0 8 0 7 2 0 2 3 1 6 1 4		SCENE CLEARED DATE/TIME 0 8 0 7 2 0 2 3 1 7 4 8	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 3 0		TOTAL MINUTES 1 2 4		OFFICER'S NAME * Tim Thorn		CHECKED BY OFFICER'S NAME * John Dean		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
OFFICER'S BADGE NUMBER * 1 1 7		CHECKED BY OFFICER'S BADGE NUMBER * 1 8 8		SUPPLEMENT (CORRECTION = ADDITION DO NOT EXCEED 1000 CHARACTERS)							

UNIT #1 WAS TRAVELING EAST ALONG RAVENNA ST WHEN IT FAILED TO STOP AT A RED LIGHT. UNIT #1 ENTERED THE INTERSECTION AND STRUCK UNIT #2, TRAVELING NORTH ALONG STOW RD. AFTER STRIKING UNIT #1, UNIT #2 LEFT THE ROADWAY STRIKING A NEARBY POLE. DISABLING DAMAGE TO BOTH VEHICLES. MINOR INJURIES REPORTED.



OWNER	UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver)	OWNER PHONE: INCLUDE AREA CODE (Same As Driver)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver)		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
	LP STATE O H	LICENSE PLATE #	VEHICLE IDENTIFICATION #
	INSURANCE VERIFIED		INSURANCE COMPANY
	INSURANCE POLICY #		VEHICLE YEAR 2 0 2 0
	VEHICLE MAKE Nissan		VEHICLE COLOR GRY
	VEHICLE MODEL Rogue		TOWED BY: COMPANY NAME INTERSTATE
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #
	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>		# OCCUPANTS 0 1
	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
	UNIT TYPE 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP		
# of TRAILING UNITS			
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 0 1 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 0 1 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN			
VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN			
NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN			
ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN PRE-CRASH ACTION 0 1 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 0 3 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/JACDA 9 - IMPROPER LANE CHANGING 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 DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION			
SEQUENCE OF EVENTS 1 2 0 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 MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT			
COLLISION WITH FIXED OBJECT - STRUCK 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORKZONE 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 2 0 2 3 1 6 1 3	
DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN 4	
DAMAGED AREA(S) INDICATE ALL THAT APPLY 	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 1 2 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 2 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD 02 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 0	DETECTED SPEED 3 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 0	

UNIT #		OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver)		OWNER PHONE: INCLUDE AREA CODE (Same As Driver)	
0 2					
OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver)					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE
O H				2 0 1 9	Ford
INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #		VEHICLE COLOR	VEHICLE MODEL
				WHI	Other/Unknow
TYPE OF USE		US DOT #		TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE				INTERSTATE	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		# OCCUPANTS		HAZARDOUS MATERIAL	
0 1				<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
UNIT TYPE		VEHICLE WEIGHT GVWR/GCWR		CLASS # PLACARD ID #	
0 5		1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.			
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)		12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	
# of TRAILING UNITS					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL			
2		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION		3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	
SPECIAL FUNCTION		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	
CARGO BODY TYPE		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	
VEHICLE DEFECTS		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	
NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION	
ACTION		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	
CONTRIBUTING CIRCUMSTANCES		1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/JACDA 9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	
SEQUENCE OF EVENTS		EVENTS			
1 2 0		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	
2 0 8		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 MOTOR VEHICLE	
3 3 9		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	
5		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	
6		50 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 59 - OTHER / UNKNOWN			
1		FIRST HARMFUL EVENT		3 MOST HARMFUL EVENT	

LOCAL REPORT NUMBER
2 0 2 3 1 6 1 3

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

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
0 - NO DAMAGE
1-12 - REFER TO UNIT DIAGRAM
13 - TOP
14 - UNDERCARRIAGE
15 - VEHICLE NOT AT SCENE
99 - UNKNOWN
1 2

TRAFFIC
TRAFFICWAY FLOW
1 - ONE-WAY
2 - TWO-WAY
2
TRAFFIC CONTROL
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 - NOT INVOLVED
2 - INVOLVED - ACTIVE CROSSING
3 - INVOLVED - PASSIVE CROSSING
1

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

UNIT SPEED
0
POSTED SPEED
0
DETECTED SPEED
3
1 - STATED/ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

[illegible]

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 0 2 3 1 6 1 3

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	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

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	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

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	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

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	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - NONE USED - VEHICLE OCCUPANT 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 (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	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
INJURED TAKEN BY			EJECTION
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
GENDER			TRAPPED
F - FEMALE M - MALE U - OTHER/UNKNOWN			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS

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

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

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