OHIO DEPARTMENT TRAFFIC CRASH		LOCAL REPORT NUMBER	*					
OH-2 OH-3	LOCAL INFORMATION			12.0.2.4	O _ O _ O _ I _ O	6, 6, 6, 3, ,		
PHOTOS TAKEN OH-1P OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR		
SECONDARY CRASH PRIVATE PROPERTY	City of Kent Poli	ce	0,6,7,0,3	1 - SOLVED	0 1 9	8 98 - ANIMAL 99 - UNKNOWN		
COUNTY* LOCALITY* LOCATION: C	TY, VILLAGE, TOWNSHIP*			CRASH DATE /	TIME* CRA	ASH SEVERITY		
6 7 1 2-VILLAGE 3-TOWNSHIP Kent				11022024	/2143 5	- FATAL		
N. NODEL	LOCATION ROAD NAME		ROAD TYPE		2	- SERIOUS INJURY SUSPECTED		
ROUTETYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST	FAIRCHILD		$\mathbf{A} \cdot \mathbf{V}$	4,1,1,6,4	6 2 0 3	- MINOR INJURY		
W-WEST		AR MAI FRONT HOUSE "	ROAD TYPE			SUSPECTED		
S - SOUTH	REFERENCE ROAD NAME (ROA	AD, MILEPUST, HOUSE #)	RUADITYPE	25 25 25 22 22	-	- INJURY POSSIBLE - PROPERTY DAMAGE		
E - EAST W - WEST	1149		L 1	-8 ₁ ,3 ₇ 9	5,4,0	ONLY		
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TY			INTERSECTION RELATE	D		
2 MILE DOCT	and the second s	AL - ALLEY HW- HIGH AV - AVENUE LA - LANE		WITHIN INTE	RSECTION OR ON APPROA	ACH		
3-HOUSE # E-EAST	TEDERAL OU ROUTE	BL - BOULEVARD MP - MILE		WITHIN INTE	RCHANGE AREA NUM	IBER OF APPROACHES		
DISTANCE DISTANCE C	- NUMBERED COUNTY ROUTE	CR - CIRCLE OV - OVAL	TE - TERRACE		ROADWAY			
FROM REFERENCE UNIT OF MEASURE 1 - MILES TI	NUMBERER TOWNSHIP	CT - COURT PK - PARK DR - DRIVE PI - PIKE	WAY TL - TRAIL WA - WAY					
2 - FEET	ROUTE	HE - HEIGHTS PL - PLAC		ROADWAY DIV	VIDED			
LOCATION OF FIRST HARMFUL EVE	NT M	ANNER OF CRASH COLLISION	DN/IMPACT	DIRECTION OF TRAVE	L MEDIA	NTYPE		
1 - ON ROADWAY 9 - CROSSOVI	R 1-N	OT COLLISION 4 - REAR-TO		N - NORTH		LUSH MEDIAN		
	CDADE COCCUME 1 T	ETWEEN 5-BACKING WO MOTOR FHICLES IN 6-ANGLE	G	S - SOUTH	(<4 FEET	') FLUSH MEDIAN		
	Y. Carlotte and the second	LINGLESIN	TPE, SAME DIRECTION	E - EAST W - WEST	(≥4 FEET			
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LAN	-		IPE, OPPOSITE DIRECTION			DEPRESSED MEDIAN RAISED MEDIAN		
6-OUTSIDE TRAFFIC WAY 13-BIKE LAW 7-ON RAMP 14-TOLL BOO	J-11	EAD-ON 9-OTHER/	9 - OTHER / UNKNOWN 4 - DIVIDED, RAISED M (ANYTYPE)					
8-OFF RAMP 99-OTHER/	INKNOWN				9 - OTHER/UN	IKNOWN		
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRAS	SH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE		
	- LANE CLOSURE	1 - BEFORE T	HE 1ST WORK ZONE	1	1	2		
	- LANE SHIFT/CROSSOVER - WORK ON SHOULDER	2 - ADVANCE	WARNING AREA	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE		
LAW ENFORCEMENT PRESENT	OR MEDIAN - INTERMITTENT OR MOVING WO	3-TRANSITI 4-ACTIVITY		2 - STRAIGHT GRADE	2-WET	2 - BLACKTOP,		
	- OTHER	5-TERMINA		3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT		
LYOUT COMPTTON	T wes			4 - CURVE GRADE 4 - ICE 3 - BRICK/BL				
LIGHT CONDITION 1 - DAYLIGHT	1 - CLEAR	6-SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL, STONE		
3 2-DAWN/DUSK	0 1 2-CLOUDY	7 - SEVERE CROSSWII	NDS		6 - WATER (STANDING,	5 - DIRT		
