OHIO DEPARTMENT TRAFFI	C CRASH	LOCAL REPORT NUMBER*							
PHOTOS TAKEN OH-2	2 OH-3	LOCAL INFORMATION		1,3,6,8,1,					
SECONDARY CRASH	LP OTHER	REPORTING AGENCY NAME		NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR		
PRI	VATE PROPERTY	City of Kent Poli	ice	0	6 7 0 3	2 1- SOLVED 2- UNSOLVED	0.2	0 2 98 - ANIMAL 99 - UNKNOWN	
COUNTY* LOCALITY*		VILLAGE, TOWNSHIP*				CRASH DATE / 1	IME*	CRASH SEVERITY  1 - FATAL	
6 7 1 2-VILLAGE 3-TOWNSHIP						[0;8;2;3;2;0;2;1;		2 - SERIOUS INJURY	
ROUTE TYPE ROUTE NUMBER PR	EFIX 1-NORTH 2-SOUTH	LOCATION ROAD NAME			ROAD TYPE	LATITUDE DE	CIMAL DEGREES	SUSPECTED  3 - MINOR INJURY	
	- 4-WL31	HAYMAKER W			P K	(4 <sub>1</sub> 1 <sub>10</sub> (1 <sub>1</sub> 5 <sub>1</sub> 1 <sub>1</sub>		SUSPECTED	
ROUTE TYPE ROUTE NUMBER PR	EFIX 1-NORTH	REFERENCE ROAD NAME (RO	IAD, MILEPOST, H	OUSE #)	ROAD TYPE	LONGITUDE DE	CIMAL DEGREES	4 - INJURY POSSIBLE	
	4-WEST	STOW			ST	-[8 <sub>1</sub> 1 <sub> 0 </sub> 3 <sub>1</sub> 6 <sub>1</sub> 5 <sub>1</sub>	7   5   8	5 - PROPERTY DAMAGE ONLY	
REFERENCE POINT DIRECT INTERSECTION FROM REF		ROUTE TYPE INTERSTATE ROUTE(TP)	AL - ALLEY	ROAD TYPE HW-HIGHWAY R	D - ROAD		INTERSECTION REL		
1 2-MILE POST	2-SOUTH US-	FEDERAL US ROUTE	AV - AVENUE		Q - SQUARE	X WITHIN INTE	RSECTION OR ON API	PROACH 4	
	3 - EAST 4 - WEST SR -	STATE ROUTE	BL - BOULEVARD CR - CIRCLE		T - STREET	X WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHES	
FROM REFERENCE UNIT OF	MEASURE	NUMBERED COUNTY ROUTE	CT - COURT		E - TERRACE L - TRAIL		ROADWAY		
	2-FEET	NUMBERED TOWNSHIP ROUTE	DR - DRIVE		/A - WAY	ROADWAY DIV	IDED		
LOCATION OF FIRST	3-YARDS		HE - HEIGHTS	PL - PLACE					
1 - ON ROADWAY	9 - CROSSOVER	1-1	NOT COLLISION 4	<b>H COLLISION/IMPA</b> ( 4 - REAR-TO-REAR	51	DIRECTION OF TRAVE		EDIAN TYPE DED FLUSH MEDIAN	
0 1 2-ON SHOULDER	10-DRIVEWAY/	ALLET ACCESS	TWO MOTOR	5 - BACKING 5 - ANGLE		2-SOUTH	(<4 F	EET)	
4 - ON ROADSIDE	12-SHARED US	V	VEITIGEES IN	7 - SIDESWIPE, SAME	DIRECTION	3- EAST 4- WEST		ED FLUSH MEDIAN FEET )	
5 - ON GORE 6 - OUTSIDE TRAFFIC WA	TRAILS Y 13-BIKE LANE	1		3 - SIDESWIPE, OPPO 9 - OTHER / UNKNOV			1	ED, DEPRESSED MEDIAN ED, RAISED MEDIAN	
7 - ON RAMP	14-TOLL BOOTI	1	TEND ON	7 - 01112107 BIRINGS	* 14	:	(ANY	TYPE) R/UNKNOWN	
8 - OFF RAMP	99-OTHER/UN								
WORK ZONE RELATED	1-	WORK ZONE TYPE Lane Closure	1	IN OF CRASH IN WO - BEFORE THE 1ST V		CONTOUR	CONDITIONS	SURFACE	
WORKERS PRESENT	2-	LANE SHIFT/CROSSOVER		WARNING SIGN			_1_	1	
LAW ENFORCEMENT PRESE		WORK ON SHOULDER OR MEDIAN	1	- ADVANCE WARNIN - TRANSITION AREA			1 - DRY 2 - WET	1 - CONCRETE	
ACTIVE SCHOOL ZONE		INTERMITTENT OR MOVING W		- ACTIVITY AREA - TERMINATION ARE	- 4	3 - CURVE LEVEL	3 - SNOW	2 - BLACKTOP, BITUMINOUS, ASPHALT	
		1		4 - CURVE GRADE 4 - ICE 3 - BRICK/BLOCK					
LIGHT CONDITION  1 - DAYLIGHT	1	1 - CLEAR	ATHER 6 - SNOW		9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL 4 - SLAG, GRAV STONE				
1 2- DAWN/DUSK		0.1 2-CLOUDY	7 - SEVERE	CROSSWINDS 6-WATER (STANDING, 5-DIRT					
3 - DARK - LIGHTED ROAD 4 - DARK - ROADWAY NOT		3 - FOG, SMOG, SM 4 - RAIN		G SAND, SOIL, DIRT, NG RAIN OR FREEZI	9 - OTHER/UNKNOWN				
5 - DARK – UNKNOWN ROA 9 - OTHER / UNKNOWN	ADWAY LIGHTING	5 - SLEET, HAIL		/ UNKNOWN	N				
				I					
NARRATIVE							1	Indicate the north direction with	
Unit 1 was traveling	east boun	d on Haymaker P	kwy.	:			7	an "N" on the compass diagram.	
