OHIO DEPARTMENT TRAFFIC CRASH RE	LOCAL REPORT NUMBER*							
PHOTOS TAKEN OH-2 OH-3 LOC	AL INFORMATION		2 + 0 + 2 + 3 + - + 0 + 0 + 0 + 1 + 1 + 5 + 9 + 0					
OH-1P OTHER REF	PORTING AGENCY NAME*	NCIC*	HIT/SKIP	1 COLVED				
PRIVATE PROPERTY CI	ity of Kent Police	$\lfloor 0 \rfloor 6 \rfloor 7 \rfloor 0 \rfloor 3$	1 - SOLVED	0_20	98 - ANIMAL 99 - UNKNOWN			
COUNTY* LOCALITY* LOCATION: CITY, VIL	LAGE, TOWNSHIP*		CRASH DATE /1		RASH SEVERITY 1 - FATAL			
6 7 1 2-VILLAGE Kent		T	0.7.2.5.2.0.2.3	/1731 5	2 - SERIOUS INJURY			
S - SOUTH	ATION ROAD NAME	ROAD TYPE	LATITUDE DE		SUSPECTED 3 - MINOR INJURY			
W-WEST	AIN	$S \setminus T$	4,1,1,5,3	6,3,8	SUSPECTED			
S-SOUTH	ERENCE ROAD NAME (ROAD, MILEPOST, F	ROAD TYPE	LONGITUDE DE		4 - INJURY POSSIBLE			
E-EAST 20	2		-8,1, 3,5,6,3,6,9					
REFERENCE POINT DIRECTION 1-INTERSECTION FROM REFERENCE IR - INTI	ROUTE TYPE	ROAD TYPE		INTERSECTION RELATI	ED			
3 2-MILE POST S-SOUTH US-FED	ERSTATE ROUTE(TP) AL - ALLEY ERAL US ROUTE AV - AVENUE	HW-HIGHWAY RD - ROAD LA - LANE SQ - SQUARE	X WITHIN INTE	ACH 4				
3-H003E # E-EAST	TE ROUTE BL - BOULEVARD		WITHIN INTE	RCHANGE AREA NU	MBER OF APPROACHES			
DISTANCE DISTANCE FROM REFERENCE UNIT OF MEASURE CR - NUN	MBERED COUNTY ROUTE CT - COURT	OV - OVAL TE - TERRACE PK - PARKWAY TL - TRAIL		ROADWAY				
1 - MILES TR - NUM 2 - FEET ROU	MBERED TOWNSHIP DR - DRIVE	PI - PIKE WA - WAY	ROADWAY DIV	IDED				
3 - YARDS	HE - HEIGHTS	PL - PLACE		ľ				
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 9 - CROSSOVER	MANNER OF CRAS 1 - NOT COLLISION	H COLLISION/IMPACT 4 - REAR-TO-REAR	DIRECTION OF TRAVE		AN TYPE			
0 1 2-ON SHOULDER 10-DRIVEWAY/ALL	EY ACCESS 5 BETWEEN TWO MOTOR	5 - BACKING	N - NORTH S - SOUTH	(< 4 FEE				
3 - IN MEDIAN 11 - RAILWAY GRADI 4 - ON ROADSIDE 12 - SHARED USE PA	VEHICLES IN	6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION	E - EAST W - WEST	2 - DIVIDED (≥4 FEE	FLUSH MEDIAN T)			
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE		8 - SIDESWIPE, OPPOSITE DIRECTION	W-WEST		, DEPRESSED MEDIAN , RAISED MEDIAN			
7 - ON RAMP 14-TOLL BOOTH		9 - OTHER / UNKNOWN		(ANY TY	PE)			
8-OFF RAMP 99-OTHER / UNKNO	WN		.	9 - OTHER/U	NKNOWN			
WORK ZONE RELATED	100000000000000000000000000000000000000	ON OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE			
	E SHIFT/CROSSOVER	- BEFORE THE 1ST WORK ZONE WARNING SIGN	_2_	_1_				
	K ON SHOOLDEN	- ADVANCE WARNING AREA -TRANSITION AREA	A10.001.004.10.1014.0004.004.004.004.004.	1 - DRY	1 - CONCRETE			
4 - INTE	RMITTENT OR MOVING WORK 4	- ACTIVITY AREA	2 - STRAIGHT GRADE 3 - CURVE LEVEL	2-WET 3-SNOW	2 - BLACKTOP, BITUMINOUS,			
ACTIVE SCHOOL ZONE 5 - OTHE	ER 5	-TERMINATION AREA	3 - BRICK/BLOCK					
LIGHT CONDITION	WEATHER		4 - SLAG, GRAVEL,					
1 - DAYLIGHT 1 2 - DAWN/DUSK	1-CLEAR 6-SNOW 7-SEVERE	CROSSWINDS		OIL, GRAVEL 6 - WATER (STANDING,	STONE 5 - DIRT			
3 - DARK - LIGHTED ROADWAY	3 - FOG, SMOG, SMOKE 8 - BLOWIN	IG SAND, SOIL, DIRT, SNOW NG RAIN OR FREEZING DRIZZLE		MOVING)	9 - OTHER/UNKNOWN			
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING		/ UNKNOWN		7 - SLUSH 9 - OTHER/UNKNOWN				
9 - OTHER / UNKNOWN								
NARRATIVE				A	Indicate the north			
UNIT 2 WAS STOPPED IN TRAF	FIC TRAVELING	1		A	an "N" on the compass diagram.			
