OHIO DEPARTMENT TRAFFIC CRA	SH REPO	LOCAL REPORT NUMBER*									
PANNET PROPERTY	H-3 LOCAL II		[2,0,2,2,-,0,0,0,0,9,7,4,]								
SECONDARY CRASH	·····	***************************************	NCIC*	HIT/SKIP 1 - SOLVED	NUMBER OF UNITS	OO ANTMAL					
PRIVATE PROI		of Kent Poli	ce	<u> [0                                   </u>	6   7   0   3	L 2 - UNSOLVED	0 2	U Z 99-UNKNOWN			
1-CITY	ION: CITY, VILLAGE,	,TOWNSHIP*				CRASH DATE /T		CRASH SEVERITY  1 - FATAL			
3-TOWNSHIP		IN ROAD NAME		ROAD TYPE	[0 1 2 3 2 0 2 2  LATITUDE DEG		2 - SERIOUS INJURY SUSPECTED				
S-S	QUTH				ST			3 - MINOR INJURY			
	WEST IVIEL	NCE ROAD NAME (RO	AD. MILEPOST. HO	lise #)	ROAD TYPE	<u>  4   1   •   1   5   2  </u> LONGITUDE DE		SUSPECTED 4 - INJURY POSSIBLE			
S-S	OUTH LOU		,.,	,	$\mathbf{S}$ , $\mathbf{T}$			5 - PROPERTY DAMAGE			
REFERENCE POINT   DIRECTION	WEST	UTE TYPE		ROAD TYPE	[ B , I	811 0 3 9 1	NTERSECTION R	ONLY			
1 - INTERSECTION FROM REFERENCE N - NORTH	IR - INTERST	TATE ROUTE(TP)		HW-HIGHWAY	RD - ROAD	ļ ,,	RSECTION OR ON A	IPPROACH			
1 S - SOUTH 1 3 - HOUSE #	OS F LULINA		AV - AVENUE I BL - BOULEVARD I		SQ - SQUARE ST - STREET	X WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHES			
W-WEST DISTANCE DISTANCE	SR - STATE R	RED COUNTY ROUTE			TE - TERRACE	The state of the s	ROADWAY				
FROM REFERENCE UNIT OF MEASURE  1 - MILES 2 - FEET	TR - NUMBER	RED TOWNSHIP			TL - TRAIL WA - WAY	ROADWAY DIV		_s_vv.vanivafrv			
2 2-FEET 2 3-YARDS	ROUTE		HE - HEIGHTS	PL - PLACE		L KONDWAY DIV					
LOCATION OF FIRST HARMFU	IL EVENT ISSOVER		MANNER OF CRASH NOT COLLISION 4		ACT	DIRECTION OF TRAVE	1	MEDIAN TYPE			
0.1 2-ON SHOULDER 10-DR	IVEWAY/ALLEY A	CCESS	BETWEEN 5	- BACKING		N - NORTH S - SOUTH	( <	/IDED FLUSH MEDIAN 4 FEET )			
7-114 MCDIVIA TT-1/V	ILWAY GRADE CR ARED USE PATHS	.0331116	VEHICLES IN 6	- ANGLE - SIDESWIPE, SAN	AE DIRECTION	E - EAST W - WEST	(≥	/IDED FLUSH MEDIAN 4 FEET )			
3-0W GOKE	AILS CE LANE	1		- SIDESWIPE, OPP - OTHER / UNKNO			L	VIDED, DEPRESSED MEDIAN VIDED, RAISED MEDIAN			
7 - ON RAMP 14-TO	LL BOOTH	, ,,,	TILAD-OR 7	- OTTICK / ONKNO	, v v ) v		(AI	NYTYPE) HER/UNKNOWN			
8-OFF RAMP 99-01	HER / UNKNOWN					CONTOUR	CONDITION				
WORK ZONE RELATED	1 - LANE CL	ZONE TYPE .osure		N <b>of Crash in W</b> Before the 1st		2	3	2			
WORKERS PRESENT		HIFT/CROSSOVER	2-	WARNING SIGN ADVANCE WARNI	ING AREA	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE			
LAW ENFORCEMENT PRESENT	OR MEDI	AN		TRANSITION ARE	EΑ	2 - STRAIGHT GRADE		2 - BLACKTOP,			
ACTIVE SCHOOL ZONE	5 - OTHER	ITTENT OR MOVING W		ACTIVITY AREA TERMINATION A	REA	3 - CURVE LEVEL	3-SNOW	BITUMINOUS, ASPHALT			
LIGHT CONDITION		WE.	ATHER	***************************************	, Maria Company Compan	4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MUD, D	3 - BRICK/BLOCK AIRT, 4 - SLAG, GRAVEL,			
1 - DAYLIGHT		1 - CLEAR	6 - SNOW	ADAAAUUNDA			OIL, GRAVEL	STONE			
2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY	0.0	5 2 - CLOUDY 3 - FOG, SMOG, SN	7-SEVERE NOKE 8-BLOWING	CROSSWINDS G SAND, SOIL, DIR	T, SNOW		6-WATER (STAN MOVING)	9 - OTHER/UNKNOWN			
4 - DARK ROADWAY NOT LIGHTEI 5 - DARK UNKNOWN ROADWAY LI		4 - RAIN 9 - FREEZING RAIN OR FREEZI 5 5 - SLEET, HAIL 99 - OTHER / UNKNOWN				:	7 - SLUSH 9 - OTHER/UNKN				
9-OTHER/UNKNOWN							7-UINERUNKN	OWN			
NARRATIVE						.,		Indicate the north direction with			
UNIT 2 WHILE TRAVE	LING NO	RTHBOUN	D					an "N" on the compass diagram.			
