OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*						
PHOTOS TAKEN OH-2 OH-3	2 + 0 + 2 + 5 + - + 0 + 0 + 0 + 1 + 4 + 5 + 2 + 2						
SECONDARY CRASH	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP 1 - SOLVED	NUMBER OF UNITS	UNIT IN ERROR 98 - ANIMAL	
PRIVATE PROPERTY	City of Kent Police	<u>_0</u> _	6,7,0,3	L 2 - UNSOLVED	0 2 0	2 99 - UNKNOWN	
1-CITY	/, VILLAGE, TOWNSHIP*			CRASH DATE /T	. 1	ASH SEVERITY - FATAL	
3-TOWNSHIP	[1]0]0]7]2]0]2]5]/ 1]2]1]0 E LATITUDE DECIMAL DEGREES						
2 - SOUTH	SUMMIT		ROAD TYPE	41,14,5		- MINOR INJURY	
	REFERENCE ROAD NAME (ROAD, N	MILEPOST HOUSE #)	S T ROAD TYPE	LONGITUDE DE		SUSPECTED - INJURY POSSIBLE	
2 - SOUTH	CAMPUS CENTER	A DE ADMINISTRAÇÃO DE A	D R	-8 <sub>1</sub> 1 <sub>0</sub> 3 <sub>4</sub> 4 <sub>4</sub>	- PROPERTY DAMAGE		
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE	DIK		NTERSECTION RELATE	ONLY	
1 - INTERSECTION FROM REFERENCE 1 - NORTH IR -	INTERSTATE ROUTE(TP) AL -	- ALLEY HW- HIGHWAY F	RD - ROAD		RSECTION OR ON APPROA		
3-HOUSE # 3-EAST	RI .		SQ - SQUARE ST - STREET	☐ WITHIN INTE	RCHANGE AREA NUN	MBER OF APPROACHES	
DISTANCE DISTANCE CR-	NUMBERED COUNTY ROUTE		TE - TERRACE		ROADWAY	IDER OF ALL ROADILES	
0 5555	NUMBERER TOWNSHIP		TL - TRAIL WA - WAY	X ROADWAY DIV			
7 5 3 2-FEET 3 - YARDS	HE -	- HEIGHTS PL - PLACE		X ROADWAY DIV	IDED		
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 9 - CROSSOVER		NER OF CRASH COLLISION/IMPA	СТ	DIRECTION OF TRAVE		NTYPE	
0 1 2-ON SHOULDER 10-DRIVEWAY/	ALLEY ACCESS 2 BETV	VEEN 5-BACKING		1 - NORTH 2 - SOUTH	2 (<4 FEET		
3 - IN MEDIAN 11-RAILWAY GI 4 - ON ROADSIDE 12-SHARED US	VEHI	CLES IN 6-ANGLE ISPORT 7-SIDESWIPE, SAM	E DIRECTION	3 - EAST 4 - WEST	2 - DIVIDED F (≥4 FEET	FLUSH MEDIAN	
5-ON GORE TRAILS 6-OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REAR 3 - HEAD	7. BEET 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10		4-WL31		DEPRESSED MEDIAN RAISED MEDIAN	
7 - ON RAMP 14-TOLL BOOTH	н	7-OTHER TOWNS	WW		(ANY TYP 9 - OTHER/UN	E)	
8-OFF RAMP 99-OTHER/UN	OFFICE OFFICE AND A PROCESS OF THE P	T		CONTOUR		1	
WORK ZONE RELATED	WORK ZONE TYPE LANE CLOSURE	1 - BEFORE THE 1ST		CONDITIONS	SURFACE 2		
_	LANE SHIFT/CROSSOVER WORK ON SHOULDER	WARNING SIGN 2 - ADVANCE WARNIN	NG AREA	1 - DRY	1 - CONCRETE		
LAW ENFORCEMENT PRESENT	OR MEDIAN	3-TRANSITION AREA	Δ	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP,	
	INTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY AREA 5 - TERMINATION AR	EA	3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT	
LIGHT CONDITION	WEATHE	I.R	4 - CURVE GRADE 4 - ICE 9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT,				
1 - DAYLIGHT	1-CLEAR	6-SNOW	GROSSWINDS  9-01HEROUNKNOWN 3-SARD, MOD, DIR1, 01L, GRAVEL STO 6-WATER (STANDING, E. DIR				
1 2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	0 4 2-CLOUDY 3-FOG, SMOG, SMOKE	7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT	NG SAND, SOIL, DIRT, SNOW MOVING)				
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FREEZI 99 - OTHER / UNKNOWN	ZING RAIN OR FREEZING DRIZZLE 7 - SLUSH  R / UNKNOWN 9 - OTHER/UNKNOWN				
9 - OTHER / UNKNOWN					9-OTHEROUNKNOWN		
NARRATIVE					A	Indicate the north	
UNIT ONE WAS DRIVING SO	UTH/EAST BOUND				A	an "N" on the compass diagram.	
