OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*									
PHOTOS TAKEN OH-2 OH-3		$\begin{bmatrix} 2 & 0 & 2 & 5 & - & 0 & 0 & 0 & 0 & 1 & 3 & 4 & 4 & 1 \end{bmatrix}$								
X OH-1P OTHER	REPORTING AGENCY NAME*	NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR					
SECONDARY CRASH PRIVATE PROPERTY	City of Kent Police	0	6,7,0,3	1 - SOLVED L 2 - UNSOLVED	0_2_ (98 - ANIMAL 99 - UNKNOWN				
1 - CITY	, VILLAGE, TOWNSHIP*			CRASH DATE / TIME* CRASH SEVERITY 1 - FATAL						
6 7 1 2-VILLAGE Kent	LOCATION ROAD NAME		1	01312025	/1838	2 - SERIOUS INJURY				
2 - SOUTH	ROAD TYPE	LATITUDE DE	9	SUSPECTED 3 - MINOR INJURY						
4 - WEST	WATER		S T	41,015,0	6,9,0	SUSPECTED				
2 - SOUTH	REFERENCE ROAD NAME (ROAD, I	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE	30 - 30 - 30 - 30 - 30 - 30 - 30 - 30 -	4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE				
# 0 4 - WEST	HAYMAKER		$P_{\perp}K_{\parallel}$	-8 ₁ 1 ₀ 3 ₅ 8 ₁	1,2,8	ONLY				
1-INTERSECTION PROMISE TRANSPORT IR -	ROUTE TYPE INTERSTATE ROUTE(TP) AL -	- ALLEY HW- HIGHWAY	RD - ROAD	[20]	NTERSECTION RELAT	2.25%				
1 2-MILE POST 2 2-SOUTH US-			SQ - SQUARE	WITHIN INTE	RSECTION OR ON APPRO	4 ,				
4 - WEST SR-	STATE ROUTE		ST - STREET TE - TERRACE	WITHIN INTE	RCHANGE AREA NU	MBER OF APPROACHES				
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT .		TL - TRAIL		ROADWAY					
1 0 2 2-FEET	ROUTE	- DRIVE PI - PIKE - HEIGHTS PL - PLACE	WA - WAY	ROADWAY DIV	IDED					
LOCATION OF FIRST HARMFUL EVENT		NER OF CRASH COLLISION/IMPA	ACT	DIRECTION OF TRAVE	MEDI	AN TYPE				
1 - ON ROADWAY 9 - CROSSOVER	1 - NOT (COLLISION 4 - REAR-TO-REAR		1 - NORTH		FLUSH MEDIAN				
0 1 2-ON SHOULDER 10-DRIVEWAY/	TWO	WEEN 5-BACKING MOTOR 6-ANGLE		2 - SOUTH	(<4 FEE	ET) FLUSH MEDIAN				
4 - ON ROADSIDE 12-SHARED US	E PATHS OR TRAN	NSPORT 7 - SIDESWIPE, SAN		3 - EAST 4 - WEST	(≥4 FEE	ET)				
5-ON GORE TRAILS 6-OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REAR 3 - HEAD	A 2000 B			4 - DIVIDED	, DEPRESSED MEDIAN , RAISED MEDIAN				
7 - ON RAMP 14-TOLL BOOTH 8 - OFF RAMP 99-OTHER / UN					(ANY TY 9 - OTHER/L					
- O'T KAMP	WORK ZONE TYPE	LOCATION OF CRASH IN W	ODK ZONE	CONTOUR	CONDITIONS	SURFACE				
WORK ZONE RELATED	ANE CLOSURE	1 - BEFORE THE 1ST		1	2	2				
_	LANE SHIFT/CROSSOVER WORK ON SHOULDER	WARNING SIGN 2 - ADVANCE WARNI	NG AREA	1 - STRAIGHT LEVEL	1 - DRY	1-CONCRETE				
LAW ENFORCEMENT PRESENT	OR MEDIAN	3-TRANSITION ARE		2 - STRAIGHT GRADE	2-WET	2 - BLACKTOP,				
The state of the s	NTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA 5 - TERMINATION AR	REA	3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT				
LIGHT CONDITION	WEATHE	<u> </u>				3 - BRICK/BLOCK				
1 - DAYLIGHT	1-CLEAR	6 - SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL, STONE				
3 2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	0 1 2-CLOUDY	7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIR	T CNOW		5 - DIRT					
4 - DARK - ROADWAY NOT LIGHTED	4 - RAIN	9 - FREEZING RAIN OR FREEZ			MOVING) 7 - SLUSH	9 - OTHER/UNKNOWN				
5 - DARK – UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN					
NARRATIVE						► Indicate the north				
						direction with an "N" on the				
UNIT 1 AND UNIT 2 WERE NO	RTHBOUND ON S.				4	compass diagram.				