approaching the in	tersection	of Haymaker Pkv	vy. and				1		
Stow St. Unit 2 was	traveling	west bound on H	avmaker						
Pkwy approaching			-			15 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	Î	NOT TO SCALE	
			mit I		_		HAYMAKER PK		
began to cross thro								S-1	
failed to yield to Ur			ıto			Limit Tarra Source	ŒŪ.	ut 2	
Stow St. causing Un	nit 1 to stri	ke Unit 2. Unit 2							
then fled from the s			1			_			
		70-140-70					Stow 5	<u> </u>	
	110000								
		**							
CRASH REPORTED DATE / TIM		DISPATCH DATE / TIME		RIVAL DATE / TIME		SCENE CLEARED	i	REPORT TAKEN BY POLICE AGENCY	
0,8,2,3,2,0,2,1,/,1,8		3,2,0,2,1,/,1,9,0,	4 0 8 2 3				1 9 2 7	MOTORIST	
TOTAL TIME OTHER ROADWAY CLOSED INVESTIGATIO			,	CHECKED BY OFFICER'S NAME*  Gaydosh, Ryan  Supples					
		OFFICER'S	BADGE NUMBER		CHECKED BY OFFICER'S BADGE NUMBER*				
0 0 0 0 3	0 0 5	3 2 5 9			2 1	0.3.00.00			



LOCAL REPORT NUMBER

2 + 0 + 2 + 1 + - + 0 + 0 + 0 + 1 + 3 + 6 + 8 + 1

UNIT#	OWNER NAME: LAST, FIRS	ST, MIDDLE ( SANE AS DRIVER)		OWNER PHON	Estac of age	A CONE / TEAMS AS HOUSE	DAMAGE					
0 1	KRAUSE, JEFFRE	Y, A						DAMAGE SCALE				
OWNER AL	DRESS: STREET, CITY, STATE	, ZIP ( SAME AS DRIVER)		_			1 - NONE	3 - FUNCTIONAL DAMAGE	E			
11017 SA	GEBRUSH AVE NV	), NWOTNOINU, V	OH 44685			i i	2-MINOR C	DAMAGE 4 - DISABLING DAMAGE				
COMMERC	IAL CARRIER: NAME, ADD	RESS, CITY, STATE, ZIP		COMMERCIAL C.	ARRIER PHO	NE: INCLUDE AREA CODE		9 - UNKNOWN				
								DAMAGED AREA(S)				
LP STATE	LICENSE PLATE #		E IDENTIFICATION #	VEHICL		VEHICLE MAKE	INDI	ICATE ALL THAT APPLY				
OH	HVJ8780		7 N 0 9 1 2 6 4 0			Chevrolet	11 12	12 12 1				
INSURA VERIFI	NCE INSURANCE COMP E0 Encompass Auto	-	NSURANCE POLICY # 82484339	GRY		VEHICLE MODEL IMPALA	12	12	X			
	TYPE OF USE	7 1113.	US DOT #	TOWED BY: COL			10 11 1	2 10 11 1	2			
COMME		IN EMERGENCY RESPONSE	1 1 1 1 1 1		TIPALIT IVAL	nE	9 9 3	3 9 9 3				
- INTERI			HICLE WEIGHT GVWR/GCWR		ARDOUS M		-	- 0 0 1	-			
INTERI	E     HIT/SKIP UNT		1 - ≤10K LBS. 2 - 10,001 - 26K LBS.	MATERIA RELEASE	ED CLASS	S# PLACARD ID#	B 7 5 5	4 8 7 9 5	1			
EQUIP	PEU —	0 2	3 - >26K LBS.	PLACARI	·		7	12 7 5				
	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED		18-LIMO (LIVERY VEHIC		PEDESTRIAN / SKATER	6	12				
0 1	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE			19-BUS (16+ PASSENGE)		WHEELCHAIR (ANYTYPE)	10/	11 2 1 2				
UNIT TYPE	4 - PICK UP	9 - AUTOCYCLE 10 - MOPED OR MOTORIZED		20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT		OTHER NON-MOTORIST Bicycle		9 = 3 3				
	5 - CARGO VAN	BICYCLE		22 - ANIMAL WITH RIDER			_	- 11 -				
	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEH	ICLE 99-U	UNKNOWN OR HIT/SKIP	8	7 6 5 4				
	# OF TRAILING UNITS	WILL ALL STATES					12	7 6 5 12				
	WAS VEHICLE OPERATING IN AU	TONOMOUS	0 - NO AUTOMATION	3 - CONDITIONAL AUTOM	ATION O U	INANUMN	11 12	6 11 12				
	MODE WHEN CRASH OCCURRED			3 - CONDITIONAL AUTOM 4 - HIGH AUTOMATION	M11011 7 - U	enset/##	10 11 1	2 10 11 1	12			
	1-YES 2-NO 9-OTHER/UNK	AU10M0M0A2	C CARTILL AUTOMATICA	5 - FULL AUTOMATION			10 2	10 2	4			
	1 NONE	MODE LEVEL	11 5/85	T/ Panel		U. U. B. B. C.	9 9 3	3 9 6 3				
	1 - NONE 2 - TAXI	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY		16-FARM 17-Mowing		MAIL CARRIER DTHER / UNKNOWN	7 5	74 7 5	7			
O 1 SPECIAL	3 - ELECTRONIC RIDE SHARING			18-SNOW REMOVAL	77-0	JI-JER J UHRNOWN		6	Y			