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	3 - FOG, SMOG, SMO 4 - RAIN	OKE 8 - BLOWING SAND, SO 9 - FREEZING RAIN OF	12 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MOVING) 7 - SLUSH 9 - OTHER/UNKNO				
5 - DARK - UNKNOWN ROADWAY LIGHTIN		99 - OTHER / UNKNOW			9 - OTHER/UNKNOWN			
9 - OTHER / UNKNOWN								
NARRATIVE					A	Indicate the north		
Unit 1 was traveling eastbound	on Fairchild Ave w	han				direction with an "N" on the		
	- David (1993)	ilen			V	compass diagram.		
a deer ran into the road way s	triking the driver							
side of the vehicle causing fun	ctional damage.							
				/				
				/ /	/			
				No.				
				[2]				
				8=				
				\ \		149		
				\ \	\			
			lot To Scale	/ .		z>		
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DAT	E/TIME	SCENE CLEARED		EPORT TAKEN BY		
CRASH REPORTED DATE / TIME [1,1,0,2,2,0,2,4,/,2,1,4,3,1,1,1]					l⊽	POLICE AGENCY		
1,1,0,2,2,0,2,4,/,2,1,4,3,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	0,2,2,0,2,4,/,2,1,4,5 ral OFFICER'S NAME*	5, 1,1,0,2,2,0,2	4, /, 2, 1, 4, 9, 1	1,1,0,2,2,0,2,	l⊽			
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	O ₁ 2 ₁ 2 ₁ 0 ₁ 2 ₁ 4 ₁ / ₁ 2 ₁ 1 ₁ 4 ₁ 5 CAL ITES OFFICER'S NAME* Pemberton, J	5, 1,1,0,2,2,0,2, ackson Henry	CHECKED BY OFFI Nelson, J	1,1,0,2,2,0,2,0 icer's name* osh	4 ₁ / ₁ 2 ₁ 2 ₁ 0 ₁ 5 ₁	POLICE AGENCY MOTORIST SUPPLEMENT (CORRECTION OR ADDITION		
1,1,0,2,2,0,2,4,/,2,1,4,3,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	O12121012141/1211415 CAL ITES OFFICER'S NAME* Pemberton, J OFFICER'S	1,1,0,2,2,0,2, ackson Henry	CHECKED BY OFFI Nelson, J	1,1,0,2,2,0,2,	4 ₁ / ₁ 2 ₁ 2 ₁ 0 ₁ 5 ₁	POLICE AGENCY MOTORIST SUPPLEMENT		

LOCAL REPORT NUMBER $2 \perp 0 \perp 2 \perp 4 \perp - \perp 0 \perp 0 \perp 0 \perp 1 \perp 6 \perp 6 \perp 6 \perp 3 \perp$

OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER DAMAGE OWNER PHONE: INCLUDE AIEA CODE (SAME AS DRIVER)
REDACTED PER ORC 149.43(A)(1) REED, LYNDI, ELYSABETH DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 3 924 STONEWATER DR, Kent, OH 44240 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE DAMAGED AREA(S) INDICATE ALL THAT APPLY LP STATE LICENSE PLATE # **VEHICLE IDENTIFICATION #** VEHICLE YEAR VEHICLE MAKE 2 0 2 1 Nissan 5, N1, A, T, 3, B, A, 0, MC8, 0, 6, 8, 5, 8, O H JTD5405 INSURANCE POLICY # INSURANCE VERIFIED INSURANCE COMPANY COLOR VEHICLE MODEL BLKErie Insurance O105607092 ROGUE TYPE OF USE US DOT# TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR INTERLOCK DEVICE #OCCUPANTS MATERIAL CLASS # PLACARD ID # 1 - ≤10KLBS. RELEASED HIT/SKIP UNIT 2 - 10,001 - 26K LBS. EQUIPPED 0,2 PLACARD 」 3 - >26K LBS. 