OHIO DEPARTMENT OF PUBLIC SAFETY TRAFFIC CRASH F	LOCAL REPORT NUMBER*							
PHOTOS TAKEN OH-2 OH-3		2 10 2 5 -	- 10 10 10 11 6	5 ₁ 8 ₁ 9 ₁ 6 ₁				
C OH-1P OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP 1 - SOLVED	NUMBER OF UNITS	UNIT IN ERROR 98 - ANIMAL		
PRIVATE PROPERTY	City of Kent Police	0.0	6,7,0,3	L 2 - UNSOLVED		1 99 - UNKNOWN		
county* Locality* 1-city 6.7. 1 2-VILLAGE Kent		CRASH DATE / TIME* CRASH SEVERITY						
3-TOWNSHIP TOTAL	LOCATION ROAD NAME	ROAD TYPE	111282025		SERIOUS INJURY SUSPECTED			
2-SOUTH 4 3-EAST	MAIN		ST	41,153	2	MINOR INJURY		
The second secon	VIATIN Reference road name (road, n	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE		SUSPECTED INJURY POSSIBLE		
2 - SOUTH 3 - EAST	PEARL	,,	$\mathbf{S} \cdot \mathbf{T}$	-8 ₁ 1 ₆ 3 ₆ 4 ₁		PROPERTY DAMAGE		
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE	S I		NTERSECTION RELATED	ONLY		
2-MILE POST 2 2 COUTH			D - ROAD	☐ WITHIN INTER	RSECTION OR ON APPROA	СН		
3- HOUSE # 3- EAST	EDERIAL OU HOUTE		Q - SQUARE T - STREET	WITHIN INTER	RCHANGE AREA NUM	BER OF APPROACHES		
	NUMBERED COUNTY ROLLTE CR -		E - TERRACE L - TRAIL	0	ROADWAY			
1-MILES TR-1	NUMBERED TOWNSHIP DR -	DRIVE PI - PIKE W	VA - WAY	ROADWAY DIV	IDED			
7 3 2 3-YARDS	HE -	HEIGHTS PL - PLACE			Ī			
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 9 - CROSSOVER	1 - NOT C	ER OF CRASH COLLISION/IMPAG OLLISION 4 - REAR-TO-REAR	CT	DIRECTION OF TRAVEL 1 - NORTH		NTYPE LUSH MEDIAN		
0 4 2 - ON SHOULDER 10 - DRIVEWAY/A 3 - IN MEDIAN 11 - RAILWAY GR	ADE COCCUMO I TWO	MOTOR S-BACKING		2 - SOUTH	(<4 FEET			
4 - ON ROADSIDE 12-SHARED USE	E PATHS OR TRAN	SPORT 7 - SIDESWIPE, SAME		3 - EAST 4 - WEST	(≥4 FEET)		
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REAR- 3 - HEAD-		3.2.2.5		4 - DIVIDED, R	RAISED MEDIAN		
7 - ON RAMP 14-TOLL BOOTH 8 - OFF RAMP 99-OTHER / UNI					9 - OTHER/UN			
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WO	RK ZONE	CONTOUR	CONDITIONS	SURFACE		
1-1	ANE CLOSURE	1 - BEFORE THE 1ST V WARNING SIGN	WORK ZONE	1	3	2		
D LAW ENGODOSMENT PROGRAM	ANE SHIFT/CROSSOVER /ORK ON SHOULDER	2 - ADVANCE WARNIN		1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE		
	R MEDIAN NTERMITTENT OR MOVING WORK	3 - TRANSITION AREA 4 - ACTIVITY AREA		2 - STRAIGHT GRADE 2 - WET 2 - BLACKTO				
ACTIVE SCHOOL ZONE 5 - 0	THER	5 - TERMINATION ARE	EA	ET LANGERSON PROGRAMME	4 - ICE	ASPHALT 3 - BRICK/BLOCK		
LIGHT CONDITION	WEATHER			9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL,		
1 - DAYLIGHT 1 2 - DAWN/DUSK	1-CLEAR	6 - SNOW 7 - SEVERE CROSSWINDS			6 - WATER (STANDING,	STONE 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			MOVING) 7 - SLUSH	9 - OTHER/UNKNOWN		
5 - DARK – UNKNOWN ROADWAY LIGHTING	5 - SLEET, HAIL	99 - OTHER / UNKNOWN		l I.	9 - OTHER/UNKNOWN			
9 - OTHER / UNKNOWN					Α.	*		
NARRATIVE		_				Indicate the north direction with an "N" on the		
UNIT 1 WAS DRIVING WESTB	OUND ON W MAIN	N			1	compass diagram.		
