OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*								
PHOTOS TAKEN 0H-2 0H-3	LOCAL INFORMATION		2 0 2 4 - 0 0 0 1 7						
OH-1P OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR			
SECONDARY CRASH PRIVATE PROPERTY	City of Kent Police	L O LO	6,7,0,3	1 - SOLVED L 2 - UNSOLVED	0_2_0	1 99 - UNKNOWN			
1 - CITY	/, VILLAGE, TOWNSHIP*			CRASH DATE / TIME * CRASH SEVERITY					
6 7 1 2-VILLAGE Kent				1.1.0.9.2.0.2.4./.1.7.0.9. 2 - SERIOUS INJU					
S - SOUTH	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES SUSPECTED 3 - MINOR INJURY					
W-WEST	MANTUA		$\lfloor S \perp T \rfloor$	41,1,15,8,3,7,6					
S - SOUTH	REFERENCE ROAD NAME (ROAD, M	ILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DEC	Secure Company of the	- INJURY POSSIBLE			
E - EAST W-WEST	FAIRCHILD		A V	-8 ₁ , 3 ₆ 0	0_0_8_	PROPERTY DAMAGE ONLY			
REFERENCE POINT DIRECTION 1-INTERSECTION FROM REFERENCE N NORTH IR-	ROUTE TYPE	ROAD TYPE	0 0040		NTERSECTION RELATED)			
2 MILE DOCT N-NORTH			D - ROAD Q - SQUARE	WITHIN INTER	SECTION OR ON APPROA	СН			
3-HOUSE # E-EAST	STATE ROUTE BL -		T - STREET	WITHIN INTER	RCHANGE AREA NUM	BER OF APPROACHES			
DISTANCE DISTANCE FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE		E - TERRACE L - TRAIL	ROADWAY					
1 - MILES TR - 2 - FEET	ROUTE		/A - WAY	X ROADWAY DIVIDED					
		HEIGHTS PL - PLACE			1				
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVER		ER OF CRASH COLLISION/IMPAC DLLISION 4 - REAR-TO-REAR	т	DIRECTION OF TRAVEL N - NORTH		N TYPE LUSH MEDIAN			
0 1 2-ON SHOULDER 10-DRIVEWAY	ALLEY ACCESS TWO N	EEN 5-BACKING		1 s-south	1 (<4 FEET)			
3-IN MEDIAN 11-RAILWAY G 4-ON ROADSIDE 12-SHARED US	VEHIC	LES IN 6-ANGLE SPORT 7-SIDESWIPE, SAME	DIRECTION	E - EAST W - WEST	2 - DIVIDED F (≥4 FEET	LUSH MEDIAN)			
5 - ON GORE TRAILS	2 - REAR-	5000 mg 1990 mg		W-WLSI		DEPRESSED MEDIAN RAISED MEDIAN			
7- ON RAMP 14-TOLL BOOT	4	ON 9-OTHER/UNKNOW	rist		(ANY TYPI	E)			
8-OFF RAMP 99-OTHER/UN	KNOWN				CONDITIONS				
WORK ZONE RELATED	WORK ZONE TYPE LANE CLOSURE	1 - BEFORE THE 1ST W		CONTOUR	SURFACE				
	LANE SHIFT/CROSSOVER	WARNING SIGN		_1	_1_	1 - CONCRETE			
	WORK ON SHOULDER OR MEDIAN	2 - ADVANCE WARNING 3 - TRANSITION AREA							
The production of the product of the	INTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA 5 - TERMINATION ARE	A 3 - CURVE LEVEL 3 - SNOW BIT						
	OTHER	3-TERMINATION ARE		4 - CURVE GRADE 4 - ICE 3 - BRICK/BLOCI					
LIGHT CONDITION 1 - DAYLIGHT	1 - CLEAR	t 6 - SNOW		9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL 4 - SLAG, GRAVEL STONE					
2 - DAWN/DUSK	7 - SEVERE CROSSWINDS			6 - WATER (STANDING,	5 - DIRT				
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	8 - BLOWING SAND, SOIL, DIRT, 9 - FREEZING RAIN OR FREEZII			MOVING) 7 - SLUSH	9 - OTHER/UNKNOWN				
5 - DARK - UNKNOWN ROADWAY LIGHTING	5 - SLEET, HAIL	99 - OTHER / UNKNOWN		1 3	9 - OTHER/UNKNOWN				
9 - OTHER / UNKNOWN									
NARRATIVE					4	Indicate the north direction with			
Unit 2 was traveling northbound	l on N Mantua St nea	r			1	an "N" on the compass diagram.			
