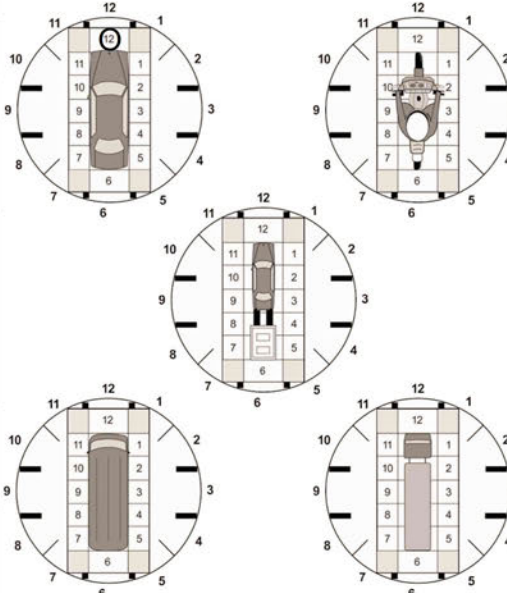
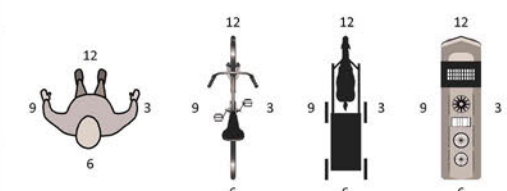


☒ PHOTOS TAKEN ☐ SECONDARY CRASH		☒ OH-2 ☒ OH-3 ☒ OH-1P ☐ OTHER ☐ PRIVATE PROPERTY	LOCAL INFORMATION REPORTING AGENCY NAME* City of Kent Police NCIC* 06703		2026-00011831	
COUNTY* 67	LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* Kent		CRASH DATE / TIME* 07292026/2002		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY 4
ROUTE TYPE 1	ROUTE NUMBER 1	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST 1	LOCATION ROAD NAME WOODARD	ROAD TYPE A V	LATITUDE DECIMAL DEGREES 41.159589	CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY 4
ROUTE TYPE 1	ROUTE NUMBER 1	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST 1	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Fairchild	ROAD TYPE A V	LONGITUDE DECIMAL DEGREES -81.364105	
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # 1	DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST 2	ROUTE TYPE IR-INTERSTATE ROUTE(TP) US-FEDERAL US ROUTE SR-STATE ROUTE CR-NUMBERED COUNTY ROUTE TR-NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL-ALLEY AV-AVENUE BL-BOULEVARD CR-CIRCLE CT-COURT DR-DRIVE HE-HEIGHTS	ROAD TYPE HW-HIGHWAY LA-LANE MP-MILEPOST OV-OVAL PK-PARKWAY PI-PIKE PL-PLACE	RD-ROAD SQ-SQUARE ST-STREET TE-TERRACE TL-TRAIL WA-WAY	INTERSECTION RELATED ☐ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 1
DISTANCE FROM REFERENCE 110	DISTANCE UNIT OF MEASURE 1-MILES 2-Feet 3-YARDS 2	LOCATION OF FIRST HARMFUL EVENT 1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFIC WAY 7-ON RAMP 8-OFF RAMP 9-CROSSOVER 10-DRIVEWAY/ALLEY ACCESS 11-RAILWAY GRADE CROSSING 12-SHARED USE PATHS OR TRAILS 13-BIKE LANE 14-TOLL BOOTH 99-OTHER / UNKNOWN 01		MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2-REAR-END 3-HEAD-ON 4-REAR-TO-REAR 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-OTHER / UNKNOWN 1		DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST 1
WORK ZONE RELATED ☐ WORKERS PRESENT ☐ LAW ENFORCEMENT PRESENT ☐ ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER	LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA		CONTOUR 2 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN	CONDITIONS 1 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN
LIGHT CONDITION 1 1-DAYLIGHT 2-DAWN/DUSK 3-DARK-LIGHTED ROADWAY 4-DARK-ROADWAY NOT LIGHTED 5-DARK-UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN		WEATHER 01 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL 6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER / UNKNOWN		SURFACE 2 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN		
NARRATIVE Unit 1 was traveling southbound on Woodard Ave from Fairchild Ave. Unit 1 drove off the road to the right and struck a tree.				Indicate the north direction with an "N" on the compass diagram. Not To Scale		
CRASH REPORTED DATE / TIME 07292026/2002		DISPATCH DATE / TIME 07292026/2002		ARRIVAL DATE / TIME 07292026/2005		SCENE CLEARED DATE / TIME 07292026/2043
TOTAL TIME ROADWAY CLOSED 041	OTHER INVESTIGATION TIME 030	TOTAL MINUTES 071	OFFICER'S NAME* Knight, Zachary Tyler OFFICER'S BADGE NUMBER* 218		CHECKED BY OFFICER'S NAME* Nelson, Josh CHECKED BY OFFICER'S BADGE NUMBER* 232	
☒ POLICE AGENCY ☐ MOTORIST ☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)						

