OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*										
PHOTOS TAKEN OH-2 OH-3	LOCAL INFORMATION		2,0,2,1	9,0,2,9							
SECONDARY CRASH OH-1P OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP 1 - SOLVED	NUMBER OF UNITS	UNIT IN ERROR					
PRIVATE PROPERTY	City of Kent Police	<u> [0] (</u>	6 7 0 3	2 - UNSOLVED	0,2	0 2 98 - ANIMAL					
1-CITY 2-VILLAGE TZ4	/ VILLAGE TOWNSHIP*			CRASH DATE /1		RASH SEVERITY 1 - FATAL					
3-TOWNSHIP	LODATION DOAD WAST		1	1111612101211	/:0:8:4:3: 5	2 - SERIOUS INJURY					
S - SOUTH	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DE		SUSPECTED 3 - MINOR INJURY					
W-WEST	MAIN		ST	41,153	7 2 3	SUSPECTED					
S - SOUTH	REFERENCE ROAD NAME (ROAD, MI	ILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE		4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE					
	University		D, R	811,63,4,9	7 0 0	ONLY					
REFERENCE POINT DIRECTION FROM REFERENCE N - NORTH IR -	ROUTE TYPE INTERSTATE ROUTE(TP) AL -A	ROAD TYPE ALLEY HW-HIGHWAY RI	D - ROAD	54	INTERSECTION RELAT						
4 2-MILEPOST C COUTU	LEBERAL GO ROOTE		- SQUARE	WITHIN IN IE.	RSECTION OR ON APPRO	3 .					
W-WEST SR-	CR -C		F - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
FRUM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT - C	COURT PK - PARKWAY TI	L - TRAIL		ROADWAY						
2-FEET 1 1 3-YARDS	ROUTE DR - D	DRIVE PI - PIKE W HEIGHTS PL - PLACE	A - WAY	X ROADWAY DIVIDED							
LOCATION OF FIRST HARMFUL EVEN		R of CRASH COLLISION/IMPAC	T T	DIRECTION OF TRAVE	MEDI	ANTYPE					
1 - ON ROADWAY 9 - CROSSOVER	1 - NOT CO	DLLISION 4-REAR-TO-REAR		N - NORTH	1 - DIVIDED	FLUSH MEDIAN					
0 1 3-IN MEDIAN 10-DRIVEWAY/	RADE CROSSING 6 TWO M	IOTOR STRUCKING		3 S-SOUTH E-EAST	4 (<4 FEE	T) FLUSH MEDIAN					
4 - ON ROADSIDE 12 - SHARED US 5 - ON GORE TRAILS		PORT 7 - SIDESWIPE, SAME		W-WEST	(≥4 FEE						
6-OUTSIDE TRAFFIC WAY 13-BIKE LANE	3 - HEAD-0				4 - DIVIDED	, RAISED MEDIAN					
7-ON RAMP 14-TOLL BOOTI 8-OFF RAMP 99-OTHER/UN					9 - OTHER/L						
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WO	N OF CRASH IN WORK ZONE CONTOUR CONDITIONS								
1-1	LANE CLOSURE	1 - BEFORE THE 1ST W WARNING SIGN		1 , 1	1 1	SURFACE , 2 ,					
	LANE SHIFT/CROSSOVER WORK ON SHOULDER	2 - ADVANCE WARNING	G AREA		1 - DRY	1-CONCRETE					
	OR MEDIAN INTERMITTENT OR MOVING WORK	3-TRANSITION AREA 4-ACTIVITY AREA		2 - STRAIGHT GRADE	2-WET	2 - BLACKTOP,					
	OTHER	5 - TERMINATION ARE	Α	3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT					
LIGHT CONDITION	WEATHER			4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK					
1 - DAYLIGHT		5 - SNOW		7- OTTIEN GIVENOWN	OIL, GRAVEL	4 - SLAG, GRAVEL, STONE					
2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY	1 (11 2)	7 - SEVERE CROSSWINDS B - BLOWING SAND, SOIL, DIRT,	SNOW		6-WATER (STANDING, MOVING)	5 - DIRT					
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 9	- FREEZING RAIN OR FREEZIN			7 - SLUSH	9 - OTHER/UNKNOWN					
9 - OTHER / UNKNOWN	5 - SLEET, HAIL 9	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN						
NARRATIVE						Indicate the north					
Unit #1 was driving East on E.	Main St in the center					direction with an "N" on the					
		=1				compass diagram.					
