OHIO DEPARTMENT OF PUBLIC SAFETY TRAFF	IC CRASH	REPORT *	DENOTES MAN	IDATORY FIE	ELD FOR SUPPLE	MENT REPORT		OCAL REPORT NUM	IBER*		
D DHOTOS TAKEN OH	-2 OH-3	LOCAL INFORMATIO	N				$2 \cdot 0 \cdot 2 \cdot 4$	0 _ 0 _ 0 _ (	0,7,2,3,0		
	-1P OTHER	REPORTING AGENCY	Y NAME*			NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR		
SECONDARY CRASH PF	IVATE PROPERTY	City of Ken	t Police		0	6,7,0,3	1 - SOLVED	0_2_	0 1 98 - ANIMAL		
COUNTY* LOCALITY*	LOCATION: CIT	Y, VILLAGE, TOWNSHIP*					CRASH DATE /	TIME*	CRASH SEVERITY		
6 7 1 2-VILLAGE	Kent						05172024	/1058 5	1 - FATAL  2 - SERIOUS INJURY		
	REFIX N - NORTH	LOCATION ROAD NAM	ME			ROAD TYPE	LATITUDE DE	CIMAL DEGREES	SUSPECTED		
ROUTE TYPE ROUTE NUMBER P	S - SOUTH E - EAST	FAIRCHIL	D			$\mathbf{A} \cdot \mathbf{V}$	41,15,8	1.5.9	3 - MINOR INJURY SUSPECTED		
	W-WEST REFIX N-NORTH	REFERENCE ROAD N	2707	IILEPOST, H	OUSE #)	ROAD TYPE	LONGITUDE D		4 - INJURY POSSIBLE		
ROUTE TYPE ROUTE NUMBER P	S - SOUTH E - EAST	WATER				ST	-81 <sub>8</sub> 3 <sub>5</sub> 8	437	5 - PROPERTY DAMAGE		
	W-WEST CTION				DO AR TYPE	5 1			ONLY		
	EFERENCE	ROUTE TYPE  INTERSTATE ROUTE	(TP) AL -	ALLEY	ROAD TYPE HW-HIGHWAY	RD - ROAD	E	INTERSECTION REL RSECTION OR ON API			
1 2-MILE POST 4	C COLLELL	FEDERAL US ROUTE		AVENUE	LA - LANE	SQ - SQUARE			3		
	W-WEST SR	STATE ROUTE	CR -	BOULEVARD	MP - MILEPOST OV - OVAL	ST - STREET TE - TERRACE	WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHES		
	F MEASURE	NUMBERED COUNTY	ROUTE CT -	COURT	PK - PARKWAY	TL - TRAIL		ROADWAY			
2.0	2-FEET	NUMBERED TOWNSH ROUTE	DK -	DRIVE HEIGHTS	PI - PIKE PL - PLACE	WA - WAY	ROADWAY DIV	/IDED			
	3-YARDS		- Inches					. I			
1 - ON ROADWAY	9 - CROSSOVER				H COLLISION/IMP 1 - REAR-TO-REAR		DIRECTION OF TRAVE N - NORTH		EDIAN TYPE DED FLUSH MEDIAN		
0 1 2-ON SHOULDER		ALLEY ACCESS	2 BETW	MOTOR	- BACKING		S - SOUTH	FEET)			
3-IN MEDIAN 4-ON ROADSIDE	11-RAILWAY G	MADE CHOSSING -	VEHIC	LLS III	5 - ANGLE 7 - SIDESWIPE, SAI	ME DIRECTION	E - EAST		DED FLUSH MEDIAN FEET )		
5 - ON GORE	TRAILS		2 - REAR-	END 8	8 - SIDESWIPE, OPPOSITE DIRECTION				3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN		
6 - OUTSIDE TRAFFIC W 7 - ON RAMP	14-TOLL BOOT	38	3 - HEAD-	-ON 9	9 - OTHER / UNKNO	OWN		(ANY	YTYPE)		
8 - OFF RAMP	99-OTHER/UN	IKNOWN						9 - OTHE	R/UNKNOWN		
