OFF DUBLIC SAFETY TRAFFIC CRASH	LOCAL REPORT NUMBER*							
PHOTOS TAKEN OH-2 X 0H-3		2 + 0 + 2 + 5 + - + 0 + 0 + 0 + 0 + 2 + 7 + 5 + 8 + -						
OH-1P OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR		
. – – .	City of Kent Police	LO_0	6,7,0,3	1 - SOLVED L 2 - UNSOLVED	$\begin{bmatrix} 0_{\perp} 2_{\perp} & 0_{\parallel} \end{bmatrix}$	1 98 - ANIMAL 99 - UNKNOWN		
COUNTY* LOCALITY* LOCATION: CITY,	VILLAGE, TOWNSHIP*			CRASH DATE / T		SH SEVERITY FATAL		
6,7 1 2-VILLAGE Kent				$\lfloor 0 \rfloor 2 \rfloor 2 \rfloor 8 \rfloor 2 \rfloor 0 \rfloor 2 \rfloor 5 \rfloor$	/.1.0.03.1.5	SERIOUS INJURY		
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DEC		SUSPECTED		
<	MAIN		$S \perp T$	41,153	7 9 0	MINOR INJURY SUSPECTED		
	REFERENCE ROAD NAME (ROAD, M	ILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE	CIMAL DEGREES 4 -	INJURY POSSIBLE		
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MANTUA		$S \setminus T$	-81, 3, 6, 2	5,8,6,	PROPERTY DAMAGE ONLY		
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE		I	NTERSECTION RELATED			
1-INTERSECTION 1-NORTH IR-			D - ROAD	X WITHIN INTER	RSECTION OR ON APPROA			
3-HOUSE # 3-EAST	BI -		Q - SQUARE T - STREET	☐ WITHIN INTER	RCHANGE AREA NUM	3 BER OF APPROACHES		
	NUMBERED COUNTY ROUTE		E - TERRACE		ROADWAY	BER OF ALT ROADILES		
FROM REFERENCE UNIT OF MEASURE 1 - MILES TR -	CT -		L - TRAIL /A - WAY					
2-FEET	ROUTE	HEIGHTS PL - PLACE	A - HAI	ROADWAY DIV	IDED			
LOCATION OF FIRST HARMFUL EVENT	MANN	ER of CRASH COLLISION/IMPAC	т	DIRECTION OF TRAVEL	MEDIAN	ITYPE		
1 - ON ROADWAY 9 - CROSSOVER 2 - ON SHOULDER 10 - DRIVEWAY//	DETIM	OLLISION 4-REAR-TO-REAR EEN 5-BACKING		1 - NORTH		LUSH MEDIAN		
0 1 3-IN MEDIAN 11-RAILWAY GR	TWO N	MOTOR 6-ANGLE		2 - SOUTH 3 - EAST	2 - DIVIDED F	LUSH MEDIAN		
4 - ON ROADSIDE 12-SHARED US 5 - ON GORE TRAILS	E PATHS OR TRANS	SPORT 7 - SIDESWIPE, SAME		4 - WEST	(≥4 FEET	EPRESSED MEDIAN		
6-OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REAR- 3 - HEAD-	4000 mm			4 - DIVIDED, R	AISED MEDIAN		
7 - ON RAMP 14-TOLL BOOTH	CNOWN				9 - OTHER/UN	10 comment		
U-UT KAMP	AND ASSESSMENT OF THE PROPERTY	LOCATION OF ODACH IN WO	DIV ZONE	CONTOUR	CONDITIONS	SURFACE		
WORK ZONE RELATED	WORK ZONE TYPE ANE CLOSURE	1 - BEFORE THE 1ST W		2	1	2		
WORKERS PRESENT 2 - L	ANE SHIFT/CROSSOVER	WARNING SIGN 2 - ADVANCE WARNING	CADEA	1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE				
	VORK ON SHOULDER OR MEDIAN	3-TRANSITION AREA		2-STRAIGHT GRADE 2-WET 2-BLAG				
	NTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA		3 - CURVE LEVEL 3 - SNOW ASPH				
ACTIVE SCHOOL ZONE 5-0	THER	5 - TERMINATION ARE	. А	4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK		
LIGHT CONDITION	WEATHER 1 - CLEAR			9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL,		
1 - DAYLIGHT 1 2 - DAWN/DUSK		6 - SNOW 7 - SEVERE CROSSWINDS			6 - WATER (STANDING,	STONE 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		9 - FREEZING RAIN OR FREEZII 99 - OTHER / UNKNOWN	NG DRIZZLE		7 - SLUSH 9 - OTHER/UNKNOWN			
9 - OTHER / UNKNOWN	190 - 400 trans-conscionatorialis	38455 1 3474500 1208450000 0 34786000000			y officion (total)			
NARRATIVE					A	Indicate the north		
UNIT 2 WAS SOUTHBOUND O	N N MANTIJA ST					an "N" on the		
						compass diagram.		
