OFFICE SAFETY TRAFFIC CRASH	REPORT *DENOTES MANDATORY FIEL	D FOR SUPPLEMENT REPORT	LOCAL REPORT NU	IMBER*	
PHOTOS TAKEN OH-2 X OH-3	2,0,2,0,-,0,0,0,9,1,2,0,				
OH-1P OTHER	REPORTING AGENCY NAME*	NCIC*	HIT/SKIP NUMBER OF UNITS		
SECONDARY CRASH PRIVATE PROPERTY	City of Kent Police	0,6,7,0,3	1- SOLVED 0 2	9 9 98-ANIMAL 99-UNKNOWN	
_ l 1-CITY	TY, VILLAGE, TOWNSHIP*		CRASH DATE / TIME*	CRASH SEVERITY	
6 7 1 2-VILLAGE Kent			0.6.1.1.2.0.2.0./.1.2.3.8	1-FATAL 2-SERIOUS INJURY	
ROUTE TYPE ROUTE NUMBER PREFIX 1- NORTH 2- SOUTH 3- EAST 4- WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES	SUSPECTED	
	261	Li	41,13,5,18,8	3 - MINOR INJURY Suspected	
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOU	JSE #) ROAD TYPE	LONGITUDE DECIMA DEGREES	4 - INJURY POSSIBLE	
3- EAST # L 4-WEST	MOGADORE	$\mathbf{R}_{\perp}\mathbf{D}$	-81,37,348,5	5 - PROPERTY DAMAGE ONLY	
REFERENCE POINT DIRECTION 1 - INTERSECTION FROM REFERENCE		ROAD TYPE	INTERSECTION R	ELATED	
2-MILE POST 2-SOUTH U		W-HIGHWAY RD - ROAD A - LANE SQ - SQUARE	WITHIN INTERSECTION GRON A	PPROACH 1	
3- HOUSE # 3- EAST 4-WEST S.	R - STATE ROUTE BL - BOULEVARD 1.		WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES	
FROM REFERENCE UNIT OF MEASURE	R - NUMBERED COUNTY ROUTE CT - COURT P	V - OVAL TE - TERRACE K - PARKWAY TL - TRAIL	ROADWAY		
2-FEET	KUUIE	I - PIKE WA - WAY	ROADWAY DIVIDED		
3 - YARDS		L - PLACE			
LOCATION OF FIRST HARMFUL EVE 1 - ON ROADWAY 9 - CROSSOV	ER 1 - NOT COLLISION 4 -		1	MEDIAN TYPE 'IDED FLUSH MEDIAN	
The state of the s	CDADE COOCCINC O IWO MOTOR	BACKING ANGLE	2-SOUTH (<	4 FEET }	
4 - ON ROADSIDE 12-SHARED	VERTULES IN	SIDESWIPE, SAME DIRECTION		'IDED FLUSH MEDIAN 4 FEET)	
5-ON GORE TRAILS 6-OUTSIDE TRAFFIC WAY 13-BIKE LA	ic i	SIDESWIPE, OPPOSITE DIRECTION OTHER / UNKNOWN	3 - DIV	'IDED, DEPRESSED MEDIAN 'IDED, RAISED MEDIAN	
7 - ON RAMP 14-TOLL BO	OTH .		(A)	Y TYPE) HER/UNKNOWN	
		OF CRASH IN WORK ZONE BEFORE THE 1ST WORK ZONE	CONTOUR CONDITION	1	
