OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*								
PHOTOS TAKEN OH-2 OH-3		$2 \cdot 0 \cdot 2 \cdot 5 \cdot - \cdot 0 \cdot 0 \cdot 0 \cdot 0 \cdot 9 \cdot 6 \cdot 3 \cdot 7$							
X OH-1P OTHER	REPORTING AGENCY NAME*		NCIC* HIT/SKIP			UNIT IN ERROR 98 - ANIMAL			
PRIVATE PROPERTY	City of Kent Police	_ 0 _	6,7,0,3	1 - SOLVED 2 - UNSOLVED	0_2_0	2 99 - UNKNOWN			
1-CITY	, VILLAGE, TOWNSHIP*			CRASH DATE /T	_ 1-	SH SEVERITY FATAL			
6 7 1 2-VILLAGE Kent			T	0.7.0.7.2.0.2.5.7.1.3.3.4					
2 - SOUTH	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DEC	2	SUSPECTED MINOR INJURY			
4 - WEST	WATER		$S \mid T$	4,1,0,1,5,6,	$I_{\perp}0_{\perp}I_{\perp}$	SUSPECTED			
2 - SOUTH	REFERENCE ROAD NAME (ROAD, I	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE	10 mm 1 m	INJURY POSSIBLE PROPERTY DAMAGE			
Part I	BRADY		$S_{\perp}T_{\perp}$	-8 ₁ 1 ₁₀ 3 ₁ 5 ₁ 8 ₁	0,7,1	ONLY			
REFERENCE POINT DIRECTION 1-INTERSECTION FROM REFERENCE 1 NOTE IN INC. IN INC. INC. INC. INC. INC. INC	ROUTE TYPE INTERSTATE ROUTE(TP) AL -	ROAD TYPE - ALLEY HW- HIGHWAY R	RD - ROAD		NTERSECTION RELATED				
1 2-MILE POST 2 2-SOUTH US-			Q - SQUARE	WITHIN INTERSECTION OR ON APPROACH					
3 - HOUSE # 3 - EAST 4 - WEST SR -	STATE ROUTE		T - STREET	WITHIN INTER	CHANGE AREA NUM	BER OF APPROACHES			
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT .		L - TRAIL		ROADWAY				
2 0 2-FEET	ROUTE	- DRIVE PI - PIKE V - HEIGHTS PL - PLACE	VA - WAY	ROADWAY DIV	IDED				
LOCATION OF FIRST HARMFUL EVENT		NER OF CRASH COLLISION/IMPA	CT		MESVA	TVDE			
1 - ON ROADWAY 9 - CROSSOVER	1 - NOT (COLLISION 4 - REAR-TO-REAR	C1	DIRECTION OF TRAVEL 1 - NORTH		LUSH MEDIAN			
0 1 2-ON SHOULDER 10-DRIVEWAY/	TWO	VEEN 5-BACKING MOTOR 6-ANGLE		2 - SOUTH	(<4 FEET) LUSH MEDIAN			
4 - ON ROADSIDE 12-SHARED US	V L I I I	CLES IN 6-ANGLE ISPORT 7-SIDESWIPE, SAME	E DIRECTION	3 - EAST 4 - WEST	(≥4 FEET)			
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REAR 3 - HEAD	1971 179 - 1981 1981 1981 1981 1981 1981 1981 1				EPRESSED MEDIAN			
7 - ON RAMP 14-TOLL BOOTH	1	, , , , , , , , , , , , , , , , , , , ,			(ANY TYPE) 9 - OTHER/UNKNOWN				
