OHIO DEPARTMENT TRAFFIC CRASH	r.	OCAL REPORT NUM	/BER*						
PHOTOS TAKEN OH-2 OH-3				2 0 2 4	- 0 0 0	$0_{+}5_{+}1_{+}1_{+}3_{+}$			
OH-1P OTHER	REPORTING AGENCY NAME*	Λ.		NCIC*	HIT/SKIP 1 - SOLVED	NUMBER OF UNITS	UNIT IN ERROR 98 - ANIMAL		
COUNTY* LOCALITY* LOCATION: CITY	City of Kent Police	8	լՕլ	6,7,0,3	2 - UNSOLVED	0 2	CRASH SEVERITY		
6 7 1 1 2-VILLAGE Kent	VILLAGE, IUWNSHIF*				04092024	AND STATE OF THE S	1 - FATAL		
	LOCATION ROAD NAME			ROAD TYPE	LATITUDE DE	1=1=1=1	2 - SERIOUS INJURY SUSPECTED		
						1,9,8	3 - MINOR INJURY SUSPECTED		
	REFERENCE ROAD NAME (ROAD,	MILEPOST, HOUSE	E #)	ROAD TYPE	LONGITUDE DE	CIMAL DEGREES	4 - INJURY POSSIBLE		
S R 261 W-WEST					-8 ₁ ₀ 3 ₅ 3	9,5,4	5 - PROPERTY DAMAGE ONLY		
REFERENCE POINT DIRECTION FROM REFERENCE N - NORTH IR -	ROUTE TYPE INTERSTATE ROUTE(TP) AL		AD TYPE - HIGHWAY	RD - ROAD	[FE]	NTERSECTION REL			
2 MILEDOST CONTINU	I EDERAL OS ROOTE			SQ - SQUARE ST - STREET		RSECTION OR ON AP	_4_		
	STATE ROUTE			TE - TERRACE	☐ WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHES		
FROM REFERENCE UNIT OF MEASURE 1 - MILES TR -	NUMBERED TOWNSHIP DR			TL - TRAIL WA - WAY					
5 0 2 2-FEET 3-YARDS	ROUTE	- HEIGHTS PL -	- PLACE		ROADWAY DIV	IDED			
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 9 - CROSSOVER		NER OF CRASH COI		CT	DIRECTION OF TRAVE		EDIAN TYPE DED FLUSH MEDIAN		
0 1 2-ON SHOULDER 10-DRIVEWAY/	TWO	MOTOR	ACKING		N - NORTH S - SOUTH	(<4	FEET) DED FLUSH MEDIAN		
4 - ON ROADSIDE 12-SHARED US	E PATHS OR TRAI	NSPORT 7-SII	DESWIPE, SAM		E - EAST W - WEST	(≥4	FEET) DED, DEPRESSED MEDIAN		
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REAF 3 - HEAF		DESWIPE, OPP THER / UNKNO			4 - DIVII	DED, RAISED MEDIAN (TYPE)		
7 - ON RAMP 14-TOLL BOOTH 8 - OFF RAMP 99-OTHER/UN						. 195000	ER/UNKNOWN		
WORK ZONE RELATED	WORK ZONE TYPE		F CRASH IN W		CONTOUR	CONDITIONS	SURFACE		
	LANE CLOSURE LANE SHIFT/CROSSOVER	WAI	FORE THE 1ST RNING SIGN VANCE WARNII						
						1 - DRY 2 - WET	1 - CONCRETE 2 - BLACKTOP,		
ACTIVE SCHOOL ZONE 5-0		TIVITY AREA RMINATION AR	tEA .	2 - STRAIGHT GRADE 3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT			
LIGHT CONDITION	WEATHE	<u>l</u> ER			4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MUD, DIR	3 - BRICK/BLOCK		
1 - DAYLIGHT	1-CLEAR	6 - SNOW 7 - SEVERE CROS	CCMINDS		, omenomination	OIL, GRAVEL	STONE		
2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY	0 1 2-CLOUDY 3-FOG, SMOG, SMOKE	8 - BLOWING SAI	ND, SOIL, DIRT	I I 9 - OTHER/IINKN					
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RA	ING RAIN OR FREEZING DRIZZLE 7-SLUSH 9-OTHER/UNKNOWN 9-OTHER/UNKNOWN						
9 - OTHER / UNKNOWN									
NARRATIVE						4	Indicate the north direction with an "N" on the		
UNITS 1 AND 2 WERE STOPP	STV STATE STATE STATE FOR STATE STAT						compass diagram.		
261 IN THE LEFT TURN LAN	ES FOR S.								
WATER ST. UNIT 2 WAS IN T	HE								
SOUTHERNMOST LEFT TUI	RN LANE AND UNI	T 1				ERST.	in the second		
WAS IN THE NORTHERNMO	ST LEFT TURN			S.R.2	on	SW SW			
LANE. WHEN THE GREEN T	URN ARROWS				D TRAFFICMON				
APPEARED FOR THEIR LAN	ES, BOTH		5.R.261						
VEHICLES BEGAN TO TURN	LEFT ONTO S.				S.WATER				
WATER ST. UNIT 2 BEGAN T	O TURN INTO				i	11			
THE RIGHT LANE INSTEAD	OF MAINTAINING	G							
TRAVEL IN THE LEFT LANE									
	DISPATCH DATE / TIME		L DATE / TIME		SCENE CLEARED I		REPORT TAKEN BY POLICE AGENCY		
0,4,0,9,2,0,2,4,/,1,1,5,0, 0,4,0, TOTAL TIME		U ₁ 4 ₁ U ₁ 9 ₁ 2 ₁ U		HECKED BY OFFI		+ ₁ / ₁ 1 ₁ 2 ₁ 2 ₁ 4 ₁	MOTORIST		
ROADWAY CLOSED INVESTIGATION TIME MINUTI	Burton, Saman			nnemos	er, James		SUPPLEMENT (CORRECTION OR ADDITION		
	DGE NUMBER*	1 11	2 1 5	y OFFICER'S BADGE N	IUMBER*	TO AN EXISTING REPORT SENT TO ODPS)			