ON E. SUMMIT ST. EAST OF	W. CAMPUS					3 3 22	
CENTER DR. UNIT ONE STO							
TRAFFIC AHEAD. UNIT TWO							
				W.?CAMPU 75?Y	S?CENTER?DR. DS?WEST		
BEHIND UNIT ONE AND FAI						(R)	
WITH AN ASSURED CLEAR			UNITTWO				
STRIKING THE REAR OF U	NIT ONE.			UNIT ONE			
PASSENGER OF UNIT ONE I	HAD A SEIZURE	.,,					
AFTER THE CRASH AND WA	AS TRANSPORTED	TO	t To So		JMMIT?ST.		
HOSPITAL.				E.750	DMMI17S1.		
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED I	DATE/TIME R	REPORT TAKEN BY	
$\begin{bmatrix} 1,0,0,7,2,0,2,5,7,1,2,1,0,1,0,0,1 \end{bmatrix}$	7,2,0,2,5,/,1,2,1,0	1,0,0,7,2,0,2,5,/,1	2 1 3 1	0,0,7,2,0,2,5	5 <sub>1</sub> / <sub>1</sub> 1 <sub>2</sub> 3 <sub>1</sub> 4	POLICE AGENCY MOTORIST	
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUT	L OFFICER'S NAME*	C	CHECKED BY OFFICER'S NAME*				
MINUT	McNulty, Sama	Average out resources and a second	Nelson, Josh  CHECKED BY OFFICER'S BADGE NUMBER*				
0 1 2 0 3 0 0 5		OL NUMBER	2 3	2	UMBER	TO AN EXISTING REPORT SENT TO ODPS)	

HSY7001 OH1 1/19 [760-0820] PAGE **1** 0F **5** 

LOCAL REPORT NUMBER

2 0 2 5 - 0 0 0 1 4 5 2 2

UNIT#	OWNER NAME: LAST, FIRS HLAD, MIRA	ST, MIDDLE (X SAME AS DRIVER)	TINE	RED	ACTED PE	R ORC 149.43(A)(1)	DAMAGE DAMAGE SCALE					
OWNED/	DDRESS: STREET, CITY, STATE		THIL				1 - NONE 3 - FUNCTIONAL DAMAGE					
	RHODES RD		T 44240				2 2 - MINOR DAMAGE 4 - DISABLING DAMAGE					
COMMER	CIAL CARRIER: NAME, ADDR		1 1 1 2 1 0	Con	MERCIAL CARRIER	PHONE: INCLUDE AREA CODE	9 - UNKNOWN					
	OTAL OF MILE IN MANUE, MOON	1200,011 1,0 17112, 211		1 1	I I I	1 1 1 1 1 1	DAMAGED AREA(S)					
LP STATE	LICENSE PLATE #	VEHICLE	IDENTIFICATION#		VEHICLE YE	AR VEHICLE MAKE		ATE ALL THAT APPLY				
OH			9.7 E UA4.3	8.8.2	2 0 1		12	12				
	OT LEED OF		NSURANCE POLICY #		COLOR	VEHICLE MODEL	11 12 1	11 1				
X INSUR	PROGRES	SIVE 9	70470546		GRN	<b>ESCAPE</b>	10 11 1 2	10				
	TYPE OF USE		US DOT#	TOWE	D BY: COMPAN	IY NAME	10 2	10,000 2				
COMM	ERCIAL GOVERNMENT	IN EMERGENCY RESPONSE	NCY		NOTE 1 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		9 9 3	3 9 9 3				
THITE	N OCK		HICLE WEIGHT GVWR/GCWR	TI — 1		DUS MATERIAL CLASS # PLACARD ID #						
INTE	E HIT/SKIP UNI	T	1 - ≤10KLBS. RELEASED 2 - 10,001 - 26KLBS.			CLASS # PLACARD ID #	8 7 6 5 4	8 7 9 5				
EQUI	PPEU —	0_2_	3 - >26K LBS.	<u>" [ [ ] </u>	PLACARD	للللك للل	7 6 5	12 7 5				
