OFF PUBLIC SAFETY TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT								LOCAL REPORT NUMBER*				
PHOTOS TAKEN OH-2 OH-3 LOCAL INFORMATION							2,0,2,1,-,0,0,0,2,0,9,2,0,					
CECONDARY COAST							NCIC*	HIT/SKIP	NUMBER OF UNITS	NITS UNIT IN ERROR		
SECUNDARY CRASH	PRIVATE PROPERTY City of Kent Police						6 7 0 3	1 - SOLVED	0,2	0 1 98-ANIMAL		
COUNTY* LOCALITY*	lb*			CRASH DATE /	TIME*	CRASH SEVERITY						
6 7 1 3-1	VILLAGE Ke	nt					112121112101211	/11.4.4.1. 3	1 - FATAL 2 - SERIOUS INJURY			
ROUTE TYPE ROUTE NU	MBER PREFIX N	- NORTH LC	CATION ROAD	NAME		ROAD TYPE	SUSPECTED					
S R 2 6 1 W-WEST								4,1,1,3,4	3 - MINOR INJURY SUSPECTED			
ROUTE TYPE ROUTE NU	ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH REFERENCE ROAD NAME (ROAD, MILEPOST, HO						ROAD TYPE	LONGITUDE o	ECIMAL DEGREES	4 - INJURY POSSIBLE		
ROUTE TYPE ROUTE NU		- EAST N	10GAD	ORE			RD	- [8 ₁ 1 _{]0} [3 ₁ 7 ₁ 3	8,0,1	5 - PROPERTY DAMAGE ONLY		
REFERENCE POINT	DIRECTION FROM REFERENCE		ROUTE TYP			ROAD TYPE			INTERSECTION RE	LATED		
1 - INTERSECTION 1 2 - MILE POST	N - NOR' S - SOUT		ITERSTATE ROL EDERAL US ROL		IL - ALLEY		RD - ROAD SQ - SQUARE	X WITHIN INTE	RSECTION OR ON AP	PROACH		
3-HOUSE #	E-EAST W-WES	T STATE	ATE ROUTE		L - BOULEVARD	MP - MILEPOST	ST - STREET	WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHES		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	CR-NU	JMBERED COUN	NTY POLITE I	R - CIRCLE T - COURT		TE - TERRACE TL - TRAIL		ROADWAY			
	1 - MILE 2 - FEET	S TR-NL	UMBERED TOWN	MCHID	R - DRIVE	PI - PIKE \	WA - WAY	ROADWAY DIVIDED				
	3-YARD			1	IE - HEIGHTS	PL - PLACE			IDED			
LOCATION 1 - ON ROADWA	N OF FIRST HARMI	FUL EVENT ROSSOVER				H COLLISION/IMPA 4 - Rear-to-rear	СТ	DIRECTION OF TRAVE	EDIAN TYPE			
. 0 . 1 . 2 - ON SHOULD	ER 10-D	RIVEWAY/AL		BE	TIMETAL	5 - BACKING		N-NORTH , S-SOUTH		DIVIDED FLUSH MEDIAN		
3 - IN MEDIAN 4 - ON ROADSID		RAILWAY GRA	DE CROSSING PATHS OR	VE	HICLES IN	6 - ANGLE 7 - Sideswipe, Sam	F DIRECTION	E - EAST		DED FLUSH MEDIAN FEET)		
5 - ON GORE	T	RAILS SIKE LANE		2 - RE	AR-END	B - SIDESWIPE, OPPO	SITE DIRECTION	W-WEST	3 - DIVI	DED, DEPRESSED MEDIAN		
6 - OUTSIDE TR 7 - ON RAMP	ALL TO WALL	OLL BOOTH		3 - HE	AD-ON	9 - OTHER / UNKNO	WN			DED, RAISED MEDIAN (TYPE)		
8 - OFF RAMP	99-0	THER/UNK	IOWN						9 - OTHE	ER/UNKNOWN		
WORK ZONE RELAT	red		WORK ZONE TY	PE	1	ON OF CRASH IN WO		CONTOUR	CONDITIONS	SURFACE		
WORKERS PRESEN	IT		NE CLOSURE NE SHIFT/CROS	SSOVER	1	- BEFORE THE 1ST WARNING SIGN	WORK ZONE	1	_1_	1		
LAW ENFORCEMEN	NT PRESENT L		ORK ON SHOULD MEDIAN	DER	1	- ADVANCE WARNIN - TRANSITION AREA		1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE		
4 - INTERMITTENT OR MOVING WORK 4						- ACTIVITY AREA	•	2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP, BITUMINOUS,		
