OHIO DEPARTMENT TRAFFIC CRA	ASH REP	ORT *DENOTE	S MANDATORY FIE	LD FOR SUPPLEM	ENT REPORT	<u> </u>	OCAL REPORT NUM	BER*
OH-2 O	LOCAL	INFORMATION				2.0.2.0.	0.0.0.0	5,4,9,1,
PHOTOS TAKEN X OH-1P 0	THER REPOR	RTING AGENCY NAME		NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR	
SECONDARY CRASH PRIVATE PRO	PERTY City	of Kent Pol	10,	6,7,0,3,	1 - SOLVED	0,2	0 2 98 - ANIMAL	
COUNTY* LOCALITY* LOCAT	ION: CITY, VILLA	GE, TOWNSHIP*			CRASH DATE /1		CRASH SEVERITY	
6,7 1 2-VILLAGE Ken	t					0,3,1,6,2,0,2,0	/1530 5	1 - FATAL
		TON ROAD NAME			ROAD TYPE	LATITUDE DE		2 - SERIOUS INJURY SUSPECTED
3-1	AST FAT	RCHILD		AV	4,1,1,5,8	3 - MINOR INJURY		
4:,	AE31	ENCE ROAD NAME (RI	DAD, MILEPOST, HI	DUSE #)	ROAD TYPE	LONGITUDE		SUSPECTED 4 - INJURY POSSIBLE
2-5	OUTH Wat							5 - PROPERTY DAMAGE
	WEST				ST	-8 ₁ 1 ₁₀ 3 ₁ 6 ₁ 0	0,7,3,	ONLY
REFERENCE POINT DIRECTION 1 - INTERSECTION FROM REFERENCE	ID INTER	STATE ROUTE(TP)	AL - ALLEY	ROAD TYPE HW-HIGHWAY R	D - ROAD		INTERSECTION REL	
1 2-MILE POST 4 2-SOUTH	70000	RAL US ROUTE	AV - AVENUE		Q - SQUARE	X WITHIN INTE	RSECTION OR ON APP	ROACH 4
3-EAST 4-WEST	SR - STATE	ROUTE	BL - BOULEVARD		T - STREET	WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHES
DISTANCE DISTANCE FROM REFERENCE UNIT OF MEASURE	CR - NUMB	ERED COUNTY ROUTE	CR - CIRCLE CT - COURT		E - TERRACE		ROADWAY	
1 - MILES 2 - FEET	TR - NUMB	ERED TOWNSHIP	DR - DRIVE	PI - PIKE V	VA - WAY	ROADWAY DIV	/IDED	
1,5,0 2 3-YARDS			HE - HEIGHTS	PL - PLACE				
LOCATION OF FIRST HARMFU				H COLLISION/IMPA	CT	DIRECTION OF TRAVE	L ME	DIANTYPE
0.0000000000000000000000000000000000000	SSOVER IVEWAY/ALLEY	ACCESS	NOT COLLISION 4	- REAR-TO-REAR - BACKING		1 - NORTH		ED FLUSH MEDIAN
	ILWAY GRADE (4 FILLOFFO 114	- ANGLE		2-SOUTH 3-EAST	2-DIVID	ED FLUSH MEDIAN
	ARED USE PATI AILS			7 - SIDESWIPE, SAM 3 - SIDESWIPE, OPP(4 - WEST		EET) ED, DEPRESSED MEDIAN
6 - OUTSIDE TRAFFIC WAY 13-BI	KE LANE			- OTHER / UNKNO		41.	4 - DIVID	ED, RAISED MEDIAN
7 - OH KMINE	LL BOOTH HER / UNKNOW	N						R/UNKNOWN
	wap	K ZONE TYPE	LOCATIO	N OF CRASH IN WO	DV 70NE	CONTOUR	CONDITIONS	SURFACE
WORK ZONE RELATED	1-LANE			BEFORE THE 1ST		2	1	2
WORKERS PRESENT		SHIFT/CROSSOVER	2	WARNING SIGN - ADVANCE WARNIN	IC ADEA			
LAW ENFORCEMENT PRESENT	3-WORK	ON SHOULDER DIAN		TRANSITION AREA		1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE	1 - DRY 2 - WET	1 - CONCRETE 2 - BLACKTOP,
D ACTIVE COURSE TONE		MITTENT OR MOVING V		- ACTIVITY AREA		3 - CURVE LEVEL	3 - SNOW	BITUMINOUS,
ACTIVE SCHOOL ZONE	5 - OTHER		,	- TERMINATION AR	EA	4 - CURVE GRADE	4 - ICE	ASPHALT 3 - BRICK/BLOCK
LIGHT CONDITION			ATHER			9 - OTHER/UNKNOWN		
1 - DAYLIGHT 1 2 - DAWN/DUSK	0	1-CLEAR 2-CLOUDY	6 - SNOW 7 - SEVERE	CROSSWINDS			OIL, GRAVEL 6 - WATER (STANDII	STONE
3 - DARK - LIGHTED ROADWAY	<u>U</u>	. 4 .		G SAND, SOIL, DIRT	, snow		MOVING)	5 - DIRT 9 - OTHER/UNKNOW
4 - DARK – ROADWAY NOT LIGHTEI 5 - DARK – UNKNOWN ROADWAY L		4 - RAIN 5 - SLEET, HAIL		NG RAIN OR FREEZ / UNKNOWN	ING DRIZZLE		7 - SLUSH	
9 - OTHER / UNKNOWN	diffind	J-SCCLI, MAIL	77 - OTHER	7 GIRKNOWN			9 - OTHER/UNKNOW	N
NARRATIVE								Indicate the north
YY 1.4							4	direction with an "N" on the