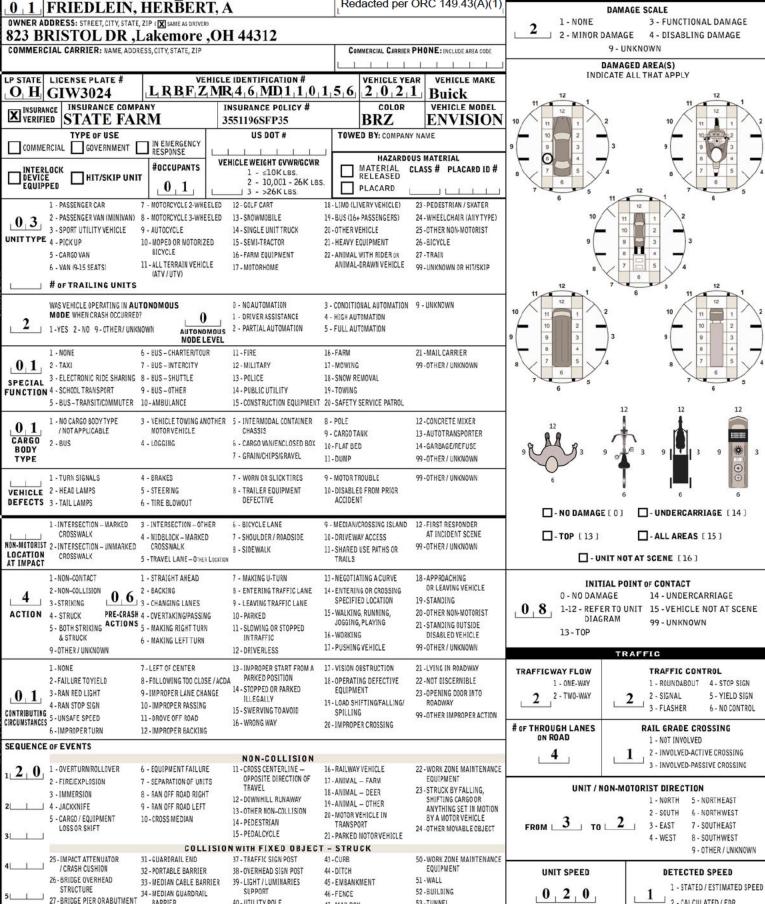
PAGE 1 OF 6

OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)