IN THE RIGHT LANE. UNIT	I WAS							
WESTBOUND ON W. MAIN S	T. IN THE CURB			ī	T 1			
LAND. UNIT 1 RAN THE REI	D LIGHT AT N.							
MANTUA ST. UNIT 2 STRUC	K UNIT 1		Vot To S	Scale				
Marviersii emi zsikee	K CIVII I.	· ·	<i>101 10 C</i>	,	N.3MANTUA'S			
					N.S.			
		,	W.?MAIN?	st. 3				
			Light 1					
		72	Unit					
			)	1				
CRASH REPORTED DATE / TIME	ISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED		EPORT TAKEN BY		
0,2,2,8,2,0,2,5 / 1,0,0,3  0,2,2	$8_{1}2_{1}0_{1}2_{1}5_{1}/_{1}1_{1}0_{1}0_{1}5_{1}$	0,2,2,8,2,0,2,5,/,1,	0,0,5,0	2,2,8,2,0,2,5	5 <sub>1</sub> / <sub>1</sub> 1 <sub>1</sub> 0 <sub>1</sub> 4 <sub>1</sub> 3 <sub>1</sub>	POLICE AGENCY		
TOTAL TIME OTHER TOTAL	OFFICER'S NAME*	Сн	ECKED BY OFFI	CER'S NAME*		MOTORIST		
ROADWAY CLOSED INVESTIGATION TIME MINUTE	Auckland, Kyle	2000	heeler,	0		SUPPLEMENT (CORRECTION OR ADDITION		
0 0 0 0 0 3 0 0 6	8 2 OFFICER'S BADO	GE NUMBER*	2 4	Y OFFICER'S BADGE N	UMBER^	TO AN EXISTING REPORT SENT TO ODPS)		

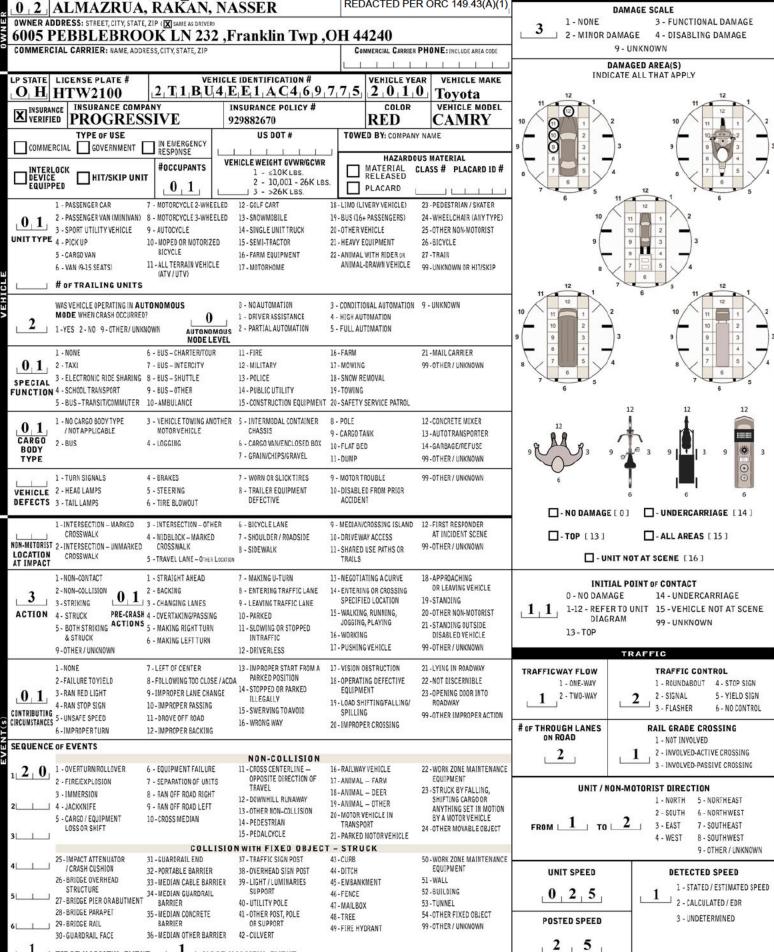
LOCAL REPORT NUMBER

<b>3</b>	SERVICE - PROTECTION O IVI					2   0   2   5   -	0,0,0,0,2,7,5,8,			
UNIT#	OWNER NAME: LAST, FIRS	ST, MIDDLE (X SAME AS DRIVER	R)	OWNER PHONE: INC. REDACTED PE	R ORC 149.43(A)(1)		DAMAGE			
	BOWER, JEF		ESI	1	1 - NONE 3 - FUNCTIONAL DAMAGE					
1352 SUNSET WAY BLVD, Kent, OH 44240										
COMMERC	CIAL CARRIER: NAME, ADDR	ESS, CITY, STATE, ZIP		COMMERCIAL CARRIER	PHONE: INCLUDE AREA CODE		9 - UNKNOWN			
LD STATE	LICENSE DI ATE #	VEHICI	DAMAGED AREA(S) INDICATE ALL THAT APPLY							
	PHV2406		LE IDENTIFICATION # $A_1G4_1GL1_13_16_13_1$	3,3,4, 2,0,1,		12	12			
INSURA VERIFI	NCE INSURANCE COMP		INSURANCE POLICY #	COLOR	VEHICLE MODEL	11 12	11 12			