the intersection of Fairchild Av	e. Unit 1 was				 				
traveling northbound in the ou	ter right lane. Unit 1			/ ,					
began turning left to change la			_	///	111				
				~ //	///	î			
notice Unit 2 was adjacent to h					Not To	o Scale			
Unit 2 in the passenger rear of	the vehicle.			1	Fairchile	2410			
			3/ /	11.					
			///						
			///	14	Jnit2				
			1	11					
				Uni	ar y				
					<u> </u>				
	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	DOLLOS ACENCY						
			$\frac{1}{2} \frac{9}{2} \frac{2}{0} \frac{1}{2} \frac{1}{4} \frac{1}{1} \frac{1}{1} \frac{1}{2} \frac{1}{0} \frac{1}{1} \frac{1}{1} \frac{1}{0} \frac{9}{2} \frac{2}{1} \frac{1}{0} \frac{1}{2} \frac{1}{4} \frac{1}{1} \frac{1}{1} \frac{1}{3} \frac{9}{9} = \frac{1}{1} \frac{1}{0} $						
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUT				ricer's NAME* ser. James Supplement					
	OFFICER'S BADO			KED BY OFFICER'S BADGE NUMBER* (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO CO.)					
0 0 0 0 3 0 0 8	0 2 4 6	2 5	5						

LOCAL REPORT NUMBER 2 . 0 . 2 . 4 . - . 0 . 0 . 0 . 1 . 7 . 0 . 7 . 7 . OWNER PHONE: INCLUDE ALEA CODE (SAME AS DRIVER)
REDACTED PER ORC 149.43(A)(1) OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER DAMAGE POWELL, CLAYTON, THOMAS DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS DRIVER) 3 1253 RAVENNA RD ,Franklin Twp ,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 1 9 9 4 Mazda 4, F, 4, C, R, 1, 2, U, 2, R, T, M5, 0, 7, 6, 2 O H KKG1069 INSURANCE COMPANY INSURANCE POLICY # COLOR VEHICLE MODEL INSURANCE VERIFIED WHI **B-SERIES** TYPE OF USE US DOT# TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS INTERLOCK DEVICE EQUIPPED MATERIAL CLASS # PLACARD ID # 1 - ≤10KLBS. RELEASED HIT/SKIP UNIT 2 - 10,001 - 26K LBS. 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-BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 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) # 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 19-TOWING 9 - BUS - OTHER 14 - PUBLIC UTILITY 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 14 - ENTERING OR CROSSING 2 - NON-COLLISION 0 3 3 - CHANGING LANES 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - UNDERCARRIAGE 3 3-STRIKING 0 - NO DAMAGE 19-STANDING SPECIFIED LOCATION 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 0.9 3 - RAN RED LIGHT 9-IMPROPER LANE CHANGE 23 - OPENING DOOR INTO 2 - SIGNAL 5 - YIELD SIGN ILLEGALLY 19 - LOAD SHIFTING/FALLING/ ROADWAY 4 - RAN STOP SIGN 10-IMPROPER PASSING 3 - FLASHER 6 - NO CONTROL 15 - SWERVING TO AVOID CONTRIBUTING 5 - UNSAFE SPEED 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 4 2 - INVOLVED-ACTIVE CROSSING NON-COLLISION 1 2 0 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 | 2 | TO | 1 | 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 46-FENCE 0,0,4 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 2 , 5 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER

						2 0 2 4 -	$0_{\perp}0_{\perp}0_{\perp}1_{\perp}1_{\perp}1_{\perp}0_{\perp}1_{\perp}1_{\perp}$	
	OWNER NAME: LAST, FIRS BLANKENSI	HP, LISA, EH	LEEN	OWNER PHONE: INCL	UDE AREA CODE (SAME AS DRIVER)	728 10.002	DAMAGE DAMAGE SCALE	