lane at the intersection of Uni		777									
was driving South on Univers		e			(
stop sign at E. Main St. Unit #	#2 failed to yield			University Or							
while turning left (East) onto	E. Main St. and				Not	To Scale					
struck Unit #1. Both Unit #1 a	and Unit #2 struck an	nd	<u>T</u>								
climbed the center concrete m			<u></u> აუ								
chimben the center concrete in	iculah dali lef.			1	- E						
				Unit 1							
		-	E	Main St							
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED (ATE/TIME	REPORT TAKEN BY					
1111162201211/1018143	6:2:0:2:1:/:0:8:4:3:1	:1:1:6:2:0:2:1:/:0:	8.4.6.1		T						
TOTAL TIME OTHER TOTAL	OFFICER'S NAME*			ER'S NAME*	MOTORIST						
ROADWAY CLOSED INVESTIGATION TIME MINUT	Cole, Thirothy		Wheeler, George Supple								
0 5 8 0 2 0 0 7	9 2 4 8	~		Y OFFICER'S BADGE N	UMBER*	TO AN EXISTING REPORT SENT TO COPS)					
			4 7								



LOCAL REPORT NUMBER

2 0 2 1 - 0 0 0 1 9 0 2 9

UNI	Τ#	OWNER NAME: LAST, FIR	ST, MIDDLE (X SAME AS DRIVER	u .	OWNE	PHONE: IN	ELUDE AREA CODE (XI SAME AS DR	DAMAGE					
		Nelson, Jesse, L			J				DAMAGE SCALE				
_		DORESS: STREET, CITY, STATE						1 4	4 1 - NONE 3 - FUNCTIONAL DAMAGE				
		KE ROCKWELL R		OH 44266					2 - MINOR DAMAGE 4 - DISABLING DAMAGE				
COM	INERU	JIAL GARRIER: NAME, ADD:	RESS, CITY, STATE, ZIP		Come	IERCIAL CARRIE	R PHONE: INCLUDE AREA COD		9 - UNKNOWN				
LP ST	TATE	LICENSE PLATE #	VEHICI	E IDENTIFICATION #						AGED AREA(S) E ALL THAT APPLY			
0	- 1	FRP9778		C B 6 C N 2 9 3		VEHICLE Y		E .	TDIOAII	FOR THE ATTE			
_		T		INSURANCE POLICY #	910(2)	COLOR	Chrysler VEHICLE MODE	11 12 1		11 12			
X,	NSURAN VERIFIE	ED Homeowners		4678307900	1:	BLU	200	10	_2	10 12			
		TYPE OF USE		US DOT #		BY: COMPAN	Y NAME	10 2		11 12 2			
	COMME	RCIAL GOVERNMENT	IN EMERGENCY RESPONSE		City	Service		9 9 3	3	9 9 3 3			
	NTERL	OCK	#DCCUPANTS V	EHICLE WEIGHT GVWR/GCWR			OUS MATERIAL CLASS # PLACARD ID		$\overline{}$	8 4 -			
. 1 10	DEVICE EQUIPA	E I IHIT/SKIPUNI		1 - ≤10K LBS. 2 - 10,001 - 26K LBS	┊┃╠╚	ELEASED	OLNOS II I ENGARO II		/ 1	8 7 ¥ 5 4			
_			0 1	3 - >26K LBS.		LACARD		0 5	41	12 7 6 5			
		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN)	7 - MOTORCYCLE 2-WHEELED	12-GOLF CART 13-SNOWMOBILE	18 - LIMO (LIVE		23 - PEDESTRIAN / SKATER	.		12			
	ш	3 - SPORT HITH ITV VEHICLE	9 - AUTOCYCLE	14-SINGLE UNITTRUCK	19-BUS (16+ P 20-OTHER VEH		24 - WHEELCHAIR (ANY TYP 25 - OTHER NON-MOTORIST	E)	2	11 2			
UNIT	TYPE	4 - PICK UP	10 - MOPED OR MOTORIZED	15 - SEMI-TRACTOR	21 - HEAVY EQU		26-BICYCLE	,	I " -	9 3 3			
		5 - CARGO VAN	BICYCLE	16-FARM EQUIPMENT	22 - ANIMAL W		27 - TRAIN		⊢ 1	· II ·			
		6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DE	RAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP		8 7 5 4				
<u>-</u>	00	# of TRAILING UNITS						12	7	8 5 12			
		WAS VEHICLE OPERATING IN AU		0 - NO AUTOMATION	3 - CONDITION	AL AUTOMATION	9 - UNKNOWN	11 12	λ	6 11 12			
	,	MODE WHEN CRASH OCCURRED	. 0	1 - DRIVER ASSISTANCE	4 - HIGH AUTO	MATION		10 11 1	2	10 11 1 2			
	<u></u>	1-YES 2-NO 9-OTHER/UNK	AUTURUUU.		5 - FULL AUTO	MATION		10 2	7	10 2			
		1 - NONE	MODE LEVEL 6 - BUS - CHARTER/TOUR	11-FIRE	16-FARM		21 - MAIL CARRIER	9 8 3	3	8 4 3			
		2 - TAXI	7 - BUS - INTERCITY	12-MILITARY	17 - MOWING		99 - OTHER / UNKNOWN	7 5	74	7 5 7			
-		3 - ELECTRONIC RIDE SHARING		13 - POLICE	18-SNOW REM	OVAL	77 OFFICE PURINGEN	6	Y	6			