	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART		VERY VEHICLE)	23 - PEDESTRIAN / SKATER	_	12				
0.3			13 - SNOWMOBILE		PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)	10/	11 1 2				
UNITTYP	3 - SPORT UTILITY VEHICLE 4 - PICK UP	9 - AUTOCYCLE 10 - MOPED OR MOTORIZED	14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR	20 - OTHER VE 21 - HEAVY E		25 - OTHER NON-MOTORIST 26 - BICYCLE	9	10 2				
	5 - CARGO VAN	BICYCLE	16-FARM EQUIPMENT		WITH RIDER OR	27 -TRAIN	_	0 11 4				
	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE	17 - MOTORHOME		DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	7 3 5 4				
	# OF TRAILING UNITS	(ATV/UTV)					12	7 6 5 12				
VEHICL							11 12	6 11 12				
A V E	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE	3 - CONDITIO 4 - HIGH AUT	NAL AUTOMATION	9 - UNKNOWN	10 11 1 2	10				
2	1-YES 2-NO 9-OTHER/UNK	1 0 1	2 - PARTIAL AUTOMATION	5 - FULL AUT			10 2	10 2				
	LO Z NO 7 CHIEN ONN	MODELEVEL	The state of the s				9 9 3	3 9 9 3				
1000	1 - NONE	6 - BUS - CHARTER/TOUR	11-FIRE	16-FARM	,	21 - MAIL CARRIER	8 4 7	8 4 7				
[0,1]			12 - MILITARY	17 - MOWING		99 - OTHER / UNKNOWN	8 7 6 5 4	8 6 5 4				
SPECIAL	3 - ELECTRONIC RIDE SHARING		13 - POLICE 18 14 - PUBLIC UTILITY 19 15 - CONSTRUCTION EQUIPMENT 20		MOVAL		7 6	7 5				
FUNCTIO	N 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	9 - BUS - OTHER			SERVICE DATROI			•				
	23. 23.20 000000000000000000000000000000				ENTICE I FINOE	10. 00H0DETE HIVED	9	12 12 12				
0.1	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE 9 - CARGOTANK		12 - CONCRETE MIXER 13 - AUTOTRANSPORTER	12					
CARGO	CARGO 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 1		10-FLAT BED		14-GARBAGE/REFUSE	o M o						
			11-DUMP		99-OTHER / UNKNOWN	9 0 3 9	9 T 3 9 3					
	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TR	MIRI F	99 - OTHER / UNKNOWN	0					
VEHICLE	2 - HEAD LAMPS	5 - STEERING	B - TRAILER EQUIPMENT		D FROM PRIOR	77-OTHER/ UNKNOWN	6					
DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDEN				6 6 6				
_	1 - INTERSECTION - MARKED	2 INTERSECTION ATHER	( DIAVOLE LANE	9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPO			- NO DAMAGE	0] - UNDERCARRIAGE [14]				
.111	CROSSWALK					12 - FIRST RESPONDER AT INCIDENT SCENE	□-TOP [13]	- ALL AREAS [ 15 ]				
NON-MOTORIS	T 2-INTERSECTION - UNMARKED	CROSSWALK	B - SIDEWALK	7 T. J.								
