OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*								
☐ 0H-2 ☐ 0H-3	$\begin{bmatrix} 2 & 0 & 2 & 4 & - & 0 & 0 & 0 & 1 & 8 & 2 & 0 & 2 \end{bmatrix}$								
PHOTOS TAKEN X OH-1P OTHER	REPORTING AGENCY NAME*	NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR				
SECONDARY CRASH PRIVATE PROPERTY	City of Kent Police	.0.0	6,7,0,3	1 - SOLVED	0,2,0	2 98 - ANIMAL 99 - UNKNOWN			
COUNTY* LOCALITY* LOCATION: CITY	CRASH DATE / TIME* CRASH SEVERITY								
6 7 1 2-VILLAGE 3-TOWNSHIP Kent	1-FATAL 2-SERIOUS INJURY								
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH	LATITUDE DECIMAL DEGREES SUSPECTED								
S - SOUTH E - EAST WAWEST	HAYMAKER WY		$P \setminus K$	41,15,12,5,4 3-MINOR INJURY SUSPECTED					
W-WEST	REFERENCE ROAD NAME (ROAD, N	AILEPOST. HOUSE #)	ROAD TYPE						
S - SOUTH	STOW	,	c T	-8 ₁ 1 ₀ 3 ₆ 5		PROPERTY DAMAGE			
			S_T			ONLY			
REFERENCE POINT DIRECTION FROM REFERENCE N - NORTH IR -	ROUTE TYPE INTERSTATE ROUTE(TP) AL -	ROAD TYPE ALLEY HW-HIGHWAY RI	D - ROAD	[FE]	INTERSECTION RELATED	- C			
2 - MILE POST C COUTU	FEDERAL US ROUTE AV -		Q - SQUARE	WITHIN INTE	RSECTION OR ON APPROA	4 .			
	STATE ROUTE		T - STREET E - TERRACE	X WITHIN INTE	RCHANGE AREA NUM	BER OF APPROACHES			
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT -		L - TRAIL		ROADWAY				
1 - MILES TR - 2 - FEET	ROUTE		A - WAY	ROADWAY DIV	IDED				
3-YARDS	HE -	HEIGHTS PL - PLACE			T				
LOCATION OF FIRST HARMFUL EVEN' 1 - ON ROADWAY 9 - CROSSOVER		ER OF CRASH COLLISION/IMPAC OLLISION 4 - REAR-TO-REAR	т	DIRECTION OF TRAVE		96.9094.90.900			
0.00.0000000000000000000000000000000000	ALLEY ACCESS BETW			N - NORTH	1 - DIVIDED F	LUSH MEDIAN			
	VEHIO	CLESIN 6-ANGLE	DIDECTION	E - EAST	2 - DIVIDED F (≥4 FEET	LUSH MEDIAN			
4 - ON ROADSIDE 12-SHARED US 5 - ON GORE TRAILS	2 - REAR	SPORT 7 - SIDESWIPE, SAME -END 8 - SIDESWIPE, OPPOS		W-WEST		DEPRESSED MEDIAN			
6 - OUTSIDE TRAFFIC WAY 13 - BIKE LANE	J-IILAU	-ON 9 - OTHER / UNKNOW	/N		4 - DIVIDED, F	RAISED MEDIAN E)			
7-0N RAMP 14-10LL B0011 8-0FF RAMP 99-0THER/UN					9 - OTHER/UN	KNOWN			
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WO	RK ZONE	CONTOUR	CONDITIONS	SURFACE			
1-	LANE CLOSURE	1 - BEFORE THE 1ST V	***************************************	1	1 1	2			
_	LANE SHIFT/CROSSOVER WORK ON SHOULDER	WARNING SIGN 2 - ADVANCE WARNIN	G AREA	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE			
LAW ENFORCEMENT PRESENT	OR MEDIAN	3-TRANSITION AREA		2 - STRAIGHT GRADE	2-WET	2 - BLACKTOP,			
The state of the s	INTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY AREA 5 - TERMINATION ARE	Α	3 - CURVE LEVEL	3 - SN0W	BITUMINOUS, ASPHALT			
				4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK			
LIGHT CONDITION 1 - DAYLIGHT	1 - CLEAR	R 6-SNOW		9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL 4 - SLAG, GRAV					
2 - DAWN/DUSK	0 2 2-CLOUDY	7 - SEVERE CROSSWINDS				5 - DIRT			
3 - DARK - LIGHTED ROADWAY	3 - FOG, SMOG, SMOKE	8 - BLOWING SAND, SOIL, DIRT,			MOVING)	9 - OTHER/UNKNOWN			
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FREEZI 99 - OTHER / UNKNOWN							
9 - OTHER / UNKNOWN	208 - 6-960 BB 580-960 TODGCCC BD9*	V-12 101110000000000000000000000000000000							
NARRATIVE					A	Indicate the north			
UNIT 1 WAS DRIVING EASTB	OUND ON					direction with an "N" on the			
A SANTA DA MENERO CONTRACTOR DE LA CONTR	SSE A MORE POST MANY O SHE STEEL SEE STEELE SEE					compass diagram.			