LOCAL REPORT NUMBER

$2 + 0 + 2 + 4 + - + 0 + 0 + 0 + 0 + 5 + 1 + 1 + 3 + \dots$

DAMAGE DAMAGE SCALE



53-TUNNEL

54 - OTHER FIXED OR JECT

99 - OTHER / UNKNOWN

POSTED SPEED

3 5

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

28-BRIDGE PARAPET

30-GUARDRAIL FACE

_ 29-BRIDGE RAIL

BARRIER

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

35 - MEDIAN CONCRETE

36 - MEDIAN OTHER BARRIER

40 - UTILITY POLE

OR SUPPORT

42 - CULVERT

41 - OTHER POST, POLE

47 - MAILBOX

49-FIRE HYDRANT

48-TREE

2 - CALCULATED / EDR

3 - UNDETERMINED

	LOCAL REP	ORT NUMBER
2 0	2 4 - 0 0	$10_{1}0_{1}5_{1}1_{1}1_{3}$
)	DAI	MAGE
)	DAMAG	E SCALE
٦,	1 - NONE	3 - FUNCTIONAL DAMAGE
	2 - MINOR DAMAGE	4 - DISABLING DAMAGE
1	9 - UN	KNOWN
J	DAMAGE	D AREA(S)
1		LL THAT APPLY
	12	12
11	1	11
10	12	10
1.2	11 10 2	10 11 1
9	9 3 3	9 9 3 3
∃*\ _ _	8 4	
8	7 3 4	7 5 5
I . X	6	° \ 6
7	6 11	1 7 6 5
		12
	10 11	1 2
	10	2 -
	9 9	3 3
	8	4 -
	8 7	5 4
1	12 7	• • • • • • • • • • • • • • • • • • • •

9,	TRAF	FIC	
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY	_2	TRAFFIC CON' 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER	
F THROUGH LANES ON ROAD	_1	1 - NOT INVOLVED 2 - INVOLVED-ACTI 3 - INVOLVED-PASS	IVE CROSSING