WORK ZONE RELATED		WORK ZONE TYPE		LOCATIO	N OF CRASH IN W	ORK ZONE	CONTOUR	CONDITIONS	SURFACE		
WORKERS PRESENT	55.77	LANE CLOSURE  LANE SHIFT/CROSSON	VER	1	BEFORE THE 1ST WARNING SIGN	WORK ZONE	2	_ 2	_ 2		
LAW ENFORCEMENT PRES	3-	WORK ON SHOULDER		No. 1	- ADVANCE WARNING AREA 1 - STRAIGHT LEVEL			1 - DRY	1 - CONCRETE		
LAW EM OROEMENT FRES	*200000	OR MEDIAN INTERMITTENT OR MO	OVING WORK		-TRANSITION ARE - ACTIVITY AREA	TIVITY AREA					
ACTIVE SCHOOL ZONE	5 -	OTHER		5 -	TERMINATION AREA 3 - CURVE LEVEL 3 - SNOW 4 - CURVE GRADE 4 - ICE				BITUMINOUS, ASPHALT		
LIGHT CONDITION	ON .	1	WEATHER	2		-	9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT	3 - BRICK/BLOCK 4 - SLAG, GRAVEL,		
1 - DAYLIGHT		1 - CLEAR		6 - SNOW				OIL, GRAVEL	STONE		
2 - DAWN/DUSK 3 - DARK - LIGHTED ROA	ADWAY	0 4 2-CLOUD			G SAND, SOIL, DIRT, SNOW MOVING)			3-DIKI			
4 - DARK - ROADWAY NO		4 - RAIN			IG RAIN OR FREE	ZING DRIZZLE		7 - SLUSH	9 - OTHER/UNKNOWN		
5 - DARK – UNKNOWN R 9 - OTHER / UNKNOWN	DADWAY LIGHTING	5 - SLEET	, HAIL	99 - OTHER	/ UNKNOWN			9 - OTHER/UNKNOW	N		
NARRATIVE		1							Indicate the north		
	1007 7007001							4	direction with		
Unit 1 and Unit 2 we	Unit 1 and Unit 2 were both westbound on Fairchild								compass diagram.		
Ave. from N. Water	. Unit 2 sto	pped abruptl	y due to				21 12		<b>A</b>		
the rail road crossi	ng arm droi	nning. Unit 1	was				₹ <u>`</u>		Ž į		
	the rail road crossing arm dropping. Unit 1 was following too close and couldn't stop in time. Unit						N.WaterSt.		Not To Scale		
		t stop in time	. Unit								
1 then rear-ended l	Jnit 2.					<b>=</b> 15	J <b>-</b> _ [	t			
					Unit 2 Unit 1						
						<del>_</del>					
				- <del></del>							
				FairchildAve.							
1					1						
CDACH DEDODTED DATE (T	ME I	DISDATCH DATE /TIM	ie I	Ani	DIVAL DATE /TIA	F	SCENE OF EADER	DATE / TIME	DEDUDT TAVEN BY		
CRASH REPORTED DATE /TI		DISPATCH DATE/TIM			RIVAL DATE / TIM		SCENE CLEARED		REPORT TAKEN BY		
0,5,1,7,2,0,2,4,/,1,	0,5,8,0,5,1	7,2,0,2,4,/,1	1,1,0,2,0		2,0,2,4,/,1	1,1,0,6,0	0,5,1,7,2,0,2				
	0,5,8,0,5,1 R TOTA	7,2,0,2,4,/,1	1,1,0,2,0		2,0,2,4,/,1	1 1 0 6 CHECKED BY OFFI	0.5.1.7.2.0.2.		MOTORIST  SUPPLEMENT		
0,5,1,7,2,0,2,4,/,1,0 TOTAL TIME OTHE	0,5,8,0,5,1	TES OFFICER'S NA HIlbrun	1,1,0,2,0	0,5,1,7,	2,0,2,4,/,1	1 1 0 6 0 CHECKED BY OFFI Wheeler,	0.5.1.7.2.0.2.	4,/,1,1,3,9,	POLICE AGENCY MOTORIST		