FUNC	TION	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14-PUBLIC UTILITY	19-TOWING			6 5		6 5			
		5 - BUS - TRANSIT/COMMUTER	10-AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SE	RVICE PATROL				12 12 12			
		1 - NO CARGO BODYTYPE		5 - INTERMODAL CONTAINER	8 - POLE		12 - CONCRETE MIXER	12	·				
CAR		/ NOT APPLICABLE 2 - BUS	MOTOR VEHICLE 4 - LOGGING	CHASSIS 6 - CARGO VAN/ENCLOSED BOX	9 - CARGOTANI	(13-AUTOTRANSPORTER	9.0					
BO TY	DY	2 - 505	4 - Loading	7 - GRAIN/CHIPS/GRAVEL	10-FLAT BED 11-DUMP		14-GARBAGE/REFUSE	9 10 10 13	9 _/	-3 9 1 3 9 3 3			
							99-OTHER/UNKNOWN		~	0			
بـــا		1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICKTIRES	9 - MOTOR TRO		99-OTHER/UNKNOWN	6		, <u> </u>			
DEFE	ICLE ECTS	2 - HEAD LAMPS 3 - TAIL LAMPS	5 - STEERING 6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT DEFECTIVE	10-DISABLED I	ROM PRIOR				6 6 6			
								☐ - NO DAMA	AGE [0]	UNDERCARRIAGE [14]			
		1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CRI		12 - FIRST RESPONDER AT INCIDENT SCENE			_			
MOH-MO	TORIST	2 - INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE 8 - SIDEWALK	10 - DRIVEWAY 11 - SHARED US		99-OTHER/UNKNOWN	☐-TOP [13	1	-ALL AREAS [15]			
LOCAT	NOIT	CROSSWALK	5 -TRAVEL LANE - OTHER LOCATION		TRAILS	ETAINSUN			UNIT N	OT AT SCENE [16]			
		1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATII	NG A CURVE	18 - APPROACHING						
1	1	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING		OR LEAVING VEHICLE			OINT OF CONTACT			
٦		3-STRIKING UII	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	ARKED 15 - WALKING, RUNNING, LOWING OR STOPPED JOGGING, PLAYING		19-STANDING	0 - NO DA		14 - UNDERCARRIAGE UNIT 15 - VEHICLE NOT AT SCENE			
AGI	IUN	4 - STRUCK PRE-CRASH 5 - BOTH STRIKING ACTIONS	4 - OVERTAKING/PASSING	IO-PARKED			20 - OTHER NON-MOTORIST		AGRAM	99 - UNKNOWN			
		& STRUCK	6 - MAKING LEFT TURN	IN TRAFFIC			21 - STANDING OUTSIDE DISABLED VEHICLE	13 - TOP		77 - GIERIEGANIA			
		9 - OTHER / UNKNOWN	- Accord set (1984	12 - DRIVERLESS	17 - PUSHING V	EHICLE	99-OTHER/UNKNOWN		-	RAFFIC			
		1 - NONE	7-LEFT OF CENTER		17 - VISION OBS	TRUCTION	21 - LYING IN ROADWAY	TRAFFICWAY FLOW					
		2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACC		18 - OPERATING		22 - NOT DISCERNIBLE	1 - ONE-WAY	1	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN			
0	4 1		9-IMPROPER LANE CHANGE	14-STOPPED OR PARKED Illegally	EQUIPMENT 19-LOAD SHIFT		23 - OPENING DOOR INTO	2 , 2 - TWO-WAY		6 2-SIGNAL 5-YIELD SIGN			
CONTRI	BUTING	4 - RAN STOP SIGN 5 - UNSAFE SPEED	10 - IMPROPER PASSING 11 - DROVE OFF ROAD	15 - SWERVING TO AVOID	SPILLING	ING/FALLING/	ROADWAY 99-OTHER IMPROPER ACTIO		-	3 - FLASHER 6 - NO CONTROL			
CIRCUMS	TANCES	6-IMPROPERTURN	12-IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPER	CROSSING	VIII IN NOTERALIII	# of THROUGH LANES	;	RAIL GRADE CROSSING			
SEQUI	ENCE	OF EVENTS						ON ROAD		1 - NOT INVOLVED			
<u>1</u>				NON-COLLISION				2	1	1 2 - INVOLVED-ACTIVE CROSSING			
1 2	וטו		6 - EQUIPMENT FAILURE	ADDOCITE DIDECTION OF	16 - RAILWAY VE		22 - WORK ZONE MAINTENAI EQUIPMENT	CE		3 - INVOLVED-PASSIVE CROSSING			
88			7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	TRAVEL	17 - ANIMAL — : 18 - ANIMAL — :		23-STRUCK BY FALLING,	UNIT	/ NON-N	NOTORIST DIRECTION			
2			9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY	19-ANIMAL -		SHIFTING CARGO OR			1 - NORTH 5 - NORTHEAST			