VERIFI	AUTO OW  TYPE OF USE	NERS	5174320600 US DOT #	RED	WRANGLE	11 1	10 11 1 2			
COMME		IN EMERGENCY RESPONSE	03001#	I OWED BY: COMPAN	YNAME	9 9 3	3 9 9 3			
INTER			/EHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS.	MATERIAL	US MATERIAL CLASS # PLACARD ID #	6 4 7	8 4 7			
DEVICE EQUIP	E HIT/SKIP UNI	$\begin{bmatrix} 0_1 & 0_1 & 1_1 \end{bmatrix}$	2 - 10,001 - 26K LBS.	RELEASED PLACARD		8 6	8 7 6			
	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	3 - >26K LBS.	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER	6	11 12 6			
0.3		8 - MOTORCYCLE 3-WHEELED		19-BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)	10/	11 1 2			
UNITTYPE	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE 10 - MOPED OR MOTORIZED		20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT	25 - OTHER NON-MOTORIST 26 - BICYCLE	9	10 2			
	5 - CARGO VAN	BICYCLE		22 - ANIMAL WITH RIDER OR	27 -TRAIN	_	8 4 -			
1	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	7 6 4			
	# of TRAILING UNITS	UP 400 May 10 TO 10				11 12 1	7 6 11 12 1			
4	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED			3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION	9 - UNKNOWN	10 11 1	10 11 1 2			
_ 2 _	1-YES 2-NO 9-OTHER/UNK	1 0 1	2 DADTIAL AUTOMATION	5 - FULL AUTOMATION		10 2	10 2			
	1 - NONE	MODE LEVEL 6 - BUS - CHARTER/TOUR		16-FARM	21 - MAIL CARRIER	9 9 3	9 9 3 4			
0.1	2 - TAXI	7 - BUS - INTERCITY		17 - MOWING	99 - OTHER / UNKNOWN	8 7 5	7 5 4			
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						
0.1	1 - NO CARGO BODY TYPE	3 - VEHICLE TOWING ANOTHE	R 5 - INTERMODAL CONTAINER	8 - POLE	12 - CONCRETE MIXER	12	12 12 12			
	/ NOT APPLICABLE 2 - BUS	MOTORVEHICLE 4 - LOGGING	/ 01000101115101 0050 00V	9 - CARGO TANK	13 - AUTOTRANSPORTER	A.A.				
