OHIO DEPARTMENT OF PUBLIC SAFETY TRAFF	C CRASH	·	OCAL REPORT NUMBER	*						
OH DUOTOS TAKEN	-2 OH-3	LOCAL INFORMATION				2 0 2 4	O _ O _ O _ I _ O	5 ₁ 7 ₁ 3 ₁ 0 ₁		
PHOTOS TAKEN OH	-1P OTHER	REPORTING AGENCY NAME	*		NCIC*	HIT/SKIP 1 - SOLVED	NUMBER OF UNITS	UNIT IN ERROR		
SECONDARY CRASH PR	IVATE PROPERTY	City of Kent Po	lice	.0	8 98 - ANIMAL					
COUNTY* LOCALITY* 1 - CITY	LOCATION: CITY	VILLAGE, TOWNSHIP*			1700 E	ASH SEVERITY				
6 7 1 2-VILLAGE	Kent					1,1,0,3,2,0,2,4	/1101 5	- FATAL		
	REFIX N - NORTH	LOCATION ROAD NAME			ROAD TYPE	LATITUDE DE	2	- SERIOUS INJURY SUSPECTED		
ROUTE TYPE ROUTE NUMBER P	S - SOUTH	FAIRCHILD			$\mathbf{A} \cdot \mathbf{V}$	41,164	1 0 7	- MINOR INJURY		
	W-WEST	27 - 17 A R B B B B B B B B B B B B B B B B B B		01105 #1				SUSPECTED		
ROUTE TYPE ROUTE NUMBER P	REFERENCE ROAD NAME (F	OUSE #)	ROAD TYPE	LONGITUDE D		- INJURY POSSIBLE - PROPERTY DAMAGE				
#	E - EAST W - WEST	FIELDSTONE			$\lfloor \mathbf{D}_{\perp} \mathbf{R}_{\rfloor}$	-8 ₁ 1 ₀ 3 ₈ 1	5,2,1	ONLY		
EDDM B	CTION	ROUTE TYPE		ROAD TYPE	201 201 21		INTERSECTION RELATE	D		
1 - INTERSECTION 2	C COUTH	INTERSTATE ROUTE(TP)	AL - ALLEY AV - AVENUE		RD - ROAD SQ - SQUARE	WITHIN INTE	RSECTION OR ON APPROA	CH		
1 3- HOUSE #	E - EAST	FEDERAL US ROUTE STATE ROUTE	BL - BOULEVARD		ST - STREET	WITHIN INTE	RCHANGE AREA NUM	IBER OF APPROACHES		
	TANCE CR-	NUMBERED COUNTY ROUTE	CR - CIRCLE		TE - TERRACE		ROADWAY			
FROM REFERENCE UNIT OF	1 - MILES TR -	NUMBERED TOWNSHIP	DR - DRIVE		TL - TRAIL WA - WAY					
5 0 2	2-FEET 3-YARDS	ROUTE	HE - HEIGHTS	PL - PLACE		ROADWAY DIV	/IDED			
LOCATION OF FIRS	T HARMFUL EVENT	.	MANNER OF CRASI	H COLLISION/IMPA	CT	DIRECTION OF TRAVE	L MEDIA	N TYPE		
1 - ON ROADWAY	9 - CROSSOVER		NOT COLLISION			N - NORTH	1 - DIVIDED F	FLUSH MEDIAN		
0 1 2-ON SHOULDER	10-DRIVEWAY/		TWO MOTOR	5 - BACKING 5 - ANGLE		S - SOUTH	(<4 FEET	T) FLUSH MEDIAN		
4 - ON ROADSIDE	12-SHARED US		V LITTOLLS IIV	7 - SIDESWIPE, SAM	IE DIRECTION	E - EAST W - WEST	(≥4 FEET	')		
