OF PUBLIC SAFETY TRAFFIC CRASH	LOCAL REPORT NUMBER*				
PHOTOS TAKEN OH-2 OH-3	LOCAL INFORMATION		2 0 2 5 -	$10_{\scriptscriptstyle \perp}0_{\scriptscriptstyle \perp}0_{\scriptscriptstyle \perp}0_{\scriptscriptstyle \perp}1_{\scriptscriptstyle \perp}3$	8 2 8
X OH-1P OTHER	REPORTING AGENCY NAME*	NCIC*	HIT/SKIP 1 - SOLVED		UNIT IN ERROR 98 - ANIMAL
PRIVATE PROPERTY	City of Kent Police	$0_16_17_10_13$	L 2 - UNSOLVED	0 2 0	2 99 - UNKNOWN
COUNTY* LOCALITY* 1-CITY 1-CITY 1-CITY Kent	CRASH DATE / TIME* CRASH SEVERITY				
3-TOWNSHIP	ROAD TYPE	0,9,2,3,2,0,2,5,/		SERIOUS INJURY SUSPECTED	
2-SOUTH 3-EAST	LOCATION ROAD NAME  MAIN		41,15,37	7 7 0 3-	MINOR INJURY
	REFERENCE ROAD NAME (ROAD, MILEPOST		LONGITUDE DECI		SUSPECTED INJURY POSSIBLE
2 - SOUTH 3 - EAST	LUTHER	A V	-8 <sub>1</sub> 1 <sub>1</sub> 3 <sub>1</sub> 4 <sub>1</sub> 5 <sub>1</sub> 3	3 1 5	PROPERTY DAMAGE
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE	•	TERSECTION RELATED	ONLY
1 - INTERSECTION 1 - NORTH IR -	INTERSTATE ROUTE(TP) AL - ALLEY	HW-HIGHWAY RD - ROAD		SECTION OR ON APPROAC	н
3- HOUSE # 3- EAST	FEDERAL US ROUTE AV - AVENUE STATE ROUTE BL - BOULEVAI	LA - LANE SQ - SQUARE  RD MP - MILEPOST ST - STREET	WITHIN INTERC	CHANGE AREA NUME	3 BER OF APPROACHES
DISTANCE DISTANCE CR-	NUMBERED COUNTY ROUTE CT - COURT	OV - OVAL TE - TERRACE PK - PARKWAY TL - TRAIL		ROADWAY	
1-MILES TR-	NUMBERED TOWNSHIP DR - DRIVE	PK - PARKWAY TL - TRAIL PI - PIKE WA - WAY	ROADWAY DIVID	nen.	
2 0 2 3-YARDS	HE - HEIGHTS	PL - PLACE	ROADWAY BIVIL	,	
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 9 - CROSSOVER		ASH COLLISION/IMPACT 4 - REAR-TO-REAR	DIRECTION OF TRAVEL	MEDIAN	
. 0 . 1 . 2 - ON SHOULDER 10-DRIVEWAY/	ALLEY ACCESS 2 BETWEEN TWO MOTOR	5 - BACKING	1 - NORTH 2 - SOUTH	1 - DIVIDED FI	)
4 - ON ROADSIDE 12-SHARED US	VEHICLES IN	6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION	3 - EAST 4 - WEST	2 - DIVIDED FI (≥4 FEET	
5-ON GORE TRAILS 6-OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REAR-END 3 - HEAD-ON	8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN			EPRESSED MEDIAN AISED MEDIAN
7 - ON RAMP 14-TOLL BOOTH		, VIIIEN, UNINOWN		(ANY TYPE 9 - OTHER/UNI	)
_	**************************************	TON OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE
	WORK ZONE TYPE LOCAT	1 - BEFORE THE 1ST WORK ZONE	1	1	2
	ANE SHIFT/CROSSOVER	WARNING SIGN 2 - ADVANCE WARNING AREA		DRY	1 - CONCRETE
LAW ENFORCEMENT PRESENT	OR MEDIAN	3 - TRANSITION AREA 4 - ACTIVITY AREA	2 - STRAIGHT GRADE 2	-WET	2 - BLACKTOP,
The production of the product of the	NTERMITTENT OR MOVING WORK THER	5 - TERMINATION AREA	25 3200000000000000000000000000000000000	s - SNOW	BITUMINOUS, ASPHALT
LIGHT CONDITION	WEATHER			- ICE - SAND, MUD, DIRT,	3 - BRICK/BLOCK
1 - DAYLIGHT	1-CLEAR 6-SNOW			OIL, GRAVEL	4 - SLAG, GRAVEL, STONE
2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY	0 2 2-CLOUDY 7-SEVE 3-FOG, SMOG, SMOKE 8-BLOW	RE CROSSWINDS ING SAND, SOIL, DIRT, SNOW		- WATER (STANDING, MOVING)	5 - DIRT 9 - OTHER/UNKNOWN
4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING		ZING RAIN OR FREEZING DRIZZLE R/UNKNOWN	100	- SLUSH - OTHER/UNKNOWN	9-01HER/UNKNOWN
9 - OTHER / UNKNOWN			9	- OTHER/UNKNOWN	
NARRATIVE			· · · · · · · · · · · · · · · · · · ·	A	Indicate the north
UNITS 1 AND 2 WERE STOPP	ED IN TRAFFIC			A	an "N" on the compass diagram.
EB ON E. MAIN ST. AT LUTH	ER AVE. UNIT				
2 IMPROPERLY STARTED T			(N		
		UTHEROWE		Scale	
WHEN THE LIGHT TURNED		<u> </u>	E.?MAIN	17ST.	
UNIT 1 IN THE REAR. THIS A		Unit 2_Unit 1_		· —	
PLACE IN AN ACTIVE CONS	TRUCTION ZONE	OCCUPATION CONTRACTOR		ACTIVE?COI	NSTRUCTION NE
WITH WORKERS PRESENT.			• • •	-	
CRASH REPORTED DATE / TIME	ISPATCH DATE / TIME	ARRIVAL DATE / TIME	SCENE CLEARED DA	ATE/TIME I DE	PORT TAKEN BY
	3,2,0,2,5,/,1,3,4,3,0,9,2,5			I⊽I	POLICE AGENCY
TOTAL TIME   OTHER TOTAL		CHECKED BY OFF			MOTORIST
ROADWAY CLOSED INVESTIGATION TIME MINUTE		Wheeler,			SUPPLEMENT (CORRECTION OR ADDITION
	OFFICER'S BADGE NUMB	ER* CHECKED	BY OFFICER'S BADGE NU	IMBER*	TO AN EXISTING REPORT SENT TO COPS)

