OHIO DEPARTMENT TRAFFIC CRASH	L	OCAL REPORT NUMBER	k				
PHOTOS TAKEN OH-2 OH-3	LOCAL INFORMATION			2 0 2 5 -	$-10_{-}0_{+}0_{+}1_{+}3$	6, 6, 8, 5,	
C SSSSN AND AND AND AND AND AND AND AND AND AN	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR	
. – – .	City of Kent Police	L O LO	6,7,0,3	1 - SOLVED	$\begin{bmatrix} 0_{\perp} 2_{\perp} & 0_{\parallel} \end{bmatrix}$	2 98 - ANIMAL 99 - UNKNOWN	
1-CITY	VILLAGE, TOWNSHIP*			CRASH DATE /T		SH SEVERITY FATAL	
6,7 1 2-VILLAGE Kent				$\lfloor 0 \rfloor 9 \rfloor 2 \rfloor 0 \rfloor 2 \rfloor 0 \rfloor 2 \rfloor 5 \rfloor /$	1.7.1.6 5	SERIOUS INJURY	
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DEC		SUSPECTED	
2	FAIRCHILD		$\mathbf{A}_{\perp}\mathbf{V}_{\perp}$	$4_{1}1_{10}1_{1}6_{1}0_{1}$	9_3_2	MINOR INJURY SUSPECTED	
	REFERENCE ROAD NAME (ROAD, N	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE	CIMAL DEGREES 4 -	INJURY POSSIBLE	
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MAJORS		$\mathbf{L}_{\perp}\mathbf{A}_{\perp}$	-81 ₆ 3,6,7	3,5,0,	PROPERTY DAMAGE ONLY	
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE			NTERSECTION RELATED	0.58935	
2 MILE DOCT 1 - NORTH			D - ROAD	X WITHIN INTER	SECTION OR ON APPROA	СН	
3-HOUSE # 3-EAST	RI .		Q - SQUARE T - STREET	☐ WITHIN INTER	RCHANGE AREA NUM	4 BER OF APPROACHES	
4 - WEST SR - S	STATE ROUTE		E - TERRACE	WITHIN INTER	ROADWAY	BER OF APPROACHES	
FROM REFERENCE UNIT OF MEASURE	CT -		L - TRAIL /A - WAY		RUADWAT		
2-FEET 3-YARDS	ROUTE	- HEIGHTS PL - PLACE	A-WAL	ROADWAY DIV	IDED		
LOCATION OF FIRST HARMFUL EVENT	MANN	NER OF CRASH COLLISION/IMPAC	т	DIRECTION OF TRAVEL	MEDIAN	TYPE	
1 - ON ROADWAY 9 - CROSSOVER	DETI	COLLISION 4 - REAR-TO-REAR WEEN 5 RACKING		1 - NORTH		LUSH MEDIAN	
0 1 2-ON SHOULDER 10-DRIVEWAY// 3-IN MEDIAN 11-RAILWAY GF	TWO	MOTOR 5-BACKING ICLES IN 6-ANGLE		2-SOUTH 3-EAST	(< 4 FEET) LUSH MEDIAN	
4 - ON ROADSIDE 12-SHARED US 5 - ON CORE TRAILS	E PATHS OR TRAN	NSPORT 7 - SIDESWIPE, SAME		4 - WEST	(≥4 FEET	EPRESSED MEDIAN	
5-ON GORE TRAILS 6-OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REAR 3 - HEAD	N. N. N. M			4 - DIVIDED, R	AISED MEDIAN	
7 - ON RAMP 14-TOLL BOOTH					(ANY TYPE 9 - OTHER/UNI		
8-OFF RAMP 99-OTHER/ONI		LOCATION OF ODACH IN MO	DI ZONE	CONTOUR	CONDITIONS	SURFACE	
WORK ZONE RELATED	WORK ZONE TYPE ANE CLOSURE	1 - BEFORE THE 1ST V			1	2	
_	ANE SHIFT/CROSSOVER	WARNING SIGN 2 - ADVANCE WARNIN	G ARFA	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE	
	VORK ON SHOULDER OR MEDIAN	3-TRANSITION AREA			2-WET	2 - BLACKTOP,	
	NTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY AREA 5 - TERMINATION ARE	- Δ	and the second s	3 - SNOW	BITUMINOUS, ASPHALT	
				4 - CURVE GRADE 4 - ICE 3 - BRICK/BLOCK			
LIGHT CONDITION 1 - DAYLIGHT	1 - CLEAR	ER 6-SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL, STONE	
1 2 - DAWN/DUSK	0 1 2-CLOUDY	7 - SEVERE CROSSWINDS		5 - DIRT			
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	3 - FOG, SMOG, SMOKE 4 - RAIN	8 - BLOWING SAND, SOIL, DIRT, 9 - FREEZING RAIN OR FREEZI			MOVING) 7 - SLUSH	9 - OTHER/UNKNOWN	
5 - DARK – UNKNOWN ROADWAY LIGHTING	5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN		
9 - OTHER / UNKNOWN							
NARRATIVE						Indicate the north direction with	
UNIT 1 WAS TRAVELING WES	ST BOUND ON				1	an "N" on the compass diagram.	