Unit 1 was traveling from	west to	east on Fairc	hild					compass diagram
Ave. Unit 2 was exiting s	outh out	of the Sheetz	and					
onto Fairchild Ave; turn	ing east	As Unit 2 ent	tered					
			icicu		Sher	9(2		
the roadway, it failed to						IN ST.		NOT TO BOALE
eastbound traffic and st	ruck the	drivers side o	of			A-Ý Ì	Page Pa	MRCHILD AVE (BRIDGE)
Unit 1.					S ARCHIL	D AVE.	- 6	
					6	<i>5</i>	E SOUL SOUL	
						37		
No injuries were reported	il.					A. MAHTUA ST.	F. () LA	
						38	Ponce	
		······				1 1	1	
CRASH REPORTED DATE / TIME	DISPA	TCH DATE / TIME	AF	RIVAL DATE / TIM	E	SCENE CLEARED	DATE/TIME	REPORT TAKEN BY
0,3,1,6,2,0,2,0,/,1,5,3,0,	0,3,1,6,2	0,2,0,/,1,5,3	3,2,0,3,1,6	2,0,2,0,/.1	5,3,4	0,3,1,6,2,0,2	0,/,1,6.0.2	X POLICE AGENCY
TOTAL TIME OTHER	TOTAL	OFFICER'S NAME*			HECKED BY OFF	ICER'S NAME*		MOTORIST
ROADWAY CLOSED INVESTIGATION TIME	MINUTES	Ellis, Charle			Gaydosh	, Ryan		SUPPLEMENT (CORRECTION OF ADDITIO
	0 (0		'S BADGE NUMBE	R*		BY OFFICER'S BADGE	NUMBER*	TO AN EXISTING REPORT SEAT TO CO
0 0 0 0 3 0	U 6 U	2 6	0		2 1	3		

	ENVIE MARTINE O 1411					2 0 2 0 - 0	0,0,0,5,4,9,1,
[0,1]	OWNER NAME: LAST, FIRS	È		OWNER PHONE: DO	UDE AREA CODE (FXT SAME AS DRIVER)		DAMAGE AMAGE SCALE
	DRESS: STREET, CITY, STATE	Kent, OH 442	40			2 1 - NONE 2 - MINOR DAI	3 - FUNCTIONAL DAMAGE MAGE 4 - DISABLING DAMAGE
	IAL CARRIER: NAME, ADD	<u> </u>	40	- COMMERCIAL CARRIER	PHONE: INCLUDE AREA CODE		- UNKNOWN
**********			-0		1_1_1		MAGED AREA(S) TE ALL THAT APPLY
	HOP1763	2 C4 RC1 N	IDENTIFICATION # [7,6,J,R1,0,5,	1,0,9, VEHICLE YE	8 Chrysler	12	12
X INSURAN	INSURANCE COMP	TOT TRIC CO	ISURANCE POLICY # 010842429	COLOR BLK	VEHICLE MODEL PACIFICA	10 11 12 1 2	10 11 12 1 2
Соммен	TYPE OF USE RCIAL GOVERNMENT [IN EMERGENCY RESPONSE	US DOT#	TOWED BY: COMPAN	Y NAME	9 10 2 3	9 9 3
INTERL DEVICE EQUIPE	HIT/SKIP UNI	#UCCUPANIS	ICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS 2 - 10,001 - 26K LBS 3 - >26K LBS	MATERIAL	CLASS# PLACARD ID#	B 0 5 4	8 7 6 5
	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12-GOLF CART	18-LIMO (LIVERY VEHICLE)	23-PEDESTRIAN / SKATER	6 1	12
ULL	3 - SPORT LITTLITY VEHICLE		13-SNOWMOBILE 14-SINGLE UNIT TRUCK	19-BUS (16+ PASSENGERS) 20-OTHER VEHICLE	24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST	10/	11 1 2 2
UNIT TYPE		10 - MOPED OR MOTORIZED	15-SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE	9	9 3 3
	5 - CARGO VAN 6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE	16-FARM EQUIPMENT 17-MOTORHOME	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	7.	7 5 74
00	# OF TRAILING UNITS	(ATV / UTV)				12 7	6 5 12
	WAS VEHICLE OPERATING IN AU	TONOMOUS	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	4 - MAKNOWN	11 12	6 11 12
2	MODE WHEN CRASH OCCURRED 1-YES 2-NO 9-OTHER/UNK	. 0	1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	4 - HIGH AUTOMATION 5 - FULL AUTOMATION		10 11 2	10 11 1 2
	1 - NONE		11-FIRE	16-FARM	21 - MAIL CARRIER		8 4 -
0,1	2 - TAXI 3 - ELECTRONIC RIDE SHARING	7 - BUS - INTERCITY	12 - MILITARY 13 - POLICE	17 - MOWING 18 - SNOW REMOVAL	99 - OTHER / UNKNOWN	8 7 5 4	8 7 5 4
SPELIAL	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14-PUBLIC UTILITY	19-TOWING		7 6 5	7 6 5