L L	CHINE SHIT HOROSOVER	WARNING SIGN DVANCE WARNING AREA	1 - STRAIGHT LEVEL 1 - DRY	2	
LAW ENFORCEMENT PRESENT	OR MEDIAN	RANSITION AREA	2 - STRAIGHT GRADE 2 - WET	1 - CONCRETE 2 - BLACKTOP,	
	1	CTIVITY AREA ERMINATION AREA	3 - CURVE LEVEL 3 - SNOW	BITUMINOUS, ASPHALT	
LIGHT CONDITION			4 - CURVE GRADE 4 - ICE	3 - BRICK/BLOCK	
1 - DAYLIGHT	WEATHER 1-CLEAR 6-SNOW		9 - OTHER/UNKNOWN 5 - SAND, MUD, DI OIL, GRAVEL	RT, 4 - SLAG, GRAVEL, STONE	
1 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY	0 2 2-CLOUDY 7-SEVERE C		DING, 5 - DIRT		
4 - DARK - ROADWAY NOT LIGHTED	3-FOG, SMOG, SMOKE 8-BLOWING 4-RAIN 9-FREEZING	RAIN OR FREEZING DRIZZLE	9 - OTHER/UNKNOWN		
5 - DARK – UNKNOWN ROADWAY LIGHTII 9 - OTHER / UNKNOWN	G 5 - SLEET, HAIL 99 - OTHER / (UNKNOWN	9 - OTHER/UNKNO	WN.	
NARRATIVE		A STATE OF THE STA		Indicate the north	
II-:4 #1	CHANA OCA TI A UO			direction with an "N" on the	
Unit #1 was westbound on S7				compass diagram.	
eastbound on STHWY 261	attempting to turn northboun	d			
on to Mogadore Rd. Unit #1	stated that she had a				
green light and there were o	ther vehicles in front		ed i I		
of her that proceeded throu	gh the intersection on	S.P. 261	1 7 ~27 70 2		
the green light. She stated o	ne of the vehicles was	5.R. 281	Unit 2		
a car length in front of her.			27 1000 1000 1000		
she had a green arrow and	observed the green turn		5. 90 SH 2	261	
arrow as she made her turn	. Unit #2 stated that she				
did not see any vehicles incl					
on STWHY 261. There are					
CRASH REPORTED DATE / TIME		IVAL DATE / TIME	SCENE CLEARED DATE / TIME	REPORT TAKEN BY	
	1,1,2,0,2,0,/,1,2,3,8,0,6,1,1,2	2,0,2,0,/,1,2,4,2	0,6,1,1,2,0,2,0,/,1,3,4,2		
	officer's name* Carnahan, Michael	CHECKED BY OFF Wheeler,	George	SUPPLEMENT (CORRECTION DE ADDITION)	
0 0 0 0 6 0 1	2 0 COFFICER'S BADGE NUMBER*	CHECKET 2 4	BY OFFICER'S BADGE NUMBER*	TE AM EXISTING REPORT SENT TO COPS)	

