OF PUBLIC SAFETY TRAFFIC CRASH		LOCAL REPORT NUMBER	*									
PHOTOS TAKEN OH-2 OH-3	LOCAL INFORMATION				2 0 2 4	- 0 0 0 1 (0_0_9_2					
SECONDARY CRASH	REPORTING AGENCY NAME		NCIC* HIT/SKIP NUMBER OF UNITS				UNIT IN ERROR 98 - ANIMAL					
PRIVATE PROPERTY	City of Kent Pol	ice	_ 0 _	6,7,0,3	L 2 - UNSOLVED		2 99 - UNKNOWN					
1 - CITY	y, VILLAGE, TOWNSHIP*				CRASH DATE /	_ 1	ASH SEVERITY - FATAL					
3-TOWNSHIP NORTH	LOCATION DOAD NAME			DOAD TYPE	0,7,1,0,2,0,2,4		- SERIOUS INJURY SUSPECTED					
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH S - SOUTH 3 E - EAST W - WEST	LOCATION ROAD NAME			ROAD TYPE	LATITUDE DE	3	- MINOR INJURY					
W-WEST	MAIN REFERENCE ROAD NAME (RO	DAD MILEDOCT HO	NICE #\	S T T	41,15,3		SUSPECTED					
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST W - WEST	1005	JAD, WILEPUSI, NU	JUSE #)	RUADITPE	LONGITUDE		- INJURY POSSIBLE - PROPERTY DAMAGE					
					- <u>8</u> 1 ₁ , 3, 4, 4		ONLY					
1 - INTERSECTION FROM REFERENCE N - NORTH IR -	ROUTE TYPE INTERSTATE ROUTE(TP)	AL - ALLEY	ROAD TYPE HW- HIGHWAY F	RD - ROAD		RSECTION OR ON APPROA						
3-HOUSE # E-EAST	FEDERAL US ROUTE	The state of the s		SQ - SQUARE ST - STREET								
	STATE ROUTE NUMBERED COUNTY ROUTE			TE - TERRACE	☐ WITHIN INTE		BER OF APPROACHES					
FROM REFERENCE UNIT OF MEASURE 1 - MILES TR -	NUMBERED TOWNSHIP			TL - TRAIL WA - WAY	_	ROADWAY						
2 - FEET	ROUTE		PL - PLACE	un un	ROADWAY DIV	/IDED						
LOCATION OF FIRST HARMFUL EVEN		MANNER OF CRASH		ст	DIRECTION OF TRAVE	L MEDIA	N TYPE					
1 - ON ROADWAY 9 - CROSSOVER 2 - ON SHOULDER 10 - DRIVEWAY/	ALLEY ACCECS	NOT COLLISION 4 BETWEEN 5	- REAR-TO-REAR - BACKING		N - NORTH	1 - DIVIDED F (< 4 FEET	LUSH MEDIAN					
10-DRIVEWAY) 3-IN MEDIAN 11-RAILWAY G 4-ON ROADSIDE 12-SHARED US	RADE CROSSING	V LITTULLO TIV	- ANGLE - SIDESWIPE, SAM	E DIDECTION	E - EAST	2 - DIVIDED F (≥4 FEET	LUSH MEDIAN					
5 - ON GORE TRAILS	2 -		- SIDESWIPE, OPPO		W-WEST	3 - DIVIDED, I	DEPRESSED MEDIAN					
6-OUTSIDE TRAFFIC WAY 13-BIKE LANE 7-ON RAMP 14-TOLL BOOT		HEAD-ON 9	9 - OTHER / UNKNOWN 4 - DIVIDED, RAISED MED (ANY TYPE)									
8-OFF RAMP 99-OTHER/UN	KNOWN					9 - OTHER/UN	KNOWN					
WORK ZONE RELATED	WORK ZONE TYPE LANE CLOSURE		N OF CRASH IN WO		CONTOUR	CONDITIONS	SURFACE					
WORKERS PRESENT 2-	LANE SHIFT/CROSSOVER	227	WARNING SIGN ADVANCE WARNIN		2	1 000	2					
	WORK ON SHOULDER OR MEDIAN	The second second	TRANSITION AREA		1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE	1 - DRY 2 - WET	1 - CONCRETE 2 - BLACKTOP,					
The production and concept and	INTERMITTENT OR MOVING W OTHER		- ACTIVITY AREA - TERMINATION AREA 3 - CURVE LEVEL 3 - SNOW				BITUMINOUS, ASPHALT					
