OHIO DEPARTMENT OF PUBLIC SAFETY TRAFFIC CRASH	LOCAL REPORT NUMBER*						
PHOTOS TAKEN OH-2 OH-3	2 0 2 5	$-10_{+}0_{+}0_{+}0_{+}0_{+}5$	6 , 6 , 3 , 8 ,				
OH-1P OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR	
1 — 1	City of Kent Police	_ 0 _0	6,7,0,3	1 - SOLVED L 2 - UNSOLVED	$\begin{bmatrix} 0_{\perp} 2_{\perp} & 0_{\parallel} \end{bmatrix}$	2 98 - ANIMAL 99 - UNKNOWN	
1-CITY	VILLAGE, TOWNSHIP*			CRASH DATE / T	1.	SH SEVERITY FATAL	
6 7 2 -VILLAGE Kent				$\lfloor 0 / 4 / 2 / 4 / 2 / 0 / 2 / 5 /$	1.9.06 5	SERIOUS INJURY	
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DEC		SUSPECTED	
	GOUGLER		$\mathbf{A}_{\perp}\mathbf{V}_{\perp}$	41,15,4	8 1 6	MINOR INJURY SUSPECTED	
	REFERENCE ROAD NAME (ROAD, N	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE	CIMAL DEGREES 4 -	INJURY POSSIBLE	
	PARK		$\mathbf{A}_{\perp}\mathbf{V}_{\perp}$	-81 ₆ 3,6,0	1,9,7,	PROPERTY DAMAGE	
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE			NTERSECTION RELATED	07394330	
2 MILE DOCT			D - ROAD	X WITHIN INTER	SECTION OR ON APPROA		
3-HOUSE # 3-EAST	RI -		Q - SQUARE T - STREET	☐ WITHIN INTES	CHANGE AREA NUM	2 BER OF APPROACHES	
4 - WEST SR-	STATE ROUTE		E - TERRACE	within inter		BER OF APPROACHES	
FROM REFERENCE UNIT OF MEASURE	CT -		L - TRAIL VA - WAY		ROADWAY		
	ROUTE DK -	HEIGHTS PL - PLACE	ra - WAT	ROADWAY DIV	DED		
LOCATION OF FIRST HARMFUL EVENT	MANN	ER OF CRASH COLLISION/IMPAG	СТ	DIRECTION OF TRAVEL	MEDIAN	TYPE	
1 - ON ROADWAY 9 - CROSSOVER	1 - NOT C	OLLISION 4-REAR-TO-REAR	700	1 - NORTH	1 - DIVIDED F	LUSH MEDIAN	
0 1 2-ON SHOULDER 10-DRIVEWAY/	TWO	MOTOR		2 - SOUTH	(<4 FEET) LUSH MEDIAN	
4 - ON ROADSIDE 12-SHARED US	V L III	SPORT 7 - SIDESWIPE, SAME	DIRECTION	3 - EAST 4 - WEST	(≥4 FEET)	
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REAR 3 - HEAD		35255			PEPRESSED MEDIAN RAISED MEDIAN	
7 - ON RAMP 14-TOLL BOOTH		, , , , , , , , , , , , , , , , , , , ,			(ANY TYPE 9 - OTHER/UN		
8-OFF RAMP 99-OTHER/UN	KNOWN						
WORK ZONE RELATED	WORK ZONE TYPE ANE CLOSURE	LOCATION OF CRASH IN WO 1 - BEFORE THE 1ST V		CONTOUR	CONDITIONS	SURFACE	
	ANE SHIFT/CROSSOVER	WARNING SIGN		_1_	_1_	2	
	VORK ON SHOULDER OR MEDIAN	2 - ADVANCE WARNIN 3 - TRANSITION AREA	2 - ADVANCE WARNING AREA 1 - STRAIGHT LEVEL 1 - DRY 1				
4-1	NTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA	4-ACTIVITY AREA				
ACTIVE SCHOOL ZONE 5-0	THER	5 - TERMINATION ARE	5-TERMINATION AREA				
LIGHT CONDITION	WEATHE	R		9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, 4 - SLAG GRA			
1 - DAYLIGHT 1 2 - DAWN/DUSK	1-CLEAR 0 1 2-CLOUDY	6 - SNOW 7 - SEVERE CROSSWINDS		OIL, GRAVEL STONE			
3 - DARK - LIGHTED ROADWAY	10111	8 - BLOWING SAND, SOIL, DIRT,	3-01				
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FREEZI 99 - OTHER / UNKNOWN	REEZING RAIN OR FREEZING DRIZZLE 7 - SLUSH				
9 - OTHER / UNKNOWN	5-SLEET, HAIL	77-OTHER / UNKNOWN			9 - OTHER/UNKNOWN		
NARRATIVE					1	Indicate the north	
						direction with an "N" on the	
Unit 1 was traveling North on G	ougler Ave near Park					compass diagram.	
Ave in the left lane. Unit 2 was	traveling North in	1					
the right lane on Gougler Ave, i	near park Ave. Unit 2						
attempted to turn west onto Pa							
	irk Ave from the righ	١.		SOUGLER?AVE			
lane when it struck Unit 1.		PA	RK?AVE	J ^g , I			
				- = -		NT	
				3			
				l i	Not To	o Scale	
				1 ;			
				1 !			
				1 1	1		
CRASH REPORTED DATE / TIME	ISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED D	ATE/TIME R	EPORT TAKEN BY	
0,4,2,4,2,0,2,5 / 1,9,0,6 0,4,2			9200		I⊽I	POLICE AGENCY	
TOTAL TIME OTHER TOTAL				CER'S NAME*		MOTORIST	
ROADWAY CLOSED INVESTIGATION TIME MINUTE			nort, Jas			SUPPLEMENT (CORRECTION OR ADDITION	
	OFFICER'S BAD	GE NUMBER*	CHECKED E	Y OFFICER'S BADGE N	UMBER*	TO AN EXISTING REPORT SENT TO ODPS)	
0 0 0 0 6 0 1 0	0 2 3 0		2 2	8			