	DENECA TRL		2 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE					
COMMERC	CIAL CARRIER: NAME, ADDR	RESS, CITY, STATE, ZIP	9 - UNKNOWN					
LP STATE	LICENSE PLATE #		IDENTIFICATION #	VEHICLE YEA	AR VEHICLE MAKE		DAMAGED AREA(S) CATE ALL THAT APPLY	
	JZP1309		B_0GD7_52		occp	11 12 1	11 12 1	
X INSURA VERIFI	INSURANCE COMP ERIE INSU	RANCE COO	07 6511841 US DOT #	BLK TOWED BY: COMPANY	PAT	10 11 1	2 10 11 1 2	
СОММЕ		IN EMERGENCY RESPONSE		НАТАРВО	US MATERIAL	9 9 3	3 9 9 3	
INTER DEVIC	E HIT/SKIP UNI	#UCCUPANTS	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	MATERIAL (CLASS # PLACARD ID #	7 6 5	4 8 7 5 5	
	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12-GOLF CART	18-LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER	6	11 12 6	
[0,3]	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE	8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE	13-SNOWMOBILE 14-SINGLE UNIT TRUCK	19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE	24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST	10/	11 1 2	
UNIT TYPE	4 - PICK UP	10 - MOPED OR MOTORIZED	15-SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26-BICYCLE	9 (9 3 3	
	5 - CARGO VAN 6 - VAN (9-15 SEATS)	BICYCLE 11 - ALL TERRAIN VEHICLE	16 - FARM EQUIPMENT 17 - MOTORHOME	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	7.	7 8 5 4	
1 0	# OF TRAILING UNITS	(ATV/UTV)	27-moronione		77- SIMIOWA SKIII SKII	12	7 6 5 12	
	WAS VEHICLE OPERATING IN AU	TONOMOUS	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - IINKNOWN	11 12	6 11 12 1	
. 2	MODE WHEN CRASH OCCURRED	, 0	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION) - Unitional	10 11 1	2 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	
0.4	1 - NONE	6 - BUS - CHARTER/TOUR	11-FIRE	16-FARM	21 - MAIL CARRIER	8 4	8 4 7	
[0,1]	2 - TAXI 3 - ELECTRONIC RIDE SHARING	7 - BUS - INTERCITY 8 - BUS - SHUTTI F	12 - MILITARY 13 - POLICE	17 - MOWING 18 - SNOW REMOVAL	99 - OTHER / UNKNOWN	8 6	8 6	
SPECIAL FUNCTION	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19-TOWING		6 5	6 5	
	5 - BUS - TRANSIT/COMMUTER	10-AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL			12 12 12	
0.1	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER	12		
CARGO	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK 10 - FLAT BED	13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE	o Mo		
BODY Type			7 - GRAIN/CHIPS/GRAVEL	11 - DUMP	99-OTHER/UNKNOWN	9 0 3	9 9 3 9 7 3 9	
	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICKTIRES	9 - MOTORTROUBLE	99 - OTHER / UNKNOWN	6		
	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10-DISABLED FROM PRIOR ACCIDENT		32	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	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE	□-TOP [13]	-ALL AREAS [15]	
NON-MOTORIST	2 - INTERSECTION - UNMARKED	CROSSWALK	8 - SIDEWALK	10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR	99 - OTHER / UNKNOWN		-ALL AREAS [15]	
AT IMPACT	CROSSWALK	5 -TRAVEL LANE - OTHER LOCATION		TRAILS		□-UI	NIT NOT AT SCENE [16]	
	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE	INIT	IAL POINT OF CONTACT	
4	2 - NON-COLLISION 3 - STRIKING 0 1	2 - BACKING 3 - CHANGING LANES	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19-STANDING	0 - NO DAM.		