BODY TYPE	2 - 505	4 - 20001110	7 COMMUNICATION OF THE	10-FLAT BED 11-DUMP	14-GARBAGE/REFUSE 99-OTHER/UNKNOWN	9 3 9	e 3 9 T 3 9 🕸 3			
8 8 9	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICKTIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN	Ó				
	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10-DISABLED FROM PRIOR ACCIDENT			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	<b>□-TOP</b> [13]	- ALL AREAS [ 15 ]			
NON-MOTORIST	2 - INTERSECTION - UNMARKED CROSSWALK		B - SIDEWALK	11-SHARED USE PATHS OR	99 - OTHER / UNKNOWN					
AT IMPACT	U 302775577720	5 - TRAVEL LANE - OTHER LOCATI		TRAILS		□-UN	IT NOT AT SCENE [16]			
	1 - NON-CONTACT 2 - NON-COLLISION	1 - STRAIGHT AHEAD 2 - BACKING		13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING	18-APPROACHING OR LEAVING VEHICLE	1000 - 1000 MARKETS	AL POINT OF CONTACT			
_4_	3-STRIKING ULL	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	SPECIFIED LOCATION	19-STANDING	0 - NO DAMA 0 - 1-12 - REFE	GE 14 - UNDERCARRIAGE R TO UNIT 15 - VEHICLE NOT AT SCENE			
ACTION	4 - STRUCK PRE-CRASH 5 - BOTH STRIKING ACTIONS	4 - CVERTAKING/PASSING 5 - MAKING RIGHT TURN	10-PARKED	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE	DIAGE				
	& STRUCK	6 - MAKING LEFT TURN	INTRAFFIC			13-T0P				
	9-OTHER/UNKNOWN		12 - DITVERCESS	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN		TRAFFIC			
	1 - NONE 2 - FAILURE TO YIELD	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / AC	DADVED DOCITION	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE	21 -LYING IN ROADWAY 22 -NOT DISCERNIBLE	TRAFFICWAY FLOW 1 - ONE-WAY	TRAFFIC CONTROL  1 - ROUNDABOUT 4 - STOP SIGN			
0.3	3 - RAN RED LIGHT	9-IMPROPER LANE CHANGE	14 - STOPPED OR PARKED ILLEGALLY	EQUIPMENT	23 - OPENING DOOR INTO	2 2 - TWO-WAY	2 2 - SIGNAL 5 - YIELD SIGN			
	4 - RAN STOP SIGN 5 - UNSAFE SPEED	10-IMPROPER PASSING 11-DROVE OFF ROAD	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/ SPILLING	ROADWAY  99 - OTHER IMPROPER ACTION		3 - FLASHER 6 - NO CONTROL			
CIRCUMSTANCES	6-IMPROPERTURN	12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPER CROSSING		# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING			
SEQUENCE	E OF EVENTS		NAN COLLIGION			2	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING			
$_{1}$ $_{2}$ $_{1}$ $_{0}$	1 - OVERTURNIROLLOVER	6 - EQUIPMENT FAILURE	*********	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE		3 - INVOLVED-PASSIVE CROSSING			
		7 - SEPARATION OF UNITS	TRAVEL	17-ANIMAL — FARM 18-ANIMAL — DEER	EQUIPMENT 23-STRUCK BY FALLING,	UNIT / NO	DN-MOTORIST DIRECTION			
2	3 - IMMERSION 4 - JACKKNIFE	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY	19-ANIMAL — OTHER	SHIFTING CARGOOR ANYTHING SET IN MOTION		1 - NORTH 5 - NORTHEAST			
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	QUIPMENT 10-CROSS MEDIAN 14-PEDESTRIAN 20		20 - MOTOR VEHICLE IN TRANSPORT	BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	FROM 3 TO	4 3 - EAST 7 - SOUTHEAST			