 $\begin{array}{c|c} \textbf{UNIT \#} & \textbf{OWNER NAME}: \texttt{LAST, FIRST, MIDDLE} & \texttt{CAME AS ORIVER} \\ \hline \textbf{0} & \textbf{1} & \textbf{BALABAN, KEVIN, SCOTT} \\ \end{array}$

LOCAL REPORT NUMBER

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

-	-	~	•	-	•	-	1
							_
п	MA	AGE	-				

DAMAGE SCALE

1-NONE

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)
REDACTED PER ORC 149.43(A)(1)

3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE

l	9 - UNKNOWN											
J	DAMAGED AREA(S) INDICATE ALL THAT APPLY											
	10 11 12 1 1 12 1 1 1 1 1 1 1 1 1 1 1 1											
	10 11 12 1 12 1 12 1 12 1 12 1 12 1 12											
	9 9 3 3 8 4 4 7 5 5 6 5 5 4 12 12 12 12											
	$9 \bigcirc 3$ $9 \bigcirc 3$ $9 \bigcirc 3$ $3 \bigcirc 6$ 6 6											
1	- NO DAMAGE [0] - UNDERCARRIAGE [14]											
	☐-TOP [13] ☐-ALL AREAS [15] ☐-UNIT NOT AT SCENE [16]											
	INITIAL POINT OF CONTACT 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP											
_	TRAFFIC											
	TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY 6 TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL											
	# OF THROUGH LANES ON ROAD 2 1 - NOT INVOLVED. ACTIVE CROSSING 2 - INVOLVED. PASSIVE CROSSING 3 - INVOLVED. PASSIVE CROSSING											
	UNIT / NON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST 2 - SQUTH 6 - NORTHWEST											

2 TO 1 3-EAST 7-SOUTHEAST 4 - WEST 8 - SOUTHWEST

	9 - OTHER / UNKNOWN
UNIT SPEED 0 2 5	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR
POSTED SPEED	3 - UNDETERMINED
2 3	