ST NEAR S PEARL ST. UNIT	LOST							
CONTROL IN THE SNOW, W	ENT LEFT OF							
CENTER, OFF THE ROADWA	Y AND UP A SMAL	L	1 1					
HILL. UNIT 1 THEN SLID DO			N?PEARL?S		Not To So	cale		
SIDEWAYS INTO A UTILITY	POLE. THE		WWW	NN7ST		-		
PLASTIC COVER ON THE PO	OLES GROUNDING		,			/		
WIRE WAS BROKEN OFF TH				UT	TLITYPPOLE			
THE WAS DROKEN OF THE	L CHERT TOLE.	9	?PEARL?ST	•	ONIT 1			
			t I					
	<u> </u>				<u> </u>			
	ISPATCH DATE / TIME	ARRIVAL DATE/TIME		SCENE CLEARED D	I⊽I	POLICE AGENCY		
	8,2,0,2,5,/,1,0,1,3,1				5,/,1,0,4,8,	MOTORIST		
TOTAL TIME OTHER TOTAL MINUTE				cer's name* eonard B	盲	SUPPLEMENT (CORRECTION OR ADDITION		
	O O O O O O O O O O O O O O O O O O O							
1 0 1 0 1 0 1 0 1 1 1 0 1 0 4 1	5 2 2 0	r r de	4 1 5	1 U 1 1	10 1			

LOCAL REPORT NUMBER

2.0.2.5.-.0.0.0.1.6.8.9.6.

						2 0 2 5 0	0 0 1 0 0 0 0			
	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) WROBEL, BETH, ANN VNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)				R ORC 149.43(A)(1)	DA	MAGE SCALE			
	VILLAGE CT		224			3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE				
	CIAL CARRIER: NAME, ADD	<u> </u>		COMMERCIAL CARRIER	PHONE: INCLUDE AREA CODE	9 - UNKNOWN				
LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION #						DAMAGED AREA(S) INDICATE ALL THAT APPLY				
	LICENSE PLATE # JXA2730		$(V_1 V_1 9_1 X_1 6_1 3_1 6_1)$	$5 \cdot 6 \cdot 7$ VEHICLE YE $2 \cdot 0 \cdot 0$		5000000000	12			
INSURA VERIFI	INSURANCE COME ED GRANGE		NSURANCE POLICY # 239249	WHI	TOWN CA	R ₁₀ 11 12 1	10 12 1 2			
TYPE OF USE COMMERCIAL GOVERNMENT RESPONSE US DOT #				TOWED BY: COMPAN		9 9 3 3	9 10 2 3			
INTERI DEVICE EQUIP	LOCK E PED HIT/SKIP UNI	#UCCUPANTS	HICLEWEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	MATERIAL RELEASED	CLASS # PLACARD ID #	8 7 6 5	8 7 6 5 5 4 T2			
UNIT TYPE	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)	13-SNOWMOBILE 14-SINGLE UNITTRUCK 15-SEMI-TRACTOR	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-BRAWN VEHICLE	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	10 9 8	11 12 1 10 2 9 3 3 8 7 5 5 4 4 6 5 5 12			
2	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED 1-YES 2-NO 9-OTHER/UNK	99 1	1 - DRIVER ASSISTANCE	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN	11 12 1 10 11 12 2 9 9 3 3	6 11 12 1 10 11 1 2 9 9 3 3			
0 1 SPECIAL FUNCTION	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSITICOMMUTER	9 - BUS - OTHER	12 - MILITARY 13 - POLICE	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 4 7 6 5 5			
O 1 CARGO BODY TYPE	1 - NO CARGO BODYTYPE /NOTAPPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 4 - LOGGING	CHASSIS 6 - CARGO VAN/ENCLOSED BOX	8 - POLE 9 - CARGOTANK 10 - FLAT BED 11 - DUNP	12-CONCRETE MIXER 13-AUTOTRANSPORTER 14-GARBAGE/REFUSE 99-OTHER/UNKNOWN	9 3 9 6	3 9 3 3			
	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT		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	7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN	☐- TOP [13]	-ALL AREAS [15]			