FUNCTION	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	19-TOWING			6	6 5	1				
	5 - BUS - TRANSIT/COMMUTER	10-AMBULANCE	15 - CONSTRUCTION EQUIPMENT	2J - SAFETY SERVICE PAT	ROL			12 12 12				
		3 - VEHICLE TOWING ANOTHER		8 - POLE	12-0	CONCRETE MIXER	12		ìì			
O 1 CARGO	/ NOT APPLICABLE 2 - BUS	MOTOR VEHICLE 4 - LOGGING	f	9 - CARGOTANK		AUTO TRANSPORTER	9.9					
BODY Type	2 - 803	4 - LUGBING	7 CDAINGUIDCIGDAUCI	10-FLAT BED		GARBAGE/REFUSE	9 100 13	9 6 3 9 7 3 9	3			
TIPE				11 - DUMP	99-0	OTHER / UNKNOWN		0				
<u></u>	1 - TURN SIGNALS	4 - BRAKES		9 - MOTOR TROUBLE		THER / UNKNOWN	6					
DEFECTS	2 - HEAD LAMPS 3 - TAIL LAMPS			O-DISABLED FROM PRIOR ACCIDENT				6 6 6				
							🗀 - NO DAMAGE	E [ 0 ] UNDERCARRIAGE [ 14 ]	ı			
	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED				FIRST RESPONDER AT INCIDENT SCENE						
NON-MOTORIST	2-INTERSECTION-UNMARKED	CROSSWALK		10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS (	00.0	THER / UNKNOWN	□-TOP [13]	- ALL AREAS [15]				
LOCATION AT IMPACT	CROSSWALK	5 -TRAVEL LANE - OTHER LOCATION		TRAILS			□ - UN	NIT NOT AT SCENE [ 16]				
	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURY	E 18-A	APPROACHING						
3	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSI	NG 0	OR LEAVING VEHICLE	INIT: 0 - NO DAMA	TAL POINT OF CONTACT AGE 14 - UNDERCARRIAGE				
	3-STRIKING UII	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	SPECIFIED LOCATION		STANDING	- 110 0000	ER TO UNIT 15 - VEHICLE NOT AT SCE	ENE			
ACTION	4- STRUCK PRE-GRASH 5- BOTH STRIKING ACTIONS	4 - OVERTAKING/PASSING	IO-TAINED	15 - WALKING, RUNNING, JOGGING, PLAYING		OTHER NON-MOTORIST STANDING OUTSIDE	DIAG					
	& STRUCK	3 - MAKING KIGATITUKN II-SLUWING UK STUPPED		6 - WORKING DISABLED VEHICLE			13 - TOP					
	9 - OTHER / UNKNOWN		12 - DR   VERLESS	17 - PUSHING VEHICLE	99 - 0	OTHER / UNKNOWN	CARL THE SEC	TRAFFIC				
	1 - NONE	7-LEFT OF CENTER	AARISER AAASSAA	17 - VISION OBSTRUCTION	21 - L	YING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL				
		8 - FOLLOWING TOO CLOSE / ACD	A PARKED POSITION  14-STOPPED OR PARKED	18 - OPERATING DEFECTI		NOT DISCERNIBLE	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIG	iN			
<u>0</u> 1	3 - RAN RED LIGHT 4 - RAN STOP SIGN	9-IMPROPER LANE CHANGE 10-IMPROPER PASSING	THECALLY	EQUIPMENT 19-LOAD SHIFTING/FALL		PENING DOOR INTO ROADWAY	2 ,2 - TW0-WAY	2 2 - SIGNAL 5 - YIELD SIG				
CONTRIBUTING		11 - DROVE OFF ROAD	15 - SWERVING TO AVOID	SPILLING		THER IMPROPER ACTION		3 - FLASHER 6 - NO CONTR	ROL			
LINGUMSTANCES	6-IMPROPERTURN	12 - IMPROPER BACKING	16 - WRONG WAY	20 - IV PROPER CROSSING			# of THROUGH LANES	RAIL GRADE CROSSING				
SEQUENCE	OF EVENTS						ON ROAD	1 - NOT INVOLVED				
	1 - OVERTURN/ROLLOVER	L FOUNDMENT CAN USE	EVENTS	A BAH DAMAGE		HODE TRUE ALLEGA	4	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	G			
1 2 0		6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF	16 - RAILWAY VEHICLE 17 - ANIMAL — FARM		NORK ZONE MAINTENANCE EQUIPMENT		2 - MANCAETALWOOLLE CHOOOLING	·			
	3 - IMMERSION	B - RAN OFF ROAD RIGHT	TRAVEL 12_DOWNSTILL DINAWAY	18-ANIMAL - DEER		TRUCK BY FALLING,	UNIT / N	ION-MOTORIST DIRECTION				
2		9 - RAN OFF ROAD LEFT	13 OTHER NON COLLISION	19 - ANIMAL - OTHER	A	SHIFTING CARGO OR ANYTHING SET IN MOTION		1 - NORTH 5 - NORTHEAST				