ACTIVE SCHOOL ZO	INE	5 - OT	HER		5	- TERMINATION AR	EA	3 - CURVE LEVEL 4 - CURVE GRADE	3 - SNOW 4 - ICE	ASPHALT 3 - BRICK/BLOCK		
	NOITION			WEAT				9 - OTHER/UNKNOWN	5 - SAND, MUD, DIR			
1 - DAYLIGHT 2 - DAWN/DUSK			1-CL 0 1 2-CL		6 - SNOW 7 - SEVERE	CROSSWINDS			OIL, GRAVEL 6 - WATER (STANDI	STONE		
3 - DARK - LIGH		1.			KE 8-BLOWIN	G SAND, SOIL, DIRT			MOVING)	9 - OTHER/UNKNOWN		
	OWAY NOT LIGHTE NOWN ROADWAY I		4 - RA 5 - SL	EET, HAIL		NG RAIN OR FREEZ! / UNKNOWN	ING DRIZZLE		7 - SLUSH 9 - OTHER/UNKNOW			
9 - OTHER / UNK	NOWN								7 - OTHER GRANDS			
NARRATIVE										Indicate the north		
Unit 1 was trav	veling fron	n south	to north	on Mog	adore				<	an "N" on the compass diagram.		
Rd. Unit 2 wa									L	v compass diagram.		
		-										
Mogadore Rd		-	10.00									
on STHY 261	, he was st	truck by	y Unit 2 a	as they e	ntered			射 '				
the intersection	on.						S.R. 261		Apr 10 Sc.	NLST .		
The driver of U	Init 2 was	icenad	a citatia-	1 for abil	А			27				
	Juit & Was	133464	a CITALIUI	1 101 CIIII	u							
restraint.							One Control	S R 26				
All												
					*****	-						
CRASH REPORTED D	DATE / TIME	DIS	SPATCH DATE /	TIME	AD	RIVAL DATE / TIME		SCENE CLEARED I	DATE / TIME T	REPORT TAKEN BY		
										X POLICE AGENCY		
TOTAL TIME	OFFICER'S		L; Z; O; Z; L; /; L; 4; 4; 3; L; Z; Z; L; Z; O; Z; L; /; L; 5; Z; L;				MOTORIST					
TOTAL TIME OTHER TOTAL MINUTES OFFICER'S NAME* Ellis, Charles						Bowen, Jared				SUPPLEMENT (CORRECTION OF ADDITION		
	2 0	0.7			ADGE NUMBER	*		Y OFFICER'S BADGE N	IUMBER*	(CORRECTION OF ADDITION TO AN EXISTING REPORT SENT TO COPS)		
0,3,0,0	3 0	0,7,0	J 2 _	6 , 0			2 1	14 1				



LOCAL REPORT NUMBER 2,0,2,1,-,0,0,0,2,0,9,2,0, UNIT # OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) OWNER PHONE: INCHOS ASSA CODE (IVISAME AS OBIVER) DAMAGE CHAFFMAN, EVELYN, N DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER! 1 - NONE 3 - FUNCTIONAL DAMAGE 1 2 - MINOR DAMAGE 1694 WILLIAMS ST , Cuyahoga Falls , OH 44221 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP 9 - UNKNOWN COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE DAMAGED AREA(S) INDICATE ALL THAT APPLY LP STATE LICENSE PLATE # **VEHICLE IDENTIFICATION #** VEHICLE YEAR VEHICLE MAKE OH JOG9286 1 | F | A | H | P | 2 | 6 | 1 | 2 | 6 | G | 1 | 1 | 2 | 0 | 1 | 0 | 2 0 0 0 6 Ford INSURANCE COMPANY **INSURANCE POLICY #** COLOR VEHICLE MODEL INSURANCE VERIFIED **EIRE INS CO** W02 7107097 WHI 500 TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT RESPONSE City Service HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR MATERIAL RELEASED #OCCUPANTS INTERLOCK CLASS # PLACARD ID # 1 - ≤10K LBS HIT/SKIP UNIT DEVICE 2 - 10,001 - 