FAILED TO CONTROL	L AND WI	ENT THRO	UGH THE				Ja.				
STOP SIGN ON LOUIS	E STREE	T ONTO W	EST								
MAIN STREET. UNIT					We	st Main Street					
IT TRAVELED EAST (	***************************************	/									
FLED THE SCENE.											
	***************************************	······································					P (7)	)			
	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			Louise Street		Scale			
	***************************************	·				Cours					
		***************************************	***************************************			1 : 1					
	***************************************										
CRASH REPORTED DATE / TIME		CH DATE /TIME		RIVAL DATE /TIN		SCENE CLEARED		REPORT TAKEN BY  POLICE AGENCY			
TOTAL TIME OTHER		0 + 2 + 2 + / + 1 + 1 + 0 OFFICER'S NAME*	15,0,1,2,4			0 1 2 4 2 0 2 FICER'S NAME*	2 / 1 1 1 2	MOTORIST			
TOTAL TIME OTHER ROADWAY CLOSED INVESTIGATION TIME		officer's name* Kunka, Leo	nard B			ser, James		SUPPLEMENT (CORRECTION OR ADDITION			
	<u> </u>	OFFICER	'S BADGE NUMBE		Снескі	ED BY OFFICER'S BADGE	NUMBER*	TO AN EXISTING REPORT SENT TO GOPS			
0 + 0 + 7 + 0 + 3 + 0	0,3,0	2   5	0 1 1		2 :	<u>5                                    </u>	<u> </u>				

LOCAL REPORT NUMBER

2   0   2   2   -	$0 \downarrow 0$	$0 \downarrow 0$	0,9	<sub>1</sub> 7 <sub>1</sub>	4
-------------------	------------------	------------------	-----	-----------------------------	---

UNIT	UNIT # OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER)				OWNE	R PHONE- Meter	INC TOCK WING ( WI CATTO WE UDINED)	DAMAGE				
<u> </u>		RIGGENBACH, SAN		·				DAMAGE SCALE				
4		RESS: STREET, CITY, STATE,	_		1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE							
734 PAULUS DR, Kent, OH 44240  COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  COMMERCIAL CARRIER							DUONE	Z-WIINON DA		4 - DISABLING DAMAGE		
COM	MERCIA	AL GARKIEK: NAME, ADDRE	:88, GIFY, STATE, ZIP		L Cor	MERCIAL GARRIER	PHONE; INCLUDE AREA CODE	DAMAGED AREA(S)				
100			VEUVALE	IDENTIFICATION #		WEUZOL E VE	D VENTOLE MAKE			LI THAT APPLY		
LP ST		.ICENSE PLATE # HXD8978		15   4   K  B  0   9   6   0	. 5 . 0 .	VEHICLE YEA 2   0   1   1		•				
				ISURANCE POLICY #	1917	COLOR	VEHICLE MODEL	11 0		11 12 1		
X	NSURANC /Erified	PROGRESSIVE		673426		SIL	PILOT	10 12 2		10 12 2		
· · · · · ·		TYPE OF USE		US DOT #	TOW	D BY: COMPANY		10 2 3		10 2 2		
П	COMMERC	Transport Control Control	IN EMERGENCY RESPONSE					9 9 3	3	9 9 3 3		
				IICLE WEIGHT GVWR/GCWR			US MATERIAL	0 4		8 4 -		
.   [	INTERLO Device	HIT/SKIP UNIT		1 - ≤10K LBS. 2 - 10,001 - 26K LBS.	$  \sqcup$	MATERIAL ( RELEASED	CLASS # PLACARD ID #	8 7 5 4		8 7 7 5 4		
	EQUIPPE	:D —	0 2	3 - >26K LBS.		PLACARD L		7 5		12 7 6		
	1	- PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	8 - LIMQ (L	VERY VEHICLE)	23 - PEDESTRIAN / SKATER	6	1	12		
١. ٨	. 1 .	- PASSENGER VAN (MINIVAN)		13-SNOWMOBILE	19-BUS (16	+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)	10	11	1 2		
			9 - AUTOCYCLE		20-OTHERV		25 - OTHER NON-MOTORIST	^	10			
011127		i - Pick up i - Cargo van	10-MOPED OR MOTORIZED Bicycle		21 - HEAVY I	:QUIPMENT :WITH RIDER OR	26 - BICYCLE 27 - TRAIN	3	8			
			11 - ALL TERRAIN VEHICLE	17 - MOTORHOME		-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	7	5 /4		
9. (	Λ	FOFTRAILING UNITS	(ATV / UTV)				,,	40	J	6		
		TOP I KALLING UNITS						11 12 1	,	6 11 12 1		
Ī		VAS VEHICLE OPERATING IN AUT VIODE WHEN CRASH OCCURRED?				ONAL AUTOMATION	9 - UNKNOWN	10		10 11 1 2		
	?	I-YES 2-NO 9-OTHER/UNKN			4 - HIGH AU 5 - Full Au			10 11 2		10 2		
		1-123 2-NO 7-01HEN/OHAN	OWN AUTONOMOUS MODE LEVEL	E - LANGINE ROLVIIII I (A)	J - 1 ULL MU	TOWATION		9 9 14 3	3	9 3 3		
	]	L - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16-FARM		21 - MAIL CARRIER	8 11 4 -				
_ ∟0			7 - 8US - INTERCITY		17 - MOWIN		99-OTHER/UNKNOWN	8 7 6 5	,	8 7 6 5 4		
SPE		3 - ELECTRONIC RIDE SHARING			18-SNOW R			7 5	•	7 5		