		5 - CARGO / EQUIPMENT	10-CROSS MEDIAN	13-OTHER NON-COLLISION 14-Pedestrian	20 - MOTOR VEH		ANYTHING SET IN MOTH BY A MOTOR VEHICLE		7	2 - SOUTH 6 - NORTHWEST			
3	لـــا	LOSS OR SHIFT		15 BC311 61101 5	TRANSPORT 21 - PARKED MO		24-OTHER MOVABLE OBJEC	FROM 4	ro <u>3</u>				
COLLISION WITH FIXED OBJECT - STRUCK								4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN					
4	ٔ لــا	LABSON SHOULDER	31 - GUARDRAIL END 32 - PORTABLE BARRIER		43 - CURB		50 - WORK ZONE MAINTENA! EQUIPMENT						
	1	26 - BRIDGE OVERHEAD	33 - MEDIAN CABLE BARRIER		44 - DITCH 45 - EMBANKME	NT	51-WALL	UNIT SPEED		DETECTED SPEED			
5		STRUCTURE	34 - MEDIAN GUARDRAIL	SUPPORT	46 - FENCE		52-BUILDING	10 12 15		1 - STATED / ESTIMATED SPEED			
		SO DOINGS DADAGE	BARRIER 35 - MEDIAN CONCRETE	AT ATHER DACT DALE	47 - MAILBOX		53 - TUNNEL	0 2 3	J	2 - CALCULATED / EDR			
6	;	28-BRIDGE PARAPET 35-MEDIAN CONCRETE 41-OTHER POST, POLE 29-BRIDGE RAIL BARRIER OR SUPPORT		OR SUPPORT	10 17188		54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	POSTED SPEED	1	3 - UNDETERMINED			
_	. :	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	n. a roto	****		1					
	L ,,	FIRST HARMFUL EVEN	T I I MOST I	IARMEIII EVENT				3 5	1				



2,0,2,1,-,0,0,0,1,9,0,2,9, OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER! OWNER PHONE: INCLUDE AREA CODE (1) ISAME AS DRIVER DAMAGE 0 | 2 | Lyons, Diana, M **DAMAGE SCALE** OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 847 MERRIMAN RD ,Akron ,OH 44303 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP 9 - HNKNOWN COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE DAMAGED AREA(S) LP STATE LICENSE PLATE # **VEHICLE IDENTIFICATION #** INDICATE ALL THAT APPLY VEHICLE YEAR **VEHICLE MAKE** CIT AP72796 1 J F 1 G P A F 6 9 C H 2 2 4 2 9 3 2 1 0 1 1 1 2 Subarn **INSURANCE COMPANY** INSURANCE POLICY # INSURANCE VERIFIED COLOR VEHICLE MODEL Allstate 984047056 BLU **IMPREZA** TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE **Bakers Towing** HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS MATERIAL RELEASED CLASS # PLACARD ID # 1 - ≤10K LBS. HIT/SKIP UNIT DEVICE 2 - 10,001 - 26K LBS PLACARD _0 լ1 լ 13 - >26K LBS 1.1 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12-GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) B - MOTORCYCLE 3-WHEELED 13-SNOWMOBILE 19-BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 0 1 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14-SINGLE UNITTRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST UNIT TYPE 4 - PICK UP 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 6 - VAN (9-15 SEATS) ANIMAL-DRAWN VEHICLE 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP (ATV/UTV) 0 # of TRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 1 - DRIVER ASSISTANCE 0 4 - HIGH AUTOMATION 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION AUTONOMOUS MODE LEVEL 1 - NONE 6 - BUS - CHARTER/TOUR 11-FIRE 16-FARM 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 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 1 - NO CARGO BODY TYPE B - POLE 12 - CONCRETE MIXER CARGO MOTORVEHICLE / NOT APPLICABLE CHASSIS 9 - CARGOTANK 13-AUTOTRANSPORTER 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARBAGE/REFUSE BODY * 7 - GRAIN/CHIPS/GRAVEL TYPE 11 - DUMP 99 - OTHER / UNKNOWN 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99-OTHER/UNKNOWN VEHICLE 