| OF PUBLIC SAFETY TRAFFIC CRASH  | REPORT *DENOTE   | S MANDATORY FIE  | LD FOR SUPPLEM                     | MENT REPORT                            | ı                                       | OCAL REPORT NUMB  | ER*  |  |  |  |
|---|--|--|------------------------------------|--|---|---|--|--|--|--|
| □ 0H-2 □ 0H-3   | LOCAL INFORMATION  |  |                                    |  | 2 0 2 3                                 | 0 . 0 . 0 . 2   | 0.2.8.5.   |  |  |  |
| PHOTOS TAKEN OH-1P OTHER  | REPORTING AGENCY NAME  | *  | NCIC*                              | HIT/SKIP NUMBER OF UNITS UNIT IN ERROR |   |   |  |  |  |  |
| SECONDARY CRASH PRIVATE PROPERTY  | City of Kent Pol   | 0  | 6,7,0,3                            | 1 - SOLVED                             | 0_2                                     | 0 1 98 - ANIMAL<br>99 - UNKNOWN   |  |  |  |  |
| COUNTY* LOCALITY* LOCATION: CIT   | TY, VILLAGE, TOWNSHIP*   |  |                                    | CRASH DATE /                           | TIME* C                                 | RASH SEVERITY   |  |  |  |  |
| 6 7 1 2-VILLAGE Kent  |  |  |                                    |  | 12292023                                | /0946 5   | 1 - FATAL<br>2 - SERIOUS INJURY                                |  |  |  |
| A SOURCE STATE OF THE STATE OF | LOCATION ROAD NAME   |  |                                    | ROAD TYPE                              | LATITUDE DE                             | CIMAL DEGREES   | SUSPECTED  |  |  |  |
| S-SOUTH S-SOUTH S-SOUTH S-W. WEST   | WATER  |  |                                    | $\mathbf{S} \cdot \mathbf{T}$          | 41,14,9                                 | 5.6.9   | 3 - MINOR INJURY<br>SUSPECTED                                  |  |  |  |
| W-WEST  | REFERENCE ROAD NAME (R   | OAD, MILEPOST, HO  | OUSE #)                            | ROAD TYPE                              | LONGITUDE DE                            |   | 4 - INJURY POSSIBLE  |  |  |  |
| ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST W - WEST  | SUMMIT   |  |                                    | $S \setminus T$                        | -81 <sub>8</sub> 3 <sub>5</sub> 8       | 180   | 5 - PROPERTY DAMAGE  |  |  |  |
| REFERENCE POINT DIRECTION   | Section Control of Market Development (Control of Control of Contr |  | DOAD TUDE                          | <u> </u>                               |   |   | ONLY   |  |  |  |
| FROM REFERENCE  | - INTERSTATE ROUTE(TP)   | AL - ALLEY   | ROAD TYPE<br>HW-HIGHWAY            | RD - ROAD                              | [ E2]                                   | INTERSECTION RELATION OR ON APPR  | ACT CONTRACTOR   |  |  |  |
| 2 MILEDOST COULTIL  | - FEDERAL US ROUTE   | The second secon | LA - LANE                          | SQ - SQUARE                            |   |   | 4  |  |  |  |
| W-WEST SR   | - STATE ROUTE  |  | MP - MILEPOST<br>OV - OVAL         | ST - STREET<br>TE - TERRACE            | WITHIN INTE                             | RCHANGE AREA N  | UMBER OF APPROACHES  |  |  |  |
| FROM REFERENCE UNIT OF MEASURE  | - NUMBERED COUNTY ROUTE  |  |                                    | TL - TRAIL                             |   | ROADWAY   |  |  |  |  |
| 1 7 5 2 - FEET  | - NUMBERED TOWNSHIP<br>ROUTE   |  | PI - PIKE                          | WA - WAY                               | ROADWAY DIV                             | /IDED   |  |  |  |  |
|   |  | - Inches Control of the Control of t | PL - PLACE                         |  | 40.000.00000000000000000000000000000000 | Ī   |  |  |  |  |
| LOCATION OF FIRST HARMFUL EVEI<br>1 - ON ROADWAY 9 - CROSSOVE   | 30   | MANNER OF CRASH<br>NOT COLLISION 4   |                                    | ACT                                    | DIRECTION OF TRAVE                      |   | IAN TYPE   |  |  |  |
| 0 1 2-ON SHOULDER 10-DRIVEWAY   | //ALLEY ACCESS   | DETIMEEN   | - BACKING                          |  | N - NORTH<br>S - SOUTH                  | ( < 4 FE  | D FLUSH MEDIAN<br>ET )   |  |  |  |
| 3-IN MEDIAN 11-RAILWAY (<br>4-ON ROADSIDE 12-SHARED U   | SKADE CROSSING   | VEHICLES IN 6  | - ANGLE<br>- SIDESWIPE, SAN        | AE DIRECTION                           | E - EAST                                | 2 - DIVIDE<br>(≥4 FE  | D FLUSH MEDIAN<br>ET )   |  |  |  |
| 5 - ON GORE TRAILS  | 2-   |  | - SIDESWIPE, OPP                   |  | W-WEST                                  |   | DED, DEPRESSED MEDIAN  |  |  |  |
| 6-OUTSIDE TRAFFIC WAY 13-BIKE LAN<br>7-ON RAMP 14-TOLL BOO'   | J-   | HEAD-ON 9  | - OTHER / UNKNO                    | WN                                     |   |   | DED, RAISED MEDIAN<br>Y TYPE)                                  |  |  |  |
| 8-OFF RAMP 99-OTHER/U   | NKNOWN   |  |                                    |  |   | 9-OTHER/  | UNKNOWN  |  |  |  |
| WORK ZONE RELATED   | WORK ZONE TYPE   | LOCATION   | N OF CRASH IN W                    | ORK ZONE                               | CONTOUR                                 | CONDITIONS  | SURFACE  |  |  |  |
| 1   | - LANE CLOSURE   |  | BEFORE THE 1ST<br>WARNING SIGN     | WORK ZONE                              | 11                                      | 1 1   | 1 1  |  |  |  |
| 3   | - LANE SHIFT/CROSSOVER<br>- WORK ON SHOULDER   | 2-   | ADVANCE WARNI                      |  | 1 - STRAIGHT LEVEL                      | 1 - DRY   | 1 - CONCRETE   |  |  |  |
| LAW ENFORCEMENT PRESENT   | OR MEDIAN<br>- INTERMITTENT OR MOVING W  |  | TRANSITION ARE<br>ACTIVITY AREA    | Α                                      | 2 - STRAIGHT GRADE                      | 2 - WET   | 2 - BLACKTOP,  |  |  |  |
|   | OTHER  |  | TERMINATION AF                     | REA                                    | 3 - CURVE LEVEL                         | 3 - SNOW  | BITUMINOUS,<br>ASPHALT   |  |  |  |
| LIGHT CONDITION   | WE   | ATHER  |                                    |  | 4 - CURVE GRADE                         | 4 - ICE   | 3 - BRICK/BLOCK  |  |  |  |
| 1 - DAYLIGHT  | 1-CLEAR  | 6 - SNOW   |                                    |  | 9 - OTHER/UNKNOWN                       | 5 - SAND, MUD, DIRT,<br>OIL, GRAVEL   | 4 - SLAG, GRAVEL,<br>STONE                                     |  |  |  |
| 1 2-DAWN/DUSK   | 0 1 2-CLOUDY   |  | CROSSWINDS                         |  |   | 6 - WATER (STANDING<br>MOVING)  |  |  |  |  |
| 3 - DARK – LIGHTED ROADWAY<br>4 - DARK – ROADWAY NOT LIGHTED  | 3 - FOG, SMOG, SM  |  | G RAIN OR FREEZING DRIZZLE 7-SLUSH |  |   |   | 9 - OTHER/UNKNOWN  |  |  |  |
| 5 - DARK - UNKNOWN ROADWAY LIGHTING   | 5 - SLEET, HAIL  | 99 - OTHER /   | UNKNOWN                            |  |   | 9 - OTHER/UNKNOWN   |  |  |  |  |
| 9 - OTHER / UNKNOWN   |  |  |                                    |  |   |   |  |  |  |  |
| NARRATIVE   |  |  |                                    |  |   | A   | Indicate the north direction with                              |  |  |  |
| Unit 2 was driving northbound   | on SR43 (S. Water  | r St.)   |                                    |  |   | A   | an "N" on the compass diagram.                                 |  |  |  |
| in the right lane. Unit 1 was in  | volved in another  |  |                                    |  |   |   | 8 8 4  |  |  |  |
| 3   |  | 1000   | 3                                  |  | . –                                     |   |  |  |  |  |
| accident (23-20284) and tried   |  |  |                                    |  | . 4                                     | SummitSt  |  |  |  |  |
| Advance Auto Parts parking le   | ot from the center   | lane.  |                                    |  | ~                                       |   | ø  |  |  |  |
| Unit 1 did not make sure they   | were able to move  |  |                                    | 9                                      | .i     i                                |   | ncoluting  |  |  |  |