473 W		DR ,BROA	DVIEW HTS,				L
	CIAL CARRIER: NAME, ADDR			Con		10 NE: INCLUDE AREA CODE	
$O_{\perp}H_{\parallel}$	JUL7538	5 NPDH4	LE IDENTIFICATION # $A_{1}E_{1}9_{1}D_{1}H2_{1}1_{1}3_{1}$ INSURANCE POLICY #	0,6,4	2 0 1 3	Hyundai VEHICLE MODEL	
X VERIFI	TYPE OF USE	E	992980572 US DOT #	TOWE	GLD D BY: COMPANY N	ELANTRA	10/
COMME	RCIAL GOVERNMENT	IN EMERGENCY RESPONSE	1 1 1 1 1 1 1 1 1 1		HAZARDOUS	MATERIAL	9
INTERL DEVICE	LOCK E PED HIT/SKIP UNI	#UCCUPANTS	TEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	.l⊟		ASS # PLACARD ID #	8
UNITTYPE	3 - SPORT UTILITY VEHICLE	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 UNITTRUCK 15-SEMI-TRACTOR 16-FARM EQUIPMENT 17-MOTORHOME	19 - BUS (16+ 20 - OTHER V 21 - HEAVY E 22 - ANIMAL	PASSENGERS) 2: EHICLE 2: QUIPMENT 2: WITH RIDER OR 2:	3 - PEDESTRIAN / SKATER 4 - WHEELCHAIR (ANY TYPE) 5 - OTHER NON-MOTORIST 6 - BICYCLE 7 - TRAIN 9 - UNKNOWN OR HIT/SKIP	
2	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED 1-YES 2-NO 9-OTHER/UNK	9 1 0 1		3 - CONDITIO 4 - HIGH AUT 5 - FULL AUT		- UNKNOWN	10/9
0 1 SPECIAL FUNCTION	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSITICOMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16-FARM 17-MOWING 18-SNOW RE 19-TOWING 20-SAFETY	9 EMOVAL	1 - MAIL CARRIER 9 - OTHER / UNKNOWN	8
O_1 CARGO BODY TYPE	1 - NO CARGO BODYTYPE /NOTAPPLICABLE 2 - BUS	MOTORVEHICLE 4 - LOGGING	R 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGOTA 10 - FLAT BEI 11 - DUMP	ANK 1 D 1-	2-CONCRETE MIXER 3-AUTOTRANSPORTER 4-GARBAGE/REFUSE 9-OTHER/UNKNOWN	9
	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICKTIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TO 10 - DISABLE ACCIDEN	D FROM PRIOR	9-OTHER/UNKNOWN	
NON-MOTORIST LOCATION AT IMPACT	1-INTERSECTION - MARKED CROSSWALK 2-INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATE	6 - BICYCLELANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	10-DRIVEWA	AY ACCESS	2-FIRST RESPONDER AT INCIDENT SCENE 9-OTHER/UNKNOWN	5
	1-NON-CONTACT 2-NON-COLLISION 3-STRIKING 4-STRUCK PRE-CRASH 5-BOTH STRIKING & GTIONS & STRUCK 9-OTHER / UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHTTURN 6 - MAKING LEFTTURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED INTRAFFIC 12 - DRIVERLESS	14 - ENTERIN SPECIFIE 15 - WALKING	IG OR CROSSING ED LOCATION 1' G, RUNNING, 2 , PLAYING 2 G	8 - APPROACHING OR LEAVING VEHICLE 9 - STANDING 0 - OTHER NON-MOTORIST 1 - STANDING OUTSIDE DISABLED VEHICLE 9 - OTHER / UNKNOWN	_0
O_1 CONTRIBUTING CIRCUMSTANCES	6-IMPROPERTURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / AC 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	EQUIPME	NG DEFECTIVE 2 ENT 2 IFTING/FALLING/ G 9	1 - LYING IN ROADWAY 2 - NOT DISCERNIBLE 3 - OPENING DOOR INTO ROADWAY 9 - OTHER IMPROPER ACTION	TR
SEQUENCE	OF EVENTS 1 - OVERTURNIROLLOVER	6 - EQUIPMENT FAILURE	NON-COLLISION 11-CROSS CENTERLINE —	16-RAILWAY	VEHICLE 2	2 - WORK ZONE MAINTENANCE	
	2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	OPPOSITE DIRECTION OF TRAVEL 12-DOWNHILL RUNAWAY 13-OTHER NON-COLLISION 14-PEDESTRIAN 15-PEDALCYCLE ON WITH FIXED OBJECT		- DEER 2 - OTHER 'EHICLE IN ORT 2 MOTORVEHICLE	EQUIPMENT 3-STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 4-OTHER MOVABLE OBJECT	
4	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST	43 - CURB 44 - DITCH		0-WORK ZONE MAINTENANCE EQUIPMENT	
5	26-BRIDGE OVERHEAD STRUCTURE 27-BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANK 46 - FENCE	MILITA I	1 - WALL 2 - BUILDING	

40 - UTILITY POLE

41 - OTHER POST, POLE OR SUPPORT

47 - MAILBOX

49-FIRE HYDRANT

48-TREE

54-OTHER FIXED OBJECT

99-OTHER/UNKNOWN

53 - TUNNEL

28-BRIDGE PARAPET

30-GUARDRAIL FACE

29-BRIDGE RAIL

STRUCTURE 34 - MEDIAN GUARDRAIL 27 - BRIDGE PIER ORABUTMENT BARRIER

35 - MEDIAN CONCRETE

36 - MEDIAN OTHER BARRIER 42 - CULVERT

LOCAL REPORT NUMBER

2.0.2.5.-.0.0.0.0.5.6.3.8.