WATER ST. UNIT 2 WAS IN T	HE STRAIGHT									
NORTHBOUND LANE AND U	INIT 1 WAS IN THE									
LEFT TURN LANE. UNIT 1 C	HANGED LANES	HAYM	AKER?PKWY.	ノ						
INTO THE NORTHBOUND L										
	ANE AND STRUCK	Ŷ.)) ~	+ + <i>-</i>					
UNIT 2.				1 1						
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				1 1	3	u.				
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				1 1 1	1 1 1 1	<i>3</i>				
					<u> </u>					
	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED I		REPORT TAKEN BY POLICE AGENCY				
0.1.3.1.2.0.2.5./.1.8.3.8.0.2.0					5 ₁ / ₁ 1 ₁ 9 ₁ 4 ₁ 3 ₁	MOTORIST				
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUTI			HECKED BY OFFI	cer's NAME* eonard B	-	SUPPLEMENT				
	OFFICER'S BAD	S		BY OFFICER'S BADGE N	IUMBER*	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)				
0 0 0 0 3 0 0 9		i i ii	2 5	0	i i					

LOCAL REPORT NUMBER 2 | 0 | 2 | 5 | - | 0 | 0 | 0 | 0 | 1 | 3 | 4 | 4 | OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)
REDACTED PER ORC 149.43(A)(1) DAMAGE MCKINNEY, NEVĀEH, SYRAI DAMAGE SCALE 3 - FUNCTIONAL DAMAGE OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 1 - NONE 132 LAKE ST ,Kent ,OH 44240 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 5 Kia Motors 3, KP,F,T,4,D,E,3,S,E0,8,0,6,9,3 O H T157077 Corporation **INSURANCE COMPANY** INSURANCE POLICY # COLOR VEHICLE MODEL INSURANCE VERIFIED GRY К5 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_6 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 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 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 0 3 3 - CHANGING LANES 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 3 3-STRIKING 0 - NO DAMAGE 14 - UNDERCARRIAGE 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 13 - IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 -LYING IN ROADWAY 1-NONE 7 - LEFT OF CENTER 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 0.9 3 - RAN RED LIGHT 9-IMPROPER LANE CHANGE 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 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 3 2 - INVOLVED-ACTIVE CROSSING NAM AGELIGIAN

1- U 1 - OVERN DRAINGLOVER 6 - EQUIPMENT FAILURE 11 - KINDS CENT ERCITE 2 - FIREJEXPLOSION 7 - SEPARATION OF UNITS 0PPOSITE DIRECTION 0 5 - FIREJEXPLOSION 8 - RAN OFF ROAD FIGHT 17-ANIMAL - FARM EQUIPMENT TRAVEL 18-ANIMAL - DEER 23-STRUCK BY FALLING, SHIFTING CARGO OR 1 - NORTH 5 - NORTHEAS				NON-COLLISION				1 1