FAIRCHILD AVE WHEN UNI	T 2 FAILED TO						
YIELD AT THE STOP SIGN O					7		
TRAVELING SOUTH BOUND	. UNIT 1 STRUCK						
THE BACK DRIVERS SIDE B	UMPER OF UNIT				Nor to Sc	ale.	
2.			AIRCHILD?AV	UNIT 1	26		
					- B		
		0			18-b		
				MAJORSZLN			
				-			
CRASH REPORTED DATE / TIME	ISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED D	ATE/TIME RI	EPORT TAKEN BY	
$\begin{vmatrix} 0.9 & 2.0 & 2.0 & 2.5 & 1.7 & 1.6 & 0.9 & 2 \\ 0.9 & 2.0 & 2.0 & 2.5 & 1.7 & 1.6 & 0.9 & 2 \end{vmatrix}$			7.19		I⊽I	POLICE AGENCY	
TOTAL TIME OTHER TOTAL				CER'S NAME*	,,, <u>1</u> 0,10	MOTORIST	
ROADWAY CLOSED INVESTIGATION TIME MINUTE				, Joseph		SUPPLEMENT (CORRECTION OR ADDITION	
	9 2 3 0	OGE NUMBER*	CHECKED I	Y OFFICER'S BADGE N	UMBER*	TO AN EXISTING REPORT SENT TO ODPS)	

LOCAL REPORT NUMBER

2,0,2,5,-,0,0,0,1,3,6,8,5,

UNIT	#	OWNER NAME: LAST, FIRE	CT MIDDLE (CAME AS DRIVER)	THE ATEA CORE (SAME AS DRIVED)		DAMAGE						
. 0 . 1			, RALPH, CU	RTIS	RED	ACTED PE	ER ORC 149.43(A)(1)		DAMAGE SCALE			
	RAD	DRESS: STREET, CITY, STATE	, ZIP (X SAME AS DRIVER)					1 - NONE 3 - FUNCTIONAL DAMAGE				
0WNE 151	1 R	IVER EDGE	BLVD ,Kent .	ОН 44240				2 - MINOR D	AMAGE 4 - DISABLING DAMAGE			
COMM	MERC	IAL CARRIER: NAME, ADD	RESS, CITY, STATE, ZIP		Cor	MMERCIAL CARRIER	PHONE: INCLUDE AREA CODE	9 - UNKNOWN				
					L			DAMAGED AREA(S)				
LP STA		LICENSE PLATE#		IDENTIFICATION#	0.5.0	VEHICLE YE		INDIC	CATE ALL THAT APPLY			
$L\mathbf{O}_{\perp}$	H 9	926ZUE		3,2,WLC8,5	0,5,9	199		12 1	11 12 1			
X IN	INSURANCE COMPANY INSURANCE POLICY # WERIFIED GRUNDY WORLDWIDECV015100-012						Z3	0	12			
VE VE	KIFIE		WOKLDWID		TOWN	BLK		10/ \0	10 11 1			
Псо	MMER	TYPE OF USE RCIAL GOVERNMENT	IN EMERGENCY RESPONSE	US DOT #	TOWE	D BY: COMPAN	YNAME	9 9 3	3 9 9 3			
	3733000		VEL	HICLE WEIGHT GVWR/GCWR	J		US MATERIAL	8 4 -	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	TERL VICE QUIPP	OCK HIT/SKIP UNI	#UCCUPANTS	1 - ≤10KLBS.		MATERIAL RELEASED	CLASS # PLACARD ID #	8 7 5	7 5 5			
LEG	UIPP	ED MINISKE SKE	$ \cdot \cdot 0 \cdot 1 \cdot $	2 - 10,001 - 26K LBS		PLACARD	ب ب	7 6 5	12 7 6 5			
		1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LI	VERY VEHICLE)	23 - PEDESTRIAN / SKATER	6	11 12 1 6			
0		2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13-SNOWMOBILE	19-BUS (164	PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)	10/	11 1 2			
-		3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER V		25 - OTHER NON-MOTORIST	_	10 2			
OMIT		4 - PICK UP 5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR 16 - FARM EQUIPMENT	21 - HEAVY E	QUIPMENT WITH RIDER OR	26 - BICYCLE 27 - TRAIN	9	9 3 3			
		6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE	17 - MOTORHOME		DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	7 8 5 4			
. 0	•	# of TRAILING UNITS	(ATV/UTV)					,,	7 6			
	_			PARTICIONAL PROPERTY			CE (10000000 100	11 12	6 11 12 1			
A		WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE	3 - CONDITION 4 - HIGH AU	ONAL AUTOMATION	9 - UNKNOWN	10 11 1 2	10			
2		1-YES 2-NO 9-OTHER/UNK	1 0 1	2 - PARTIAL AUTOMATION	5 - FULL AU			10 2	10 2			