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT 10-DISABLED FROM PRIOR DEFECTS 3 - TAIL LAMPS DEFECTIVE ACCIDENT 6 - TIRE BLOWOUT - NO DAMAGE [0] - UNDERCARRIAGE [14] 1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12-FIRST RESPONDER CROSSWALK 4 - MIDBLOCK -- MARKED AT INCIDENT SCENE 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS _ -TOP [13] - ALL AREAS [15] NON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 99-OTHER/UNKNOWN 8 - SIDEWALK 11 - SHARED USE PATHS OR LOCATION AT IMPACT CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION TRAILS - UNIT NOT AT SCENE [16] 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT 2 - NON-COLLISION 2 - BACKING OR LEAVING VEHICLE 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 3 0 | 6 | 3 - CHANGING LANES 0 - NO DAMAGE 14 - UNDERCARRIAGE SPECIFIED LOCATION 19-STANDING → 3-STRIKING 9 - LEAVING TRAFFIC LANE 1-12 - REFERTO UNIT 15 - VEHICLE NOT AT SCENE ACTION 4- STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 10-PARKED 15 - WALKING, RUNNING, 20 - OTHER NON-MOTORIST DIAGRAM 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHT TURN JOGGING, PLAYING 21 - STANDING OUTSIDE 99 - UNKNOWN 11 - SLOWING OR STOPPED 16-WORKING 13-TOP & STRUCK DISABLED VEHICLE 6 - MAKING LEFT TURN IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9-OTHER/UNKNOWN 12 - DRIVERLESS TRAFFIC 1 - NONE 7-LEFT OF CENTER 13-IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 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 3 - RAN RED LIGHT 14-STOPPED OR PARKED EQUIPMENT 9-IMPROPER LANE CHANGE 23 - OPENING DOOR INTO $\begin{bmatrix} 0 & 2 \end{bmatrix}$ 2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN ILLEGALLY 19 - LOAD SHIFTING/FALLING/ 4 - RAN STOP SIGN 10-IMPROPER PASSING ROADWAY CONTRIBUTING 5 - UNSAFE SPEED 15 - SWERVING TO AVOID 3 - FLASHER 6 - NO CONTROL SPILLING 99-OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IM PROPER CROSSING # of THROUGH LANES 6 - IMPROPER TURN 12 - IMPROPER BACKING RAIL GRADE CROSSING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2 2 - INVOLVED-ACTIVE CROSSING NON-COLLISION 1 2 0 1 - OVERTURN/ROLLOVER 11 - CROSS CENTERLINE — OPPOSITE DIRECTION OF 3 - INVOLVED-PASSIVE CROSSING 6 - EQUIPMENT FAILURE 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 17 - ANIMAL - FARM **EQUIPMENT** TRAVEL 23-STRUCK BY FALLING, **UNIT / NON-MOTORIST DIRECTION** 3 - IMMERSION B - RAN OFF ROAD RIGHT 18-ANIMAL - DEER 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR 19-ANIMAL - OTHER 1 - NORTH 5 - NORTHEAST J 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 13-OTHER NON-COLLISION ANYTHING SET IN MOTION 20 - MOTOR VEHICLE IN 2 - SOUTH 6 - YORTHWEST 5 - CARGO / EQUIPMENT 10 - CROSS MEDIAN BY A MOTOR VEHICLE 14-PEDESTRIAN TRANSPORT FROM 1 TO 3 LOSS OR SHIFT 3 - EAST 7 - SOUTHEAST 24-OTHER MOVABLE CBJECT 15-PEDALCYCLE 21 - PARKED MOTOR VEHICLE 4 - WEST 8 - SOUTHWEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER / UNKNOWN 25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE / CRASH CUSHION 32 - PORTABLE BARRIER 38-OVERHEAD SIGN POST 44 - DITCH EQUIPMENT **UNIT SPEED** DETECTED SPEED 26 - BRIDGE OVERHEAD 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 51-WALL 45 - EMBANKMENT STRUCTURE 1 - STATED / ESTIMATED SPEED 34 - MEDIAN GUARDRAIL SUPPORT 52-BUILDING 46 - FENCE 27 - BRIDGE PIER OR ABUTMENT 10 | 1 | 5 | RARRIER 40 - UTILITY POLE 53-TUNNEL 2 - CALCULATED / FOR 47 - MAIL BOX 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54 - OTHER FIXED OBJECT 48-TREE 29-BRIDGE RAIL POSTED SPEED 3 - UNDETERMINED BARRIER OR SUPPORT 49-FIRE HYDRANT 99 OTHER/UNKNOWN 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 3 5 $oldsymbol{ol}oldsymbol{oldsymbol{oldsymbol{ol{ol}}}}}}}}}}}}}}}}}}}}}$