9 - OTHER / UNKNOWN
DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

_								[0,0,0]			
ER		OWNER NAME: LAST, FIRE SHAFFER, D DRESS: STREET, CITY, STATE			Redacted per	ORC 149.43(A)(1)		AMAGE SCALE 3 - FUNCTIONAL DAMAGE			
OWNER	331 FI	RANKLIN ST	,Ravenna ,OI	H 44266	A contraction of a contract	DUANE	2 2 - MINOR DAMAGE 4 - DISABLING DAMAGE				
Í	CUMMERC	CIAL CARRIER: NAME, ADDR	RESS, CITY, STATE, ZIP		COMMERCIAL CARRIER	PHONE: INCLUDE AREA CODE	9 - UNKNOWN DAMAGED AREA(S)				
ì		LICENSE PLATE # HNV3540		P7HC297	5,9,7, 2,0,1,			TE ALL THAT APPLY			
ľ	INSURAN VERIFII			NSURANCE POLICY # 3730000SFP35	COLOR	VEHICLE MODEL ALTIMA	10 11 12 1	10 11 12 1			
ı	COMME	TYPE OF USE	IN EMERGENCY RESPONSE	US DOT#	TOWED BY: COMPANY	NAME	9 10 2 3 3	9 10 2 9			
İ	INTERL DEVICE	OCK HIT/SKIP UNI	#OCCUPANTS VEH	HICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS	MATERIAL (US MATERIAL CLASS # PLACARD ID #	8 7 6	6 4 7 5 5			
ŀ	LUOIF	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	3 - >26K LBS. 12-GOLF CART	18-LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER	6 11	12 7 6 5			
Ę	01 UNIT TYPE	1 / 3 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - AUTOCYCLE 14 - SINGLE UNITTRUCK 20 - AUTOCYCLE 14 - SINGLE UNITTRUCK 20 - AUTOCYCLE 15 - SEMI-TRACTOR 21 - SEMI-TRACTOR 21 - AUTOCYCLE 16 - FARM EQUIPMENT 22 - AUTOCYCLE 17 - FARM EQUIPMENT 22 - AUTOCYCLE 18 - FARM EQUIPMENT 22 - AUTOCYCLE 18 - FARM EQUIPMENT 22 - AUTOCYCLE 18 - FARM EQUIPMENT 22 - AUTOCYCLE 22 - AUTOCYCLE		19-BUS (16+ PASSENGERS) 24-WHEELCHAIR (ANY TYPE)		9	1 1 2 2 3 3 3 6 4 7 5 5 4				
VEHICLE		# OF TRAILING UNITS WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED	TONOMOUS	D - NO AUTOMATION 1 - DRIVER ASSISTANCE	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION	9 - UNKNOWN	11 12 7	6 11 12 1			
	2	1-YES 2-NO 9-OTHER/UNK	NOWN AUTONOMOUS MODE LEVEL	2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION		9 3 3	9 9 3			
		4 - SCHOOL TRANSPORT	6 - BUS - CHARTER/TOUR 11 - FIRE 16- 7 - BUS - INTERCITY 12 - MILITARY 17- C RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18- ANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19- SIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20-			21 - MAIL CARRIER 99 - OTHER / UNKNOWN	7 6 5	8 7 6 5 5 6 5 12 12 12			
	O 1 1 - NO CARGO BODYTYPE / NOTAPPLICABLE 3 - VEHICLETOWING ANOTHER MOTORVEHICLE		CHASSIS	8 - POLE 9 - CARGOTANK 10 - FLAT BED 11 - DUMP	12-CONCRETE MIXER 13-AUTOTRANSPORTER 14-GARBAGE/REFUSE 99-OTHER / UNKNOWN	9 3 9 6 3 9 3 9					
	1 - TURN SIGNALS			7 - WORN OR SLICKTIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER / UNKNOWN	6				