INTERLOCK DEVICE EQUIPPED

UNITTYPE 4 - PICKUP

2

0.1

CARGO

BODY

LOCATION

AT IMPACT

0 8

1 - PASSENGER CAR

5 - CARGO VAN

1 - NONE

FUNCTION 4 - SCHOOL TRANSPORT

2 - BUS

VEHICLE 2 - HEAD LAMPS

DEFECTS 3 - TAIL LAMPS

3 -STRIKING

ACTION 4- STRUCK

0 1 2 - TAXI

6 - VAN (9-15 SEATS)

00 # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

1-YES 2-NO 9-0THER/UNKNOWN

SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE

1 - NO CARGO BODY TYPE

/ NOT APPLICABLE

1 - TURN SIGNALS

CROSSWALK

CROSSWALK

NON-MOTORIST 2-INTERSECTION - UNMARKED

1 - NON-CONTACT

2 - NON-COLLISION

& STRUCK

1-NONE

CONTRIBUTING 5 - UNSAFE SPEED

SEQUENCE OF EVENTS

9-OTHER/UNKNOWN

2 - FAILURE TO YIELD

3 - RAN RED LIGHT

4 - RAN STOP SIGN

6-IMPROPERTURN

2 - FIRE/EXPLOSION

5 - CARGO / EQUIPMENT

25 - IMPACT ATTENUATOR

/ CRASH CUSHION

26-BRIDGE OVERHEAD

27 - BRIDGE PIER ORABUTMENT

STRUCTURE

28-BRIDGE PARAPET

30 - GUARDRAIL FACE

29-BRIDGE RAIL

LOSS OR SHIFT

3 - IMMERSION

4 - JACKKNIFE

2 0 1 - OVERTURNIROLLOVER

1 - INTERSECTION - MARKED

5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE

	175	CAL REPORT NUMBER  0								
E AIEA COCE (X SAMEAS DRIVER)	Z 1 0 1 Z 1 4 1 -	DAMAGE								
ORC 149.43(A)(1)		DAMAGE SCALE								
	2 1-NONE	3 - FUNCTIONAL DAMAGE								
	2-MINOR									
HONE: INCLUDE AREA CODE		9 - UNKNOWN								
R VEHICLE MAKE	DAMAGED AREA(S) INDICATE ALL THAT APPLY									
Ford	12	12								
VEHICLE MODEL	11 12	11 12								
F150	10 11 1	2 10 11 1 2								
NAME	9 9 3	3 9 10 2 3								
S MATERIAL	8 4 -									
LASS # PLACARD ID #	8 7 5	4 8 7 5 5								
للللا للله	7 6 5	11 7 6 5								
23 - PEDESTRIAN / SKATER	12	12								
24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST	10/	11 1 2								
26 - BICYCLE	9 (	9 3 3								
27 -TRAIN		0 1 4								
99 - UNKNOWN OR HIT/SKIP	8 '	6								
	11 12	7 6 11 12								
9 - UNKNOWN	10 11 1	2 10 11 1 2								
	10 2	10 2								
	9 9 3	3 9 9 3 3								
21 - MAIL CARRIER 99 - OTHER / UNKNOWN	7 5	74 8 7 5 74								
77-01/1ER7 01/10/11/1	7 6 5	7 6 5								
	6	6								
		12 12 12								
12 - CONCRETE MIXER 13 - AUTOTRANSPORTER	12									
14-GARBAGE/REFUSE	98 93	9 4 3 9 8 3								
99-OTHER / UNKNOWN										
99-OTHER / UNKNOWN	6	00								
		6 6 6								
	☐ - NO DAMAG	E[0] -UNDERCARRIAGE [14]								
12 - FIRST RESPONDER AT INCIDENT SCENE	□-TOP [13]	- ALL AREAS [ 15 ]								
99-OTHER/UNKNOWN	000000 paragraph (1994) 00000000000000000000000000000000000									
	<u>□-</u> υ	NIT NOT AT SCENE [16]								
18-APPROACHING OR LEAVING VEHICLE	INIT	TAL POINT OF CONTACT								
19-STANDING	0 - NO DAM									
20-OTHER NON-MOTORIST 21-Standing Outside		GRAM 99 - UNKNOWN								
DISABLED VEHICLE	13-T0P	12.0 (70.000.000.000)								
99 - OTHER / UNKNOWN		TRAFFIC								
21 -LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL								
22 - NOT DISCERNIBLE 23 - Opening door into	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN								
ROADWAY	2 2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL								
99 - OTHER IMPROPER ACTION	# of THROUGH LANES	ACTION AND AND AND AND AND AND AND AND AND AN								
	ON ROAD	RAIL GRADE CROSSING  1 - NOT INVOLVED								
	3	1 2 - INVOLVED-ACTIVE CROSSING								
22 - WORK ZONE MAINTENANCE		3 - INVOLVED-PASSIVE CROSSING								
EQUIPMENT 23 - STRUCK BY FALLING,	UNIT / N	NON-MOTORIST DIRECTION								
SHIFTING CARGOOR ANYTHING SET IN MOTION		1 - NORTH 5 - NORTHEAST								
BY A MOTOR VEHICLE	FROM 3 TO	2 - SOUTH 6 - NORTHWEST 4 3 - EAST 7 - SOUTHEAST								
24 - OTHER MOVABLE OBJECT	FROM L- 10	4 - WEST 8 - SOUTHWEST								
50 - WORK ZONE MAINTENANCE		9 - OTHER / UNKNOWN								
EQUIPMENT	UNIT SPEED	DETECTED SPEED								
51 - WALL	I	154 - 555 (275 (355 (355 (355 (355 (355 (355 (355 (3								

OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER OWNER PHONE: INCID Redacted per ( ANDEITS, VINCENT, JOSEPH

OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)

10404 N CHURCH DR 408 ,PARMA HEIGHTS ,OH 44130

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER F

**VEHICLE IDENTIFICATION #** VEHICLE YEA LP STATE LICENSE PLATE # 1, F, T, E, X, 1, E, P, 4, G, F, C, 1, 3, 8, 0, 0 O H JMH6398 2 10 11 6

INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # STATEFARM 3656845SFP35 TYPE OF USE US DOT #

 $0_{\perp}1$ 

10 - MOPED OR MOTORIZED

11 - ALL TERRAIN VEHICLE

6 - BUS - CHARTER/TOUR

MOTORVEHICLE

7 - BUS - INTERCITY

9 - BUS - OTHER

4 - LOGGING

4 - BRAKES

5 - STEERING

6 - TIRE BLOWOUT 3 - INTERSECTION - OTHER

4 - MIDBLOCK - MARKED

5 - TRAVEL LANE - OTHER LOCATION

CROSSWALK

1 - STRAIGHT AHEAD

6 - MAKING LEFT TURN

7 - LEFT OF CENTER

8 - FOLLOWING TOO CLOSE / ACDA

9-IMPROPER LANE CHANGE

10-IMPROPER PASSING

12 - IMPROPER BACKING

6 - EQUIPMENT FAILURE

7 - SEPARATION OF UNITS

8 - RAN OFF ROAD RIGHT

9 - RAN OFF ROAD LEFT

10 - CROSS MEDIAN

31 - GUARDRAIL END

32 - PORTABLE BARRIER

34 - MEDIAN GUARDRAIL

35 - MEDIAN CONCRETE

BARRIER

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

33 - MEDIAN CABLE BARRIER

36 - MEDIAN OTHER BARRIER

11 - DROVE OFF ROAD

2 - BACKING

PRE-CRASH 4 - OVERTAKING/PASSING

0 1 3 - CHANGING LANES

5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN

0

MODE LEVEL

BICYCLE

(ATV/UTV)