							2 0 2 0	0,0,0,0,5,6,3,8,		
0 2	OWNER NAME: LAST, FIRE FARRIS, GR	ST, MIDDLE (X SAME AS DRIVER)	TINE	RED	ACTED PE	LUDE AIEA CODE (SAME AS DRIVER) ER ORC 149.43(A)(1)		DAMAGE SCALE		
OWNER A	DDRESS: STREET, CITY, STATE		IIII	L			1 - NONE	DAMAGE SCALE 3 - FUNCTIONAL DAMAGE		
	OLUMBUS S'		14240				2 2-MINOR D			
COMMER	CIAL CARRIER: NAME, ADDR			Com	MERCIAL CARRIER	PHONE: INCLUDE AREA CODE		9 - UNKNOWN		
				ш	111		DAMAGED AREA(S)			
LP STATE	LICENSE PLATE #		E IDENTIFICATION #	o	VEHICLE YE		INDIC	CATE ALL THAT APPLY		
LO H	HVN2352		$GB_0BD1_05_1$	2,2,0,	2 0 1	occ	11 12 1	11 12 1		
X INSURA	INSURANCE COMP		NSURANCE POLICY # 029903709		SIL	PAT	12	12		
	TYPE OF USE	SIVE	US DOT #		D BY: COMPAN	To a contract of the contract	10 10 2	10 11 1		
COMMI		IN EMERGENCY RESPONSE	1 1 1 1 1 1	,	D II. COMPAN	NAME.	9 9 3	3 9 9 3		
			HICLE WEIGHT GVWR/GCWR	٦,		DUS MATERIAL CLASS # PLACARD ID #				
INTER	E HIT/SKIP UNI	T	1 - ≤10KLBS. 2 - 10,001 - 26KLBS	$\square \sqcup \square$	RELEASED	CLASS # PLACARD ID #	8 7 6	8 7 6 5		
- EQUIP		0,3	3 - >26K LBS.	<u> </u>	PLACARD	للللا لللا	7 6 5	11 12 1 7 6 5		
	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART		ERY VEHICLE)	23 - PEDESTRIAN / SKATER	10 /	12		
$\lfloor 0 \rfloor 3 \rfloor$	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE	8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE	13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK	19-BUS (16+ 20-OTHER VE		24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST		10 2		
UNITTYPE	E 4 - PICKUP	10 - MOPED OR MOTORIZED	15 - SEMI-TRACTOR	21 - HEAVY E		26-BICYCLE	9	9 9 3 3		
	5 - CARGO VAN	BICYCLE	16 - FARM EQUIPMENT		VITH RIDER OR	27 -TRAIN	<u> </u>	8 4		
ш о	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-L	RAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8 \	< 7 5 4		
<u> </u>	# of TRAILING UNITS	PERSONAL PROPERTY.					11 12 1	7 6 11 12 1		
	WAS VEHICLE OPERATING IN AU		0 - NO AUTOMATION	3 - CONDITIO	NAL AUTOMATION	9 - UNKNOWN	10 12	10 12		
> 2	MODE WHEN CRASH OCCURRED		1 - DRIVER ASSISTANCE	4 - HIGH AUT			10 11 1	10 11 1		
	1-YES 2-NO 9-OTHER/UNK	NOWN AUTONOMOUS MODE LEVEL	2 - PARTIAL AUTOMATION	5 - FULL AUT	OMATION		9 9 3	3 9 9 3		
	1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16-FARM		21 - MAIL CARRIER	8 4 7	8 4 —		
0,1	2 - TAXI			12 - MILITARY 17 - MOWING		99 - OTHER / UNKNOWN	8 7 5	4 8 7 5 4		
SPECIAL	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE 9 - BUS - OTHER	13 - POLICE	18 - SNOW REMOVAL			7 5	7 5		
FUNCTIO	4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	14 - PUBLIC UTILITY 19 - TOWING 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL				ŏ	· · · · · · · · · · · · · · · · · · ·			
NW1 1001	1 - NO CARGO BODYTYPE	3 - VEHICLE TOWING ANOTHER	5 - INTERMODAL CONTAINER	8 - POLE		12 - CONCRETE MIXER	g Sek	12 12 12		
$\begin{bmatrix} 0_1 1_1 \end{bmatrix}$	/ NOT APPLICABLE	MOTORVEHICLE	CHASSIS	9 - CARGO TA	NK	13 - AUTOTRANSPORTER	12			
CARGO BODY	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	TO-LEW DED T		14-GARBAGE/REFUSE	R M R.	3 9 7 3 9 8 3		
TYPE			7 - GRAIN/CHIPS/GRAVEL	11-DUNP		99-OTHER / UNKNOWN		9		
1 1 1	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICKTIRES	9 - MOTOR TR		99-OTHER / UNKNOWN	6			
VEHICLE	2 - HEAD LAMPS 3 - TAIL LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10-DISABLED ACCIDENT				6 6 6		
DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT		100000000			☐-NO DAMAGE	[0] -UNDERCARRIAGE [14]		
	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE		ROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE		Ппг. с . с . с . с . с . с . с . с . с . с		