2 - FIREEXPLOSION 7 - SEPARATION OF UNITS TARVEL 18 - ANIMAL - DEER 23 - STRUCK BY FALLING, 3 - IMMERSION 8 - RAN OF ROAD RIGHT 12 - DOWNHILL RUNAWAY 19 - ANIMAL - DIFF SHIFTING CARGO OR 1 - NORTH 5 - NORTHEAS	1 2 0							3 - INVOLVED-PASSIVE CROSSING
5 - CARGO / EQUIPMENT 10 - CROSS MEDIAN 14 - PEDESTRIAN TRANSPORT 24 - OTHER MOVABLE OBJECT FROM 2 TO 1 3 - EAST 7 - SOUTHEAS	2	3 - IMMERSION 8 - 4 - JACKKNIFE 9 - 5 - CARGO / EQUIPMENT 10-	RAN OFF ROAD RIGHT RAN OFF ROAD LEFT - CROSS MEDIAN	TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN	18-ANIMAL — DEER 19-ANIMAL — OTHER 20-MOTOR VEHICLE IN TRANSPORT	23 - STRUCK BY FALLING, SHIFTING CARGOOR ANYTHING SET IN MOTION BY A MOTOR VEHICLE	•	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST
COLLISION WITH FIXED OBJECT - STRUCK 9-OTHER/UN			COLLISION	WITH FIXED OBJECT	T - STRUCK	The state of the s		9 - OTHER / UNKNOWN
25-IMPACT ATTENUATOR 31-GUARDRAIL END 37-TRAFFIC SIGN POST 43-CURB 50-WORK ZONE MAINTENANCE EQUIPMENT UNIT SPEED DETECTED SPEED	4	LODICH CHOUSE					UNIT SPEED	DETECTED SPEED
26-BRIDGE OVERHEAD 33-MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 45-EMBANKMENT 51-WALL STRUCTURE 34-MEDIAN GUARDRAIL SUPPORT 46-FENCE 52-BUILDING 0.1.2. 1-STATED/ESTIMAT	E	STRUCTURE 34-	- MEDIAN GUARDRAIL	SUPPORT	46-FENCE	52-BUILDING		1 - STATED / ESTIMATED SPEED
28-BRIDGE PARAPET 35-MEDIAN CONCRETE 41-OTHER POST, POLE 46-TREE 54-OTHER FIXED OBJECT POSTED SPEED 3-UNDETERMINED 30-GUARDRAIL FACE 36-MEDIAN OTHER BARRIER 42-CULVERT 49-FIRE HYDRANT 99-OTHER/UNKNOWN 99-OTHER/UNKNOWN	6	29-BRIDGE RAIL	BARRIER	OR SUPPORT	48 - TREE			3 - UNDETERMINED
1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT			1 MOST HA	RMFUL EVENT			2 5	DAGE 2 OF C

LOCAL REPORT NUMBER 2 | 0 | 2 | 5 | - | 0 | 0 | 0 | 0 | 1 | 3 | 4 | 4 | OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) DAMAGE OWNER PHONE: INCLUDE ATEA CODE (SAME AS DRIVER)
REDACTED PER ORC 149.43(A)(1) WATSON, JEREMĪAH, ERNEST DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 2 538 HIGH GROVE BLVD B ,Akron ,OH 44312 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE DAMAGED AREA(S) INDICATE ALL THAT APPLY LP STATE LICENSE PLATE # **VEHICLE IDENTIFICATION #** VEHICLE YEAR VEHICLE MAKE 2 0 13 Chevrolet 1, G1, P, A, 5, S, H9, D, 7, 1, 1, 4, 5, 1, 6, O H JKZ7307 INSURANCE COMPANY INSURANCE POLICY # COLOR VEHICLE MODEL INSURANCE VERIFIED GLD CRUZE 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. 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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 1 5 27 - BRIDGE PIER ORABUTMENT 2 - CALCULATED / EDR BARRIER 40 - UTILITY POLE 53-TUNNEL 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 HSY8304 OH1U 1/19 [760-0820] PAGE 3 OF