COMMERCIAL GOVERNMENT RESPONSE #OCCUPANTS 1 - ≤10KLBS. HIT/SKIP UNIT

VEHICLE WEIGHT GVWR/GCWR 2 - 10,001 - 26K LBS. J 3 - >26K LBS 7 - MOTORCYCLE 2-WHEELED

16 - FARM EQUIPMENT

17 - MOTORHOME

0 - NO AUTOMATION

AUTONOMOUS 2 - PARTIAL AUTOMATION

11-FIRE

12 - MILITARY

CHASSIS

7 - GRAIN/CHIPS/GRAVEL

7 - WORN OR SLICK TIRES

8 - TRAILER EQUIPMENT

7 - SHOULDER / ROADSIDE

DEFECTIVE

6 - BICYCLE LANE

7 - MAKING U-TURN

8 - ENTERING TRAFFIC LANE

9 - LEAVING TRAFFIC LANE

11 - SLOWING OR STOPPED

PARKED POSITION

14 - STOPPED OR PARKED

15 - SWERVING TO AVOID

NON-COLLISION

OPPOSITE DIRECTION OF

11 - CROSS CENTERLINE -

12 - DOWNHILL RUNAWAY

13 - OTHER NON-COLLISION

COLLISION WITH FIXED OBJECT - STRUCK

37 - TRAFFIC SIGN POST

38 - OVERHEAD SIGN POST

39-LIGHT/LUMINARIES

SUPPORT

40 - UTILITY POLE

OR SUPPORT

42 - CULVERT

41 - OTHER POST, POLE

ILLEGALLY

16 - WRONG WAY

TRAVEL

14-PEDESTRIAN

15 - PEDAL CYCLE

INTRAFFIC

12 - DRIVERLESS 13 - IMPROPER START FROM A

B - SIDEWALK

10-PARKED

13 - POLICE

1 - DRIVER ASSISTANCE

PLACARD 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 0 4 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 9 - AUTOCYCLE 14- SINGLE UNITT 19-BUS (16+ PASSENGERS) 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 15 - SEMI-TRACTOR

21 - HEAVY FOUI PMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE

3 - CONDITIONAL AUTOMATION

COLOR

HAZARDOU

MATERIAL C

SIL

TOWED BY: COMPANY

4 - HIGH AUTOMATION 5 - FULL AUTOMATION 16-FARM

17 - MOWING 18-SNOW REMOVAL 14 - PUBLIC UTILITY 19-TOWING 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE 9 - CARGO TANK 6 - CARGO VAN/ENCLOSED BOX

10-FLAT BED 11-DUMP

9 - MOTOR TROUBLE 10-DISABLED FROM PRIOR

ACCIDENT

9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS

13 - NEGOTIATING A CURVE

14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16-WORKING

17 - PUSHING VEHICLE

52 - BUILDING

54 - OTHER FIXED OBJECT

99 - OTHER / UNKNOWN

53-TUNNEL

17 - VISION OBSTRUCTION 18-OPERATING DEFECTIVE EQUIPMENT

16 - RAILWAY VEHICLE

17 - ANIMAL - FARM

18-ANIMAL - DEER

19-ANIMAL - OTHER

20 - MOTOR VEHICLE IN

21 - PARKED MOTOR VEHICLE

TRANSPORT

45 - EMBANKMENT

49-FIRE HYDRANT

43 - CURB

44 - DITCH

46-FENCE

48-TREE

47 - MAILBOX

19 - LOAD SHIFTING/FALLING/ SPILLING 20 - IMPROPER CROSSING

> 0 0 5 POSTED SPEED

1 - STATED / ESTIMATED SPEED 1 2 - CALCULATED / EDR 3 - UNDETERMINED

2 | 5

MODE WHEN CRASH OCCURRED?