Ì	NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION — MARKED CROSSWALK 2 - INTERSECTION — UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - NIDBLOCK - 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	☐- TOP [13]	O] -UNDERCARRIAGE [14] -ALL AREAS [15] NOTAT SCENE [16]			
	ACTION	3-STRIKING 4-STRUCK 5-BOTH STRIKING & STRUCK	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - CVERTAKING/PASSING 5 - MAKING RIGHTTURN 6 - MAKING LEFTTURN	9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED INTRAFFIC	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	0 - NO DAMAG	TO UNIT 15 - VEHICLE NOT AT SCENE			
ŀ		9-OTHER/UNKNOWN		12 - DILIVERCESS		100000000000000000000000000000000000000		TRAFFIC			
S)	0.9. CONTRIBUTING	5 - UNSAFE SPEED	7-LEFT OF CENTER 8-FOLLOWING TOO CLOSE / ACDA 9-IMPROPER LANE CHANGE 10-IMPROPER PASSING 11-DROVE OFF ROAD	DIDVED DOCUTION	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/ SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION	TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL			
Ž	CEOUENCE	6-IMPROPERTURN	12-IMPROPER BACKING		Et Thi Not Ex ottobolito		# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED			
EVENT(S)		of EVENTS 1 - OVERTURNIROLLOVER	6 - EQUIPMENT FAILURE	NON-COLLISION 11-CROSS CENTERLINE —	16-RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE	4	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING			
	2 3	2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS OPPOSITE DIRECTION OF TRAVEL 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 13 - OTHER NON-COLLISION 5 - CARGO / EQUIPMENT 10 - CROSS MEDIAN 14 - PEDESTRIAN LOSS OR SHIFT 14 - PEDESTRIAN		18-ANIMAL — DEER 19-ANIMAL — OTHER 20-MOTOR VEHICLE IN TRANSPORT 21-PARKED MOTOR VEHICLE	19-ANIMAL — OTHER SHIFTING CARGO OR 20-MOTOR VEHICLE IN BY A MOTOR VEHICLE TRANSPORT 24-OTHER MOVABLE OBJECT		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 2 - SOUTH 6 - NORTHWEST 4 - WEST 8 - SOUTHWEST				
		25 - IMPACT ATTENUATOR	COLLISION 31-GUARDRAIL END	N WITH FIXED OBJECT 37 - TRAFFIC SIGN POST	43-CURB	50 - WORK ZONE MAINTENANCE		9 - OTHER / UNKNOWN			
	4	/ CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL	38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT	44 - DITCH 45 - EMBANKMENT 46 - FENCE	EQUIPMENT 51 - WALL 52 - BUILDING	UNIT SPEED	DETECTED SPEED 1 - STATED / ESTIMATED SPEED			
	5	27 - BRIDGE PIER ORABUTMENT 28 - BRIDGE PARAPET	BARRIER	40 - UTILITY POLE	47 - MAILBOX	53 - TUNNEL	0,2,0	2 - CALCULATED / EDR			
	6	29-BRIDGE RAIL 30-GUARDRAIL FACE	35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	48-TREE 49-FIRE HYDRANT	54-OTHER FIXED OBJECT 99-OTHER / UNKNOWN	POSTED SPEED	3 - UNDETERMINED			
	. 1		1					1			