FUN		1 - SCHOOL TRANSPORT 5 - BUS -TRANSIT/COMMUTER	9 - BUS OTHER	14-PUBLIC UTILITY 15-CONSTRUCTION EQUIPMENT	19-TOWING			Ü		ů		
						SERVICE PATROE			12	12 12		
. 0	$egin{pmatrix} 1 & 1 \\ 1 & 1 \end{bmatrix}$	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	01160010	8 - POLE	******	12 - CONCRETE MIXER	12	1			
CA	RGO		4 - LOGGING		9 - CARGO 1 10 - FLAT BI		13-AUTOTRANSPORTER 14-GARBAGE/REFUSE	a BB o				
	DDY /PE			T 0041110111001001001	11 - DUMP	LD	99-OTHER/UNKNOWN	9 ( ) 3 9		<sup>3</sup> 3 9 <b>3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 </b>		
		1 TUDU CIARLI O	4 804/50			TROUGH F		902	7	⊕		
<u> </u>			4 - BRAKES 5 - STEERING	7 - WORN OR SLICKTIRES 8 - TRAILER EQUIPMENT	9 - MOTOR	ED FROM PRICE	99-OTHER/UNKNOWN	6	٥			
DEF	ECTS		6 - TIRE BLOWOUT	DEFECTIVE	ACCIDE				6	6 6		
								☐-NO DAMAGE	[0]	UNDERCARRIAGE [14]		
١,		00000001114	3 - INTERSECTION - OTHER			I/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE	□-TOP [13]		☐-ALL AREAS [15]		
HON-M	OTORIST	2 - INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE 8 - SIDEWALK		VAY ACCESS D USE PATHS OR	99-OTHER/UNKNOWN	[]-10F (T)		-ALL MEAS (15)		
LOC	ATION Mpact		5 - TRAVEL LANE - OTHER LOCATION		TRAILS			<b>□</b> -∪и	IT NO	TAT SCENE [16]		
		1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13-NEGOT	IATING A CURVE	18-APPROACHING					
ł		2 - NON-COLLISION	2 - BACKING			ING OR CROSSING	OR LEAVING VEHICLE	0 - NO DAMA		INT OF CONTACT  14 - Undercarriage		
<u> </u>		3-STRIKING $0 \downarrow 1$	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE		IED LOCATION	19-STANDING	1.10 0555		NIT 15 - VEHICLE NOT AT SCENE		
AC	TION	4 - STRUCK PRE-CRASH	4 - OVERTAKING/PASSING	10 - PARKED		NG, RUNNING, IG, PLAYING	20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE	DIAGI		99 - UNKNOWN		
		5 - BOTH STRIKING ACTIONS & STRUCK		11 - SLOWING OR STOPPED In traffic	16 - WORKI	•	DISABLED VEHICLE	13 - TOP				
		9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	12 - DRIVERLESS	17 - PUSHC	NG VEHICLE	99-OTHER/UNKNOWN		T.D	AFFIC		
		1 - NONE	7-LEFT OF CENTER	13-IMPROPER START FROM A	17.VISION	OBSTRUCTION	21 - LYING IN ROADWAY	TO A PETALLIAN PLANE				
		2 - FAILURE TO YIELD	8-FOLLOWING TOO CLOSE / ACD	DADIZED DOCITION		TING DEFECTIVE	22 - NOT DISCERNIBLE	TRAFFICWAY FLOW 1 - ONE-WAY		TRAFFIC CONTROL  1 - ROUNDABOUT 4 - STOP SIGN		
. Ո	11	3 - RÁN REÐ LIGHT	9-IMPROPER LANE CHÂNGE	14-STOPPED OR PARKED Illegally	EQUIP		23-OPENING DOOR INTO	2 2 - TWO-WAY	,	- 1 SIGNAL E VIELD SIGN		
·		4 - RAN STOP SIGN	10-IMPROPER PASSING	15 - SWERVING TO AVOID	19-LOAD S	SHIFTING/FALLING/	ROADWAY		L	3 - FLASHER 6 - NO CONTROL		
G CIRCU	MSTANCES	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	16 - WRONG WAY		PER CROSSING	99-OTHER IMPROPER ACTION	# of THROUGH LANES		RAIL GRADE CROSSING		
CIRCUI L SEQ		6-IMPROPERTURN	12-IMPROPER BACKING					ON ROAD		1 - NOT INVOLVED		
∏ SEQ	UENCE	OF EVENTS		NAM AND LITOTON				4		1 . 2 - INVOLVED-ACTIVE CROSSING		
		1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	NON-COLLISION 11-CROSS CENTERLINE —	16-RAILW	AY VEHICLE	22 - WORK ZONE MAINTENANCE			3 - INVOLVED-PASSIVE CROSSING		
12	. I V I	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF	17 - ANIMA		EQUIPMENT					
		3 - IMMERSION	8 - RAN OFF ROAD RIGHT	TRAVEL 12 - DOWNHILL RUNAWAY		L - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR	UNIT/N	UN-MU	OTORIST DIRECTION  1 - NORTH 5 - NORTHEAST		
2∟_		4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION		AL — OTHER Rvehicle in	ANYTHING SET IN MOTION			2 - SOUTH 6 - NORTHWEST		
		5 - CARGO / EQUIPMENT LOSS OR SHIFT	10-CROSS MEDIAN	14-PEDESTRIAN	TRANS		BY A MOTOR VEHICLE 24 - Other Movable öbject	FROM 4 TO	_3			
3 L		2000 01101111		15 - PEDALCYCLE		D MOTOR VEHICLE	ET WITCH MOTAGES COURS			4 - WEST 8 - SOUTHWEST		
		OF IMPOSET ATTENHATOR	COLLISIO 31-GUARDRAIL END	N WITH FIXED OBJEC 37-TRAFFIC SIGN POST	T - STR 43-CURB	UCK	50 - WORK ZONE MAINTENANCE			9 - OTHER / UNKNOWN		