HAYMAKER PKWY THROU	GH THE STOW STE	REET			Not To	Scale			
INTERSECTION. UNIT 2 TUI	RNED LEFT FROM								
THE HAYMAKER PKWY WI	ESTROUND TURN I	ANE	н	AYMAKERPKWY					
	ESTROCIO TOTAL		_						
STRIKING UNIT 1.			1	-	- 1				
			- ONIT	July 2					
				1 1					
			4						
				1					
			J	1 1					
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED I	DATE / TIME D	EPORT TAKEN BY			
			5 5 0 4		I⊽I	POLICE AGENCY			
1,2,0,4,2,0,2,4,/,1,5,5,2,1,2,0,					+,/,1,6,2,1,	MOTORIST			
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUT				cer's name* er, James	片	SUPPLEMENT			
///	OFFICER'S BAD	Control Control		Y OFFICER'S BADGE N	IUMBER*	(CORRECTION OF ADDITION TO AN EXISTING REPORT SENT TO COPS)			
0 0 0 0 1 0 3			2 5						

LOCAL REPORT NUMBER

Con and	SERVICE - PROTECTION		2 0 2 4 -	$0_{+}0_{+}0_{+}1_{+}8_{+}2_{+}0_{+}2_{+}$							
UNIT #	OWNER NAME: LAST, FIRE STEINER, W	ST, MIDDLE (SAME AS DRIVER)	EN	REDACTED PE	R ORC 149.43(A)(1)		DAMAGE				
	DDRESS: STREET, CITY, STATE			1 - NONE	DAMAGE SCALE 3 - FUNCTIONAL DAMAGE						
	HARTVILLE		h ,OH 44272			2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN					
COMMERC	CIAL CARRIER: NAME, ADDR	RESS, CITY, STATE, ZIP		COMMERCIAL CARRIER	PHONE: INCLUDE AREA CODE	DAMAGED AREA(S)					
			E IDENTIFICATION#	VEHICLE YE		INDICATE ALL THAT APPLY					
	KBU5070		A ₁ 7 ₁ 4 ₁ R ₁ 7 ₁ 4 ₁ 8 ₁ 6 ₁			Corporation	11 12 1				
X INSURA	INSURANCE COMP		INSURANCE POLICY #	LGR	SELTOS	10 (1) 1 2	10 12				
_	TYPE OF USE		US DOT#	TOWED BY: COMPANY		10 2	10, 2				
COMME	RCIAL GOVERNMENT	IN EMERGENCY RESPONSE	EHICLE WEIGHT GVWR/GCWR	HAZARDO	US MATERIAL	9 9 3	3 9 9 3 4 -				
INTERI	LOCK HIT/SKIP UNI	T #UCCUPANTS	1 - ≤10KLBS.	■ RELEASED	CLASS # PLACARD ID #	8 7 5 4	7 5				
EQUIP	PED —		2 - 10,001 - 26K LBS 3 - >26K LBS	L PLACARD	لللللا الليا	7 6 5	11 7 6				
0.1	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED	12 - GOLF CART 13 - SNOWMOBILE	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS)	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE)	10 /	12				
0_1	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20-OTHER VEHICLE	25 - OTHER NON-MOTORIST	_	10 2				
UNITTYPE	4 - PICKUP 5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE		21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR	26 - BICYCLE 27 - TRAIN	9	9 3 3				
08.754	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	7 8 5 4				
_00	# of TRAILING UNITS	(A177017)				11 12 1	7 6 5 11 12				
	WAS VEHICLE OPERATING IN AU			3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	10 12	10 12				
. 2	MODE WHEN CRASH OCCURRED 1-YES 2-NO 9-OTHER/UNK	1 0 1	A DADTIAL AUTOMATION	4 - HIGH AUTOMATION 5 - FULL AUTOMATION		10 2	10 2				
		MODE LEVEL				9 3	3 9 9 3				
0.1	1 - NONE 2 - TAXI	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY		16-FARM 17-MOWING	21 - MAIL CARRIER 99 - OTHER / UNKNOWN	8 7 5 4	8 7 5				
SPECIAL	3 - ELECTRONIC RIDE SHARING			18-SNOW REMOVAL		7 6 5	7 6 5				
FUNCTION	4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	9 - BUS - OTHER 10 - AMBULANCE	14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	19-TOWING 20-SAFETY SERVICE PATROL		6	6				
0.1	1 - NO CARGO BODYTYPE	3 - VEHICLE TOWING ANOTHER	5 - INTERMODAL CONTAINER	8 - POLE	12 - CONCRETE MIXER		12 12 12				
	/ NOT APPLICABLE 2 - BUS	MOTORVEHICLE	CHASSIS	9 - CARGO TANK	13-AUTOTRANSPORTER	Q A					
BODY TYPE	2 - 805	4 - LOGGING	T CONTINUOUS DOLLER	10-FLAT BED 11-DUNP	14-GARBAGE/REFUSE 99-OTHER / UNKNOWN	9 (3 9	e 3 9 T 3 9 ₩ 3				
	1 - TURN SIGNALS	4 - BRAKES		9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN	Ó					
	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT	10-DISABLED FROM PRIOR			6 6 6				
DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT		- NO DAMAGE	0] - UNDERCARRIAGE [14]				