LOCAL REPORT NUMBER

CHIED DEPARTMENT MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER								
									\(\begin{aligned} \begin{aligned} 2_+0_+2_+1_++0_+0_+0_+1_+9_+0_+2_+9_+ \end{aligned}						
UNIT#									DATE OF BIRTH AGE GENDER 10 5 / 0 2 / 1 9 4 6 7 5 M						
0,1	: STREET, CITY, ST									/ 0 2 / 1		6 7	5 <u>M</u>		
4132 I	LAKE R	OCKWELL RD	,Raven		1	112.000			L	PHONE - INCLUDE AREA					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED T	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-C	OMPLIANT SEATING POSITIO	IN AIR BAG	USAGE EJECT	TION TRAPPED		
		ICENSE NUMBER		OFFENI	OF ONA		1 :	0,4	MC HE	LMET 0 1	_ 1	<u> _1</u>			
O, H,				OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITAT	ION NUMBE	R		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIST	VER TRACTED	-	OHOL / DRUG SUSPE		CONDITION	ALC STATUS T	COHOL TEST YPE VALUE	STATUS	DRUG TEST	T(S) SULT SELECT UP TO 4		
_ 4	 , ,,		84	1	=	LCOHOL MAR	AMAUUS	1	1	1	. 1 l	1			
UNIT#	NAME: LAST, F	FIRST, MIDDLE	<u></u>						<u> </u>	DATE OF BIRTH		AGE	GENDER		
0,2	Difranc	co, Angelina, M							1 2	/ 1 6 / 2	000		0 F		
ADDRESS:	: STREET, CITY, ST.	•								PHONE - INCLUDE AREA (عالت			
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Z .	INJURED I	EMS AGENCY (NAME)		INJURED T	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	USED	DOT-C	SEATING POSITIO	N AIR BAG	USAGE EJECT	ION TRAPPED		
		***************************************						0_4	MC HE	LMET 0 1	1	1			
E .	OPERATUR L	ICENSE NUMBER		0FFENS		RGED	LOCAL	OFFENSE DESC			1	ION NUMBER	R		
C.T.	ENDORSEMENT	RESTRICTION SELECT	TUPTO3 DRIV	331.1		OHOL / DRUG SUSPE	X	Operatio		COHOL TEST		DRUG TEST(S)			
	SELECT UP TO 2			TRACTED	_		RLJUANA	COMPLITOR	STATUS		STATUS TYPE RESULT SELECT UP TO 4				
4			<u></u>	1	0	THER DRUG		1	1	1	_1	1			
UNIT#	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER			
ADDRESS:	: STREET, CITY, STA	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
E INJURIES	INJURED	EMS AGENCY (NAME)		T		**FRICAL PARTITY		1 saumannie	SEATING POSITION AIR BAG USAGE EJECTION TRAPPED						
SINOTO INJURIES	TAKEN BY	EMS AGENCT (NAME)		INJUREDI	AKENIU	: MEDICAL FACILITY	NAME, CITY)	SAFETY EQUIPMENT	DOT-Co	JMPLIANI	N AIR BAG (JSAGE EJECTI	ION TRAPPED		
	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAF	ARGED LOCAL CODE		OFFENSE DESC	<u> </u>			ON NUMBER	_		
OL STATE									****			OH HOME.			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	ALCC	DHOL / DRUG SUSPE	HOL / DRUG SUSPECTED		ALCOHOL TEST			DRUG TEST(S) TATUS TYPE RESULT SELECTOR			
			BY	MOTE		_	ANAUUR		SIMIUS ,	YPE VALUE	STATUS	ITPE KES	OLT SELECT UP 104		
INJU	IRIES	SEATING POSITION	A	IR BAG	LJ 01	THER DRUG OL CLASS		OL RESTRIC	LION(S)	DRIVER DISTRACT			TATUS		
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPL	to a framer year or an		1-CLASS A	1-ALCOHOL INTERL		1 - NOT DISTRACTED		1 - NONE GIVEN	STATUS			
2 - SUSPECTED	SERIOUS INJURY MINOR INJURY	2 - FRONT - MIDDLE	2 - DEPLOYE 3 - DEPLOYE			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTATE 3 - CORRECTIVE LEA		FI FOTBANIO CONTRIBUTO		ATION			