5 - ON GORE	TRAILS AV 13-BIKE LANE			B - SIDESWIPE, OPP				DEPRESSED MEDIAN RAISED MEDIAN		
6 - OUTSIDE TRAFFIC W 7 - ON RAMP	14-TOLL BOOTH		- HEAD-ON	9 - OTHER / UNKNO	WIN		(ANY TYP	E)		
8 - OFF RAMP	99-OTHER/UN	KNOWN					9 - OTHER/UN	KNOWN		
WORK ZONE RELATED	1	WORK ZONE TYPE	LOCATIO	N OF CRASH IN WO	ORK ZONE	CONTOUR	CONDITIONS	SURFACE		
WORKERS PRESENT	0.77	ANE CLOSURE ANE SHIFT/CROSSOVER	1	- BEFORE THE 1ST WARNING SIGN	WORK ZONE	_ 1	1	2		
	3-1	VORK ON SHOULDER	V 7000	- ADVANCE WARNII		1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE		
LAW ENFORCEMENT PRESI		OR MEDIAN NTERMITTENT OR MOVING V		-TRANSITION AREA - ACTIVITY AREA	A	2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP, BITUMINOUS,		
ACTIVE SCHOOL ZONE		- TERMINATION AR	EA	3 - CURVE LEVEL	3 - SNOW	ASPHALT				
LIGHT CONDITION	I I	l w	EATHER	4 - CURVE GRADE 4 - ICE				3 - BRICK/BLOCK		
1 - DAYLIGHT	N.	1-CLEAR	6-SNOW					4 - SLAG, GRAVEL, STONE		
1 2 - DAWN/DUSK		0 1 2-CLOUDY		CROSSWINDS 6-WATER (STANDING, MOVING) 5-DIR						
3 - DARK - LIGHTED ROA 4 - DARK - ROADWAY NO		3 - FOG, SMOG, S 4 - RAIN						9 - OTHER/UNKNOWN		
5 - DARK – UNKNOWN RO		5 - SLEET, HAIL		/ UNKNOWN 9 - OTHER/UNK						
9 - OTHER / UNKNOWN										
NARRATIVE							A	Indicate the north		
Unit 1 was driving ea	acthound on	Fairchild Ave n	oor					direction with an "N" on the		
			0.00					compass diagram.		
Fieldstone Dr. and	a large deer	struck the passer	nger							
side of Unit 1.										
				†						
				FairchildAve.				Not To Scale		
							Unit 1			
]]	F	ieldstoneDr				
				1						
							. <u> </u>			
CRASH REPORTED DATE / TI	ME I	DISPATCH DATE / TIME	ARI	RIVAL DATE / TIME		SCENE CLEARED		REPORT TAKEN BY		
$1_{1}1_{1}0_{1}3_{1}2_{1}0_{1}2_{1}4_{1}/_{1}1_{1}$	$\lfloor \lfloor 0 \rfloor 1 \rfloor \lfloor 1 \rfloor 1 \rfloor 0$	3,2,0,2,4,/,1,1,0	2 1 1 0 3	2,0,2,4,/,1	1.0.6.1	1,0,3,2,0,2	4 _. / _. 1 _. 1 _. 2 _. 1.			