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13-SNOWMOBILE 19-RUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 0 1 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST UNITTYPE 4 - PICKUP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE BICYCLE 5 - CARGO VAN 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 -TRAIN 11 - ALL TERRAIN VEHICLE ANIMAL-DRAWN VEHICLE 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - LINKNOWN OR HIT/SKIP (ATV/UTV) 00 # OF TRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 0 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION AUTONOMOUS 2 - PARTIAL AUTOMATION 1-YES 2-NO 9-0THER/UNKNOWN 5 - FULL AUTOMATION MODE LEVEL 1 - NONE 6 - BUS - CHARTER/TOUR 11-FIRE 16-FARM 21 - MAIL CARRIER 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN 0 1 2 - TAXI 7 - BUS - INTERCITY SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18-SNOW REMOVAL FUNCTION 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19-TOWING 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 1 - NO CARGO BODY TYPE 8 - POLE 12 - CONCRETE MIXER 0.1 / NOT APPLICABLE MOTORVEHICLE CHASSIS 9 - CARGO TANK 13-AUTOTRANSPORTER CARGO 2 - RUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 14-GARBAGE/REFUSE 10-FLAT BED BODY * 7 - GRAIN/CHIPS/GRAVEL 11-DUMP 99-OTHER / UNKNOWN 00 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN VEHICLE 2 - HEAD LAMPS 8 - TRAILER EQUIPMENT 10-DISABLED FROM PRIOR 5 - STEERING DEFECTIVE ACCIDENT DEFECTS 3 - TAIL LAMPS 6 - TIRE BLOWOUT -NO DAMAGE [0] - UNDERCARRIAGE [14] 9 - MEDIAN/CROSSING ISLAND 1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 12 - FIRST RESPONDER CROSSWALK AT INCIDENT SCENE ☐-TOP [13] - ALL AREAS [15] 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS NON-MOTORIST 2-INTERSECTION - UNMARKED 99 - OTHER / UNKNOWN CROSSWALK B - SIDEWALK 11 - SHARED USE PATHS OR LOCATION CROSSWALK - UNIT NOT AT SCENE [16] 5 - TRAVEL LANE - OTHER LOCATION TRAILS AT IMPACT 1-NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 0 1 3 - CHANGING LANES 14 - UNDERCARRIAGE 0 - NO DAMAGE 4 19-STANDING SPECIFIED LOCATION 3-STRIKING 9 - LEAVING TRAFFIC LANE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE ACTION 4- STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 15 - WALKING, RUNNING, 20 - OTHER NON-MOTORIST 10-PARKED DIAGRAM JOGGING, PLAYING 99 - UNKNOWN 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN 21 - STANDING OUTSIDE 11 - SLOWING OR STOPPED 13-TOP 16-WORKING DISABLED VEHICLE & STRUCK INTRAFFIC 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9-OTHER/UNKNOWN 12 - DRIVERLESS TRAFFIC 1-NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 -LYING IN ROADWAY TRAFFIC CONTROL TRAFFICWAY FLOW PARKED POSITION 18-OPERATING DEFECTIVE 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 14 - STOPPED OR PARKED EQUIPMENT 2 - TWO-WAY 3 - RAN RED LIGHT 9-IMPROPER LANE CHANGE 23 - OPENING DOOR INTO 2 - SIGNAL 5 - YIELD SIGN 0_1 ILLEGALLY 19 - LOAD SHIFTING/FALLING/ ROADWAY 4 - RAN STOP SIGN 10-IMPROPER PASSING 3 - FLASHER 6 - NO CONTROL CONTRIBUTING 5 - UNSAFE SPEED 15 - SWERVING TO AVOID SPILLING 99-OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING # of THROUGH LANES RAIL GRADE CROSSING 6-IMPROPERTURN 12 - IMPROPER BACKING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2 2 - INVOLVED-ACTIVE CROSSING NON-COLLISION 1 8 1 - OVERTURNIROLLOVER 3 - INVOLVED-PASSIVE CROSSING 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE -16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE OPPOSITE DIRECTION OF EQUIPMENT 17 - ANIMAL - FARM 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS UNIT / NON-MOTORIST DIRECTION TRAVEL 23 - STRUCK BY FALLING, 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 18-ANIMAL - DEER 12 - DOWNHILL RUNAWAY SHIFTING CARGOOR 1 - NORTH 5 - NORTHEAST 19-ANIMAL - OTHER J 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT ANYTHING SET IN MOTION 13 - OTHER NON-COLLISION 2 - SOUTH 6 - NORTHWEST 20 - MOTOR VEHICLE IN 5 - CARGO / EQUIPMENT BY A MOTOR VEHICLE 10 - CROSS MEDIAN 14-PEDESTRIAN FROM 4 TO 3 TRANSPORT 7 - SOUTHEAST 3 - EAST LOSS OR SHIFT 24 - OTHER MOVABLE OBJECT 15 - PEDAL CYCLE 21 - PARKED MOTOR VEHICLE 4 - WEST 8 - SOUTHWEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER / UNKNOWN 25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43-CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT / CRASH CUSHION 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH UNIT SPEED DETECTED SPEED 26 - BRIDGE OVERHEAD 51-WALL 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 45 - EMBANKMENT 1 - STATED / ESTIMATED SPEED STRUCTURE 34 - MEDIAN GUARDRAIL SUPPORT 52 - BUILDING 0,3,5 46-FENCE 27 - BRIDGE PIER ORABUTMENT BARRIER 40 - UTILITY POLE 53-TUNNEL 2 - CALCULATED / EDR 47 - MAILBOX 28-BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54 - OTHER FIXED OR JECT 48-TREE 3 - UNDETERMINED POSTED SPEED _ 29-BRIDGE RAIL OR SUPPORT 99 - OTHER / UNKNOWN 49-FIRE HYDRANT 36 - MEDIAN OTHER BARRIER 30-GUARDRAIL FACE 42 - CULVERT 3 5 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

OFFICIAL SAFETY MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER								
Service and the service servic								2 + 0 + 2 + 4 + - + 0 + 0 + 0 + 1 + 6 + 6 + 6 + 3							
UNIT #	and the state of t								34.4	DATE OF BIRTH AGE GENDER					
[0,1]	1 REED, LYNDI, ELYSABETH								0 4 0 3 1 9 9 1 3 3 F						
	S: STREET, CITY, STATE, ZIP TONEWATER DR, Kent, OH 44240								RED	ACT	- INCLUDE AREA C	ORC	14	9.43	(A)(1)
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDT	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	T DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED 1 1 1 1 1						
S 5	BY							0_4	Шмс не	LMET	0 1	1		_1_	_1_
OL STATE		LICENSE NUMBER CTED PER ORC 450	11.1_12	OFFENS	E CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		ASC	CITATI	CITATION NUMBER		
O, H,				L							DDUC	TEST(S)			
OL CLASS	SELECT UP TO 2		DRIV DIST	TRACTED	_	DHOL / DRUG SUSPI	E CTED RIJUANA	CONDITION	STATUS I	YPE		STATUS	TYPE		SELECTUPTO4
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UNIT #	NAME: LAST	, FIRST, MIDDLE								DA	E OF BIRTH			AGE	GENDER