_3 ACTION		1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - CVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED INTRAFFIC	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGSING, 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	0 - NO DAMAGE 1-12 - REFER TO DIAGRAM 13-TOP	UNIT 15 - VEHICLE NOT AT SCENE			
1 1 1 CONTRIBUTING	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACD. 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	A PARKED POSITION 14-STOPPED OR PARKED ILLEGALLY 15-SWERVING TO AVOID	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	OF EVENTS					ON ROAD	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING			
$1 \begin{bmatrix} 1 \end{bmatrix} \begin{bmatrix} 1 \end{bmatrix}$	1 - OVERTURNIROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	OPPOSITE DIRECTION OF TRAVEL	16-RAILWAYVEHICLE 17-ANIMAL – FARM 18-ANIMAL – DEER 19-ANIMAL – OTHER	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGOOR	UNIT/NON-	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST			
3.4.0	4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN COLLISIO	13 - OTHER NON-COLLISION 14 - PEDESTRIAN	20-MOTOR VEHICLE IN TRANSPORT 21-PARKED MOTOR VEHICLE	ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	FROM 3 TO	2 - SQUTH 6 - NORTHWEST 3 - EAST 7 - SQUTHEAST 4 - WEST 8 - SQUTHWEST 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	38 - OVERHEAD SIGN POST	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 BARRIER 40 - UTILITY POLE 47 - 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 48 - 29 - BRIDGE RAIL BARRIER OR SUPPORT 49 - 49 - 49 - 49 - 49 - 49 - 49 - 49		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 36-MEDIAN OTHER BARRIER 42-CULVERT 1 FIRST HARMFUL EVENT 3 MOST HARMFUL EVENT					2 5				

OFF PUBLIC BAFETY MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER								
SAPETY - MERVI	CE - PROTECTION	010K131 / 140) IA – IA	1010	K12	ı			2_0	2,5	50_0	$_{\perp}0_{\perp}1$	6.8.9	9_6	
UNIT#	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
0,1	WROBEL, NAJAII, MONIQUE								0 6 1 4 1 9 9 6 2 9 F						
	STREET, CITY, STATE, ZIP ANSEL 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 EQUIPMENT							SEATING POSITION AIR BAG USAGE EJECTION TRAPPED							
Ž 5	TAKEN BY							USED 0 4	□MC H	ELMET	0 1	1	1	1	
OL STATE					RGED	LOCAL	OFFENSE DESC	RIPTION			CITATION NUMBER				
O H	REDACTED PER ORC 4501:1-12 3:				331.34 CODE Failure			Failure to Co	e to Control;				5		
OL CLASS	ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIV			VER TRACTED	ACTED			STATUS	COHOL TYPE			RUG TEST(YPE RESU	S) LT SELECTUPTO4		
. 4 .	200		BY	1	=	LCOHOL MAI THER DRUG	RIJUANA	1	1	1		1	1		
UNIT #	NAME-LAST	FIRST, MIDDLE			υ۰	THER DRUG			الث	DA.	TE OF BIRTH		AGE	GENDER	
OILT #	NAME: DAS	, rikar, miodel												J GENDEN	
ADDRESS:	STREET, CITY, S	TATE, ZIP							CONTACT	PHON	E - INCLUDE AREA C	ODE .			