FIRST HARMFUL EVENT

HSY8304 OH1U 1/19 [760-0820]

OHIO E	DEPARTMENT UNIT					LOCAL	REPORT NUMBER
		ALC:				2 0 2 0 - 0	0,0,0,9,1,2,0,
0,1		IURIEL, MAI	RIE	NAMED BUNKS	Ψ,		DAMAGE MAGE SCALE
	DRESS: STREET, CITY, STATE	treetsboro,OF	I 44241			4 1-NONE	3 - FUNCTIONAL DAMAGE
	IAL CARRIER: NAME, ADD		1 44241	COMMERCIAL CARRIER	PHONE: INCLUDE AREA CODE	2 - MINOR DAM	AGE 4 - DISABLING DAMAGE UNKNOWN
						DAN	AGED AREA(S)
	LICENSE PLATE #	VEHICLE	IDENTIFICATION #	O 7 2 VEHICLE YE	0 1	INDICAT	E ALL THAT APPLY
	GWD8865		HO, Y, N1, 3, 1,			12	11 12
INSURAL VERIFIE			BAJ027667	MAR	CIRRUS	10 2	10
	TYPE OF USE		US DOT #	TOWED BY: COMPAN		10 2	
COMME	RCIAL GOVERNMENT	IN EMERGENCY RESPONSE		City Service	US MATERIAL	9 9 3 3	9 9 3
INTERL	OCK HIT/SKIP UNI	#UCCUPANIS	IICLE WEIGHT GVWR/GCWR 1 - ≤10K lbs.	MATERIAL	LASS # PLACARD ID #	7	T T 7
EQUIP	SED LINGUIS ON	0,1	2 - 10,001 - 26K LBS	PLACARD		7 6 5	12 7
10-	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12-GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER	6 11	12 6
0,1	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE 3-WHEELED	13-SNOWMOBILE 14-SINGLE UNITTRUCK	19-BUS (16+ PASSENGERS) 20-OTHER VEHICLE	24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST	10	11 1 2
UNIT TYPE	4 - PICK UP	10 - MOPED OR MOTORIZED	15-SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26-BICYCLE	9	0 2 3
	5 - CARGO VAN 6 - VAN (9-15 SEATS)	BICYCLE 11 - ALL TERRAIN VEHICLE	16-FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN	-	· N · -
. 0 .	# of TRAILING UNITS	(ATV/UTV)	17 - MOTORHOME	ANNINE VINNET VEHICLE	99 - UNKNOWN DR HIT/SKIP	* <	8 4
						11 12 7	5 12 1
	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION	9 - UNKNOWN	10 12 1 2	10 11 12 1 2
2	1-YES 2-NO 9-OTHER/UNK	Maiomonoo	2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION		10 2	10 2 2
	1 - NONE	6 - BUS - CHARTER/TOUR	11-FIRE	16-FARM	22 MAII CARRIER	9 3 3	9 3
	2 - TAXI	7 - BUS - INTERCITY	12-MILITARY	17 - MOWING	21 - MAIL CARRIER 99 - OTHER / UNKNOWN	7 5 74	7 7
SPECIAL	3 - ELECTRONIC RIDE SHARING		13 - POLICE	18-SNOW REMOVAL		7 6 5	7 0 5
FUNCTION	4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	9 - BUS - OTHER 10 - AMBIII ANCE	14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	19-TOWING		6	6
0.4	1 - NO CARGO BODYTYPE	3 - VEHICLE TOWING ANOTHER		8 - POLE	12 - CONCRETE MIXER		12 12 12
01	/ NOT APPLICABLE	MOTORVEHICLE	CHASSIS	9 - CARGO TANK	13 - AUTO TRANSPORTER	12	
BODY	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	10-FLAT BED	14-GARBAGE/REFUSE	P. P.	3 9 1 3 9 3
TYPE				11-DUMP	99 - OTHER / UNKNOWN		10.730
VEHICLE.	1 - TURN SIGNALS 2 - HEAD LAMPS	4 - BRAKES 5 - STEERING	7 - WORN OR SLICK TIRES B - TRAILER EQUIPMENT	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR	99 - OTHER / UNKNOWA	6	
	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT			6 6 6
	1 - INTERSECTION - MARKED	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12-FIRST RESPONDER	- NO DAMAGE [0] UNDERCARRIAGE [14]
MON MOTORIET	CROSSWALK	4 - MIDBLOCK - MARKED	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	AT INCIDENT SCENE	-TOP (13 J	- ALL AREAS [15]