3	2000 Oct Shift I	COLLICI		21 - PARKED MOTOR VEHICLE	EV-VIII EN MOVABLE UDJEVI		4 - WEST 8 - SOUTHWEST			
4	25 - IMPACT ATTENUATOR	31 - GUARDRAIL END		43 - CURB	50 - WORK ZONE MAINTENANCE		9 - OTHER / UNKNOWN			
7	/ CRASH CUSHION 26 - BRIDGE OVERHEAD	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER		44 - DITCH 45 - EMBANKMENT	EQUIPMENT 51 - WALL	UNIT SPEED	DETECTED SPEED			
5	STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL	SUPPORT	46-FENCE	52-BUILDING	0 1 5	1 - STATED / ESTIMATED SPEED			
	28-BRIDGE PARAPET	BARRIER 35 - MEDIAN CONCRETE	41 - OTHER POST, POLE	47 - MAILBOX 48 - TREE	53 - TUNNEL 54 - OTHER FIXED OBJECT	DOCTED COLOR	2 - CALCULATED / EDR 3 - UNDETERMINED			
6	OO DOINGE DAIL DADDIED OF CUIDANT				99 - OTHER / UNKNOWN	POSTED SPEED	5 - MACHEMINED			
-	24 PROTECTION OF THE PROTECTIO		u oc sessona 1957							

\_\_\_ FIRST HARMFUL EVENT \_\_\_\_\_\_\_ MOST HARMFUL EVENT

2 5

LOCAL REPORT NUMBER 2 | 0 | 2 | 5 | - | 0 | 0 | 0 | 0 | 2 | 7 | 5 | 8 | OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) OWNER PHONE: INCLUDE AREA CODE ( TS) SAME AS DRIVER)
REDACTED PER ORC 149.43(A)(1) DAMAGE ALMAZRUA, RAKAN, NASSER DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE 3 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE DAMAGED AREA(S) INDICATE ALL THAT APPLY **VEHICLE IDENTIFICATION #** VEHICLE YEAR VEHICLE MAKE 2, T, 1, B, U, 4, E, E, 1, A, C, 4, 6, 9, 7, 7, 5, 2 0 1 0 Toyota INSURANCE POLICY # INSURANCE COMPANY COLOR VEHICLE MODEL PROGRESSIVE RED 929882670 CAMRY TYPE OF USE US DOT # TOWED BY: COMPANY NAME



FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

OFF PUBLIC BAFETY MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER								
SAPETY - MEN	ICE - PROTECTION	1010K131 / 140	)   4 -   W	1010	KIS				L2_0_	2 . 5 0 . (	0.0.0	2.7	5 8		
UNIT#	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER						
0,1	BOWER, JEFFREY, ERNEST								0 + 7 + 0 + 5 + 1 + 9 + 6 + 6   5   8   M						
	SUNSET WAY BLVD ,Kent ,OH 44240								CONTACT PHONE - INCLUDE AREA CODE						
0			nt ,OH						REDACTED PER ORC 149.43(A)(1)  SEATING POSITION   AIR BAG USAGE   EJECTION   TRAPPED						
2	INJURED TAKEN BY	EMS AGENCY (NAME)		INJUREDI	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	USED	Прот-с∘ МС НЕ	MPLIANT	ON AIR BAG U	ISAGE EJECTIO	N TRAPPED		
OL STATE		LICENSE NUMBER		OFFENS	T CUA	OCED.	LOCAL	OFFENSE DESC		LMET 0 1	CITATI	ON NUMBER			
O. H.		CTED PER ORC 450	1:1-12				LOCAL	Traffic Contr			2784				
OL CLASS	ENDORSEMEN					HOL / DRUG SUSP	ECTED	CONDITION		COHOL TEST		DRUG TEST	(S)		
or or ac	SELECT UP TO 2			TRACTED			RIJUANA		STATUS T	YPE VALUE	STATUS	TYPE RESU	ILT SELECTUPTO4		
4		<u> </u>		1	0.	THER DRUG		1	_1	1	_1	1	الا		
UNIT #		, FIRST, MIDDLE								DATE OF BIRTH	T0002 - 24.00	AGE	GENDER		