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14-PEDESTRIAN	20 - MOTOR VEHICLE IN TRANSPORT	В	BY A MOTOR VEHICLE OTHER MOVABLE CRIECT	FROM 4 TO	2 - SOUTH 6 - NORTHWEST 3 - SOUTHEAST 7 - SOUTHEAST				
3				21 - PARKED MOTOR VEHI	CLE	THER MOVABLE COJEC	1 Nom 10	4 - WEST 8 - SOUTHWEST				
	25 - IMPACT ATTENUATOR	COLLISIO 31 - GUARDRAIL END	N WITH FIXED OBJECT 37-TRAFFIC SIGN POST	- STRUCK 43-CURB	50.1	NORK ZONE MAINTENANCE		9 - OTHER / UNKNO	JWN			
4	/ CRASH CUSHION	32 - PORTABLE BARRIER		44 - DITCH	E	QUIPMENT	UNIT SPEED	DETECTED SPEED				
	26-BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BARRIER	CHORGOT	45 - EMBANKMENT	51 - V	9.0		1 - STATED / ESTIMATED S	SPEED			
5	27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL Barrier	AG HITH ITY BOLD	46 - FENCE 47 - Mailbox		BUILDING Tunnel	0 1 3 1 5	2 - CALCULATED / EDR				
	28 - BRIDGE PARAPET	35 - MEDIAN CONCRETE	41 - OTHER POST, POLE	48 - TREE	54-0	THER FIXED OBJECT	POSTED SPEED	3 - UNDETERMINED				
6	29-BRIDGE RAIL 30-GUARDRAIL FACE	BARRIER 36-MEDIAN OTHER BARRIER	OR SUPPORT 42 - CULVERT	49 - FIRE HYDRANT	99 0	OTHER / UNKNOWN	FUSIEU SPEED	J - UNDER ENTRIPED				
1 1 .		1					3 5					
لـــــــــــــــــــــــــــــــــــــ	FIRST HARMFUL EVEN	ı ∟≛∟ı Most H	ARMFUL EVENT									

2	0.	2	1	. –	0	0	0	. 1	3	6	8	. 1

UNIT #	OWNER NAME: LAST, FIR	OWN	ER PHONE: IN	CLUDE AREA	CODE ( SAME AS DRIVER)	DAMAGE				
0 2						DAMAGE SCALE				
OWNERA	DDRESS: STREET, CITY, STATI	E, ZIP ( SAME AS DRIVER)						1 - NONE		3 - FUNCTIONAL DAMAGE
COMMERC	CIAL CARRIER: NAME, ADD	SECC CITY STATE FIR		Co		- DUON	15	L 2-MINOR		: 4 - DISABLING DAMAGE KNOWN
	and activities to their, 493	TESS, CITT, STATE, EIF		, ,	MMERCIAL GARRIE	. PHUN	E: INCLUDE AREA CODE			
LP STATE	LICENSE PLATE #	VEHIC	LE IDENTIFICATION #		VEHICLE YE	EAD	VEHICLE MAKE			ED AREA(S) LL THAT APPLY
1 1 1			1 1 1 1 1 1 1 1	1 1 1	VEHICLE VE	EAR	VEHICLE MAKE			_
INSURA	NCE INSURANCE COMP	PANY	INSURANCE POLICY #		COLOR	٦,	VEHICLE MODEL	11 12 1		11 12 1
VERIFI					i			10	2	10
	TYPE OF USE	IN FILEDOCKION	US DOT #	TOW	ED BY: COMPAN	NY NAM	E	10 2 -	_	A 1000 2
COMME	RCIAL GOVERNMENT	IN EMERGENCY RESPONSE		ــــــــــــــــــــــــــــــــــــــ				9 9 3	3	9 9 3
INTER	LOCK	#DCCUPANTS V	EHICLE WEIGHT GVWR/GCWR		HAZARD MATERIAL		NTERIAL # PLACARDID#	-   -   -	7	<b>⊢</b> • • • • −
DEVIC	E <b>ix</b> ihit/skip uni		1 - ≤10KLBS 2 - 10,001 - 26KLBS	ᅵ片	RELEASED	OLA33	W FEAGARD ID W		64	8 7 7 5 7
Edon			3 - >26K LBS		PLACARD	L		7 5	41 (150)	12 7 5
	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED			VERY VEHICLE)		EDESTRIAN / SKATER			12
0 1	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE 3-WHEELED		19-BUS (16- 20-OTHER V	+ PASSENGERS)		HEELCHAIR (ANYTYPE)	10/	11	1 2
UNIT TYPE	4 - PICK UP	10 - MOPED OR MOTORIZED		21 - HEAVY 6			THER NON-MOTORIST Cycle		10	2 3
	5 - CARGO VAN	BICYCLE		22 - ANIMAL	WITH RIDER OR	27 - TR		_	- B	n _
ш	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL	-DRAWN VEHICLE	99 - UN	KNOWN OR HIT/SKIP	8	7	5 /4
	# OF TRAILING UNITS	1777 177						12	1	5 12
10	WAS VEHICLE OPERATING IN AU	TONOMOUS	0 - NO AUTOMATION	2 . COMPLET	NAI AUTOMATION	1 0 114	IVNOWN	12		6 11 12 1
>	MODE WHEN CRASH OCCURRED			4 - HIGH AU	DNAL AUTOMATION Tomation	v 9-UN	IKNUWN	10	2	10
	1-YES 2-NO 9-OTHER/UNK	NOWN AUTONOMOU	3 DARTIAL AUTOMATION	5 - FULL AU				10 2 =	4	
	1 HAMP	MODE LEVEL			_			9 9 3	3	9 0 3 3
	1 - NONE 2 - TAXI	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY		16-FARM			AIL CARRIER		/.	