1-YES 2-NO 9-0THER/UNKNOWN

SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE

5 - BUS - TRANSIT/COMMUTER

1 - NO CARGO BODY TYPE

/ NOT APPLICABLE

1 - NONE

FUNCTION 4 - SCHOOL TRANSPORT

2 - RUS

0 1 2 - TAXI

0.1

CARGO

0

MODE LEVEL

6 - BUS - CHARTER/TOUR

MOTORVEHICLE

7 - BUS - INTERCITY

9 - BUS - OTHER

10-AMBULANCE

4 - LOGGING

1 - DRIVER ASSISTANCE

AUTONOMOUS 2 - PARTIAL AUTOMATION

11-FIRE

12 - MILITARY

14 - PUBLIC UTILITY

CHASSIS

6 - CARGO VAN/ENCLOSED BOX

13 - POLICE

3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER

LOCAL REPORT NUMBER 2 . 0 . 2 . 4 . - . 0 . 0 . 0 . 0 . 7 . 2 . 3 . 0 . OWNER NAME: LAST, FIRST, MIDDLE ( SAME AS DRIVER OWNER PHONE: INCLUDE AREA CODE ( same as DRIVER DAMAGE Redacted per ORC 149.43(A)(1) 0 2 INA, GREGORY, METSKER DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 2 1100 OAKWOOD DR, Kent, OH 44240 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE DAMAGED AREA(S) INDICATE ALL THAT APPLY LP STATE LICENSE PLATE # **VEHICLE IDENTIFICATION #** VEHICLE YEAR VEHICLE MAKE 4, S, 3, B, WA, N, 6, 6, L, 3, 0, 1, 0, 4, 0, 2, 2, 0, 2, 0, Subaru O H JXA2824 INSURANCE INSURANCE COMPANY
VERIFIED CINCUNITATION INSURANCE POLICY # COLOR VEHICLE MODEL WHI CINCINNATI CASUALADIO 398549 LEGACY TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS INTERLOCK DEVICE EQUIPPED MATERIAL CLASS # PLACARD ID # 1 - ≤10KLBS. HIT/SKIP UNIT 2 - 10,001 - 26K LBS.  $0_{\perp}1$ PLACARD 」 3 - >26K LBS. 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13-SNOWMOBILE 19-RUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 0 1 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST UNITTYPE 4 - PICKUP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE BICYCLE 5 - CARGO VAN 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 -TRAIN 11 - ALL TERRAIN VEHICLE ANIMAL-DRAWN VEHICLE 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - LINKNOWN OR HIT/SKIP (ATV/UTV) 00 # OF TRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN

4 - HIGH AUTOMATION

5 - FULL AUTOMATION

21 - MAIL CARRIER

99 - OTHER / UNKNOWN

12 - CONCRETE MIXER

14-GARBAGE/REFUSE

13-AUTOTRANSPORTER

16-FARM

17 - MOWING

19-TOWING

8 - POLE

9 - CARGO TANK

10-FLAT BED

15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

18-SNOW REMOVAL

OFF PUBLIC SAFETY MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER						
								2,0,2,4,-,0,0,0,7,2,3,0,						
UNIT#	# NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER					
0,1	ANDEITS, VINCENT, JOSEPH							<b>.</b> 0 ⊥ 7	0 + 7 + 2 + 0 + 1 + 9 + 9 + 5 + 2 + 8 + M					
	DDRESS: STREET, CITY, STATE, ZIP 0404 N CHURCH DR 408 ,PARMA HEIGHTS ,OH 44130									phone - include area of acted per C		149.43	(A)(1)	
INJURIES	NJURIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT								SEATING POSITION AIR BAG USAGE EJECTION TRAPPED					
<u> 5</u>	TAKEN BY							USED 0 4	□ MC HE	LMET 0 1	1	1	11	
OL STATE	OPERATOR	LICENSE NUMBER TED PER ORC 450	11.1 12	OFFENS		RGED	LOCAL	OFFENSE DESC	RIPTION			CITATION NUMBER		
OH	REDAC	TED PER ORG 450	11.1-12	333.0	)3		X	Maximum Sp	peed Limits 27585					
OL CLASS	ENDORSEMEN SELECT UP TO 2			VER TRACTED		OHOL / DRUG SUSPI		CONDITION	STATUS T	OHOL TEST YPE VALUE	STATUS	DRUG TEST( TYPE   RESU	S) LT SELECTUPTO4	
. 4 .			ВУ	1	=	LCOHOL MAR	RIJUANA	1 .	1	1	1	1		
UNIT #	NAME-LAST	FIRST, MIDDLE			Цο	THER DRUG				DATE OF BIRTH		AGE	GENDER	
. 0 . 2 .		BENJAMIN, ROY							0 1 1 1 2 2 0 0 5 1 9 M					
	STREET, CITY, S								CONTACT PHONE - INCLUDE AREA CODE					
=		OOD DR ,Kent ,O	H 4424	40					Redacted per ORC 149.43(A)(1)					
INJURIES	INJURED	EMS AGENCY (NAME)			AKEN TO	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITIO	N AIR BAG U	AIR BAG USAGE EJECTION TRAPPED		
5	TAKEN BY							USED 0 4	□ MC HE	MPLIANT	1 1 1			
OL STATE		LICENSE NUMBER		OFFENS	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATI	ON NUMBER		
O, H	REDAC	CTED PER ORC 450	)1:1-12				CODE							
OL CLASS	ENDORSEMEN SELECT UP TO 2			VER TRACTED	ALC	OHOL / DRUG SUSPI	ECTED	CONDITION	STATUS T	OHOL TEST YPE VALUE		DRUG TEST(	S) LT SELECTUPTO4	
1			BY	1	=	_	RIJUANA	. 1 .	1	1	1	1		
4 UNIT #	NAME :	FIRST, MIDDLE		1	<b>□</b> °	THER DRUG				DATE OF BIRTH		AGE	GENDER	
ONII #	NAME: LASI	, FIRSI, MIDDLE								DATE OF BIRTH		AGE	GENDER	
ADDRESS:	STREET, CITY, S	TATE ZIP							CONTACT PHONE - INCLUDE AREA CODE					
OSE		narq211							CONTACT	FIONE - INCLUDE AREA	JUDE	70 99	200	
INJURIES	INJURED	EMS AGENCY (NAME)		INJUREDT	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITIO	N AIR BAG U	SAGE EJECTIO	N TRAPPED	
NON	TAKEN BY USED USED							MC HELMET						
OL STATE	E OPERATOR LICENSE NUMBER OFFENSE				SE CHAI	CHARGED LOCAL OFFENSE DESC			RIPTION			TATION NUMBER		
E LOS					CODE									
OL CLASS	ENDORSEMEN SELECT UP TO 2			VER TRACTED		OHOL / DRUG SUSPI		CONDITION	STATUS T	OHOL TEST YPE VALUE		DRUG TEST(	S) LT SELECTOP 104	
	3368	10 bit 50 880 dit 80 80 50	BY	5.0	=	LCOHOL MAF	RIJUANA	9				140 4 504		
INJU	RIES	SEATING POSITION	L	IR BAG	Цο	THER DRUG OL CLASS	s	OL RESTRIC	TION(S)	DRIVER DISTRAC	TION	TEST ST	TATUS	