0,2		ZRUA, RAKAN,	NASS	ER					0 8	$12 \cdot 6 \cdot 1 \cdot 9$	9 5	29	M		
<b>=</b>	: STREET, CITY, S		_			OTT 11010			1	PHONE - INCLUDE AREA		440.42	(A)(A)		
0		EBROOK LN 232	,Fran		1			I	REDA	ACTED PER			<del>`                                    </del>		
2	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDI	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	USED	Прот-с∘		ON AIR BAG (	ISAGE EJECTIO	N TRAPPED		
2 <u>5</u>	BT	L TOTALE MUMBER		OFFEN		2050	1.0011	0,4		LMET 0 1	_ l	ON NUMBER			
OLSTATE OL H		LICENSE NUMBER CTED PER ORC 450	1:1-12	OFFENS	SE CHAI	KGED	CODE	OFFENSE DESC	KIPIIUN		CHAIL	ON NOMBEK			
OL CLASS	ENDORSEMEN	T RESTRICTION SELECT	UPTO3 DRI	VFR	AL C	HOL / DRUG SUSP	ECTED	CONDITION	ALC	OHOL TEST		DRUG TEST	(S)		
OE GEAGG	SELECT UP TO 2			TRACTED	_	_	RIJUANA	Continue	STATUS T	YPE VALUE	STATUS	TYPE RESU	ILT SELECTUPTO4		
4	T	<u> </u>		1	0.	THER DRUG		1	_1	1,	_1_	1	الالا		
UNIT #	NAME: LAST	, FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER		
												ـــــا	نــــا		
ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INCLUDE AREA CODE									CODE						
O THURST OF	Incomes I	FARE A OF NOV		I		MENTAN FANTITY		CAPETY FAUTOWENT		LOCATINO DOCUTO	WI	<u> </u>	<u> </u>		
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJUREDI	AKEN 10	MEDICAL FACILITY	(NAME, CITY)	USED SAFETY ENUIPMENT	DOT-CO		AIR BAG (	ISAGE EJECTIO	N TRAPPED		
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATI	ON NUMBER	ــــالـــــا		
ORIS				100000000000000000000000000000000000000			CODE		0.500.110.00.00.0						
OL CLASS	ENDORSEMEN				ALC	HOL / DRUG SUSP	ECTED	CONDITION		OHOL TEST		DRUG TEST			
	SELECT UPTO 2		BY	TRACTED		LCOHOL MA	RIJUANA		STATUS	YPE VALUE	STATUS	TYPE RESU	ILT SELECTOP 104		
					0.	THER DRUG	AV.				البيا				
1 - FATAL	JRIES	1- FRONT-LEFT SIDE	1- NOT DEP	IR BAG	1 × 311	1 - CLASS A	5	OL RESTRIC 1-ALCOHOL INTER		1 - NOT DISTRACTED	100	- NONE GIVEN	IATUS		
	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2- DEPLOYE			2 - CLASS B		2 - CDL INTRASTAT		2 - MANUALLY OPERATIN	MICATION	-TEST REFUSE			
3 - SUSPECTED 4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE	3 - DEPLOYE	ED SIDE ED BOTH FRO	NT/SIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE 4 - FARMWAIVER	NSES	DEVICE (TEXTING, TY DIALING)		S - TEST GIVEN, C SAMPLE / UNU			
5 - NO APPAREN		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5-NOTAPP			(OHI0 = D)		5 - EXCEPT CLASS	A BUS	3 - TALKING ON HANDS-F	REE	- TEST GIVEN, R			
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	4 - TALKING ON HAND-HE	0.00	-TEST GIVEN, R UNKNO₩N	E20F12		
1 - NOT TRANSF	Part Constitution of the C	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	FI	ECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO		COMMUNICATION DEV	/ICE	ALCOHOL T	EST TYPE		
2 - EMS		(M0TORCYCLE SIDE CAR)	1-NOTEJE			H - HAZMAT		8 - INTERMEDIATE RESTRICTIONS	LICENSE	ELECTRONIC DEVICE		- NONE - BLOOD			