NON-MOTORIS	T 2-INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE B - SIDEWALK	10-DRIVEWA		99 - OTHER / UNKNOWN	□-TOP [13]	- ALL AREAS [15]		
AT IMPACT	CROSSWALK	5 - TRAVEL LANE - OTHER LOCATIO		TRAILS			□-UN	IT NOT AT SCENE [16]		
	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIAT	ING A CURVE	18-APPROACHING	INITI	AL POINT OF CONTACT		
3	11 6	2 - BACKING	8 - ENTERING TRAFFIC LANE		G OR CROSSING	OR LEAVING VEHICLE	0 - NO DAMA			
	3-31KINING	AIRING - 3 - CHANGING LANES 9 - LEAVING I RAFFIC LAND		SPECIFIED LOCATION 15 - WALKING, RUNNING,		19-STANDING 20-OTHER NON-MOTORIST		R TO UNIT 15 - VEHICLE NOT AT SCENE		
AOIION	5 - BOTH STRIKING ACTIONS	5 - MAKING RIGHT TURN	10 - PARKED 11 - SLOWING OR STOPPED	JOGGING,	PLAYING	21 -STANDING OUTSIDE	DIAGE	RAM 99 - UNKNOWN		
	& STRUCK	6 - MAKING LEFT TURN	INTRAFFIC 16-WORKING			DISABLED VEHICLE 99 - OTHER / UNKNOWN	13-T0P			
	9-OTHER/UNKNOWN		12 - DRIVERLESS	17-FUSHING	VERTICLE	77-OTHER / UNKNOWN		TRAFFIC		
	1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OF		21 - LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL		
0.6	2 - FAILURE TO YIELD 3 - RAN RED LIGHT	8 - FOLLOWING TOO CLOSE / ACD 9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED	EQUIPME	IG DEFECTIVE NT	22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN		
<u>U_6</u>	4 - RAN STOP SIGN	10-IMPROPER PASSING	ILLEGALLY 15 - SWERVING TO AVOID		FTING/FALLING/	ROADWAY	1 2 - TWO-WAY	6 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL		
CONTRIBUTING CIRCUMSTANCE	S - UNSAFE SPEED	11 - DROVE OFF ROAD	16 - WRONG WAY	SPILLING 20 - IMPROPE		99-OTHER IMPROPER ACTION	# or Tupougue ANEC	31 Per Strategick and America Science and America (Strategick)		
Ž	6-IMPROPERTURN	12 - IMPROPER BACKING					# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED		
SEQUENCE SEQUENCE	E OF EVENTS		NON-COLLISION				2	1 2 - INVOLVED-ACTIVE CROSSING		
1 2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE -	16 - RAILWAY		22 - WORK ZONE MAINTENANCE		3 - INVOLVED-PASSIVE CROSSING		
1 - 1 -	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF TRAVEL	17 - ANIMAL - 18 - ANIMAL -		EQUIPMENT 23 - STRUCK BY FALLING,	UNIT / NO	DN-MOTORIST DIRECTION		
2	3 - IMMERSION 4 - JACKKNIFE	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY	19-ANIMAL -		SHIFTING CARGOOR	chare i duit	1 - NORTH 5 - NORTHEAST		
-	5 - CARGO / EQUIPMENT	10 - CROSS MEDIAN	13 - OTHER NON-COLLISION 14 - PEDESTRIAN	20 - MOTOR VE		ANYTHING SET IN MOTION BY A MOTOR VEHICLE		4 3 - EAST 7 - SOUTHEAST		
3	LOSS OR SHIFT		15-PEDALCYCLE	TRANSPO 21 - PARKED I	KI IOTORVEHICLE	24 - OTHER MOVABLE OBJECT	FROM 2 TO	4 - WEST 8 - SOUTHEAST		
			NWITH FIXED OBJECT		СК			9 - OTHER / UNKNOWN		
4	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST	43 - CURB 44 - DITCH		50 - WORK ZONE MAINTENANCE EQUIPMENT	UNIT SPEED	DETECTED SPEED		
	26-BRIDGE OVERHEAD	33 - MEDIAN CABLE BARRIER	39-LIGHT/LUMINARIES	45 - EMBANKI	MENT	51 - WALL	1921 NEA 1921	1 - STATED / ESTIMATED SPEED		
5	STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	RE 34-MEDIAN GUARDRAIL SUPPORT 46-FEI		46-FENCE		52 - BUILDING 53 - TUNNEL	$\begin{bmatrix} 0 & 2 & 5 \end{bmatrix}$	2 - CALCULATED / EDR		
	28-BRIDGE PARAPET	35 - MEDIAN CONCRETE	40 - UTILITY POLE 41 - OTHER POST, POLE	47 - MAILBOX 48 - TREE		54-OTHER FIXED OBJECT	000000	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	POSTED SPEED	5 - UNDET ERIMINED		
1		1					2 5			
1	FIRST HARMFUL EVEN	T MOST H	IARMFUL EVENT					1		