NORTHBOUND ON DEPEYSTE	P ST AT F MAIN	1						
		-	•	E.MAINST.				
ST. UNIT 1 WAS BACKING OU	T OF THE		-					
PARKING LOT AT 202 E. MAIN	ST. ONTO		-					
DEPEYSTER ST. UNIT 1 BACK	ED INTO UNIT		-					
2 ON THE ROADWAY.		1 1 1						
		2 1						
		LS AND						
		图		202E.MAINST.				
]	<u></u>					
		1 1 1 1	1 2	Not To Scale				
CRASH REPORTED DATE / TIME DISP	ATCH DATE / TIME AR	RRIVAL DATE / TIME	SCENE CLEARED I	DATE / TIME	REPORT TAKEN BY			
0,7,2,5,2,0,2,3,/,1,7,3,1, 0,7,2,5,2,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	2.0.2.3./.1.7.3.2.0.7.2.5	2.0.2.3./.1.7.4.8	0.7.2.5.2.0.2	3./.1.8.0.0. X	POLICE AGENCY			
TOTAL TIME OTHER TOTAL	OFFICER'S NAME*	CHECKED BY OFFICER'S NAME*			MOTORIST			
ROADWAY CLOSED INVESTIGATION TIME MINUTES	Hadaway, Joseph				SUPPLEMENT (CORRECTION OR ADDITION			
	OFFICER'S BADGE NUMBER	3000 NASS			TO AN EXISTING REPORT SENT TO COPS)			
0 0 0 0 3 0 0 5 8	2 1 6	2_4	3					

HSY7001 OH1 1/19 [760-0820] PAGE **1** 0F **4**

LOCAL REPORT NUMBER 2 . 0 . 2 . 3 . - . 0 . 0 . 0 . 1 . 1 . 5 . 9 . 0 . Redacted per ORC 149.43(A)(1) OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER DAMAGE KINNEYS AUTOMOTIVE SERVICE INC DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 1 1043 GRANT ST ,Akron ,OH 44311 □ 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP KINNEYS AUTOMICIAN AND COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP KINNEYS AUTOMICIAN AND COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP KINNEYS AUTOMICIAN AND COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP KINNEYS AUTOMICIAN AND COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP KINNEYS AUTOMICIAN AND COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP KINNEYS AUTOMICIAN AND COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP KINNEYS AUTOMICIAN AND COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP KINNEYS AUTOMICIAN AND COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP KINNEYS AUTOMICIAN AND COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP KINNEYS AUTOMICIAN AND COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP KINNEYS AUTOMICIAN AND COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP KINNEYS AUTOMICIAN AND COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP KINNEYS AUTOMICIAN AND COMMERCIAL CARRIER: NAME, ADDRESS, COMMERCIAL CARRIER: N 9 - UNKNOWN Redacted per ORC 149.43(A)(1) 1043 GRANT ST, Akron, OH 44311 DAMAGED AREA(S) INDICATE ALL THAT APPLY **VEHICLE IDENTIFICATION #** LP STATE LICENSE PLATE # VEHICLE YEAR VEHICLE MAKE 2 0 1 2 Ford 1, F, DU, F, 5, G, T, X, C, E, A, 8, 9, 8, 1, 8 O H PKU2152 INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # COLOR VEHICLE MODEL CPP UNITED OHIO WHICPP003296303 F550 TYPE OF USE US DOT # TOWED BY: COMPANY NAME X COMMERCIAL GOVERNMENT RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS INTERLOCK DEVICE EQUIPPED MATERIAL CLASS # PLACARD ID # 1 - ≤10KLBS RELEASED HIT/SKIP UNIT 2 - 10.001 - 26K LBS $0_{\perp}1$ PLACARD J 3 - >26K LBS 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 1 4 3 - SPORT UTILITY VEHICLE 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13-SNOWMOBILE 19-RUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST UNITTYPE 4 - PICKUP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE BICYCLE 