	5 - BUS - TRANSIT/COMMUTER	10-AMBULANCE	15-CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL			12 12 12
0,1,	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	B - POLE 9 - CARGOTANK	12 - CONCRETE MIXER 13 - AUTOTRANSPORTER	12	
04000	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	10-FLAT BED	14-GARBAGE/REFUSE	8 M 8	3 9 1 3 9 6 3
TYPE			7 - GRAIN/CHIPS/GRAVEL	11-DUMP	99 - OTHER / UNKNOWN	,609, ,	3 9 1 3 9 3
	1 - TURN SIGNALS		7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN	6	9
	2 - HEAD LAMPS 3 - TAIL LAMPS	5 - STEERING 6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT		F 12 2 2	6 6 6
	1 - INTERSECTION - MARKED	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER	- NO DAMAGE [0] - UNDERCARRIAGE [14]
NON-MOTORIST	CROSSWALK 2 - INTERSECTION - UNMARKED		7 - SHOULDER / ROADSIDE	10-DRIVEWAY ACCESS	AT INCIDENT SCENE 99 - OTHER / UNKNOWN	-TOP [13]	-ALL AREAS [15]
LOCATION AT IMPACT	CROSSWALK	5 -TRAVEL LANE -OTHER LOCATION	B - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	77 -UTRENT UNKNUWN	□ - иии	NOT AT SCENE [16]
	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18-APPROACHING	INITIA	L POINT OF CONTACT
- /	2-NON-COLLISION 3-STRIKING 0,1		8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE	14-ENTERING OR CROSSING Specified Location	OR LEAVING VEHICLE 19-STANDING	0 - NO DAMAG	
ACTION	4 - STRUCK PRE-CRASH	4 - OVERTAKING/PASSING	10-PARKED	15 - WALKING, RUNNING,	20 - OTHER NON-MOTORIST	0,8 1-12 - REFER	TO UNIT 15 - VEHICLE NOT AT SCENE
	5 - BOTH STRIKING ACTIONS & STRUCK	5 - MAKING RIGHTTURN 6 - MAKING LEFTTURN	11-SLOWING OR STOPPED In Traffic	JOGGING, PLAYING 16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE	13 - TOP	99 - UNKNOWN
	9 - OTHER / UNKNOWN	6 - MAKING CEPT TOWN	12 - DRIVERLESS	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN		TRAFFIC
	1-NONE		DARKER BORITION	17 - VISION OBSTRUCTION	21 -LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL
	2 - FAILURE TO YIELD 3 - RAN RED LIGHT	8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE	14-STOPPED OR PARKED	18-OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO	1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN
	4 - RAN STOP SIGN	10-IMPROPER PASSING	ILLEGALLY 15-SWERVING TO AVOID	19-LOAD SHIFTING/FALLING/ SPILLING	ROADWAY 99 - OTHER IMPROPER ACTION	2 2 TWO-WAY	2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
CIRCUMSTANCES	5 - UNSAFE SPEED 6 - IMPROPER TURN	11 - DROVE OFF ROAD 12 - IMPROPER BACKING	16 - WRONG WAY	20 - IM PROPER CROSSING	77-01/IER IMPROPER ACTION	# of THROUGH LANES	RAIL GRADE CROSSING
SEQUENCE	OF EVENTS					ON ROAD	1 - NOT INVOLVED
2 0	1 - OVERTURN/ROLLGVER	6 - EQUIPMENT FAILURE	EVENTS 11-CROSS CENTERLINE -	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE		2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
1 2 0	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF TRAVEL	17 - ANIMAL - FARM	EQUIPMENT 23 - STRUCK BY FALLING,	IINIT / MOI	N-MOTORIST DIRECTION
2	3 - IMMERSION 4 - JACKKNIFE	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT	12-DOWNHILL RUNAWAY	18-ANIMAL — DEER 19-ANIMAL — OTHER	SHIFTING CARGO OR	5M11 / NO	1 - NORTH 5 - NORTHEAST