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

OHIO DE	OHIO DEPARTMENT MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER						
SAFETY - MENY	ICE - PROTECTION	010K121 / 140) -	1010	K12				2 + 0 + 2 + 4 + - + 0 + 0 + 0 + 0 + 5 + 1 + 1 + 3						
UNIT#	NAME: LAST	, FIRST, MIDDLE							DATE OF BIRTH AGE GEND						
0,1	FRIED	LEIN, HERBER	Г, А						0_3	$10 \cdot 6 \cdot 1$	9 4	3	8 1	_M_	
	STREET, CITY, S	TATE,ZIP L DR ,Lakemore ,0	OH 44	312					CONTACT PHONE - INCLUDE AREA CODE Redacted per ORC 149.43(A)(1)						
0			JH 44.			MENON FACILITY		CAFETY FAMILIERS	TCGE	<u> </u>	·				
INJURIES	TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKEN TO	MEDICAL FACILITY	(NAME, CITY)	USED 0 4	DOT-C:	LMET SEATING P	USITION AIF	R BAG USAGI	E EJECTION	TRAPPED 1	
OLSTATE		LICENSE NUMBER		OFFEN:	SE CHA	PCED	LOCAL	OFFENSE DESC		LINE! U	1	ITATION	UIIMPED		
O. H.		TED PER ORC 450	1:1-12	OFFER	SE CHA	KGED	CODE	OFFERSE DESC	KIF IION		"	TIATION	TOMBER		
OL CLASS	ENDORSEMEN				ALC	OHOL / DRUG SUSPI	ECTED	CONDITION		COHOL TEST			IG TEST(S		
	SELECT UP TO 2		BY	TRACTED		LCOHOL MAR	RIJUANA		STATUS T	YPE VALUE	STAT	US TYP	E KESUL	T SELECTUPTO4	
4			ے اِنت	1	□ ∘	THER DRUG		1		1					
UNIT #		FER, DONNA, L							0.2	DATE OF BIR		7	AGE	GENDER	
0,2	STREET, CITY, S									PHONE - INCLUDE			$I_{\parallel}I_{\parallel}$	_F	
=		JN ST ,Ravenna ,	OH 44	266						acted per		C 149).43(A	V)(1)	
INJURIES	INJURED	EMS AGENCY (NAME)			TAKEN TO	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		SEATING P		ION AIR BAG USAGE EJECTION TRAPPED			
5	TAKEN BY							USED 0 4	Прот-с∘ МС НЕ	OMPLIANT	102	1	1 1	1 1	
OL STATE		LICENSE NUMBER		OFFEN	SE CHA	RGED	LOCAL	OFFENSE DESC	RIPTION		C	CITATION NUMBER			
OH	REDAC	TED PER ORC 450	1:1-12	331.	08		CODE	Driving in Ma	arked La		2	26618			
OL CLASS	ENDORSEMEN SELECT UP TO 2		DIS	VER TRACTED	_	OHOL / DRUG SUSPI		CONDITION	STATUS T	YPE VALUE	STAT		E RESUL	T SELECTUPTO4	
. 4 .		1	BY	1 .	=	LCOHOL MAR	RIJUANA	1 .	1	1	1	1			
UNIT#	NAME: LAST	, FIRST, MIDDLE								DATE OF BIR	тн	<u> </u>	AGE	GENDER	
										1 1 1	1 1	1 11	1 1	1	
ADDRESS: STREET, CITY, STATE, ZIP									CONTACT	PHONE - INCLUDE	AREA CODE			1	
910	ie			-					ш	1 1 1					
INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	Прот-с∘		OSITION	R BAG USAGI	EJECTION	TRAPPED	
OL STATE	BY	LICENSE NUMBER		OFFEN:	CE CHA	norn.	LOCAL	OFFENSE DESC		LIME		ITATION I	ULMPED.		
OR OF STATE	OPERATOR	LICENSE NOMBER		OFFER	SE UNA	KGED	CODE	OFFENSE DESC	KIPIION		"	TIAITON	NUMBER		
OL CLASS	ENDORSEMEN				ALC	OHOL / DRUG SUSPI	ECTED	CONDITION		COHOL TEST			G TEST(S		
	SELECT UPTO 2		DIS	TRACTED	□ A	LCOHOL MAR	RIJUANA		STATUS T	YPE VALUE	STAT	US TYP	E KESUL	T SELECTOP 104	
						THER DRUG	4//								
1 - FATAL	RIES	1- FRONT - LEFT SIDE	1- NOT DEP	IR BAG	14 .51	OL CLASS 1 - CLASS A	5	OL RESTRIC 1-ALCOHOL INTER		1 - NOT DISTRACTE	SALE OF THE SALE	The second	TEST STA	TUS	