AT IMPACT		5 -TRAVEL LANE - OTHER LOCATION		TRAILS			- UNI	T NOT AT SCENE [16]				
	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIA	TING A CURVE	18-APPROACHING	INITIA	I DOINT OF CONTACT				
. 4	2 - NON-COLLISION 1 1 2 - BACKING 8 - S-STRIKING 1 3 - CHANGING LANES 9 -		B - ENTERING TRAFFIC LANE		ING OR CROSSING OR LEAVING VEHICLE	0 - NO DAMA	L POINT OF CONTACT GE 14 - UNDERCARRIAGE					
			9 - LEAVING TRAFFIC LANE	SPECIFIED LOCATION 15 - WALKING, RUNNING,		19-STANDING	200	TO UNIT 15 - VEHICLE NOT AT SCENE				
ACTION	4 - STRUCK PRE-CRASH	ACTIONS		JOGGING,		20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE	DIAGR					
	& STRUCK	6 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED INTRAFFIC	16 - WORKING		DISABLED VEHICLE	13-T0P					
	9-OTHER/UNKNOWN	O - MARRING CELL TOWN	12 - DRIVERLESS	17-PUSHING	VEHICLE	99 - OTHER / UNKNOWN		TRAFFIC				
	1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A	17 - VISION OF	ESTRUCTION	21 - LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL				
	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	PARKED POSITION	18-OPERATIF	NG DEFECTIVE	22 -NOT DISCERNIBLE	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN				
0.1	3 - RAN RED LIGHT	9-IMPROPER LANE CHANGE	14 - STOPPED OR PARKED ILLEGALLY	STOPPED OR PARKED EQUIPMENT		23 - OPENING DOOR INTO	1 2 - TWO-WAY	6 2 - SIGNAL 5 - YIELD SIGN				
CONTRIBUTION	4 - RAN STOP SIGN	10-IMPROPER PASSING	15 - SWERVING TO AVOID	19-LOAD SHI SPILLING	FTING/FALLING/	ROADWAY  99 - OTHER IMPROPER ACTION		3 - FLASHER 6 - NO CONTROL				
	S - UNSAFE SPEED	11 - DROVE OFF ROAD	16 - WRONG WAY	20 - IMPROPE		99-UTHER IMPROPER ACTION	# of THROUGH LANES	RAIL GRADE CROSSING				
SEQUENC	6-IMPROPERTURN	12 - IMPROPER BACKING					ON ROAD	1 - NOT INVOLVED				
SEMUENC	E OF EVENTS		NON-COLLISION				1 1	1 2 - INVOLVED-ACTIVE CROSSING				
1 2 0	1 - OVERTURNIROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE -	16-RAILWAY	VEHICLE	22 - WORK ZONE MAINTENANCE		3 - INVOLVED-PASSIVE CROSSING				
1 - 0	2 - FIRE/EXPLOSION		OPPOSITE DIRECTION OF TRAVEL	17 - ANIMAL -		EQUIPMENT 22 STRUCK BY FALLING	IINIT / NO	N-MOTORIST DIRECTION				
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	12 - DOWNHILL RUNAWAY	18-ANIMAL - 19-ANIMAL -		23 - STRUCK BY FALLING, SHIFTING CARGOOR	OH, I / NO	1 - NORTH 5 - NORTHEAST				
2	4 - JACKKNIFE 5 - CARGO / EQUIPMENT	E 9 - RAN OFF ROAD LEFT 13 - OTHER NON-COLLISION DUIPMENT 10 - CROSS MEDIAN 14 - PEDESTRIAN		20 - MOTOR VE		ANYTHING SET IN MOTION BY A MOTOR VEHICLE		_ 2 - SOUTH 6 - NORTHWEST				
22	LOSS OR SHIFT			TRANSPO	RT	24 - OTHER MOVABLE OBJECT	FROM 6 TO					
3		COLLISIO	15-PEDALCYCLE N WITH FIXED OBJECT		NOTORVEHICLE			4 - WEST 8 - SOUTHWEST				
	25 - IMPACT ATTENUATOR	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43-CURB	V.	50 - WORK ZONE MAINTENANCE		9 - OTHER / UNKNOWN				
4	/ 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 SUPPORT	45 - EMBANKI	MENT	51 - WALL 52 - BUILDING	0 0 0	1 - STATED / ESTIMATED SPEED				
5	27 - BRIDGE PIER ORABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE 47 - MAILBOX		53 - TUNNEL	$\begin{bmatrix} 0 & 0 & 0 \end{bmatrix}$	2 - CALCULATED / EDR				
	28 - BRIDGE PARAPET	35 - MEDIAN CONCRETE	41 - OTHER POST, POLE	48-TREE		54 - OTHER FIXED OBJECT	POSTED SPEED	3 - UNDETERMINED				
6	29-BRIDGE RAIL 30-GUARDRAIL FACE	BARRIER 36 - MEDIAN OTHER BARRIER	OR SUPPORT 42 - CULVERT	49-FIRE HYD	RANT	99 - OTHER / UNKNOWN	1 03120 31 220					