1 1 1	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED		9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS	12 - FIRST RESPONDER AT INCIDENT SCENE	□- TOP [13]	- ALL AREAS [15]				
NON-MOTORIST LOCATION	2 - INTERSECTION - UNMARKED CROSSWALK	CROSSWALK	B - SIDEWALK	11 - SHARED USE PATHS OR	99-OTHER/UNKNOWN	<u></u>					
AT IMPACT		5 - TRAVEL LANE - OTHER LOCATIO		TRAILS	10 100001011110	□ - UNI	T NOT AT SCENE [16]				
	1-NON-CONTACT 2-NON-COLLISION	1 - STRAIGHT AHEAD 2 - BACKING	- 1. H.	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING	18-APPROACHING OR LEAVING VEHICLE	www.www.1000.0000	AL POINT OF CONTACT				
4	3-STRIKING UI	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	SPECIFIED LOCATION 15 - WALKING, RUNNING,	19-STANDING 20-OTHER NON-MOTORIST	0 - NO DAMA	GE 14 - UNDERCARRIAGE TO UNIT 15 - VEHICLE NOT AT SCENE				
ACTION	5 - BOTH STRIKING ACTIONS	4 - CVERTAKING/PASSING 5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED	JOGGING, PLAYING	21 -STANDING OUTSIDE	DIAGR	AM 99 - UNKNOWN				
	& STRUCK 9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	INTRAFFIC	16 - WORKING 17 - PUSHING VEHICLE	DISABLED VEHICLE 99 - OTHER / UNKNOWN	13-TOP					
	1 - NONE	7 - LEFT OF CENTER	12 - DRIVERCESS	17 - VISION OBSTRUCTION	21 -LYING IN ROADWAY		TRAFFIC				
500b 10000	2 - FAILURE TOYIELD	8 - FOLLOWING TOO CLOSE / ACC	PARKED POSITION	18-OPERATING DEFECTIVE	22 -NOT DISCERNIBLE	TRAFFICWAY FLOW 1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN				
$\lfloor 0 \rfloor 1$	3 - RAN RED LIGHT 4 - RAN STOP SIGN	9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING	14-STOPPED OR PARKED ILLEGALLY	EQUIPMENT 19-LOAD SHIFTING/FALLING/	23 - OPENING DOOR INTO ROADWAY	2 2 - TWO-WAY	2 2 - SIGNAL 5 - YIELD SIGN				
CONTRIBUTING	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - WRONG WAY	SPILLING 20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION	•	3 - FLASHER 6 - NO CONTROL				
	6-IMPROPERTURN	12 - IMPROPER BACKING		20-1MFROFER CROSSING		# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED				
SEQUENCE	OF EVENTS		NON-COLLISION			4	1 2 - INVOLVED-ACTIVE CROSSING				
$_{1}$ $_{1}$ $_{2}$ $_{1}$ $_{0}$	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE		16 - RAILWAY VEHICLE 17 - ANIMAL — FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT	-	3 - INVOLVED-PASSIVE CROSSING				
	3 - IMMERSION	7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	TRAVEL	18-ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGOOR	UNIT / NO	N-MOTORIST DIRECTION				
2	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION	19-ANIMAL — OTHER 20-MOTOR VEHICLE IN	ANYTHING SET IN MOTION BY A MOTOR VEHICLE	9 9	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST				
31 1 1	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN	TRANSPORT	24 - OTHER MOVABLE OBJECT	FROM 4 TO					
3		COLLISIO	NWITH FIXED OBJECT	21-PARKED MOTORVEHICLE - STRUCK			4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN				
4	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER		43 - CURB 44 - DITCH	50 - WORK ZONE MAINTENANCE EQUIPMENT	UNIT SPEED	DETECTED SPEED				
	26 - BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	51 - WALL	Mary New Year	1 - STATED / ESTIMATED SPEE				
5	27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	AO HITH ITY DOLE	46-FENCE 47-MAILBOX	52 - BUILDING 53 - TUNNEL	$\begin{bmatrix} 0_{\perp} 2_{\perp} 0_{\perp} \end{bmatrix}$	1 2 - CALCULATED / EDR				
6	28-BRIDGE PARAPET 29-BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE	48-TREE	54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	POSTED SPEED	3 - UNDETERMINED				
ســـــــــــــــــــــــــــــــــــــ	30-GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	49-FIRE HYDRANT	//-other/ unknown	. 3 . 5 .					