OFF PUBLIC BAFETY MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER								
A THE MAN								2 0	2 5 - 0	0_0_0	1_1	3 4	4		
UNIT#	NAME: LAST	, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
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0		Kent ,OH 44240,							REDA						
INJURIES	TAKEN	EMS AGENCY (NAME)		INJUREDI	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	USED	□ DOT-C	SEATING POSIT	ION AIR BAG	USAGE	EJECTION	TRAPPED	
	BY							0.4		LMET 0 1	_		_1_	<u> </u>	
OL STATE		LICENSE NUMBER CTED PER ORC 450	11-1-12	OFFENS		RGED	LOCAL	OFFENSE DESC				ION NU	JMBER		
O H					- 20		X	Driving in Ma		COHOL TEST	278		TEST(S	1	
≥ OL CLASS	SELECT UP TO 2			TRACTED	_	COHOL / DRUG SUSPI	RIJUANA	CONDITION	STATUS T		STATUS	TYPE		SELECTUPTO4	
6			۔ اب	1	=	THER DRUG		1	1	1	1	_1_	الالا	لــالــالــ	
UNIT #	NAME: LAST	, FIRST, MIDDLE				and the Confession of the Conf				DATE OF BIRTH			AGE	GENDER	
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ADDRESS:	STREET, CITY, S	STATE, ZIP							75	PHONE - INCLUDE AREA					
538 H	IGH GI	ROVE BLVD B,A	kron,	OH 4	4312				REDA	ACTED PER	RORC	149	9.43(/	۹)(1)	
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDI	AKEN TO	MEDICAL FACILITY	(NAME, CITY)		DOT-C:	SEATING POSIT	ION AIR BAG	USAGE	EJECTION	TRAPPED	
⁰ 5	BY							USED 0 4	☐MC HE		_ 1	1 1 1			
OL STATE		LICENSE NUMBER		OFFENS	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITAT	ION NU	JMBER		
OH	REDAC	TED PER ORC 450)1:1-12												
OL CLASS	ENDORSEMEN SELECT UP TO 2			VER TRACTED	_	OHOL / DRUG SUSP		CONDITION	STATUS T	YPE VALUE	STATUS	DRUG TYPE	RESULT	SELECTUPTO4	
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UNIT#	NAME: LAST	FIRST, MIDDLE		1	Цΰ	THER DRUG				DATE OF BIRTH		Ť	AGE	GENDER	
S.I.Z.	TOTALLE CHO	, 1107/1110022												u = m = m	
ADDRESS:	STREET, CITY, S	STATE, ZIP							CONTACT	PHONE - INCLUDE AREA	CODE				
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INJURIES		EMS AGENCY (NAME)		INJUREDI	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	207.0	SEATING POSIT	ION AIR BAG	USAGE	EJECTION	TRAPPED	
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OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITAT	ION NO	JMBER		
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TNJII	RIES	SEATING POSITION		IR BAG		THER DRUG OL CLAS	s	OL RESTRIC	TION(S)	DRIVER DISTRA	CTION	T	EST STA	JUJE	
1 - FATAL		1 - FRONT - LEFT SIDE	1-NOTDEP	A Part of		1 - CLASS A		1 - ALCOHOL INTER		1 - NOT DISTRACTED		1 - NONE	TORREST NO.		