5 - CARGO VAN 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 -TRAIN 11 - ALL TERRAIN VEHICLE ANIMAL-DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP 6 - VAN (9-15 SEATS) 17 - MOTORHOME (ATV/UTV) # of TRAILING UNITS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 1-YES 2-NO 9-0THER/UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION AUTONOMOUS MODE LEVEL 16-FARM 1 - NONE 6 - BUS - CHARTER/TOUR 11-FIRE 21 - MAIL CARRIER 1,9 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18-SNOW REMOVAL FUNCTION 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19-TOWING 5 - BUS - TRANSIT/COMMUTER 10-AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE 12 - CONCRETE MIXER 1 0 / NOTAPPLICABLE MOTORVEHICLE CHASSIS 9 - CARGO TANK 13-AUTOTRANSPORTER CARGO 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARBAGE/REFUSE BODY * 7 - GRAIN/CHIPS/GRAVEL 11-DUMP 99-OTHER / UNKNOWN 0 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 8 - TRAILER EQUIPMENT 10-DISABLED FROM PRIOR VEHICLE 2 - HEAD LAMPS 5 - STEERING DEFECTIVE ACCIDENT DEFECTS 3 - TAIL LAMPS 6 - TIRE BLOWOUT -NO DAMAGE [0] - UNDERCARRIAGE [14] 3 - INTERSECTION - OTHER 9 - MEDIAN/CROSSING ISLAND 1 - INTERSECTION - MARKED 6 - BICYCLE LANE 12 - FIRST RESPONDER CROSSWALK AT INCIDENT SCENE ☐-TOP [13] - ALL AREAS [15] 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS NON-MOTORIST 2-INTERSECTION - UNMARKED 99 - OTHER / UNKNOWN CROSSWALK B - SIDEWALK 11 - SHARED USE PATHS OR LOCATION CROSSWALK - UNIT NOT AT SCENE [16] 5 - TRAVEL LANE - OTHER LOCATION TRAILS AT IMPACT 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT OR LEAVING VEHICLE 2 - NON-COLLISION 0 2 3 - CHANGING LANES 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 3__ 0 - NO DAMAGE 14 - UNDERCARRIAGE 19-STANDING SPECIFIED LOCATION 3-STRIKING 9 - LEAVING TRAFFIC LANE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE ACTION 4- STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 15 - WALKING, RUNNING, 20 - OTHER NON-MOTORIST 10-PARKED DIAGRAM JOGGING, PLAYING 99 - UNKNOWN 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN 21 - STANDING OUTSIDE 11 - SLOWING OR STOPPED 13-TOP 16-WORKING DISABLED VEHICLE & STRUCK INTRAFFIC 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9-OTHER/UNKNOWN 12 - DRIVERLESS TRAFFIC 13 - IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 -LYING IN ROADWAY 1-NONE 7 - LEFT OF CENTER TRAFFIC CONTROL TRAFFICWAY FLOW PARKED POSITION 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 18-OPERATING DEFECTIVE 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 14 - STOPPED OR PARKED EQUIPMENT 23 - OPENING DOOR INTO 3 - RAN RED LIGHT 9-IMPROPER LANE CHANGE 1 2 2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN 2 ILLEGALLY 19 - LOAD SHIFTING/FALLING/ ROADWAY 4 - RAN STOP SIGN 10-IMPROPER PASSING 3 - FLASHER 6 - NO CONTROL CONTRIBUTING 5 - UNSAFE SPEED 15 - SWERVING TO AVOID SPILLING 99-OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING # of THROUGH LANES RAIL GRADE CROSSING 6-IMPROPERTURN 12 - IMPROPER BACKING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2 2 - INVOLVED-ACTIVE CROSSING NON-COLLISION 1 2 0 1 - OVERTURNIROLLOVER 3 - INVOLVED-PASSIVE CROSSING 6 - EQUIPMENT FAILURE 16-RATI WAY VEHICLE 22 - WORK ZONE MAINTENANCE 11 - CROSS CENTERLINE -OPPOSITE DIRECTION OF EQUIPMENT 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 17 - ANIMAL - FARM HINT / NON-MOTORIST DIRECTION