	5 - CARGO / EQUIPMENT	10 - CROSS MEDIAN	13-OTHER NON-COLLISION 14-PEDESTRIAN	20 - MOTOR VEHICLE IN TRANSPORT	ANYTHING SET IN MOTION BY A MOTOR VEHICLE	FROM 4 TO L	3 - SOUTH 6 - NORTHWEST 7 - SOUTHEAST
3	LOSS OR SHIFT		15-PEDALCYCLE	21 - PARKED MOTOR VEHICLE	24-OTHER MOVABLE OBJECT	FROM TO L	4 - WEST B - SOUTHWEST
41 - 1 - 1	25 - IMPACT ATTENUATOR	COLLISION 31-GUARDRAIL END	WITH FIXED OBJECT 37-TRAFFIC SIGN POST	T - STRUCK 43-CURB	50 - WORK ZONE MAINTENANCE		9 - OTHER / UNKNOWN
4	/ CRASH CUSHION 26 - BRIDGE OVERHEAD	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	38-OVERHEAD SIGN POST 39-LIGHT/LUMINARIES	44 - DITCH 45 - EMBANKMENT	EQUIPMENT 51 - WALL	UNIT SPEED	DETECTED SPEED
5	STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL	SUPPORT	46 - FENCE	52 - BUILDING	0,2,0,	1 - STATED / ESTIMATED SPEED
11	28 - BRIDGE PARAPET	35 - MEDIAN CONCRETE	40 - UTILITY POLE 41 - OTHER POST, POLE	47 - MAILBOX 48 - TREE	53 - TUNNEL 54 - OTHER FIXED OBJECT		2 - CALCULATED / EDR
6	29 - BRIDGE RAIL	BARRIER	OR SUPPORT	49 - FIRE HYDRANT	99 - OTHER / UNKNOWN	POSTEO SPEED	3 - UNDETERMINED

2 5

2,0,2,0,-,0,0,0,5,4,9,1,

UNIT#	OWNER NAME: LAST, FIRST	, MIDDLE (SAME AS DRIVER)		OWNER PHONE: 1901	DE AREA CODE (FEE SAME AS DRIVER)	DAMAGE				
	THOMPSON, DRESS: STREET, CITY, STATE, 3		C .			DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE				
	PSHIRE DR		SC 49687			2 2 - MINOR DAMAGE 4 - DISABLING DAMAGE				
	IAL CARRIER: NAME, ADDRE		50 47001	COMMERCIAL CARRIER	PHONE: INCLUDE AREA CODE	9 - UNKNOWN				
						DAMAGED AREA(S)				
	LICENSE PLATE #	VEHICLE	E IDENTIFICATION #	VEHICLE YEA		INDICA	TE ALL THAT APPLY			
	NKS761		1,1,0,3,S,4,1,3,8			11 12	11 12 1			
X INSURAN	INSURANCE COMPA		NSURANCE POLICY # 668 6998 C10 40A	SIL	TUNDRA		12			
We le 11_	TYPE OF USE		US DOT #	TOWED BY: COMPANY		10 11 1	1100000 2			
COMME		IN EMERGENCY RESPONSE	1 1 1 1 1 1			9 9 3 3	9 9 3 3			
INTERL	UCK		HICLE WEIGHT GVWR/GCWR		US MATERIAL CLASS # PLACARD ID #					
DEVICE	HIT/SKIP UNIT	0,2,	1 - ≤10K LBS 2 - 10,001 - 26K LBS	RELEASED	The state of the s		* * * * * * * * * * * * * * * * * * * *			
			3 - >26K LBS	PLACARD L	40 000000000000000000000000000000000000	7 6 11	12 7 6			
		7 - MOTORCYCLE 2-WHEELED B - MOTORCYCLE 3-WHEELED		LB-LIMO (LIVERY VEHICLE) L9-Bus (16+ Passengers)	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE)	10	12 1 2			
0,4	3 - SPORT LITILITY VEHICLE	9 - AUTOCYCLE		20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST	_	10 2			
UNIT TYPE		10 - MOPED OR MOTORIZED Bicycle		21 - HEAVY EQUIPMENT	26 - BICYCLE	9	9 7 3			
	5 - CARGO VAN 6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE	16 - FARM EQUIPMENT 17 - MOTORHOME	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	7.	7 5 74			
00	# OF TRAILING UNITS	(ATV / UTV)				42 7	0			
						11 12 1	6 11 12			
비 >	WAS VEHICLE OPERATING IN A UT MODE WHEN CRASH OCCURRED?	ONOMOUS		3 - CONDITIONAL AUTOMATION 4 - High automation	9 - UNKNOWN	10 11 2	10 12 1 2			
2	1-YES 2-NO 9-OTHER/UNKN	OWN AUTONOMOUS	2 DADTIAL AUTOMATION	5 - FULL AUTOMATION		10 2	10 2			
	1 1005	MODE LEVEL		2/ 54004	The state of the state of	9 3	9 9 3			