	3 - ELECTRONIC RIDE SHARING			17 - MOWING 18 - SNOW RI		99-01	HER/UNKNOWN	6	•	8
SPECIAL FUNCTION	4 - SCHOOL TRANSPORT	9 - BUS - OTHER		19 - TOWING	TINOAME			7 6		7 6
	5 - BUS -TRANSIT/COMMUTER	10-AMBULANCE	15 - CONSTRUCTION EQUIPMENT		SERVICE PATROL					
	1 - NO CARGO BODYTYPE	3 - VEHICLE TOWING ANOTHE	R 5 - INTERMODAL CONTAINER	B - POLE		12.00	NCRETE MIXER		12	12 12
	/ NOT APPLICABLE	MOTOR VEHICLE	PHARRIE	9 - CARGO TANK		13-AUTOTRANSPORTER		12		
CARGO BODY	2 - BUS	4 - LOGGING		10-FLAT BE	D		RBAGE/REFUSE	B AA R		
TYPE			7 - GRAIN/CHIPS/GRAVEL	11-DUMP		99 - OT	HER/UNKNOWN	,600,	9	3 9 1 3 9 3
	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTORT	ROUBLE	99-0T	HER / UNKNOWN	6	T	0
	2 - HEAD LAMPS	5 - STEERING			D FROM PRIOR				¥	6
DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDEN	IT				_ = .	_ , ,
	1 - INTERSECTION - MARKED	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/	CROSSING ISLAND	12 - FII	RST RESPONDER	- NO DAMAG	101	- UNDERCARRIAGE [ 14]
HAN MATARIET	CROSSWALK	4 - MIDBLOCK - MARKED		10-DRIVEW			INCIDENT SCENE	TOP [13]		- ALL AREAS [15]
LOCATION	2 - INTERSECTION - UNMARKED CROSSWALK	CROSSWALK			USE PATHS OR	99-01	HER/UNKNOWN			
AT IMPACT		5 - TRAVEL LANE - OTHER LOCATI	51 	TRAILS				IXI - U	NIT NOT	AT SCENE [16]
	1 - NON-CONTACT	1 - STRAIGHT AHEAD			TING A CURVE		PROACHING	INIT	TAL POIL	NT OF CONTACT
4	2-NON-COLLISION 3-STRIKING 0 6	2 - BACKING 3 - CHANGING LANES	B - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE		IG OR CROSSING ED LOCATION		LEAVING VEHICLE	0 - NO DAM		14 - UNDERCARRIAGE
ACTION	4 - STRUCK PRE-CRASH	4 - OVERTAKING/PASSING		RAFFIC LANE SPECIFIED LOCATION  15 - WALKING, RUNNING,						IT 15-VEHICLE NOT AT SCENE
	5 - BOTH STRIKING ACTIONS	5 - MAKING RIGHTTURN	11 - SLOWING OR STOPPED	JOGGING, PLAYING			ANDING OUTSIDE	DIAG	RAM	99 - UNKNOWN
	& STRUCK	6 - MAKING LEFT TURN	10 1001114	16 - WORKING			SABLED VEHICLE HER / UNKNOWN	13 - TOP		
	9 - OTHER / UNKNOWN		12 - DRIVERLESS	17-103/11/10	* TENICEE	11-01	HER/ UNKNOWN		TRA	FFIC
	1 - NONE	7-LEFT OF CENTER	DARKED BOCITION		BSTRUCTION		ING IN ROADWAY	TRAFFICWAY FLOW		TRAFFIC CONTROL
	2 - FAILURE TO YIELD 3 - RAN RED LIGHT	8-FOLLOWING TOO CLOSE / AC 9-IMPROPER LANE CHANGE	14 - STOPPED OR PARKED	18-OPERATI EQUIPM	NG DEFECTIVE Ent		T DISCERNIBLE	1 - ONE-WAY		1 - ROUNDABOUT 4 - STOP SIGN
0_2	4 - RAN STOP SIGN	10-IMPROPER PASSING	ILLEGALLY		IFTING/FALLING/		ENING DOOR INTO ADWAY	2 - TWO-WAY	, 2	2 - SIGNAL 5 - YIELD SIGN
CONTRIBUTING	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - WRONG WAY	SPILLIN		99-0T	HER IMPROPER ACTION			3 - FLASHER 6 - NO CONTROL
-	6-IMPROPERTURN	12 - IMPROPER BACKING	10 - WRUNG WAY	20 - IN PROPE	R CROSSING			# of THROUGH LANES		RAIL GRADE CROSSING
SEQUENCE	OF EVENTS							ON ROAD		1 - NOT INVOLVED
ú	1 AVEATURNIBALLAVER	/ FOURDMENT CAN USE	EVENTS					_4_	1	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	ADDACITE DIDECTION OF	16 - RAILWAY 17 - ANIMAL			ORK ZONE MAINTENANCE			3 - MADEAED-LW321AC CW0331MB
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	TRAVEL	18-ANIMAL		23 - ST	RUCK BY FALLING,	UNIT / A	ON-MOT	ORIST DIRECTION
2	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	12 OTUED NON COLLISION	19-ANIMAL			IFTING CARGO OR IYTHING SET IN MOTION			1 - NORTH 5 - NORTHEAST
	5 - CARGO / EQUIPMENT	10 - CROSS MEDIAN	14-PEDESTRIAN	20 - MOTOR V Transpo		BY	A MOTOR VEHICLE	FROM 3 TO	. 2.	2 - SOUTH 6 - NORTHWEST