		E 110 7-0111EN/ UNIV	MODE LEVEL	1900 A C C C C C C C C C C C C C C C C C C	- Jan 110			9 9 3	9 9 3			
		AL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE		11-FIRE	16-FARM		21 - MAIL CARRIER	8 4 7	8 4 7			
0_{\perp}				12 - MILITARY	17 - MOWING		99 - OTHER / UNKNOWN	8 6	8 6			
SPEC	IAL			13 - POLICE 14 - PUBLIC UTILITY	18-SNOW REMOVAL 19-TOWING			7 6 5	7 6 5			
FUNC		5 - BUS - TRANSIT/COMMUTER		15 - CONSTRUCTION EQUIPMENT		SERVICE PATROL						
	2000	1 - NO CARGO BODYTYPE 3 - VEHICLE TOWING ANOTHER		5 - INTERMODAL CONTAINER	8 - POLE		12 - CONCRETE MIXER	Granda Comba	12 12 12			
0_{\perp}	1_{\perp}	/ NOT APPLICABLE	MOTORVEHICLE	CHASSIS	9 - CARGOTA	ANK	13-AUTOTRANSPORTER	12				
CAR		2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	10-FLAT BE	D	14-GARBAGE/REFUSE	of Mar.				
	TYPE 7 - GRAIN/CHIPS/GRAVEL		7 - GRAIN/CHIPS/GRAVEL	11-DUMP		99-OTHER/UNKNOWN	,00,	9 1 1				
	V.	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICKTIRES	9 - MOTORT	ROUBLE	99 - OTHER / UNKNOWN	6				
VEHIC	CLE	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT		D FROM PRIOR			6 6 6			
DEFE	CTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDEN	II.		□-NO DAMAGE	[0] - UNDERCARRIAGE [14]			
		1 - INTERSECTION - MARKED	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/	CROSSING ISLAND	12 - FIRST RESPONDER	LI-NO DAMAGE	EU GIBEROARIAGE E143			
NON MOT	TODICT	CROSSWALK 2 - INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS AT INCIDENT SCENE		AT INCIDENT SCENE	☐- TOP [13]	- ALL AREAS [15]			
LOCAT	ION	CROSSWALK	CROSSWALK 5 -TRAVEL LANE - OTHER LOCATION	B - SIDEWALK		- SHARED USE PATHS OR 99 - OTHER / UNKNOWN TRAILS		∏-UN	IT NOT AT SCENE [16]			
AT IMP	C00,7.00	1 NON CONTACT		7 AMERICAN TURN		TING A CUDUE	30 ADDDDAGUING					
		1 - NON-CONTACT 2 - NON-COLLISION	1 - STRAIGHT AHEAD 2 - BACKING	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE		ITING A CURVE OF CROSSING	18-APPROACHING OR LEAVING VEHICLE	10 mm - 10 mm 20 00 00 00 00 00 00 00 00 00 00 00 00	AL POINT OF CONTACT			
3		3-STRIKING 0 1	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE		ED LOCATION	19-STANDING	0 - NO DAMA				
ACTI	0 N	4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING		10 - PARKED	15 - WALKING, RUNNING, JOGGING, PLAYING		20 - OTHER NON-MOTORIST	1 1-12 - REFER	R TO UNIT 15 - VEHICLE NOT AT SCENE AM 99 - UNKNOWN			
		5 - BOTH STRIKING ACTIONS & STRUCK		11 - SLOWING OR STOPPED INTRAFFIC	16-WORKIN		21 - STANDING OUTSIDE DISABLED VEHICLE	13-T0P	99 - UNKNOWN			
		9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	12 - DRIVERLESS	17 - PUSHING	SVEHICLE	99-OTHER / UNKNOWN		TRAFFIC			
		1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A	17 - VISION O	ESTRUCTION	21 -LYING IN ROADWAY	TRAFFICWAY				
		2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	PARKED POSITION		NG DEFECTIVE	22 -NOT DISCERNIBLE	TRAFFICWAY FLOW 1 - ONE-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN			
.0	1	3 - RAN RED LIGHT	9-IMPROPER LANE CHANGE	14 - STOPPED OR PARKED ILLEGALLY	EQUIPM	ENT	23 - OPENING DOOR INTO	2 2 - TWO-WAY	6 2 - SIGNAL 5 - YIELD SIGN			