TOTAL TIME OTHE			•			CER'S NAME*		MOTORIST		
ROADWAY CLOSED INVESTIGATI	ON TIME MINUTI	minor uner, 1	534.3405-645.			eonard B		SUPPLEMENT (CORRECTION OR ADDITION		
	5 0 2	2000 A PAUL POLICE	'S BADGE NUMBER		2 1 5	BY OFFICER'S BADGE I	NUMBER*	TO AN EXISTING REPORT SENT TO COPS)		

LOCAL REPORT NUMBER 2 . 0 . 2 . 4 . - . 0 . 0 . 0 . 1 . 6 . 7 . 3 . 0 . OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)
REDACTED PER ORC 149.43(A)(1) RICH, SUSAN, HAZEL DAMAGE SCALE 3 - FUNCTIONAL DAMAGE OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 1 - NONE 638 VINE ST ,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 MAKE LP STATE LICENSE PLATE # VEHICLE YEAR 2 0 2 0 Subaru 4, S, 4, B, T, A, N, C, 9, L, 3, 1, 2, 9, 3, 4, 5 O H GXS6872 INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # COLOR VEHICLE MODEL STATEFARM WHI3228099SFP35 OUTBACK 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 0,2 PLACARD J 3 - >26K LBS 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 0 3 - SPORT UTILITY VEHICLE 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13-SNOWMOBILE 19-BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 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 99 - UNKNOWN OR HIT/SKIP 6 - VAN (9-15 SEATS) 17 - MOTORHOME (ATV/UTV) 00 # OF TRAILING UNITS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN WAS VEHICLE OPERATING IN AUTONOMOUS 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 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 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARBAGE/REFUSE BODY * 7 - GRAIN/CHIPS/GRAVEL 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 0 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 13 - IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 -LYING IN ROADWAY 1-NONE 7 - LEFT OF CENTER TRAFFICWAY FLOW TRAFFIC CONTROL 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 2 - SIGNAL 5 - YIELD SIGN 2 - TWO-WAY 2 ILLEGALLY 19 - LOAD SHIFTING/FALLING/ ROADWAY 4 - RAN STOP SIGN 10-IMPROPER PASSING CONTRIBUTING 5 - UNSAFE SPEED 6 - IMPROPERTURN 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 SE

	6-IMPROPERTURN	12 - IMPROPER BACKING				ON ROAD	1 - NOT INVOLVED			
EQUENCE	OF EVENTS					2	1 2 - INVOLVED-ACTIVE CROSSING			
;	1 - OVERTURNIROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT	NON-COLLISION 11-CROSS CENTERLINE — OPPOSITE DIRECTION OF TRAVEL 12-DOWNHILL RUNAWAY 13-OTHER NON-COLLISION	16-RAILWAY VEHICLE 17-ANIMAL — FARM 18-ANIMAL — DEER 19-ANIMAL — OTHER 20-MOTOR VEHICLE IN	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION	3 - INVOLVED-PASSIVE CROSS UNIT / NON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWES				
لبا	5 - CARGO / EQUIPMENT LOSS OR SHIFT		14-PEDESTRIAN 15-PEDALCYCLE N WITH FIXED OBJEC	TRANSPORT 21-PARKED MOTOR VEHICLE T - STRUCK	BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	FROM 4 TO	3			
لللا	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			
لب	26-BRIDGE OVERHEAD STRUCTURE 27-BRIDGE PIER ORABUTMENT 28-BRIDGE PARAPET	DANNICK	39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE	45 - EMBANKMENT 46 - FENCE 47 - MAILBOX	51 - WALL 52 - BUILDING 53 - TUNNEL	$\begin{bmatrix} 0_{\perp} 3_{\perp} 0_{\perp} \end{bmatrix}$	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR			
