OHIO DEPARTMENT OF PUBLIC SAFETY TRAFFIC CRASH	REPORT *DENOTES	MANDATORY FIELD FOR SUPPLE	MENT REPORT	l l	LOCAL REPORT NUMBER	R				
X PHOTOS TAKEN OH-2 OH-3	LOCAL INFORMATION			$2 \cdot 0 \cdot 2 \cdot 5$	- ₁ 0 ₁ 0 ₁ 0 ₁ 1 ₁ 3	9 1 1				
SECONDARY CRASH	NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR						
PRIVATE PROPERTY	City of Kent Police	ce 0	$16\overline{1}7\overline{0}3$	1 - SOLVED L 2 - UNSOLVED	0_2_0	2 98 - ANIMAL 99 - UNKNOWN				
1 - CITY	ry, VILLAGE, TOWNSHIP*			CRASH DATE /	. 1-	SH SEVERITY FATAL				
6 7 2 - VILLAGE Kent				0 9 2 5 2 0 2 5	/0655	SERIOUS INJURY				
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 3 - EAST 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DE	2	SUSPECTED MINOR INJURY				
The state of the s	MAIN		$S \perp T$	41,15,3	7,5,1	SUSPECTED				
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 1 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROA	AD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE of	1954 0 2016-68 90 00 00 00 00 00 00 00 00 00 00 00 00	INJURY POSSIBLE				
1 3-EAST 4-WEST	LINCOLN		$S \perp T$	$-8_{1}_{0}3_{5}1_{1}$	2_9_0	PROPERTY DAMAGE ONLY				
REFERENCE POINT DIRECTION 1-INTERSECTION FROM REFERENCE IR	ROUTE TYPE	ROAD TYPE	DD D04D		INTERSECTION RELATED					
1 2-MILE POST 2-SOUTH US		AL - ALLEY HW- HIGHWAY AV - AVENUE LA - LANE	RD - ROAD SQ - SQUARE	X WITHIN INTE	RSECTION OR ON APPROA	CH . 4				
3- HOUSE # 3- EAST	- STATE ROUTE	BL - BOULEVARD MP - MILEPOST	ST - STREET	☐ WITHIN INTE	RCHANGE AREA NUM	BER OF APPROACHES				
DISTANCE DISTANCE CR FROM REFERENCE UNIT OF MEASURE	- NUMBERED COUNTY ROUTE	CR - CIRCLE OV - OVAL CT - COURT PK - PARKWAY	TE - TERRACE TL - TRAIL		ROADWAY					
1 - MILES TR 2 - FEET	ROUTE	DR - DRIVE PI - PIKE	WA - WAY	ROADWAY DIV	/IDED					
3-YARDS		HE - HEIGHTS PL - PLACE			T					
LOCATION OF FIRST HARMFUL EVE 1 - ON ROADWAY 9 - CROSSOVE	190 - 190 -	ANNER OF CRASH COLLISION/IMP OT COLLISION 4 - REAR-TO-REAR		DIRECTION OF TRAVE 1 - NORTH		ITYPE LUSH MEDIAN				
	ALLET ACCESS 6 T	ETWEEN 5 - BACKING WO MOTOR 5 - BACKING		2-SOUTH	(<4 FEET)				
3-IN MEDIAN 11-RAILWAY 4-ON ROADSIDE 12-SHARED U	VI	EHICLES IN 6-ANGLE RANSPORT 7-SIDESWIPE, SA	ME DIRECTION	3 - EAST 4 - WEST	2 - DIVIDED F (≥4 FEET	LUSH MEDIAN)				
5-ON GORE TRAILS 6-OUTSIDE TRAFFIC WAY 13-BIKE LAN		EAR-END 8 - SIDESWIPE, 0P EAD-ON 9 - OTHER / UNKNO				EPRESSED MEDIAN				
7 - ON RAMP 14-TOLL BOO	гн	EAD-ON 9-OTHER/ONKING	74414		(ANY TYPE 9 - OTHER/UN	E)				
8-OFF RAMP 99-OTHER/U	NKNOWN									
WORK ZONE RELATED	WORK ZONE TYPE - LANE CLOSURE	LOCATION OF CRASH IN W		CONTOUR	CONDITIONS	SURFACE				
WORKERS PRESENT 2	- LANE SHIFT/CROSSOVER	WARNING SIGN 2 - ADVANCE WARN	2 3 0 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	1		2				
LAW ENFORCEMENT PRESENT	-WORK ON SHOULDER OR MEDIAN	3-TRANSITION ARE		1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE	1 - CONCRETE 2 - BLACKTOP,					
The production of the product of the	- INTERMITTENT OR MOVING WO - OTHER	RK 4 - ACTIVITY AREA 5 - TERMINATION A	RFΔ	3 - CURVE LEVEL 3 - SNOW BITU						
	\$2707000 4 7			4 - CURVE GRADE 4 - ICE 3 - BRICK/E						
LIGHT CONDITION 1 - DAYLIGHT	1 - CLEAR	6 - SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL, STONE				
3 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, SMO 4 - RAIN	9 - FREEZING RAIN OR	9 - OTHER							
5 - DARK – UNKNOWN ROADWAY LIGHTING	5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN					
9 - OTHER / UNKNOWN		1								
NARRATIVE					4	Indicate the north direction with				
Unit one (KYMCO scooter) wa	s driving west boun	d on E.			4	an "N" on the compass diagram.				