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER) GELVIN, DEREK, ANDREW	OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER) _____-_____-_____-_____-_____-_____-			
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☑ SAME AS DRIVER) 3434 OAK RD, Stow, OH 44224					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____-_____-_____-_____-_____-_____-		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____-_____-_____-_____-_____-_____-				
VEHICLE	LP STATE OH	LICENSE PLATE # KFJ6838	VEHICLE IDENTIFICATION # 5TFCZ5AN5LX238299	VEHICLE YEAR 2020	VEHICLE MAKE Toyota	
	☐ INSURANCE VERIFIED	INSURANCE COMPANY _____-_____-_____-_____-_____-_____-		INSURANCE POLICY # _____-_____-_____-_____-_____-_____-	COLOR GRY	
	☐ COMMERCIAL	☐ GOVERNMENT	☐ IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME Bakers Towing		
	☐ INTERLOCK DEVICE EQUIPPED	☐ HIT/SKIP UNIT	#OCCUPANTS 01	HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD		
	TYPE OF USE		US DOT # _____-_____-_____-_____-_____-_____-	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
	UNIT TYPE 04		23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP			
	# OF TRAILING UNITS 00		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE			
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN			
	SPECIAL FUNCTION 01		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN			
	CARGO BODY TYPE 01		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN			
VEHICLE DEFECTS 01		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN				
NON-MOTORIST LOCATION AT IMPACT 01		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN				
ACTION 3		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN				
CONTRIBUTING CIRCUMSTANCES 11		1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION				
SEQUENCE OF EVENTS		NON-COLLISION 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT				
COLLISION WITH FIXED OBJECT - STRUCK		25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN				
FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 2				

LOCAL REPORT NUMBER 2026-00011831	
DAMAGE DAMAGE SCALE 4 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
	
	
☐ - NO DAMAGE [0] ☐ - UNDERCARRIAGE [14] ☐ - TOP [13] ☐ - ALL AREAS [15] ☐ - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 12 0 - NO DAMAGE 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 6 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED _____-_____-_____-_____-_____-_____-	DETECTED SPEED 3 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 25	

HSY8306 OH1M 1/19 [760-1500]

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 0 2 6 - 0 0 0 1 1 8 3 1

OCCUPANT	UNIT # []	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH [] [] [] [] [] []		AGE [] []	GENDER []		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE [] [] [] [] [] [] [] [] [] []				
	INJURIES []	INJURED TAKEN BY []	EMS AGENCY (NAME) []	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) []	SAFETY EQUIPMENT USED []	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION []	AIR BAG USAGE []	EJECTION []	TRAPPED []

OCCUPANT	UNIT # []	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH [] [] [] [] [] []		AGE [] []	GENDER []		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE [] [] [] [] [] [] [] [] [] []				
	INJURIES []	INJURED TAKEN BY []	EMS AGENCY (NAME) []	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) []	SAFETY EQUIPMENT USED []	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION []	AIR BAG USAGE []	EJECTION []	TRAPPED []

OCCUPANT	UNIT # []	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH [] [] [] [] [] []		AGE [] []	GENDER []		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE [] [] [] [] [] [] [] [] [] []				
	INJURIES []	INJURED TAKEN BY []	EMS AGENCY (NAME) []	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) []	SAFETY EQUIPMENT USED []	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION []	AIR BAG USAGE []	EJECTION []	TRAPPED []

OCCUPANT	UNIT # []	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH [] [] [] [] [] []		AGE [] []	GENDER []		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE [] [] [] [] [] [] [] [] [] []				
	INJURIES []	INJURED TAKEN BY []	EMS AGENCY (NAME) []	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) []	SAFETY EQUIPMENT USED []	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION []	AIR BAG USAGE []	EJECTION []	TRAPPED []

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
INJURED TAKEN BY	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
1 - NOT TRANSPORTED / TREATED AT SCENE	8 - HELMET USED	8 - THIRD - MIDDLE	EJECTION
2 - EMS	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	1 - NOT EJECTED
3 - POLICE	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED
GENDER	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE
F - FEMALE		13 - TRAILING UNIT	TRAPPED
M - MALE		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	1 - NOT TRAPPED
U - OTHER / UNKNOWN		15 - NON-MOTORIST	2 - EXTRICATED BY MECHANICAL MEANS
		99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS

WITNESS	NAME: LAST, FIRST, MIDDLE HILL, LAURA, SUZANNE	DATE OF BIRTH 0 3 1 7 1 9 7 7	AGE 4 9	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 554 FAIRCHILD AVE ,Kent, ,OH 44240	CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)		

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		