2 		3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	18-ANIMAL — DEER 19-ANIMAL — OTHER 20-MOTOR VEHICLE IN TRANSPORT 21-PARKED MOTOR VEHICLE	23 - STRUCK BY FALLING, SHIFTING CARGOOR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	FROM 3 TO 4	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST		
		25 - IMPACT ATTENUATOR	COLLISIO 31 - GUARDRAIL END	N WITH FIXED OBJE	CT - STRUCK 43-CURB	50 - WORK ZONE MAINTENANCE		9 - OTHER / UNKNOWN		
4		/ CRASH CUSHION	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	EQUIPMENT	UNIT SPEED	DETECTED SPEED		
5	ب	26-BRIDGE OVERHEAD STRUCTURE 27-BRIDGE PIER ORABUTMENT	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER	39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE	45 - EMBANKMENT 46 - FENCE 47 - MAILBOX	51 - WALL 52 - BUILDING 53 - TUNNEL	0 0 5	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR		
6∟	ب	28-BRIDGE PARAPET 29-BRIDGE RAIL 30-GUARDRAIL FACE	35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	48-TREE 49-FIRE HYDRANT	54-OTHER FIXED OBJECT 99-OTHER / UNKNOWN	POSTED SPEED	3 - UNDETERMINED		
L	1	FIRST HARMFUL EVEN	T 1 MOST H	2 _ 5						

LOCAL REPORT NUMBER 2 . 0 . 2 . 3 . - . 0 . 0 . 0 . 1 . 1 . 5 . 9 . 0 . OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)
Redacted per ORC 149.43(A)(1) DAMAGE OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) EAN HOLDINGS LLC DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 3 - FUNCTIONAL DAMAGE 1 - NONE 2 14002 E 21ST ST 1500, TULSA, AZ 74134 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 9 - UNKNOWN DAMAGED AREA(S) INDICATE ALL THAT APPLY **VEHICLE IDENTIFICATION #** VEHICLE YEAR VEHICLE MAKE LP STATE LICENSE PLATE # 2 0 2 1 Nissan $3 \cdot N \cdot 1 \cdot A \cdot B \cdot 8 \cdot C \cdot V \cdot 7 \cdot MY \cdot 2 \cdot 2 \cdot 4 \cdot 0 \cdot 6 \cdot 2$ R I 1AZ128 INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # COLOR VEHICLE MODEL SONNENBERG MUTUSAY34023263122 BLUSENTRA TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS INTERLOCK DEVICE EQUIPPED MATERIAL CLASS # PLACARD ID # 1 - ≤10KLBS RELEASED HIT/SKIP UNIT 2 - 10.001 - 26K LBS $0_{\perp}1$ PLACARD J 3 - >26K LBS 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13-SNOWMOBILE 19-BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 0 1 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST UNITTYPE 4 - PICKUP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE BICYCLE 5 - CARGO VAN 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 -TRAIN 11 - ALL TERRAIN VEHICLE ANIMAL-DRAWN VEHICLE 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP (ATV/UTV) # OF TRAILING UNITS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 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2		3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE N WITH FIXED OBJE	18-ANIMAL — DEER 19-ANIMAL — OTHER 20-MOTOR VEHICLE IN TRANSPORT 21-PARKED MOTORVEHICLE	23 - STRUCK BY FALLING, SHIFTING CARGOOR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	FROM 2 TO 1	OTORIST DIRECTION 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST J 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST		