ىب	29-BRIDGE RAIL 30-GUARDRAIL FACE	35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	48-TREE 49-FIRE HYDRANT	54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	POSTED SPEED	3 - UNDETERMINED			
_1	FIRST HARMFUL EVE	NT 1 MOST H	ARMFUL EVENT			3 5				

OFF PUBLIC BAFETY MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER									
Carrie and the section AIO OK121 IAON-IAIO OK121							2,0,2,4,-,0,0,1,6,7,3,0,									
UNIT#	# NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER							
0,1	MALONE, CHARLES, JOSEPH								1 0 0 1 1 9 7 9 4 5 M							
	INE ST, Kent, OH 44240								CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)							
INJURIES	INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPME USED								DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED 1 1 1 1							
<u> 5</u>	BY							USED 0 4	□ мс не	LMET	0 1	1		_1_	_1_	
OL STATE		LICENSE NUMBER CTED PER ORC 450	1.1 12	OFFENS	E CHAI	RGED	LOCAL	OFFENSE DESC	CRIPTION			CITATI	CITATION NUMBER			
OH	REDAC	TED PER ORC 450	1.1-12													
OL CLASS				VER TRACTED	_	HOL / DRUG SUSPI		CONDITION	STATUS T	YPE		STATUS	DRUG Type	TEST(S) RESULT	SELECTUPTO4	
. 4 .	3020		BY	1	=	LCOHOL MAI	RIJUANA	1 1	1	1	120 140 24 25	1	1	20 1301		
UNIT #	NAME: LAST	J L L L L L L L L L L L L L L L L L L L			υ°	THER DRUG			الثا	DA'	TE OF BIRTH		Ť	AGE	GENDER	
OIII 9	NAME: DAS	, r 1031, mioocc										F F		AGE .	ULIIDEK	
ADDRESS:	STREET, CITY, S	STATE, ZIP							CONTACT	PHON	E - INCLUDE AREA O	ODE	_ _			
NING ADDRESS:	, , , , , , , , , , , , , , , , , , , ,								Contract		E - INCLODE AREA O					
S INJURIES	INJURED	EMS AGENCY (NAME)		INJUREDI	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT			SEATING POSITIO	N AIR BAG L	AG USAGE EJECTION TRAPPED			
NON	TAKEN BY							USED	□MC HE							
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION			CITATI	ON NU	MBER		
							CODE									
OL CLASS	ENDORSEMEN SELECT UPTO 2				ALC	HOL / DRUG SUSPI	ECTED	CONDITION	STATUS I	COHOL			DRUG TEST(S) ATUS TYPE RESULT SELECT UP TO 4			
	36660107102		BY	TRACTED	=		RIJUANA		JIAIUS		VALUE	317103	,,,,,	KESOLI	SELECTOPIO	
					0	THER DRUG					الللكا،	الللا	_	ا ا	نــانــا	
UNIT#	NAME: LAST	FIRST, MIDDLE								DA	TE OF BIRTH			AGE	GENDER	
4000500																
ADDRESS:	STREET, CITY, S	STATE, ZIP							CONTACT	PHONE	E - INCLUDE AREA O	ODE .				
NJURIES	IN HIDED	EMS AGENCY (NAME)		INJUDEDI	AVENTO	MEDICAL FACILITY	/DIME (#70)	CACCTY COULDMENT			SEATING POSITIO	N AIR DAG	ICACE	FIFOTION	TRADDED	
INJURIES	TAKEN BY	EMS AGENCT (NAME)		INJUREDI	AKEN 10	MEDICAL PACILITY	(NAME, CLTY)	USED	□ ВОТ-С		SEATING PUSITIO	M AIK BAG	JSAGE	EJECTION	TRAPPED	
OLSTATE		LICENSE NUMBER		OFFENS	OFFENSE CHARGED LOCAL OFFENSE DESC				RIPTION CIT			CITATI	TATION NUMBER			
ORIS				CODE				SMR 1 1744-074			35.010.16					
OL CLASS	ENDORSEMEN				ALC	HOL / DRUG SUSPI	ECTED	CONDITION		COHOL				TEST(S)		
	SELECT UP TO 2		BY	TRACTED		LCOHOL MAI	RIJUANA		STATUS	TPE	VALUE	STATUS	TYPE	KESULI	SELECTOP TO 4	
		ے بنے بنے ن			0.	THER DRUG	Mary .		ے لیے			السا		ا ا	لــالــالــ	
1 - FATAL	RIES	1-FRONT-LEFT SIDE	1- NOT DEP	IR BAG	11 311	OL CLASS 1-CLASS A	S	OL RESTRIC			T DISTRACTED	100	L - NONE	GIVEN	TUS	