Main St. through N. Lincoln S	t. Unit two, driving									
eastbound, failed to yield to up	it one and turned			1 1	1					
left in front of unit one. Unit o	eastbound, failed to yield to unit one and turned									
icit in front of unit one. Chit o	ne then struck the				N	O SCALE				
man nessangan side of unit two			.?MAIN?ST.		N	O SCALE				
rear passenger side of unit two	o. The rider of unit	E	.?MAIN?ST.		<u> </u>	O SOALE				
one fell off his scooter to the r	o. The rider of unit	<u></u>	.?MAIN?ST.	TRAFFICISIO	Prone					
	o. The rider of unit	E	.?MAIN?ST.	☆ ■	Prone					
one fell off his scooter to the r	o. The rider of unit		.?MAIN?ST.	TRAFFICISIO	Prone					
one fell off his scooter to the r	o. The rider of unit	E	.?MAIN?ST.	TRAFFICISIO	Prone					
one fell off his scooter to the r	o. The rider of unit	E	.?MAIN?ST.	☆ ■	Prone					
one fell off his scooter to the r	o. The rider of unit	E	.?MAIN?ST.	TRAFFICISIO	Prone					
one fell off his scooter to the riinjuries to unit one driver.	o. The rider of unit ight. Minor			TRAFFIGURIC	Prone G					
one fell off his scooter to the rinjuries to unit one driver.	o. The rider of unit ight. Minor	ARRIVAL DATE /TIM	E	SCENE CLEARED	DATE/TIME RI	EPORT TAKEN BY POLICE AGENCY				
one fell off his scooter to the rinjuries to unit one driver. CRASH REPORTED DATE / TIME [0,9,2,5,2,0,2,5,/,0,6,5,5,],0,9,2	o. The rider of unit ght. Minor DISPATCH DATE / TIME 2,5,2,0,2,5,/,0,6,5,5	ARRIVAL DATE / TIM	E 0,6,5,8,0	SCENE CLEARED 0,9,2,5,2,0,2,	DATE/TIME RI	EPORT TAKEN BY				
one fell off his scooter to the rinjuries to unit one driver.	DISPATCH DATE / TIME 2,5,2,0,2,5,/,0,6,5,5 AL OFFICER'S NAME*	ARRIVAL DATE / TIM	E	SCENE CLEARED 9,9,2,5,2,0,2, CER'S NAME*	DATE/TIME RI	EPORT TAKEN BY POLICE AGENCY MOTORIST SUPPLEMENT				
one fell off his scooter to the rinjuries to unit one driver. CRASH REPORTED DATE / TIME O 9 2 5 2 0 2 5 / 0 6 5 5 0 9 2 TOTAL TIME OTHER TOTAL	DISPATCH DATE / TIME 2,5,2,0,2,5,/,0,6,5,5 AL OFFICER'S NAME* McNulty, San OFFICER'S	ARRIVAL DATE / TIM 5 0 9 2 5 2 0 2 5 / 1 nantha S BADGE NUMBER*	E D 6 5 8 0 CHECKED BY OFFI	SCENE CLEARED 9,9,2,5,2,0,2, CER'S NAME*	DATE/TIME RIST, 10,17,2,5	EPORT TAKEN BY POLICE AGENCY MOTORIST				

HSY7001 OH1 1/19 [760-0820] PAGE **1** OF **5**

UNIT #	OWNER NAME: LAST, FIRS			OWNER PHONE: INC	ER ORC 149.43(A)(1	DAMAGE DAMAGE SCALE				
	DRESS: STREET, CITY, STATE		9 SS46	ĮI.		1 - NONE 3 - FUNCTIONAL DANAGE				
	ILSON AVE,		240			2 - MINOR DAMAGE 4 - DISABLING DAMAGE				
COMMERC	CIAL CARRIER: NAME, ADDR	RESS, CITY, STATE, ZIP		COMMERCIAL CARRIES	R PHONE: INCLUDE AREA CODE	9 - UNKNOWN DAMAGED AREA(S)				
	LICENSE PLATE #	VEHICL	E IDENTIFICATION #	VEHICLE YE			E ALL THAT APPLY			
INSURAL VERIFI	NMG10 NCE INSURANCE COMP ED PROGRES		NSURANCE POLICY #	COLOR	VEHICLE MODEL	11 12 1	11 12 1			
	TYPE OF USE		US DOT #	TOWED BY: COMPAN	I NAME	10 1 2	<u> </u>			
COMME	RCIAL GOVERNMENT	IN EMERGENCY RESPONSE		HAZARDI	OUS MATERIAL	9 9 3	,			
DEVICE EQUIP	OCK E HIT/SKIP UNI PED	#UCCUPANTS	HICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS 3 - >26K LBS.	MATERIAL	CLASS # PLACARD ID #	8 7 6 5 11	12 1 5 5			
0.7 UNITTYPE	1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 5 - CARGO VAN 6 - VAN 9-15 SEATS) 11 - ALL TERRAIN VEHICLE (ATV/UTV)		12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 14 - SINGLE UNITTRUCK 20 - OTHER VEHICLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 17 - MOTORHOME ANIMAL-DRAWN VEHICLE		23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (AIIYTYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	10 9 8	11 12 11 10 2 9 3 3 9 4 7 5 5 6 5 12			