| safely and were struck by Unit  | 2 in the curb lane   |  |                                    | Setajo Militorio.                      |   |   | \$   |  |  |  |
| ,   |  |  |                                    | 2                                      | 1171                                    |   |  |  |  |  |
|   |  |  |                                    | 1                                      | Unit 1                                  | PO.L  |  |  |  |  |
|   |  |  |                                    |  | 1 1 3                                   |   |  |  |  |  |
|   |  |  |                                    |  |   |   |  |  |  |  |
|   |  |  |                                    | 9 6                                    | 1 1 1                                   |   | V  |  |  |  |
|   |  |  |                                    |  |   |   | Not To Scale   |  |  |  |
| CRASH REPORTED DATE / TIME  | DISPATCH DATE / TIME   | App  | RIVAL DATE /TIMI                   | <u> </u>                               | SCENE CLEARED                           | DATE / TIME   | REPORT TAKEN BY  |  |  |  |
|   |  |  |                                    |  |   |   | POLICE AGENCY  |  |  |  |
| 1,2,2,9,2,0,2,3,/,0,9,4,6,1,2,2   |  | 1,2,2,9,   |                                    |  |   | 3 <sub>1</sub> / <sub>1</sub> 1 <sub>1</sub> 0 <sub>1</sub> 2 <sub>1</sub> 3 <sub>1</sub> | MOTORIST   |  |  |  |
| TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINU   |  | id Michael   |                                    | Vheeler,                               |   | T   | SUPPLEMENT   |  |  |  |
|   | The transfer of the second of  | S BADGE NUMBER   |                                    |  | BY OFFICER'S BADGE                      | NUMBER*   | (CORRECTION OR ADDITION<br>TO AN EXISTING REPORT SENT TO ODPS) |  |  |  |
| 0 1 5 0 3 0 0 6   | 6 2 4  | 1  | - de                               | 2 4                                    | 3 1                                     | F F   |  |  |  |  |

LOCAL REPORT NUMBER

2.0.2.3.-.0.0.2.0.2.8.5.

|  |  |  |   |   |   | 2 0 2 5 0                      | 0 0 2 0 2 0 3  |       |       |  |  |
|--|--|--|---|---|---|--------------------------------|--|-------|-------|--|--|
| Contract of the last of the la | OWNER NAME: LAST, FIRS<br>FINCH, JAM                                   | ES _   |   | Redacted per  | ORC 149.43(A)(1)                                | DAN                            | MAGE SCALE   |       |       |  |  |
|  | ODRESS: STREET, CITY, STATE  |  |   |   |   | 3 1-NONE<br>2-MINOR DAMA       | 3 - FUNCTIONAL DAMAGE  AGE 4 - DISABLING DAMAGE  |       |       |  |  |
|  | IAL CARRIER: NAME, ADDR  |  |   | COMMERCIAL CARRIER                                    | PHONE: INCLUDE AREA CODE                        | 9 - UNKNOWN                    |  |       |       |  |  |
|  |  | 200,011 1,011112,211                               |   |   | 111111111111111111111111111111111111111         | DAMAGED AREA(S)                |  |       |       |  |  |
| LP STATE   | LICENSE PLATE #  |  | IDENTIFICATION #  | VEHICLE YE  | AR VEHICLE MAKE                                 |                                | E ALL THAT APPLY   |       |       |  |  |
|  | JUR2868  | 1 C3EL46   | X7.4.N4.0.8.  |   |   | 12                             | 12   |       |       |  |  |
| INSURAI<br>VERIFI  | INSURANCE COMP PROGRES   |  | NSURANCE POLICY #<br>67632038   | PLE   | SEBRING   | 10 11 12 1                     | 10 12 1  |       |       |  |  |
|  | TYPE OF USE  | IN EMERCENCY                                       | US DOT #  | TOWED BY: COMPAN                                      | Y NAME  | 10 2                           | 10, 2  |       |       |  |  |
| COMME  | RCIAL GOVERNMENT   | IN EMERGENCY RESPONSE                              |   | HAZARDO   | US MATERIAL                                     | 9 9 3 3                        | 9 3 4  |       |       |  |  |
| DEVICE EQUIPE  | HIT/SKIP UNI   | #UCCUPANTS   | HICLE WEIGHT GVWR/GCWR  1 - ≤10K LBS. 2 - 10,001 - 26K LBS  3 - >26K LBS. | MATERIAL RELEASED                                     | CLASS # PLACARD ID #                            | 8 7 6 5                        | 8 7 5 5  |       |       |  |  |
|  | 1 - PASSENGER CAR  | 7 - MOTORCYCLE 2-WHEELED                           |   | 18 - LIMO (LIVERY VEHICLE)                            | 23 - PEDESTRIAN / SKATER                        | 6 11                           | 12   |       |       |  |  |
| 0.1  | 2 - PASSENGER VAN (MINIVAN)  |  |   | 19-BUS (16+ PASSENGERS)                               | 24 - WHEELCHAIR (ANY TYPE)                      | 10                             | 11 1 2   |       |       |  |  |
|  | 3 - SPORT UTILITY VEHICLE  | 9 - AUTOCYCLE                                      |   | 20 - OTHER VEHICLE                                    | 25 - OTHER NON-MOTORIST                         | <b>—</b> [                     | 10 2   |       |       |  |  |
| UNITTYPE   |  | 10 - MOPED OR MOTORIZED<br>BICYCLE                 |   | 21 - HEAVY EQUIPMENT                                  | 26 - BICYCLE                                    | 9                              | 9 3  |       |       |  |  |
|  | 5 - CARGO VAN<br>6 - VAN (9-15 SEATS)                                  | 11 - ALL TERRAIN VEHICLE                           | 16 - FARM EQUIPMENT<br>17 - MOTORHOME                                     | 22 - ANIMAL WITH RIDER OR<br>ANIMAL-DRAWN VEHICLE     | 27 -TRAIN<br>99 - UNKNOWN OR HIT/SKIP           |                                | 7 8 5 74   |       |       |  |  |
|  |  | (ATV/UTV)  | Tr - morottome  |   | ,, - 51111151111                                |                                | 6  |       |       |  |  |
|  | # of TRAILING UNITS  |  | - 3-1-123-000048/44380044W  |   | -22 . Wester 14                                 | 11 12 7                        | 6 11 12  |       |       |  |  |
|  | WAS VEHICLE OPERATING IN AU  |  |   | 3 - CONDITIONAL AUTOMATION                            | 9 - UNKNOWN                                     | 10 12 2                        | 10 11 1 2  |       |       |  |  |
| 2  | MODE WHEN CRASH OCCURRED?  1-YES 2-NO 9-CTHER/UNKNOWN                  |  |   | 4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION            |   | 10 2                           | 10 2   |       |       |  |  |
|  | 1-123 2-NO 7-0111EN/ONN  | NOWN AUTONOMOUS MODE LEVEL                         | 2 THAT THE TOTAL TOTAL TOTAL  | 3 - I OLE NOT VIII AT TOTA                            |   | 9 9 3 3                        | 9 3  |       |       |  |  |
| 1000000 1000000  | 1 - NONE   |  |   | 6 - BUS - CHARTER/TOUR 11 - FIRE 16-                  |   | 16-FARM                        | 21 - MAIL CARRIER  | 8 4 7 | 8 4 7 |  |  |
| $\lfloor 0 \rfloor 1 \rfloor$  |  | 7 - EUS - INTERCITY                                |   | 17 - MOWING   | 99 - OTHER / UNKNOWN                            | 8 6 5 4                        | 8 6 4  |       |       |  |  |
|  | 3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT                    | 8 - BUS - SHUTTLE<br>9 - BUS - OTHER               |   |   |   | 7 6                            | 7 6 5  |       |       |  |  |
| FUNCTION   | 5 - BUS - TRANSIT/COMMUTER   |  | 15 - CONSTRUCTION EQUIPMENT   |   |   |                                |  |       |       |  |  |
|  |  | 3 - VEHICLE TOWING ANOTHER                         |   | 8 - POLE  | 12 - CONCRETE MIXER                             |                                | 12 12 12   |       |       |  |  |
| $\lfloor 0 \rfloor 1 \rfloor$  | / NOT APPLICABLE   | MOTORVEHICLE                                       | 0111.0010   | 9 - CARGO TANK  | 13-AUTOTRANSPORTER                              | 12                             |  |       |       |  |  |