		1									

3 5

LOCAL REPORT NUMBER

\sim	O IVII					$2 \cdot 0 \cdot 2 \cdot 4 \cdot - 0$	$0_{\perp}0_{\perp}0_{\perp}1_{\perp}8_{\perp}2_{\perp}0_{\perp}2_{\perp}$
UNIT #	OWNER NAME: LAST, FIRE MURRAY, LA	ST, MIDDLE (SAME AS DRIVER)		OWNER PHONE: INC REDACTED PE	ER ORC 149.43(A)(1)	D	DAMAGE AMAGE SCALE
OWNER AD	DRESS: STREET, CITY, STATE	, ZIP (X SAME AS DRIVER)	1 - NONE 3 - FUNCTIONAL DAMAGE				
	CAIRFAX RD	Akron ,OH 4	R PHONE: INCLUDE AREA CODE	2 - WINOR DAI	MAGE 4 - DISABLING DAMAGE - UNKNOWN		
5-5-7500000000	, , , , , , , , , , , , , , , , , , , ,	7			MAGED AREA(S)		
	CMR6241		IDENTIFICATION # $(D_1 S_1 E_1 J_1 I_1 7_1 0_1)$	9.3.1. 2.0.1		500000000	TE ALL THAT APPLY
INSURAN VERIFII	NCE INSURANCE COMP	PANY	SURANCE POLICY #	COLOR	VEHICLE MODEL	11 12 1	11 12 1
VERIFII	ERIE INSU	RANCE	036510077 US DOT #	TOWED BY: COMPAN	ENCLAVE	10 11 2	10 11 1 1
COMME		IN EMERGENCY RESPONSE		1	OUS MATERIAL	9 9 3	9 9 3
INTERL	LOCK HIT/SKIP UNI	#OCCUPANTS	ICLEWEIGHT GVWR/GCWR 1 - <10KLBS.	MATERIAL RELEASED	CLASS # PLACARD ID #	8 7 5 4	7 5
EQUIP	PED —	0_2_	2 - 10,001 - 26K LBS 3 - >26K LBS.	PLACARD	للللالا	7 6 5	7 6 5
0.1	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED	12 - GOLF CART 13 - SNOWMOBILE	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS)	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE)	10	11 1 2
UNIT TYPE	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE 10 - MOPED OR MOTORIZED		20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT	25 - OTHER NON-MOTORIST 26 - BICYCLE		10 2 9 3
	5 - CARGO VAN	BICYCLE		22 - ANIMAL WITH RIDER OR	27 -TRAIN	_	8 11 4
. 00	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	7 5 4
_00	# of TRAILING UNITS		21020020200		CE 1,000000	11 12 7	6 11 12 1
_	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION	9 - UNKNOWN	10 11 1	10 11 1
2	1-YES 2-NO 9-OTHER/UNK	NOWN AUTONOMOUS MODE LEVEL	2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION		9 9 3 3	9 9 3
0.1	1 - NONE	6 - BUS - CHARTER/TOUR		16-FARM	21 - MAIL CARRIER	8 4 7	8 4 7
0 1	2 - TAXI 3 - ELECTRONIC RIDE SHARING	7 - BUS - INTERCITY 8 - BUS - SHUTTLE		17 - MOWING 18 - SNOW REMOVAL	99 - OTHER / UNKNOWN	8 6	8 7 6
FUNCTION	4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	9 - BUS - OTHER	14-PUBLIC UTILITY 15-CONSTRUCTION EQUIPMENT	19-TOWING		6	6
	1 - NO CARGO BODY TYPE			8 - POLE	12 - CONCRETE MIXER	n nas	12 12 12
04000	O_1 /NOTAPPLICABLE MOTORVEHICLE		NOTORVEHICLE		13-AUTOTRANSPORTER	R A	
BODY TYPE		4 - LOGGING			14-GARBAGE/REFUSE 99-OTHER/UNKNOWN	9 3 9	e 3 9 1 1 3 9 ★ 3
	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICKTIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN	6	
	2 - HEAD LAMPS 3 - TAIL LAMPS	5 - STEERING 6 - TIRE BLOWOUT	B - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT		425.	6 6 6
		3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER	- NO DAMAGE [0] - UNDERCARRIAGE [14]
	CROSSWALK 2-INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	AT INCIDENT SCENE 99-OTHER / UNKNOWN	☐- TOP [13]	- ALL AREAS [15]
LOCATION AT IMPACT	CROSSWALK	5 -TRAVEL LANE - OTHER LOCATION	B - SIDEWALK	11-SHARED USE PATHS OR TRAILS	33-OTHER/ UNKNOWN	- UNIT	NOTAT SCENE [16]