26K LBS PLACARD $10_{-1}1$ 13 - >26K LBS 1.1 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEFLED 13-SNOWMOBILE 19-BUS (16+ PASSENGERS) 24 - WHEEL CHAIR (ANY TYPE) 0 1 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14-SINGLE UNITTRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST UNIT TYPE 4 - PICK UP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE BICYCLE 27 - TRAIN 5 - CARGO VAN 16-FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 11 - ALL TERRAIN VEHICLE 17 - MOTORHOME ANIMAL-DRAWN VEHICLE 6 - VAN (9-15 SEATS) 99 - UNKNOWN OR HIT/SKIP (ATV / UTV) __ # OF TRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 1 - DRIVER ASSISTANCE 0 4 - HIGH AUTOMATION AUTONOMOUS 2 - PARTIAL AUTOMATION J 1-YES 2-NO 9-OTHER/UNKNOWN 5 - FULL AUTOMATION MODE LEVEL 1 - NONE 6 - BUS - CHARTER/TOUR 16-FARM 21 - MAIL CARRIER 11-FIRE 0 1 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13-POLICE 18 - SNOW REMOVAL FUNCTION 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19-TOWING 5 - BUS - TRANSIT/COMMUTER 10 - AMBIILANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL 1 - NO CARGO BODY TYPE 12 - CONCRETE MIXER 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE 0 1 CARGO MOTOR VEHICLE / NOT APPLICABLE CHASSIS 9 - CARGO TANK 13-AUTOTRANSPORTER 2 - BUS 4 - LOCGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14 - GARBAGE/REFUSE RANY * 7 - GRAIN/CHIPS/GRAVEL TYPE 11 - DUMP 99-OTHER/UNKNOWN 00 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICKTIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN VEHICLE 2 - HEAD LAMPS 5 - STEERING **B - TRAILER EQUIPMENT** 10-DISABLED FROM PRIOR DEFECTIVE ACCIDENT DEFECTS 3 - TAIL LAMPS 6 - TIRE BLOWOUT □ - NO DAMAGE [0] ☐-UNDERCARRIAGE [14] 1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12-FIRST RESPONDER AT INCIDENT SCENE 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS -TOP [13] -ALL AREAS [15] NON-MOTORIST 2-INTERSECTION - UNMARKED 99 - OTHER / UNKNOWN CROSSWALK 8 - SIDEWALK 11 - SHARED USE PATHS OR LOCATION 5 - TRAVEL LANE - OTHER LOCATION - UNIT NOT AT SCENE [16] TRAILS 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT OR LEAVING VEHICLE B - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 2 - NON-COLLISION 2 - BACKING 4 0 - NO DAMAGE 14 - UNDERCARRIAGE 0 6 3 - CHANGING LANES 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-T0P 16-WORKING DISABLED VEHICLE & STRIICK 6 - MAKING LEFT TURN INTRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN 12-DRIVERLESS TRAFFIC 1-NONE 13-IMPROPER START FROM A 17 - VISION OBSTRUCTION 7-LEFT OF CENTER 21 - LYING IN ROADWAY TRAFFICWAY FLOW TRAFFIC CONTROL PARKED POSITION 2 - FAILURE TO YIELD 18-OPERATING DEFECTIVE B-FOLLOWING TOO CLOSE / ACDA 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDAROUT 4 - STOP SIGN 14-STOPPED OR PARKED EQUIPMENT 0 , 2 3- RAN STOP SIGN 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 23 - OPENING DOOR INTO 2 - TW0-WAY 2 - SIGNAL 5 - YIELD SIGN HILEGALLY 19 - LOAD SHIFTING/FALLING/ 10-IMPROPER PASSING ROADWAY 3-FLASHER 6 - NO CONTROL CONTRIBUTING