8-OFF RAMP 99-OTHER/UN		·		201170110					
WORK ZONE RELATED	ANE CLOSURE	1 - BEFORE THE 1ST V		CONTOUR 1	CONDITIONS	SURFACE			
_	LANE SHIFT/CROSSOVER	WARNING SIGN 2 - ADVANCE WARNIN	IC AREA	1 - STRAIGHT LEVEL		1 - CONCRETE			
	VORK ON SHOULDER OR MEDIAN	3-TRANSITION AREA		2 - STRAIGHT GRADE	2 - BLACKTOP,				
The process of the pr	NTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA 5 - TERMINATION ARE	FΔ	3 - SNOW	BITUMINOUS, ASPHALT				
					4 - ICE	3 - BRICK/BLOCK			
LIGHT CONDITION 1 - DAYLIGHT	1 - CLEAR	R 6 - SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL, STONE			
1 2 - DAWN/DUSK	0.1.2-CLOUDY	7 - SEVERE CROSSWINDS			6 - WATER (STANDING, MOVING)	5 - DIRT			
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	3 - FOG, SMOG, SMOKE 4 - RAIN	8 - BLOWING SAND, SOIL, DIRT, 9 - FREEZING RAIN OR FREEZI			7 - SLUSH	9 - OTHER/UNKNOWN			
5 - DARK - UNKNOWN ROADWAY LIGHTING	5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN				
9 - OTHER / UNKNOWN									
NARRATIVE					4	Indicate the north direction with			
UNIT 1 WAS DRIVING NORTH	IBOUND ON N					an "N" on the compass diagram.			
WATER ST. UNIT 2 WAS PAR	KED IN A				<u> </u>				
STREET PARKING SPACE A	LONG N WATER ST	,							
UNIT 2 FAILED TO YIELD TO		.			BRADY?ST	<u> </u>			
		.	N?WATI	ER7ST					
PULLED OUT INTO THE RO	ADWAY STRIKING								
UNIT 1.			,						
			_		u				
		_			Not To So	cale			
		IN							
				1 2					
			1	-					
			J.	1					
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED D		EPORT TAKEN BY			
[0,7,0,7,2,0,2,5,/,1,3,3,4]	7,2,0,2,5,/,1,3,3,6,	$0_{1}7_{1}0_{1}7_{1}2_{1}0_{1}2_{1}5_{1}/_{1}1$	3,4,1,0	7,0,7,2,0,2,5	$[5_{\perp}/1_{\perp}4_{\perp}0_{\perp}1_{\perp}]$	POLICE AGENCY			
TOTAL TIME OTHER TOTAL	OFFICER'S NAME*	Сн	CHECKED BY OFFICER'S NAME*						
ROADWAY CLOSED INVESTIGATION TIME MINUTI	Di iscon, Scan D			er, James	шмрер*	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)			
	5 2 OFFICER'S BAD	IGE NUMBER.	2 ₁ 5	y OFFICER'S BADGE N	UMBEK"	THE SAME IN OUR WEIGHT OF THE PROPERTY OF THE			