LOCATION	2 - INTERSECTION - UNMARKED CROSSWALK	CROSSWALK 5 -TRAVEL LANE - OTHER LOCATION	B - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN	□.UNIT	NOT AT SCENE [16]
AT IMPACT	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING		TOTAL SPENE [10]
	0. 11011 2011 10701				OR LEAVING VEHICLE		POINT OF CONTACT
	3-STRIKING DE CRASH	2 - BACKING 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	SPECIFIED LOCATION	19 - STANDING 20 - OTHER NON-MOTORIST	0 - NO DAMAGE 1-12 - REFERTO	14 - UNDERCARRIAGE) UNIT 15 - VEHICLE NOT AT SCENE
ACTION	5 - BOTH STRIKING ACTIONS	4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN	10-PARKED 11-SLOWING OR STOPPED	15 - WALKING, RUNNING, JOGGING, PLAYING	21 - STANDING OUTSIDE	DIAGRAN	
	& STRUCK	6 - MAKING LEFT TURN	IN TRAFFIC	16 - WORKING 17 - PUSHING VEHICLE	DISABLED VEHICLE 99 - OTHER / UNKNOWN	13 - TOP	
	9-OTHER/UNKNOWN	7 1557 05 05 05 05 05	12 - DRIVERLESS			1	RAFFIC
		7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE	TRAFFICWAY FLOW	TRAFFIC CONTROL
,0,1,	3 - RAN RED LIGHT		14-STOPPED OR PARKED ILLEGALLY	EQUIPMENT	23 - OPENING DOOR INTO	1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN
	4 - RAN STOP SIGN 5 - UNSAFE SPEED	10 - IMPROPER PASSING 11 - DROVE OFF ROAD	15 - SWERVING TO AVOID	19-LOAD SHIFTING/FALLING/ SPILLING	ROADWAY 99 - OTHER IMPROPER ACTION		2 2-SIGNAL 5-YIELD SIGN 3-FLASHER 6-NO CONTROL
CIRCUMSTANCES		12 - IMPROPER BACKING	16 - WRONG WAY	20 - IM PROPER CROSSING	77-GINER INI NOI ENASTIN	# OF THROUGH LANES	RAIL GRADE CROSSING
SEQUENCE	OF EVENTS					ON ROAD	1 - NOT INVOLVED
2.0	1 - OVERTURN/ROLLCVER	6 - EQUIPMENT FAILURE	EVENTS 11-CROSS CENTERLINE —	1/ BAILWAY UCUICI C	22 WARY TOUR MAINTENANCE	4 1	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
1 2 0		7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF	16 - RAILWAY VEHICLE 17 - ANIMAL — FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT		
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	TRAVEL 12-DOWNHILL RUNAWAY	18-ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR	UNIT / NON-	MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST
	4 - JACKKNIFE 5 - CARGO / EQUIPMENT	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	13-OTHER NON-COLLISION	19-ANIMAL — OTHER 20-MOTOR VEHICLE IN	ANYTHING SET IN MOTION BY A MOTOR VEHICLE	2	2 - SOUTH 6 - NORTHWEST
3	LOSS OR SHIFT		14-PEDESTRIAN 15-PEDALCYCLE	TRANSPORT 21 - PARKED MOTOR VEHICLE	24 - OTHER MOVABLE CBJECT	FROM 3 TO L	
	ALTERNATION AND ADDRESS AND	COLLISION	WITH FIXED OBJECT	- STRUCK			4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
4	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		
	AL BOIDER WITHIEAD	33 - MEDIAN CABLE BARRIER	39-LIGHT/LUMINARIES	45 - EMBANKMENT	51 - WALL	UNIT SPEED	DETECTED SPEED
5	27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	SUPPORT 40 - UTILITY POLE	46 - FENCE	52-BUILDING 53-TUNNEL	0,5,0	1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR
	28-BRIDGE PARAPET	35 - MEDIAN CONCRETE	41 - OTHER POST, POLE	47 - MAILBOX 48 - TREE	54 - OTHER FIXED OBJECT	DOCTED COURS	3 - UNDETERMINED
6	29-BRIDGE RAIL 30-GUARDRAIL FACE	BARRIER 36-MEDIAN OTHER BARRIER	OR SUPPORT 42-CULVERT	49-FIRE HYDRANT	99-OTHER / UNKNOWN	POSTED SPEED	5 - ONDETERMINED