CIRCUMSTANCES 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 - INVOLVED-ACTIVE CROSSING 2 NON-COLLISION 3 - INVOLVED-PASSIVE CROSSING 1 - OVERTURN/ROLLOVER
2 - FIRE/EXP_OSION 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE -16 - RAILWAY VEHICLE 22 - WCRK ZONE MAINTENANCE OPPOSITE DIRECTION OF 7 - SEPARATION OF UNITS 17 - ANIMAL - FARM **EQUIPMENT** TRAVEL UNIT / NON-MOTORIST DIRECTION 23-STRUCK BY FALLING, 18 - ANIMAL - DEER 3 - IMMERSION B - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR 1 - NORTH 5 - NORTHEAST 19-ANIMAL - OTHER 9 - RAN OFF ROAD LEFT ANYTHING SET IN MOTION 13 - OTHER NON-COLLISION 2 - SOUTH 6 - NORTHWEST 20 - MOTOR VEHICLE IN 5 - CARGO / EQUIPMENT 10 - CROSS MEDIAN RY & MOTOR VEHICLE 14-PEDESTRIAN TRANSPORT FROM 2 TO 4 3 - EAST 7 - SOUTHEAST LOSS OR SHIFT 24 - OTHER MOVABLE CBJECT 15-PEDALCYCLE 21 - PARKED MOTOR VEHICLE 4 - WEST 8 - SOUTHWEST COLLISION WITH FIXED OBJECT - STRUCK 9.OTHER/UNKNOWN 25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43-CURB 50 - WORK ZONE MAINTENANCE / CRASH CUSHION 32 - PORTABLE BARRIER 38-OVERHEAD SIGN POST 44 - DITCH EQUIPMENT LINIT SPEED DETECTED SPEED 26 - BRIDGE OVERHEAD 51 - WALL 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 45 - EMBANKMENT 1 - STATED / ESTIMATED SPEED STRUCTURE SUPPORT 52-BUILDING 34 - MEDIAN GUARDRAIL 46-FENCE 0 | 2 | 5 27 - BRIDGE PIER OR ABUTMENT BARRIER 40 - UTILITY POLE 53-TUNNEL 2 - CALCULATED / EDR 47 - MAILBOX 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54-OTHER FIXED OBJECT 48-TREE 3 - UNDETERMINED ☐ 29 - BRIDGE RAIL POSTED SPEED RARRIFR OR SUPPORT 99-OTHER / UNKNOWN 49-FIRE HYDRANT 30-GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT _3_5 MOST HARMFUL EVENT

☐ FIRST HARMFUL EVENT



LOCAL REPORT NUMBER

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

UNIT#	OWNER NAME: LAST, FIRS	T, MIDDLE (SAME AS DRIVER)		NWNFO DUNNE.	DE ACES PROF (TEAMS AS DRIVER)	DAMAGE				
		*				DA	MAGE SCALE			
4						4 1- NONE	3 - FUNCTIONAL DAMAGE			
	. ,	_ ,								
COMMERC	SIAL CARRIER: NAME, ADD	RESS, CITY, STATE, ZIP		COMMERCIAL CARRIER	PHONE: INCLUDE AREA CODE					
1 D OTATE	1 10 2 10 2 2 1 1 2 2 4	T Metural I		luana a						
LP STATE						220				
	T	1				0 0	11 12			
X INSURA	ED SAFE AUTO	i		1		10 12 2	10 12			
	TYPE OF USE		US DOT #			10 2	100000			
COMME	RCIAL GOVERNMENT	IN EMERGENCY RESPONSE				9 9 3 3	9 9 3			
INTER	OCK	VE.								