,0,1,	1 - NONE 6 - BUS - CHARTER/TOUR 2 - TAXI 7 - BUS - INTERCITY			16-FARM 17-MOWING	21 - MAIL CARRIER 99 - OTHER / UNKNOWN	8 7 5 74	8 7, 5 74			
SPECIAL	3 - ELECTRONIC RIDE SHARING			18-SNOW REMOVAL	VIIII VIIII VIII	7 0				
FUNCTION	FUNCTION 4 - SCHOOL TRANSPORT 9 - BUS - OTHER			19-TOWING		6	6			
	5 - BUS - TRANSIT/COMMUTER	10-AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL			12 12 12			
0,1,	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	DULPRIE	B - POLE	12 - CONCRETE MIXER	12				
CARGO	CARGO 2 - BUS 4 - LOGGING 6		4 010501/4NEWS 0050 00V	9 - CARGOTANK 10-FLAT BED	13-AUTO TRANSPORTER 14-GARBAGE/REFUSE	o Mo				
BODY TYPE			2 Characourpeignatics	11 - DUMP	99 - OTHER / UNKNOWN	,000	B 3 9 1 3 9 B 3			
	1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SL		7 - WORN OR SLICKTIRES	9 - MOTOR TROUBLE	99-OTHER / UNKNOWN	0				
VEHICLE	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT	10 - DISABLED FROM PRIOR			6 6 6			
DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT		- NO DAMAGE [0] - UNDERCARRIAGE [14]			
		3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12-FIRST RESPONDER		_			
NON-MOTORIS	CROSSWALK 2 - INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	AT INCIDENT SCENE 99-OTHER / UNKNOWN	-TOP [13]	- ALL AREAS [15]			
LOCATION AT IMPACT		5 -TRAVEL LANE - OTHER LOCATE		11 - SHARED USE PATHS OR TRAILS	77-OTHERY GRANGER	□ -иил	NOTAT SCENE [16]			
	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18-APPROACHING		DATALT AGNT - CT			
3	2-NON-COLLISION 0 5	2 - BACKING	B - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING	OR LEAVING VEHICLE	INITIAI 0 - NO DAMAG	L POINT OF CONTACT E 14 - UNDERCARRIAGE			
		3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE 10 - PARKED	SPECIFIED LOCATION 15 - WALKING, RUNNING,	19-STANDING 20-OTHER NON-MOTORIST	4 4	TO UNIT 15-VEHICLE NOT AT SCENE			
ACITON	5 - BOTH STRIKING ACTIONS	4 - OVERTAKING/PASSING 5 - MAKING RIGHTTURN	10 - PARKED 11 - SLOWING OR STOPPED	JOGGING, PLAYING	21 - STANDING OUTSIDE	DIAGRA	AM 99 - UNKNOWN			
	& STRUCK	6 - MAKING LEFT TURN	INTRAFFIC	16 - WORKING 17 - PUSHING VEHICLE	DISABLED VEHICLE 99 - OTHER / UNKNOWN	13 - TOP				
	9 - OTHER / UNKNOWN		12 - DRIVERLESS		TO - UL ILIZATUWA		TRAFFIC			
	1 - NONE 2 - FAILURE TO YIELD	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / AC	DANIER BANKETON	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE	TRAFFICWAY FLOW	TRAFFIC CONTROL			
0,2	3 - RAN RED LIGHT	9-IMPROPER LANE CHANGE	14-STOPPED OR PARKED	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	10-IMPROPER PASSING	ILLEGALLY 15 - SWERVING TO AVOID	19-LOAD SHIFTING/FALLING/ SPILLING	ROADWAY	2 , 2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL			
CONTRIBUTIN CIRCUMSTANCE	S 5 - UNSAFE SPEED	11 - DROVE OFF ROAD	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION	# OF THROUGH LANES	RAIL GRADE CROSSING			
Z	6-IMPROPERTURN	12 - IMPROPER BACKING		10		ON ROAD	1 - NOT (NVOLVED			
D SEQUENC	E OF EVENTS		EVENTS			2	1 2 - INVOLVED-ACTIVE CROSSING			
1 2 0	1 - OVERTURN/ROLLCVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE -	16 - RAILWAY VEHICLE	22 - WCRK ZONE MAINTENANCE		3 - INVOLVED-PASSIVE CROSSING			