S ADDRESS:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								CONTROL		L - INCLUDE AREA O				
INJURIES	INJURED	EMS AGENCY (NAME)		INJUREDT	AKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT			SEATING POSITION	AIR BAG US	AGE EJECTIO	N TRAPPED	
NON.	TAKEN BY							USED	MC HE	OMPLIAN					
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	E CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION			CITATIO	N NUMBER	سار	
							CODE								
OL CLASS	ENDORSEMEN SELECT UP TO 2			VER TRACTED	ALC	OHOL / DRUG SUSPI	ECTED	CONDITION	STATUS	COHOL			RUG TEST(YPE RESU	S) LT SELECTUPTO4	
	SELECTOFICE		BY	IRACIED	=		RIJUANA		OTATOS		MEVE	JANOS I	THE MESO	Er seeen or lov	
					0	THER DRUG			اللا		<u> </u>				
UNIT #	NAME: LAST	, FIRST, MIDDLE								DA	TE OF BIRTH		AGE	GENDER	
ADDRESS.	PTDEET CITY 6	TATE 7ID							CONTACT	- LUON				نسان	
ADDRESS:	STREET, CITY, S	HAIE, ZIP							CUNTACT	PHUN	E - INCLUDE AREA C	ODE			
INJURIES	INIIDEN	EMS AGENCY (NAME)		INTEREST	AVENTO	MEDICAL FACILITY	CRIME CITYS	SAFETY FAILIDMENT		_1_	SEATING POSITION	AID DAC HE	AGE EJECTIO	N TRAPPED	
2	TAKEN BY	Emb Acentr (Maine)		INJUNEDI	AKENTO	MESIONETAGLETT	CHAME, CETT	USED	□ DOT-C	OMPLIANT	T SEATTING T CONTROL	AIR BAG OS	AGE ESECTIO	INAFFED	
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	E CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION			CITATIO	N NUMBER	سار	
10K				CODE											
OL CLASS	ENDORSEMEN SELECT UP TO 2			VER TRACTED	ALC	HOL / DRUG SUSPI	ECTED	CONDITION	STATUS	COHOL			RUG TEST(YPE RESU	S) LT SELECTOP 104	
	322237 37 70 2		BY	INACIED	=		RIJUANA								
TNU	RIES	SEATING POSITION		IR BAG	☐ °	THER DRUG OL CLASS	c	OL RESTRIC	TION(S)		VER DISTRACT	TON	TEST ST	ATUS	
1 - FATAL	TILL STATE OF THE	1 - FRONT - LEFT SIDE	1- NOT DEP	A Part of	V ^V	1 - CLASS A		1 - ALCOHOL INTER			OT DISTRACTED	1000	NONE GIVEN	The Let 10	
	SERIOUS INJURY	(M0TORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOYE			2 - CLASS B		2 - CDL INTRASTAT			ANUALLY OPERATING	CATION	TEST REFUSED		
3 - SUSPECTED 4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE	3 - DEPLOYE 4 - DEPLOYE	ED BOTH FROM	NT / SIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE 4 - FARMWAIVER	N2F2	DE	EVICE (TEXTING, TYP ALING)		TEST GIVEN, CO SAMPLE / UNU		
5 - NO APPAREN		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5-NOTAPP			(0HI0 = D)		5 - EXCEPT CLASS	A BUS	3 - TA	LKING ON HANDS-FR	tt .	TEST GIVEN, RI		
INJURED	TAKEN BY	5 - SECOND - MIDDLE	9- DEPLOYI	MENT UNKNO	WN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS & CLASS B BUS	A		MMUNICATION DEVI		TEST GIVEN, RI UNKNOWN	SULIS	
1 - NOT TRANSP	ORTED	6 - SECOND - RIGHT SIDE						7 - EXCEPT TRACTO	R-TRAILER	CC	MMUNICATION DE VI	CE A	LCOHOL TE	ST TYPE	
/TREATED AT 2 - EMS	SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 NOTEJE	CTED		OL ENDORSEI H - HAZMAT	MENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE		HER ACTIVITY WITH ECTRONIC DEVICE	AN 1	- NONE	THE T	