4	1 1	25 - IMPACT ATTENUATOR	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE		9 - OTHER / UNKNOWN		
4		/ CRASH CUSHION 26-BRIDGE OVERHEAD	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES	44 - DITCH 45 - EMBANKMENT	EQUIPMENT 51 - WALL	UNIT SPEED	DETECTED SPEED		
5		STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	SUPPORT 40 - UTILITY POLE	46-FENCE 47-MAILBOX	52 - BUILDING 53 - TUNNEL	$\begin{bmatrix} 0 & 0 & 0 \end{bmatrix}$	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR		
6∟		28-BRIDGE PARAPET 29-BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	48 - TREE 49 - FIRE HYDRANT	54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	POSTED SPEED	3 - UNDETERMINED		
ī_	1	30-GUARDRAIL FACE FIRST HARMFUL EVEN	36-MEDIAN OTHER BARRIER IT MOST H	42-CULVERT			2 5			

OFF DEPARTMENT MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER								
OF THE STATE OF TH						2 + 0 + 2 + 3 + - + 0 + 0 + 0 + 1 + 1 + 5 + 9 + 0 +									
UNIT#	UNIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
0,1	_ WHITE, STEVEN, A							0 2 1 5 1 9 8 2 4 1 M							
	S: STREET, CITY, STATE, ZIP B EASTON ST NE , ALLIANCE , OH 44601									CONTACT PHONE - INCLUDE AREA CODE Redacted per ORC 149.43(A)(1)					
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDI	AKEN TO	MEDICAL FACILITY	(NAME, CITY)		DOT-C	SEATING POSIT	ION AIR BAG	USAGE	EJECTION	TRAPPED	
<u> 5</u>	BY							USED 0 4	□MC HE	LMET 0 1	1	1 1 1			
OL STATE	OPERATOR REDAC	LICENSE NUMBER CTED PER ORC 450	11.1_12	OFFENS		RGED	LOCAL	OFFENSE DESC	RIPTION			CITATION NUMBER			
O H	KLDK	TEDTER ORO 430	71.1-12	331.1	13		X	Starting and			260	26046			
OL CLASS	ENDORSEMEN SELECT UP TO 2		DIS	VER TRACTED	PACTED —			CONDITION	STATUS TYPE VALUE S			TYPE	RESULT	SELECTUPTO4	
. 4 .		1,0,3,,,,,,	BY	1 OTHER DRUG			1 1	. 1	1	1.1	. 1				
UNIT #	NAME: LAST	, FIRST, MIDDLE			υ٠	THER BROW				DATE OF BIRTH		$\overline{}$	AGE	GENDER	
. 0 . 2 .		LAWRENCE, M							. 1 . 0	1,6,1,9	0.6.	9 6	5.3	M	
	STREET, CITY, S								-	PHONE - INCLUDE AREA			, ,	111	
400 SU	JMATE	RAAVE ,Akron ,O	H 443	05						acted per		149	9.43(A)(1)	
INJURIES	INJURED	EMS AGENCY (NAME)			AKEN TO	MEDICAL FACILITY	(NAME, CITY)		— □DOT-C:	SEATING POSIT	ION AIR BAG	USAGE	EJECTION	TRAPPED	
9 5	TAKEN BY							USED 0 4	MC HE			1 1 1 1			
OL STATE		LICENSE NUMBER		OFFENS	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITA	TION N	UMBER		
O H	REDAC	TED PER ORC 450	1:1-12				CODE								
OL CLASS	ENDORSEMEN SELECT UP TO 2			VER TRACTED	_	HOL / DRUG SUSPI		CONDITION	STATUS T	YPE VALUE	STATUS	DRU (RESULT	SELECTUPTO4	
. 4 .			BY	1	=	LCOHOL MAI	RIJUANA	. 1 .	1	1	1.	. 1			
UNIT#	NAME·LAST	FIRST, MIDDLE		1	Цΰ	THER DRUG				DATE OF BIRTH		Ť	AGE	GENDER	
S.I.Z.	TO THE CASE	, 1107/1110022									1727 27			u_mo_m	
ADDRESS:	STREET, CITY, S	STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INC											,				
INJURIES		EMS AGENCY (NAME)		INJUREDI	AKEN TO	MEDICAL FACILITY	(NAME, CITY)		□ ВОТ-С	SEATING POSIT	ION AIR BAG	USAGE	EJECTION	TRAPPED	
NON	TAKEN BY				USED			MC HE							
OL STATE	OPERATOR	LICENSE NUMBER					OFFENSE DESC	CRIPTION			CITATION NUMBER				
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OL CLASS	ENDORSEMEN SELECT UP TO 2		DIS	VER TRACTED		HOL / DRUG SUSPI		CONDITION	STATUS T	YPE VALUE	STATUS		RESULT	SELECTOP TO 4	