LOCAL REPORT NUMBER 2 . 0 . 2 . 5 . - . 0 . 0 . 0 . 1 . 3 . 8 . 2 . 8 . OWNER NAME: LAST, FIRST, MIDDLE (▼ SAME AS DRIVER)
GRIFFITHS, TERESA, C OWNER PHONE: INCLUDE ASEA CODE ( SAME AS DE DAMAGE REDACTED PER ORC 149.43(A)(1) DAMAGE SCALE 3 - FUNCTIONAL DAMAGE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS DRIVER) 1 - NONE 1218 MIDDLEBURY RD ,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 YEAR VEHICLE MAKE LP STATE LICENSE PLATE # 2 0 1 7 Ford 3, F, A6, P, 0, H, D, 8, H, R2, 6, 2, 8, 6, 4 O H KFW1175 INSURANCE VERIFIED **INSURANCE COMPANY** INSURANCE POLICY # COLOR VEHICLE MODEL PROGRESSIVE BRZ FUSION 976790772 TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR INTERLOCK DEVICE #OCCUPANTS MATERIAL CLASS # PLACARD ID # 1 - ≤10KLBS RELEASED HIT/SKIP UNIT 2 - 10.001 - 26K LBS EQUIPPED  $0_{\perp}1$ 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) # 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 1-YES 2-NO 9-0THER/UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION AUTONOMOUS 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 - RUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARBAGE/REFUSE BODY \* 7 - GRAIN/CHIPS/GRAVEL 11-DUMP 99-OTHER / UNKNOWN 0 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 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 1 1 3 - CHANGING LANES 0 - NO DAMAGE 14 - UNDERCARRIAGE 4 19-STANDING SPECIFIED LOCATION 3-STRIKING 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 1-NONE 13 - IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 -LYING IN ROADWAY 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 3 - RAN RED LIGHT 9-IMPROPER LANE CHANGE  $0_1$ 2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN 2 ILLEGALLY 19 - LOAD SHIFTING/FALLING/ ROADWAY 4 - RAN STOP SIGN 10-IMPROPER PASSING 3 - FLASHER 6 - NO CONTROL CONTRIBUTING 5 - UNSAFE SPEED 15 - SWERVING TO AVOID 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 2 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 TRAVEL 23 - STRUCK BY FALLING, **UNIT / NON-MOTORIST DIRECTION** 3 - IMMERSION 8 - BAN OFF ROAD RIGHT 18-ANIMAL - DEER