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ADDRESS	: STREET, CITY, S	TATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
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INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDT	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT SEATING POSITION			AIR BAG	ISAGE	EJECTION	TRAPPED
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OL STATE	UPERATUR	LICENSE NUMBER		OFFENS	E CHAI	KGED	CODE	OFFENSE DESC	DESCRIPTION			CITATION NUMBER			
OL CLASS	ENDORSEMEN SELECT UP TO 2			VER TRACTED	_	OHOL / DRUG SUSPI		CONDITION	STATUS I	YPE				TEST(S)	SELECTUPTO4
			BY		=	LCOHOL MAI	RIJUANA			33,61500					
UNIT #	NAME: LAST	FIRST, MIDDLE			Цº	THER DRUG				DAT	E OF BIRTH		T	AGE	GENDER
	2.35,000,70,000,00	, ,													
ADDRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE						
MUDRESS										1	1 1	1 1	- 1	- 1	1 1
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDT	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-C	OMPLIANT	SEATING POSITIO	AIR BAG	ISAGE	EJECTION	TRAPPED
ON/	BY							U3EV	_ UMC HELMET						
OL STATE	TE OPERATOR LICENSE NUMBER OFFENSE CHA				E CHAI	RGED	ED LOCAL OFFENSE DESCRI			(PTION C			CITATION NUMBER		
		T RESTRICTION SELECT	Leev			ALCOHOL / DRUG SUSPECTED CONDITION			ALCOHOL TEST				DRUG TEST(S)		
≥ OL CLASS	SELECT UP TO 2			TRACTED	_		RIJUANA	CONDITION	STATUS						SELECT UP TO 4
		ا با با			0	THER DRUG				.	التلت				لــالــالــ
INJU 1-FATAL	JRIES	1- FRONT - LEFT SIDE	1- NOT DEP	IR BAG		OL CLASS A	S	OL RESTRIC		1000	VER DISTRACT	100	- NONE	ST STA	TUS
	SERIOUS INJURY	(M0TORCYCLE DRIVER)	2- DEPLOYE			2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT		2 - M/	T DISTRACTED Nually operating	GAN :		REFUSED	
3 - SUSPECTED		2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3- DEPLOYE			3 - CLASS C		3 - CORRECTIVE LE	NSES		ECTRONIC COMMUN VICE (TEXTING, TYP			GIVEN, CON	TAMINATED
5 - NO APPARENT INLINEY 4 - SECOND - LEFT SIDE 5.			4 - DEPLOYE 5 - NOTAPP	ED BOTH FROI LICABLE	NT / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARMWAIVER 5 - EXCEPT CLASS	BUS		ALING) LKING ON HANDS-FF	S-FREE 4 - TEST GIVEN, RESULTS KNO			
INILIPED	TAKEN BY	(MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE	9- DEPLOYI	MENT UNKNO	WN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS	1	CO	MMUNICATION DEVI	ICE !	-TEST (GIVEN, RESI OWN	ULTS
1 - NOT TRANSF	PORTED	6 - SECOND - RIGHT SIDE						7 - EXCEPT TRACTO	R-TRAILER		LKING ON HAND-HEI Mmunication devi	CF _	AI CO	HOL TES	T TYPE
/TREATED A	TSCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 NOTEJE	CTED		OL ENDORSEI H - HAZMAT	MENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE		HER ACTIVITY WITH ECTRONIC DEVICE	AN	- NONE	7 E	HAT SAV
3 - POLICE		8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE	2 - PARTIAL	LY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER	MIT		SSENGER		B - BLOOD		
