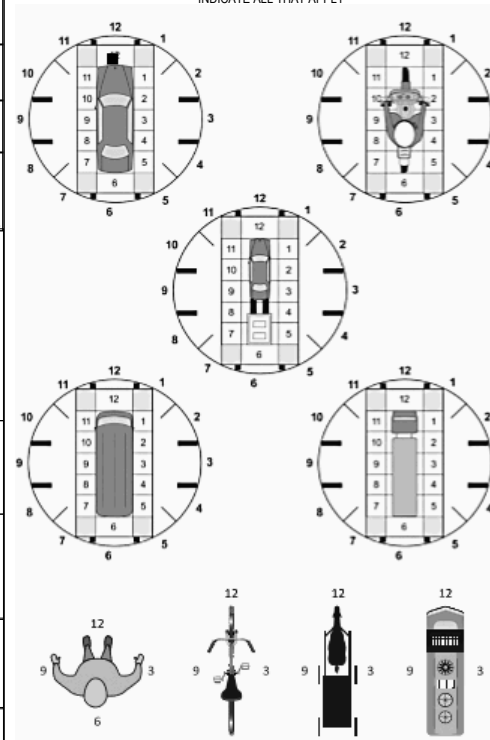


OWNER		LOCAL REPORT NUMBER	
UNIT # 01		20252464	
OWNER NAME: LAST, FIRST, MIDDLE () Same As Driver FOUNTAIN WILLIAM E		OWNER PHONE: INCLUDE AREA CODE () Same As Driver	
OWNER ADDRESS: STREET, CITY, STATE, ZIP () Same As Driver 4229 E 181 ST CLEVELAND OH 44128		COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
LP STATE OH		LICENSE PLATE # KIG7160	
VEHICLE IDENTIFICATION # JA4APV1AU0MU015590		VEHICLE YEAR 2021	
VEHICLE MAKE Mitsubishi			
INSURANCE VERIFIED		INSURANCE COMPANY ALLSTATE	
INSURANCE POLICY # 966762286		VEHICLE COLOR SIL	
VEHICLE MODEL Outlander			
TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		US DOT #	
INTERLOCK DEVICE EQUIPPED		HIT/SKIP UNIT	
# OCCUPANTS 02		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD		CLASS #	
PLACARD ID #			
UNIT TYPE 03		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		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN	
SPECIAL FUNCTION 01		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN	
CARGO BODY TYPE 01		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER 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 - GARBAGEREFUSE 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 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 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 99		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		EVENTS	
1 4 1		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	

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	
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	TRAFFIC CONTROL
2 1 - ONE-WAY 2 - TWO-WAY	6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 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 15	DETECTED SPEED 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 15	