	SERIOUS INJURY	(M0TORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOYE			2 - CLASS B		2 - CDL INTRASTAT		2 - MANUALLY OPERAT ELECTRONIC COMM			REFUSED		
3 - SUSPECTED 4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE	3 - DEPLOYE 4 - DEPLOYE	ED BOTH FRO	NT/SIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE 4 - FARMWAIVER	N2F2	DEVICE (TEXTING, T DIALING)			PLE / UNUSA	ITAMINATED ABLE	
5 - NO APPAREN		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5-NOTAPP			(0HI0 = D)		5 - EXCEPT CLASS	A BUS	3 - TALKING ON HANDS	-FREE			ULTS KNOWN	
INHIDED	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	4	COMMUNICATION D			GIVEN, RES NOWN	SULTS	
1 - NOT TRANSP		6 - SECOND - RIGHT SIDE				0 - NO VALID VL		7 - EXCEPT TRACTO	R-TRAILER	4 - TALKING ON HAND-I COMMUNICATION D		ALCO	UNI TES	ST TYPE	
/TREATED AT	TSCENE	7 - THIRD - LEFT SIDE (M0TORCYCLE SIDE CAR)		ECTION		OL ENDORSE	MENT	8 - INTERMEDIATE	LICENSE	5 - OTHER ACTIVITY W		1 - NONE		, III	
2 - EMS 3 - POLICE		8 - THIRD - MIDDLE	1 - NOTEJE	CTED LY EJECTED		H - HAZMAT M - MOTORCYCLE		9-LEARNER'S PER	ИIT	6 - PASSENGER		2 - BL00	D		
9 - OTHER / UNK	CNOWN	9 - THIRD - RIGHT SIDE	3-TOTALLY			P - PASSENGER		RESTRICTIONS		7 - OTHER DISTRACTIO		3 - URIN			
CAFETYE	QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4-NOTAPP	LICABLE		N-TANKER		10 - LIMITED TO DAY		INSIDE THE VEHICL 8 - OTHER DISTRACTIO		4 - BREA			
1 - NONE USED	GOTPMENT	11 - PASSENGER IN OTHER	TI	RAPPED		Q - MOTOR SCOOTER R - THREE-WHEEL MC	TOPOVOLE	12 - LIMITED TO EM		THE VEHICLE					
2 - SHOULDER B	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1-NOTTRAI	PPED	U JU	S - SCHOOL BUS	TORGTOLE	13 - MECHANICAL D		9 - OTHER / UNKNOWN		1 - NONE	UG TEST	TYPE	
3 - LAP BELT ON		PICK-UP WITH CAP)	2 - EXTRICA	TED BY		T - DOUBLE & TRIPLE	TRAILERS	CONTROLS, OR O		CONDITIO	٧	2 - BL00			
	LAP BELT USED RAINT SYSTEM –	12 - PASSENGER IN UNENCLOSED CARGO AREA	3- FREED B			X - TANKER / HAZMAT		ADAPTIVE DEVI		1 - APPARENTLY NORM		3 - URIN	E		
FORWARD FA	ACING	13 - TRAILING UNIT	NON-MEC	CHANICAL MI	EANS	GENDER		14 - MILITARY VEHICLE 15 - MOTOR VEHICLE		2 - PHYSICAL IMPAIRM 3 - EMOTIONAL (E.G., DE		4 - 0THE	R		
6 - CHILD REST	RAINT SYSTEM – G	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F-FEMALE		AIR BRAKES		ANGRY, DISTURBED)		D-REAL PROPERTY.		ESULT(S)	
7 - BOOSTER SE		15 - NON-MOTORIST				M - MALE		16 - OUTSIDE MIRRO 17 - PROSTHETIC ALI		4 - ILLNESS 5 - FELL ASLEEP, FAINT	FD		HETAMINES		
8 - HELMET US		99 - OTHER / UNKNOWN				U -OTHER / UNKNOWN		18-OTHER		FATIGUED, ETC.	LU		BITURATES Zodiazepini	ES	
9 - PROTECTIVE (ELBOW, KNE										6 - UNDER THE INFLUE OF MEDICATIONS / D			NABINOIDS		
10 - REFLECTIVE										/ALCOHOL	NAME OF THE OWNER, OWNE	5 - COCA		N. Francisco	
11 - LIGHTING - F										9-OTHER/UNKNOWN		6 - OPIA	TES / OPIOID	05	
99 - OTHER / UNK													ATIVE RESUI	LTS	

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OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER								
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	UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER					
	01	KELL	Y, TREVON					1 0 2 1 2 0 0 5 1 9 M						
ANI	ADDRESS:	STREET, CITY,	STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE										
OCCUPAN.	2659	ORCH	ARD ST ,WAR	REDACTED PER ORC 149.43(A)(1)										
8	INJURIES	INJURED	EMS AGENCY (NAME)	2014 2014 PA CO	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USA	E EJECTION	TRAPPED				
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2	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
	01		SON, DARRIU	S. COLE	OME			0 9 2 9 2 0 0 4 2 0 M						
ķ		STREET, CITY,		-,	<u> </u>			CONTACT PHONE - INCLUDE AREA CODE						
S E	2223 1	PEACE	ST ,WARREN	N.OH 444	83			REDACT	149.43	(A)(1)				
9		INJURED	EMS AGENCY (NAME)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INJURED TAKEN TO: MEDICAL FACILITY	TY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USA	E EJECTION	TRAPPED		
