OF PUBLIC SAFETY TRAFFIC CRASH	REPORT *DENOTES	MANDATORY FIELD FOR SUPPLEM	IENT REPORT	ı	OCAL REPORT NUMBER	*			
OH-2 OH-3		2 0 2 4	- <sub>1</sub> 0 <sub>1</sub> 0 <sub>1</sub> 0 <sub>1</sub> 1 <sub>1</sub> 1	1,1,7,1,					
OH-1P OTHER									
SECONDARY CRASH PRIVATE PROPERTY	6,7,0,3	1-SOLVED 0.2 98-ANIMAL 99-UNKNOWN							
COUNTY* LOCALITY* LOCATION: CIT	Y, VILLAGE, TOWNSHIP*			CRASH DATE / TIME* CRASH SEVERITY					
6 7 1 2-VILLAGE Kent		0.7,3,0,2,0,2,4,/,1,7,3,7, 5 1-FATAL 2-SERIOUS INJURY							
A SAME SAME SAME SAME SAME SAME SAME SAM	LOCATION ROAD NAME		ROAD TYPE	SUSPECTED					
S - R 43 PROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH LE-EAST W - WEST	MANTUA		S T	41,1,6,0,7,5,8, 3-MINOR INJURY					
	REFERENCE ROAD NAME (ROA	AD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE D	ECIMAL DEGREES 4-	INJURY POSSIBLE			
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST W - WEST	STINAFF		$S \cdot T$	-8 <sub>1</sub> 1 <sub>0</sub> 3 <sub>5</sub> 8	7.3.1.	PROPERTY DAMAGE			
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE	<u> </u>		INTERSECTION RELATED	07.053763			
1 - INTERSECTION FROM REFERENCE N - NORTH IR			RD - ROAD		RSECTION OR ON APPROA				
1 2-MILE POST 2 S-SOUTH US	I EDERIAL OU ROUTE		SQ - SQUARE ST - STREET	_					
	- STATE ROUTE		TE - TERRACE	☐ WITHIN INTE		BER OF APPROACHES			
FROM REFERENCE UNIT OF MEASURE	NUMBERER TOWNSHIP		TL - TRAIL		ROADWAY				
1 0 2 2-FEET 2 3-YARDS	ROUTE	DR - DRIVE PI - PIKE \ HE - HEIGHTS PL - PLACE	WA - WAY	ROADWAY DIV	/IDED				
LOCATION OF FIRST HARMFUL EVEN		ANNER OF CRASH COLLISION/IMPA	CT	DIDECTION OF TRAVE	MENIA	TVDE			
1 - ON ROADWAY 9 - CROSSOVER	R 1-N0	OT COLLISION 4 - REAR-TO-REAR		N - NORTH		LUSH MEDIAN			
	TALLET ACCESS   7   TI	ETWEEN 5-BACKING WO MOTOR ANGLE		S - SOUTH	(<4 FEET	)			
3-IN MEDIAN 11-RAILWAY G 4-ON ROADSIDE 12-SHARED U	VI	EHICLES IN 6-ANGLE RANSPORT 7-SIDESWIPE, SAM	E DIRECTION	E - EAST W - WEST	2 - DIVIDED F (≥4 FEET	LUSH MEDIAN )			
5-ON GORE TRAILS		EAR-END 8 - SIDESWIPE, OPPO	The section of the property of the			EPRESSED MEDIAN			
6 - OUTSIDE TRAFFIC WAY 13 - BIRE LANE 7 - ON RAMP 14-TOLL BOOT	J-111	EAD-ON 9 - OTHER / UNKNO	WN		(ANY TYPE	Ξ)			
8-OFF RAMP 99-OTHER/UN	NKNOWN				9 - OTHER/UN	KNOWN			
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WO		CONTOUR	CONDITIONS	SURFACE			
The state of the s	LANE CLOSURE LANE SHIFT/CROSSOVER	1 - BEFORE THE 1ST WARNING SIGN	WORK ZONE	_1_	_2_				
1 2 2 2	WORK ON SHOULDER	2 - ADVANCE WARNIN		1 - DRY	1 - CONCRETE				
	OR MEDIAN INTERMITTENT OR MOVING WO		TIVITY AREA			2 - BLACKTOP, BITUMINOUS,			
ACTIVE SCHOOL ZONE 5-	OTHER	5 - TERMINATION AR	EA	3 - CURVE LEVEL 4 - CURVE GRADE	3 - SNOW 4 - ICE	ASPHALT			
LIGHT CONDITION	WEAT	THER		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK 4 - SLAG, GRAVEL,			
1 - DAYLIGHT	1 - CLEAR	6 - SNOW			OIL, GRAVEL	STONE			
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	0 2 2 - CLOUDY 3 - FOG, SMOG, SMO	7 - SEVERE CROSSWINDS KE 8 - BLOWING SAND, SOIL, DIRT	r, snow		6 - WATER (STANDING, MOVING)	5 - DIRT			
4 - DARK - ROADWAY NOT LIGHTED	4 - RAIN	9 - FREEZING RAIN OR FREEZ	ING DRIZZLE		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			
UNIT 1 AND 2 WERE DRIVIN	G SOUTHBOUND	ON				compass diagram.			
N MANTUA ST. UNIT 1 WAS	IN THE INSIDE								
LANE UNIT 2 WAS IN THE C	CURB LANE. UNIT				Ŕ	`			
2 DRIFTED OUT OF HIS LANE INTO UNIT 1S									
STINAFFST NOT TO SCALE									
LANE AND STRUCK UNIT 1.									
				\ \	TUA				
					1				
				UNIT 2	!				
					1				
				1 ! 1	!				
					1 [				
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	: T	SCENE CLEARED	DATE / TIME R	EPORT TAKEN BY			
0.7.3.0.2.0.2.4./.1.7.3.7.0.7.3	02024/1720	07303034/1	7 4 0 0	720202	4 / 1 7 5 5 X	POLICE AGENCY			
TOTAL TIME OTHER TOTAL	. U. Z. U. Z. 4. / . I . / . A X	M.U. /. J. U. Z. U. /. 4. / I	. / . 4	1.3.11.2.11.7	4. /				
			HECKED BY OFFIC		4,7,1,7,3,3	MOTORIST			
ROADWAY CLOSED INVESTIGATION TIME MINUT	AL OFFICER'S NAME*	C		CER'S NAME*	4,7,1,7,3,3,	SUPPLEMENT			
O O O O O O O O O O O O O O O O O O O	OFFICER'S NAME* Driscoll, Sean OFFICER'S I	C	aydosh,	CER'S NAME*					