3	LOSS OR SHIFT		15-PEDALCYCLE		MOTOR VEHICLE	24 - OT	HER MOVABLE OBJECT	FROM		3 - EAST 7 - SOUTHEAST 4 - WEST B - SOUTHWEST
	OF IMPLOT APPRILL		ON WITH FIXED OBJECT		CK					9 - OTHER / UNKNOWN
4	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER		43 - CURB 44 - Ditch			ORK ZONE MAINTENANCE	******	$\overline{}$	
	26 - BRIDGE OVERHEAD	33 - MEDIAN CABLE BARRIER		44 - DITCH 45 - EMBANK	MENT	51 - WA	100	UNIT SPEED		DETECTED SPEED
5	STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL	SUPPORT	46-FENCE		52 - BU				1 - STATED / ESTIMATED SPEED
	28-BRIDGE PARAPET	BARRIER 35 - MEDIAN CONCRETE	AT DELLED DACK DOLE	47 - MAILBOX	t .	53 - TU	NNEL HER FIXED OBJECT		'	2 - CALCULATED / EDR
6	29 - BRIDGE RAIL	BARRIER	OR SUPPORT	48 - TREE 49 - FIRE HYI	DRANT		HER / UNKNOWN	POSTED SPEED		3 - UNDETERMINED
_	30 - GUARDRAIL FACE	36-MEDIAN OTHER BARRIER	42 - CULVERT		F114 118 3		N262			
	FIRST HARMFUL EVEN	T MOST	HARMFUL EVENT							

OF PUBLIC BATETY MOTORIST / NON-MOTORIST										LOCAL REPORT NUMBER						
									2,0,2,1,-,0,0,0,1,3,6,8,1,							
UNIT # NAME: LAST, FIRST, MIDDLE  0 1 KRAUSE, KYAH, DAWN										DATE OF BIRTH AGE GENDER						
1000000			IN						0 5 / 2 1 / 2 0 0 3 1 8 F						<u>F</u>	
ADDRESS: STREET, CITY, STATE, ZIP  11017 SAGEBRUSH AVE NW, UNIONTOWN, OH 44685  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED OF A									CONTA	CT PHO	NE - IMPLIENT ABEA	con:	22			
INJURIES	TAKEN	EMS AGENCY (NAME)		INJUREDTA	KEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DO	I-Compli	SEATING POSITI	ON AIR BA	AG USAGE	EJECTION	TRAPPED	
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OL STATE	OPERATOR L	ICENSE NUMBER		OFFENSE	E CHAI	RGED	LOCAL CODE	OFFENSE DESC	RIPTION	1		CITA	TATION NUMBER			
O, H,	ENDORSEMENT	RESTRICTION SELECT	UDTO: DOT	VER	81.00	Oliot ( Dollo cuen			ALCOHOL TEST				DRUG TEST(S)			
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4			_	_1	O .	THER DRUG		1	_1_	_1		_1	1			
UNIT #	NAME: LAST,	FIRST, MIDDLE									ATE OF BIRTH			AGE	GENDER	
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ADDRESS:	STREET, CITY, ST	TATE, ZIP							CONTA	СТ РНО	NE - INCLUDE AREA	CODE				
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INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJUREDTA	KEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED		COMPLIA		ON AIR BA	R BAG USAGE EJECTION TRAPPED			
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			<u> </u>		OTHER DRUG										_ال_ال_	
UNIT#	NAME: LAST,	FIRST, MIDDLE									ATE OF BIRTH			AGE	GENDER	
ADDRESS.	STREET, CITY, ST	ATE 710									1 1/1				ــــــــــــــــــــــــــــــــــــــ	
ORISO.	31KEE1, 6(11, 3)	AIE, ZIP							CONTA	CT PHO	NE - INCLUDE AREA	CODE				
ADDRESS:		EMS AGENCY (NAME)		INJURED TA	KEN TO	MEDICAL FACILITY	NAME.CITY)	SAFETY EQUIPMENT			SEATING POSITION	ON A10 DA	CHEACC	EJECTION	TRAPPED	
NON	TAKEN BY							USED		-COMPLIA HELME	ANT	AIR BA	u ujaue	EJECTION	IKAPPED	
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			BY		=	LCOHOL MAF	ANAULIS									
INJU	RIES	SEATING POSITION	A	IR BAG		OL CLASS	5	OL RESTRIC	T10N(S)	DE	RIVER DISTRAC	TION	<u> </u>	LUL TEST STA	TUS	
1 - FATAL	ernique in luny	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP			1 - CLASS A		1 - ALCOHOL INTER	LOCK DEVIC	E 1-	NOT DISTRACTED			IE GIVEN		