	OF PUE	BLIC SAFETY UNIT					175 E	0 0 0 0 0 9 6 3 7			
UNI	Г#	OWNER NAME: LAST, FIRS	T, MIDDLE (SAME AS DRIVER)		OWNER PHONE: INC.	DE AIEA CODE (SAME AS DRIVER) R ORC 149.43(A)(1)		DAMAGE			
<u>, 0</u>		IRISH, TRIST		NEL	REDACTED FE	K OKC 149.43(A)(1)	1 - NONE	DAMAGE SCALE 3 - FUNCTIONAL DAMAGE			
		DRESS: STREET, CITY, STATE		Falls ,OH 4422	1		3 2- MINOR DA				
COM		IAL CARRIER: NAME, ADDR		, , , , , , , , , , , , , , , , , , , ,		PHONE: INCLUDE AREA CODE	9 - UNKNOWN				
							DAMAGED AREA(S) INDICATE ALL THAT APPLY				
LP ST		LICENSE PLATE # KML5911		E IDENTIFICATION # $N_1C_1C_1C_1C_1C_1$	0.4.9. 2.0.1.2		7009000				
				INSURANCE POLICY #	COLOR	Nissan VEHICLE MODEL	11 12 1	11 12			
X	NSURAN ERIFIE	ALLSTATI	Ε ε	326793372	MAR	ARMADA	10 11 1 2	10 11 1 1			
	01111	TYPE OF USE	IN EMERGENCY	US DOT #	TOWED BY: COMPANY	NAME	10 2	10, 2			
Ц	OMMER	RCIAL GOVERNMENT	RESPONSE	EHICLE WEIGHT GVWR/GCWR		US MATERIAL		9 0 4			
	NTERL	OCK HIT/SKIP UNI	T #UCCUPANTS	1 - ≤10KLBS. 2 - 10,001 - 26KLBS	☐ RELEASED	CLASS # PLACARD ID #	8 7 5	8 7 5 4			
	QUIPP	PED —	0 2	3 - >26K LBS.	PLACARD L	للللا الله	7 6 5	11 7 6			
		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN)	7 - MOTORCYCLE 2-WHEELED		18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS)	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE)	10 /	12			
0	3	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE		20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST	_	10 2			
UNIT		4 - PICK UP	10 - MOPED OR MOTORIZED BICYCLE		21 - HEAVY EQUIPMENT	26 - BICYCLE	9 (9 3 3			
		5 - CARGO VAN 6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE	16 - FARM EQUIPMENT 17 - MOTORHOME	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 -TRAIN 99 - UNKNOWN OR HIT/SKIP	0 4 7				
B . (# of TRAILING UNITS	(ATV/UTV)	17-MOTORNOME		33 - OHKHOWN OK III II SKIP	*	6			
VEHIGHE				2. NO AUTOMATION	a annutional comments	0 1001/00000	11 12	6 11 12			
Λ Ε		WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED			3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION	9 - UNKNOWN	10 11 1 2	10 11 1			
2	1-YES 2-NO 9-OTHER/UNKNOWN			AUTONOMOUS 2 - PARTIAL AUTOMATION 5 -			10 2	10 2			
-		1 - NONE	MODE LEVEL 6 - BUS - CHARTER/TOUR	11 - FIRE	E 16-FARM 21-MAIL CARRIER			8 4			
. 0	1.	2 - TAXI	7 - BUS - INTERCITY		17 - MOWING	99 - OTHER / UNKNOWN	8 7 5 4	8 7 5 4			
SPE	CIAL	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE		18 - SNOW REMOVAL		7 6 5	7 6 5			
FUNC		4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	9 - BUS - OTHER 10 - AMBILLANCE	14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	19-TOWING 20-SAFFTY SERVICE PATROL		6	•			
		1 - NO CARGO BODY TYPE			8 - POLE	12 - CONCRETE MIXER	0.000	12 12 12			
0	1	/ NOTAPPLICABLE	MOTORVEHICLE	CHASSIS	9 - CARGO TANK	13 - AUTOTRANSPORTER	12 0 0				
BO	DY	2 - BUS	4 - LOGGING	7 0041110111001000100	10-FLAT BED	14-GARBAGE/REFUSE	98 8 9	= 3 9 1 3 9 3 3			
TY	PE	Announcement management	Port Linear Control Co.	The Control of the Co	11-DUNP	99-OTHER / UNKNOWN					
		1 - TURN SIGNALS 2 - HEAD LAMPS	4 - BRAKES 5 - STEERING		9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR	99-OTHER / UNKNOWN	6				
DEFE	CTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT			6 6 6			
-		1 - INTERSECTION - MARKED	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER	- NO DAMAGE	[0] - UNDERCARRIAGE [14]			