	1-NON-CONTACT	1 - STRAIGHT AHEAD		13 - NEGOTIATING A CURVE	18-APPROACHING OR LEAVING VEHICLE	INITIAL	POINT OF CONTACT
3	0 6	2 - BACKING 3 - CHANGING LANES	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19-STANDING	0 - NO DAMAG	
ACTION	4 - STRUCK PRE-CRASH 5 - BOTH STRIKING ACTIONS	4 - CVERTAKING/PASSING	10 - PARKED 11 - SLOWING OR STOPPED	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE	DIAGRA	M 99 - UNKNOWN
	& STRUCK	6 - MAKING LEFT TURN	INTRAFFIC	16 - WORKING 17 - PUSHING VEHICLE	DISABLED VEHICLE 99-OTHER / UNKNOWN	13-T0P	1967B - 1975B 274-1975B 276-1
	9-OTHER/UNKNOWN 1-NONE	7 - LEFT OF CENTER	12 - DRIVERCESS	17 - VISION OBSTRUCTION	21 -LYING IN ROADWAY		TRAFFIC
9978 5855	2-FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	DADICED DOCITION	18-OPERATING DEFECTIVE	22 - NOT DISCERNIBLE	TRAFFICWAY FLOW 1 - ONE-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN
U_2	3 - RAN RED LIGHT 4 - RAN STOP SIGN	9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING	ILLEGALLY	EQUIPMENT 19-LOAD SHIFTING/FALLING/	23 - OPENING DOOR INTO ROADWAY	2 2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
CONTRIBUTING CIRCUMSTANCES	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - WRONG WAY	SPILLING 20 - IMPROPER CROSSING	99-OTHER IMPROPER ACTION	# of THROUGH LANES	RAIL GRADE CROSSING
SEQUENCE	6-IMPROPERTURN OF EVENTS	12-IMPROPER BACKING				ON ROAD	1 - NOT INVOLVED
2.0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	NON-COLLISION 11-CROSS CENTERLINE —	16-RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE	_4_	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
1 2 0	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF	17 - ANIMAL - FARM	EQUIPMENT 23 - STRUCK BY FALLING,	UNIT / NON	I-MOTORIST DIRECTION
2	3 - IMMERSION 4 - JACKKNIFE	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY	18-ANIMAL — DEER 19-ANIMAL — OTHER	SHIFTING CARGOOR ANYTHING SET IN MOTION		1 - NORTH 5 - NORTHEAST
6107.	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10-CROSS MEDIAN	14 - PEDESTRIAN	20 - MOTOR VEHICLE IN TRANSPORT	BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	FROM 3 TO L	2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST
3		COLLISIO	15-PEDALCYCLE NWITH FIXED OBJECT	21 - PARKED MOTOR VEHICLE - STRUCK		2000	4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
4	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST	43 - CURB 44 - DITCH	50 - WORK ZONE MAINTENANCE EQUIPMENT	HAUT COFFE	
	26-BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BARRIER	39-LIGHT/LUMINARIES	45 - EMBANKMENT	51 - WALL	UNIT SPEED	DETECTED SPEED 1 - STATED / ESTIMATED SPEED
5	27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	SUPPORT 40 - UTILITY POLE	46 - FENCE 47 - MAILBOX	52 - BUILDING 53 - TUNNEL	$\begin{bmatrix} 0_{\perp} 2_{\perp} 0_{\perp} \end{bmatrix}$	2 - CALCULATED / EDR
6	28 - BRIDGE PARAPET 29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	48-TREE 49-FIRE HYDRANT	54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	POSTED SPEED	3 - UNDETERMINED
1	30-GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT		and the second s	3 5	
1 1	FIRST HARMFUL EVEN	T I MOST H	ARMFIII FVFNT				1

OFF PUBLIC BAFETY MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER								