	2 - FIRE/EXPLOSION 3 - IMMERSION	7 - SEPARATION OF UNITS B - RAN OFF ROAD RIGHT	OPPOSITE DIRECTION OF TRAVEL	17 - ANIMAL — FARM 18 - ANIMAL — DEER	EQUIPMENT 23 - STRUCK BY FALLING,	UNIT / NO	N-MOTORIST DIRECTION			
2	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	19-ANIMAL - OTHER	SHIFTING CARGO OR ANYTHING SET IN MOTION		1 - NORTH 5 - NORTHEAST			
8-14	5 - CARGO / EQUIPMENT	10 - CROSS MEDIAN	14 - PEDESTRIAN	20 - MOTOR VEHICLE IN TRANSPORT	BY A MOTOR VEHICLE	FROM 2 TO L	3 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST			
31	LOSS OR SHIFT		15-PEDALCYCLE	21 - PARKED MOTOR VEHICLE	24-OTHER MOVABLE CBJECT	FROM 10 C	4 - WEST 8 - SOUTHWEST			
	25 - IMPACT ATTENUATOR	COLLISI 31 - GUARDRAIL END	ON WITH FIXED OBJECT 37-TRAFFIC SIGN POST	T - STRUCK 43-CURB	50 - WORK ZONE MAINTENANCE		9 - OTHER / UNKNOWN			
41	/ CRASH CUSHION	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	EQUIPMENT	UNIT SPEED	DETECTED SPEED			
	26 - BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BARRIER		45 - EMBANKMENT	51 - WALL 52 - Building		1 - STATED / ESTIMATED SPEED			
5[27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE 47 - MAILBOX	53 - TUNNEL	0,0,5	2 - CALCULATED / EDR			
	28-BRIDGE PARAPET	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	4B-TREE	54-OTHER FIXED OBJECT	POSTED SPEED	3 - UNDETERMINED			
6	6 29-BRIDGE RAIL BARRIER OR SU 30-GUARDRAIL FACE 36-MEDIAN OTHER BARRIER 42-CULVI			49-FIRE HYDRANT	99 - OTHER / UNKNOWN					
_ 1	FIRST HARMFUL EVE	T 1 MOST	HARMFUL EVENT			2 5				
HSY8304 0	DH1U 1/19 [760-0820]				-	-	PAGE 3 OF 5			

OHIO DEPARTMENT								LOCAL REPORT NUMBER							
OF PUBLIC BAFETY MOTORIST / NON-MOTORIST								2,0,2,0,-,0,0,0,5,4,9,1,							
UNIT#	JNIT # NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH AGE GENDER					
0.1	DIX, D	AVID, E							0,7,1,1,1,9,4,1,7,8, M						
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP									PHONE - INCLUDE AREA CO	90E				
1158 P	1158 PIN OAK DR ,Kent ,OH 44240														
	TAKEN	EMS AGENCY (NAME)		INJUREDI	AKEN TO:	MEDICAL FACILITY	NAME, CITY)	USED	DOT-COM	1 0 0	AIR BAG US	AGE EJECTIO	N TRAPPED		
	BY							0,4	MC HEL	MET 0 1	1	11	_11		
OL STATE	OPERATOR LICENSE NUMBER OFFENSE CHAR				GED	LOCAL	OFFENSE DESC	ESCRIPTION CITATION NO			N NUMBER				
O, H,	RK811		JPTO3 DRIN	(ED.)	81.00	HOL / DRUG SUSPE		CONDITION	ALC	OHOL TEST		RUG TEST(5)		
UL CLASS	SELECT UP TO 2	NESTRICTION SELECTS		TRACTED		COHOL MAR		CONDITION	STATUS TY				LT SELECT UP TO 4		
4				1	ОТ	HER DRUG		1	1	1	1				
UNIT #	NAME: LAST,	FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER		
0.2	THOM	IPSON, ANDREW	V, E						0 6	1,4,2,0	0,0	1.9	M		
	STREET, CITY, S	•				 .			CONTACT	PHONE - INCLUDE AREA C	DDE				
3 HAN	MPSHII	RE DR ,TAYLORS	S ,SC 4	19687					ı						
INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED	AKEN TO:	MEDICAL FACILITY	NAME, CITY)	SAFETY EQUIPMENT	DOT-Cor		AIR BAG US	AGE EJECTIO	N TRAPPED		
	BY							0.4	MC HEL	MET 0 1	1	1	1		
OL STATE		LICENSE NUMBER			SE CHAR	GED	LOCAL	OFFENSE DESC				N NUMBER			
S,C	104337	-	Lan	331.		1101 / 20110 01100	X	Right of Way		OHOL TEST	61788	S RUG TEST(5)		