OFF PUBLIC BAFETY MOTORIST / NON-MOTORIST									LOCAL REPORT NUMBER						
SAPETY - MENY	INCE - PROTECTION	1010K131 / 140) 4 - V	1010	KIS				2 0	2 5 - 0	$0_{+}0_{+}$	0 , 5	6.3	8	
UNIT#	Commission will	, FIRST, MIDDLE		DATE OF BIRTH AGE GENDER											
0,1	BALA	BAN, GIANNA, M	IARIE	C .					0 6 2 3 2 0 0 4 2 0 F						
	: STREET, CITY, S ILMIN	state,zip GTON DR ,BROA	ADVIE	EW H	TS ,	ОН 44147			CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)						
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDI	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	□ DOT-C	SEATING POSIT	ION AIR BA	G USAGE	EJECTION	TRAPPED	
<u>5</u>	BY							0 4	MC HE	LMET 0 1		1	_1_	_1_	
OL STATE		LICENSE NUMBER TED PER ORC 450	1:1-12	OFFENS	SE CHAI	RGED	LOCAL CODE	OFFENSE DESC	RIPTION		CITA	CITATION NUMBER			
OL CLASS	ENDORSEMEN SELECT UP TO 2			VER TRACTED	ALC	OHOL / DRUG SUSPE	ECTED	CONDITION	STATUS T	YPE VALUE	STATUS	TYPE	TEST(S	SELECTUPTO4	
. 4 .	00000101100		BY	1	=	LCOHOL MAF	ANAULIS	1	1	1	1	1	, mesoe.	00000101	
	NAME			1	Пο	THER DRUG				DATE OF BIRTH		-	105	GENDER	
UNIT#		FIRST, MIDDLE IS, GRACE, CHR	ICTIN	JIF.					0.7	000 600 000 000		, ,	AGE	200	
0,2	: STREET, CITY, S		19111	Œ						1 9 2 (_F	
		BUS ST ,Kent ,OH	1 4424	0					RED	ACTED PE	R OF	RC 1	49.43	(A)(1)	
0	INJURED	EMS AGENCY (NAME)			AKEN TO	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	L	SEATING POSIT	ION AIR BA	G USAGE	EJECTION	TRAPPED	
5	TAKEN BY							USED 0 4	□ MC HE			1	_1_	_1_	
OLSTATE		LICENSE NUMBER TED PER ORC 450	11-1-12	OFFENS		RGED	LOCAL	OFFENSE DESC	RIPTION			TION NO	JMBER		
O, H	ENDORSEMEN			331.0			X	Driving in Ma		COHOL TEST	293	29328 DRUG TEST(S)			
OL CLASS	SELECT UP TO 2		UPTO3 DRIV	TRACTED	_	DHOL / DRUG SUSPE	RIJUANA	CONDITION	STATUS T		STATUS	TYPE		SELECTUPT04	
4				1		THER DRUG		1	1	1	1	1	ے ا	أساسا	
UNIT#	NAME: LAST	, FIRST, MIDDLE								DATE OF BIRTH			AGE	GENDER	
									ــــــــا		1 1				
ADDRESS:	: STREET, CITY, S	STATE, ZIP							CONTACT	PHONE - INCLUDE AREA	A CODE			•	
010										1 1 1					
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDI	AKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	DOT-C		ION AIR BA	G USAGE	EJECTION	TRAPPED	
OL STATE	BY	LYCENCE NUMBER		OFFEN		2050	10041	OFFENCE DECOMPTION				TTON N		ш	
OFZIME	UPERATUR	LICENSE NUMBER		OFFENS	SE CHAI	KGED	CODE				CITATION NUMBER				
OL CLASS	ENDORSEMEN	T RESTRICTION SELECT	UP TO 3 DRIN	VER	AL C	OHOL / DRUG SUSPE	ECTED	CONDITION	ALC	OHOL TEST		DRUG	TEST(S)	
	SELECT UPTO 2		DIST	TRACTED		LCOHOL MAF			STATUS	YPE VALUE	STATUS	TYPE	RESULT	SELECTOP 104	
	ے لے	<u> </u>			0	THER DRUG					نصار		ے اے ا	لــالــالــ	