	5	TAKEN BY USED USED 0.4						DOT-COMPLIANT MC HELMET	0 6	. 1	. 1	1 .		
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¥		STREET, CITY,		-,				CONTACT PHONE			10			
ΝĎ			AVE ,YOUNG	STOWN	ОН 44502			REDACT	ED PER	ORC 1	49.43	(A)(1)		
00		INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	TY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USA	E EJECTION	TRAPPED		
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Н		NAME	T, FIRST, MIDDLE				U	DAT	E OF BIRTH		AGE	GENDER		
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Ż		STREET, CITY,						CONTACT PHONE		==	0,3	IVI		
CCUPAN			Γ, Kent, OH 44	240				REDACTI			149.43	(A)(1)		
00		INJURED	EMS AGENCY (NAME)	240	IN HIDER TAKEN TO: MEDICAL FACULT	TW (MANE OTTY)	CACETY EQUIDMENT		SEATING POSITION			. , . ,		
	, 5 ,	TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL PACILITY	MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED			0 5	1	1	1		
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ı	1 - FATA		NIES	1 - NONE US			T - LEFT SIDE		1 - NOT DE		OJAGE			
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			NOR INJURY	2 - SHOULDI	PER BELT ONLY USED 2 - FRONT - MIDDLE			3 DEDLOVED SIDE						
		SIBLE INJU		3 - LAP BEL	LT ONLY USED 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE									
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ı		INIIIPED	TAKEN BY	100 No. 100 No	RESTRAINT SYSTEM – 5 - SECOND – MIDDLE RD FACING 6 - SECOND – RIGHT SIE			5 - NOT APPLICABI						
	1 - NOT	TRANSPOR			RESTRAINT SYSTEM — 6 - SECOND — RIGHT SIE 7 - THIRD — LEFT SIDE			9 - DEPLOY WIENT UNK			KNOWN			
		EATED AT S		REAR FA		E CAR) EJEC			ION	BY THE				
5	2 - EMS			7 - BOOSTER	RSEAT	1 - NOT EJECTED								
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	9 - OTHI	ER / UNKNO	DWN		TVE PADS USED KNEES, ETC.)			HER ENCLOSED 3 - TOTALLY EJI TRAILING UNIT, 4 - NOT APPLIC			D			
		GEI	NDER		TVE CLOTHING		PICK-UP WITH CAF		4 - NOT APPLICABLE					
	F-FEMA				G – PEDESTRIAN		ENGER IN UNE	NCLOSED	D TRAPPED					
	M - MALI	E .R / UNKNO	WN	/ BICYCL	CARGO AREA				1 - NOT TRAPPED					
	0 01112	. K / CIVICIVO	***	99-OTHER/	UNKNOWN		IG ON VEHICLE	EXTERIOR	2 - EXTRICATED BY MECHANIC MEANS			CAL		
							TRAILING UNIT)		3 - FREED		ECHANIC	ΔL		
							MOTORIST R/UNKNOWN		MEANS					
8	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
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s	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
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	OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER								
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ADDRESS: STREET, CITY, STATE, ZIP 132 LAKE ST, Kent, OH 44240								REDACTED PER ORC 149.43(A)(1)							
ĕ	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED			
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7	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH	T	AGE	GENDER			
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0CCUPAN	1332 DIETZ AVE ,Akron ,OH 44301								REDACTED PER ORC 149.43(A)(1)						
Ö		RIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN					SAFETY EQUIPMENT	L	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED			
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i	ONII #	NAME. CAS	i, FIRST, WIDDLE					DA1	L OF BIKTH		AUL	GENDER			
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OCCUPAN	ADDITEOU.	or keer, or i,	VIAIC, 211					CONTROLL	- INCLUDE AREA CO	oc .					
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	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
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UPA	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
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	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED			
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