5 , 0

54-OTHER FIXED OBJECT

99-OTHER/UNKNOWN

POSTED SPEED

5 0

29 - BRIDGE RAIL

30 - GUARDRAIL FACE

FIRST HARMFUL EVENT

35 - MEDIAN CONCRETE

36 - MEDIAN OTHER BARRIER

RACRIFR

41 - OTHER POST, POLE

OR SUPPORT

42 - CULVERT

MOST HARMFUL EVENT

48 - TREE

49 - FIRE HYDRANT

3 - UNDETERMINED

Chico Despartment MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER							
									2.0.2.00.0.0.9.1.2.0.					
UNIT #	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER					
	-1	BREYLEY, MURIEL, MARIE								1,0,0,2,1,9,4,7,7,2, F				
ADDRESS: STREET, CITY, STATE, ZIP 9287 OLGA AVE , Streetsboro , OH 44241									CONTACT PHONE - INCLUDE AREA CODE					
INJURIES		EMS AGENCY (NAME)			TAKENTO	: MEDICAL FACILITY	(MAME 017)0	CAFETY FAHIDMENT		CEATING BACITIO	W	-1		
9287 9287 INJURIES	TAKEN	Kent Fire		UHP		, WEDIONE I NOIEII I	TRAME, CITY	USED 0 4	DOT-Con		AIR BAG USAG	E EJECTION	TRAPPED	
		ICENSE NUMBER		2000	SE CHAR	RGED	LOCAL	OFFENSE DESC		<u> </u>	CITATION	NUMBER		
OL STATE							CODE							
OL CLASS		RESTRICTION SELECT			ALCO	HOL / DRUG SUSPI	ECTED	CONDITION		OHOL TEST		G TEST(S		
	SELECT OF 102		BA	TRACTED	Al Al	LCOHOL MAR	RIJUANA		STATUS	PE VALUE	STATUS TYP	E RESUL	Tse	
4		0.3		1	01	THER DRUG		1	_1		_1	انا		
UNIT #	NAME: LAST,			1010						DATE OF BIRTH		AGE	GENDER	
0,2	S: STREET, CITY, ST	NDINO, ANN, L	YNEI	I E					1,2	0,7,1,9	5.9	6 ₁ 0 ₁	F	
		WOOD DR ,Akr	on Ol	I 4421	12				CONTACT	PHONE - INCLUDE AREA	00E			
2330		EMS AGENCY (NAME)	on ,Or			MEDICAL FACILITY		SAFETY EQUIPMENT		APANINO DALINA				
NO. 4	TAKEN	Kent Fire		INJUKED	IAKEN IU	MEDICAL FACILITY	(NAME, CITY)	USED 0 4	DOT-Cor	SEATING POSITIO	AIR BAG USAG	E EJECTION	1	
OL STATE	''	ICENSE NUMBER		OFFENS	SE CHAR	RGED	LOCAL	OFFENSE DESC	L	0 1	CITATION	MIMPER	1	
O H	-						CODE	0			OTIATION	TOMBER		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT			ALCO	HOL / DRUG SUSPE	ECTED	CONDITION		OHOL TEST		IG TEST(S)	
	SELECT UP TO 2		BA	TRACTED	At	LCOHOL MAF	RLJUANA		STATUS	'PE VALUE	STATUS TYP	E RESUL	Ts	
4		0.3		1	01	THER DRUG			_1	1	_1		فسانسا	
UNIT#	NAME: LAST,	F1RST, MIDDLE								DATE OF BIRTH		AGE	GENDER	
ADDDESS	d armeet elevan													
S AUDRESS	S: STREET, CITY, ST	AIE,ZIP							CONTACT PHONE - INCLUDE AREA CODE					
O IN HIDTES	INJURED	EMS AGENCY (NAME)		Linuipena	TAVENTO	AICDICAL PACTITY		CAPPTU CAUSAGUE			1 1	1		
NO.	TAKEN	EMS AGENC! (NAME)		INJUKEDI	IAKEN IU	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COM	SEATING POSITIO	N AIR BAG USAG	E EJECTION	TRAPPED	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN:	SE CHAR	HARGED LOCAL OFFENSE DESC					CITATION	VIIMBED	1	
TORI							CODE					TOMIDEN		
OL CLASS	ENDORSEMENT SELEC UP 102	RESTRICTION SELECT			ALCO	HOL / DRUG SUSPE		CONDITION	ALC	OHOL TEST		IG TEST(S		
	22220 01 02		BA	TRACTED		_	ANAULIS		STATUS	PE VALUE	STATUS TYP	E RESULT	St	
And the latest l	URIES	SEATING POSITION		10.040	01	HER DRUG	-							
1-FATAL		1 - FRONT - LEFT SIDE	1 - NOT DEP	IR BAG LOYED		OL CLASS 1-CLASS A		OL RESTRIC 1-ALCOHOL INTER		DRIVER DISTRACTED		TEST STA Negiven	TUS	
REBUSE TO S	D SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOYI			2 - CLASS B		2 - COL INTRASTATI		2 - MANUALLY OPERATIN	GAN 2-TE	ST REFUSED		