SAFETY - MERVI	CE - PROTECTION	010K121 / 140) -	1010	K12	1			2 0	2 4 - 0	0_0_	1 8	2 0	_2	
UNIT#	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER						
0,1	STEIN	ER, KAREN, SUI	E						1 1 2 4 1 9 5 8 6 6 F						
	address: street, city, state, zip 2581 HARTVILLE RD, Randolph, OH 44272									CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)					
INJURIES		EMS AGENCY (NAME)	r ,			MEDICAL FACILITY	(NAME CITY)	SAFETY EQUIPMENT		SEATING POSITI					
	TAKEN BY			I TO CITED I	riter 10		THAIL, OLL I	USED 0 4	□ DOT-Co	LMET 0 1	1	USAGE .	. 1 .	1 .	
OLSTATE	OPERATOR	LICENSE NUMBER	RGED	LOCAL	OFFENSE DESC	RIPTION		CITAT	TION NU	MBER					
O, H,	REDAC	TED PER ORC 450	1:1-12				CODE								
OL CLASS	ENDORSEMEN SELECT UP TO 2			VER TRACTED	_	OHOL / DRUG SUSPI		CONDITION	STATUS T	YPE VALUE	STATUS	DRUG	TEST(S	SELECTUPTO4	
. 4			BY	1	=	LCOHOL MAR	RIJUANA	1 1	1	1	1	1	AND POUR		
UNIT #	NAME-LAST	J L L L L L L L L L L L L L L L L L L L			Цυ	THER DRUG				DATE OF BIRTH		÷	AGE	GENDER	
0.2	******************	H, JAIR, NIREE							. 0 . 8	1 2 2 0	. 0 . 4	1 2	0	M	
	STREET, CITY, S								75	PHONE - INCLUDE AREA			0	111	
1581 H	FAIRFA	X RD ,Akron ,OH	I 4431.	3					RED	ACTED PER	R OR	C 14	19.43	(A)(1)	
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED1	AKEN TO	MEDICAL FACILITY	(NAME, CITY)		DOT-C:	SEATING POSITI	ON AIR BAG	ON AIR BAG USAGE EJECTION TRAPPED			
⁰ _5_	BY							USED 0 4	Шмс не		1	<u> </u>	_1_	_1_	
OL STATE		LICENSE NUMBER CTED PER ORC 450	11-1_12	OFFENS		RGED	LOCAL	OFFENSE DESC	RIPTION		www.co.co.co.co	TION NU	IMBER		
OH	7	_		331.			X	Right of Way			285	28503			
OL CLASS	SELECT UP TO 2		UP TO 3 DRIV	VER TRACTED	_	CHOL / DRUG SUSPI	ECTED RIJUANA	CONDITION	STATUS T	YPE VALUE	STATUS	TYPE	RESULT	SELECTUPTO4	
4			.	1 ,	=	THER DRUG		1	_1	1	_ 1	_ 1	اللالل	اللا	
UNIT#	NAME: LAST	, FIRST, MIDDLE								DATE OF BIRTH			AGE	GENDER	
											1 1	_ _			
ADDRESS:	STREET, CITY, S	STATE, ZIP							CONTACT	PHONE - INCLUDE AREA	CODE				
0	T				AD 2011 - ADAD 10.00		3-15-20-2-12-22-22-2	T	ш	1 1 1	1 1				
INJURIES	TAKEN BY	EMS AGENCY (NAME)		INJUREDI	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	USED EQUIPMENT	Прот-с∘		ON AIR BAG	USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	SE CHA	RGED LOCAL OFFENSE DESC			CRIPTION C			CITATION NUMBER			
IORI	and the state of t						CODE								
OL CLASS	ENDORSEMEN SELECT UP TO 2			VER TRACTED	ALC	OHOL / DRUG SUSPI	ECTED	CONDITION	STATUS T	YPE VALUE	STATUS		TEST(S	SELECTOPIO4	
		*	BY	INACIED	=	LCOHOL MAF	RIJUANA								
INJU	RIES	SEATING POSITION	L	IR BAG	Цο	THER DRUG OL CLASS	s	OL RESTRIC	TION(S)	DRIVER DISTRAC	CTION	T	EST STA	JUS TUS	
1 - FATAL		1 - FRONT - LEFT SIDE	1-NOTDEP	17,74,741,7	Y 41	1 - CLASS A		1 - ALCOHOL INTER		1 - NOT DISTRACTED		1 - NONE	UNICOS (VIIII)		
2 - SUSPECTED 3 - SUSPECTED	SERIOUS INJURY	(M0TORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOYE 3 - DEPLOYE			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE		2 - MANUALLY OPERATI ELECTRONIC COMMU			REFUSED	ITAMINATED	
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE		ED BOTH FRO	NT / SIDE	4 - REGULAR CLASS		4 - FARMWAIVER	H2E2	DEVICE (TEXTING, TO DIALING)	PING,	SAMP	PLE / UNU SA	ABLE	