INJU 1-FATAL	JRIES	SEATING POSITION 1-FRONT-LEFT SIDE	1 - NOT DEP	IR BAG		OL CLASS 1-CLASS A	5	OL RESTRIC 1-ALCOHOL INTER		DRIVER DISTRA 1 - NOT DISTRACTED	CTION	1 - NONE	EST STA	TUS	
	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2- DEPLOYE			2 - CLASS B		2 - CDL INTRASTAT		2 - MANUALLY OPERAT			REFUSED		
3 - SUSPECTED		2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3- DEPLOYE		NT / NIDE	3 - CLASS C		3 - CORRECTIVE LE	NSES	DEVICE (TEXTING, 1			GIVEN, CON	TAMINATED	
4 - POSSIBLE IN 5 - NO APPAREN		4 - SECOND - LEFT SIDE	5-NOTAPP	ED BOTH FRO LICABLE	NI / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS	BUS	DIALING) 3 - TALKING ON HANDS	-FREE			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	4	COMMUNICATION D	EVICE		GIVEN, RES	ULTS	
1 - NOT TRANSP	PORTED	6 - SECOND - RIGHT SIDE						7 - EXCEPT TRACTO	R-TRAILER	4 - TALKING ON HAND-I COMMUNICATION D		ALCO	HOL TES	ST TYPE	
/TREATED A	I SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 NOTEJE	CTED CTED		H - HAZMAT	MENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY W ELECTRONIC DEVIC		1 - NONE			
3 - POLICE		8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE	2 - PARTIAL			M - MOTORCYCLE		9 - LEARNER'S PER RESTRICTIONS	MIT	6 - PASSENGER		2 - BL00 3 - URIN			
9 - OTHER / UNK	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 OTHER	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER			gradie.	Q - MOTOR SCOOTER		11 - LIMITED TO EMI		8 - OTHER DISTRACTIO THE VEHICLE	N OUTSIDE	5 - OTHE	R		
1 - NONE USED 2 - SHOULDER E	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1- NOTTRAI	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)	2 - EXTRICA	TED BY		T - DOUBLE & TRIPLE	TRAILERS	CONTROLS, OR O		CONDITIO	N	1 - NONE 2 - BLOO			
	& LAP BELT USED RAINT SYSTEM –	12 - PASSENGER IN UNENCLOSED CARGO AREA	3- FREED B	Υ		X - TANKER / HAZMAT		ADAPTIVE DEVI		1 - APPARENTLY NORM		3 - URIN			
FORWARD FA	ACING	13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	NON-MEC	CHANICAL MI	LANS	GENDER		15 - MOTOR VEHICLE		2 - PHYSICAL IMPAIRM 3 - EMOTIONAL (E.G., DE		4 - OTHE			
REAR FACIN		(NON-TRAILING UNIT)				F - FEMALE M - MALE		AIR BRAKES 16 - OUTSIDE MIRRO	R	ANGRY, DISTURBED) 4 - ILLNESS		DO-PARK NO.	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	E PADS USED							18-OTHER		FATIGUED, ETC. 6 - UNDERTHE INFLUE	NCE		ZODIAZEPIN	ES	
(ELBOW, KNI 10 - REFLECTIVE										OF MEDICATIONS / D /ALCOHOL		4 - CANI 5 - COCA	NABINOIDS NINE		
11 - LIGHTING -	PEDESTRIAN									9- OTHER/UNKNOWN			TES / OPIOID	S	
/ BICYCLE OF												7 - OTHE	ER ATIVE RESUI	TO	