	WAS VEHICLE OPERATING IN AU	TONOMOUS	D - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - HNKNOWN	11 12	6 11 12			
2	MODE WHEN CRASH OCCURRED 1-YES 2-NO 9-OTHER/UNK	9 1	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION 5 - FULL AUTOMATION) - UNINOWN	9 9 3 3	10 11 1 2 2 9 3			
0.1	1 - NONE 2 - TAXI	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY	11 - FIRE 12 - MILITARY	16-FARM 17-MOWING	21 - MAIL CARRIER 99 - OTHER / UNKNOWN	8 7 5 4	8 7 5 4			
SPECIAL	3 - ELECTRONIC RIDE SHARING		13 - POLICE	18 - SNOW REMOVAL	yy-ornery ondronn	7 6 5	7 6 5			
FUNCTION	N 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE		14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	19-TOWING 20-SAFFTY SERVICE PATROL		6	6			
	1 - NO CARGO BODY TYPE			8 - POLE	12 - CONCRETE MIXER	1	12 12 12			
	/ NOT APPLICABLE 2 - BUS	MOTORVEHICLE	CHASSIS	9 - CARGO TANK	13-AUTOTRANSPORTER	R R /	†			
BODY TYPE	2 - 805	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	10-FLAT BED 11-DUNP	14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN		3 9 7 3 9 🗱 3			
VEHICLE	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING	7 - WORN OR SLICKTIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER / UNKNOWN	6				
DEFECTS		6 - TIRE BLOWOUT	0.000.00.000.000	6 12 40 50 50 50 50 50 50 50 50 50 50 50 50 50		- NO DAMAGE [0	J - UNDERCARRIAGE [14]			
	CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS	12 - FIRST RESPONDER AT INCIDENT SCENE	□-TOP [13]	- ALL AREAS [15]			
LOCATION	2-INTERSECTION - UNMARKED CROSSWALK	CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	B - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN	- UNIT	NOTAT SCENE [16]			
3 ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - MAKING U-TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN 11 - SLOWING OR STOPPED INTRAFFIC		7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED	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	INITIAL POINT OF CONTACT 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFERTO UNIT 15 - VEHICLE NOT AT SCEN DIAGRAM 99 - UNKNOWN 13 - TOP				
		7 - LEFT OF CENTER		17 - VISION OBSTRUCTION	21 -LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL			
0.1	2 - FAILURE TO YIELD 3 - RAN RED LIGHT	8 - FOLLOWING TOO CLOSE / ACD 9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED	18-OPERATING DEFECTIVE 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 99-OTHER IMPROPER ACTION	22 - TWO-WAY	2 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL			
CIRCUMSTANCES	5-UNSAFE SPEED 6-IMPROPERTURN	11 - DROVE OFF ROAD 12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPER CROSSING	77*OTHER IMPROPERACTION	# of THROUGH LANES	RAIL GRADE CROSSING			
SEQUENCE	OF EVENTS					ON ROAD	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING			
1 2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	NON-COLLISION 11-CROSS CENTERLINE —	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE		3 - INVOLVED-PASSIVE CROSSING			
1 - 0	2 - FIRE/EXPLOSION 3 - IMMERSION	7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	OPPOSITE DIRECTION OF TRAVEL	17 - ANIMAL — FARM 18 - ANIMAL — DEER	EQUIPMENT 23 - STRUCK BY FALLING,	UNIT / NON-	MOTORIST DIRECTION			