LIGHT CONDITION	\$75075372 17	ATHER		4 - CURVE GRADE 4 - ICE 3 - BRICK/BL								
1 - DAYLIGHT	1-CLEAR	6 - SNOW			9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL, STONE					
1 2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	0 2 2-CLOUDY	7 - SEVERE (CROSSWINDS	SNOW		6 - WATER (STANDING, MOVING)	5 - DIRT					
4 - DARK - ROADWAY NOT LIGHTED	4 - RAIN	9 - FREEZIN	NG RAIN OR FREEZING DRIZZLE 7 - SLUSH 9- OTHE				9 - OTHER/UNKNOWN					
5 - DARK – UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER /	UNKNOWN			9 - OTHER/UNKNOWN						
NARRATIVE	ı					<u> </u>	Indicate the north					
UNIT 1 AND 2 WERE TRAVEL	ING IN THE CU	RB					direction with an "N" on the compass diagram.					
LANE E/B IN FRONT OF 100	5 E. MAIN ST.				-1							
UNIT 1 STOPPED FOR TRAF	FIC. UNIT 2		*	Not To Scale								
FAILED TO STOP FOR TRAI		CK			STARBUC 1005E.MAI	NST.						
THE REAR OF UNIT 1. UNIT			Œ	MAINST			<u> </u>					
MINOR PROPERTY DAMAG	E ONLY CRASH			_	s							
			<u></u>		<u></u>		<u></u>					
						<u> </u>						
			_	> :		00,000	īā.					
					Unit 1							
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARR	RIVAL DATE / TIME		SCENE CLEARED	DATE / TIME R	EPORT TAKEN BY					
$\lfloor 0,7,1,0,2,0,2,4,/\lfloor 0,9,5,3\rfloor,0,7,1$	0,2,0,2,4,/,0,9,5	5 0 7 1 0	2,0,2,4,/,1	$\begin{bmatrix} 0_1 0_1 7_1 \end{bmatrix} 0$	7,1,0,2,0,2	4/1035						
TOTAL TIME OTHER TOTA ROADWAY CLOSED INVESTIGATION TIME MINUT					CER'S NAME*		MOTORIST					
MINUT	Tuner, James	S BADGE NUMBER	-	hort, Jas	SON IVI	NUMBER*	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)					
0 4 2 0 6 0 1 0		l , ,		2 1 2	8							

	CAL REPORT NUMBER
2 0 2 4 -	$0_{+}0_{+}0_{+}1_{+}0_{+}0_{+}9_{+}2_{+}$
	DAMAGE DAMAGE SCALE
1 - NONE	3 - FUNCTIONAL DAMAGE
2 - MINOR	
	9 - UNKNOWN
	DAMAGED AREA(S) ICATE ALL THAT APPLY
10 11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9	11 12 1 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1
11 12 1 10 11 12 1 9 9 3 4 7 5 6 5	2 3 9 9 10 10 10 12 10 2 9 3 8 7 6 5
9 3	12 9 = 3 9 12 12 0 3 9 0 3 3
☐-NO DAMAG	E[0] - UNDERCARRIAGE [14]
□-TOP [13]	- ALL AREAS [15]
San San San	NIT NOT AT SCENE [16]
	TAL DOINT OF CONTACT
0 - NO DAM 0 - 7 1-12 - REFE	IAL POINT OF CONTACT AGE 14 - UNDERCARRIAGE ER TO UNIT 15 - VEHICLE NOT AT SCENE RAM 99 - UNKNOWN
	TO 1 FET A
	TRAFFIC
TRAFFICWAY FLOW 1 - ONE-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	6 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# or TUDO!! OU ! AND	II ALKOLI SAMOA SIJA JAMAHANANI MARA
# OF THROUGH LANES	RAIL GRADE CROSSING

2 - INVOLVED-ACTIVE CROSSING 2 - INVOLVED-ACTIVE CROSSING

NON-MOTORIST DIRECTION

1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST

	9 - OTHER / UNKNOWN