3 - SUSPECTED	SERIOUS INJURY MINOR INJURY	2 - FRONT - MIDDLE	2 - DEPLOYE 3 - DEPLOYE			2 - CLASS B 3 - CLASS C		2 - COL INTRASTATI 3 - CORRECTIVE LE			MANUALLY OPERATION ELECTRONIC COMMUNICATION OF THE PROPERTY OPERATION OF THE PROPERTY OF T	NICATION		T REFUSED T given, con	TAMINATED	
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE		ED BOTH FRONT	T/SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER			DEVICE (TEXTING, TY DIALING)	PING,	SAN	IPLE / UNUSA	BLE	
5 - NO APPAREN	TINJURY	(MOTORCYCLE PASSENGER)	5 - NOT APP 9 - DEPLOYE	LICABLE Ment unknow	N	5 - M/C MOPED ONLY		5 - EXCEPT CLASS A			TALKING ON HANDS-F COMMUNICATION DEV			T GIVEN, RES T GIVEN, RES	ULTS KNOWN ULTS	
1-NOTTRANSP		5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS		4-	TALKING ON HAND-HE	LD	UNK	CNOWN		
/TREATED AT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		ECTION		OL ENDORSEM	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE		5-	COMMUNICATION DEV OTHER ACTIVITY WIT	H AN	100	OHOL TES	T TYPE	
2 - EMS 3 - POLICE		8-THIRD - MIDDLE	1 - NOT EJE					RESTRICTIONS 9 - LEARNER'S PER	MIT	ELECTRONIC DEVICE			1 - NONE 2 - BLOOD			
9-OTHER/UNK	NOWN	9-THIRD - RIGHT SIDE 10-SLEEPER SECTION	3-TOTALLY	EJECTED		P - PASSENGER		RESTRICTIONS			OTHER DISTRACTION		3 - URI			
SAFETY E	QUIPMENT	OF TRUCK CAB	4 - NOT APP	LICABLE		N - TANKER Q - MOTOR SCOOTER		10 - LIMITED TO DAY		8-	INSIDE THE VEHICLE OTHER DISTRACTION		4 - BRE 5 - OTH			
1 - NONE USED	ELT ANIV HEED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	Design or was a second	RAPPED		R-THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE			THE VEHICLE OTHER / UNKNOWN		DR	RUG TEST	TYPE	
The second second	2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOTTRAF 3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICA					S - SCHOOL BUS T - DOUBLE & TRIPLE	TO AU COC	13 - MECHANICAL DE (SPECIAL BRAKE	S, HAND				1 - NON	ΙE	[[A -4]	
	4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED CARGO AREA		MECHAN 3 - FREED B	ICAL MEANS		X-TANKER/HAZMAT	INAILLEG	ADAPTIVE DEVI		1-	CONDITION  APPARENTLY NORMAI		2 - BLO 3 - URII			
FORWARD FA	CING	13-TRAILING UNIT		HANICAL MEA	NS	GENDER	See a	14 - MILITARY VEHICLE		ES ONLY 2 - PHYSICAL IMPAIRMENT			4 - OTH			
6 - CHILD RESTR REAR FACING		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F-FEMALE		AIR BRAKES		VITHOUT 3 - EMOTIONAL (E.g., DEPRESSED, ANCRY, DISTURBED)			DRUG	TEST RE	SULT(S)	
7 - BOOSTER SE.		15 - NON-MOTORIST 99 - OTHER / UNKNOWN				M - MALE U - OTHER / UNKNOWN		16 - OUTSIDE MIRRO 17 - PROSTHETIC AID			LLNESS Fell asleep, faintei	D		HETAMINES BITURATES		
8 - HELMET USE 9 - PROTECTIVE	PADS USED	*** OTHER   DIRRIGHT						18 - OTHER		F	ATIGUED, ETC.			ZODIAZEPINI	S	
(ELBOW, KNE 10 - REFLECTIVE			W. Ball							(	JNDER THE INFLUENC OF MEDICATIONS / DRI 'ALCOHOL		4 - CAN 5 - COC	NABINOIDS		
11 - LIGHTING - P	PEDESTRIAN										OTHER / UNKNOWN			ATES/OPIOID	S	
/ BICYCLE ON 99 - OTHER / UNK													7-OTH	ER ATIVE RESUL	TS	

OCCUPANT / WITNESS ADDENDUM								LOCAL REPORT NUMBER								
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	# TINU	I	ST, FIRST, MIDDLE					DAT	DATE OF BIRTH AGE GENDER							
L	01_		RANOVA, BRO	OKLYNN	, RIANN			0 8 / 2 7 / 2 0 0 2 1 8 F								
ADDRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE							
ADDRESS: STREET, CITY, STATE, ZIP 11222 LAURA LEE AVE NE ,HARTVILLE ,OH 44632																
	_	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	ILITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED				
L	_5_	BY					0.4	MC HELMET	0 3	1 1	1_1_	_1				