4∟		25 - IMPACT ATTENUATOR / CRASH CUSHION	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH		EQUIPMENT	UNIT SPEED		DETECTED SPEED		
		26 - BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BARRIER	39-LIGHT/LUMINARIES	45-EMBA	NKMENT	51 - WALL			1 - STATED / ESTIMATED SPEED		
5	لــــــــــــــــــــــــــــــــــــــ	27 - BRIDGE PIER OR ABUTMENT	34-MEDIAN GUARDRAIL Barrier	SUPPORT 40-UTILITY POLE	46-FENC		52 - BUILDING 53 - TUNNEL	$\begin{bmatrix} 0 & 2 & 5 \end{bmatrix}$		2 - CALCULATED / EDR		
		28-BRIDGE PARAPET	35 - MEDIAN CONCRETE	41 - OTHER POST, POLE	47 - MAILE 48 - TREE		54-OTHER FIXED OBJECT	D00		3 - UNDETERMINED		
6 ∟		29 - BRIDGE RAIL	BARRIER	OR SUPPORT	49-FIRE		99-OTHER/UNKNOWN	POSTED SPEED		2 - AMACLEMBINED		
	1	30 - GUARDRAIL FACE	36-MEDIAN OTHER BARRIER  ■	42 - CULVERT				2 5				
	1 1	STOCK HADMEIN EVEL	NT L L MORTI	UADMEIII EVENT						1		



LOCAL REPORT NUMBER

2,0,2,2,-,0,0,0,0,0,9,7,4,

UNIT # OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER)				OWNER PHONE: INCLU	DE AREA CODE ( <b>[X]</b> SAME AS DRIVER)	DAMAGE				
HERNANDEZ, ANNA, MARIE					1	DAMAGE SCALE				
1	DRESS: STREET, CITY, STATE,	_				1 - NONE 3 - FUNCTIONAL DAMAGE 2 2 - MINOR DAMAGE 4 - DISABLING DAMAGE				
	ISE ST ,Kent ,OH 44 IAL CARRIER: NAME,ADDRE			COMMERCIAL CARRIER	PHONE: INCLUDE AREA CODE	9 - UNKNOWN				
	,,,,					DAMAGED AREA(S)				
LP STATE	LICENSE PLATE#	VEHICLI	E IDENTIFICATION #	VEHICLE YEA	R VEHICLE MAKE	INDICATE ALL THAT APPLY				
$O_{\perp}H_{\perp}$	HWS3357		$4 + 1 + 1 + 5 + G_1 A_1 7 + 3 + 1$			0 1	12 1			
□ INSURAN Verifie	CE INSURANCE COMPA	I	INSURANCE POLICY #	COLOR	VEHICLE MODEL	12	12			
I-I VEKIFIE	TYPE OF USE		US DOT #	BLU	FREESTYLE	10 1 2	10 11 1 2			
COMMER		IN EMERGENCY RESPONSE	02 NO! #	TOWED BY: COMPANY	NAME	9 8 3 3	9 3 3			
lumi.			HICLE WEIGHT GVWR/GCWR		US MATERIAL	8 4 -	6 4 -			
INTERL	. IXI HIT/SKIP UNIT	#OCCUPANTS VE	1 - ≤10K LBS. 2 - 10,001 - 26K LBS.	MATERIAL C	CLASS # PLACARD ID #	8 7 6 4	8 7 5 4			
EQUIPP	DED 1221	0 1	3 - >26K LBS.	PLACARD L		7 6 1	12 7 6			
		7 - MOTORCYCLE 2-WHEELED		8-LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER		12			
	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE	8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE		9-BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)	10	11 1 2			
UNIT TYPE	4 - PICK UP	10-MOPED OR MOTORIZED		20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT	25 - OTHER NON-MOTORIST 26 - BICYCLE	9 (	9 3 3			
	5 - CARGO VAN	BICYCLE		22 - ANIMAL WITH RIDER OR	27 -TRAIN	<b>\</b>	8 4			
1.	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	7 2 5 4			
00	# OF TRAILING UNITS					12 7	5 12			
	WAS VEHICLE OPERATING IN AU	TONOMOUS	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	11 12				
2	MODE WHEN CRASH OCCURRED	. 0	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION		10/ 11/2	10 1 2			
_2_	1-YES 2-NO 9-OTHER/UNK		•	5 - FULL AUTOMATION		9 10 2 3	9 10 2 3			
	1 - NONE	MODE LEVEL 6 - BUS - CHARTER/TOUR	·	16 - FARM	21 - MAIL CARRIER	8 4 -	8 4			
		7 - BUS - INTERCITY		17 - MOWING	99-OTHER/UNKNOWN	8 7 5 4	8 7 5 4			
SPECIAL	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18-SNOW REMOVAL		7 6 5	7 6 5			
FUNCTION	· · · · · · · · · · · · · · · · · · ·	9 - BUS - OTHER		19-TOWING		6	6			
	5 - BUS - TRANSIT/COMMUTER		15 - CONSTRUCTION EQUIPMENT	<del></del>			12 12 12			
10111	1 - NO CARGO BODY TYPE / NOT APPLICABLE	<ul> <li>VEHICLE TOWING ANOTHER MOTOR VEHICLE</li> </ul>	01150020	B - POLE	12 - CONCRETE MIXER	12				
CARGO	2 - BUS	4 - LOGGING		9 - CARGOTANK 10-Flat Bed	13-AUTOTRANSPORTER 14-GARBAGE/REFUSE	o Mo				
BODY Type			T ADDITIONAL TRANSPORT	11 - DUMP	99 - OTHER / UNKNOWN		3 9 7 3 9 8 3			
	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICKTIRES	9 - MOTOR TROUBLE	99-OTHER/UNKNOWN	<u> </u>				
	2 - HEAD LAMPS	5 - STEERING		10 - DISABLED FROM PRIOR	//-VIIIER) DIRROWN	6				
DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT		□ NB BAMAGE 5	ol Hundendard 5141			