3	4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	19-ANIMAL — OTHER 20-MOTOR VEHICLE IN TRANSPORT 21-PARKED MOTOR VEHICLE	SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	FROM 4 TO 3	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST
		COLLISIO	N WITH FIXED OBJE	CT - STRUCK	U		9 - OTHER / UNKNOWN
4 <u> </u>	25-IMPACT ATTENUATOR / CRASH CUSHION 26-BRIDGE OVERHEAD STRUCTURE 27-BRIDGE PIER OR ABUTMENT	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE	50-WORK ZONE MAINTENANCE - EQUIPMENT 51-WALL 52-BUILDING	UNIT SPEED	DETECTED SPEED  1 - STATED / ESTIMATED SPEED
6L	28-BRIDGE PARAPET 29-BRIDGE RAIL 30-GUARDRAIL FACE	BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	POSTED SPEED	2 - CALCULATED / EDR 3 - UNDETERMINED
_1_	FIRST HARMFUL EVEN	T 1 MOST H	IARMFUL EVENT			3 5	

LOCAL REPORT NUMBER 2 . 0 . 2 . 5 . - . 0 . 0 . 0 . 1 . 3 . 8 . 2 . 8 . OWNER NAME: LAST, FIRST, MIDDLE ( SAME AS DRIVER) DAMAGE PATTERSON, JASŌN, DAVID DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE OWNER ADDRESS: STREET, CITY, STATE, ZIP ( SAME AS DRIVER) 2 1291 MEADOWLARK DR, CLINTON, OH 44216 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 1 3 Ford 3, F, A,6, P,0, L, U,5, D, R3,6,8,8,8,4, O H JFM2011 INSURANCE POLICY # INSURANCE VERIFIED INSURANCE COMPANY COLOR VEHICLE MODEL STATE FARM WHI FUSION 1736687-SFP-35 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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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