UNIT SPEED	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR
POSTED SPEED	3 - UNDETERMINED
3 5	

10-								$Z_{\perp}U_{\perp}Z_{\perp}A_{\perp}$	Ĺ
	UNIT #	OWNER NAME: LAST, FIRE SHALL, TOD			Rec	R PHONE: INCLUI dacted per (ORC 149.43(A)(1)		
OWNER	OWNER AD	DRESS: STREET, CITY, STATE	, ZIP (X SAME AS DRIVER)		1			2 1-NONE	
>	3454 (OAK RD ,Stov			Con	MEDEIAI CADDIED E	HONE: INCLUDE AREA CODE	2-MINOR	0
	COMMERC	TAL DARRIER: NAME, ADD	COS, CITT, STATE, ZIF		L	MERCIAL GARRIER P	I I I I I I		ī
		LICENSE PLATE #		IDENTIFICATION#	10.2	VEHICLE YEA		IND	I
		HRU5208 INSURANCE COMP		SG6,HR7,7,7,4	192		Chrysler VEHICLE MODEL	11 12	
	X INSURAN	USAA	- December 1	IC00963003277101		GRY	PACIFICA	10 11 1	1
	COMME	TYPE OF USE RCIAL GOVERNMENT [IN EMERGENCY RESPONSE	US DOT #	TOWE	D BY: COMPANY	NAME	9 10 2 9	•
				HICLE WEIGHT GVWR/GCWR			S MATERIAL	- 0 4 -	
	DEVICE EQUIPE	HIT/SKIP UNI	т	1 - ≤10KLBS. 2 - 10,001 - 26KLBS.		RELEASED	LASS # PLACARD ID #	8 0 5	/
	Luon	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	3 - >26K LBS. 12-G0LF CART		PLACARD	23 - PEDESTRIAN / SKATER	7 6 5	
	0.2	2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED			PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)	10/	1
	UNITTYPE	3 - SPORT UTILITY VEHICLE 4 - PICK UP	9 - AUTOCYCLE 10 - MOPED OR MOTORIZED		20 - OTHER VI 21 - HEAVY E		25 - OTHER NON-MOTORIST 26 - BICYCLE	9	•
		5 - CARGO VAN	BICYCLE 11 - ALL TERRAIN VEHICLE	16 - FARM EQUIPMENT 2	22 - ANIMAL	WITH RIDER OR	27 -TRAIN		•
L	. 00	6 - VAN (9-15 SEATS)	(ATV/UTV)	17 - MOTORHOME	ANIMAL-	UKAWII VEHICLE	99 - UNKNOWN OR HIT/SKIP	8 \	4
VEHICI		# of TRAILING UNITS						11 12 1	
>	,	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED			3 - CONDITIO 1 - HIGH AUT	NAL AUTOMATION OMATION	9 - UNKNUWN	10 11 1	1
		1-YES 2-NO 9-CTHER/UNK	NOWN AUTONOMOUS MODE LEVEL	2 - PARTIAL AUTOMATION	- FULL AUT	OMATION		9 9 3	•
		1 - NONE	6 - BUS-CHARTER/TOUR		L6-FARM		21 - MAIL CARRIER	8 4 -	/
	0,1	2 - TAXI 3 - ELECTRONIC RIDE SHARING	7 - BUS - INTERCITY 8 - BUS - SHUTTLE		17 - MOWING 18 - SNOW RE		99 - OTHER / UNKNOWN	8 6	
	SPECIAL FUNCTION	4 - SCHOOL TRANSPORT	9 - BUS - OTHER		19-TOWING	SERVICE DITRO		6	
		5 - BUS - TRANSIT/COMMUTER 1 - NO CARGO BODYTYPE	3 - VEHICLE TOWING ANOTHER	15 - CONSTRUCTION EQUIPMENT 2	3 - POLE		12 - CONCRETE MIXER	3	
		/ NOTAPPLICABLE	MOTORVEHICLE	CHASSIS	3 - POLE 3 - CARGOTA		13 - AUTOTRANSPORTER	Q Q	
	BODY TYPE	2 - BUS	4 - LOGGING	T ADMINISTRACIONALIS	IO-FLAT BEO I]-DUNP		14-GARBAGE/REFUSE 99-OTHER/UNKNOWN	9 () 3	
	1112	1 - TURN SIGNALS	4 - BRAKES	September 2000 Department of the	9 - MOTOR TE	2008 000 00 P	99 - OTHER / UNKNOWN	6	
		2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLE ACCIDEN	D FROM PRIOR		*.	