	1 - INTERSECTION - MARKED	3 - INTERSECTION OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER	- NO DAMAGE [	0]			
	CROSSWALK	4 - MIDBLOCK - MARKED		10 - DRIVEWAY ACCESS	AT INCIDENT SCENE	□-TOP [13]	- ALL AREAS [ 15 ]			
NON-MOTORIST	2 - INTERSECTION - UNMARKED CROSSWALK	CROSSWALK  5 -TRAVEL LANE - OTHER LOCATE		11 - SHARED USE PATHS OR	99-OTHER/UNKNOWN	☐ .unv	NOT AT SCENE [16]			
AT IMPACT				TRAILS		L1-0/(1)	HOTAL GOLINE ( 10 )			
	1 - NON-CONTACT	1 - STRAIGHT AHEAD		13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING	18-APPROACHING OR LEAVING VEHICLE	INITIA	L POINT OF CONTACT			
3	2-NON-COLLISION 3-STRIKING 0 1	2 - BACKING 3 - Changing Lanes	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE	SPECIFIED LOCATION	19-STANDING	0 - NO DAMAG				
ACTION	4 - STRUCK PRE-CRASH	4 - OVERTAKING/PASSING		15 - WALKING, RUNNING,	20-OTHER NON-MOTORIST	1 2 1-12 - REFER DIAGR/	TO UNIT 15 - VEHICLE NOT AT SCENE  NM 99 - UNKNOWN			
	5 - BOTH STRIKING ACTIONS		11 - SLOWING OR STOPPED In traffic	JOGGING, PLAYING 16 - WORKING	21 - STANDING OUTSIDE Disabled vehicle	13 - TOP	99 - ONKNOWN			
	& STRUCK 9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	114 (1994) 1 10	17 - PUSHING VEHICLE	99-OTHER/UNKNOWN		TRAFFIC			
	1-NONE	7-LEFT OF CENTER		17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY	TDACCIONAV C. OU	TRAFFIC			
	2 - FAILURE TO YIELD	8-FOLLOWING TOO CLOSE / AC	CDA PARKED POSITION	18 - OPERATING DEFECTIVE	22 - NOT DISCERNIBLE	TRAFFICWAY FLOW 1 - ONE-WAY	TRAFFIC CONTROL  1 - ROUNDABOUT 4 - STOP SIGN			
0   2	3 - RAN RED LIGHT	9-IMPROPER LANE CHANGE	14 - STOPPED OR PARKED	EQUIPMENT	23 - OPENING DOOR INTO	2 2 - TWO-WAY	4 2-SIGNAL 5-YIELD SIGN			
	4 - RAN STOP SIGN	10-IMPROPER PASSING	15 - SWERVING TO AVOID	19-LOAD SHIFTING/FALLING/ SPILLING	ROADWAY 99-OTHER IMPROPER ACTION		3 - FLASHER 6 - NO CONTROL			
CIRCUMSTANCE:	G S 5 - UNSAFE SPEED 6 - IMPROPER TURN	11 - DROVE OFF ROAD 12 - IMPROPER BACKING	16 - WRONG WAY	20-IMPROPER CROSSING	77-OTHER HIJE NOT EN MOTTON	# of THROUGH LANES	RAIL GRADE CROSSING			
r.4	E OF EVENTS	12-THI NOT CA DAONING				ON ROAD	1 - NOT INVOLVED			
E NE	LOI EVENTO		NON-COLLISION			4	2 - INVOLVED-ACTIVE CROSSING			
1 2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE		3 - INVOLVED-PASSIVE CROSSING			
	2 - F(RE/EXPLOSION 3 - IMMERSION	7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF Travel	17 - ANIMAL — FARM 18 - ANIMAL — DEER	EQUIPMENT 23 - Struck by Falling,	UNIT / NO	N-MOTORIST DIRECTION			
2	3 - IMMERSIUN   4 - JACKKNIFE	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY	19-ANIMAL — OTHER	SHIFTING CARGO OR ANYTHING SET IN MOTION		1 - NORTH 5 - NORTHEAST			
	5 - CARGO / EQUIPMENT	10 - CROSS MEDIAN	13 - OTHER NON-COLLISION 14 - Pedestrian	20 - MOTOR VEHICLE IN TRANSPORT	BY A MOTOR VEHICLE	FROM 2 TO L	1 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST			
3	LOSS OR SHIFT		15 - PEDALCYCLE	21 - PARKED MOTOR VEHICLE	24 - OTHER MOVABLE OBJECT	FROM L Z J TO L	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST			
			ON WITH FIXED OBJECT		na Wang		9 - OTHER / UNKNOWN			
41	25 - IMPACT ATTENUATOR CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST	43 - CURB 44 - DITCH	50 - WORK ZONE MAINTENANCE EQUIPMENT	UNIT SPEED	DETECTED SPEED			
	26 - BRIDGE OVERHEAD	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	51 - WALL	OUT! SEED	1 - STATED / ESTIMATED SPEED			
5	STRUCTURE  J 27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL	SUPPORT	46-FENCE	52-BUILDING	0 2 5	2 - CALCULATED / EDR			
	28-BRIDGE PARAPET	BARRIER 35 - MEDIAN CONCRETE	40 - UTILITY POLE 41 - OTHER POST, POLE	47 - MAILBOX 48 - TREE	53 - TUNNEL 54 - OTHER FIXED OBJECT	,	2 - CALCULATED / EDR 3 - UNDETERMINED			
6	29-BRIDGE RAIL	BARRIER	OR SUPPORT	49 - FIRE HYDRANT	99-OTHER/UNKNOWN	POSTED SPEED	2 - AMDELEVIMINAED			
4	30-GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER				2 5				
L	FIRST HARMFUL EVE	NT LL MOST	HARMFUL EVENT				Į.			