. 1		1					3 5					
1	FIRST HARMFUL EVEN	IT LI MOSTH		1								

LOCAL REPORT NUMBER 2 | 0 | 2 | 5 | - | 0 | 0 | 0 | 1 | 4 | 5 | 2 | 2 OWNER NAME: LAST, FIRST, MIDDLE ( SAME AS DRIVER) DAMAGE OWNER PHONE: INCLUDE ASEA CODE ( T SAME AS DRIVER)
REDACTED PER ORC 149.43(A)(1) RIBAR, TAMMY, LYN DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP ( SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 2 4816 GREENHEAD CT, MURRYSVILLE, PA 15668 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 5, J, 8, T, B, 4, H, 5, 0, D, L, 0, 0, 1, 7, 9, 7, 2 0 1 3  $P_{\perp}A_{\parallel}MVX5051$ Acura INSURANCE POLICY # INSURANCE VERIFIED INSURANCE COMPANY COLOR VEHICLE MODEL WHI ERIE INS. CO O121715358 RDX 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. HIT/SKIP UNIT 2 - 10,001 - 26K LBS. 0,1PLACARD 」 3 - >26K LBS. 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 0 3 - SPORT UTILITY VEHICLE 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13-SNOWMOBILE 19-BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST UNITTYPE 4 - PICKUP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE BICYCLE 5 - CARGO VAN 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 -TRAIN 11 - ALL TERRAIN VEHICLE ANIMAL-DRAWN VEHICLE 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - LINKNOWN OR HIT/SKIP (ATV/UTV) # OF TRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 0 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION AUTONOMOUS 2 - PARTIAL AUTOMATION 1-YES 2-NO 9-0THER/UNKNOWN 5 - FULL AUTOMATION MODE LEVEL 1 - NONE 6 - BUS - CHARTER/TOUR 11-FIRE 16-FARM 21 - MAIL CARRIER 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN 0 1 2 - TAXI 7 - BUS - INTERCITY SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18-SNOW REMOVAL FUNCTION 4 - SCHOOL TRANSPORT 19-TOWING 9 - BUS - OTHER 14 - PUBLICUTULITY 5 - BUS - TRANSIT/COMMUTER 10-AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 1 - NO CARGO BODY TYPE 8 - POLE 12 - CONCRETE MIXER 0.1 / NOT APPLICABLE MOTORVEHICLE CHASSIS 9 - CARGO TANK 13-AUTOTRANSPORTER CARGO 2 - RUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARBAGE/REFUSE BODY \* 7 - GRAIN/CHIPS/GRAVEL 11-DUMP 99-OTHER / UNKNOWN 00 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN VEHICLE 2 - HEAD LAMPS 8 - TRAILER EQUIPMENT 10-DISABLED FROM PRIOR 5 - STEERING DEFECTIVE ACCIDENT **DEFECTS 3-TAIL LAMPS** 6 - TIRE BLOWOUT -NO DAMAGE [ 0 ] - UNDERCARRIAGE [14] 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 14 - ENTERING OR CROSSING 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 0 1 3 - CHANGING LANES 0 - NO DAMAGE 14 - UNDERCARRIAGE 3 3-STRIKING 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 99 - UNKNOWN 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN JOGGING, PLAYING 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 1-NONE 7 - LEFT OF CENTER 17 - VISION OBSTRUCTION 21 -LYING IN ROADWAY TRAFFIC CONTROL TRAFFICWAY FLOW PARKED POSITION 18-OPERATING DEFECTIVE 2 - FAIL URE TOYIELD 8 - FOLLOWING TOO CLOSE / ACDA 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 14 - STOPPED OR PARKED EQUIPMENT 23 - OPENING DOOR INTO 1 . 2 - TWO-WAY 0 8 3 - RAN RED LIGHT 9-IMPROPER LANE CHANGE 2 - SIGNAL 5 - YIELD SIGN ILLEGALLY 19 - LOAD SHIFTING/FALLING/ ROADWAY 4 - RAN STOP SIGN 10-IMPROPER PASSING 3 - FLASHER 6 - NO CONTROL 15 - SWERVING TO AVOID CONTRIBUTING 5 - UNSAFE SPEED SPILLING 99-OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING # of THROUGH LANES RAIL GRADE CROSSING 6-IMPROPERTURN 12 - IMPROPER BACKING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 1 2 - INVOLVED-ACTIVE CROSSING NON-COLLISION