| CARGO<br>BODY  | 2 - BUS  | 4 - LOGGING  | CARCOLUNICHOLOGER DOV   | 10-FLAT BED   | 14-GARBAGE/REFUSE                               | 8 4 8                          | F 3 9  |       |       |  |  |
| TYPE   |  |  | 7 - GRAIN/CHIPS/GRAVEL  | 11-DUMP   | 99-OTHER / UNKNOWN                              | ,00,0                          |  |       |       |  |  |
|  | 1 - TURN SIGNALS   | 4 - BRAKES   | 7 - WORN OR SLICKTIRES  | 9 - MOTOR TROUBLE                                     | 99 - OTHER / UNKNOWN                            | ,                              |  |       |       |  |  |
| VEHICLE  | 2 - HEAD LAMPS   | 5 - STEERING                                       |   | 10-DISABLED FROM PRIOR                                |   |                                | 6 6 6  |       |       |  |  |
| DEFECTS  | 3 - TAIL LAMPS   | 6 - TIRE BLOWOUT                                   | DEFECTIVE   | ACCIDENT  |   | □-NO DAMAGE [ 0                | Undercarriage [14]   |       |       |  |  |
| _  | 1 - INTERSECTION - MARKED  | 3 - INTERSECTION - OTHER                           | 6 - BICYCLE LANE  | 9 - MEDIAN/CROSSING ISLAND                            | 12 - FIRST RESPONDER                            |                                | - UNDERGARRIAGE [14]   |       |       |  |  |
| NON MOTORICE   | CROSSWALK  | 4 - MIDBLOCK - MARKED                              | 7 - SHOULDER / ROADSIDE   | 10 - DRIVEWAY ACCESS                                  | AT INCIDENT SCENE                               | □-TOP [13]                     | - ALL AREAS [ 15 ]   |       |       |  |  |
| LOCATION   | INTERSECTION – UNMARKED CROSSWALK CROSSWALK 5 - TRAVEL LANE – OTHER LO |  |   | 11-SHARED USE PATHS OR<br>TRAILS                      | 99 - OTHER / UNKNOWN                            | □ - UNIT N                     | IOTAT SCENE [16]   |       |       |  |  |
| AT IMPACT  |  |  |   |   |   |                                | IOTAT JOEKE [10]   |       |       |  |  |
| 100  | A NAM ASSISTAN   | 1 - STRAIGHT AHEAD                                 |   | 13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING | 18-APPROACHING<br>OR LEAVING VEHICLE            | INITIAL                        | POINT OF CONTACT   |       |       |  |  |
| 4  | 11 3   | 2 - BACKING<br>3 - CHANGING LANES                  | 9 - LEAVING TRAFFIC LANE  | SPECIFIED LOCATION                                    | 19-STANDING                                     | 0 - NO DAMAGE                  | 14 - UNDERCARRIAGE   |       |       |  |  |
| ACTION   | 4 - STRUCK PRE-CRASH   | 4 - OVERTAKING/PASSING                             |   | 15 - WALKING, RUNNING,<br>JOGGING, PLAYING            | 20 - OTHER NON-MOTORIST                         | 0 3 1-12 - REFER TO            | UNIT 15 - VEHICLE NOT AT SCENE   |       |       |  |  |
|  | 5 - BOTH STRIKING ACTIONS<br>& STRUCK                                  | 5 - MAKING RIGHT TURN                              | RIGHT TURN 11 - SLOWING OR STOPPED  |   | 21 - STANDING OUTSIDE<br>DISABLED VEHICLE       | 13-T0P                         | 99 - UNKNOWN   |       |       |  |  |
|  | 9-OTHER/UNKNOWN  | 6 - MAKING LEFTTURN                                | III THAIL IV  | 16 - WORKING<br>17 - PUSHING VEHICLE                  | 99 - OTHER / UNKNOWN                            | -80 18                         |  |       |       |  |  |
|  | Salvata a  | 7 - LEFT OF CENTER                                 |   | 17 - VISION OBSTRUCTION                               | 21 -LYING IN ROADWAY                            |                                | RAFFIC   |       |       |  |  |
|  |  | 8 - FOLLOWING TOO CLOSE / ACD/                     | DADVED DOCITION   | 18 - OPERATING DEFECTIVE                              | 22 - NOT DISCERNIBLE                            | TRAFFICWAY FLOW<br>1 - ONE-WAY | TRAFFIC CONTROL  1 - ROUNDABOUT 4 - STOP SIGN  |       |       |  |  |
| 0.6  |  | 9-IMPROPER LANE CHANGE                             | 14 - STOPPED OR PARKED  | EQUIPMENT   | 23 - OPENING DOOR INTO                          | 2 2 - TWO-WAY                  | 6 2 - SIGNAL 5 - YIELD SIGN  |       |       |  |  |
| CONTRIBUTING   |  | 10-IMPROPER PASSING                                | 15 - SWERVING TO AVOID  | 19-LOAD SHIFTING/FALLING/<br>SPILLING                 | ROADWAY   |                                | 3 - FLASHER 6 - NO CONTROL   |       |       |  |  |
| CIRCUMSTANCES  | 5 - UNSAFE SPEED   | 11 - DROVE OFF ROAD                                |   | 20 - IMPROPER CROSSING                                | 99 - OTHER IMPROPER ACTION                      | # of THROUGH LANES             | RAIL GRADE CROSSING  |       |       |  |  |
| SECHENCE   |  | 12 - IMPROPER BACKING                              |   | t. 5000.00.00.00.00.00.00.00.00.00.00.00.00           |   | ON ROAD                        | 1 - NOT INVOLVED   |       |       |  |  |
| SEQUENCE   | OF EVENTS  |  | NON-COLLISION   |   |   | 4                              | 1 2 - INVOLVED-ACTIVE CROSSING   |       |       |  |  |
| <sub>1</sub> 2 0   | 1 - OVERTURN/ROLLOVER  | 6 - EQUIPMENT FAILURE                              | 11 - CROSS CENTERLINE —   | 16 - RAILWAY VEHICLE                                  | 22 - WORK ZONE MAINTENANCE                      |                                | 3 - INVOLVED-PASSIVE CROSSING  |       |       |  |  |
|  |  | 7 - SEPARATION OF UNITS                            | TRAVEL  | 17 - ANIMAL — FARM                                    | EQUIPMENT<br>23 - STRUCK BY FALLING,            | UNIT / NON-I                   | MOTORIST DIRECTION   |       |       |  |  |
| 2  |  | 8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT    | 12 - DOWNHILL RUNAWAY   | 18-ANIMAL — DEER<br>19-ANIMAL — OTHER                 | SHIFTING CARGOOR                                |                                | 1 - NORTH 5 - NORTHEAST  |       |       |  |  |
|  |  | 10-CROSS MEDIAN                                    | 13 - OTHER NON-COLLISION  | 20 - MOTOR VEHICLE IN                                 | ANYTHING SET IN MOTION<br>BY A MOTOR VEHICLE    |                                | 2 - SOUTH 6 - NORTHWEST  |       |       |  |  |
| 3  | LOSS OR SHIFT  |  | 14 - PEDESTRIAN<br>15 - PEDALCYCLE  | TRANSPORT<br>21 - PARKED MOTOR VEHICLE                | 24 - OTHER MOVABLE OBJECT                       | FROM 2 TO 3                    | 3 - EAST 7 - SOUTHEAST   |       |       |  |  |
|  |  | COLLISIO   | N WITH FIXED OBJECT   |   |   |                                | 4 - WEST 8 - SOUTHWEST<br>9 - OTHER / UNKNOWN  |       |       |  |  |
| 4  | LADIANI ANALITAN   | 31 - GUARDRAIL END                                 | 37 - TRAFFIC SIGN POST  | 43 - CURB   | 50 - WORK ZONE MAINTENANCE                      | S yeary introduction           | Subject Section of the Assessment Colors and |       |       |  |  |
|  | OF DELECT ONE BUILD  | 32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER |   |   | EQUIPMENT<br>51 - WALL                          | UNIT SPEED                     | DETECTED SPEED   |       |       |  |  |
| 5  | STRUCTURE  | 34 - MEDIAN GUARDRAIL                              | OUDDOOT   | 45 - EMBANKMENT<br>46 - FENCE                         | 52 - BUILDING                                   | 0,1,5,                         | 1 - STATED / ESTIMATED SPEED   |       |       |  |  |
|  | 27 - BRIDGE PIER ORABUTMENT  | BARRIER  | 40 - UTILITY POLE   | 47 - MAILBOX  | 53 -TUNNEL                                      |                                | 2 - CALCULATED / EDR   |       |       |  |  |
| 6  | 29-BRIDGE RAIL   | 35 - MEDIAN CONCRETE<br>BARRIER                    | OR SUPPORT  | 48 - TREE<br>49 - FIRE HYDRANT                        | 54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN | POSTED SPEED                   | 3 - UNDETERMINED   |       |       |  |  |