3 - POLICE		8 - THIRD - MIDDLE		LY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER	RMIT	6 - PA	ASSENGER		BLOOD		
9 - OTHER / UNK	NOWN	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION	3-TOTALLY			P - PASSENGER		RESTRICTIONS 10 - LIMITED TO DAY	I IGHT ONLY		THER DISTRACTION SIDE THE VEHICLE		- URINE - BREATH		
SAFETY E	QUIPMENT	OF TRUCK CAB	4-NOTAPP	LICABLE		N - TANKER Q - MOTOR SCOOTER		11 - LIMITED TO EMI			THER DISTRACTION O	UTSIDE 5	OTHER		
1 - NONE USED	FLT AND HAFE	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA		RAPPED		R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE			THER / UNKNOWN		DRUG TES	TTYPE	
2 - SHOULDER B 3 - LAP BELT ON		(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOTTRA 2 - EXTRICA			S - SCHOOL BUS T - DOUBLE & TRIPLE	TDAILERS	13 - MECHANICAL DI (SPECIAL BRAK)	ES, HAND			1000	NONE		
4 - SHOULDER &	LAP BELT USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	MECHAN	ICAL MEANS		X - TANKER / HAZMAT		CONTROLS, OR O ADAPTIVE DEVI		1 - AF	PARENTLY NORMAL		BLOOD URINE		
5 - CHILD RESTE FORWARD FA		13-TRAILING UNIT	3- FREED B NON-ME	Y CHANICAL ME	ANS	GENDER	HEN LID	14 - MILITARY VEHICLE			YSICAL IMPAIRMEN	1 4	OTHER		
6 - CHILD RESTR	RAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F-FEMALE		15 - MOTOR VEHICLE AIR BRAKES	S WITHOUT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)				DRUG TEST RESULT(S)		
7 - BOOSTER SE		15 - NON-MOTORIST				M - MALE		16 - OUTSIDE MIRRO	OR 4- ILLNESS			1	1 - AMPHETAMINES		
8 - HELMET US		99 - OTHER / UNKNOWN				U -OTHER / UNKNOWN		17 - PROSTHETIC AII 18 - OTHER			LL ASLEEP, FAINTED TIGUED, ETC.		BARBITURATES BENZODIAZEPI		
9 - PROTECTIVE (ELBOW, KNE										6 - UN	DERTHE INFLUENCE	A	CANNABINOIDS		
10 - REFLECTIVE										/A	LCOHOL	5	COCAINE		
11 - LIGHTING - F										9- OT	HER/UNKNOWN		OPIATES / OPIO	IDS	
99 - OTHER / UNK													NEGATIVE RES	ULTS	

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

D	OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER								
_		· · · · · · ·													
	UNIT # NAME: LAST, FIRST, MIDDLE WROBEL, SAWYER, O							0 1 2 6 2 0 2 4 0 1 M							
ż	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
OCCUPANT	496 DANSEL ST ,Kent ,OH 44240								CONTACT PROME - INCLUDE AREA CODE						
ö	100.000.000.000	INJURED	EMS Agency (NAME)	11210	INJURED TAKEN TO: MEDICAL FACILITY	TY (NAME, CITY)	SAFETY EQUIPMENT	1000000	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
	. 5	TAKEN BY					USED 0_5	MC HELMET	0 4	. 1	1	1			
7	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH	1	AGE	GENDER			
ANT	ADDRESS:	STREET, CITY,	STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE								
OCCUPANT					-										
0	INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	EATING POSITION AIR BAG USAGE EJE		TION TRAPPED			
Ц	ш	BY					لبا	MC HELMET	سس	<u> </u>	نسا	ш			
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
Ę	ADDDESS.	STREET, CITY,	CTATE 7ID					CONTACT PHONE				ш			
OCCUPANT	APPRESS:	JINEEI, UII I,	SIMIL, EIF					SONTAGI PHONE	- INCLUDE AKEA CO	DE.					