DEVIC	E HIT/SKIP UNI	Т		RELEASED	CLASS W PLACARD ID W	8 7 5 4	8 7 9 5 4			
Edoir			3 - >26K LBS	PLACARD	ليلب للليا	7 6 11	12 7 5			
					23 - PEDESTRIAN / SKATER		12			
0 1						10/	11 1 2			
UNIT TYPE	4 - PICK UP	10 - MOPED OR MOTORIZED				9	9 3 3			
	5 - CARGO VAN	BICYCLE	16-FARM EQUIPMENT 2		27 -TRAIN	-				
1	6 - VAN (9-15 SEATS)		17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	7 5 4			
<u> </u>	# OFTRAILING UNITS					12 7	5 12			
	MACRES DECENTRATE CONTINUED CONTIN									
2						10 11 2				
2	1-YES 2-NO 9-OTHER/UNK	MUTUNUMUUS	2 - PARTIAL AUTOMATION 5	- FULL AUTOMATION		10 2				
	1 - NONE		1) .F(RF	6.FARM	21 - MAII CADDIED	8 4				
10;1					20000	8 7 5 4	8 7 5 4			
SPECIAL						6				
FUNCTION			14-PUBLIC UTILITY 1	9-TOWING	,	6				
	5 - BUS -TRANSIT/COMMUTER	10 - AMBULANCE	15-CONSTRUCTION EQUIPMENT 2	D-SAFETY SERVICE PATROL		:	12 12 12			
10 11			CHARRIE		12 - CONCRETE MIXER	12				
CARGO			/ ALDER WANTENCH BEER BOY			AA /				
BODY TYPE			2 CDAINGUIDCICDANCI		1940	9 () 3 9 9	3 9 1 3 9 🚳 3			
	3. 711011.01011.0	1 000000				0	4			
VEHIOL S					99 - OTHER / UNKNOWN	6				
DEFECTS	3 - TAIL LAMPS						6 6 6			
	1 INTERSECTION MARKS	1 INTERCECTION ATHER	/ BIOVOLELAND	ALEBATA HIS DOCUMENT OF A HID	10 Fiber Pressures	- NO DAMAGE [0] - UNDERCARRIAGE [14]			
	CROSSWALK					[].TOP [13]	M.ALLARFAS [15]			
NON-MOTORIST LOCATION	2 - INTERSECTION - UNMARKED	CROSSWALK	8 - SIDEWALK 1		99 - OTHER / UNKNOWN		_			
AT IMPACT	CHUSSWALK	5 - TRAVEL LANE - OTHER LOCATION		TRAILS		- UNIT	NOT AT SCENE [16]			
			7 - MAKING U-TURN	3 - NEGOTIATING A CURVE		INITIAL	POINT OF CONTACT			
. 3										
	5 - BOTH STRIKING ACTIONS	5 - MAKING RIGHTTURN	11 - SLOWING OR STOPPED	JOGGING, PLAYING			4 99 - UNKNOWN			
		6 - MAKING LEFT TURN	IN LIMIT IC			13-109				
			12-DRIVERLESS	1 - FOSTING VEHICLE	77-UINER I UNKNOWN		TRAFFIC			
			DADUCE BOCITION			I				
			14-STOPPED OR PARKED							
0 1	4 - RAN STOP SIGN					2 2 - TWO-WAY	<u> </u>			
CONTRIBUTING CIRCUMSTANCES	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	17 11100110111111		99 - OTHER IMPROPER ACTION		3-FLASHER B-NO CONTROL			
	6 - IMPROPER TURN	12 - IMPROPER BACKING		W-IMPROPER CRUSSING						
SEQUENCE	OF EVENTS									
2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE		6-RAILWAY VEHICLE	22 - WORK 70NF MAINTENANCE		1			
1 2 0			OPPOSITE DIRECTION OF		EQUIPMENT					
			12_DOWNHILL BUNAWAY			UNIT / NON-				
2[]			13 ATHER NON COLLISION		ANYTHING SET IN MOTION					
		TO-CHUSS MEDIAN	14 - PEDESTRIAN	TRANSPORT		FROM 1 TO L				
3		CBITTETA					4 - WEST 8 - SOUTHWEST			
					50 - WORK ZONE MAINTENANCE		9 - OTHER / UNKNOWN			
4					EQUIPMENT	UNIT SPEED	12 12 12 12 12 12 12 12 12 12 12 13 15 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16			
E1			CURRENT		7.7					
5		BARRIER	40 - UTILITY POLE			<u>U 3 5</u>	2 - CALCULATED / EDR			
6			41 - OTHER POST, POLE	8-TREE		POSTED SPEED	3 - UNDETERMINED			
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER		9-FIRE HYDRANT	אשטאאוט ואבתוט-דר - דר					
_1	FIRST HARMFUL EVEN	T 1 MOST H	ARMFUL EVENT			3 5				