|  | 30-GUARDRAIL FACE  | 36 - MEDIAN OTHER BARRIER                          | 42 - CULVERT  | A) - FIRE II FUNANT                                   |   | 2 5                            |  |       |       |  |  |
| _1_  | FIRST HARMFUL EVEN   | т 1 мост н   | ARMFUL EVENT  |   |   | 2 5                            |  |       |       |  |  |

LOCAL REPORT NUMBER

| aweth                                 | SERVICE - PROTECTION   |   |   |  |  |   | 2   0   2   3   -                            | 0_                | $0_{+}0_{+}2_{+}0_{+}2_{+}8_{+}5_{+}$   |  |  |
|---------------------------------------|--|---|---|--|--|---|--|-------------------|---|--|--|
| UNIT # 0 2                            | OWNER NAME: LAST, FIRE<br>KENDALL, J   |   | LL  | Red  | er phone: INC<br>lacted per                            | ORC 149.43(A)(1)  |  |                   | AMAGE<br>AGE SCALE  |  |  |
| OWNER AD                              | DDRESS: STREET, CITY, STATE  | , ZIP (X SAME AS DRIVER)  |   | 3 1 - NONE<br>2 - MINOR D  | AMAC   | 3 - FUNCTIONAL DAMAGE GE 4 - DISABLING DAMAGE   |  |                   |   |  |  |
|                                       | CIAL CARRIER: NAME, ADD  |   | R PHONE: INCLUDE AREA CODE  | 9 - UNKNOWN  |  |   |  |                   |   |  |  |
| ~                                     | LICENSE PLATE #  |   | IDENTIFICATION#   | 070  | VEHICLE YE   |   | J DAMAGED AREA(S) INDICATE ALL THAT APPLY    |                   |   |  |  |
| O H<br>INSURAL<br>VERIFI              | HNB9365  NGE INSURANCE COMP  | PANY  | _2_1_7_C_5_2_9_3<br>NSURANCE POLICY #   | 8, /, 8,   | COLOR  | VEHICLE MODEL   | 11 2 1                                       |                   | 11 12 1   |  |  |
| VERIFI                                | TYPE OF USE  | JRANCE Q  | 055118143<br>US DOT #   | TOWE   | WHI<br>D BY: COMPAN                                    | PAT<br>IY NAME  | 10 10 2                                      |                   | 10 11 1 2   |  |  |
| COMME                                 | RCIAL GOVERNMENT   | IN EMERGENCY RESPONSE   | HICLE WEIGHT GVWR/GCWR  | J  | HAZARDO  | OUS MATERIAL  | 9 3 4  | 3                 | 9 9 3 4   |  |  |
| DEVICE EQUIP                          | E     HIT/SKIP UNI   | #UCCUPANTS  | 1 - ≤10KLBS.<br>2 - 10,001 - 26KLBS   | 1 🖂  | MATERIAL<br>RELEASED<br>PLACARD                        | CLASS # PLACARD ID #  | 7 6  | 4                 | 8 7 5 5   |  |  |
| 03<br>UNITTYPE                        | 3 - SPORT UTILITY VEHICLE<br>4 - PICK UP   | 7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED  | 14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR                                     | 18 - LIMO (LI<br>19 - BUS (164<br>20 - OTHER V<br>21 - HEAVY E                   | VERY VEHICLE) + PASSENGERS) TEHICLE EQUIPMENT          | 23 - PEDESTRIAN / SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE                                     | 10 / 9                                       | 11 10 9           | 2   |  |  |
|                                       | 5 - CARGO VAN<br>6 - VAN (9-15 SEATS)  | BICYCLE  11 - ALL TERRAIN VEHICLE (ATV / UTV)   | 16 - FARM EQUIPMENT 22<br>17 - MOTORHOME  |  | WITH RIDER OR<br>-DRAWN VEHICLE                        | 27 -TRAIN<br>99 - UNKNOWN OR HIT/SKIP   | 8  | 7                 | 5 4   |  |  |
|                                       | # of TRAILING UNITS  | 570305000   | 340300000000000000000000000000000000000   |  |  |   | 11 12 1                                      | 7                 | 6 11 12 1   |  |  |
|                                       | MODE WHEN CRASH OCCURRED<br>1-YES 2-NO 9-OTHER/UNK                                 | WHEN CRASH OCCURRED?  2 - NO 9 - OTHER/ UNKNOWN  AUTONOMOUS 2 - PARTIAL AUTOMATION 5 - MODE LEVEL   |   |  | DIIAL AUTOMATION<br>TOMATION<br>TOMATION               | 9 - UNKNOWN 21 - MAIL CARRIER   | 10 11 1 2 9 9 3 8 4                          | 3                 | 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |  |  |
| 0 1                                   | 2 ELECTRONIC DIDE CHARING O DUC CHITTLE  |   | 12 - MILITARY<br>13 - POLICE  | 16-FARM<br>17-MOWING<br>18-SNOW REMOVAL<br>19-TOWING<br>20-SAFETY SERVICE PATROL |  | 99 - OTHER / UNKNOWN  | 7 6 5  | 4                 | 8 7 6 5 5 4 12 12 12 12 12 12 12 12 12 12 12 12 12  |  |  |
| O 1<br>CARGO<br>BODY<br>TYPE          | CARGO 2 - BUS 4 - LOGGING  |   | CHASSIS 6 - CARGO VAN/ENCLOSED BOX  | CHASSIS 9 - CARGO TANK CARGO VAN/ENCLOSED BOX 10 - FLAT BED                      |  | 12 - CONCRETE MIXER<br>13 - AUTOTRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN  | 9 3 9  | 9                 | 3 9 3 3   |  |  |
|                                       | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS                               | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT  |   | 9 - MOTORT<br>10 - DISABLE<br>ACCIDEN  | ED FROM PRIOR  | 99-OTHER / UNKNOWN  | ☐ - NO DAMAGE                                | 6                 | - UNDERCARRIAGE [14]  |  |  |
| NON-MOTORIST<br>LOCATION<br>AT IMPACT | 1 - INTERSECTION - MARKED<br>CROSSWALK<br>2 - INTERSECTION - UNMARKED<br>CROSSWALK | 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION   | 7 - SHOULDER / ROADSIDE   | 10 - DRIVEW  | CROSSING ISLAND<br>AY ACCESS<br>USE PATHS OR           | 12-FIRST RESPONDER<br>AT INCIDENT SCENE<br>99-OTHER/UNKNOWN   |  |                   | TAT SCENE [16]  |  |  |
| 3<br>ACTION                           | 4 - STRUCK PRE-CRASH   | 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - CVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN   | 9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED<br>INTRAFFIC | 14 - ENTERIN<br>SPECIFI<br>15 - WALKIN   | G, PLAYING<br>G  | 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NOIWMOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN | 0 - NO DAMA                                  | GE<br>RTOU<br>RAM | DINT OF CONTACT  14 - UNDERCARRIAGE  JNIT 15 - VEHICLE NOT AT SCENE  99 - UNKNOWN   |  |  |
| O 1  CONTRIBUTING                     |  | 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD  | PARKED POSITION  14-STOPPED OR PARKED ILLEGALLY  15-SWERVING TO AVOID           | 18-OPERATI<br>EQUIPM<br>19-LOAD SH<br>SPILLIN                                    | IFTING/FALLING/  | 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION                                  | TRAFFICWAY FLOW  1 - ONE-WAY  2 - TWO-WAY    |                   | TRAFFIC CONTROL  1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL                                |  |  |
| SEQUENCE                              | 6-IMPROPERTURN OF EVENTS   | 12-IMPROPER BACKING   |   |  | EN ONOSOING  |   | # OF THROUGH LANES<br>ON ROAD                |                   | RAIL GRADE CROSSING  1 - NOT INVOLVED   |  |  |
|                                       | 1 - OVERTURNIROLLOVER<br>2 - FIRE/EXPLOSION  | 6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS  | OPPOSITE DIRECTION OF   | 16 - RAILWAY   |  | 22 - WORK ZONE MAINTENANCE<br>EQUIPMENT   | _4_  | _                 | 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING  |  |  |
| 2 3                                   | 3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT<br>LOSS OR SHIFT           | 8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN  | TRAVEL  12 - DOWNHILL RUNAWAY  13 - OTHER NON-COLLISION  14 - PEDESTRIAN        | 18 - ANIMAL<br>19 - ANIMAL<br>20 - MOTOR V<br>TRANSPO<br>21 - PARKED             | - DEER<br>- OTHER<br>/EHICLE IN<br>ORT<br>MOTORVEHICLE | 23 - STRUCK BY FALLING,<br>SHIFTING CARGOOR<br>ANYTHING SET IN MOTION<br>BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT              | FROM 2 TO                                    | 12                | 1 - NORTH   5 - NORTHEAST   2 - SOUTH   6 - NORTHWEST   3 - EAST   7 - SOUTHEAST   4 - WEST   8 - SOUTHWEST   9 - OTHER / UNKNOWN |  |  |