	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2- DEPLOYE			2 - CLASS B		2 - CDL INTRASTAT		2 - MANUALLY OPE ELECTRONIC CO		ONL	ST REFUSED		
3 - SUSPECTED		3 - FRONT - RIGHT SIDE	3 - DEPLOYE		MT / PIDE	3 - CLASS C		3 - CORRECTIVE LE 4 - FARMWAIVER	NSES	DEVICE (TEXTI		3-15	ST GIVEN, CON MPLE / UNU S/		
4 - POSSIBLE IN 5 - NO APPAREN		4 - SECOND - LEFT SIDE	5- NOTAPP	ED BOTH FRO LICABLE	MI / SIDE	4 - REGULAR CLASS (OHIO = D)		5 - EXCEPT CLASS	BUS	DIALING) 3 - TALKING ON HA	NOS-ERFE	4 - TE	ST GIVEN, RES	SULTS KNOWN	
		(MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE	9- DEPLOYI	MENT UNKN	WN	5 - M/C MOPED ONLY		6 - EXCEPT CLASS		COMMUNICATIO			ST GIVEN, RES	SULTS	
1 - NOT TRANSP	ORTED	6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO	R-TRAILER	4 - TALKING ON HA COMMUNICATIO			000000000000000000000000000000000000000	AT TWO	
/TREATED A	TSCENE	7 - THIRD – LEFT SIDE (M0TORCYCLE SIDE CAR)		ECTION		OL ENDORSE	MENT	8 - INTERMEDIATE		5 - OTHER ACTIVIT		1 - NO	OHOL TE	SITTPE	
2 - EMS 3 - POLICE		8 - THIRD - MIDDLE	1 NOTEJE	CTED Ly ejected		H - HAZMAT M - MOTORCYCLE		RESTRICTIONS 9-LEARNER'S PER	міт	6 - PASSENGER	VICE	2 - BL			
9-OTHER/UNK	CNOWN	9 - THIRD - RIGHT SIDE	3-TOTALLY			P - PASSENGER		RESTRICTIONS	MIL I	7 - OTHER DISTRAC		3 - UR			
		10 - SLEEPER SECTION OF TRUCK CAB	4 - NOTAPP	LICABLE		N-TANKER		10 - LIMITED TO DAY		INSIDE THE VEH 8 - OTHER DISTRAC		4 - BR			
1 - NONE USED	QUIPMENT	11 - PASSENGER IN OTHER	T	RAPPED		Q - MOTOR SCOOTER	TORONGI F	11 - LIMITED TO EMP		THE VEHICLE	7110W 00 1310				
2 - SHOULDER E	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1-NOTTRA			R - THREE-WHEEL MO S - SCHOOL BUS	TORCTOLE	13 - MECHANICAL DE	VICES	9 - OTHER / UNKNO	WN	1 - NO	RUG TEST	TYPE	
3 - LAP BELT ON		PICK-UP WITH CAP)	2 - EXTRICA	TED BY		T - DOUBLE & TRIPLE	TRAILERS	CONTROLS, OR O		CONDIT	ION	2 - BL			
	RAINT SYSTEM -	12 - PASSENGER IN UNENCLOSED CARGO AREA	3- FREED B			X - TANKER / HAZMAT		ADAPTIVE DEVI		1 - APPARENTLY N		3 - UR	INE		
FORWARD FA	ACING	13 - TRAILING UNIT	NO N-ME	CHANICAL M	EANS	GENDER		14 - MILITARY VEHICLE 15 - MOTOR VEHICLE		2 - PHYSICAL IMPA 3 - EMOTIONAL (E.C		4 - OT	HER		
6 - CHILD RESTI REAR FACIN	RAINT SYSTEM – G	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F - FEMALE		AIR BRAKES	0	ANGRY, DISTURBED		D00-200000	G TEST RE		
7 - BOOSTER SE		15 - NON-MOTORIST				M - MALE U - OTHER / UNKNOWN		16 - OUTSIDE MIRRO 17 - PROSTHETIC AID		4 - ILLNESS 5 - FELL ASLEEP, FA	AINTED		IPHETAMINES RBITURATES		
8 - HELMET US 9 - PROTECTIVE		99 - OTHER / UNKNOWN				O VIII ONIMOTH		18 - OTHER		FATIGUED, ETC.			NZODIAZEPIN	IES	
(ELBOW, KNE										6 - UNDER THE INF			NNABINOIDS		
10 - REFLECTIVE										/ALCOHOL 9- OTHER/UNKNO	WIL		CAINE IATES / OPIOII	ns.	
11 - LIGHTING - I / BICYCLE OF										7- VITIER/ UNKNU		7 - OT			
99 - OTHER / UNK	CNOWN											8 - NE	GATIVE RESU	LTS	