L	DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	05700550000	1100 400000			☐-NO DAMAG	E
		1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED		9 - MEDIAN/0 10 - DRIVEWA		12 - FIRST RESPONDER AT INCIDENT SCENE	□-TOP [13]	
	LOCATION	2 - INTERSECTION - UNMARKED CROSSWALK	CROSSWALK 5 -TRAVEL LANE - OTHER LOCATION	B - SIDEWALK	11-SHARED	USE PATHS OR	99 - OTHER / UNKNOWN	u	١
	AT IMPACT	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN		TING A CURVE	18-APPROACHING		
	. 4	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERIN	G OR CROSSING	OR LEAVING VEHICLE 19-STANDING	O - NO DAM	
		3-STRIKING 4-STRUCK PRE-CRASH	3 - CHANGING LANES 4 - OVERTAKING/PASSING	9 - LEAVING TRAFFIC LANE 10 - PARKED	15 - WALKING	, RUNNING,	20 - OTHER NON-MOTORIST	0 7 1-12 - REF	
		5 - BOTH STRIKING ACTIONS & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED	JOGGING, L6 - WORKING		21 - STANDING OUTSIDE DISABLED VEHICLE	13-T0P	
		9-OTHER/UNKNOWN	6 - MAKING LEFT TURN		17 - PUSHING	VEHICLE	99 - OTHER / UNKNOWN		ı
		1 - NONE	7 - LEFT OF CENTER	DADVED DOCITION			21 -LYING IN ROADWAY	TRAFFICWAY FLOW	ĺ
	0.1	2 - FAILURE TOYIELD 3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED	EQUIPME	ENT	22 - NOT DISCERNIBLE 23 - Opening door into	1 - ONE-WAY 2 - TWO-WAY	
	CONTRIBUTING		10-IMPROPER PASSING 11-DROVE OFF ROAD	15 - SWERVING TO AVOID	19 - LOAD SHI SPILLING	FTING/FALLING/	ROADWAY 99 - OTHER IMPROPER ACTION		
ENT(s	CIRCUMSTANCES	6-IMPROPERTURN	12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPE	RCROSSING		# OF THROUGH LANES	Ī
EVEN	SEQUENCE	OF EVENTS		NON COLLICION				4 .	