5 - NO APPAREN	T INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOTAPP			(OHIO = D) 5 - M/C MOPED ONLY		5 - EXCEPT CLASS		3 - TALKING ON HANDS-			GIVEN, RES GIVEN, RES	ULTS KNOWN	
INJURED	TAKEN BY	5 - SECOND - MIDDLE	9- DEPLOYI	MENT UNKNO	WN	6 - NO VALID OL		6 - EXCEPT CLASS & CLASS B BUS	A	COMMUNICATION DE 4 - TALKING ON HAND-H		UNKN		OLIS	
1 - NOT TRANSP	Programme and the second	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	E	ECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO		COMMUNICATION DE	25/3/3/2 V	ALCO	HOL TES	ST TYPE	
2 - EMS	OULIL	(M0TORCYCLE SIDE CAR)	1 NOTEJE		1	H - HAZMAT		8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY WIT ELECTRONIC DEVICE		1 - NONE			
3 - POLICE		8 - THIRD – MIDDLE 9 - THIRD – RIGHT SIDE		LY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER RESTRICTIONS	MIT	6 - PASSENGER		2 - BL001 3 - URINE			
9 - OTHER / UNK	NOWN	10 - SLEEPER SECTION	3-TOTALLY 4-NOTAPP			P - PASSENGER N - TANKER		10 - LIMITED TO DAY	LIGHT ONLY	7 - OTHER DISTRACTION INSIDE THE VEHICLE		4 - BREA			
SURFICIAL PROPERTY AND A PROPERTY OF STREET	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER		100000000000000000000000000000000000000		Q - MOTOR SCOOTER		11 - LIMITED TO EM		8 - OTHER DISTRACTION THE VEHICLE	OUTSIDE	5 - OTHE	R		
1 - NONE USED 2 - SHOULDER B	ELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1- NOTTRA	PPED PPED	(I)[R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL DI		9 - OTHER / UNKNOWN			JG TEST	TYPE	
3 - LAP BELT ON		PICK-UP WITH CAP)	2 - EXTRICA	TED BY		S - SCHOOL BUS T - DOUBLE & TRIPLE	TRAILERS	(SPECIAL BRAK CONTROLS, OR O	ES, HAND	CONDITION		1 - NONE 2 - BLOOK			
4 - SHOULDER &		12 - PASSENGER IN UNENCLOSED CARGO AREA	3- FREED B	IICAL MEANS Y		X - TANKER / HAZMAT		ADAPTIVE DEVI	CES)	1 - APPARENTLY NORMA	L	3 - URINE			
5 - CHILD RESTE FORWARD FA	CING	13 - TRAILING UNIT		CHANICAL MI	EANS	GENDER		14 - MILITARY VEHICLE 15 - MOTOR VEHICLE		2 - PHYSICAL IMPAIRME 3 - EMOTIONAL (E.G., DEP		4 - OTHE	R		
6 - CHILD RESTE REAR FACING	RAINT SYSTEM – G	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F-FEMALE		AIR BRAKES 16 - OUTSIDE MIRRO		ANGRY, DISTURBED)		THE RESERVE OF THE PERSON NAMED IN		SULT(S)	
7 - BOOSTER SE		15 - NON-MOTORIST				M - MALE U - OTHER / UNKNOWN		17 - PROSTHETIC AL		4 - ILLNESS 5 - FELL ASLEEP, FAINTE	D,		TETAMINES TURATES		
9 - PROTECTIVE		99 - OTHER / UNKNOWN						18-OTHER		FATIGUED, ETC.			ODIAZEPIN	ES	
(ELBOW, KNE	ES, ETC.)									6 - UNDERTHE INFLUEN OF MEDICATIONS / DR		4 - CANN 5 - COCAL	IABINOIDS		
10 - REFLECTIVE 11 - LIGHTING - F										/ALCOHOL 9-OTHER/UNKNOWN			TES / OPIOID)S	
/ BICYCLE ON	NLY											7 - 0THE			
99 - OTHER / UNK	IN VY IN							8 - NEGA	TIVE RESUL	LIS					

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OHIO DE OF PUBL	SOF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER 2						
	-	AND THE SERVICE STORY			500				0,1,8				
02								DATE OF BIRTH AGE GENDER 2 0 1 7 2 0 0 4 2 0 M					
ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
ADDRESS 1156	1156 LAKESHORE BLVD ,Akron ,OH 44301										1		
<u></u>	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACI	LITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGI	EJECTION	TRAPPED		