NON MO	E . E	CROSSWALK	4 - MIDBLOCK - MARKED		10 - DRIVEWAY ACCESS	AT INCIDENT SCENE	☐-TOP [13]	- ALL AREAS [15]			
LOCA	TION	2 - INTERSECTION - UNMARKED CROSSWALK	CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION		11-SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN	∏-uni	IT NOT AT SCENE [16]			
AT IM		1 - NON-CONTACT	1 - STRAIGHT AHEAD		13 - NEGOTIATING A CURVE	18-APPROACHING					
					14 - ENTERING OR CROSSING	OR LEAVING VEHICLE	1000 mm 1000 0000	AL POINT OF CONTACT			
4		3-STRIKING UI	2 - BACKING 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	SPECIFIED LOCATION	19-STANDING	0 - NO DAMA 0 - 1-12 - REFER	GE 14 - UNDERCARRIAGE R TO UNIT 15 - VEHICLE NOT AT SCENE			
ACT	ION	4 - STRUCK PRE-CRASH 5 - BOTH STRIKING ACTIONS	4 - OVERTAKING/PASSING	10 - PARKED 11 - SLOWING OR STOPPED	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE	DIAGR				
		& STRUCK	6 - MAKING LEFT TURN	INTRAFFIC	16 - WORKING	DISABLED VEHICLE	13-TOP				
		9-OTHER/UNKNOWN		12 - DRIVERLESS	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN		TRAFFIC			
		1 - NONE 2 - FAILURE TO YIELD	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACC	DADI/ED DOCITION	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE	21 -LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL			
.0		3 - RAN RED LIGHT	9-IMPROPER LANE CHANGE	14-STOPPED OR PARKED	EQUIPMENT	22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO	1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN			
		4 - RAN STOP SIGN	10-IMPROPER PASSING	ILLEGALLY 15 - SWERVING TO AVOID	19-LOAD SHIFTING/FALLING/ SPILLING	ROADWAY	2 2 - TWO-WAY	3 - FLASHER 6 - NO CONTROL			
	TANCES		11 - DROVE OFF ROAD		20 - IMPROPER CROSSING	99-OTHER IMPROPER ACTION	# of THROUGH LANES	RAIL GRADE CROSSING			
SEQU		OF EVENTS	12 - IMPROPER BACKING				ON ROAD	1 - NOT INVOLVED			
	000000		*******************	NON-COLLISION			_2_	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING			
1 <u>2</u>	0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	ADDAGITE DIDECTION OF	16 - RAILWAY VEHICLE 17 - ANIMAL — FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT		A - HAADEAEGLEWOOLAE GEOSSILIA			
		3 - IMMERSION	8 - RAN OFF ROAD RIGHT	TRAVEL	18-ANIMAL — DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR	UNIT / NO	N-MOTORIST DIRECTION			
2		4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	12 OTHER NON COLLICION	19-ANIMAL — OTHER 20-MOTOR VEHICLE IN	ANYTHING SET IN MOTION	2.25	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST			
935%		5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN	TRANSPORT	BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	FROM 2 TO L				
3			CULLISIO	15-PEDALCYCLE N WITH FIXED OBJECT	21 - PARKED MOTOR VEHICLE		2020197	4 - WEST 8 - SOUTHWEST			
A1		25 - IMPACT ATTENUATOR	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE		9 - OTHER / UNKNOWN			
.41	لب	/ CRASH CUSHION 26 - BRIDGE OVERHEAD	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER		44 - DITCH 45 - EMBANKMENT	EQUIPMENT 51 - WALL	UNIT SPEED	DETECTED SPEED			
51		STRUCTURE	34 - MEDIAN GUARDRAIL	SUPPORT	46 - FENCE	52 - BUILDING	0,2,5	1 - STATED / ESTIMATED SPEED			
-		27 - BRIDGE PIER ORABUTMENT	BARRIER	40 HTH ITY DOLE	47 - MAILBOX	53 - TUNNEL		2 - CALCULATED / EDR			