1 2 0 1 - OVERTURNIROLLOVER 3 - INVOLVED-PASSIVE CROSSING 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE -16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE OPPOSITE DIRECTION OF EQUIPMENT 17 - ANIMAL - FARM 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 23 - STRUCK BY FALLING, UNIT / NON-MOTORIST DIRECTION TRAVEL 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 18-ANIMAL - DEER 12 - DOWNHILL RUNAWAY SHIFTING CARGOOR 1 - NORTH 5 - NORTHEAST 19-ANIMAL - OTHER J 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT ANYTHING SET IN MOTION 13 - OTHER NON-COLLISION 2 - SOUTH 6 - NORTHWEST 20 - MOTOR VEHICLE IN 5 - CARGO / EQUIPMENT BY A MOTOR VEHICLE 10 - CROSS MEDIAN 14-PEDESTRIAN FROM | 6 | TO | 7 | TRANSPORT 3 - EAST 7 - SOUTHEAST 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 0,2,0 46-FENCE 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 3 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									
- Controller Manual Man								2 + 0 + 2 + 5 + - + 0 + 0 + 0 + 1 + 4 + 5 + 2 + 2								
UNIT#	action of the second se								DATE OF BIRTH AGE GENDER							
									0 + 7 + 1 + 3 + 1 + 9 + 9 + 2   3 + 3 +   F							
	RESS: STREET, CITY, STATE, ZIP 40 RHODES RD 769, Kent, OH 44240								CONTACT PHONE - INCLUDE AREA CODE  DED ACTED DED ODC 140 43(A)(1)							
-			JN 442			MEDION FACILITY		LOAFETY FAMILIER	REDACTED PER ORC 149.43(A)(1)							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJUREDI	AKEN 10	MEDICAL FACILITY	(NAME, CITY)	USED	Прот-са	LMET . 0 . 1	IUN AIR BA	G USAGE 1	EJECTION 1	TRAPPED 1		
OLSTATE					RGED	LOCAL	OFFENSE DESC	2003405-0004		CITA	CITATION NUMBER					
O. H.	REDACTED PER ORC 4501:1-12			L OIIA	NGL5	CODE	OTTENSE DESC	MI HOM		OTTATION NOMBER						
OL CLASS	ENDORSEMEN				ALC	OHOL / DRUG SUSPI	ECTED	CONDITION		COHOL TEST	Latatua		TEST(S			
	SELECT UP TO 2		BY	TRACTED		LCOHOL MAR	ANAULIS		STATUS T	YPE VALUE	STATUS	TYPE	KESULI	SELECTUPTO4		
4			ا لـــا	1	□ ∘	THER DRUG		1		<u> </u>	1	4	اللا	سالا		
UNIT #		FIRST, MIDDLE	HEW						1 0	DATE OF BIRTH		,  ,	AGE	GENDER		
0,2	STREET, CITY, S	R, JARED, MATT	пем						75	0 9 2 (		3 2		_M_		
=		IO CT ,Kent ,OH	44240							PHONE - INCLUDE AREA  ACTED PE		C 14	19.43	(A)(1)		
0	INJURED	EMS AGENCY (NAME)	77270	INJUREDT	AKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	L	SEATING POSIT						
5	TAKEN BY							USED 0 4	□ MC HE	MPLIANT		1 1 1				
OL STATE		LICENSE NUMBER		OFFENS	SE CHA	RGED	LOCAL	OFFENSE DESC	RIPTION		CITA	TION N	UMBER			
P A	REDAC	CTED PER ORC 450	1:1-12	333.0	)3		CODE	Maximum Sp	eed Limit	s	294	23				
OL CLASS	ENDORSEMEN SELECT UP TO 2		UPTO3 DRI	VER TRACTED	_	OHOL / DRUG SUSPI		CONDITION	STATUS T	YPE VALUE	STATUS	DRUG	RESULT	SELECTUPTO4		
. 4 .			BY	1	=	LCOHOL   MAR	RIJUANA	. 1 .	1	1	1	1	1997/100			
UNIT #	NAME: LAST	FIRST, MIDDLE			Цο	HER DRUG				DATE OF BIRTH		<u> </u>	AGE	GENDER		
	2.35,000,70,000,00	, ,														
ADDRESS:	: STREET, CITY, S	STATE, ZIP							CONTACT	PHONE - INCLUDE AREA	A CODE					
TORI										1 1 1	1		1	_11		
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDT	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-C	SEATING POSIT	ION AIR BA	G USAGE	EJECTION	TRAPPED		
ON/	BY				0321			MC HELMET								