	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2- DEPLOY			2 - CLASS B		2 - CDL INTRASTAT		2 - M	ANUALLY OPERATIN	GAN 2		REFUSED		
3 - SUSPECTED		2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3- DEPLOYI			3 - CLASS C		3 - CORRECTIVE LE	NSES		ECTRONIC COMMUN VICE (TEXTING, TYP			GIVEN, CON	TAMINATED	
4 - POSSIBLE IN 5 - NO APPAREN		4 - SECOND - LEFT SIDE	4 - DEPLOYI	ED BOTH FRO	NT / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS	A RIIS		ALING)	ner /			ULTS KNOWN	
J- NO ALL AREN	T INCORT	(M0TORCYCLE PASSENGER) 5 - SECOND - MIDDLE		MENT UNKNO	WN	5 - M/C MOPED ONLY		6 - EXCEPT CLASS			LKING ON HANDS-FI MMUNICATION DEV			GIVEN, RES	ULTS	
1 - NOT TRANSP	TAKEN BY	6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS	O TOAU CO		LKING ON HAND-HE MMUNICATION DEV	ICE	UNKN			
/TREATED A	and the same of th	7 - THIRD - LEFT SIDE	EJ	ECTION	T V S	OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE			HER ACTIVITY WITH	IAN	0.000		T TYPE	
2 - EMS		(M0TORCYCLE SIDE CAR) 8 - THIRD – MIDDLE	1-NOTEJE			H - HAZMAT		RESTRICTIONS			ECTRONIC DEVICE		L - NONE 2 - BLOOE			
3 - POLICE 9 - OTHER / UNK	MOWN	9 - THIRD - RIGHT SIDE	2- PARTIAL 3- TOTALLY	LY EJECTED		M - MOTORCYCLE P - PASSENGER		9 - LEARNER'S PER RESTRICTIONS	MH		SSENGER HER DISTRACTION		B - URINE	E		
		10 - SLEEPER SECTION	4-NOTAPP			N-TANKER		10 - LIMITED TO DAY	LIGHT ONLY		SIDE THE VEHICLE		4 - BREA			
1 - NONE USED	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER		RAPPED	CISO.	Q - MOTOR SCOOTER		11 - LIMITED TO EM			HER DISTRACTION (IE VEHICLE	OUTSIDE 5	- OTHE	R		
2 - SHOULDER E	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1- NOTTRA		UE JU	R-THREE-WHEEL MO	TORCYCLE	13 - MECHANICAL D		9 - 0T	HER / UNKNOWN			JG TEST	TYPE	
3 - LAP BELT ON	NLY USED	PICK-UP WITH CAP)	2 - EXTRICATED BY			S SCHOOL BUS (SPECIAL BI		(SPECIAL BRAK CONTROLS, OR O	BRAKES, HAND		CONDITION	1 - NONE 2 - BLOOD				
	4 - SHOULDER & LAP BELT USED 12 - PASSENGER CARGO AREA		MECHANICAL MEANS 3- FREED BY			X - TANKER / HAZMAT ADAPTIVE			DEVICES) 1 - APPARENTLY NOR							
5 - CHILD RESTI FORWARD FA	RAINT SYSTEM – ACING	13 - TRAILING UNIT		NON-MECHANICAL MEANS			14 - MILITARY VEHICLE	2 - PHYSICAL IMPAIRMENT 4 - OTHER								
6 - CHILD RESTI REAR FACIN	RAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F-FEMALE		AIR BRAKES		3 - EMOTIONAL (E.G., DEPRESSEE ANGRY, DISTURBED)			DRUG TEST RESULT(S)			
7 - BOOSTER SE		15 - NON-MOTORIST				M - MALE			16 - DUTSIDE MIRROR 4 - ILLNESS					ETAMINES		
8 - HELMET US		99 - OTHER / UNKNOWN				U -OTHER / UNKNOWN		17 - PROSTHETIC AII 18 - OTHER	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.			100		ITURATES ODIAZEPINI	FS	
9 - PROTECTIVE (ELBOW, KNE											DERTHE INFLUENC MEDICATIONS / DRU	E		ABINOIDS		
10 - REFLECTIVE											COHOL		5 - COCAI			
11 - LIGHTING - I										9- OTI	HER/UNKNOWN		6 - OPIAT 7 - OTHEI	ES / OPIOID	S	
99 - OTHER / UNK														K TIVE RESUL	TS	

HSY8306 OH1M 1/19 [760-1500] PAGE 3 OF 4

U	OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER							
_							2,0,2,4,-,0,0,1,6,7,3,0,							
	UNIT # NAME: LAST, FIRST, MIDDLE O1 DICH SUSAN HAZET							DATE OF BIRTH AGE GENDER						