OL CLASS	SELECT UP TO 2	T RESTRICTION SELECT		TRACTED		COHOL MAR		CONDITION	STATUS TY				LT SELECTUPTO 4		
4				1	ОТ	HER DRUG		1	1	1	1				
UNIT#	NAME: LAST,	, FIRST, MIDDLE		11.000	Sec. 20 10					DATE OF BIRTH		AGE	GENDER		
									L						
ADDRESS:	STREET, CITY, S	TATE, ZIP							CONTACT	PHONE - INCLUDE AREA C	ODE				
INJURIES							DE LE HWE				11		1		
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO:	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-Cor	MPLIANT SEATING POSITION	AIR BAG US	AGE EJECTIO	N TRAPPED		
	BY	LIOCHEE MUMBER		00000	CF OLIAB	050	1.0041			MET			اب		
OL STATE	UPERATUR	LICENSE NUMBER		OFFEN	SE CHAR	GED	CODE	OFFENSE DESC	KIPIIUN		CHAIL	N NUMBER			
OI CLASS	ENDORSEMEN	T RESTRICTION SELECT	UPTO3 ORD	VER	AI CO	HOL / DRUG SUSPE	CTED	CONDITION	ALC	OHOL TEST	D	RUG TEST	(S)		
	ZE LECT UP TO 2		BA BIS.	TRACTED		parent .	RLIUANA		STATUS TY	PE VALUE	STATUS T	YPE RESU	ILT SELECT UP 104		
	L				OT	HER DRUG						اب اب			
INJU 1-FATAL	JRIES	SEATING POSITION	1 - NOT DEP	IR BAG		OL CLASS 1-CLASS A	S	OL RESTRIC	Part of the same	1-NOT DISTRACTED	manufacture of the second	TEST ST NONE GIVEN	TATUS		
	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOY			2 - CLASS B		2-COL INTRASTAT		2 - MANUÁLLY OPERATIN	GAN 2	-TEST REFUSE	0		
3 - SUSPECTED		2 FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOY			3 - CLASS C		3 - CORRECTIVE LE	NSES	DEVICE (TEXTING, TYP		TEST GIVEN, C			
4 - POSSIBLE IN 5 - NO APPAREN		4 SECOND - LEFT SIDE	5 - NOT APP	ED BOTH FRO	IN 1 7 SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS	A BUS	DIALING) 3 - TALKING ON HANDS-FF	er 4	-TEST GIVEN, R	AT PASSED A		
INTURED	TAKEN BY	(MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE	9 - DEPLOY	MENT UNKN	NWO	5 - M/G MOPED ONLY 6 - NO VALID OL		6-EXCEPT CLASS & CLASS B BUS	A	COMMUNICATION DEV	ICE 5-	-TEST GIVEN, R UNKNOWN	ESULTS		
1-NOTTRANSP	ORTED	6 - SECOND - RIGHT SIDE		1				7 - EXCEPT TRACTO	R-TRAILER	4 - TALKING ON HAND-HEI COMMUNICATION DEVI	CE	ALCOHOLT	FST TYPE		
/TREATED AT 2 - EMS	TSCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJE	TECTION CTED		OL ENDORSE	WENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY WITH ELECTRONIC DEVICE	AN	- NONE			
3-POLICE		8-THIRD - MIDDLE	56 s 6,535 (VE.ber)	LY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER	RMIT	6 - PASSENGER		- BLOOD - URINE			
9-OTHER/UNK	(NO\VN	9 THIRD - RIGHT SIDE. 10 SLEEPER SECTION	3 - TOTALLY 4 - NOT APP			P - PASSENGER N - TANKER		RESTRICTIONS 10 - LIMITED TO DAY	LIGHT ONLY	7 - OTHER DISTRACTION INSIDE THE VEHICLE		-BREATH			
AND DESCRIPTION OF STREET	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER		1 in 1		Q - MOTOR SCOOTER		11 - LIMITED TO EM	PLOYMENT	8-OTHER DISTRACTION O	OUTSIDE 5	-OTHER			
1 - NONE USED 2 - SHOULDER E	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1-NOTTRA	RAPPED PPED	Sale:	R-THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHI 13 - MECHANICAL D	Stock Michigan Company	9-OTHER/UNKNOWN		DRUG TES	ST TYPE		
3-LAP BELT OF	VLY USED	PICK-UP WITH CAP)	2 - EXTRICA			S - SCHOOL BUS T - DOUBLE & TRIPLE	TRAILERS	(SPECIAL BRAK CONTROLS, OR C	ES, HAND	CONDITION	10.00	- NONE - BLOOD			