000	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT O	SEATING POSITION	N AIR BAG USAGE EJECTION		TRAPPED			
ì	1	TAKEN BY			4 550 (170 Hold) *** No. 524 (170 Hold) (170		USED	DOT-COMPLIANT MC HELMET		ı		1			
7	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH	<u> </u>	AGE	GENDER			
OCCUPANT	ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
000															
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
Ļ			JRIES	CAFETY	Y EQUIPMENT USED		SEATING POS			AIR BAG U	SACE				
Î	1 - FATA		NIES .	1 - NONE US			T - LEFT SIDE		1 - NOT DE		JAGE				
					OCCUPANT (MOTORCYCLE DRIV			ER)							
	3 - SUSPECTED MINOR INJURY			ER BELT ONLY USED	T - RIGHT SIDE	– MIDDLE – RIGHT SIDE		3 - DEPLOYED SIDE							
		SIBLE INJU			T ONLY USED ER & LAP BELT USED		ND – LEFT SIDI ORCYCLE PASS		4 - DEPLOYED BOTH FRONT/SIDE						
	5 - NO A	PPARENT	INJURY		ESTRAINT SYSTEM -	ND – MIDDLE	ENGER)	5 - NOT APPLICABLE							
			TAKEN BY		D FACING		ND - RIGHT SIE	E	9 - DEPLO	9 - DEPLOYMENT UNKNOWN					
		TRANSPOR EATED AT S		6 - CHILD RE	ESTRAINT SYSTEM – CING	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE 8 - THIRD – MIDDLE 9 - THIRD – RIGHT SIDE 10 - SLEEPER SECTION (11 - PASSENGER IN OTH CARGO AREA (NON-TR BUS, PICK-UP WITH CAR		CAR)		-					
	2 - EMS			7 - BOOSTER	SEAT				1 - NOT EJECTED						
	3 - POLI	CE		8 - HELMET	USED				2 - PARTIALLY EJECTED						
	9 - OTH	ER / UNKNO	OWN		TVE PADS USED KNEES, ETC.)				3 - TOTALLY EJECTED						
		10-10-2	IDER	10 - REFLECT	IVE CLOTHING			9)	4 - NOT AP						
	F - FEMA M - MALI			11 - LIGHTIN	NG – PEDESTRIAN 12 - PASSENGER IN CARGO AREA			NCLOSED	TRAPPED 1 - NOT TRAPPED						
	U - OTHE	R / UNKNO	WN	99 - OTHER /		2 - EXTRICATED BY M			MECHANICAL						
							IG ON VEHICLE TRAILING UNIT)	EXTERIOR	MEANS						
							MOTORIST		3 - FREED MEANS	BY NON-ME	CHANIC	AL			
Н	NAME: LAS	ST, FIRST, MIDD	LE			99 - UTHE	R / UNKNOWN	DAT	E OF BIRTH		AGE	GENDER			
ESS		A CONTRACTOR	977												
WITNESS	ADDRESS:	STREET, CITY,	STATE, ZIP				- 5	CONTACT PHONE	- INCLUDE AREA CO	DE					
									1 1		ш				
SS	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER			
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
×	20000000000000000000000000000000000000							1	1 1			1			
	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH	T	AGE	GENDER			
WITNESS															
WIT	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						

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