n	1 2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	*****************	16 - RAILWAY		22 - WORK ZONE MAINTENANCE		
		2 - FIRE/EXPLOSION 3 - IMMERSION	7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	TRAVEL	17 - ANIMAL 18 - ANIMAL		EQUIPMENT 23 - STRUCK BY FALLING,	UNIT / N	V
	2	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	12 OTHER NON COLLICION	19 - ANIMAL 20 - MOTOR V		SHIFTING CARGOOR ANYTHING SET IN MOTION	N/42	
	21 1 .	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10-CROSS MEDIAN	14-PEDESTRIAN	TRANSPO	ORT	BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	FROM 4 TO	
	3			N WITH FIXED OBJECT	- STRU				
	4	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER		13 - CURB 14 - DITCH		50 - WORK ZONE MAINTENANCE EQUIPMENT	UNIT SPEED	-
		26-BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL	39 - LIGHT / LUMINARIES	15 - EMBANK 16 - FENCE		51 - WALL 52 - BUILDING		
	5	27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET	BARRIER	40 - UTILITY POLE	7 - MAILBOX		53 - TUNNEL	0,0,0	_
	6	29-BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	OR SUPPORT	18 - TREE 19 - FIRE HYD		54-OTHER FIXED OBJECT 99-OTHER / UNKNOWN	POSTED SPEED	
		30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT				1	

30-GUARDRAIL FACE

ullet FIRST HARMFUL EVENT oxdots Most Harmful event

LOCAL REPORT NUMBER 2 | 0 | 2 | 4 | - | 0 | 0 | 0 | 1 | 0 | 0 | 9 | 2 | OWNER PHONE: INCLUDE AREA CODE (TEL SAME AS DRIVER)
Redacted per ORC 149.43(A)(1) OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) DAMAGE SHAMP, MICHAEL, D DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS DRIVER 3 - FUNCTIONAL DAMAGE 1 - NONE 3 129 BRIARWOOD DR, DALTON, OH 44618 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 0 9 2,T2,HK3,1,U5,9,C1,1,1,8,2,2 O H KIM4174 Lexus INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # COLOR VEHICLE MODEL PROGRESSIVE 971025381 GRY RX350 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 $0_{\perp}1$ 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 AUTONOMOUS 2 - PARTIAL AUTOMATION 1-YES 2-NO 9-0THER/UNKNOWN 5 - FULL AUTOMATION MODE LEVEL 16-FARM 1 - NONE 6 - BUS - CHARTER/TOUR 11-FIRE 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 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE 12 - CONCRETE MIXER 0.1 / NOT APPLICABLE 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 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 CROSSWALK 99 - OTHER / UNKNOWN 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 3__ 0 - NO DAMAGE 14 - UNDERCARRIAGE 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 13 - IMPROPER START FROM A 21 -LYING IN ROADWAY 1-NONE 7 - LEFT OF CENTER 17 - VISION OBSTRUCTION TRAFFIC CONTROL TRAFFICWAY FLOW 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 3 - RAN RED LIGHT 9-IMPROPER LANE CHANGE 0 8 2 - SIGNAL 5 - YIELD SIGN 2 - TWO-WAY 2 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 4 2 - INVOLVED-ACTIVE CROSSING NON-COLLISION 1 2 0 1 - OVERTURNIROLLOVER 3 - INVOLVED-PASSIVE CROSSING 6 - EQUIPMENT FAILURE 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE 11 - CROSS CENTERLINE -OPPOSITE DIRECTION OF EQUIPMENT 17 - ANIMAL - FARM 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS

	3 - IMMERSION J 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	18 - ANIMAL — DER 18 - ANIMAL — OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	FROM 4 TO 3	OTORIST DIRECTION 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST
			N WITH FIXED OBJEC				9 - OTHER / UNKNOWN
	25 - IMPACT ATTENUATOR	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE	0.400.04.000.000.000	Committee of the control of the control of
	/ CRASH CUSHION	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	EQUIPMENT	UNIT SPEED	DETECTED SPEED
	26 - BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	51 - WALL		1 - STATED / ESTIMATED SPEED
	27 - BRIDGE PIER ORABUTMENT	34 - MEDIAN GUARDRAIL	SUPPORT	46-FENCE	52 - BUILDING	0 3 5	1 2 - CALCULATED / EDR
	28 - BRIDGE PARAPET	BARRIER 35 - MEDIAN CONCRETE	40 - UTILITY POLE 41 - OTHER POST, POLE	47 - MAILBOX	53 - TUNNEL	1.50 (1 /0) 12	Z - CALCULATED / EUR
	29-BRIDGE RAIL	BARRIER	OR SUPPORT	48 - TREE	54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	POSTED SPEED	3 - UNDETERMINED
_	30-GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	49-FIRE HYDRANT	99-UTHER/UNKNOWN	G-000 (A-000 V 000 A-000 A	1
	20 COMPANIE I NOS	1	a vietem			. 3 . 5 .	1
	FIRST HARMFUL EVE	NT LI MOST H	HARMFUL EVENT				1
24.0	211411 4 (40 1700 0000)						DACE 2 OF E

OFF PUBLIC BATETY MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER							
SAFETY - MENY	ICE - PROTECTION	010K131 / 140) IA - IA	1010	K12	ı			2 0	2 4 - 0	0 1 0 1	1 , 0	0 9	2
UNIT#	NAME: LAST	, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER					
		L, HEATHER, RE	ENEE						0 1 1 6 1 9 8 1 43 F					
	STREET, CITY, S	STATE, ZIP O ,Stow ,OH 44224	1						CONTACT PHONE - INCLUDE AREA CODE Redacted per ORC 149.43(A)(1)					
INJURIES	INJURED	EMS AGENCY (NAME)		INJUREDI	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		SEATING POSIT	ION AIR BAG	USAGE	EJECTION	TRAPPED
5	TAKEN BY							USED 0 4	□ MC HE	LMET 0 1	1	١,	. 1 .	1
OL STATE		LICENSE NUMBER		OFFENS	SE CHA	RGED	LOCAL	OFFENSE DESC	RIPTION	- 42.	CITA	CITATION NUMBER		
O H	REDAC	TED PER ORC 450	1:1-12				CODE							
OL CLASS	ENDORSEMEN SELECT UP TO 2			VER TRACTED	_	OHOL / DRUG SUSPE		CONDITION	STATUS T	YPE VALUE	STATUS	DRUG TYPE	RESULT	SELECTUPTO4
. 4 .			ВУ	1	=	LCOHOL MAF	ANAULIS	1	1	1	1	1	- 100ml	
UNIT #	NAME: LAST, FIRST, MIDDLE				υ۰	THER DRUG				DATE OF BIRTH			AGE	GENDER
. 0 . 2 .		IP, MICHAEL, D							. 1 . 1	1 1 8 1 1 1 9	8.	1 4	3	М
	STREET, CITY, S								75	PHONE - INCLUDE AREA			J	IVI
129 B	RIARW	OOD DR ,DALTO	O, AC	H 446	18					acted per		149	9.43((A)(1)
INJURIES		EMS AGENCY (NAME)		INJUREDI	AKEN TO	MEDICAL FACILITY	(NAME, CITY)		DOT-C	SEATING POSIT	ION AIR BAG	USAGE	EJECTION	TRAPPED
2 5	TAKEN BY							USED 0 4	MC HE			<u>l</u> ,	_1_	_ 1 _
OL STATE		LICENSE NUMBER		OFFENS		RGED	LOCAL	OFFENSE DESC	RIPTION		CITA	ION NU	JMBER	
OH	REDAC	TED PER ORC 450	1:1-12	333.0	03		X	Maximum Sp	eed Limit	s	270			
OL CLASS	ENDORSEMEN SELECT UP TO 2		DIS	VER TRACTED	_	OHOL / DRUG SUSPE		CONDITION	STATUS T	YPE VALUE	STATUS	TYPE	RESULT	SELECTUPTO4
. 4 .		1	BY	1 .	=	LCOHOL MAF	RIJUANA	1 .	1	1	1 .	. 1		
UNIT#	NAME: LAST	FIRST, MIDDLE								DATE OF BIRTH		Т	AGE	GENDER
										1 1 1 1	76 6	111		
ADDRESS:	STREET, CITY, S	STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
TOR										1 1 1		- 1		
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDI	AKEN TO	EMEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	Dот-с		ION AIR BAG	USAGE	EJECTION	TRAPPED