5	BY	0.4							1		_1_		
UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDER						
ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
ADDRESS		pane ou Partins too											
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED			DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	E EJECTION	TRAPPED		
	BY					- LL	MC HELMET	للللا	Ĺ	ــــاد	لـــــا		
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH	ľ	AGE	GENDER		
									اللل		لــــا		
ADDRESS	S: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	LITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	E EJECTION	TRAPPED		
, ,	TAKEN BY					USED	DOT-COMPLIANT MC HELMET						
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
								1 1 1	11 3	E ES	ļ. ,		
ADDRESS	S: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
ADDRESS													
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACI	ED TAKEN TO: Medical Facility (NAME, CITY)		DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGI	EJECTION	TRAPPED		
	BY	IDIEC	CAFFT	Y FOULDMENT HEED		CEATING BOS	MC HELMET		ATD DAG I	J L L	لـــــا		
1 - FAT		JRIES	1 - NONE US	Y EQUIPMENT USED		T - LEFT SIDE	TITON	1 - NOT DE	PLOYED	SAGE			
		RIOUS INJURY		E OCCUPANT (MOTORCYCLE DRIV									
3 - SUS	PECTED MI	NOR INJURY		DER BELT ONLY USED 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE			E 3 - DEPLOYED SIDE						
4 - P0S	SIBLE INJU	IRY		4 - SECOND - LEFT SID			FRANKFAIRE						
5 - NO A	APPARENT	INJURY		ER & LAP BELT USED (MOTORCYCLE PASS ESTRAINT SYSTEM – 5 - SECOND – MIDDLE			5 - NOT APPLICA						
	INJURED	TAKEN BY		RD FACING 6 - SECOND - RIGHT SI			7 DELEGINIENT ONKNOWN						
Harmon 1975 1975 1975 1975 1975 1975 1975 1975	TRANSPOR		6 - CHILD RI	RESTRAINT SYSTEM – 7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE						ON			
2 - EMS	5		7 - BOOSTER	R SEAT 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE			1 - NOT EJECTED						
3 - P0L	ICE		8 - HELMET	USED		PER SECTION (2 - PART		TALLY EJECTED				
9 - OTH	ER / UNKNO	OWN		TVE PADS USED KNEES, ETC.)	II - FASSENGER IN OTH			DATI INC. UNIT			LY EJECTED		
		NDER		TIVE CLOTHING		PICK-UP WITH CAP							
F - FEMA M - MAL				G - PEDESTRIAN		ENGER IN UNE O AREA	NCLOSED	1 NOT TO	TRAPP	ED			
	ER / UNKNO	WN	/ BICYCL 99 - OTHER /	E UNLY 13 - TRAILING UNIT			1 - NOT TRAPPED 2 - EXTRICATED BY			/ MECHANICAL			
			77- OTHER7	ONKNOWN	14 - RIDING ON VEHICLE (NON-TRAILING UNIT)		EXTERIOR	MEANS					
						MOTORIST		3 - FREED BY NON-MECH MEANS		ECHANIC	AL		
NAME: LA	ST, FIRST, MIDD	ILE.			99 - UTHE	R / UNKNOWN	DAT	E OF BIRTH		AGE	GENDER		
200000000000000000000000000000000000000								1 1 1			п		
ADDRESS	S: STREET, CITY,	STATE, ZIP				10	CONTACT PHONE	- INCLUDE AREA CO	DE				
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NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH AGE GE				GENDER				
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE				لـــــــا			
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	ST, FIRST, MIDD	LE					NAME OF TAXABLE PARTY.	E OF BIRTH		AGE	GENDER		
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ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						

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