ACTION	4 - STRUCK PRE-CRASH	4 - OVERTAKING/PASSING	10 - PARKED 15 - WALKING, RUNNING,		20 - OTHER NON-MOTORIST	0 4 1-12 - REFE	RAM 99 - UNKNOWN	
	5 - BOTH STRIKING ACTIONS & STRUCK		11 - SLOWING OR STOPPED IN TRAFFIC	JOGGING, PLAYING 16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE	13 - TOP	99 - UNKNOWN	
	9 - OTHER / UNKNOWN	6 - MAKING LEFTTURN	12 - DRIVERLESS	17 - PUSHING VEHICLE	99-OTHER/UNKNOWN		TRAFFIC	
	1-NONE	7 - LEFT OF CENTER	DARWER ROCITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL	
0.1	2 - FAILURE TO YIELD 3 - RAN RED LIGHT	8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE	PARKED POSITION 14-STOPPED OR PARKED	18-OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN	
$\begin{bmatrix} 0_1 1_1 \end{bmatrix}$	4 - RAN STOP SIGN	10-IMPROPER PASSING	ILLEGALLY 15 - SWERVING TO AVOID	19-LOAD SHIFTING/FALLING/	ROADWAY	2 2 - TWO-WAY	6 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
CIRCUMSTANCES	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	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	
1 2 0 1	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 TRAVEL	17 - ANIMAL — FARM	EQUIPMENT	IINIT / N	ON-MOTORIST DIRECTION	
21 1 1	3 - IMMERSION 4 - JACKKNIFE	8 - RAN OFF ROAD RIGHT	12-DOWNHILL RUNAWAY	18-ANIMAL — DEER 19-ANIMAL — OTHER	23 - STRUCK BY FALLING, SHIFTING CARGO OR	Į ONII/N	1 - NORTH 5 - NORTHEAST	
	5 - CARGO / EQUIPMENT	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	13-OTHER NON-COLLISION 14-PEDESTRIAN	20 - MOTOR VEHICLE IN	ANYTHING SET IN MOTION BY A MOTOR VEHICLE	,	2 - SOUTH 6 - NORTHWEST	
3	LOSS OR SHIFT		15-PEDALCYCLE	TRANSPORT 21 - PARKED MOTOR VEHICLE	24-OTHER MOVABLE OBJECT	FROM 2 TO	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST	
	OF IMPLOTATION		WITH FIXED OBJECT		FO WOOK TONE HAVE TONE		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	UNIT SPEED	DETECTED SPEED	
	26 - BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BARRIER	39-LIGHT/LUMINARIES	45 - EMBANKMENT	51 - WALL	No. 101 101	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	0,2,5	2 - CALCULATED / EDR	
	28 - BRIDGE PARAPET	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	48-TREE	54-OTHER FIXED OBJECT	POSTED SPEED	3 - UNDETERMINED	
6	29 - BRIDGE RAIL 30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	49-FIRE HYDRANT	99 - OTHER / UNKNOWN			

2 5

OFF PUBLIC SAFETY MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER								
Control Manual M							2 + 0 + 2 + 4 + - + 0 + 0 + 0 + 1 + 7 + 0 + 7 + 7 +								
UNIT#	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
0,1	POWELL, CLAYTON, THOMAS							0 8 2 5 1 9 6 1 6 3 M							