OHIO DE or Pues	OHIO DEPARTMENT MOTORIST / NON-MOTORIST						LOCAL REPORT NUMBER							
							2,0,2,1,-,0,0,0,2,0,9,2,0,							
UNIT#	NAME: LAST, FIRST, MIDDLE CHAPENANT TOSTITIA D							DATE OF BIRTH AGE GENDER						
0,1	CHAFFMAN, JOSHUA, D							0 5 / 0 8 / 1 9 8 6 3 5 M						
	594 WILLIAMS ST ,Cuyahoga Falls ,OH 44221								CONTACT PHONE - INCLUDE AREA CODE					
INHIRIES	RIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME CITY) SAFETY EQUIPMENT								SEATING POSITION AIR BAG USAGE EJECTION TRAPPED					
NON 4	TAKEN							MC HELMET 0 1 3 1 1						
\ <u></u>	<u> </u>	CENSE NUMBER		OFFEN:	SE CHAR	RGED	LOCAL	0 7 5			N NUMBER			
OL STATE					CODE			Right of Way (turnin				23695		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT		VER ALCOHOL / DRUG SUSPECTED			CONDITION ALCOHOL TEST			DRUG TEST(S)				
	SELECT UP TO 2		BY	TRACTED ALCOHOL MARIJUANA							STATUS TYPE RESULT SELECT UP TO 4			
2			<u> </u>	1 OTHER DRUG			1							
UNIT #	NAME: LAST, F	· ·		-						DATE OF BIRTH		AGE	GENDER	
0,2	1	ER, MARTAVIN	, JAM	ES					0 6	<u>/ 0, 5, / 1 </u>	999	2 2	_M_	
	S: STREET, CITY, STA	·	212						CONTACT	PHONE - INCLUDE AREA O	ODE			
		E ,Akron ,OH 44	312					I			<u>, , , , , , , , , , , , , , , , , , , </u>			
Ż	INJURED E	EMS AGENCY (NAME)		INJURED	TAKEN TO:	: MEDICAL FACILITY	NAME, CITY)	SAFETY EQUIPMENT	DOT-Co		l .			
5 OL STATE	<u> </u>	CENSE NUMBER		OFFEN	SE CHAR	een	LOCAL	0 4	1	LMET 0 1	4	N NUMBER	1	
OH	O' ERATOR E	OLNSE HOMBER		OFFER.	SE GRAN	(GED	CODE	OFFENSE DESC	KIPIION		CITATIO	N NUMBER		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UPTO3 DRI	VER I	ALCO	HOL / DRUG SUSPE	CTED	CONDITION	ALC	OHOL TEST	D	RUG TEST(S	5)	
	SELECT UP TO 2			TRACTED					STATUS TYPE VALUE STATUS TYPE RESULT SELE					
4	السيب		<u> </u>	1	01	THER DRUG		1	_1	1	1	1		
UNIT #	NAME: LAST, F	IRST, MIDDLE		,					DATE OF BIRTH AGE GENDER					
	إر													
ADDRESS	S: STREET, CITY, STA	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
NOTO NOTO														
NOUN INJURIES	INJURED E TAKEN BY	EMS AGENCY (NAME)		INJURED	FAKEN TO:	MEDICAL FACILITY	NAME; CITY)	SAFETY EQUIPMENT USED	DOT-CO	MPLIANT SEATING POSITIO	N AIR BAG US	SAGE EJECTION	TRAPPED	
OL STATE	1	ICENSE NUMBER		OFFENSE CHARGED LOCAL			OFFENSE DESC	<u> </u>	LMEI	0.774.770		·		
ORIS	OF ERATOR E	CENSE NOMBER		OFFEN	CODE CHARGED LUCAL OFFENSE B			OFFENSE DESC	RIPIIUN		CHAILO	N NUMBER		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UPTO3 DRI	VER	ALCO	OHOL / DRUG SUSPE	CTED	CONDITION	ALC	OHOL TEST	D	RUG TEST(S	5)	
	SELECT UPTO 2	132	BA	TRACTED			LJUANA		STATUS	YPE VALUE	STATUS	YPE RESUL	T SELECT UP 10'4	
			<u> </u>		01	THER DRUG								
INJ 1-FATAL	URIES	SEATING POSITION 1-FRONT-LEFT SIDE	1 - NOT DEP	IR BAG		OL CLASS	RECORD	OL RESTRIC	Committee of the plant have been been as the	DRIVER DISTRAC		TEST ST	ATUS	
100000000000000000000000000000000000000	D SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOY			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT		1 - NOT DISTRACTED 2 - MANUALLY OPERATIN		- NONE GIVEN - TEST REFUSED		