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER				
E		<u> </u>														
OCCUPANT	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
000	THURSTEE		I							<u></u>						
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	ILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED				
								L-JMC HELMET		<u></u>	بــــا					
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER				
F	Annerss.	STREET, CITY,	CTATE 710													
OCCUPAN	ADDICESS.	, STREET, GITT,	STATE, LIP					CONTACT PHONE	- INCLUDE AREA CO	DE						
000	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACT	(u arv.)	SAFETY EQUIPMENT	<u> </u>	OCATIVO DAGISTAN	1 1	1 1					
		TAKEN BY	and Adene (MAME)		MISSRED TAKEN TO. MEDICAL PACE	ILITY (NAME, CITY)	USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGI	EJECTION	TRAPPED				
-	UNIT#	NAME: 1AS	T, FIRST, MIDDLE								الــــــــــــــــــــــــــــــــــــ					
	OMII W	MANIE. LAS	i, riksi, Middle					DAT ,	E OF BIRTH		AGE	GENDER				
ANT	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT CHOUSE								
CCUPAN								CONTACT PHONE - INCLUDE AREA CODE								
8	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACE	LITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	ATP BAC USAGE	EJECTION	TRAPPED				
		TAKEN BY					USED	DOT-COMPLIANT		. AIN DAG OSAGE	LUEVITOR	IRAFFED				
		INJU	RIES	SAFETY	EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE					
	1 - FATA	IL.		1 - NONE USI			T - LEFT SIDE		1 - NOT DE	PLOYED						
			RIOUS INJURY		OCCUPANT R BELT ONLY USED		ORCYCLE DRIV T – MIDDLE	ER) 2 - DEPLOYED FRONT								
			NOR INJURY	3 - LAP BELT			T - RIGHT SIDE	B 3 - DEPLOYED SIDE								
		SIBLE INJU			R & LAP BELT USED		ND – LEFT SIDI ORCYCLE PASS									
	J- NU A	PPARENT I		5 - CHILD RE	STRAINT SYSTEM -		ND - MIDDLE	5 - NOT APPLICABLE								
			TAKEN BY	FORWARD		6 - SECO	9 - DEPLOYMENT UNKNOWN									
		TRANSPOR ATED AT S		6 - CHILD RE	STRAINT SYSTEM –		D – LEFT SIDE ORCYCLE SIDE	CAR) EJECTION								
	2 - EMS			7 - BOOSTER	SEAT	8 - THIRI		1 - NOT EJI								
	3 - POLI	CE		8 - HELMET	USED		D – RIGHT SIDE	E OF TRUCK CAB 2 - PARTIALLY EJECTED								
	9 - OTHE	ER / UNKNO	WN		IVE PADS USED (NEES, ETC.)	11 - PASS	ENGER IN OTH	ER ENCLOSED 3 - TOTALLY EJECTED								
		GEN	DER	THE REPORT OF THE PARTY OF THE	VE CLOTHING		O AREA (NON-TE									
	F - FEMALE				- PEDESTRIAN	12 - PASS	ENGER IN UNE									
		<u>.</u> R/UNKNOV	WN	/ BICYCLE			O AREA LING UNIT	1 - NOTTRAPPED								
				99 - OTHER / U	NKNOWN	14 - RIDIN	IG ON VEHICLE	EXTERIOR 2 - EXTRICATED BY MECHANICAL MEANS								
						15 - NON-1	TRAILING UNIT)		3 - FREED	BY NON-ME	CHANICA	\L				
							R/UNKNOWN		MEANS							
S		T, FIRST, MIDDI							E OF BIRTH	T	AGE	GENDER				
WITNESS	WALTERS, RACHEL, ANN								9, / 19		4 5					
ADDRESS: STREET, CITY, STATE, ZIP  2421 TYRE DR, Hudson, OH 44236								CONTACT PHONE	- INCLUDE AREA COD	E						
3	NAME: LAST, FIRST, MIDDLE								- or or							
S S S S S S S S S S S S S S S S S S S							DATI	E OF BIRTH /		AGE	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	- INCLUDE AREA COD								
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S	NAME: LAS	T, FIRST, MIDDL	.E					DATE	E OF BIRTH		AGE	GENDER				
INESS	ADDOTOS							<u> </u>								
N L I N	AUDKESS:	STREET, CITY,	SIAI E, ZIP					CONTACT PHONE	CONTACT PHONE - INCLUDE AREA CODE							
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