20 - MOTOR VEHICLE IN

21 - PARKED MOTOR VEHICLE

TRANSPORT

45 - EMBANKMENT

43-CURB

44 - DITCH

46-FENCE

ANYTHING SET IN MOTION

BY A MOTOR VEHICLE

24 - OTHER MOVABLE OBJECT

50 - WORK ZONE MAINTENANCE EQUIPMENT

51-WALL

52 - BUILDING

J 4 - JACKKNIFE

5 - CARGO / EQUIPMENT

25 - IMPACT ATTENUATOR

/ CRASH CUSHION

26 - BRIDGE OVERHEAD

STRUCTURE

LOSS OR SHIFT

9 - RAN OFF ROAD LEFT

10 - CROSS MEDIAN

31 - GUARDRAIL END

32 - PORTABLE BARRIER

34 - MEDIAN GUARDRAIL

33 - MEDIAN CABLE BARRIER

13 - OTHER NON-COLLISION

COLLISION WITH FIXED OBJECT - STRUCK

37 - TRAFFIC SIGN POST

38 - OVERHEAD SIGN POST

39-LIGHT/LUMINARIES

SUPPORT

14-PEDESTRIAN

15 - PEDAL CYCLE

6 - NORTHWEST

7 - SOUTHEAST

8 - SOUTHWEST

1 - STATED / ESTIMATED SPEED

DETECTED SPEED

9 - OTHER / UNKNOWN

2 - SOUTH

3 - EAST

4 - WEST

FROM 4 TO 3

UNIT SPEED

0,0,5

OFF PUBLIC BAFETY MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER							
Washington IAIOIOKI21 / IAON-IAIOIOKI21							2 + 0 + 2 + 5 + - + 0 + 0 + 0 + 1 + 3 + 8 + 2 + 8 +							
UNIT#	UNIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
0,1	1 GRIFFITHS, TERESA, C								0 3 2 2 1 9 6 3 6 2 F					
	RESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE					
1218 N	MIDDL	EBURY RD ,Kent	,ОН 4	14240					REDACTED PER ORC 149.43(A)(1)					
2	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDI	AKEN TO	: MEDICAL FACILITY	(NAME, CITY)	USED	□ DOT-C	SEATING POSITIO	AIR BAG U	SAGE EJECTIO	N TRAPPED	
2 5	BY							0.4		LMET 0 1	1	_1		
OL STATE		LICENSE NUMBER CTED PER ORC 450	11-1-12	OFFENS	SE CHA	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATI	ON NUMBER		
O, H,									AL C	COHOL TEST		DRUG TEST(	<b>S)</b>	
OL CLASS	SELECT UP TO 2			TRACTED	_	CHOL / DRUG SUSPI		CONDITION	STATUS T				LT SELECTUPTO4	
4			۔ اب	1	=	THER DRUG		1	1	1	1	1		
UNIT #	NAME: LAST	, FIRST, MIDDLE				autoritaria (n. 1840). 1880 - Paris III. (n. 1880).				DATE OF BIRTH		AGE	GENDER	
0,2	MAXV	VELL, JACOB, E	MME	T					0 9 1 9 2 0 0 8 1 7 M					
ADDRESS:	: STREET, CITY, S	TATE, ZIP							CONTACT	PHONE - INCLUDE AREA O	0DE		2(4)(4)	
<b>1226 I</b>	RITCHI	E RD ,Stow ,OH	44224						REDA	ACTED PER	ORC	149.4	3(A)(1)	
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDI	AKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-C	SEATING POSITIO	N AIR BAG USAGE EJECTION TRAPPED			
2 5	BY							0,4	<b>Ш</b> мс не	LMET 0 1	1	11	_ 1	
OL STATE		LICENSE NUMBER TED PER ORC 450	11-1 12	OFFENS		RGED	LOCAL	OFFENSE DESC	RIPTION		Mark 19 10 10 10 10 10 10 10 10 10 10 10 10 10	ON NUMBER		
OH	KEDAC	TED FER ORG 450	/1.1-12	4511	.38			Starting/Back			2867			
OL CLASS	SELECT UP TO 2		DIST	VER TRACTED	_	COHOL / DRUG SUSPI	E <b>CTED</b> RIJUANA	CONDITION	STATUS T	YPE VALUE		TATUS TYPE RESULT SELECT UP TO		
. 4 .		1	BY	1 .	=	THER DRUG	RIJUANA	1 .	. 1	1	1	1		
UNIT#	NAME: LAST	FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER	
											6 6			
ADDRESS:	: STREET, CITY, S	TATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
10R										1 1 1	1 1	1 1	1 1	
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDI	AKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-C	SEATING POSITIO	N AIR BAG U	SAGE EJECTIO	N TRAPPED	
ON/	BY							MC HELMET					ـــاد	
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	SE CHA	GED LOCAL OFFENSE DESC			RIPTION CIT			TATION NUMBER		