54 - OTHER FIXED OBJECT

99-OTHER / UNKNOWN

POSTED SPEED

2 5

28-BRIDGE PARAPET

30-GUARDRAIL FACE

_ 29-BRIDGE RAIL

35 - MEDIAN CONCRETE

☐ FIRST HARMFUL EVENT ☐ 1 MOST HARMFUL EVENT

36 - MEDIAN OTHER BARRIER 42 - CULVERT

41 - OTHER POST, POLE OR SUPPORT

49-FIRE HYDRANT

48-TREE

3 - UNDETERMINED

LOCAL REPORT NUMBER

2,0,2,5,-,0,0,0,0,9,6,3,7

							0 0 0 0 5 0 5 7				
The same of the sa		IAN, PATRIC	CK	REDACTED PE	ER ORC 149.43(A)(1)	DA 1 - NONE	MAGE SCALE 3 - FUNCTIONAL DAMAGE				
	DORESS: STREET, CITY, STATE REEDOM ST	,Ravenna,OH	44266			2 - MINOR DAMAGE 4 - DISABLING DAMAGE					
	CIAL CARRIER: NAME, ADD			COMMERCIAL CARRIER	PHONE: INCLUDE AREA CODE	9 - UNKNOWN					
<u> </u>						DAMAGED AREA(S) INDICATE ALL THAT APPLY					
	LICENSE PLATE # KFX9271	J,T,HK,D,5,B	$\begin{array}{c} \text{IDENTIFICATION \#} \\ \mathbf{H}4_{1}\mathbf{E}_{1}2_{1}1_{1}8_{1}1_{1} \end{array}$		4 Lexus	12 1	# 12 1				
X INSURA VERIFI			NSURANCE POLICY # 03-6810648	SIL	CT CT	10 12 1 2	10 11 1 1				
COMME	TYPE OF USE RCIAL GOVERNMENT	IN EMERGENCY RESPONSE	US DOT#	TOWED BY: COMPAN	Y NAME	9 9 3 3	9 10 2 3				
INTERI DEVICE EQUIP	E HIT/SKIP UNI	#UCCUPANTS	1 - ≤10KLBS. 2 - 10,001 - 26KLBS. 3 - >26KLBS.	MATERIAL RELEASED	CLASS # PLACARD ID #	8 7 6 5	8 7 6 5				
O_1 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	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16 - PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (AIN TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	9	11 12 1 10 1 2 9 3 3 8 7 7 5 6				
2	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED 1-YES 2-NO 9-CTHER/UNK	99	D - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN	11 12 7 10 11 12 2 9 9 3 3	5 11 12 1 10 11 1 1 2 2 9 9 3 3				
0 1 SPECIAL FUNCTION	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	6 - BUS - CHARTER/TOUR 11 - FIRE 16- 7 - BUS - INTERCITY 12 - MILITARY 17- NG 8 - BUS - SHUTTLE 13 - POLICE 18- 9 - BUS - OTHER 14 - PUBLIC UTILITY 19-		16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN	7 6 5	8 7 6 5 5 4 12 12 12				
O 1 CARGO BODY TYPE	1 - NO CARGO BODYTYPE /NOTAPPLICABLE 2 - BUS	NO CARGO BODYTYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMIDAL CONTAINER 8 NOTORVEHICLE CHASSIS 9 BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 1		8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	12-CONCRETE MIXER 13-AUTOTRANSPORTER 14-GARBAGE/REFUSE 99-OTHER/UNKNOWN	9 3 9	3 9 3 3				
	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 TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99-OTHER/UNKNOWN	6 □-NO DAMAGE [0	6 6 6				
NON-MOTORIST LOCATION AT IMPACT	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 - DRIVE WAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12-FIRST RESPONDER AT INCIDENT SCENE 99-OTHER/UNKNOWN	☐- TOP [13]	-ALL AREAS [15]				
3 ACTION	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 - CVERTAKING/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 INTRAFFIC 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 DUTSIDE DISABLED VEHICLE 99-OTHER / UNKNOWN	0 - NO DAMAGE 1-12 - REFERT DIAGRAM 13 - TOP	0 UNIT 15 - VEHICLE NOT AT SCENE				
O_2 CONTRIBUTING CIRCUMSTANCES	5-UNSAFE SPEED	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OF ROAD	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	TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY # OF THROUGH LANES	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL RAIL GRADE CROSSING				
SEQUENCE	6-IMPROPERTURN OF EVENTS	12-IMPROPER BACKING				ON ROAD	1 - NOT INVOLVED				
1 2 0	1 - OVERTURNIROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	NON-COLLISION 11-CROSS CENTERLINE — OPPOSITE DIRECTION OF	16-RAILWAY VEHICLE 17-ANIMAL — FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT	2 UNIT (NON	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING				
2 <u> </u>	3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE N WITH FIXED OBJECT		23 - STRUCK BY FALLING, SHIFTING CARGOOR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN				
4	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE	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				
6	27 - BRIDGE PIER ORABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 20 - CHARDBALL 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	30-GUARDRAIL FACE FIRST HARMFUL EVEN		ARMFUL EVENT			2 5					