3 - SUSPECTE	D MINOR INJURY	2 - FRONT - MIDDLE	3 - DEPLOY	ED SIDE		3 - CLASS C		3 - CORRECTIVE LE	NSES	ELECTRONIC COMMUN DEVICE (TEXTING, TYP	ICATION 3	TEST GIVEN, CO		
4 - POSSIBLE I 5 - NO APPARE		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE		ED BOTH FRO	NT/SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER	L DUID	DIALING)		SAMPLE / UNUS -TEST GIVEN, RE	\$1.00 KILLION \$1	
3 - NU APPARE	INT INJURT	(MOTORCYCLE PASSENGER)	5 - NOT APP 9 - DEPLOY	MENT UNKNO	WN	5 - M/C MOPED ONLY		5 - EXCEPT CLASS		3 -TALKING ON HANDS-FI COMMUNICATION DEV	(EE	-TEST GIVEN, RE		
THE COURSE OF STREET	TAKEN BY	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS		4 -TALKING ON HAND-HE		UNKNOWN		
1 - NOTTRANS /TREATED		7 - THIRD - LEFT SIDE	EJ	JECTION	Part of	OL ENDORSEN	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE		COMMUNICATION DEV 5 - OTHER ACTIVITY WITH	AN	ALCOHOL TE	ST TYPE	
2 - EMS		(MOTORCYCLE SIDE CAR) 8-THIRD - MIDDLE	1 - NOT EJE			H - HAZMAT		RESTRICTIONS		ELECTRONIC DEVICE		- NONE - BLOOD		
3-POLICE 9-OTHER/UN	II/AIO W/AI	9-THIRD - RIGHT SIDE		LY EJECTED		M - MOTORCYCLE		9-LEARNER'S PER RESTRICTIONS	MIT	6 - PASSENGER 7 - OTHER DISTRACTION		- URINE		
7-UINER/UN	IKNU WAN	10-SLEEPER SECTION	3 - TOTALLY 4 - NOT APP			P - PASSENGER N - TANKER		10 - LIMITED TO DAY	LIGHT ONLY	INSIDE THE VEHICLE	4	- BREATH		
4070341-14	EQUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER				Q - MOTOR SCOOTER		11 - LIMITED TO EMI		8 - OTHER DISTRACTION (OUTSIDE 5	-OTHER		
1 - NONE USEC 2 - SHOULDER	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOTTRA	RAPPED PPED	901050	R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL D		9-OTHER/UNKNOWN		DRUG TEST	TTYPE	
3 - LAP BELT 0		PICK-UP WITH CAP)	2 - EXTRICA	ATED BY		S - SCHOOL BUS T - DOUBLE & TRIPLE	TRAILERS	(SPECIAL BRAK	ES, HAND	CONDITION	100	- NONE		
TEMPORTUNES C	CAPCO APFA 2 CAPCO		MECHAN 3 - FREED B	NICAL MEANS Y_TANKER/HA7MAT			CONTROLS, OR OTHER ADAPTIVE DEVICES)		1 - APPARENTLY NORMAL		2 - BLOOD 3 - URINE			
	DREZIRAINI SYSTEM -			CHANICAL MEANS GENDER			14 - MILITARY VEHICLE		2 - PHYSICAL IMPAIRMENT		4-OTHER			
6 - CHILD RES	TRAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F-FEMALE		AIR BRAKES		3 - EMOTIONAL (E.G. DEPRI ANGRY, DISTURBED)		RUG TEST R	ESULT(S)	
7 - BOOSTER S		15 - NON-MOTORIST				M - MALE		16 - OUTSIDE MIRRO		4- ILLNESS		-AMPHETAMINE		
8 - HELMET U		99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN		17 - PROSTHETIC AN		5 - FELL ASLEEP, FAINTED FATIGUED, ETC.		- BARBITURATES - BENZODIAZEPII		
9 - PROTECTIV (ELBOW, KA										6 - UNDER THE INFLUENC	E A	- BENZODIAZEPII - CANNABINOIDS		
10 - REFLECTIV										OF MEDICATIONS / DRU /ALCOHOL	62	-COCAINE		
11 - LIGHTING - / BICYCLE										9-OTHER/UNKNOWN		-OPIATES/OPIOI -OTHER	IDS	
Harrist and the same of	THE RESERVE OF THE PARTY OF THE											- DIHEK - NEGATIVE RESL		

ONIO DEP.	SPENDED DEFAITMENT OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER					
	- COOLANT / TTINEOU ADDENDON							2.0.2.10.0.2.0.9.2.0.					