	: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
0		NA RD ,Franklin	Twp ,C						REDACTED PER ORC 149.43(A)(1)						
2	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDT	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	USED	□ DOT-C	SEATING POSITIO	N AIR BAG US	SAGE EJECTION	TRAPPED		
2 5	BY	L YOUNGE MUMAPUR		OFFERI	F 6114			0,4		LMET 0 1	_ I				
OLSTATE	REDAC	LICENSE NUMBER STED PER ORC 450	1:1-12	OFFENS	E CHAI	RGED	CODE	OFFENSE DESC			27794				
O, H,	ENDORSEMEN	-				OHOL / DRUG SUSP	X	Driving in Ma		COHOL TEST		TRUG TEST(S	3)		
OL OLASS	SELECT UP TO 2			TRACTED			RIJUANA	CONDITION	STATUS T				T SELECTUPTO4		
4				1	0	THER DRUG		1	_1	1	_1	1	نانان		
UNIT #		FIRST, MIDDLE						*		DATE OF BIRTH		AGE	GENDER		
0,2	BLAN	KENSHIP, WAYN	VE, ED	WAR	D				L0 L2	1 1 5 1 9 6 5 5 9 M					
=	: STREET, CITY, S								CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)						
0		A TRL ,MENTOR	ОН 4						REDA				` ',` '		
A .	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDT	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	USED	DOT-Co	MPLIANT	AIR BAG USAGE EJECTION TRAPPED				
<u> 4</u>	вт Т							0 4	Ш мс не	LMET 0 1	1				
OLSTATE		LICENSE NUMBER CTED PER ORC 450	1.1-12	OFFENS	SE CHAI	RGED	CODE	OFFENSE DESC	RIPTION		CITATIO	CITATION NUMBER			
O H	ENDORSEMEN				41.0	OHOL / DRUG SUSP	ECTED	CONDITION	ALC	OHOL TEST	DRUG TEST(S)				
OL OLASS	SELECT UP TO 2			TRACTED	_	_	RIJUANA	CONDITION	STATUS T	YPE VALUE			T SELECTUPTO4		
				1	0	THER DRUG		1	_1	1	_1	1	ــاـــاــــ		
UNIT#	NAME: LAST	, FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER		
ADDRESS:	: STREET, CITY, S	STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
010	I 1				10 Thu - 10 Co		Va 100 200 - 110 200 200 200 200 200 200 200 200 200	f	ш	<u> </u>	+ +				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJUREDT	AKEN TO	: MEDICAL FACILITY	(NAME, CITY)	USED EQUIPMENT	Прот-с∘		AIR BAG US	SAGE EJECTION	TRAPPED		
OL STATE		LICENSE NUMBER		OFFENS	E CHAI	RGED LOCAL OFFENSE DESC						TATION NUMBER			
ORIS				100000000000000000000000000000000000000		CODE			0.500.110.00.00.0		.5.50.55.55				
OL CLASS	ENDORSEMEN				ALC	OHOL / DRUG SUSP	ECTED	CONDITION		OHOL TEST		RUG TEST(S			
	SELECT UPTO 2		BY	TRACTED		LCOHOL MA	RIJUANA		STATUS T	YPE VALUE	STATUS 1	TYPE RESUL	. SELECTOPIO4		
					0	THER DRUG	AV.						لالالا		
1 - FATAL	JRIES	1- FRONT-LEFT SIDE	1- NOT DEP	IR BAG		1-CLASS A	5	OL RESTRIC 1-ALCOHOL INTER		1 - NOT DISTRACTED	1000	- NONE GIVEN	ATUS		
	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2- DEPLOYE			2 - CLASS B		2 - CDL INTRASTAT		2 - MANUALLY OPERATIN ELECTRONIC COMMUN	DOSTIGN	-TEST REFUSED			