2		9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	19-ANIMAL - OTHER	SHIFTING CARGOOR ANYTHING SET IN MOTION		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST			
0.00	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14-PEDESTRIAN	20 - MOTOR VEHICLE IN TRANSPORT	BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	FROM 3 TO 6	4 3 - EAST 7 - SOUTHEAST			
3		COLLISIO	15-PEDALCYCLE N WITH FIXED OBJECT	21 - PARKED MOTOR VEHICLE - STRUCK			4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN			
4	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB 44 - DITCH	50 - WORK ZONE MAINTENANCE EQUIPMENT	HALL COLLEGE				
	26-BRIDGE OVERHEAD	33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES 45		45 - EMBANKMENT	51 - WALL	UNIT SPEED	DETECTED SPEED 1 - STATED / ESTIMATED SPEED			
5	STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	RADDIED AS HELL ITY DOLE		46 - FENCE 47 - MAILBOX	52 - BUILDING 53 - TUNNEL	0,2,0	2 - CALCULATED / EDR			
6	28-BRIDGE PARAPET 29-BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	48 - TREE 49 - FIRE HYDRANT	54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	POSTED SPEED	3 - UNDETERMINED			
. 1	30-GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	and the second		3 5				
	FIRST HARMFUL EVEN	T MOST H	IARMFUL EVENT							

LOCAL REPORT NUMBER 2 | 0 | 2 | 5 | - | 0 | 0 | 0 | 1 | 3 | 9 | 1 | 1 | OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) DAMAGE OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)
REDACTED PER ORC 149.43(A)(1) KLECKNER, HARLIE, JANE DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 2 1701 GLENWOOD DR, Twinsburg, OH 44087 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 6 Chevrolet KL7₁C₁J₁L₁S₁B₁GB7₁5₁5₁8₁7₁4₁ O H KSF5451 INSURANCE POLICY # INSURANCE VERIFIED INSURANCE COMPANY COLOR VEHICLE MODEL State Farm RED TRAX 219-2253-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. HIT/SKIP UNIT 2 - 10,001 - 26K LBS. $0_{\perp}1$ PLACARD 」 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 - WHEFI CHAIR (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 - LINKNOWN 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 AUTONOMOUS 2 - PARTIAL AUTOMATION 1-YES 2-NO 9-0THER/UNKNOWN 5 - FULL AUTOMATION MODE LEVEL 1 - NONE 6 - BUS - CHARTER/TOUR 11-FIRE 16-FARM 21 - MAIL CARRIER 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN 0 1 2 - TAXI 7 - BUS - INTERCITY SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18-SNOW REMOVAL FUNCTION 4 - SCHOOL TRANSPORT 19-TOWING 9 - BUS - OTHER 14 - PUBLIC UTILITY 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 1 - NO CARGO BODY TYPE 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 00 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN VEHICLE 2 - HEAD LAMPS 8 - TRAILER EQUIPMENT 10-DISABLED FROM PRIOR 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 14 - ENTERING OR CROSSING 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - UNDERCARRIAGE 0 6 3 - CHANGING LANES 0 - NO DAMAGE 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 99 - UNKNOWN JOGGING, PLAYING 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 7 - LEFT OF CENTER 13 - IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 -LYING IN ROADWAY TRAFFIC CONTROL TRAFFICWAY FLOW PARKED POSITION 18-OPERATING DEFECTIVE 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 14 - STOPPED OR PARKED EQUIPMENT 23 - OPENING DOOR INTO 2 - TWO-WAY 3 - RAN RED LIGHT 9-IMPROPER LANE CHANGE 5 - YIELD SIGN 2 - SIGNAL ILLEGALLY 19 - LOAD SHIFTING/FALLING/ ROADWAY 4 - RAN STOP SIGN 10-IMPROPER PASSING 3 - FLASHER 6 - NO CONTROL 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