| 4                                     | 25-IMPACT ATTENUATOR<br>/CRASH CUSHION<br>26-BRIDGE OVERHEAD<br>STRUCTURE          | 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES 45 - EMBANKMENT 34 - MEDIAN GUARDRAIL SUPPORT 46 - FENCE |   | 50 - WORK ZONE MAINTENANCE<br>EQUIPMENT<br>51 - WALL<br>52 - BUILDING            | UNIT SPEED   |   | DETECTED SPEED  1 - STATED / ESTIMATED SPEED |                   |   |  |  |
| 6                                     | 27 - BRIDGE PIER ORABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL             | 34 - MEDIAN GUARDRAIL<br>BARRIER<br>35 - MEDIAN CONCRETE<br>BARRIER   | 40 - UTILITY POLE<br>41 - OTHER POST, POLE<br>OR SUPPORT                        | 46-FENCE<br>47-MAILBOX<br>48-TREE<br>49-FIRE HYDRANT                             |  | 53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN  | 0 2 5  | -                 | 2 - CALCULATED / EDR 3 - UNDETERMINED   |  |  |
| 1                                     | 30-GUARDRAIL FACE  | 36-MEDIAN OTHER BARRIER   | 42 - CULVERT  | er er ink (t)  |  |   | 2 5  |                   |   |  |  |

| OFF PUBLIC BAFETY MOTORIST / NON-MOTORIST |  |  |                            |                       |           |   | LOCAL REPORT NUMBER |  |  |  |                                  |  |                         |  |  |
|---|--|--|----------------------------|-----------------------|-----------|---|---------------------|--|--|--|----------------------------------|--|-------------------------|--|--|
| SLIPETY - MERVI                           | ICE - PROTECTION   | 010K131 / 140  | )   4 -   V                | 1010                  | KIS       |   |                     |  | $2 \cdot 0$  | 2   3   -   0   0  | $0_{+}0_{+}2$                    | 0.2                                    | 8,5,                    |  |  |
| UNIT #                                    | NAME: LAST, FIRST, MIDDLE  |  |                            |                       |           |   |                     |  | DATE OF BIRTH AGE GENDER   |  |                                  |  |                         |  |  |
|   |  | INS, CALIE, MA   | RIE                        |                       |           |   |                     |  | 0 7 2 1 2 0 0 4 1 9 F  |  |                                  |  |                         |  |  |
| <b>=</b>                                  | STREET, CITY, S  |  | 201                        |                       |           |   |                     |  | \$100 PER \$10 | PHONE - INCLUDE AREA   |                                  | 40 42/                                 | A \/4 \                 |  |  |
| 0   |  | 3 ,Atwater ,OH 44  | 201                        |                       |           |   |                     | I                                      | Reda   | acted per O  |                                  | •                                      | , , , ,                 |  |  |
| INJURIES                                  | TAKEN<br>BY  | EMS AGENCY (NAME)  |                            | INJUREDT              | AKEN TO   | MEDICAL FACILITY                        | (NAME, CITY)        | USED                                   | □ DOT-C  | SEATING POSITIO  | N AIR BAG I                      | SAGE EJECTIO                           | N TRAPPED               |  |  |
| OLSTATE                                   |  | LICENSE NUMBER   |                            | OFFENS                | E CHAI    | RGED                                    | LOCAL               | OFFENSE DESC                           |  | <u> </u>   | CITATI                           | ON NUMBER                              | سالا                    |  |  |
| O. H.                                     |  | TED PER ORC 450  | 1:1-12                     | 331.0                 |           | NOLD                                    | CODE                | Driving in Ma                          |  |  | 26707                            |  |                         |  |  |
| OL CLASS                                  | ENDORSEMEN   |  |                            | VER                   | - 22      | OHOL / DRUG SUSP                        |                     | CONDITION                              | ALC  | OHOL TEST  |                                  | DRUG TEST                              |                         |  |  |
|   | SELECT UP TO 2   |  | DIST                       | TRACTED               | □ A       | LCOHOL MA                               | RIJUANA             |  | STATUS TYPE VALU   |  |                                  | TYPE RESU                              | JLT SELECTUPTO4         |  |  |
| 4   | ے تے   | ب بنانت  |                            | 1                     | 0.        | THER DRUG                               |                     | 1                                      | _1   | 1  | _1                               | <u> </u>                               | باب                     |  |  |
| UNIT#                                     |  | FIRST, MIDDLE  | COPI                       |                       |           |   |                     |  |  | DATE OF BIRTH  | 02 02                            | AGE                                    | GENDER                  |  |  |
| 0,2                                       |  | ALL, JOHN, RUS   | SSELI                      | _                     |           |   |                     |  | 75   | 11119  |                                  | <b>_6_2</b>                            | $\square$ $M$           |  |  |
|   | STREET, CITY, S  | AND THE RESIDENCE OF THE PROPERTY OF THE PROPE | ahawa                      | OH 4                  | 1211      | ı                                       |                     |  |  | phone - include area (<br>cted per OR)   |                                  | 43(A)(                                 | 1)                      |  |  |
| INJURIES                                  |  | ERES AVE ,Streets  | sporo ,                    |                       |           | : MEDICAL FACILITY                      | CHIME CITY          | SAFETY FAILIDMENT                      |  | SEATING POSITIO  |                                  |  | ,                       |  |  |
| 5   | TAKEN<br>BY  | EMS AGENCT (NAME)  |                            | INJUKEDI              | AKEN IU   | MEDICAL PACILITY                        | (NAME, CLIT)        | USED 0 4                               | □ DOT-Co   | MPLIANT  | N AIR BAG USAGE EJECTION TRAPPED |  |                         |  |  |
| OLSTATE                                   | OPERATOR   | LICENSE NUMBER   |                            | OFFENS                | E CHAI    | RGED                                    | LOCAL               | OFFENSE DESC                           |  | _ U   I  | CITATI                           | ON NUMBER                              |                         |  |  |
| O. H.                                     | REDAC  | TED PER ORC 450  | 1:1-12                     |                       |           |   | CODE                |  |  |  |                                  |  |                         |  |  |
| OL CLASS                                  | ENDORSEMEN<br>SELECT UPTO 2  |  |                            |                       | ALC       | OHOL / DRUG SUSP                        | ECTED               | CONDITION                              | STATUS T   | OHOL TEST<br>YPE VALUE   |                                  | DRUG TEST                              | (S)<br>JLT SELECTUPTO4  |  |  |
|   | SELECTOPIOZ  |  | BY                         | TRACTED               | =         |   | RIJUANA             |  | 2  | 1  | 5000000                          |  | CI SECECTOPIO4          |  |  |