	2 201		BY		=	LCOHOL MAI THER DRUG	RIJUANA								
INJU	RIES	SEATING POSITION	A	IR BAG		OL CLAS	s	OL RESTRIC	TION(S)	DRIVER DISTRA	CTION		EST STA	TUS	
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1-NOTDEP			1 - CLASS A		1 - ALCOHOL INTER		1 - NOT DISTRACTED			E GIVEN		
2 - SUSPECTED :	SERIOUS INJURY MINOR INJURY	2 - FRONT - MIDDLE	2 - DEPLOYE 3 - DEPLOYE			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE		2 - MANUALLY OPERAT ELECTRONIC COMM	UNICATION		FREFUSED FGIVEN, CON	TAMINATED	
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE		ED BOTH FRO	NT / SIDE	4 - REGULAR CLASS		4 - FARM WAIVER		DEVICE (TEXTING, T DIALING)	YPING,	SAM	PLE / UNUSA	BLE	
5 - NO APPAREN	T INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5-NOTAPP	PLICABLE (OH I0 = D) 5 - EXCEPT CLASS YMENT UNKNOWN 5 - M/C MOPED ONLY 6 - EXCEPT CLASS			3 IACINIO ONTIANO TRE			E 5 - TEST GIVEN, RESULTS					
INJURED		5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	7-0212011	MEINI ONKIN		6 - NO VALID OL		& CLASS B BUS		4 - TALKING ON HAND-	HELD	UNK	NOWN		
1 - NOT TRANSPO /TREATED AT	A CONTRACTOR OF THE PARTY OF TH	7 - THIRD - LEFT SIDE	EJ	ECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE		5 - OTHER ACTIVITY W	\$10000 W. L		OHOL TES	ST TYPE	
2 - EMS		(M0TORCYCLE SIDE CAR) 8 - THIRD – MIDDLE	1 - NOTEJE			H - HAZMAT		RESTRICTIONS		ELECTRONIC DEVIC 6 - PASSENGER	E	1 - NON 2 - BLO			
3 - POLICE 9 - OTHER / UNK	NOWN	9 - THIRD - RIGHT SIDE	3-TOTALLY	LY EJECTED EJECTED		M - MOTORCYCLE P - PASSENGER		9 - LEARNER'S PER RESTRICTIONS	(MI I	7 - OTHER DISTRACTIO	N	3 - URIN	NE.		
	QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4-NOTAPP			N-TANKER		10 - LIMITED TO DAY		INSIDE THE VEHICL 8 - OTHER DISTRACTIO		4 - BRE 5 - OTH			
1 - NONE USED	OIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	T	RAPPED		Q - MOTOR SCOOTER R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED TO EM		THE VEHICLE			UG TEST	TVDE	
2 - SHOULDER B		(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1- NOTTRA			S - SCHOOL BUS	77011011011	13 - MECHANICAL DI (SPECIAL BRAK		9 - OTHER / UNKNOWN		1 - NON		TIPE	
3 - LAP BELT ON 4 - SHOULDER &		12 - PASSENGER IN UNENCLOSED	2 - EXTRICA MECHAN	IICAL MEANS		T - DOUBLE & TRIPLE		CONTROLS, OR O	THER	CONDITIO	1	2 - BL00			
5 - CHILD RESTR	RAINT SYSTEM -	CARGO AREA 13 - TRAILING UNIT	3- FREED B NON-ME	Y Chanical Mi	EANS	X - TANKER / HAZMAT	hiew hips	14 - MILITARY VEHI		1 - APPARENTLY NORM 2 - PHYSICAL IMPAIRM		3 - URIN 4 - OTH			
6 - CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR		GENDER 15 - MOTOR VEHI			15 - MOTOR VEHICLE AIR BRAKES	.ES WITHOUT 3 - EMOTIONAL (E.G., DEPRESS ANGRY, DISTURBED)									
REAR FACING 7 - BOOSTER SE		(NON-TRAILING UNIT) 15 - NON-MOTORIST				M - MALE		16-OUTSIDE MIRRO		4 - ILLNESS		NO PERSONAL PROPERTY.	HETAMINES	(s)	
8 - HELMET USE		99 - OTHER / UNKNOWN				U -OTHER / UNKNOWN		17 - PROSTHETIC AII 18 - OTHER	0	5 - FELL ASLEEP, FAINT FATIGUED, ETC.	ED,		BITURATES	F0	
9 - PROTECTIVE (ELBOW, KNE								10-VIIIEN		6 - UNDERTHE INFLUE			ZODIAZEPINI NABINOIDS	E2	
10 - REFLECTIVE										OF MEDICATIONS/D /ALCOHOL	1003	5 - 000	AINE		
11 - LIGHTING - F / BICYCLE ON										9 - OTHER/UNKNOWN		6 - OPIA 7 - OTHI	TES / OPIOID)S	
99 - OTHER / UNK													ATIVE RESUL	LTS	

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