4 - POSSIBLE IN	IJURY	3 - FRONT - RIGHT SIDE	4 - DEPLOYE		NT/SIDE	4 - REGULAR CLASS		4 - FARM WAIVER	N2F2	DEVICE (TEXTING, TYP DIALING)					
5 - NO APPAREN	TINJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APPL	PPLICABLE (OHIO = D) 5 - EXI			5 - EXCEPT CLASS A		3 -TALKING ON HANDS-FREE COMMUNICATION DEVICE		4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS				
	TAKEN BY	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	7-DEPLOTE	MENT UNKNOWN 5 - MIC MUPED UNLY 6 - EXCEPT CLASS A 6 - NO VALID OL & CLASS B BUS					4 - TALKING ON HAND-HEL		UNKNOWN				
1 - NOT TRANSPO /TREATED AT		7-THIRD - LEFT SIDE	EJ	7 - EXCEPT TRACTO CLENDORSEMENT 8 - INTERMEDIATE					COMMUNICATION DEVI	AN .	ALCOHOL TEST TYPE				
2 - EMS 3 - POLICE		(MOTORCYCLE SIDE CAR) B-THIRD - MIDDLE	1 - NOT EJEC	TED H - HAZMAT RESTRICTIONS				ELECTRONIC DEVICE			1 - NONE 2 - BLOOD				
9-OTHER/UNK	NOWN	9-THIRD - RIGHT SIDE	3-TOTALLY	LY EJECTED M - MOTORCYCLE 9 - LEARNER'S PER EJECTED P - PASSENGER RESTRICTIONS				MIT 6-PASSENGER 2-BLOOD 7-OTHER DISTRACTION 3-URINE							
SAFETY E	QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APPL	.ICABLE		N-TANKER		10 - LIMITED TO DAYL		INSIDE THE VEHICLE 8 - OTHER DISTRACTION O		4 - BREATH 5 - OTHER			
1 - NONE USED		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	TR	RAPPED		Q - MOTOR SCOOTER R - THREE-WHEEL MOT	TORCYCL F	11 - LIMITED TO EMP 12 - LIMITED - OTHER		THE VEHICLE	DISIDE 3				
2 - SHOULDER B 3 - LAP BELT ON		(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOTTRAP			S - SCHOOL BUS		13 - MECHANICAL DE (SPECIAL BRAKE		9-OTHER/UNKNOWN	1	DRUG TE	STIYPE		
4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED MECHANICA			ICAL MEANS	AL MEANS T - DOUBLE & TRIPLE TRAILERS CONTROLS, OR OT			HER CONDITION			2 - BL00D					
	FORWARD FACING 13-TRAILING UNIT NON-MEC				HANICAL MEANS 14 - MILITARY VE			14 - MILITARY VEHIC	LES ONLY	2 - PHYSICAL IMPAIRMEN		3 - URINE 4 - OTHER			
6 - CHILD RESTR	RESTRAINT SYSTEM - 14 - RIDING ON VEHICLE EXTERIOR					GENDER 15 - MOTOR VEHICLE F - FEMALE AIR BRAKES			TUOHTIW 2	3 - EMOTIONAL (E.G., DEPRE ANGRY, DISTURBED)		DRUG TEST	RESULT(S)		
7 - BOOSTER SE		15 - NON-MOTORIST				M - MALE		16 - OUTSIDE MIRROF		4-ILLNESS	1	L-AMPHETAMIN	AV-SATTE COMPANY TO SECURE		
8 - HELMET USE		99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN		17 - PROSTHETIC AID 18 - OTHER	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.			2 - BARBITURATE 3 - BENZODIAZEI			
9 - PROTECTIVE (ELBOW, KNE										6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUG	E	- CANNABINOIC			
10 - REFLECTIVE 11 - LIGHTING - P										/ALCOHOL	5	- COCAINE			
/ BICYCLE ON	ILY									9- OTHER / UNKNOWN		5-0PIATES/0PI 7-0THER	10102		
99 - OTHER/UNK	NOWN												8 - NEGATIVE RESULTS		

Ñ	OHIO DE	OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER						
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	UNIT#	NAME: LAS	ST, FIRST, MIDDLE				<u> </u>	DAT	AGE	GENDER					
L															
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OCCUPANT									1 1			, ,			
ō	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)	···	INJURED TAKEN TO: MEDICAL FA	CILITY (NAME, CITY)	SAFETY EQUIPMENT	207.0	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		BŶ					USED	DOT-COMPLIANT MC HELMET	<u>.</u>		ļ				
Ī	UNIT#	NAME: LAS	T, FIRST, MIDDLE	·				DAT	E OF BIRTH		AGE	GENDER			