CONTRIB	HTING	4 - RAN STOP SIGN	10-IMPROPER PASSING	15 - SWERVING TO AVOID	19-LOAD SH SPILLIN	IFTING/FALL:NG/	ROADWAY 99-OTHER IMPROPER ACTION		3 - FLASHER 6 - NO CONTROL			
	ANCES	5 - UNSAFE SPEED 6 - IMPROPER TURN	11 - DROVE OFF ROAD 12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPI		77-OTHER IMPROPER ACTION	# of THROUGH LANES	RAIL GRADE CROSSING			
S CIRCUMST		OF EVENTS	AL TIME HOTER DACKING					ON ROAD	1 - NOT INVOLVED			
SE QUE	HUE	OI EVENIS		NON-COLLISION				1	2 - INVOLVED-ACTIVE CROSSING			
1 2	U	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE -	16 - RAILWAY		22 - WORK ZONE MAINTENANCE		3 - INVOLVED-PASSIVE CROSSING			
		2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF TRAVEL	17 - ANIMAL 18 - ANIMAL		EQUIPMENT 23 - STRUCK BY FALLING,	UNIT / NO	IN-MOTORIST DIRECTION			
2		3 - IMMERSION 4 - JACKKNIFE	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY	19-ANIMAL		SHIFTING CARGOOR	amounts solded hid	1 - NORTH 5 - NORTHEAST			
		5 - CARGO / EQUIPMENT	10-CROSS MEDIAN	13 - OTHER NON-COLLISION 14 - PEDESTRIAN	20 - MOTOR V	EHICLE IN	ANYTHING SET IN MOTION BY A MOTOR VEHICLE	3	2 - SOUTH 6 - NORTHWEST			
3	1	LOSS OR SHIFT		15-PEDALCYCLE	TRANSPI 21 - PARKED	ORT MOTORVEHICLE	24-OTHER MOVABLE OBJECT	FROM 3 TO	4 - WEST 8 - SOUTHEAST			
			COLLISIO	WITH FIXED OBJECT					9 - OTHER / UNKNOWN			
4		25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB		50 - WORK ZONE MAINTENANCE EQUIPMENT					
		26-BRIDGE OVERHEAD	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES	44 - DITCH 45 - EMBANK	MENT	51 - WALL	UNIT SPEED	DETECTED SPEED			
5		STRUCTURE	34 - MEDIAN GUARDRAIL	SUPPORT	46-FENCE		52 - BUILDING	0,2,5	1 - STATED / ESTIMATED SPEED			
		27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET	BARRIER 35 - MEDIAN CONCRETE	40 - UTILITY POLE 41 - OTHER POST, POLE	47 - MAILBOX	(53 - TUNNEL 54 - OTHER FLYED OR JECT		2 - CALCULATED / EDR			
6		29-BRIDGE RAIL	BARRIER	OR SUPPORT	48 - TREE 54 - OTHER FIXED OBJECT 49 - FIRE HYDRANT 99 - OTHER / UNKNOWN			POSTED SPEED	3 - UNDETERMINED			
559		30-GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	and the state of t			2 5				
1		FIRST HARMFUL EVEN	T MOST HA	ARMFUL EVENT				2 5				

LOCAL REPORT NUMBER 2 . 0 . 2 . 5 . - . 0 . 0 . 0 . 1 . 3 . 6 . 8 . 5 . OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) OWNER PHONE: INCLUDE ASEA CODE (SAME AS DE DAMAGE REDACTED PER ORC 149.43(A)(1) KNEPP, MISTY, D DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 6151 PADERBORNE DR ,Hudson ,OH 44236 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 9 - UNKNOWN DAMAGED AREA(S) INDICATE ALL THAT APPLY **VEHICLE IDENTIFICATION #** VEHICLE MAKE LP STATE LICENSE PLATE # VEHICLE YEAR 2 0 2 0 Honda 2 HGF C 2 F 8 6 L H5 0 8 4 7 0 O H HYL9777 INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # COLOR VEHICLE MODEL WHI PROGRESSIVE 51907112 CIVIC TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT RESPONSE **Bakers Towing** 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 J 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) 0 1 2 - PASSENGER 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 - UNKNOWN OR HIT/SKIP (ATV/UTV) 00 # OF TRAILING UNITS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 1-YES 2-NO 9-0THER/UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION AUTONOMOUS MODE LEVEL 1 - NONE 6 - BUS - CHARTER/TOUR 11-FIRE 16-FARM 21 - MAIL CARRIER 0 1 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN 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 / NOTAPPLICABLE MOTORVEHICLE CHASSIS 9 - CARGO TANK 13-AUTOTRANSPORTER CARGO 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARBAGE/REFUSE BODY * 7 - GRAIN/CHIPS/GRAVEL 11-DUMP 99-OTHER / UNKNOWN 0 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 8 - TRAILER EQUIPMENT 10-DISABLED FROM PRIOR VEHICLE 2 - HEAD LAMPS 5 - STEERING DEFECTIVE ACCIDENT **DEFECTS 3-TAIL LAMPS** 6 - TIRE BLOWOUT -NO DAMAGE [0] - UNDERCARRIAGE [14] 3 - INTERSECTION - OTHER 9 - MEDIAN/CROSSING ISLAND 1 - INTERSECTION - MARKED 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 13 - IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 -LYING IN ROADWAY 7 - LEFT OF CENTER TRAFFICWAY FLOW TRAFFIC CONTROL PARKED POSITION 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 18-OPERATING DEFECTIVE 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 14 - STOPPED OR PARKED EQUIPMENT 23 - OPENING DOOR INTO 2 - TWO-WAY 3 - RAN RED LIGHT 9-IMPROPER LANE CHANGE 0 2 2 - SIGNAL 5 - YIELD SIGN 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 - INVOLVED-ACTIVE CROSSING 1 NON-COLLISION 1 2 0 1 - OVERTURNIROLLOVER 3 - INVOLVED-PASSIVE CROSSING 6 - EQUIPMENT FAILURE 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE 11 - CROSS CENTERLINE -EQUIPMENT OPPOSITE DIRECTION OF 17 - ANIMAL - FARM 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 23 - STRUCK BY FALLING, TRAVEL **UNIT / NON-MOTORIST DIRECTION** 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 18-ANIMAL - DEER 12 - DOWNHILL RUNAWAY SHIFTING CARGOOR 1 - NORTH 5 - NORTHEAST 10 ANIMAL OTHER

3		4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	13-OTHER NON-COLLISION 14-PEDESTRIAN 15-PEDALCYCLE	20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	FROM 1 TO 2	2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST
			COLLISIO	N WITH FIXED OBJE	CT - STRUCK	U		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
5	نــــــــــــــــــــــــــــــــــــــ	26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER	39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE	45 - EMBANKMENT 46 - FENCE 47 - MAILBOX	51 - WALL 52 - BUILDING 53 - TUNNEL	0 0 5	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR
6	ب	28 - BRIDGE PARAPET 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
L	1	FIRST HARMFUL EVEN	NT 1 MOST H	IARMFUL EVENT			2 5	

OF PURISHER MOTORIST / NON-MOTORIST								LOCALR	EPORT N	JMBER						
**************************************							2.0.	2 5 - 0	$0_{\perp}0_{\perp}$	1,3	6 8	5				
V	UNIT#	NAME: LAST,	FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
	_0_1_	MEGA	RGEL, RALPH,	CURT	IS					0 + 6 + 3 + 0 + 1 + 9 + 6 + 1 + 6 + 4 + M						