OFF PUBLIC BAFETY MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER							
SAPETY - MERVI	CE - PROTECTION	010K131 / 140) IA – IA	1010	K12	ı			2 0	2 - 5 0 - 0	$0_{+}0_{+}1$	3.9	9 1	_1
UNIT#	NAME: LAST	, FIRST, MIDDLE								DATE OF BIRTH		A	GE	GENDER
0,1	HOWE	E, EVAN, CECIL							L0 ₁ 7	1 1 3 1 9	8 0	4:	5	M
	STREET, CITY, STATE, ZIP ILSON AVE, Kent, OH 44240								CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)					
INJURIES		EMS AGENCY (NAME)		INJUREDT	AKEN TO	MEDICAL FACILITY	(NAME, CITY)		— DOT C	SEATING POSITIO	N AIR BAG	USAGE EJ	ECTION	TRAPPED
2 4	BY 1							USED 0 8	MC HE	LMET 0 1	1		4	_1_
OL STATE		LICENSE NUMBER		OFFENS	E CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATI	ON NUM	BER	
OH	REDAC	CTED PER ORC 450)1:1-12											
OL CLASS	ENDORSEMEN SELECT UP TO 2			VER TRACTED	_	OHOL / DRUG SUSPE		CONDITION	STATUS T	YPE VALUE	STATUS	DRUG T		SELECTUPTO4
. 4 .	. M.,		BY	1	=	LCOHOL MAF	ANAULIS	1 1	1	1	1	1		
UNIT #		FIRST, MIDDLE			υ۰	THER DRUG				DATE OF BIRTH			GE	GENDER
0.2.		KNER, HARLIE,	JANE	7.					1.2	$10 \cdot 9 \cdot 2 \cdot 0$	0 3	2005	17	F
	STREET, CITY, S		UZKINI	-					75	PHONE - INCLUDE AREA				_ T
=		OOD DR ,Twinsl	ourg .C	OH 44	087					ACTED PER		149	.43	(A)(1)
INJURIES	INJURED	EMS AGENCY (NAME)	,,,,			MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	L	SEATING POSITIO				
5	TAKEN BY							USED 0 4	□MC HE	MPLIANT	1		1 .	. 1
OL STATE		LICENSE NUMBER		OFFENS	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATI	ON NUM	BER	
O, H,	REDAC	TED PER ORC 450)1:1-12	331.1	17		CODE	Right of Way	when Tu		2942	29422		
OL CLASS	ENDORSEMEN SELECT UP TO 2		UPTO3 DRI	VER TRACTED	_	OHOL / DRUG SUSPE		CONDITION	STATUS T	OHOL TEST YPE VALUE		DRUG T		SELECTUPTO4
1	03800000000000000		BY	1	=	_	RIJUANA	. 1 .	1	1	1	1		
4 UNIT #	NAME. LAST	FIRST, MIDDLE		1	Цο	THER DRUG				DATE OF BIRTH		1 1	GE	GENDER
OHI #	NAME: DASI	, rikai, middet								DATE OF BIRTH		^	u.	GENDER
ADDRESS:	STREET, CITY, S	TATE, ZIP							CONTACT	PHONE - INCLUDE AREA (CODE			
101												- 8		
INJURIES		EMS AGENCY (NAME)		INJUREDT	AKEN TO	MEDICAL FACILITY	(NAME, CITY)		DОТ-C	SEATING POSITIO	N AIR BAG	USAGE EJ	ECTION	TRAPPED
NON	TAKEN BY							USED	_ MC HELMET					السا
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	SE CHAI	RGED	LOCAL OFFENSE DESCRIPTION				CITATION NUMBER			
		20	20	ate ate					2.000					
OL CLASS	ENDORSEMEN SELECT UP TO 2		DIS	VER Tracted		OHOL / DRUG SUSPE		CONDITION	STATUS T	YPE VALUE		TYPE		SELECTOP TO 4
			BY		=	LCOHOL MAF THER DRUG	RIJUANA							
INJU	RIES	SEATING POSITION	A	IR BAG		OL CLASS	5	OL RESTRIC	TION(S)	DRIVER DISTRAC	TION	TES	T STA	
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1-NOTDEP			1 - CLASS A		1 - ALCOHOL INTER		1 - NOT DISTRACTED		1 - NONE GI		
3 - SUSPECTED	SERIOUS INJURY MINOR INJURY	2 - FRONT - MIDDLE	2 - DEPLOYE 3 - DEPLOYE			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE		2 - MANUALLY OPERATIN ELECTRONIC COMMUN	NICATION	2 - TEST RE 3 - TEST GIV		TAMINATED
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE		ED BOTH FRO	NT/SIDE	4 - REGULAR CLASS		4 - FARM WAIVER		DEVICE (TEXTING, TY) DIALING)			/ UNUSA	