OFF PUBLIC SAFETY MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER									
SLIPETY - MERVI	ICE - PROTECTION	1010K131 / 140) 4 - W	1010	KIS				2 0	2,5,-,0	0.0.0	0.9	6.3	<u>.7</u>		
UNIT #	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER							
		N, MORIAH, MA	E						0 + 8 + 0 + 7 + 2 + 0 + 0 + 1 $2 + 3 + F$							
										CONTACT PHONE - INCLUDE AREA CODE						
8	, ,									REDACTED PER ORC 149.43(A)(1) SEATING POSITION AIR BAG USAGE EJECTION TRAPPED						
INJURIES	TAKEN BY	EMS AGENCY (NAME)		INJUREDI	AKEN 10	: MEDICAL FACILITY	(NAME, CITY)	USED	Прот-са	LMET SEATING P	USITION AIR	R BAG USAGE	EJECTION	TRAPPED 1		
OLSTATE	OPERATOR LICENSE NUMBER OFFENSE CHA					RGED	LOCAL	0 4	20134351-0024	LINE! LU	1 CI	TATION N	IMRER			
O. H.	REDAC	TED PER ORC 450	1:1-12	OFFER	L OIIA	NULD	CODE	OTTENSE DESC	,KIP HON			ITATION	JIIDEK			
OL CLASS	ENDORSEMEN				ALC	OHOL / DRUG SUSPE	ECTED	CONDITION		COHOL TEST			TEST(S)			
	SELECT UP TO 2		DIST	TRACTED	□ A	LCOHOL MAF	ANAULIS	2	STATUS	YPE VALUE	STATU		RESULI	SELECTUPTO4		
4	ے تے	ے سے سے ب		1	0	THER DRUG		1		1,	_1	<u> </u>	_الــالـ	ساسا		
UNIT#		FIRST, MIDDLE	DICIZ							DATE OF BIR			AGE	GENDER		
0,2	STREET, CITY, S	STON, IAN, PAT	RICK							2 3 2		2 2	. 2	$\lfloor M \rfloor$		
		OM ST ,Ravenna	OH	14266					CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)							
INJURIES		EMS AGENCY (NAME)	,011		AKEN TO	MEDICAL FACILITY	(NAME CITY)	SAFETY EQUIPMENT	L	SEATING P		AIR BAG USAGE EJECTION TRAPPED				
5	TAKEN BY							USED 0 4	□ MC HE	MPLIANT	1	1 1 1				
OL STATE		LICENSE NUMBER		OFFENS	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CI	ITATION N	UMBER			
O H	REDAC	TED PER ORC 450	1:1-12	331.2	22		CODE	Driving onto	Roadway		28	28596				
OL CLASS	ENDORSEMEN SELECT UP TO 2			VER TRACTED	_	OHOL / DRUG SUSPE		CONDITION	STATUS T	YPE VALUE	STATU		RESULT	SELECTUPTO4		
. 4	558300000000000000000000000000000000000		BY	1	=	LCOHOL MAR	RIJUANA	. 1 .			1 200000					
UNIT#	NAME: LAST	FIRST, MIDDLE		1	Цυ	THER DRUG				DATE OF BIR	<u></u> TH		AGE	GENDER		
		, ,														
ADDRESS:	STREET, CITY, S	STATE, ZIP							CONTACT	PHONE - INCLUDE	AREA CODE					
TOR										1 1						
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDI	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-C	SEATING P	OSITION AIR	R BAG USAGE	EJECTION	TRAPPED		
ON/	BY								MC HELMET							
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	OFFENSE CHARGED LOCAL OFFENSE DESC			RIPTION		CI	ITATION N	JMBER				
OL CLASS	ENDORSEMEN	T RESTRICTION SELECT	UP TO 3 DRI	VED.	AL C	OHOL / DRUG SUSPE	LL_	CONDITION	ALO	COHOL TEST		DRUG	TEST(S))		
OL OLASS	SELECT UP TO 2			TRACTED		LCOHOL MAF		CONDITION	STATUS T	YPE VALUE	STATU	US TYPE	RESULT	SELECTOP 104		
		<u></u>			0	THER DRUG		Ĺ		•		ار_	_ا	لــالــالــ		
1 - FATAL	RIES	1-FRONT-LEFT SIDE	1 - NOT DEP	IR BAG	- CI	OL CLASS 1-CLASS A	5	OL RESTRIC 1-ALCOHOL INTER		1 - NOT DISTRACTE		The Part Control of Control	EST STA	TUS		