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 0,3,5 46-FENCE 27 - BRIDGE PIER ORABUTMENT BARRIER 40 - UTILITY POLE 53-TUNNEL 2 - CALCULATED / EDR 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

27 - BRIDGE PIER ORABUTMENT BARRIER 40 - UTILITY POLE 53-TUNNEL 2 - CALCULATED / EDR 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

46-FENCE

52 - BUILDING

0,3,5

34 - MEDIAN GUARDRAIL

SUPPORT

OFF PUBLIC SAFETY MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER								
							2 . 0 . 2 . 4 0 . 0 . 0 . 1 . 1 . 1 . 7 . 1								
UNIT#	UNIT # NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH AGE GENDER					
0,1	1 BAER, CARISSA, ELIZABETH								0 + 5 + 2 + 7 + 2 + 0 + 0 + 1   2 + 3   F						
ADDRESS: STREET, CITY, STATE, ZIP 1235 WILLOWAY AVE SE ,NORTH CANTON ,OH 44720								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)		- DOT-Co	SEATING	POSITION	AIR BAG USA	GE EJECTION	TRAPPED	
<u>_5</u> _	BY							USED 0 4	□MC HE	LMET 0	1_	1_	11_	_1_	
OLSTATE O, H.	OPERATOR LICENSE NUMBER REDACTED PER ORC 4501:1-12					RGED	LOCAL CODE	OFFENSE DESC	CRIPTION			CITATION NUMBER			
OL CLASS	ENDORSEMEN SELECT UP TO 2				ALC	OHOL / DRUG SUSPI	ECTED	CONDITION	ALC STATUS T	YPE VALU	IF IS	DR TATUS TY	UG TEST(S	T SELECT UPTO4	
. 4 .	SELECT UPTO 2 DISTRACTED BY				=	LCOHOL MAR	ANAULIS	1	1	1		1 . 1	1   11000	- SEELOT OF TOA	
UNIT #	NAME-LAST	FIRST, MIDDLE		1	□ º	THER DRUG				DATE OF B	———— ТРТН		AGE	GENDER	
. 0 . 2 .		ELMAN, BRETT	W						0 5 2 4 1 9 9 3 3 1 M						
	STREET, CITY, S		,						75 15	PHONE - INCLU			J 1	IVI	
414 S	TOW ST	Γ 3 ,Kent ,OH 442	40						Reda	acted pe	er OF	RC 14	9.43( <i>A</i>	A)(1)	
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDI	AKEN TO	MEDICAL FACILITY	(NAME, CITY)		<u>-</u>			N AIR BAG USAGE EJECTION TRAPPED			
2 5	BY							USED 0 4	MC HELMET 0 1			1 1 1			
OL STATE		LICENSE NUMBER CTED PER ORC 450	11.1 12		CODE			OFFENSE DESC	ESCRIPTION			CITATION NUMBER			
OH	2-	_	71.1-12	331.0	98		X	Driving in Ma			28098				
E OL CLASS	SELECT UP TO 2		DIS	VER TRACTED	_	CHOL / DRUG SUSPI	E <b>CTED</b> RIJUANA	CONDITION	STATUS T	YPE VALU	IE S	TATUS TY	PE RESUL	T SELECTUPTO4	
. 4		1 2 12 1 1 2	BY	1 ,	=	THER DRUG	NUANA	1 ,	1	1	1 10	1 1 1	[ ]	n n n	
UNIT#	NAME: LAST	, FIRST, MIDDLE			_					DATE OF B	IRTH		AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE						
9010															
INJURIES	TAKEN	EMS AGENCY (NAME)		INJUREDI	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	DOT-Co	MPLIANT	S POSITION	AIR BAG USA	GE EJECTION	TRAPPED	
OL STATE	BY						MC HELMET			CITATION		لـــــا			
OFSIME	OPERATOR LICENSE NUMBER OFFE			OFFENS	OFFENSE CHARGED LOCAL OFFENSE DESC			RIPTION			CITATION	CITATION NUMBER			
OL CLASS	ENDORSEMEN	T RESTRICTION SELECT	UPTO3 DRI	VER	ALC	OHOL / DRUG SUSPI	ECTED	CONDITION		OHOL TEST			UG TEST(S		
	SELECT UP TO 2		DIST	TRACTED	□ A	LCOHOL MAR	RIJUANA		STATUS T	YPE VALU	ES	TATUS TY	PE   RESUL	T SELECTOP 104	
					0	THER DRUG	W/		ے ب		_الــــــــــــــــــــــــــــــــــــ				