UNIT#	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER					
02	MCCRAY, DEASIA, LALEEN							0 3 / 0 8 / 1 9 9 9 2 2 F					
ă.	DDRESS: STREET, CITY, STATE, ZIP 3837 143RD ST, CLEVELAND, OH 44128							CONTACT PHONE - INCLUDE AREA CODE					
383/1			AND, OH	<u> </u>				1 -					
	INJURED TAKEN BY SABENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 0,4							SEATING POSITION	AIR BAG USAGE	EJECTION			
			L-MC HELMET	0 3	4 4		_1						
UNIT#		F, FIRST, MIDDLE	DATE OF BIRTH AGE GENDER 1 1 0 / 1 5 / 2 0 2 0 0 1 F										
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a.	3837 143RD ST ,CLEVELAND ,OH 44128								DE				
INJURIES I								SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
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UNIT #	NAME: LAS	t, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
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ADDRESS:	STREET, CITY,	STATE, ZIP			.		CONTACT PHONE	- INCLUDE AREA CO	UE UE				
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INJUKIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACE	LITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	ВУ					O2FD	MC HELMET						
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH	T	AGE	GENDER		
ADDRESS:	DRESS: STREET, CITY, STATE, ZIP							- INCLUDE AREA CO	DE				
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	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED			DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		RIES	I SAFETY	' EQUIPMENT USED		SEATING POS			AIR BAG U	S A C E			
1 - FATA			1 - NONE US		A SHOW A	T - LEFT SIDE	AND THE STATE OF T	1 - NOT DE		JAGE			
2 - SUSP	ECTED SE	RIOUS INJURY		OCCUPANT		ORCYCLE DRIV							
3 - SUSP	ECTED MI	NOR INJURY	TOWNSHIP SHEET	R BELT ONLY USED	JSED 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SID			3 - DEPLOYED SIDE					
	4 - POSSIBLE INJURY 3 - LAP BEL			ER & LAP BELT USED 4 - SECOND - LEFT SID (MOTORCYCLE PASS									
5 - NO AI	PPARENT I	NJURY		STRAINT SYSTEM -		ND – MIDDLE			PPLICABLE				
Contract of the Contract		TAKEN BY	FORWARI			6 - SECOND - RIGHT SIDE			YMENT UNI	CNOWN			
	RANSPOR		6 - CHILD RE	ESTRAINT SYSTEM - 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE			CAR)		EJECTION				
2 - EMS			7 - BOOSTER	R SEAT 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE			1 - NOT EJECTED						
3 - POLI	CE		8 - HELMET	USED		D – RIGHT SIDE PER SECTION (2 - PARTIA	LLY EJECT	ED			
9 - OTHE	R / UNKNO	WN		IVE PADS USED KNEES, ETC.)	11 - PASS	11 - PASSENGER IN OTHER ENCLOSED 3 - TOTALLY EJECT			Y EJECTED	ED			
- Commence of the Commence of	GEN	IDER		IVE CLOTHING		O AREA (NON-TE PICK-UP WITH CAI	4 - NULAFFEILADEE						
F - FEMAI M - MALE			11 - LIGHTING	G – PEDESTRIAN		ENGER IN UNE	NCLOSED		TRAPP	ED	String to a consta		
6-01-6-01 24-070.09	: R / UNKNO\	WN	/ BICYCLI			LING UNIT	1 - NOTTRAPPED						
			99 - OTHER / I	UNKNOWN		NG ON VEHICLE TRAILING UNIT)	EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS					
						MOTORIST			BY NON-ME	CHANIC	AL		
					99 - OTHE	R/UNKNOWN		MEANS					
	T, FIRST, MIDD	LE					, DAT	E OF BIRTH		AGE	GENDER		
ADDRESS:	STREET, CITY,	STATE 71D					CONTACT PHONE	Melup tert					
S ABURESS:	01 NEE 1, 611 Y,	orni Ly EIF					OURTAUT PHUNE	INGLUDE AREA CO	DE.				
NAME: LAS	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER					
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ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
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NUNKE22:	ADDRESS. SIREEL, DIT, STATE, AIP							CONTACT PHONE - INCLUDE AREA CODE					
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