3 - POLICE 9 - OTHER/UNK	Z MOJAJNI	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	4	- BREATH			
1 - NONE USED	QUIPMENT	11 - PASSENGER IN OTHER	T	RAPPED		Q - MOTOR SCOOTER	TODOVO F	11 - LIMITED TO EMI 12 - LIMITED - OTHE		8 - OTHER DISTRACTION THE VEHICLE	OUTSIDE :	-OTHER			
	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1-NOTTRA			R - THREE-WHEEL MC S - SCHOOL BUS	TORCTOLE	13 - MECHANICAL D	EVICES	9 - OTHER / UNKNOWN		DRUG TES	TTYPE		
3 - LAP BELT OF	NLY USED & LAP BELT USED	PICK-UP WITH CAP)  12 - PASSENGER IN UNENCLOSED	2 - EXTRICA MECHAN	ITED BY IICAL MEANS		T - DOUBLE & TRIPLE		(SPECIAL BRAK CONTROLS, OR O	THER	CONDITION	100	- BL00D			
5 - CHILD REST	RAINT SYSTEM -	CARGO AREA 13 - TRAILING UNIT	3- FREED B	Y Chanical Mi	EANS	X - TANKER / HAZMAT		ADAPTIVE DEVI		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMEN		- URINE - OTHER			
	RAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR	No ATINE			GENDER F-FEMALE		15 - MO TOR VEHICLE AIR BRAKES	S WITHOUT	3 - EMOTIONAL (E.G., DEPR	RESSED,	RUG TEST	PESILITIES		
REAR FACIN 7 - BOOSTER SE	G	(NON-TRAILING UNIT)  15 - NON-MOTORIST				M - MALE		16 - OUTSIDE MIRRO	R	4 - ILLNESS	100	- AMPHETAMIN			
8 - HELMET US		99 - OTHER / UNKNOWN				U -OTHER / UNKNOWN		17 - PROSTHETIC AII 18 - OTHER	)	5 - FELL ASLEEP, FAINTE FATIGUED, ETC.		- BARBITURATE			
9 - PROTECTIVE (ELBOW, KN)								10-UINER		6 - UNDERTHE INFLUENCE	CE ,	8 - BENZODIAZEP 8 - CANNABINOID			
10 - REFLECTIVE										OF MEDICATIONS / DR /ALCOHOL	065	- COCAINE			
11 - LIGHTING - / BICYCLE 0										9-OTHER/UNKNOWN		- OPIATES / OPIO ' - OTHER	DIDS		
99 - OTHER / UNI												- NEGATIVE RES	SULTS		

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Ũ	OFFIGURE SAFETY OCCUPANT / WITNESS ADDENDUM						2 0 2 5	LOCAL REPO			8		
	UNIT#	NAME: LAS	T, FIRST, MIDDLE						E OF BIRTH	0 0 2	AGE	GENDER	
									1 1 1	ابت	1 1		
¥	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INGLUDE AREA GO	DE			
OCCUPAN												_1_1	
0	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED	
ľ	UNIT#	NIT # NAME: LAST, FIRST, MIDDLE							E OF BIRTH	Ī	AGE	GENDER	
	<u>                                     </u>						سسب	1 1 1			ر ا		
OCCUPAN	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INGLUDE AREA CO	DE L		. 1	
0	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facility (NAME, CITY)  SAFETY EQUIPMENT USED				SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED	
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER	
	نب												
OCCUPAN	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE			
5	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED		
	تــــــــــــــــــــــــــــــــــــــ	ВҮ					ш	MC HELMET	шш		ــــا د		
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER	
Z	ADDDESS.	STREET CITY	STATE 71D					CONTACT PHONE	- INCLUDE AREA CO				
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	- INCLUDE AREA CO	DE.			