≥ OL CLASS	SELECT UP TO 2		DIST	VER Tracted		CHOL / DRUG SUSPI		CONDITION	STATUS T	YPE VALUE		TYPE RESU		
	1 11		BY		=	THER DRUG	VIDO AIRA			_ •	- 11	- 1 -	11 11 1	
INJU	JRIES	SEATING POSITION	A	IR BAG		OL CLAS	s	OL RESTRIC	TION(S)	DRIVER DISTRAC	TION	TEST ST		
1 - FATAL	SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1- NOT DEP			1 - CLASS A		1 - ALCOHOL INTER		1 - NOT DISTRACTED 2 - MANUALLY OPERATIN		- NONE GIVEN		
3 - SUSPECTED		2 - FRONT - MIDDLE	2 - DEPLOYE 3 - DEPLOYE			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE		ELECTRONIC COMMUN	ICATION 2	-TEST GIVEN, C	ONTAMINATED	
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE		ED BOTH FRO	NT / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER		DEVICE (TEXTING, TYP DIALING)		SAMPLE / UNU - TEST GIVEN, R		
5 - NO APPAREN	NI INJURY	(M0TORCYCLE PASSENGER)	5 - NOTAPP 9 - DEPLOYI	LICABLE MENT UNKNO	WN	5 - M/C MOPED ONLY		5 - EXCEPT CLASS		3 - TALKING ON HANDS-FF COMMUNICATION DEV	KEE _	-TEST GIVEN, R		
INJURED 1 - NOT TRANSP	TAKEN BY	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS	D TDAU CD	4 - TALKING ON HAND-HE COMMUNICATION DEV	ICE	UNKNOWN		
/TREATED A	Party Commercial Comme	7 - THIRD - LEFT SIDE	EJ	ECTION	75	OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE		5 - OTHER ACTIVITY WITH	AN	ALCOHOL T - NONE	EST TYPE	
2 - EMS 3 - POLICE		(MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE	1 - NOTEJE			H - HAZMAT M - MOTORCYCLE		9-LEARNER'S PER	МІТ	6 - PASSENGER		- BLOOD		
9-OTHER/UNK	KNOWN	9 - THIRD - RIGHT SIDE	3-TOTALLY			P - PASSENGER		RESTRICTIONS		7 - OTHER DISTRACTION		- URINE		
SAFETY F	QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4-NOTAPP	LICABLE		N-TANKER		10 - LIMITED TO DAY		INSIDE THE VEHICLE  8 - OTHER DISTRACTION (		- BREATH		
1 - NONE USED	Contract to the second	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	TI	RAPPED		Q - MOTOR SCOOTER  R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE		THE VEHICLE		DRUG TES	TTYPE	
	BELT ONLY USED	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOTTRAI			S - SCHOOL BUS		13 - MECHANICAL DI (SPECIAL BRAK		9 - OTHER / UNKNOWN	1	- NONE		
3 - LAP BELT ON 4 - SHOULDER &	& LAP BELT USED	12 - PASSENGER IN UNENCLOSED	2 - EXTRICA MECHAN	IICAL MEANS		T - DOUBLE & TRIPLE X - TANKER / HAZMAT		CONTROLS, OR O	THER	CONDITION  1 - APPARENTLY NORMAL		- BLOOD		
5 - CHILD REST	RAINT SYSTEM -	CARGO AREA 13 - TRAILING UNIT	3- FREED B NON-MEG	Y Chanical Mi	EANS			14 - MILITARY VEHI		2 - PHYSICAL IMPAIRMEN		- URINE - OTHER		
6 - CHILD REST	6 - CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR					GENDER F-FEMALE		15 - MOTOR VEHICLE AIR BRAKES	S WITHOUT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)			DRUG TEST RESULT(S)		
REAR FACIN 7 - BOOSTER SE		(NON-TRAILING UNIT) 15 - NON-MOTORIST				M - MALE		16-OUTSIDE MIRRO		4 - ILLNESS	1 1 1 100	- AMPHETAMIN		
8 - HELMET US		99 - OTHER / UNKNOWN				U -OTHER / UNKNOWN		17 - PROSTHETIC AII 18 - OTHER	)	5 - FELL ASLEEP, FAINTED FATIGUED, ETC.	100	- BARBITURATE		
9 - PROTECTIVE (ELBOW, KNI								10-UINER		6 - UNDERTHE INFLUENC	E ,	S - BENZODIAZEP S - CANNABINOID		
10 - REFLECTIVE										OF MEDICATIONS / DRU /ALCOHOL	5	- COCAINE		
11 - LIGHTING - / BICYCLE OF										9-OTHER/UNKNOWN		- OPIATES / OPIO ' - OTHER	OIDS	
	99 - OTHER / UNKNOWN											- NEGATIVE RES	THE	