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	SE CHA	ARGED LOCAL OFFENSE DESC			RIPTION			CITATION NUMBER				
			Leev						ALC	COHOL TEST		DRIIG	TEST(S	1		
≥ OL CLASS	SELECT UP TO 2			TRACTED		DHOL / DRUG SUSPI		CONDITION	STATUS T		STATUS	TYPE		SELECT UP 104		
			_   _		□∘	THER DRUG				•	ـــا ا		ے اے ا	لــالــالــ		
INJU 1-FATAL	JRIES	SEATING POSITION  1-FRONT-LEFT SIDE	1 - NOT DEP	IR BAG		OL CLASS A	5	OL RESTRIC		DRIVER DISTRA	CTION	1 - NON	EST STA	TUS		
	SERIOUS INJURY	(MOTORCYCLE DRIVER)	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,			GIVEN, CON			
4 - POSSIBLE IN 5 - NO APPAREN		4 - SECOND - LEFT SIDE	4 - DEPLOYE 5 - NOTAPP	ED BOTH FROI LICABLE	NT / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS	BUS	DIALING) 3 - TALKING ON HANDS	FRFF			ULTS KNOWN		
INILIPED	TAKEN BY	(MOTORCYCLE PASSENGER)  5 - SECOND - MIDDLE	9- DEPLOYI	MENT UNKNO	WN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS & CLASS B BUS	1	COMMUNICATION D	EVICE		GIVEN, RES NOWN	ULTS		
1 - NOT TRANSF	PORTED	6 - SECOND - RIGHT SIDE						7 - EXCEPT TRACTO	R-TRAILER	4 - TALKING ON HAND-I COMMUNICATION D		ALCO	OHOL TES	T TYPE		
/TREATED A	TSCENE	7 - THIRD – LEFT SIDE (M0TORCYCLE SIDE CAR)	1 NOTEJE	CTED		H - HAZMAT	MENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY W ELECTRONIC DEVIC		1 - NON	E			
3 - POLICE		8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE	2 - PARTIAL	LY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER RESTRICTIONS	MIT	6 - PASSENGER		2 - BL00 3 - URIN				
9 - OTHER / UNI	KNOWN	10 - SLEEPER SECTION	3-TOTALLY 4-NOTAPP			P - PASSENGER N - TANKER		10 - LIMITED TO DAY	LIGHT ONLY	7 - OTHER DISTRACTIO		4 - BRE				
SUBSTRUCTION AND ADMINISTRATION OF STRUCTURE	QUIPMENT	OF TRUCK CAB  11 - PASSENGER IN OTHER			arsig.	Q - MOTOR SCOOTER		11 - LIMITED TO EMI		8 - OTHER DISTRACTIO THE VEHICLE	N OUTSIDE	5 - OTHE	ER			
1 - NONE USED 2 - SHOULDER B	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 OF		PICK-UP WITH CAP)  12 - PASSENGER IN UNENCLOSED	2 - EXTRICA	TED BY		T - DOUBLE & TRIPLE	TRAILERS	CONTROLS, OR O	THER	CONDITIO	N	1 - NONI 2 - BLOO				
	& LAP BELT USED RAINT SYSTEM –	CARGO AREA	3- FREED B	Υ		X - TANKER / HAZMAT		ADAPTIVE DEVI		1 - APPARENTLY NORM		3 - URIN				
FORWARD FA	ACING RAINT SYSTEM –	13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	NUN-ME(	GENDER 15 - MOTOR VEHICL				15 - MOTOR VEHICLE	ES WITHOUT 3 - EMOTIONAL (E.G., DEPRESSED,			4 - OTHER				
REAR FACIN	IG	(NON-TRAILING UNIT)				F - FEMALE M - MALE		AIR BRAKES 16-0UTSIDE MIRRO	ANGRY, DISTURBED) OR 4- ILLNESS			DRUG TEST RESULT(S)  1-AMPHETAMINES				
7 - BOOSTER SE 8 - HELMET US		15 - NON-MOTORIST 99 - OTHER / UNKNOWN				U -OTHER / UNKNOWN		17 - PROSTHETIC AII		5 - FELL ASLEEP, FAINT	ED,	2 - BARI	BITURATES			
9 - PROTECTIVE	E PADS USED							18-OTHER		FATIGUED, ETC. 6 - UNDERTHE INFLUE			ZODIAZEPINI NABINOIDS	ES		
(ELBOW, KN) 10 - REFLECTIVE										OF MEDICATIONS / D /ALCOHOL	RUGS	5 - COCA				
11 - LIGHTING - / BICYCLE 0										9-OTHER/UNKNOWN		6 - OPIA 7 - OTHE	TES / OPIOID	S		
99 - OTHER / UNK													EK ATIVE RESUI	TS		

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Ú	Separation OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER								
_							2,0,2,5,-,0,0,0,1,4,5,2,2,								
	UNIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
Ė.		01 ASHLEY, MICHAEL, DANIEL							0 2 2 7 1 9 9 8 2 7 M						
OCCUPANT		ADDRESS: STREET, CITY, STATE, ZIP 1840 RHODES RD 769 , Kent , OH 44240							REDACTED PER ORC 149.43(A)(1						