1 - FATAL		1 - FRONT - LEFT SIDE	1-NOTDEP	Contract of		1 - CLASS A		1 - ALCOHOL INTER		1 - NOT DISTRACTED	1000	- NONE GIVEN		
	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2 - DEPLOYE				2 - CDL INTRASTAT 3 - CORRECTIVE LE		2 - MANUALLY OPERATIN ELECTRONIC COMMUN	-TEST REFUSED	-TEST REFUSED -TEST GIVEN, CONTAMINATED			
	3 - SUSPECIED HINOR INJURY 3 - DEPLOTE			ED BOTH FRONT / SIDE 4 - REGULAR CLASS 4 - FARM WAIVE				4 - FARM WAIVER	DEVICE (TEXTING, TYPING,			SAMPLE / UNU SABLE		
5 - NO APPAREN	5 - NO APPARENT INJURY 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - NOTAPPL			E MY HODED ONLY				J MERCHIO CHITAMOUTICE			4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS			
INJURED	TAKEN BY	5 - SECOND - MIDDLE	9- DEPLOYI	MENT UNKNO	WN	6 - NO VALID OL		6 - EXCEPT CLASS & CLASS B BUS	A	4 - TALKING ON HAND-HE	LD	UNKNOWN	LUGETO	
1 - NOT TRANSP /TREATED AT	and the same of th	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	EJ	ECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE		5 - OTHER ACTIVITY WITH	5000	ALCOHOL T	EST TYPE	
2 - EMS		(MOTORCYCLE SIDE CAR) 8 - THIRD – MIDDLE	1 - NOTEJE	CTED		H - HAZMAT		RESTRICTIONS		ELECTRONIC DEVICE	1	- NONE - BLOOD		
3 - POLICE 9 - OTHER / UNK	MOWN	9 - THIRD - RIGHT SIDE	2 - PARTIAL 3 - TOTALLY	E JECTED		M - MOTORCYCLE P - PASSENGER		9 - LEARNER'S PER RESTRICTIONS	TIMIT	6 - PASSENGER 7 - OTHER DISTRACTION		- URINE		
		10 - SLEEPER SECTION OF TRUCK CAB	4- NOTAPP			N - TANKER		10 - LIMITED TO DAY		INSIDE THE VEHICLE		- BREATH		
1 - NONE USED	QUIPMENT	11 - PASSENGER IN OTHER	Т	RAPPED		Q - MOTOR SCOOTER		11 - LIMITED TO EMI 12 - LIMITED - OTHE		8 - OTHER DISTRACTION THE VEHICLE	0012INF 2	OTHER		
2 - SHOULDER B	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1-NOTTRA		UE JU	R - THREE-WHEEL MO S - SCHOOL BUS	TURCYCLE	13 - MECHANICAL D	EVICES	9 - OTHER / UNKNOWN	1	DRUG TES	TTYPE	
3 - LAP BELT ON	ILY USED Lap Belt Used	PICK-UP WITH CAP)  12 - PASSENGER IN UNENCLOSED	2 - EXTRICA MECHAN	TED BY ICAL MEANS		T - DOUBLE & TRIPLE		CONTROLS, OR O	THER	CONDITION	2	. BL00D		
5 - CHILD REST	RAINT SYSTEM -	CARGO AREA	3- FREED B	Υ		X - TANKER / HAZMAT		ADAPTIVE DEVI		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMEN		- URINE		
FORWARD FA	ACING RAINT SYSTEM –	13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	NO N-ME	CHANICAL ME	-ANS	GENDER		15 - MOTOR VEHICLE		3 - EMOTIONAL (E.G., DEPR	ESSED,	- OTHER		
REAR FACING	G	(NON-TRAILING UNIT)				F - FEMALE M - MALE		AIR BRAKES 16 - OUTSIDE MIRRO	R	ANGRY, DISTURBED) 4 - ILLNESS	0.00	- AMPHETAMINE		
7 - BOOSTER SE 8 - HELMET US		15 - NON-MOTORIST 99 - OTHER / UNKNOWN				U -OTHER / UNKNOWN		17 - PROSTHETIC AI		5 - FELL ASLEEP, FAINTE		- BARBITURATES		
9 - PROTECTIVE	PADSUSED							18-OTHER		FATIGUED, ETC.  6 - UNDERTHE INFLUENCE	E	- BENZODIAZEPI - CANNABINOIDS		
(ELBOW, KNE 10 - REFLECTIVE										OF MEDICATIONS / DRI /ALCOHOL	762	- CANNABINUID: - COCAINE		
11 - LIGHTING - F	PEDESTRIAN									9-OTHER/UNKNOWN		- OPIATES / OPIO	OIDS	
/ BICYCLE OF 99 - OTHER / UNK												'-OTHER -NEGATIVE RES	SULTS	

HSY8306 OH1M 1/19 [760-1500] PAGE 4 OF 4