OF OF	OHIO DEPARTMENT MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER								
	W OF THE SAME IN THE OWN OF THE O								2_0	1 2 2	0_0	0.0.0	9.7	.4		
UNX	- 1										DATE OF BIRTH AGE GENDER					
_0_			NBACH, SAMUE	EL, W.	ILLIA	AM .				1 1 1 4 1 9 8 9 3 2 M						
ADDR	ADDRESS: STREET, CITY, STATE, ZIP 734 PAULUS DR, Kent, OH 44240									CONTA	CT PHONE	- INCLUDE AREA COL	DE		•	
S TNIII	INJURIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT											SEATING POSITION	AIR BAG USAG	E EJECTION	TRABBER	
FINAL 5		TAKEN BY	EMS AGENCT (NAME)		INJUKEDIA	AKEN IU: I	MEDICAL PACILITY	NAME, CLIY)	USED 0 4		-COMPLIANT HELMET	0 1	AIR BAG USAG	E EJECTION	TRAPPED 1	
OL ST	ATE	OPERATOR L	ICENSE NUMBER		OFFENS	E CHARG	ED	LOCAL	OFFENSE DESC	RIPTION			CITATION	JUMBER	المثال	
STREET OF STREET	H							CODE								
OL CL	_	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP		VER RACTED	ALCO	IOL / DRUG SUSPE	CTED	CONDITION	STATUS	ALCOHOL		DRU TATUS   TYP	JG TEST(S	) SELECT UPTO 4	
1		SECECI DP 102		BY	1	=	COHOL MAR	IJUANA	1	_	1	VALUE			SECECI UPIO 4	
4		11000 1100				L OTH	HER DRUG	s	<u> </u>	_1_		C OF PYPTH	$1 \mid 1$		LOENDED	
O UNI.		NAME: LAST, I	first, middle ANDEZ, ANNA, N	/ A D T	TC'					1 0		re of Birth		AGE	GENDER	
O ADDE		STREET, CITY, ST		IANI						1 0		5 / 1 \$		2 4	F	
恩		, ,	ST ,Kent ,OH 4424	10						CONTA	o rnom	: - INGLUDE AREA CU	DE			
D INJUI		INJURED	EMS AGENCY (NAME)		INJUREDT	AKEN TO:	MEDICAL FACILITY	NAME, CITY)	SAFETY EQUIPMENT			SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED	
<b>2</b> , 5	;	TAKEN BY							USED 0 4		F-COMPLIANT HELMET	$\begin{bmatrix} 0 & 1 \end{bmatrix}$	1	1 1 1		
Ω OL S1		OPERATOR L	ICENSE NUMBER		OFFENS	E CHAR	GED	LOCAL	OFFENSE DESC	RIPTION			CITATION	NUMBER	الصطا	
	$\mathbf{H}$				331.3	34	•	CODE	Failure to	o Co	ntrol;		21079			
OL CI	ASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT U		VER FRACTED		HOL / DRUG SUSPE		CONDITION	STATUS	ALCOHOL TYPE					
. 4				BY	1		COHOL MAF HER DRUG	RIJUANA	NA 1 1 1				1 1			
UNI		NAME: LAST,	FIRST, MIDDLE				nek Drug				L DA	TE OF BIRTH		AGE	GENDER	
		,								ļ	1 .	. / .				