1 - FATAL	RIES	1- FRONT - LEFT SIDE	1- NOT DEP	IR BAG	1	OL CLASS 1-CLASS A	5	OL RESTRIC 1-ALCOHOL INTER		1 - NOT DISTRAG	CIACA III	2000	TEST STA	TUS	
	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2- DEPLOYE	D FRONT 2 - CLASS B 2			2 - CDL INTRASTATE ONLY		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION		CATION	2 - TEST REFUSED			
3 - SUSPECTED 4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE	3 - DEPLOYE				3 - CORRECTIVE LE 4 - FARMWAIVER	DEVICE (TEXTING, TYPE							
	5 - NO APPARENT INJURY  4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  5 - NOT APPL			LICABLE (OHIO = D) 5 - EXCEPT CLASS			A BUS 3 - TALKING ON HANDS-FRE								
INJURED	INJURED TAKEN BY  5 - SECOND - MIDDLE  9 - DEPLOYMENT UNKNOWN  6 - NO VALID OL						6 - EXCEPT CLASS A & CLASS B BUS	0-EVOELI CENZZA					SULIS		
1 - NOT TRANSP /TREATED A	and the same of th	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	F	ECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO		COMMUNICA	TION DE VIC	E AL	COHOL TE	ST TYPE	
2 - EMS	JOENE	(M0TORCYCLE SIDE CAR)	1 - NOTEJE			H - HAZMAT		8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIV		1-1			
3 - POLICE	3 - POLICE 8 - THIRD - MIDDLE 2 - PARTIAL 9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE 3 - TOTALLY					9 - LEARNER'S PERMIT RESTRICTIONS		6 - PASSENGER 2 - BLOOD 7 - OTHER DISTRACTION 3 - URINE							
		10 - SLEEPER SECTION OF TRUCK CAB	4- NOTAPP			N-TANKER		10 - LIMITED TO DAY		INSIDE THE	VEHICLE		REATH		
1 - NONE USED	QUIPMENT	11 - PASSENGER IN OTHER	T	RAPPED		Q - MOTOR SCOOTER	TORONO F	11 - LIMITED TO EMP		8 - OTHER DIST			THER		
2 - SHOULDER E	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1-NOTTRA		U de	R - THREE-WHEEL MO S - SCHOOL BUS	TURCYCLE	13 - MECHANICAL DE	EVICES	9 - OTHER / UNK	NOWN	1-1	DRUG TEST DNE	TYPE	
3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICA 4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED MECHAN		VICAL MEANS		(SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		CONDITION		2 - B	2 - BL00D						
5 - CHILD RESTRAINT SYSTEM - CARGO AREA 3 - FREED B		CHANICAL MEANS			14 - MILITARY VEHICLES ONLY		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT			3 - URINE 4 - OTHER					
6 - CHILD REST	RAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR	No ATINE			GENDER F-FEMALE		15 - MOTOR VEHICLE AIR BRAKES	S WITHOUT	3 - EMOTIONAL	(E.G., DEPRES	SSED,	UG TEST R	ESIII T(S)	
REAR FACING 7 - BOOSTER SE	G	(NON-TRAILING UNIT) 15 - NON-MOTORIST				M - MALE		16 - OUTSIDE MIRRO	R	4 - ILLNESS		000000	MPHETAMINES		
8 - HELMET US		99 - OTHER / UNKNOWN				U -OTHER / UNKNOWN		17 - PROSTHETIC AID 18 - OTHER	)	5 - FELL ASLEER FATIGUED, ET			ARBITURATES	IFO.	
9 - PROTECTIVE (ELBOW, KNE								10-UINER		6 - UNDERTHE I	NFLUENCE	4.0	ENZODIAZEPIN ANNABINOIDS	E2	
10 - REFLECTIVE										OF MEDICAT! /ALCOHOL		5 - 0	OCAINE		
11 - LIGHTING - I / BICYCLE OF										9- OTHER/UNK	NOWN		PIATES / OPIOI THER	OS	
99 - OTHER / UNK													EGATIVE RESU	LTS	

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