0N	BY									MC HELMET				
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	SE CHA	ARGED LOCAL OFFENSE DESC			RIPTION			CITATION NUMBER		
OL CLASS	ENDORSEMEN	T RESTRICTION SELECT	UP TO 3 DRI	WED.	41.0	OHOL / DRUG SUSPE		CONDITION	ALC	COHOL TEST		DRUG	TEST(S	
OL CLASS	SELECT UP TO 2			TRACTED		LCOHOL MAF		CONDITION	STATUS T	YPE VALUE	STATUS	TYPE		SELECTOPIO4
		<u> </u>				THER DRUG				•	نــــا		عاتاً ا	لــالــالــ
INJU	RIES	SEATING POSITION		IR BAG		OL CLASS A	5	OL RESTRIC		DRIVER DISTRA	CTION	1 - NONE	EST STA	TUS
	SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP 2 - DEPLOYE			2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT		1 - NOT DISTRACTED 2 - MANUALLY OPERAT			REFUSED	
3 - SUSPECTED		2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3- DEPLOYE			3 - CLASS C		3 - CORRECTIVE LE	NSES	DEVICE (TEXTING, T			GIVEN, CON	TAMINATED
4 - POSSIBLE IN 5 - NO APPAREN		4 - SECOND - LEFT SIDE	5- NOTAPP	ED BOTH FRO LICABLE	N I / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS	A BUS	DIALING) 3 - TALKING ON HANDS	FRFF			ULTS KNOWN
INILIPED	TAKEN BY	(M0TORCYCLE PASSENGER) 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 DE	VICE		GIVEN, RES	SULTS
1 - NOT TRANSP	ORTED	6 - SECOND - RIGHT SIDE						7 - EXCEPT TRACTO	R-TRAILER	4 - TALKING ON HAND-H COMMUNICATION DE		ALCO	HOL TES	ST TYPE
/TREATED AT 2 - EMS	TSCENE	7 - THIRD – LEFT SIDE (M0TORCYCLE SIDE CAR)	1 NOTEJE	CTED		OL ENDORSEM H - HAZMAT	MENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY WI ELECTRONIC DEVIC		1 - NONE		
3 - POLICE		8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE	2 - PARTIAL	LY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER	MIT	6 - PASSENGER		2 - BL00 3 - URIN		
9 - OTHER / UNK	(NOWN	10 - SLEEPER SECTION	3-TOTALLY 4-NOTAPP			P - PASSENGER N - TANKER		RESTRICTIONS 10 - LIMITED TO DAY	LIGHT ONLY	7 - OTHER DISTRACTION		4 - BREA		
SUCCESSION AND A STREET	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER				Q - MOTOR SCOOTER		11 - LIMITED TO EMI		8 - OTHER DISTRACTION THE VEHICLE	A OUTSIDE	5 - OTHE	R	
1 - NONE USED 2 - SHOULDER E	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1-NOTTRA	PPED PPED	U-30	R - THREE-WHEEL MO S - SCHOOL BUS	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL DI		9 - OTHER / UNKNOWN			UG TEST	TYPE
3 - LAP BELT ON		PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED	2 - EXTRICA	TED BY		T - DOUBLE & TRIPLE	TRAILERS	CONTROLS, OR O		CONDITIO	1	1 - NONE 2 - BLOO		
	RAINT SYSTEM -	CARGO AREA	3- FREED B	Υ		X - TANKER / HAZMAT		ADAPTIVE DEVI		1 - APPARENTLY NORM 2 - PHYSICAL IMPAIRM		3 - URIN		
FORWARD FA		13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	NON-ME(CHANICAL MI	EANS	GENDER		15 - MOTOR VEHICLE		3 - EMOTIONAL (E.G., DE	PRESSED,	4 - OTHE		
REAR FACIN	G	(NON-TRAILING UNIT)				F - FEMALE M - MALE		AIR BRAKES 16 - OUTSIDE MIRRO	R	ANGRY, DISTURBED) 4 - ILLNESS		107-2016 (CARTON	TEST RE	SULT(S)
7 - BOOSTER SE 8 - HELMET US		15 - NON-MOTORIST 99 - OTHER / UNKNOWN				U -OTHER / UNKNOWN		17 - PROSTHETIC AII		5 - FELL ASLEEP, FAINT	ED,		BITURATES	
9 - PROTECTIVE	PADSUSED							18-OTHER		FATIGUED, ETC. 6 - UNDERTHE INFLUE			ZODIAZEPINI NABINOIDS	ES
(ELBOW, KNE 10 - REFLECTIVE										OF MEDICATIONS / D / ALCOHOL	RUGS	5 - COCA		
11 - LIGHTING - I	PEDESTRIAN									9-OTHER/UNKNOWN			TES / OPIOID	S