5 - NO APPAREN	TINJURY	(M0TORCYCLE PASSENGER)	5-NOTAPP	LICABLE MENT UNKNO	E MAC MODER ONLY					REE	4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS			
	TAKEN BY	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS		4 - TALKING ON HAND-HE COMMUNICATION DEV		UNKNOW	/N	
1 - NOT TRANSP /TREATED AT	Programme and the second	7 - THIRD - LEFT SIDE	EJ	ECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE		5 - OTHER ACTIVITY WITH	HAN	ALCOHO 1 - NONE	OL TES	TTYPE
2 - EMS 3 - POLICE		(MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE	1 NOTEJE	CTED LY EJECTED		H - HAZMAT M - MOTORCYCLE		RESTRICTIONS 9-LEARNER'S PER	MIT	6 - PASSENGER		2 - BLOOD		
9-OTHER/UNK	NOWN	9 - THIRD - RIGHT SIDE	3-TOTALLY			P - PASSENGER		RESTRICTIONS		7 - OTHER DISTRACTION		3 - URINE		
SAFETY E	QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4-NOTAPP	LICABLE		N-TANKER		10 - LIMITED TO DAY		8 - OTHER DISTRACTION		4 - BREATH 5 - OTHER		
1 - NONE USED		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	T	RAPPED		Q - MOTOR SCOOTER R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE		THE VEHICLE 9 - OTHER / UNKNOWN		DRUG	TEST	TYPE
2 - SHOULDER B 3 - LAP BELT ON		(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOTTRA 2 - EXTRICA			S - SCHOOL BUS		13 - MECHANICAL D (SPECIAL BRAK			100	1 - NONE	Billio	
4 - SHOULDER &		12 - PASSENGER IN UNENCLOSED	MECHAN	ICAL MEANS		T - DOUBLE & TRIPLE X - TANKER / HAZMAT		CONTROLS, OR O ADAPTIVE DEVI		1 - APPARENTLY NORMAL	100	2 - BLOOD 3 - URINE		
5 - CHILD RESTR FORWARD FA		CARGO AREA 13 - TRAILING UNIT	3- FREED B NON-ME	Y Chanical Me	EANS		new hove	14 - MILITARY VEHI		2 - PHYSICAL IMPAIRMEN	VT .	4 - OTHER		
6 - CHILD RESTR	RAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				GENDER F-FEMALE		15 - MOTOR VEHICLE AIR BRAKES	ES WITHOUT 3 - EMOTIONAL (E.G., DEPRESSED ANGRY, DISTURBED)			DRUG TEST RESULT(S)		
7 - BOOSTER SE		15 - NON-MOTORIST				M - MALE		16 - OUTSIDE MIRRO			1 - AMPHETAMINES			
8 - HELMET USI		99 - OTHER / UNKNOWN				U -OTHER / UNKNOWN		17 - PROSTHETIC AII 18 - OTHER		5 - FELL ASLEEP, FAINTEI FATIGUED, ETC.	1000	2 - BARBITU 3 - Benzod		S
9 - PROTECTIVE (ELBOW, KNE										6 - UNDERTHE INFLUENCE OF MEDICATIONS / DRU	JGS .	4 - CANNAB	INOIDS	
10 - REFLECTIVE										/ALCOHOL 9-OTHER/UNKNOWN		5 - COCAINE 6 - OPIATES		S
11 - LIGHTING - F / BICYCLE ON										7- OTHER/ UNKNOWN		7 - OTHER	VEIGIO	
99 - OTHER / UNK	NOWN											8 - NEGATIN	E RESUL	TS

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Ú	OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER 2							
	UNIT#	NAME. LAS	T FIRST MIDDLE						E OF BIRTH	0,1,3	AGE	GENDER		
	UNIT # NAME: LAST, FIRST, MIDDLE						DAI	E OF BIKIN		AGE	GENDER			
Ĭ	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	- INGLUDE AREA GO	DE				
OCCUPAN	and the state of t							TOLDE AREA VOICE						
9	INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED		
Ī		TAKEN BY					USED	MC HELMET		T:				
7	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
								ــــــــــــــــــــــــــــــــــــــ	1 1 1					
PAN	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INGLUDE AREA GO	DE		ô		
OCCUPAN					Į.							ш		
To the second	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED		
Ų								190000000000000000000000000000000000000			1			
ě	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
Ė	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE.				