8	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT	207.0	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED	
	r a	TAKEN BY					USED	DOT-COMPLIANT MC HELMET	1 1 1		111		
		INJU	RIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG I	SAGE		
	1 - FATA	AL.		1 - NONE US	ED - COCCUPANT		IT – LEFT SIDE ORCYCLE DRIV	FR)	1 - NOT DE	PLOYED			
	3 - SUSPECTED MINOR INJURY 2 - SHOULD			DER BELT ONLY USED 2 - FRONT - MIDDLE 17 ONLY USED 3 - FRONT - RIGHT SIDE			2 - DEPLOYED						
								YED SIDE					
		PPARENT I		4 - SHOULDI	DER & LAP BELT USED  RESTRAINT SYSTEM –  RD FACING  4 - SECOND – LEFT (MOTORCYCLE  5 - SECOND – MIDE 6 - SECOND – RIGH				4 - DEPLOYED BOTH FRONT/SIDE				
ļ			TAKEN BY					F	5 - NOT AP				
Ì	1 - NOT	TRANSPOR			ESTRAINT SYSTEM -	9 - DEPLOYMENT ONKNOWN							
		EATED AT S	CENE	REAR FA		CAR)	EJECT	TION					
	2 - EMS			7 - BOOSTER		1 - NOT EJECTED 2 - PARTIALLY EJE			CTED				
	3 - POLI	ER / UNKNO	N/N	8 - HELMET	TIVE PADS USED		PER SECTION (		Y EJECTE				
	, 01111		IDER		KNEES, ETC.)	CARG	ENGER IN OTH O AREA (NON-TE	RAILING UNIT, 4 - NOT APPLIC					
	F - FEMA				TIVE CLOTHING		ENGER IN UNE			TRAPP	ED		
	M - MALE			/ BICYCL	G – PEDESTRIAN E ONLY		O AREA LING UNIT	1 - NOT TRAPPED					
	U - OTHER / UNKNOWN 99- OTHER /			UNKNOWN		LING ONLI NG ON VEHICLE	EXTERIOR 2 - EXTRICATED E			3Y MECHANICAL			
						15 - NON-	MOTORIST			BY NON-M	ECHANIC	AL	
X	NAME-1 AS	ST, FIRST, MIDD	I.F.			99 - UTHE	R / UNKNOWN	DAT	E OF BIRTH		AGE	GENDER	
E 55			ISTINE					1,1,1,1,		5,7	6.7	F	
WIINESS		STREET, CITY,		40000			10	CONTACT PHONE			40.42	(4)/4)	
	1022 Y	YORKS	HIRE DR ,Ra	venna, ,O	H 44266			REDACT		ORC I			
22	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH	9 30 1	AGE	GENDER	
WIINESS	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE			
\$									1 1		1 1	1 1	
2	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDE					
WILLIAESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE		DE L	TES		
3	The state of the s							JOH ING I PHONE	- INCLUDE AREA CO	OC.			

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