99 - OTHER / UNK												7 - OTHE 8 - NEGA	:K ATIVE RESUI	LTS

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U	OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM					LOCAL REPORT NUMBER							
-8							2,0,2,4,-,0,0,1,0,0,9,2,						
	UNIT # NAME: LAST, FIRST, MIDDLE								E OF BIRTH		AGE	GENDER	
	01	SHAL	L, ELLIE, R					0,6,2,6,2,0,1,2,1,2,F					
PAN	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE Redacted per ORC 149.43(A)(1					
OCCUPANT	3454	OAK R	D ,Stow ,OH 4	4224	95			Redacte	d per O	KC 14	9.43	(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					$\lfloor 0_{\perp} 4_{\perp}$	MC HELMET	$\begin{bmatrix} 0 & 4 \end{bmatrix}$	1	1_1_	1	
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER	
PAN	ADDRESS	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE			
OCCUPAN													
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	
	نــــا	BY					U	MC HELMET			لــــا		
	UNIT # NAME: LAST, FIRST, MIDDLE						DAT	E OF BIRTH		AGE	GENDER		
									1 1 1		1 6 3		
ANT	ADDRESS	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA GO	DE			
OCCUPANT													
ŏ	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
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	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER	
		No. 1							1 1 1	: E E	F ES	J	
ANT	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE	- INCLUDE AREA CO	DE				
OCCUPANT													
ō	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	
		BŶ					U3EU	MC HELMET			رساار		
		INJU	JRIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE	الرامات	
	1 - FATA	AL		1 - NONE US	ED - OCCUPANT		IT – LEFT SIDE ORCYCLE DRIV	ED)	1 - NOT DE	PLOYED			
	2 - SUS	PECTEDSE	RIOUS INJURY		ER BELT ONLY USED	2 - DEPLOYED FRONT							
			NOR INJURY		T ONLY USED	E 3 - DEPLOYED SIDE							
		SIBLE INJU			DER & LAP BELT USED 4 - SECOND - LEFT SID (MOTORCYCLE PASS			FRANKANA					
	5 - NO A	PPARENT	INJURY		ESTRAINT SYSTEM -	5 - NOT APPLICABLE							
		INJURED	TAKEN BY	FORWAR	RD FACING 6 - SECOND - RIGHT SIG			9 - DEPLOTIVIENT UNKNOWN					
		TRANSPOR EATED AT S		6 - CHILD RI	ESTRAINT SYSTEM – CING	ECAR) EJECTION							
	2- EMS			7 - BOOSTER		1 - NOT EJECTED				F SUCH			
	3 - POLI			8 - HELMET	USED	DE 2 - PARTIALLY EJECTI			ED				
	9 - OTH	ER / UNKNO	DWN	9 - PROTECT	TVE PADS USED		PER SECTION (ENGER IN OTH		Y EJECTED	Y EJECTED			
		GE	NDER		KNEES, ETC.)	CARG	O AREA (NON-TH	RAILING UNIT,	PLICABLE				
	F-FEMA				TVE CLOTHING		ENGER IN UNE			TRAPPED			
	M - MAL			/ BICYCL	G – PEDESTRIAN E ONLY	CARG	OAREA	1 - NOT TRAPPED					
B	U - OTHE	R / UNKNO	WN	99- OTHER /	UNKNOWN	LING UNIT NG ON VEHICLE				TED BY MECHANICAL			
							TRAILING UNIT)	271.211.011	MEANS 3 - FREED BY NON-MECHAI				
							MOTORIST R/UNKNOWN		3 - FREED MEANS		CHANIC	AL	
Н	NAME. LAS	ST, FIRST, MIDD	u c			99 - OTHE	K / UNIKNOWN	DAT	E OF BIRTH		AGE	GENDER	
SS	MAINE: LAS	oi, FINOI, MIDU	t.L.						_ JI DIKIN		AUE	GENDER	
WITNESS	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE			
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	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER	
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WITNESS	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE	- INCLUDE AREA CO	DE		7/				
s	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER	
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