3 - SUSPECTED 4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE	3 - DEPLOYE 4 - DEPLOYE	ED SIDE ED BOTH FROI	NT/SIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE 4 - FARMWAIVER	NSES	DEVICE (TEXTING, TYPE DIALING)		-TEST GIVEN, COI SAMPLE / UNUS			
5 - NO APPAREN		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5-NOTAPP			(0HI0 = D)		5 - EXCEPT CLASS	A BUS	3 - TALKING ON HANDS-FE	REE	- TEST GIVEN, RE			
INJURED	TAKEN BY	5 - SECOND - MIDDLE	9- DEPLOYI	MENT UNKNO	WN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS & CLASS B BUS	A	COMMUNICATION DEV 4 - TALKING ON HAND-HE		-TEST GIVEN, RE UNKNO₩N	20F12		
1 - NOT TRANSP	Part Constitution of the C	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	F	ECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO		COMMUNICATION DEV 5 - OTHER ACTIVITY WITH	ICE	ALCOHOL TE	ST TYPE		
2 - EMS		(M0TORCYCLE SIDE CAR)	1-NOTEJE			H - HAZMAT		8 - INTERMEDIATE RESTRICTIONS	LICENSE	ELECTRONIC DEVICE	1	- NONE - BLOOD			
3 - POLICE 9 - OTHER/UNK	CNOWN	8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE	2 - PARTIAL 3 - TOTALLY	LY EJECTED		M - MOTORCYCLE P - PASSENGER		9 - LEARNER'S PER RESTRICTIONS	MIT	6 - PASSENGER 7 - OTHER DISTRACTION		- URINE			
		10 - SLEEPER SECTION OF TRUCK CAB	4- NOTAPP			N-TANKER		10 - LIMITED TO DAY		INSIDE THE VEHICLE		- BREATH			
1 - NONE USED	QUIPMENT	11 - PASSENGER IN OTHER	TF	RAPPED		Q - MOTOR SCOOTER R - THREE-WHEEL MC	TOPOVOLE	11 - LIMITED TO EMI 12 - LIMITED - OTHE		8 - OTHER DISTRACTION (THE VEHICLE	O I SIDE 5	-OTHER			
	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1-NOTTRA	PPED		S - SCHOOL BUS	TORGTOLE	13 - MECHANICAL DI (SPECIAL BRAK		9 - OTHER / UNKNOWN	1	- NONE	TYPE		
3 - LAP BELT ON 4 - SHOULDER &	NLY USED & Lap Belt Used	PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED	2 - EXTRICA MECHAN	ITED BY IICAL MEANS		T - DOUBLE & TRIPLE		CONTROLS, OR O	THER	CONDITION		- BLOOD			
5 - CHILD REST	RAINT SYSTEM -	CARGO AREA	3- FREED B	Y Chanical Me	ANS	X - TANKER / HAZMAT		ADAPTIVE DEVI		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMEN	-	- URINE - OTHER			
6 - CHILD REST	FORWARD FACING 13-TRAILING UNIT NON-MED 6-CHILD RESTRAINT SYSTEM - 14-RIDING ON VEHICLE EXTERIOR			GENDER 15 - MOTOR VEHIC			15 - MO TOR VEHICLE AIR BRAKES	S WITHOUT	3 - EMOTIONAL (E.G., DEPRI	ESSED,					
REAR FACIN 7 - BOOSTER SE	G	(NON-TRAILING UNIT) 15 - NON-MOTORIST				M - MALE		16 - OUTSIDE MIRRO	R	4 - ILLNESS	A 1 1 2002	- AMPHETAMINE			
8 - HELMET US		99 - OTHER / UNKNOWN				U -OTHER / UNKNOWN		17 - PROSTHETIC AII 18 - OTHER)	5 - FELL ASLEEP, FAINTED FATIGUED, ETC.	100	- BARBITURATES	ure.		