		ĺ							. /			JEN JEN			
AN	ADDRESS:	: STREET, CITY,	STATE, ZIP				 -	CONTACT PHONE - INCLUDE AREA CODE							
OCCUPANT															
30	INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAI	SAFETY EQUIPMENT		SEATING POSITION	ATR RAG USAGE	EJECTION	TRAPPED				
	1 1	TAKEN					USED	DOT-COMPLIANT MC HELMET		, ,,,,,	Localion	111111111111111111111111111111111111111			
-	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		105				
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00	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	THITY (NAME OTV)	SAFETY EQUIPMENT		SEATING POSITION	410 040 11040-	CIPATIAN	Theres			
		TAKEN BY	,		MOUNTED TAXES TO: MIEBICAL T A	SILITY (NAME, CITY)	USED	DOT-COMPLIANT MC HELMET	SEATING PUSITION	AIR BAG USAGE	EJECTION	TRAPPED			
-	LIMIT #	NAME 146	T SIRGE IMPRILE					MIC LIEUMET				<u></u>			
	UNIT # NAME: LAST, FIRST, MIDDLE ADDRESS: STREET, CITY, STATE, ZIP							DAT	E OF BIRTH		AGE	GENDER			
N															
OCCUPAN	ADDRESS:	: 31 KEE1, G111,	STATE				CONTACT PHONE	- INCLUDE AREA CO	DE		- 1				
000	INILIDIES	TNUIDED	FARC A												
	INJURIES INJURED TAKEN BY EMS AGENCY (NAME)				INJURED TAKEN TO: Medical Facility (NAME, CITY) SAFETY EQUIPMENT USED			DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
H								MC HELMET		نـــــــــــــــــــــــــــــــــــــ					
	INJURIES SAFETY EQUIPMENT USED SEATING PO							IIIUN	Tar vertical limites	AIR BAG US	SAGE				
			RIOUS INJURY	A Committee of the Comm	OCCUPANT				ER)						
	2- SUSPECTED SERIOUS INJURY			DER BELT ONLY USED 2 - FRONT - MIDDLE				2 - DEPLOYED FRONT							
	4 - POSS	4 - POSSIBLE INJURY 3 - LAP BELT ONLY U				GED 3 - FRONT – RIGHT SIDE 4 - SECOND – LEFT SIDE			3 - DEPLOYED SIDE						
				R & LAP BELT USED		ORCYCLE PASS		4 - DEPLOYED BOTH FRONT/SIDE							
ŀ		5 - CHILD RESTRAINT SYSTEM					ND - MIDDLE		5 - NOT APPLICABLE						
	1 - NOT TRANSPORTED 6 - CHILD REST				O OLOGID - Mail Of			E	9 - DEPLOYMENT UNKNOWN						
	1 - NOT TRANSPORTED 6 - CHILD RESTRAINT SYSTEM /TREATED AT SCENE REAR FACING 2 - EMS 7 - BOOSTER SEAT						ORCYCLE SIDE	CAR)	EJECTION						
							O - MIDDLE		1 - NOT EJECTED						
	3 - POLI	CE		8 - HELMET	USED		D – RIGHT SIDE PER SECTION O	ETRIICKCAR	2 - PARTIALLY EJECTED						
	9 - OTHE	ER / UNKNO	WN	9 - PROTECT		ENGER IN OTH		3 - TOTALLY EJECTED							
		GEN	IDER	10 - REFLECT	(NEES, ETC.)		O AREA (NON-TR ICK-UP WITH CAF		4 - NOT APPLICABLE						
	F-FEMA				ENGER IN UNE		TRAPPED								
	M - MALE		A/NI	/ BICYCLE	- PEDESTRIAN ONLY	CARG	O AREA		1 - NOTTRAPPED						
	99 - OTHER / LINKNOWN						IG ON VEHICLE	EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL						
		(NON-TRAILIN													
						15 - NON-N	MOTORIST R/UNKNOWN		MEANS	RA MOM-WIF	CHANICA	L			
7	NAME: LAS	T, FIRST, MIDDI	LE	1	A LAC TO PERMIT	77- VI HE	IL / ONKNOWN	DATE	OF BIRTH		ACE	CENDED			
ESS		r, Kaith								0.2	AGE 1. 9 .	GENDER M			
WITNESS	ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP 136 LARCHWOOD DR, Painesville, ,OH 44077							CONTACT PHONE - INCLUDE AREA CODE						
>	136 L														
S.	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
WITNESS															
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S	NAME: LAS	T, FIRST, MIDDI	LE .					DATE	OF BIRTH		AGE	GENDER			
TNESS	ADDDESS	STREET, CITY,	PTATE 710												
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