Ø ADDI	RESS:	STREET, CITY, ST	TATE, ZIP							CONT	ACT PHON	E - INCLUDE AREA CO	ODE	<u> </u>	<u>.   </u>	
NON-MOTORIS										ļ. ,	1	1 1	1 1	1 1.	1	
INJU	RIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO:	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DO	T-Complian	SEATING POSITION	N AIR BAG USA	GE EJECTION	TRAPPED	
		BY			ĺ	<u> </u>				HELMET		ı	_	الـــــا		
OF 2.	TATE	OPERATOR I	LICENSE NUMBER		OFFENSE CHARGED LOCAL OFFENS			OFFENSE DESC	RIPTIO	١		CITATION	NUMBER			
	<u></u>									-	ALCOHOL	TEST	DE	UG TEST(S	20	
OL. CI	LASS	SELECT UP TO 2	RESTRICTION SELECT II		VER Tracted	parameter 1	COHOL MAI	E <b>cted</b> Rijuana	CONDITION	STATUS			STATUS TY		LT SELECT UP 104	
			.				HER DRUG			ļ	, اــــــا اِ	•				
		RIES	SEATING POSITION	1, 1	IR BAG		OL CLAS	\$	OL RESTRIC			IVER DISTRAC	4	TEST ST	ATUS	
1 - FATA 2 - SUSF	1.2	SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEF 2 - DEPLOY	7 7 2		1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER	4.9% 41	1.00	OT DISTRACTED IANUALLY OPERATIN	1.5	IONE GIVEN Est refused		
100	100	MINOR INJURY	2 - FRONT - MIDDLE 3 - Front - Right Side	3 - DEPLOY	2 / J. S.		3 - CLASS C		3 - CORRECTIVE LI	INSES		LECTRONIC COMMUN EVICE (TEXTING, TYP	11MC 2-1	EST GIVEN, CO		
4 - POSS 5 - NO A	200	IJURY It injury	4 - SECOND - LEFT SIDE	4 - DEPLOY 5 - NOT API	ED BOTH FRO	ONT/SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS	A BUS	N. 1. Br	IALING) ALKING ON HANDS-FI	4.1	. 1 1 B 11	SULTS KNOWN	
- COLUM	Ones	TAVEN DV	(MOTORCYCLE PASSENGER)  5 - SECOND – MIDDLE		MENT UNKN	OWN	5 - M/C MOPED ONLY		6 - EXCEPT CLASS		C	OMMUNICATION DEV	ICE 5-	TEST GIVEN, RE Unknown	SULTS	
1 - NOT	TRANSP		6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACT			ALKING ON HAND HE Ommunication dev	LD ICE	Yang bets	EST TYPE	
/TRE 2 - EMS		T SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJE	JECTION CTED		OL ENDORSEMENT 8- INTERMEDIAT H - HAZMAT RESTRICTIONS					THER ACTIVITY WITH LECTRONIC DEVICE	I AN	NONE		
3 - P0LI			8-THIRD-MIDDLE		LLY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PE	RMIT	4	ASSENGER		BLOOD Urine		
9 - OTHI	ER/UNI	(NOWN	9-THIRD - RIGHT SIDE 10-Sleeper Section	3 - TOTALLY 4 - NOT API			P - PASSENGER N - TANKER		RESTRICTIONS 10 - LIMITED TO DA			THER DISTRACTION NSIDE THE VEHICLE	A STATE OF THE STA	BREATH		
		QUIPMENT	OF TRUCK CAB  11 - PASSENGER IN OTHER				Q - MOTOR SCOOTER		11 - LIMITED TO EN	2.00		THER DISTRACTION	OUTSIDE 5 -	OTHER		
1 - NON 2 - SHO		BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOTTR/	RAPPED Apped		R - THREE-WHEEL M S - SCHOOL BUS	OTORCYCLE	12 - LIMITED – OTH 13 - MECHANICAL			THER/UNKNOWN		DRUG TES	ТТҮРЕ	
3-LAP	BELT O	NLY USED	PICK-UP WITH CAP)	2 - EXTRIC	ATED BY	•	T - DOUBLE & TRIPLE	E TRAILERS	(SPECIAL BRA Controls, or			CONDITION		1 - NONE 2 - BLOOD		
4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED MECHANICAL MEAN 5 - CHILD RESTRAINT SYSTEM - CARGO AREA 3 - FREED BY				X-TANKER/HAZMA	Ţ	ADAPTIVE DEV			PPARENTLY NORMAI		3 - URINE					
FOR	WARD F	ACING	13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	NON-ME	ECHANICAL N	1EANS	GENDE	R	15 - MOTOR VEHICI			HYSICAL IMPAIRMEI MOTIONAL (e.g., depr		OTHER		
	D RESI R FACIN	RAINT SYSTEM - Ig	(NON-TRAILING UNIT)				F-FEMALE		AIR BRAKES 16 - OUTSIDE MIRF	nR.	100	NGRY, DISTURBEÐ) Llness			RESULT(S)	
7 ~ B00	STER SI		15 - NON-MOTORIST 99 - Other/Unknown				M - MALE U - OTHER / UNKNOW	N	17 - PROSTHETIC A		5-F	ELL ASLEEP, FAINTE		AMPHETAMIN Barbiturate		
9 - PR0	TECTIV	E PADS USED	Vinera Ministria						18-OTHER			ATIGUED, ETC. Inder the influenc	PE .	BENZODIAZEP		
		EES, ETC.) E CLOTHING									0	F MEDICATIONS / DR ALCOHOL	UGS 4.	CANNABINOID COCAINE	•	
11 - LIGI	HTING -	PEDESTRIAN										THER/UNKNOWN	6-	OPIATES/OPI	SDIC	
99 - OTH	CYCLÉ O Er/Un													OTHER NEGATIVE RE	SULTS	