	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2- DEPLOYE			2 - CLASS B		2 - CDL INTRASTAT		2 - MANUALLY OPE	ERATING AN	2 - TEST	REFUSED			
3 - SUSPECTED 4 - POSSIBLE IN		2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOYE	ED SIDE ED BOTH FRO	MT / SIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE 4 - FARMWAIVER	NSES	DEVICE (TEXT)		3-1521	FGIVEN, CON PLE / UNUSA			
5 - NO APPAREN		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5-NOTAPP		NI 7 SIDE	(OHI0 = D)		5 - EXCEPT CLASS	BUS	0 (ALING) 3 - TALKING ON HA	NDS-FREE			ULTS KNOWN		
INJURED	TAKEN BY	5 - SECOND - MIDDLE	9- DEPLOYI	MENT UNKNO	WN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS		COMMUNICATION 4 - TALKING ON HA			r given, res Nown	ULTS		
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		COMMUNICATIO	ON DE VICE	ALC	DHOL TES	ST TYPE		
2 - EMS	I JULIAL	(M0TORCYCLE SIDE CAR)	1- NOTEJE			H - HAZMAT	WEN I	8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVIT ELECTRONIC DE		1 - NON				
3 - POLICE	MOUNT	8 - THIRD – MIDDLE 9 - THIRD – RIGHT SIDE		LY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER RESTRICTIONS	MIT	6 - PASSENGER 7 - OTHER DISTRAC	CTION	2 - BL00 3 - URIN				
9 - OTHER / UNK		10 - SLEEPER SECTION	3-TOTALLY 4-NOTAPP			P - PASSENGER N - TANKER		10 - LIMITED TO DAY	LIGHT ONLY	INSIDE THE VE	HICLE	4 - BRE				
1 - NONE USED	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER	T	RAPPED	CISO.	Q - MOTOR SCOOTER		11 - LIMITED TO EMP		8 - OTHER DISTRAC	CITON OUTSIDE					
2 - SHOULDER E	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1-NOTTRA		U de	R - THREE-WHEEL MO S - SCHOOL BUS	TORCYCLE	13 - MECHANICAL DE	VICES	9 - OTHER / UNKNO	ı₩N	DR 1-NON	UG TEST	TYPE		
3 - LAP BELT ON 4 - SHOULDER &	ILY USED Lap Belt Used	PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED	2 - EXTRICA MECHAN	TED BY IICAL MEANS		T - DOUBLE & TRIPLE		CONTROLS, OR O	THER	CONDIT		2 - BL00				
5 - CHILD REST	RAINT SYSTEM -	CARGO AREA	3- FREED B	Y CHANICAL MI	ANS	X - TANKER / HAZMAT		ADAPTIVE DEVI		1 - APPARENTLY N 2 - PHYSICAL IMPA		3 - URIN 4 - OTHI				
	RAINT SYSTEM -	13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	HO PHILL	- TOTAL III		GENDER F-FEMALE		15 - MOTOR VEHICLE AIR BRAKES	S WITHOUT	3 - EMOTIONAL (E.O	G., DEPRESSED,			SULT(S)		
REAR FACING 7 - BOOSTER SE	G	(NON-TRAILING UNIT) 15 - NON-MOTORIST				M - MALE		16 - OUTSIDE MIRRO	R	4 - ILLNESS		The second second	HETAMINES	SULI(S)		
8 - HELMET US		99 - OTHER / UNKNOWN				U -OTHER / UNKNOWN		17 - PROSTHETIC AID 18 - OTHER)	5 - FELL ASLEEP, F. FATIGUED, ETC.			BITURATES			
9 - PROTECTIVE (ELBOW, KNE								10-UINEK		6 - UNDERTHE INF	LUENCE		ZODIAZEPINI Nabinoids	F2		
10 - REFLECTIVE	CLOTHING									OF MEDICATION /ALCOHOL		5 - COCA	AINE			
11 - LIGHTING - I / BICYCLE OF										9 - OTHER/UNKNO	WN	6 - OPIA 7 - OTHI	(TES / OPIOID Er	20		
99 - OTHER / UNK	CNOWN												ATIVE RESUL	LTS		