9 - PROTECTIVE (ELBOW, KNI								10-UTIEN		6 - UNDERTHE INFLUENC	E A	 BENZODIAZEPII CANNABINOIDS 	AE2		
10 - REFLECTIVE										OF MEDICATIONS / DRU /ALCOHOL	5	- COCAINE			
11 - LIGHTING - / BICYCLE OF										9 - OTHER/UNKNOWN		- OPIATES / OPIOI - OTHER	DS		
99 - OTHER / UNK												- NEGATIVE RESU	ILTS		

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U	OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER							
_		1000				***		2,0,2,4,-,0,0,0,1,7,0,7,7						
	UNIT # NAME: LAST, FIRST, MIDDLE VAN, MICHELE, CHERI							DATE OF BIRTH AGE GENDER OF 9 2 0 1 9 6 6 5 8 F						
¥								CONTACT PHONE - INCLUDE AREA CODE						
OCCUPANT	1253 RAVENNA RD ,Franklin Twp ,OH 44240							REDACTED PER ORC 149.43(A)(1						
0	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
Н	UNIT#	NAME: LAS	T, FIRST, MIDDLE				UT	DAT	E OF BIRTH		AGE	GENDER		
	NAME: CROI, FIRST, MIDDLE													
OCCUPANT	ADDRESS	STREET, CITY,	STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE								
000	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		TAKEN BY				2000 NEW TOTAL STATE OF THE STA	USED	DOT-COMPLIANT MC HELMET		L				
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GEND						
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OCCUPANT	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	INCLUDE AREA CO	DE				
00	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT	DOT C	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		TAKEN BY			N. 1984 (1974) (USED	DOT-COMPLIANT MC HELMET			لــــا			
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
L									1 1 1		F PS			
OCCUPANT	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
1000	THURSTEE	THURES	F880 A		Lucus control de la Control de		LEAFETY FAUIDMENT		CEATING DOCUTION	LAIR DAG UCAG	LEIEATION	TRADDED		
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIK BAG USAGE	EJECTION	IKAPPED		
۲			JRIES	SAFET	Y EQUIPMENT USED		SEATING POS			AIR BAG U	SAGE			
	1 - FATA			1 - NONE US			IT – LEFT SIDE		1 - NOT DE					
	2-SUS	PECTEDSE	RIOUS INJURY		E OCCUPANT VER BELT ONLY USED TONLY USED A SECOND - LEFT SID (MOTORCYCLE DRIV 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SID 4 - SECOND - LEFT SID (MOTORCYCLE PASS			ER) 2 - DEPLOYED FRO						
			INOR INJURY						3 - DEPLO	YED SIDE				
H		SIBLE INJU							4 - DEPLO					
	5 - NO A	PPARENT	INJURY		ESTRAINT SYSTEM – 5 - SECOND – MIDDLE			5 - NOT APPLICAB			ABLE			
	3 NOT		TAKEN BY	100000000000000000000000000000000000000	RD FACING 6 - SECOND - RIGHT SIZE FSTRAINT SYSTEM - 7 - THIRD - LEFT SIDE			DE 9 - DEPLOYMENT UNKNOWN						
		TRANSPOR EATED AT S		REAR FA	ESTRAINT SYSTEM – CING	CAR) EJECTION								
	2- EMS			7 - BOOSTER	RSEAT	1 - NOT EJECTED								
	3 - POLI			8 - HELMET			D – RIGHT SIDE PER SECTION (2 - PARTIA	LLY EJECT				
	9- OTH	ER / UNKNO			TIVE PADS USED KNEES, ETC.)		ENGER IN OTH		Y EJECTED					
	E		NDER	10- REFLECT	TIVE CLOTHING	BUS, PICK-UP WITH CAP)								
ă	F - FEMA			11 - LIGHTIN / BICYCL	G - PEDESTRIAN		ENGER IN UNE 10 AREA	ENCLOSED TRAPPED 1 - NOT TRAPPED						
Ē	U - OTHE	R / UNKNO	WN	99- OTHER /		2 - EXTRICATED B								
							NG ON VEHICLE TRAILING UNIT)	EXTERIOR	MEANS					
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S	NAME: LAS	ST, FIRST, MIDD	DLE					DAT	E OF BIRTH		AGE	GENDER		
WITNESS	APPRESS							CONTACT PHONE		النا				
ΙM	AUDRESS	: STREET, CITY,	STATE, ZIP					CUNTACT PHONE	- INCLUDE AREA CO	DE				
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WITNESS	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
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SS	NAME: LAS	ST, FIRST, MIDD	DLE						E OF BIRTH		AGE	GENDER		
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