9 - OTHER / UNI	KNOWN	10 - SLEEPER SECTION	3-TOTALLY 4-NOTAPP			P - PASSENGER N - TANKER		RESTRICTIONS 10 - LIMITED TO DAY	LIGHT ONLY		HER DISTRACTION SIDE THE VEHICLE		- BREAT		
SUBSTRUCTION AND ADMINISTRATION OF STRUCTURE	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER			may.	Q - MOTOR SCOOTER		11 - LIMITED TO EMP			HER DISTRACTION O E VEHICLE	UTSIDE !	- OTHER	2	
1 - NONE USED 2 - SHOULDER B	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1-NOTTRA	PPED PPED	U-JU	R - THREE-WHEEL MO S - SCHOOL BUS	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL DE		9 - 0T	HER / UNKNOWN			G TEST	TYPE
3 - LAP BELT OF		PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED	2 - EXTRICA	TED BY		T - DOUBLE & TRIPLE	TRAILERS	CONTROLS, OR O			CONDITION		- NONE - BLOOD		
	& LAP BELT USED RAINT SYSTEM –	CARGO AREA	3- FREED B	Υ		X - TANKER / HAZMAT		ADAPTIVE DEVI			PARENTLY NORMAL	-	- URINE		
FORWARD FACING 13 - TRAILING UNIT 6 - CHILD RESTRAINT SYSTEM - 14 - RIDING ON VEHICLE EXTERIOR		NUN-ME(GENDER 15 - MOTOR VEHICL				ES WITHOUT 3 - EMOTIONAL (E.G., DEPRESSED,			SSED,	4 - OTHER				
REAR FACIN	IG	(NON-TRAILING UNIT)		The state of the s				AIR BRAKES 16 - OUTSIDE MIRRO	ANGRY, DISTURBED) ROR 4- ILLNESS			100	DRUG TEST RESULT(S) 1 - AMPHETAMINES		
7 - BOOSTER SE 8 - HELMET US		15 - NON-MOTORIST 99 - OTHER / UNKNOWN				U -OTHER / UNKNOWN		17 - PROSTHETIC ALL		5 - FEI	L ASLEEP, FAINTED		- BARBI	TURATES	
9 - PROTECTIVE	E PADS USED							18-OTHER		6 - UN	IGUED, ETC. DERTHE INFLUENCI			ODIAZEPINE ABINOIDS	ES
(ELBOW, KN) 10 - REFLECTIVE											MEDICATIONS / DRU COHOL	62	- COCAI		
11 - LIGHTING - / BICYCLE 0										9- OTI	IER/UNKNOWN			ES / OPIOID	S
99 - OTHER / UNI													7 - OTHER 3 - NEGA	R TIVE RESUL	TS

HSY8306 OH1M 1/19 [760-1500] PAGE 3 OF 4

U	OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER							
_							2,0,2,4,-,0,0,1,6,6,6,3,							
	UNIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
	01 CAMP, BENTLEY							0 1 0 9 2 0 1 1 3 M						
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP								- INGLUDE AREA GO		40.40	(4)(4)		
CCU	924 S	TONE	WATER DR ,K	ent ,OH 4	4240			REDACT	ED PER	ORC 1	49.43	(A)(1)		
0	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	_ 5 _	BY					0_14_1	☐MC HELMET	$\begin{bmatrix} 0 & 3 \end{bmatrix}$	1	1_1_	_ 1		
T	UNIT#	NAME: LAS	T, FIRST, MIDDLE				•	DAT	E OF BIRTH		AGE	GENDER		
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ANT	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE		1		
OCCUPAN									1 1	1 1	1 1	1 1		
0	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	ITY (NANE, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	1 1	TAKEN BY					USED	MC HELMET	1 1 1		1 1			
7	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
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	/TREATED AT SCENE REAR FA					ORCYCLE SIDE D – MIDDLE								
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	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
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