ZIST.		STREET, CITY, S		58 - 84 <u>5</u> 6566	100000000000000000000000000000000000000					CONTACT PHONE - INCLUDE AREA CODE						
010	1511 R	RIVER	EDGE BLVD ,Kei	nt ,OH	44240	0				REDACTED PER ORC 149.43(A)(1)						
E TAKEN					INJUREDT	AKEN TO	: MEDICAL FACILITY	(NAME, CITY)	USED	□ DOT-Co	MPLIANT SEATING POST	THOUGH STANFOR	G USAGE	EJECTION	TRAPPED	
N/	\$5BY								0_4_		LMET 0 1		1	_1_	<u> </u>	
RIST	OLSTATE	DED 4 0750 DED 000 4504 4 40				OFFENSE CHARGED LOCAL OFFENSE CODE			OFFENSE DESC	SCRIPTION			TION NU	JMBER		
1010	O, H,	5								AL C	OHOL TEST		DRIIC	TEST(S	,	
	OL CLASS	SELECT UP TO 2	RESTRICTION SELECT	DIST	TRACTED	_	DHOL / DRUG SUSPE		CONDITION	STATUS T		STATUS			SELECTUPTO4	
	_ 4				1	=	THER DRUG		1	_1	1	_11_	1	ا ا ا	لـــالـــالـــ	
	UNIT #	NAME: LAST,	FIRST, MIDDLE								DATE OF BIRTH			AGE	GENDER	
	0,2	KNEP	P, SAMANTHA, 1	RYAN	N					1 1	2 2 2 2 1	0 0	3 2	1	F	
IST	ADDRESS:	STREET, CITY, S	TATE, ZIP							CONTACT	PHONE - INCLUDE ARE	A CODE				
OTOR	6151 P	PADERI	BORNE DR ,Hud	on ,O	H 442	36				REDA	CTED PE	R OR	C 14	9.43	(A)(1)	
Σ	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDT	AKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	□DOT-C∘		ION AIR BA	G USAGE	EJECTION	TRAPPED	
N0	5	BY			8				0_4_	☐MC HE	LMET 0 1		1	_1_	_1_	
RIST	OL STATE	OPERATOR	LICENSE NUMBER	11.1 12	OFFENS	E CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		www.usus.com	TION NU	JMBER		
010			TED PER ORC 450		331.1			X	Operation of			299				
W	OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	_	DHOL / DRUG SUSPE		CONDITION	STATUS T	TYPE VALUE STATE		TYPE RESULT SELECT UPT			
	. 4	1 10	1 2 12 1 2 2 2	"	1	=	THER DRUG	NUONIN	1 ,	1 1	1	1	1	di ar	n n a	
f	UNIT#	NAME: LAST,	FIRST, MIDDLE			_					DATE OF BIRTH	,,	T	AGE	GENDER	
IST	ADDRESS:	STREET, CITY, S	TATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
TOR												1	1 1	- 1		
N-M	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDT	AKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	□DOT-C∘	SEATING POSI	TON AIR BA	G USAGE	EJECTION	TRAPPED	
/ N0		BY								LIMC HELMET CITATION NUMB			نـــــا	نــــــا		
RIST	OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	E CHAI	RGED	LOCAL	OFFENSE DESC				TION NU	TON NUMBER		
10T0	ىب			- I	<u> </u>	1000707			100 marin 200 ma	AL G	OHOL TEST		DBUG	TEST(S		
~	OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		TRACTED		DHOL / DRUG SUSPE		CONDITION	STATUS T		STATUS			SELECTOP 104	
Ē						=	THER DRUG				_ •					
	THE RESERVE OF THE PERSON NAMED IN	RIES	SEATING POSITION	ATTACABLE OF THE PARTY.	IR BAG		OL CLASS	5	OL RESTRIC		DRIVER DISTRA	CTION	Desirement of the last	EST STA	TUS	
- 13	1 - FATAL 2 - SUSPECTED S	SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP 2 - DEPLOYE			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT		1 - NOT DISTRACTED 2 - MANUALLY OPERA	TING AN	1 - NONE	REFUSED		
	3 - SUSPECTED I		2 - FRONT - MIDDLE	3- DEPLOYE			3 - CLASS C		3 - CORRECTIVE LE		ELECTRONIC COMM DEVICE (TEXTING,	UNICATION	3-TEST	GIVEN, CON	TAMINATED	