| 4   |  |  |                            | 1                     | 0         | THER DRUG                               |                     | 1                                      | _1   | <u> </u>   | _1_                              | 1                                      |                         |  |  |
| UNIT#                                     | NAME: LAST   | , FIRST, MIDDLE  |                            |                       |           |   |                     |  |  | DATE OF BIRTH  |                                  | AGE                                    | GENDER                  |  |  |
| ADDRESS:                                  | STREET, CITY, S  | TATE 71D   |                            |                       |           |   |                     |  | CONTACT  | PHONE - INCLUDE AREA (   | <u> </u>                         |  | لسال                    |  |  |
| ORIS                                      | . 31 KLL1, 6(11, 3   | TATC, ZIF  |                            |                       |           |   |                     |  | CONTACT  | PHONE - INCLUDE AREA   | XIDE.                            |  |                         |  |  |
| INJURIES                                  | INJURED  | EMS AGENCY (NAME)  |                            | INJUREDT              | AKEN TO   | MEDICAL FACILITY                        | (NAME, CITY)        | SAFETY EQUIPMENT                       |  | SEATING POSITIO  | N AIR BAG L                      | JSAGE EJECTIO                          | ON TRAPPED              |  |  |
| NON                                       | TAKEN<br>BY  |  |                            | 1000 Section 2000     |           |   |                     | USED                                   | MC HE  |  |                                  |  | 1                       |  |  |
| OL STATE                                  | OPERATOR   | LICENSE NUMBER   |                            | OFFENS                | E CHAI    |   |                     |  | RIPTION  |  |                                  | CITATION NUMBER                        |                         |  |  |
|   |  |  |                            |                       |           |   | CODE                |  |  |  |                                  |  |                         |  |  |
| OL CLASS                                  | ENDORSEMEN<br>SELECT UP TO 2   |  |                            | VER<br>TRACTED        |           | OHOL / DRUG SUSP                        |                     | CONDITION                              | STATUS T   | YPE VALUE  |                                  | DRUG TEST<br>TYPE RESU                 | (S)<br>JLT SELECTOP 104 |  |  |
|   |  |  | BY                         |                       | =         | THER DRUG                               | RIJUANA             |  |  |  |                                  |  |                         |  |  |
| INJU                                      | RIES   | SEATING POSITION   | A                          | IR BAG                |           | OL CLAS                                 | S                   | OL RESTRIC                             | TION(S)  | DRIVER DISTRAC   | TION                             | TEST ST                                | TATUS                   |  |  |
| 1 - FATAL                                 |  | 1 - FRONT - LEFT SIDE<br>(MOTORCYCLE DRIVER)   | 1-NOTDEP                   |                       |           | 1 - CLASS A                             |                     | 1 - ALCOHOL INTER                      |  | 1 - NOT DISTRACTED   |                                  | L - NONE GIVEN                         |                         |  |  |
| 2 - SUSPECTED<br>3 - SUSPECTED            | SERIOUS INJURY<br>MINOR INJURY   | 2 - FRONT - MIDDLE   | 2 - DEPLOYE<br>3 - DEPLOYE |                       |           | 2 - CLASS B<br>3 - CLASS C              |                     | 2 - CDL INTRASTAT<br>3 - CORRECTIVE LE |  | 2 - MANUALLY OPERATIN<br>ELECTRONIC COMMUN   | IICATION :                       | 2 - TEST REFUSEI<br>3 - TEST GIVEN, C  |                         |  |  |
| 4 - POSSIBLE IN                           |  | 3 - FRONT - RIGHT SIDE   |                            | ED BOTH FRO           | NT / SIDE | 4 - REGULAR CLASS                       |                     | 4 - FARM WAIVER                        |  | DEVICE (TEXTING, TY)   | PING,                            | SAMPLE / UNU                           | ISABLE                  |  |  |
| 5 - NO APPAREN                            | IT INJURY  | 4 - SECOND - LEFT SIDE<br>(MOTORCYCLE PASSENGER)   | 5-NOTAPP                   | LICABLE<br>MENT UNKNO | WN        | (OHIO = D)<br>5 - M/C MOPED ONLY        |                     | 5 - EXCEPT CLASS                       |  | 3 - TALKING ON HANDS-F<br>COMMUNICATION DEV  | REE                              | 4 - TEST GIVEN, R<br>5 - TEST GIVEN, R |                         |  |  |
|   | TAKEN BY   | 5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE   | 7 02.12011                 |                       |           | 6 - NO VALID OL                         |                     | & CLASS B BUS                          |  | 4 - TALKING ON HAND-HE<br>COMMUNICATION DEV  |                                  | UNKNOWN                                |                         |  |  |
| 1 - NOT TRANSP<br>/TREATED AT             | and the same of th | 7 - THIRD - LEFT SIDE  | EJ                         | ECTION                |           | OL ENDORSE                              | MENT                | 7 - EXCEPT TRACTO<br>8 - INTERMEDIATE  |  | 5 - OTHER ACTIVITY WITH  | IAN                              | ALCOHOL T<br>L - NONE                  | EST TYPE                |  |  |
| 2 - EMS<br>3 - POLICE                     |  | (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE  | 1 - NOTEJE                 |                       |           | H - HAZMAT<br>M - MOTORCYCLE            |                     | RESTRICTIONS 9-LEARNER'S PER           | MIT  | 6 - PASSENGER  |                                  | 2 - BLOOD                              |                         |  |  |
| 9 - OTHER / UNK                           | CNOWN  | 9 - THIRD - RIGHT SIDE   | 3-TOTALLY                  | LY EJECTED<br>EJECTED |           | 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<br>5 - OTHER                |                         |  |  |
| 1 - NONE USED                             |  | 11 - PASSENGER IN OTHER<br>ENCLOSED CARGO AREA   | Т                          | RAPPED                |           | Q - MOTOR SCOOTER  R - THREE-WHEEL MO   | TORCYCLE            | 12 - LIMITED - OTHE                    |  | THE VEHICLE 9 - OTHER / UNKNOWN  |                                  | DRUG TES                               | STTYPE                  |  |  |
| 2 - SHOULDER E<br>3 - LAP BELT ON         |  | (NON-TRAILING UNIT, BUS,<br>PICK-UP WITH CAP)  | 1 - NOTTRA<br>2 - EXTRICA  |                       |           | S - SCHOOL BUS                          |                     | 13 - MECHANICAL DI<br>(SPECIAL BRAK    |  |  |                                  | L - NONE                               |                         |  |  |
|   | LAP BELT USED  | 12 - PASSENGER IN UNENCLOSED   | MECHAN                     | ICAL MEANS            |           | T - DOUBLE & TRIPLE X - TANKER / HAZMAT |                     | CONTROLS, OR O<br>ADAPTIVE DEVI        |  | 1 - APPARENTLY NORMAL  |                                  | 2 - BLOOD<br>3 - URINE                 |                         |  |  |
| 5 - CHILD RESTI<br>FORWARD FA             | RAINT SYSTEM –<br>ACING  | CARGO AREA<br>13 - TRAILING UNIT   | 3- FREED B<br>NON-ME       | Y<br>Chanical Me      | ANS       |   | hien hip            | 14 - MILITARY VEHICLE                  |  | 2 - PHYSICAL IMPAIRMEN   | IT Z                             | 4 - OTHER                              |                         |  |  |