E	01 RICH, SUSAN, HAZEL							1,1,1,2,1,9,8,2,4,1, F						
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP 638 VINE ST, Kent, OH 44240								REDACTED PER ORC 149.43(A)(1)					
9	INJURIES	INJURED	EMS AGENCY (NAME)	30001999 30-2	INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	5	TAKEN BY					USED 0 4	MC HELMET	0 3	11	1	_1		
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
Ļ								CONTROL BUONE		اللل				
0CCUPANT	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
9	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		BY				MC HELMET				نـــــا				
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
_								سسب		البيا		نـــــا		
0CCUPANT	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
1000	THUDIES	INJURED	EMS AGENCY (NAME)		IN HIDERTANENTA Messay France		LEASETY FAILIDMENT		CEATING DOCITION	T A I D DAC HEACE	BAG USAGE EJECTION TRAF			
	INJURIES	TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING PUSITION	AIK BAG USAGE	EJECTION	IKAPPED		
H	UNIT#		T FIRST MIDDLE					A15-10-10-10-10-10-10-10-10-10-10-10-10-10-	E OF BIRTH		AGE	GENDER		
	UNII#	NAME: LAS	T, FIRST, MIDDLE					DAI	FOLBIKIH		AGE	GENDER		
Į	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE L				
OCCUPANT			,											
30	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	SAFETY EQUIPMENT	DOT 0	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
8	r 1	TAKEN BY				USED	DOT-COMPLIANT MC HELMET	1 1 1		di i	le a			
		INJU	JRIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE			
	1 - FATA	AL .		1 - NONE US			T - LEFT SIDE ORCYCLE DRIV	ED)	1 - NOT DE	PLOYED				
Ĭ	2 - SUSI	PECTEDSE	RIOUS INJURY		OCCUPANT ER BELT ONLY USED	LK)	YED FRONT							
			NOR INJURY	3 - LAP BEL	3 - FRONT - RIGHT SID									
Ħ		SIBLE INJU		4 - SHOULDI	ER & LAP BELT USED	ND – LEFT SIDI ORCYCLE PASS								
	3- NO A				ESTRAINT SYSTEM -	5 - NOT APPLICABLE								
	1 NOT	TRANSPOR	TAKEN BY		D FACING 6 - SECOND - RIGHT SIZE ESTRAINT SYSTEM - 7 - THIRD - LEFT SIDE			DE 9 - DEPLOYMENT UNKNOWN						
Ĭ		EATED AT S		REAR FA		CAR) EJECTION								
	2 - EMS			7 - BOOSTER	RSEAT	1 - NOT EJECTE			ED					
	3 - POLI	ICE		8 - HELMET		F TRUCK CAB	ALLY EJECTED							
	9 - OTHI	ER / UNKNO	DWN		TVE PADS USED KNEES, ETC.)	ER ENCLOSED	LY EJECTED							
			NDER		TIVE CLOTHING	p)	PLICABLE							
Ĭ	F - FEMA				G - PEDESTRIAN		ENGER IN UNE O AREA							
		R / UNKNO	WN	99 - OTHER /	13 - TRAILING UN				1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL					
				99- UIHEK/	ONKNOWN	14 - RIDING ON VEHICLE (NON-TRAILING UNIT)		EXTERIOR	MEANS			IICAL		
						15 - NON-	MOTORIST		3 - FREED MEANS	BY NON-ME	CHANIC	AL		
8	NAME: LAS	ST, FIRST, MIDD	LE			99 - UIRE	R / UNKNOWN	DAT	E OF BIRTH		AGE	GENDER		
ESS									1 1 1					
WITNESS	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
Ц			102											
SS	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDE						
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE	- INCLUDE AREA CO	DE L					
≥								1 1						
۵	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
WITNESS	ADDRESS	OTDEST	ATATE 710						1 1		1 1 8			
LIM	AUURESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						

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