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U	OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER						
_							2,0,2,5,-,0,0,1,3,8,2,8,						
	UNIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER					
느	02 ARBAUGH, BRAYDEN, MICHAEL							0,7,1,8,2,0,0,8,1,7, M					
OCCUPANT	4480 KENT RD 120 ,Stow ,OH 44224							CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)					
000	100 200000000000	-		OH 44224		,	Teasery samensus	ILDAOII	22			` ' ' ' '	
=	_	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIK BAG USAGE	EJECTION	1 TRAPPED	
	5						0,4				L		
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER	
Ļ	4555555							CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	AUDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	INGLUDE AREA CO	DE			
000	INHIDIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR RAG USAGE	LEIECTION	TRAPPED	
É	INCORIEG	TAKEN BY	Emo Adenci (MAIIL)		THOUSE PARENTY. INCURSE PARE	iri tuanc, or ir	USED	DOT-COMPLIANT MC HELMET	JOEAN ING TOURISM	AIR DAG GOAGE	Lucunion	INALLE	
Н	UNIT#	NAME. LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER	
ĕ	ONII #	NAME: LAS	I, FIRST, WIDDLE					DAI	E OF BIKIN		AUE	GENDER	
F	ADDRESS	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE L			
OCCUPANT													
00	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT	DOT 0	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
	1 1	TAKEN BY					USED	DOT-COMPLIANT MC HELMET		1	, ,		
۲	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER	
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ANT	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT													
ō	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	
		BY					U320	MC HELMET	سيب		ر ا		
		INJU	JRIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE		
36 10	1 - FATA			1 - NONE US	ED - OCCUPANT		IT – LEFT SIDE ORCYCLE DRIV	FR)	1 - NOT DE				
			RIOUS INJURY		PER BELT ONLY USED  TONLY USED  TONLY USED  A SECOND – LEFT SID (MOTORCYCLE PASS)				YED FRONT				
		SIBLE INJU	NOR INJURY	3 - LAP BEL					YED SIDE				
Ī		PPARENT		4 - SHOULDI					4 - DEPLOYED BOTH FRONT/SIDE				
					ESTRAINT SYSTEM - 5 - SECOND - MIDDLE D FACING 6 - SECOND - RIGHT SI			5 - NOT APPLICAB					
	1 - NOT	TRANSPOR	TAKEN BY		ESTRAINT SYSTEM –	9 - DEPLOYMENT UNKNOWN							
		EATED AT S		REAR FA		ECAR) EJECTION			ON				
5	2 - EMS			7 - BOOSTER	RSEAT	1 - NOT EJECTED							
	3 - P0L1			8 - HELMET			D – RIGHT SIDE PER SECTION (			LLY EJECTED			
	9 - OTH	ER / UNKNO	OWN		TVE PADS USED KNEES, ETC.)		ENGER IN OTH		LY EJECTED				
			NDER	10- REFLECT	TVE CLOTHING	BUS, F	PICK-UP WITH CA	P)					
Ä	F - FEMA				G - PEDESTRIAN		ENGER IN UNE O AREA	NCLOSED	1 NOT TO	TRAPP	E D		
	U - OTHE	ER / UNKNO	WN	/ BICYCL 99 - OTHER /			LING UNIT	1 - NOT TRAPPED 2 - EXTRICATED B					
j				99- OTHER?	ONNINOWN		NG ON VEHICLE TRAILING UNIT)	EXTERIOR	MEANS				
						15 - NON-	MOTORIST		3 - FREED MEANS	BY NON-ME	CHANIC	AL	
Ц						99 - OTHE	R / UNKNOWN						
SS	NAME: LA	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER	
WITNESS	ADDRESS	: STREET, CITY,	STATE 71D					CONTACT PHONE	- INCLUDE AREA CO	DE L			
M	ALDRESS.							Jones Priore	I I				
	NAME: LA	ST, FIRST, MIDD	ILE					DAT	E OF BIRTH		AGE	GENDER	
ESS		19 15									11		
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
S	NAME: LA	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER	
WITNESS	ANDRESS, STREET CITY STATE 7/D						CONTACT BUONE						
W	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						

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