100	4 - POSSIBLE IN 5 - NO APPAREN		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE	4 - DEPLOYE 5 - NOT APP	ED BOTH FROM	NT / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARMWAIVER 5 - EXCEPT CLASS	R DIALING)			4 - TEST GIVEN RESULTS KNOW			
			(M0TORCYCLE PASSENGER) 5 - SECOND - MIDDLE		MENT UNKNO	WN	5 - M/C MOPED ONLY		6 - EXCEPT CLASS		3 - TALKING ON HANDS COMMUNICATION D			GIVEN, RES	ULTS	
	INJURED 1 - NOT TRANSPO	ORTED	6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO	R-TRAILER	4 - TALKING ON HAND- COMMUNICATION D				TTVDE	
	/TREATED AT		7 - THIRD - LEFT SIDE (M0TORCYCLE SIDE CAR)		ECTION	1 7-1	OL ENDORSEM	MENT	8 - INTERMEDIATE		5 - OTHER ACTIVITY W ELECTRONIC DEVIC		1 - NONE		T TYPE	
- 10	2 - EMS 3 - POLICE		8 - THIRD - MIDDLE	1 - NOTEJE			H - HAZMAT M - MOTORCYCLE		RESTRICTIONS 9-LEARNER'S PER	MIT	6 - PASSENGER		2 - BL00			
	9 - OTHER / UNK	NOWN	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION	3-TOTALLY			P - PASSENGER		RESTRICTIONS 10 - LIMITED TO DAY	LICHTONIA	7 - OTHER DISTRACTION		3 - URIN 4 - BREA			
	SAFETY E	QUIPMENT	OF TRUCK CAB	4-NOTAPP	LICABLE		N - TANKER Q - MOTOR SCOOTER		11 - LIMITED TO EMP		8 - OTHER DISTRACTIO		5 - OTHE			
	1 - NONE USED	FIT ANN HAFE	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA		RAPPED	المرابع	R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE		9 - OTHER / UNKNOWN		DR	UG TEST	TYPE	
	2 - SHOULDER B 3 - Lap Belt on		(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOTTRAI 2 - EXTRICA			S - SCHOOL BUS T - DOUBLE & TRIPLE	TDAILEDS	13 - MECHANICAL DE (SPECIAL BRAKE	ES, HAND	CONDITIO	N	1 - NONE 2 - BLOO			
100		LAP BELT USED	12 - PASSENGER IN UNENCLOSED CARGO AREA		ICAL MEANS		X - TANKER / HAZMAT	MAILLERS	CONTROLS, OR O ADAPTIVE DEVI		1 - APPARENTLY NORM		3 - URIN			
5 - CHILD RESTRAINT SYSTEM – CARGO AREA 3 - FREED BY NON-MECHAI NON-MECHAI				ANS	GENDER		14 - MILITARY VEHICLE		2 - PHYSICAL IMPAIRM		4 - 0THE	R				
	6 - CHILD RESTR REAR FACING	RAINT SYSTEM –	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F-FEMALE		AIR BRAKES		3 - EMOTIONAL (E.G., DI ANGRY, DISTURBED)	FRESSEU,	DRUG	TEST RE	SULT(S)	
	7 - BOOSTER SE	AT	15 - NON-MOTORIST				M - MALE U - OTHER / UNKNOWN		16 - OUTSIDE MIRRO 17 - PROSTHETIC AID		4 - ILLNESS 5 - FELL ASLEEP, FAIN	ED.		HETAMINES SITURATES		
	8 - HELMET USE 9 - PROTECTIVE		99 - OTHER / UNKNOWN				O O MILKY OWNING WA		18 - OTHER		FATIGUED, ETC.			ODIAZEPIN	ES	
	(ELBOW, KNE	ES, ETC.)									6 - UNDER THE INFLUE OF MEDICATIONS / I			IABINOIDS		
	0 - REFLECTIVE 1 - LIGHTING – P										/ALCOHOL 9-OTHER/UNKNOWN		5 - COCA 6 - OPIA	TES / OPIOID	s	
0	/ BICYCLE ON										7 - OTHE		TC			
,	9-OTHER/UNKNOWN										8 - NEGA	TIVE RESUL	12			

HSY8306 OH1M 1/19 [760-1500] PAGE 4 OF 5

U	OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER							
-8	24 	576						$2 \cdot 0 \cdot 2 \cdot 5$	0_0	$10 \cdot 1 \cdot 3$	6.8	_5		
	UNIT#	NAME: LAS	T, FIRST, MIDDLE						E OF BIRTH		AGE	GENDER		
L	_02_	KNEP	PP, ALEXAND	RIA				0 4 2	3 2 0	1 3	1,2	_F		
PAN	ADDRESS: STREET, CITY, STATE, ZIP 6151 PADERBORNE DR ,Hudson ,OH 44236								CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1					
OCCUPANT	6151	PADER	BORNE DR ,I	O, Hudson	Н 44236			REDACT	ED PER	ORC 1	49.43	(A)(1)		