|   | RAINT SYSTEM -   | 14 - RIDING ON VEHICLE EXTERIOR<br>(NON-TRAILING UNIT)   |                            |                       |           | F-FEMALE                                |                     | 15 - MOTOR VEHICLE<br>AIR BRAKES       | 2 MIIHOUT  | 3 - EMOTIONAL (E.G., DEPR<br>ANGRY, DISTURBED)   |                                  | DRUG TEST                              | RESULT(S)               |  |  |
| 7 - BOOSTER SE                            |  | 15 - NON-MOTORIST  |                            |                       |           | M - MALE                                |                     | 16 - OUTSIDE MIRRO                     |  | 4 - ILLNESS  |                                  | - AMPHETAMIN                           |                         |  |  |
| 8 - HELMET US                             |  | 99 - OTHER / UNKNOWN   |                            |                       |           | U -OTHER / UNKNOWN                      |                     | 17 - PROSTHETIC AII<br>18 - OTHER      |  | 5 - FELL ASLEEP, FAINTEI<br>FATIGUED, ETC.   |                                  | 2 - BARBITURATE<br>3 - BENZODIAZEP     |                         |  |  |
| 9 - PROTECTIVE<br>(ELBOW, KNE             |  |  |                            |                       |           |   |                     |  |  | 6 - UNDERTHE INFLUENCE<br>OF MEDICATIONS / DRU   | IGS 4                            | 4 - CANNABINOID                        |                         |  |  |
| 10 - REFLECTIVE<br>11 - LIGHTING - I      |  |  |                            |                       |           |   |                     |  |  | /ALCOHOL<br>9-OTHER/UNKNOWN  |                                  | 5 - COCAINE<br>5 - OPIATES / OPI       | OIDS                    |  |  |
| / BICYCLE OF                              | NLY  |  |                            |                       |           |   |                     |  |  | The state of the s |                                  | 7 - OTHER                              |                         |  |  |
| 99 - OTHER / UNK                          | MWOWN  |  |                            |                       |           |   |                     |  |  |  | 1                                | B - NEGATIVE RES                       | SULTS                   |  |  |

HSY8306 OH1M 1/19 [760-1500] PAGE 4 OF 5

| U        | OF PUBL                           | IC SAFETY              | CCUPANT /         | WITNE                    | SS ADDENDUM  | Į.                         |                                    | 2 0 2 3  | LOCAL REPO                        |               | 2.8      | 5       |  |  |
|----------|-----------------------------------|------------------------|-------------------|--------------------------|--|----------------------------|------------------------------------|--|-----------------------------------|---------------|----------|---------|--|--|
|          | UNIT#                             | NAME: LAS              | T, FIRST, MIDDLE  |                          |  |                            |                                    |  | E OF BIRTH                        | 101210        | AGE      | GENDER  |  |  |
|          |                                   |                        |                   |                          |  |                            |                                    |  | 1 1 1                             |               | 1 1      |         |  |  |
| Ā        | ADDRESS:                          | STREET, CITY,          | STATE, ZIP        |                          |  |                            |                                    | CONTACT PHONE  | - INGLUDE AREA GO                 | DE            |          |         |  |  |
| OCCUPAN  |                                   |                        |                   |                          |  |                            |                                    |  |                                   |               | ш        | 1       |  |  |
| 0        | INJURIES                          | INJURED<br>TAKEN<br>BY | EMS AGENCY (NAME) |                          | INJURED TAKEN TO: MEDICAL FACIL  | ITY (NAME, CITY)           | SAFETY EQUIPMENT<br>USED           | DOT-COMPLIANT MC HELMET  | SEATING POSITION                  | AIR BAG USAGI | EJECTION | TRAPPED |  |  |
| ľ        | UNIT#                             | NAME: LAS              | T, FIRST, MIDDLE  |                          |  |                            |                                    | DAT  | E OF BIRTH                        | i I           | AGE      | GENDER  |  |  |
|          |                                   |                        |                   |                          |  |                            |                                    |  |                                   |               |          |         |  |  |
| OCCUPAN  | ADDRESS: STREET, CITY, STATE, ZIP |                        |                   |                          |  |                            |                                    |  | CONTACT PHONE - INCLUDE AREA CODE |               |          |         |  |  |
| 0        | INJURIES                          | INJURED<br>TAKEN<br>BY | EMS AGENCY (NAME) |                          | INJURED TAKEN TO: MEDICAL FACIL  | DOT-COMPLIANT<br>MC HELMET | SEATING POSITION                   | AIR BAG USAG   | EJECTION                          | TRAPPED       |          |         |  |  |
|          | UNIT#                             | NAME: LAS              | T, FIRST, MIDDLE  |                          |  |                            |                                    | DAT  | E OF BIRTH                        |               | AGE      | GENDER  |  |  |
|          |                                   |                        |                   |                          |  |                            |                                    |  |                                   |               |          |         |  |  |
| OCCUPAN  | ADDRESS:                          | STREET, CITY,          | STATE, ZIP        |                          |  |                            |                                    | CONTACT PHONE  | - INCLUDE AREA CO                 | DE            |          |         |  |  |
| ō        | INJURIES                          | INJURED<br>TAKEN<br>BY | EMS AGENCY (NAME) |                          | INJURED TAKEN TO: MEDICAL FACIL  | ITY (NAME, CITY)           | SAFETY EQUIPMENT<br>USED           | DOT-COMPLIANT<br>MC HELMET   | SEATING POSITION                  | AIR BAG USAGE | EJECTION | TRAPPED |  |  |
| 7        | UNIT#                             | NAME: LAS              | T, FIRST, MIDDLE  |                          |  |                            |                                    | DAT  | E OF BIRTH                        |               | AGE      | GENDER  |  |  |
|          |                                   |                        |                   |                          |  |                            |                                    |  | 1 1 1                             |               | E E S    |         |  |  |
| ANI      | ADDRESS:                          | STREET, CITY,          | STATE, ZIP        |                          |  |                            |                                    | CONTACT PHONE - INCLUDE AREA CODE  |                                   |               |          |         |  |  |
| OCCUPANT |                                   |                        |                   |                          |  |                            |                                    |  |                                   |               |          |         |  |  |