4 - POSSIBLE I	D MINOR INJURY Injury	3 - FRONT - RIGHT SIDE	3 - DEPLOYI	ED SIDE Ed both fro	NT/SIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE	NSES	DEVICE (TEXTING, TYPE	111C 3-1E	ST GIVEN, CON Mple/Unus/		
5 - NO APPARE	NT INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APP			(OHIO = D)		5 - EXCEPT CLASS A	A BUS	DIALING) 3 -TALKING ON HANDS-FI	(EE	ST GIVEN, RES	CONTRACTOR SET	
INJURED	TAKEN BY	5 - SECONO - MIDDLE	9 - DEPLOYI	MENT UNKNO	OWN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS		COMMUNICATION DEV 4-TALKING ON HAND-HE	III	ST GIVEN RES KNOWN	20,F12	
1 - NOT TRANS /TREATED		6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	F.	ECTION		OL ENDORSEM	MENT	7 - EXCEPT TRACTO	NUMBER OF STREET	COMMUNICATION DEV	ICE ALC	OHOLTES	ST TYPE	
2 - EMS		(MOTORCYCLE SIDE CAR)	1 - NOT EJE			H - HAZMAT		8-INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY WITH ELECTRONIC DEVICE	1-NO			
3-POLICE 9-OTHER/UN	IVNO HAN	8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE	2 - PARTIAL 3 - TOTALLY			M - MOTORCYCLE		9 - LEARNER'S PER RESTRICTIONS	MIT	6 - PASSENGER	2 - BL 3 - UR	22 SAME TO 19 VOICE		
		10 - SLEEPER SECTION	4 - NOT APP			P - PASSENGER N - TANKER		10 - LIMITED TO DAY	LIGHT ONLY	7-OTHER DISTRACTION INSIDE THE VEHICLE	4 - BR	Pad III III III II		
1 - NONE USED	QUIPMENT	OF TRUCK CAB 11 - Passenger in Other	TI	RAPPED		Q - MOTOR SCOOTER		11 - LIMITED TO EMP	STATE OF THE PARTY	8-OTHER DISTRACTION (THE VEHICLE	OUTSIDE 5-OT	HER		
2 - SHOULDER	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOTTRA	A PRINT PRINTED		R-THREE WHEEL MO S-SCHOOL BUS	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL DE	VICES	9-OTHER/UNKNOWN	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED AND POST OF THE PERSON NAM	RUG TEST	TYPE	
3 - LAP BELT O	MLY USED & LAP BELT USED	PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED	2 - EXTRICA MECHAN	TED BY ICAL MEANS		T DOUBLE & TRIPLE	TRAILERS	(SPECIAL BRAKE CONTROLS, OR O	THER	CONDITION	1 - NO 2 - BL			
5 - CHILD RES	TRAINT SYSTEM -	CARGO AREA	3-FREED B	Υ		X - TANKER / HAZMAT		ADAPTIVE DEVICE 14 - MILITARY VEHICE		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMEN	- July			
FORWARD F	FACING Traint system –	13-TRAILING UNIT 14-RIDING ON VEHICLE EXTERIOR	INU IN-INI EU	CHANICAL MI	FWIS	GENDER		15 - MOTOR VEHICLE	PERSONAL PROPERTY AND ADMINISTRATION OF THE PERSON NAMED AND PARTY AND ADMINISTRATION OF THE PERSON NAMED AND ADMINISTRATION OF THE PER	3 - EMOTIONAL (E.G. DEPRI	SSED,			
REAR FACI	NG	(NON-TRAILING ÚNIT) 15 - NON-MOTORIST				F - FEMALE M - MALE		AIR BRAKES 16 - OUTSIDE MIRRO	R	ANGRY, DISTURBED) 4 - ILLNESS	CAST WATER	G TEST RE Phetamines	CONTRACT STATE OF STATE	
7 - BOOSTER S 8 - HELMET U		99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN		17 - PROSTHETIC AID		5 - FELL ASLEEP, FAINTED	Union a September	RBITURATES		
9 - PROTECTIV (ELBOW, KA	E PADS USED							18-OTHER		FATIGUED, ETC. 6-UNDER THE INFLUENCE	Francisco	NZODIAZEPIN	ES	
10 - REFLECTIV					2145		1			OF MEDICATIONS / DRU /ALCOHOL	GS 4-CA	NNABINOIDS CAINE		
11 - LIGHTING -									112	9-OTHER/UNKNOWN	6-0P	ATES/OPIOIO	OS	
STATE OF THE OWNER, WHEN THE	KNOWN										7-0TI	HER GATIVE RESUI		



Continuation Narrative Continuation

LOCAL REPORT NUMBER

2_0_2_0_-_0_0_0_0_9_1_2_0

the crash. Due to conflicting stories I am unable to determine fault.

6/15/20

Unit #1 insurance information added.