200	and the same of the same	Section of the section of		ILLDAGI											
=	INJURIES	INJURED TAKEN BY 2	Kent Fire		INJURED TAKEN TO: MEDICAL FACILITY THE TAKEN TO: MEDICAL FACILITY TO THE TAKEN	ITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	1 1			
Ц	_4_		CHANGE AND RESTORATION CO.		UHK	0,4					L				
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
ţ	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
OCCUPANT	AUDRESS:	STREET, CITY,	STATE, ZIP					CONTACT FROME - INCLUDE AREA CODE							
300	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR RAG IISAGE	LEIECTION	TRAPPED			
É	INCONIES	TAKEN BY	Emo Adenci (MAIIL)		THOUSE PARENTY. INCURSE PARE	iri tukuc, sirir	USED	DOT-COMPLIANT MC HELMET	SEATING F COLLIGI	AIR DAG GOAGE	Loconon	INALLE			
	UNIT#	NAME. LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
Ē	ONII #	NAME: LAS	I, FIRST, WIDDLE					DAI	E OF BIKTH		AUL	GENDER			
F	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE L					
OCCUPANT															
30	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT	DOT 0	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		TAKEN BY					USED	DOT-COMPLIANT MC HELMET	1 1						
7	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
									T T 1		E E 2				
ANT	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	- INCLUDE AREA CO	DE					
OCCUPANT															
ŏ	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
	نــــا	BY					U320	MC HELMET	لستسا		لــــا				
		INJU	JRIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
	1 - FATAL 1 - NONE US VEHICLE				SED - 1 - FRONT – LEFT SIDE E OCCUPANT (MOTORCYCLE DRIV			/FR)							
			RIOUS INJURY		DER BELT ONLY USED 2 - FRONT - MIDDLE  1. ONLY USED 3 - FRONT - RIGHT SID					- DEPLOYED FRONT					
		SIBLE INJU	NOR INJURY	3 - LAP BEL					3 - DEPLOYED SIDE 4 - DEPLOYED BOTH						
		PPARENT		4 - SHOULDI	ER & LAP BELT USED	ND – LEFT SID ORCYCLE PASS		FRONT/SIDE							
					RESTRAINT SYSTEM - 5 - SECOND - MI RD FACING 6 - SECOND - RIG				5 - NOT APPLICABLE						
	1 - NOT	TRANSPOR	TAKEN BY		ESTRAINT SYSTEM -	ND – RIGHT SIU D – LEFT SIDE	JE	9 - DEPLOYMENT UNKNOWN							
		EATED AT S		REAR FA		ECAR) EJECTION									
5	2 - EMS			7 - BOOSTER	RSEAT	1 - NOT EJECTED									
	3- POLI			8 - HELMET			D – RIGHT SIDE PER SECTION (		ALLY EJECTED						
	9 - OTHI	ER / UNKNO	OWN		TVE PADS USED KNEES, ETC.)		ENGER IN OTH		LY EJECTED						
H			NDER	10- REFLECT	TVE CLOTHING	PICK-UP WITH CA	P)	4 - NOT APPLICABLE							
ă	F - FEMA				G - PEDESTRIAN		ENGER IN UNE O AREA	IENCLOSED TRAPPED  1 - NOT TRAPPED							
	U - OTHE	R / UNKNO	WN	/ BICYCL 99 - OTHER /				ED BY MECHANICAL							
	99-01HER/			99-0111EK7	ONNINOWN	NG ON VEHICLE TRAILING UNIT)	EXTERIOR	MEANS			MORE				
						15 - NON-	MOTORIST		3 - FREED MEANS	BY NON-ME	CHANIC	AL			
						99 - OTHE	R / UNKNOWN								
SS	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER			
WITNESS	ADDRESS:	STREET, CITY,	STATE 71D					CONTACT PHONE	- INCLUDE AREA CO	DE L					
×	ALDRESS:	3						Jones Priore	I I			, .			
3	NAME: LAS	ST, FIRST, MIDD	ILE					DAT	E OF BIRTH		AGE	GENDER			
ESS		155 25													
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE	- INCLUDE AREA CO	DE						
S	NAME: LAST, FIRST, MIDDLE							DAT	E OF BIRTH		AGE	GENDER			
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								
M	ADDITION. STREET, OF IT, STREET, OF						CUNTACT PHUNE - INCLUDE AREA CODE								

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