HSY8306 OH1M 1/19 [760-1500] PAGE 4 OF 6

Q	OHIO DE	SOPPHIESE SAFETY OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER 2						
		T								0,0;				
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
Ę	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE						
OCCUPAN	AUDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INGLUDE AREA GO	DE				
00	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (MANE CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAG	ELECTION	TRAPPEN		
	INJUNIES	TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO. MEDICAL PAGE	III CNAME, GITT	USED	DOT-COMPLIANT	SEATING FOSITION	AIR BAG OSAG	ESECTION	IKAFFED		
5		NAME							E OF BYDY!!		105	OENDED		
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAI	E OF BIRTH		AGE	GENDER		
Ę	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	- INCLUDE AREA CO					
0CCUPAN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								MOCODE AREA OF		9 9	7071 70		
00	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED		
É		TAKEN BY		USED				DOT-COMPLIANT MC HELMET						
2	UNIT#	NAME: LAS	T, FIRST, MIDDLE		ļ			DAT	E OF BIRTH		AGE	GENDER		
f														
ANT	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
0CCUPAN1														
8	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED		
ı		TAKEN BY					USED	MC HELMET			لــــا اــ			
7	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
									1 1 1	الحب	E F S			
PAN	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	- INCLUDE AREA CO	DE				
OCCUPANT														
0	INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED		
	ـــــــــــــــــــــــــــــــــــــــ	ВУ						MC HELMET	سب		لـــــا لــ			
F			JRIES		Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG	SAGE			
ů	1 - FATA		RIOUS INJURY	1 - NONE US VEHICLE	ED - OCCUPANT		IT – LEFT SIDE ORCYCLE DRIV	(VFR)						
ı			INOR INJURY	2 - SHOULDI	ER BELT ONLY USED		IT – MIDDLE	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE						
		SIBLE INJU		3 - LAP BEL	T ONLY USED		IT – RIGHT SIDE ND – LEFT SIDE	DE CONTRACTOR DE						
ı		PPARENT		4 - SHOULDI	ER & LAP BELT USED	(MOT	ORCYCLE PASS		FRONT	SIDE				
ŀ		INJURED	TAKEN BY	100 100 100 100 100 100 100 100 100 100	ESTRAINT SYSTEM – D FACING	5 - SEC0 6 - SEC0	CIDE							
ľ	1 - NOT	TRANSPOR		150000000000000000000000000000000000000	ESTRAINT SYSTEM -		D – LEFT SIDE	E 9- DEPLOYMENT ONKNOWN						
	/TRE	EATED AT S	CENE	REAR FA	CING		ORCYCLE SIDE D – MIDDLE	CAR)		EJECT	ON	EV.		
	2 - EMS			7 - BOOSTER			D – RIGHT SIDE	I - NUI EJECIED						
	3 - POLI	ICE ER/UNKNO	NAM	8 - HELMET	USED TVE PADS USED		PERSECTION							
ı	9-0111				KNEES, ETC.)			THER ENCLOSED 3 - TOTALLY EJECTED N-TRAILING UNIT, 4 - NOT APPLICABLE						
	E EEMA	GENDER 10- REFLECTIVE CLOTHING BUS, PICK-UP WITH C						CAP)						
Ě	M - MALI	- FEMALE 11 - LIGHTING - PEDESTRIAN 12 - PASSENGER IN UN CARGO AREA						1 - NOTTRAPPED						
Ē	U - OTHE	U - OTHER / UNKNOWN 13 - TRAILING UNIT						2 - EXTRICATED BY MECHANICA						
		14 - RIDING ON VEHICL (NON-TRAILING UNIT					EXTERIOR	MEANS						
	15 - NON-MOTORIST						3 - FREED MEANS		ECHANIC	AL				
۵	MANE					99 - OTHE	R / UNKNOWN	217			105	ACHDED		
SS		ST, FIRST, MIDD	EANDRA, J					0,1,0	E OF BIRTH	0 3	AGE 2 1	GENDER F		
WITNESS		STREET, CITY,						CONTACT PHONE			2 1			
≶			ON AVE ,Balti	more, MI	D 21206			Redacted	per ORC	149.4	3(A)(1)		
		ST, FIRST, MIDD		, , _				DAT	E OF BIRTH		AGE	GENDER		
ESS								1 1 1						
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE	- INCLUDE AREA CO	DE		150			
SS	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
WITNESS	ADDRESS-	STREET, CITY	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE L				
×	ADDRESS: STREET, CITY, STATE, ZIP							- INCLUDE AREA CO		1 3	, ,			

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OF POLICE SAFETY Narrative Continuation

LOCAL REPORT NUMBER

SAFETY - SUPPOCE - PROTECTION	[2,0,2,4,-,0,0,0,5,1,1,3,-]
UNIT 1. SHE WAS CITED WITH MARKED	
LANES.	