MOTORIST / NON-MOTORIST	UNIT # 01	NAME: LAST, FIRST, MIDDLE FOUNTAIN CAMILLE DANIELL				DATE OF BIRTH 10272003				AGE 21		GENDER F						
	ADDRESS: STREET, CITY, STATE, ZIP 4229 E 181 ST CLEVELAND OH 44128					CONTACT PHONE - INCLUDE AREA CODE _____												
	INJURIES 5	INJURED TAKEN BY _____	EMS AGENCY (NAME) _____		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) _____		SAFETY EQUIPMENT USED 02		☐ DOT-COMPLIANT MC HELMET		SEATING POSITION 01		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1	
	OL STATE _____	OPERATOR LICENSE NUMBER _____			OFFENSE CHARGED 333.03A		LOCAL CODE ■	OFFENSE DESCRIPTION FAIL TO CONTROL				CITATION NUMBER G20251904						
	OL CLASS 4	ENDORSEMENT SELECT UP TO 2 _____	RESTRICTION SELECT UP TO 3 _____		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION 1	STATUS 1	ALCOHOL TEST TYPE 1 VALUE _____		STATUS 1	TYPE 1	RESULT SELECT UP TO 4 _____				
	UNIT # _____	NAME: LAST, FIRST, MIDDLE _____					DATE OF BIRTH _____				AGE _____		GENDER _____					
	ADDRESS: STREET, CITY, STATE, ZIP _____					CONTACT PHONE - INCLUDE AREA CODE _____												
	INJURIES _____	INJURED TAKEN BY _____	EMS AGENCY (NAME) _____		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) _____		SAFETY EQUIPMENT USED _____		☐ DOT-COMPLIANT MC HELMET		SEATING POSITION _____		AIR BAG USAGE _____		EJECTION _____		TRAPPED _____	
	OL STATE _____	OPERATOR LICENSE NUMBER _____			OFFENSE CHARGED _____		LOCAL CODE _____	OFFENSE DESCRIPTION _____				CITATION NUMBER _____						
	OL CLASS _____	ENDORSEMENT SELECT UP TO 2 _____	RESTRICTION SELECT UP TO 3 _____		DRIVER DISTRACTED BY _____	ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG		CONDITION _____	STATUS _____	ALCOHOL TEST TYPE _____ VALUE _____		STATUS _____	TYPE _____	RESULT SELECT UP TO 4 _____				
MOTORIST / NON-MOTORIST	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 _____	
	OL STATE _____	OPERATOR LICENSE NUMBER _____			OFFENSE CHARGED _____		LOCAL CODE _____	OFFENSE DESCRIPTION _____				CITATION NUMBER _____						
	OL CLASS _____	ENDORSEMENT SELECT UP TO 2 _____	RESTRICTION SELECT UP TO 3 _____		DRIVER DISTRACTED BY _____	ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG		CONDITION _____	STATUS _____	ALCOHOL TEST TYPE _____ VALUE _____		STATUS _____	TYPE _____	RESULT SELECT UP TO 4 _____				
	UNIT # _____	NAME: LAST, FIRST, MIDDLE _____					DATE OF BIRTH _____				AGE _____		GENDER _____					
	ADDRESS: STREET, CITY, STATE, ZIP _____					CONTACT PHONE - INCLUDE AREA CODE _____												
	INJURIES _____	INJURED TAKEN BY _____	EMS AGENCY (NAME) _____		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) _____		SAFETY EQUIPMENT USED _____		☐ DOT-COMPLIANT MC HELMET		SEATING POSITION _____		AIR BAG USAGE _____		EJECTION _____		TRAPPED _____	
	OL STATE _____	OPERATOR LICENSE NUMBER _____			OFFENSE CHARGED _____		LOCAL CODE _____	OFFENSE DESCRIPTION _____				CITATION NUMBER _____						
	OL CLASS _____	ENDORSEMENT SELECT UP TO 2 _____	RESTRICTION SELECT UP TO 3 _____		DRIVER DISTRACTED BY _____	ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG		CONDITION _____	STATUS _____	ALCOHOL TEST TYPE _____ VALUE _____		STATUS _____	TYPE _____	RESULT SELECT UP TO 4 _____				

[illegible]

OCCUPANT / WITNESS ADDENDUM

						LOCAL REPORT NUMBER															
						2 0 2 5 2 4 6 4															
OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE BURRELL				DEMEIR				JAWAD				DATE OF BIRTH 0 7 1 4 2 0 0 4				AGE 2 1		GENDER M	
	ADDRESS: STREET, CITY, STATE, ZIP 2694 CASTINE WAY REYNOLDSBURG OH 43068										CONTACT PHONE - INCLUDE AREA CODE 										
	INJURIES 5		INJURED TAKEN BY 		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)				SAFETY EQUIPMENT USED 0 1		☐ DOT-COMPLIANT MC HELMET		SEATING POSITION 0 3		AIR BAG USAGE 1		EJECTION 1		TRAPPED 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 		DOT-COMPLIANT MC HELMET 		SEATING POSITION 		AIR BAG USAGE 		EJECTION 		TRAPPED
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 		DOT-COMPLIANT MC HELMET 		SEATING POSITION 		AIR BAG USAGE 		EJECTION 		TRAPPED
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 		DOT-COMPLIANT MC HELMET 		SEATING POSITION 		AIR BAG USAGE 		EJECTION 		TRAPPED
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 		DOT-COMPLIANT MC HELMET 		SEATING POSITION 		AIR BAG USAGE 		EJECTION 		TRAPPED
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	
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		GENDER F - FEMALE M - MALE U - OTHER/UNKNOWN		SAFETY EQUIPMENT USED 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				SEATING POSITION 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				AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS							
WITNESS	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH 				AGE 		GENDER 				
	ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE 										
WITNESS	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH 				AGE 		GENDER 				
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WITNESS	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH 				AGE 		GENDER 				
	ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE 										