0	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	5	BY					0,4	☐MC HELMET	$\begin{bmatrix} 0 & 6 \end{bmatrix}$	1	_11	_1		
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH	1	AGE	GENDER		
								سسا	1 1 1					
PAN	ADDRESS	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
OCCUPANT														
0	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED				SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	لــــا	BY					- LLL	DOT-COMPLIANT MC HELMET	لسلسا		لــــا	نــــا		
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
									1 1 1		1 [
ANT	ADDRESS	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA GO	DE				
OCCUPANT														
ŏ	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NANE, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		BŶ					U3E0	MC HELMET		ī.	لـــا			
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH	·	AGE	GENDER		
									SI SI I	s 15 F16	E ES			
ANT	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
OCCUPANT														
ō	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		BŶ					L L L L L L L L L L	MC HELMET			رسا			
		INJU	JRIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE			
	1 - FATA	AL		1 - NONE US			IT - LEFT SIDE	ED)	1 - NOT DE	PLOYED				
	2 - SUS	PECTEDSE	RIOUS INJURY		VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM — (MOTORCYCLE DRIV 2 - FRONT — MIDDLE 3 - FRONT — RIGHT SIDE (MOTORCYCLE PASS 5 - SECOND — MIDDLE			2 - DEPLOYED FRO						
			NOR INJURY											
		SIBLE INJU							YED BOTH SIDE					
	5 - NO A	PPARENT	INJURY					LIVULIA	5 - NOT AP					
		INJURED	TAKEN BY	FORWAR	D FACING		ND - RIGHT SI	9 - DEPLOTIVIENT UNKNOWN						
		TRANSPOR EATED AT S			CHILD RESTRAINT SYSTEM – 7 - THIRD – LEFT SI REAR FACING (MOTORCYCLE S			CAR)						
	2 - EMS			7 - BOOSTER		8 - THIR	D - MIDDLE		1 - NOT EJ	EJECTI ECTED	TED			
	3 - POLI			8 - HELMET	USED		D - RIGHT SIDE		2 - PARTIA	IALLY EJECTED				
	9 - OTH	ER / UNKNO	DWN	9 - PROTECT	TVE PADS USED		PER SECTION (ENGER IN OTH		Y EJECTED	JECTED				
		GEI	NDER		/, KNEES, ETC.) CARGO AREA (NON			A high profit is the first of the second of	4 - NOT AP					
E	F-FEMA	ALE			TVE CLOTHING		ENGER IN UNE		THE ALL					
	M - MAL			/ BICYCL	G – PEDESTRIAN E ONLY		O AREA	1 - NOT TRAPPED						
	U-OIHE	R / UNKNO	WN	99-OTHER/	UNKNOWN		LING UNIT NG ON VEHICLE	EXTERIOR	ECHANI	CAL				
							TRAILING UNIT)		MEANS	BY NON-ME	CHANIC	AL		
							MOTORIST ER/UNKNOWN		MEANS		CHANIC	AL		
Н	NAME	ST, FIRST, MIDD	ı F			77 - OTTIL	IN 7 CHICKOWN	DAT	E OF BIRTH		AGE	GENDER		
SS	TAME: CA	31, 1 11.31, 11.100							L OI DIKIN		AUL	GENDER		
WITNESS	ADDRESS	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE L				
≯												1		
	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
IESS									1 1 1		1 1			
WITNESS	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE		20		
S	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
WITNESS	ADDRESS	OTDEET	ATATE ZID						1 1 1		115			
LIM	AUURESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						

HSY 8355 OH1P 3/19 [760-1500] PAGE 5 0F 5