| 0        | INJURIES                          | INJURED<br>TAKEN       | EMS AGENCY (NAME) |                          | INJURED TAKEN TO: MEDICAL FACIL  | ITY (NAME, CITY)           | SAFETY EQUIPMENT<br>USED           | DOT-COMPLIANT  | SEATING POSITION                  | AIR BAG USAGE | EJECTION | TRAPPED |  |  |
|          |                                   | ВУ                     |                   |                          |  | 1                          |                                    | MC HELMET  | سب                                |               |          |         |  |  |
| ì        | 1 - FATA                          |                        | JRIES             | 1 - NONE US              | Y EQUIPMENT USED   |                            | SEATING POS<br>IT – LEFT SIDE      | IIIUN  | 1 - NOT DE                        | AIR BAG L     | SAGE     |         |  |  |
| Ů.       |                                   |                        | RIOUS INJURY      |                          | E OCCUPANT (MOTORCYCLE DRIV  |                            |                                    |  |                                   |               |          |         |  |  |
|          | 3 - SUSI                          | PECTED MI              | NOR INJURY        |                          | DER BELT ONLY USED 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDI                   |                            |                                    | 3 - DEPLOYED SIDE  |                                   |               |          |         |  |  |
|          | 4 - POSS                          | SIBLE INJU             | IRY               |                          | 4 - SECOND - LEFT SID  |                            |                                    |  |                                   |               |          |         |  |  |
|          | 5 - NO A                          | PPARENT                | INJURY            |                          | PER & LAP BELT USED (MOTORCYCLE PASS<br>RESTRAINT SYSTEM – 5 - SECOND – MIDDLE |                            |                                    | SENGER) FRONT/SIDE<br>5 - NOT APPLICA  |                                   |               | ABLE     |         |  |  |
|          | 11 11 11                          | INJURED                | TAKEN BY          |                          | RD FACING 6 - SECOND – RIGHT SI  |                            |                                    | DE 9 - DEPLOYMENT UNKI   |                                   |               |          |         |  |  |
|          |                                   | TRANSPOR               |                   | 6 - CHILD RI             | RESTRAINT SYSTEM – 7 - THIRD – LEFT SIDE<br>ACING (MOTORCYCLE SIDE             |                            |                                    |  |                                   |               | ECTION   |         |  |  |
|          | 2 - EMS                           |                        |                   | 7 - BOOSTER              |  |                            |                                    | 1 - NOT EJECTE   |                                   |               | .D       |         |  |  |
|          | 3- POLI                           | ICE                    |                   | 8 - HELMET               | USED   | 10 - SLEEPER SECTION       |                                    |  |                                   | LLY EJECT     | EJECTED  |         |  |  |
|          | 9- OTHI                           | ER / UNKNO             | DWN               |                          | TVE PADS USED<br>KNEES, ETC.)  | 11 - PASS                  | ENGER IN OTH                       | ER ENCLOSED  |                                   | Y EJECTED     |          |         |  |  |
|          |                                   |                        | NDER              |                          | TVE CLOTHING   |                            | O AREA (NON-TE<br>PICK-UP WITH CAP |  |                                   |               |          |         |  |  |
| I        | F - FEMA<br>M - MALI              |                        |                   |                          | G - PEDESTRIAN   |                            | ENGER IN UNE<br>O AREA             | NCLOSED  | 1 NOT TO                          | TRAPP         | ED       |         |  |  |
|          |                                   | R / UNKNO              | WN                | / BICYCL<br>99 - OTHER / |  |                            | LING UNIT                          | 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL   |                                   |               |          |         |  |  |
|          |                                   |                        |                   | 77 OTTERY                |  |                            | NG ON VEHICLE<br>TRAILING UNIT)    | EXTERIOR   | MEANS                             |               |          |         |  |  |
|          |                                   |                        |                   |                          |  |                            | MOTORIST<br>R/UNKNOWN              |  | 3 - FREED<br>MEANS                | BY NON-MI     | CHANIC   | AL      |  |  |
| 7        |                                   | ST, FIRST, MIDD        |                   |                          |  |                            |                                    | 1000 NO. 100 N | E OF BIRTH                        |               | AGE      | GENDER  |  |  |
| WIINESS  |                                   |                        | HOMAS, J          |                          |  |                            |                                    | 1,0,0,   |                                   |               | 6,9_     | _ M_    |  |  |
| ×        |                                   | STREET, CITY,          | ETT RD ,Silve     | r LakeO                  | Н 44224  |                            |                                    | Redacte  |                                   |               | 9.43(    | (A)(1)  |  |  |
| ,        |                                   | ST, FIRST, MIDD        |                   |                          |  |                            |                                    | DAT  | E OF BIRTH                        |               | AGE      | GENDER  |  |  |
| WITNESS  |                                   |                        |                   |                          |  |                            |                                    |  | 1 1 1                             | است           |          |         |  |  |
| M        | ADDRESS:                          | STREET, CITY,          | STATE, ZIP        |                          |  |                            |                                    | CONTACT PHONE  | - INCLUDE AREA CO                 | DE.           | 1 1      | 1       |  |  |
|          | NAME: LAS                         | ST, FIRST, MIDD        | LE                |                          |  |                            |                                    | DAT  | E OF BIRTH                        | T             | AGE      | GENDER  |  |  |
| WITNESS  | ADDDESS                           | ether are              | CTATE 71P         |                          |  |                            |                                    | CONTACT PHONE  |                                   |               |          | لــــا  |  |  |
| M        | AUURESS:                          | : STREET, CITY,        | STATE, ZIP        |                          |  |                            |                                    | CONTACT PHONE  | - INCLUDE AREA CO                 | DE            |          | 1911 19 |  |  |

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