OCCUPANT														
00	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED		
ı		TAKEN BY					USED	MC HELMET		Ĭ.	ا ا			
ī	UNIT#	NAME: LAS	T, FIRST, MIDDLE				•	DAT	E OF BIRTH		AGE	GENDER		
L											_ r_ r_ s			
JPAN	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
OCCUPANT		I	I				1	5	I	I		I		
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED		
			JRIES	SAFFT	Y EQUIPMENT USED		SEATING POS			AIR BAG I	ISAGE			
	1 - FATA	4		1 - NONE US	COMPANY OF THE PARTY OF THE PAR	Harting Property	IT – LEFT SIDE		1 - NOT DE					
	2 - SUSI	PECTEDSE	RIOUS INJURY		E OCCUPANT (MOTORCYCLE DRIV			(ER) 2 - DEPLOYED FRONT						
	3 - SUSI	PECTED MI	NOR INJURY		ER BELT ONLY USED T ONLY USED		3 - DEPLO	YED SIDE						
		SIBLE INJU			ER & LAP BELT USED	DE 4 - DEPLOYED BOTH SENGER) FRONT/SIDE								
	5 - NO A	PPARENT	INJURY	5 - CHILD RI	ESTRAINT SYSTEM -	5 - NOT APPLICABLE								
	1 NOT		TAKEN BY	150000000000000000000000000000000000000	D FACING	DE 9 - DEPLOYMENT UNKNOWN								
		TRANSPOR EATED AT S		REAR FA	ESTRAINT SYSTEM – CING	ECAR) EJECTION								
b	2- EMS			7 - BOOSTER	RSEAT	1 - NOT EJECTED								
	3- POLI			8 - HELMET			D – RIGHT SIDE PER SECTION (LY EJECTED				
	9- OTHI	ER / UNKNO			TIVE PADS USED KNEES, ETC.)		ENGER IN OTH		Y EJECTE					
	F - FEMA		NDER	10- REFLECT	TIVE CLOTHING	BUS, F	PICK-UP WITH CA	P)	4 - NOT AF	- NOT APPLICABLE TRAPPED				
	M - MALI			11 - LIGHTIN	G – PEDESTRIAN FONLY		ENGER IN UNE 10 AREA	1 - NOT TRAPPED						
	U - OTHE	R / UNKNO	WN	99- OTHER /			LING UNIT	2 - EXTRICATED BY			Y MECHANICAL			
					14 - RIDING ON VEHICLE (NON-TRAILING UNIT)			LATERIOR	MEANS 3 - FREED BY NON-MECHAN					
							MOTORIST R/UNKNOWN		MEANS		ECHANIC	AL		
Н	NAME: LAS	ST, FIRST, MIDD	LE			77 OHIL	. K 7 CHICKOVIII	DAT	E OF BIRTH		AGE	GENDER		
ESS	EMIC	G, JOH	N, WILLIAM					1,1,2,	8 1 9	5 4	7,0,	M		
WITNESS		: STREET, CITY,						CONTACT PHONE			40.42	/A\/4\		
			ON DR ,Kent,	,ОН 4424	0			REDACT		ORC		. ,, ,		
SS	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH	9 83 51	AGE	GENDER		
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
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,	NAME: LAST, FIRST, MIDDLE							DAT	E OF BIRTH		AGE	GENDER		
WITNESS	ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
MIT	AUDRESS:	: STREET, CITY,	STATE, ZIP									NG11 ***		
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