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OHIO DE OF PUBL	OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER							
							$2_{1}0_{1}2_{5}$		0,0,9	6.3				
UNIT #	10/10/10/10/10/10/10/10	t, first, middle I, ELLOUISE,	DATE OF BIRTH AGE GENDER											
01	IKISH S: STREET, CITY,	0 4 1 5 2 0 2 3 0 2 F												
	1412 MURRAY AVE ,Cuyahoga Falls ,OH 44221								CONTACT PHONE - INCLUDE AREA CODE					
	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACI	LITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED			
5	BY					0,6	☐ MC HELMET	$\begin{bmatrix} 0 & 4 \end{bmatrix}$	1	_11_	_1_			
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
نـــا	ADDRESS: STREET, CITY, STATE, ZIP													
ADDRESS	STREET, CITY,	STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED			DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED			
	BY					- LL	MC HELMET			<u></u>	لــــا			
UNIT#	UNIT # NAME: LAST, FIRST, MIDDLE						DAT	E OF BIRTH		AGE	GENDER			
											لـــــا			
ADDRESS	S: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE					
INJURIES	Innunen	FAC A		munospraysuro Manager		Leaffery Followent		CEATING DOCUTION	TAID DAG HEAG	FIFTION	TRADDED			
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACI	LITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGI	EJECTION	IKAPPED			
UNIT 4		T FIRST MIRRY F					200000000000000000000000000000000000000	E OF DIDTH		1 405	CENDED			
UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAI	E OF BIRTH		AGE	GENDER			
ADDRESS	S: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
ADDRESS		,												
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACI	LITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED			
	TAKEN BY					USED	MC HELMET		L	نـــاد				
Stranger Control	INJU	JRIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG L	SAGE				
1 - FAT			1 - NONE US	ED - OCCUPANT		IT – LEFT SIDE ORCYCLE DRIV	FR)	1 - NOT DE						
ALC: YES		RIOUS INJURY		ER BELT ONLY USED 2 - FRONT - MIDDLE			2 - DEPLOYED FRONT							
10 100000	SIBLE INJU	INOR INJURY	3 - LAP BEL	T ONLY USED 3 - FRONT - RIGHT SID			A SERVICE CONTRACTOR							
	APPARENT		4 - SHOULDI	PER & LAP BELT USED 4 - SECOND – LEFT SID (MOTORCYCLE PAS:				SIDE						
	INTURED	TAKEN BY		ESTRAINT SYSTEM - 5 - SECOND - MIDDLE			5 - NOT APPLICAB							
1 - NOT	TRANSPOR			RD FACING 6 - SECOND - RIGHT S ESTRAINT SYSTEM - 7 - THIRD - LEFT SIDE			7- DEI EUTWENT ONKN			KNOWN				
	EATED AT S		REAR FA	ACING (MOTORCYCLES			CAR)	EJECT	0 N					
2 - EMS			7 - BOOSTER	9 - THIRD - RIGHT SIDE						CTED				
3 - POL	ICE ER / UNKNO	NA/AI	8 - HELMET	TIVE PARS USED			O TOTALLY FIE							
9-011	111111111111			V, KNEES, ETC.) CARGO AREA (NON-TR			EII EII GEGEE							
F - FEM		NDER	10 - REFLECT	TIVE CLOTHING	BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED				TRAPPED					
M - MAL			11 - LIGHTIN / BICYCL	G – PEDESTRIAN E ONLY		O AREA	NOLUGED	1 - NOT TR	OT TRAPPED					
U - OTHE	ER / UNKNO	WN	99 - OTHER /	13 - TRAILING UNIT			EVTEDIOD	CATED BY MECHANICAL						
						TRAILING UNIT)	LATERIOR	MEANS 3 - FREED BY NON-MECHAN			A.1			
						MOTORIST R/UNKNOWN		3 - FREED MEANS		CHANIC	AL			
NAME: LA	ST, FIRST, MIDD	LE			77 31112		DAT	E OF BIRTH		AGE	GENDER			
ADDRESS								1 1 1						
ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE					
		33-3					ــــــــــــــــــــــــــــــــــــــ							
NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENE								
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	ST, FIRST, MIDD	LE					The state of the s	E OF BIRTH		AGE	GENDER			
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