	OFFICIAL SAFETY OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER					
~				2+0+2+2+-+0+0+0+0+9+7+4+									
UNI	- 1		r, FIRST, MIDDLE					DATE OF BIRTH AGE GENDER					
_0			ERY, VANESS	A, LYNN				0 6 / 0 6 / 1 9 8 9 3 2 F					
<u> </u>		STREET, CITY,	•	44240	CONTACT PHONE	- INCLUDE AREA COD	E		Ì				
9 /3'		INJURED	DR ,Kent ,OH	44440	INJURED TAKEN TO: MEDICAL FACILITY	(MAME CITY)	SAFETY FOILIDMENT	L	SEATING POSITION	AIR RAG IISAGE	EJECTION	TRAPPED	
5	.	TAKEN BY	LINO AGENCY (NAME)		MODICED PARENTS, MEDICAL FACILITY	(IDANIE) GITT	USED 0.4	DOT-COMPLIANT MC HELMET	0 3	. 1 1 .	. 1	3	
UNI		NAME: LAS	T, FIRST, MIDDLE						E OF BIRTH		AGE	GENDER	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						_ / /	, ,		, ,	
ADDI	RESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COI	DE			
IDDA OCCODAN													
INJU	RIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facility	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
		BY L						MC HELMET		L		L	
UNI	IT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER	
<u> </u>					- <del></del>				1/1 1			L	
ADD	RESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE			
S TNJU	RIFS	INJURED	EMS Agency (NAME)		INJURED TAKEN TO; MEDICAL FACILITY	Y (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
		TAKÉN BY	LINO POLINO! (MAINE)		THOUSED THE POPULATION OF THE PERSON OF THE	r tteraine, or i is	USED	DOT-COMPLIANT MC HELMET					
UNI	IT#	NAME: LAS	T, FIRST, MIDDLE				<u> </u>	DAT	E OF BIRTH		AGE	GENDER	
			,						./	L 11)			
ADD	RESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE		1	
OCCUPAN ADD													
INJU	RIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	Y (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
		ВУ				I		MC HELMET			1	<u> </u>	
1.2	FAT/		JRIES	1 - NONE US	Y EQUIPMENT USED	Action 1997	SEATING POS IT – LEFT SIDE	3 1 5 4 4 5 6 W F	1 - NOT DE	AIR BAG U	SAGE		
1.24			ERIOUS INJURY		OCCUPANT	(MOT	ORCYCLE DRIV			YED FRONT			
3 -	SUS	PECTED M	INOR INJURY		ER BELT ONLY USED	建二氯酚 化氯化酚氯化	NT – MIDDLE NT – RIGHT SID	F	3 - DEPLO	YED SIDE			
4 -	POS	SIBLE INJU	JRY		T ONLY USED ER & Lap Belt USED	4 - SEC0	ND – LEFT SID	E	4 - DEPLOYED BOTH FRONT/SIDE				
5 -	NO A	PPARENT	INJURY		ESTRAINT SYSTEM –	集选制 医乳洗浴	MOTORCYCLE PASSENGER) FRONT/SIDE ECOND – MIDDLE 5 – NOT APPLICABLE						
		and the second	TAKEN BY	FORWAR	D FACING	IDE 9 - DEPLOYMENT UNKNOWN							
1 -		TRANSPOR		6 - CHILD R REAR FA	ESTRAINT SYSTEM – CING	CAR)		EJECTI	0 N				
2 -	EMS			7 - BOOSTEF	RSEAT		D - MIDDLE		1 - NOT E	A STATE OF S			
3 -	POL	ICE		8 - HELMET	USED	and the second of	RD – RIGHT SID EPER SECTION		2 - PARTI	ALLY EJECT	ED		
9 -	ОТН	ER / UNKN	own		TIVE PADS USED KNEES, ETC.)			HER ENCLOSED 3 - TOTALLY EJECTED TRAILING UNIT. 4 NOT ARRI F.					
A 1	111111		NDER		TIVE CLOTHING		PICK-UP WITH CA		4 - NOT A	PPLICABLE		ja sur ja s	
2.1	FEM/ MAL				G - PEDESTRIAN		SENGER IN UNI GO AREA	ENCLOSED	1 NOTT	TRAPP RAPPED	[ <del>2</del> ])		
	2 M 25	ER/UNKNO	)WN	/ BICYCL 99 - OTHER/			ILING UNIT			CATED BY N	1ECHANI	CAL	
				77 OTHER?			NG ON VEHICL -TRAILING UNIT)		MEAN				
						at the control of the first	-MOTORIS <b>T</b>		3 - FREEI MEAN	DBY NON-M S	ECHANIC	AL	
NA	MELLA	ST, FIRST, MID	N.F.			99 - 01 H	ER/UNKNOWN		TE OF BIRTH		AGE	GENDER	
	IVIE: LA	151, FIK51, WID	DCE						. / .	, , ,	MUE	GENDER	
MILINESS	DRESS	S: STREET, CIT	Y, STATE, ZIP					CONTACT PHON	E - INCLUDE AREA	ODE		<b>□ !</b>	
ð			1.00							1			
<b>177</b>	NAME: LAST, FIRST, MIDDLE						, DA	TE OF BIRTH		AGE	GENDER		
ADI	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHON	F - INC. USE :555	I I	1 1			
ADI	<b>ルドドシミ</b>	o: STREET, CIT	1, 3   A   E, Z   P					CONTACT PHON	- INCLUDE AREA (	JODE.			
NA.	ME: LA	AST, FIRST, MID	DLE				an gradust	DA	TE OF BIRTH		AGE	GENDER	
ESS		,							<u></u>				
	DRESS	S: STREET, CIT	Y, STATE, ZIP					CONTACT PHON	E - INCLUDE AREA	CODE			
								L 1L			11		