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

OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER							
Ť								2 0 2 5	0_0	0 0 :	6,6,3	8		
	UNIT # NAME: LAST, FIRST, MIDDLE								E OF BIRTH		AGE	GENDER		
L	01 SIEKANIEC, DORI, JEAN								0 4 0 6 2 0 0 4 2 1 F					
PAN	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	983 CENTER RD ,EASTLAKE ,OH 44095								ED PER	ORC	149.43	3(A)(1)		
ō	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED		
ì	_ 5 _	TAKEN 1					0_2	MC HELMET	0 3	_ 1	1	1		
Ī	UNIT#	NAME: LAS	ST, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
	01	DIEM	I, ASHLEY, JO	ELLE				0,5,0,6,2,0,0,4,2,0,						
ANT	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
OCCUPANT	41690	MILL	ER RD ,LEET	ONIA ,OH	I 44431			REDACT	ED PER	ORC	149.43	_ا (A)(1)		
00	L WASHINGTON TO	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT Cassasses	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED		
110	5 ,	TAKEN BY					USED 0 4	DOT-COMPLIANT MC HELMET	0,6	. 1	. 1	1 1		
	UNIT#	NAME: LAS	ST, FIRST, MIDDLE					DAT	E OF BIRTH	-	AGE	GENDER		
ŕ	02	AND SHOW OF THE PARTY OF THE PA	MADISON, E	LIZABET	H			1,2,0		0.2	2.2.	F		
IN		STREET, CITY,						CONTACT PHONE						
OCCUPANT	11203	ANGL	ING RD ,WAK	EMAN.O	Н 44889			REDACT			149.43	3(A)(1)		
00		INJURED	EMS AGENCY (NAME)	,0	INJURED TAKEN TO: MEDICAL FACILITY	TY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED		
	. 5	TAKEN BY				•	USED 0 4	DOT-COMPLIANT MC HELMET	0 3	1	1	1 1		
-		NAME	T FIRST MIRRI F				UT	DAT				GENDER		
	02		st, first, middle L E, SARAH, M	ARIE				0 9 1	E OF BIRTH	0 2	AGE	F		
H		STREET, CITY,		AKIE				CONTACT PHONE		=	<i>L</i> <i>L</i>	<u> </u>		
OCCUPANT			GTON AVE,C	ODIEV	OH 44321			REDACT			49.43	(A)(1)		
000				OILEI,	1		CAFETY FOUNDMENT							
		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	TY (NAME, CITY)	USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIK BAG USAG	E EJECTION	IRAPPED		
Ę	5		IDITE.		Y FAUTOMENT HAER		0,4		0 6	1	10105			
	1 - FATA		URIES	1 - NONE US	Y EQUIPMENT USED		SEATING POS IT – LEFT SIDE	ITTUN		AIR BAG	JSAGE			
18			ERIOUS INJURY		OCCUPANT		ORCYCLE DRIV	ER)	1 - NOT DE					
			INOR INJURY	2 - SHOULDI	PER BELT ONLY USED 2 - FRONT - MIDDLE			2 - DEPLOYED FRONT 3 - DEPLOYED SIDE						
		SIBLE INJU		3 - LAP BEL	LT ONLY USED 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE									
Ī		PPARENT		4 - SHOULDI	PER & LAP BELT USED 4 - SECOND - LEFT SIDI									
			TAKEN BY		ESTRAINT SYSTEM - 5 - SECOND - MIDDLE									
	1 NOT	TRANSPOR	TAKEN BY		RD FACING 6 - SECOND - RIGHT SIE FSTRAINT SYSTEM - 7 - THIRD - LEFT SIDE			9 - DEPLOYMENT UNKNOWN						
		EATED AT S		REAR FA	CEOTRAINT STOTEM							ION		
5	2 - EMS			7 - BOOSTER	RSEAT		1 - NOT EJ	ECTED						
	3 - POLI	ICE		8 - HELMET	USED		D – RIGHT SIDE PER SECTION (ON OF TRUCK CAB 2 - PARTIALLY			ED			
B	9 - OTHI	ER / UNKNO	OWN		TIVE PADS USED	11 - PASS	ENGER IN OTH	ER ENCLOSED	3 - TOTALI	3 - TOTALLY EJECTED				
		GE	NDER		KNEES, ETC.)		O AREA (NON-TE		4 - NOT APPLICABLE					
	F-FEMA	LE			TIVE CLOTHING G – PEDESTRIAN	12 - PASS	ENGER IN UNE			TRAP	ED			
	M - MALI		WAL	/ BICYCL			O AREA LING UNIT		1 - NOT TR	APPED				
	U-UIHE	R / UNKNO	VV IN	99- OTHER /	UNKNOWN		LING UNIT NG ON VEHICLE	EXTERIOR	2 - EXTRICATED BY MECHANICAL					
						(NON-	TRAILING UNIT)		3 - FREED		ECHANIC	AI		
							MOTORIST R/UNKNOWN		MEANS		ECHANIC	AL		
H	NAMELIAS	ST, FIRST, MIDD	N F			99 - OTHE	.K / UNIKNOWN	DAT	E OF BIRTH		AGE	GENDER		
SS	NAME. CAS	31, F1K31, MIDL	JLL.						L OI DIKIII		AGE	GENDER		
WITNESS	ADDRESS:	STREET, CITY,	, STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE DE				
3									1 1	1 1	1 1	1 1		
T	NAME: LAST, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER				
ESS						[-]-1-1	1 1 1		1.1	1				
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE		DE						
>											1_1			
	NAME: LAS	ST, FIRST, MIDE	DLE					DAT	E OF BIRTH		AGE	GENDER		
WITNESS									1 1 1		<u> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>	اا		
MIT	ADDRESS:	STREET, CITY,	, STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
												1 1		

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