	RAINT SYSTEM –	12 - PASSENGER IN UNENCLOSED CARGO AREA	3-FREED B	BY		X - TANKER / HAZMAT		ADAPTIVE DEVI	ICES)	1 - APPARENTLY NORMAL	3	URINE			
FORWARD FA	ACING	13-TRAILING UNIT	NON-ME	CHANICAL M	EANS	GENDER		14 - MILITARY VEHI 15 - Motor Vehicli	SA THE PLAN PROPERTY.	2 - PHYSICAL IMPAIRMEN 3 - EMOTIONAL (E.G., DEPR		-OTHER			
6 - CHILD REST	RAINT SYSTEM – IG	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F-FEMALE		AIR BRAKES 16-OUTSIDE MIRRO	18	AMCRY, DISTURBED)	D	RUG TEST	1927/10/07/29 10:00		
7 - BOOSTER SE		15 - NON-MOTORIST 99 - OTHER / UNKNOWN				M - MALE U - OTHER / UNKNOWN		17 - PROSTHETIC AL	Marie Santala Car	4 - ILLNESS 5 - FELL ASLEEP, FAINTED	CONTRACT OF A SHIPE	-AMPHETAMIN BARBITURATE			
8 - HELMET US 9 - PROTECTIVE	E PADS USED	A - Citical District M						18-OTHER		FATIGUED, ETC. 6 - UNDER THE INFLUENC	3	-BENZODIAZEF	PINES		
(ELBOW, KNI 10 - REFLECTIVE	EES, ETCJ									OF MEDICATIONS / DRU	GS 4	- CANNABINOID - COCAINE	S		
11 - LIGHTING -	PEDESTRIAN	The state of								9- OTHER / UNKNOWN	6	OPTATES/OPI	010\$		
/ BICYCLE O	NLY										7.	-OTHER			

OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER							
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UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER						
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PAN	ADDRESS:	STREET, CITY,	STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE								
OCCUPAN	750 P	ORT ST	Γ 1424 ,ALEX	ANDRA,V	A 22314									
ē	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT	- DOT C	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	5	BY					USED 0,4,	DOT-COMPLIANT	0 3	. 1	1 .	. 1		
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
	02	HAM	PTON, JAYLA											
LN		STREET, CITY,		, –		CONTACT PHONE - INCLUDE AREA CODE								
SUP	1127 I	RUTHE	REORD RD 1	7 GREEN	VILLE ,SC 29609	oon none	- INCLUDIT AREA GOI	, .						
) 		INJURED	EMS AGENCY (NAME)	7,GIGDDI	INJURED TAKEN TO: MEDICAL FACILITY				SEATING POSITION AIR BAG USAGE EJE					
	5 ,	TAKEN BY			Model Mich to Medial March	ii tismi, airi	USED	DOT-COMPLIANT	. 0 . 3 .	AIR BAG USAGE	_	TRAPPED 1		
2		NAME LO					0.4				1			
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
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OCCUPAN								<u></u>	1 1					
	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		ВҮ						MC HELMET						
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
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CCUPAN														
ō	INJURIES INJURED EMS AGENCY (NAME)				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN			DOT 0	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		TAKEN			USED			DOT-COMPLIANT MC HELMET						
		INJU	JRIES	SAFETY	EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE]		
	1 - FATA	AL		1 - NONE US		1 - FRON	T - LEFT SIDE		1 - NOT DE	PLOYED				
	2 - SUS	PECTED SE	RIOUS INJURY		OCCUPANT		ORCYCLE DRIV	ER)	2 - DEPLOYED FRONT					
	3 - SUS	PECTED MI	NOR INJURY		R BELT ONLY USED		IT – MIDDLE IT – RIGHT SIDE		3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE					
	4 - POS	SIBLE INJU	IRY	3 - LAP BELT			ND - LEFT SID							
	5 - NO A	PPARENT	INJURY		ER & LAP BELT USED	110000	ORCYCLE PASS	ENGER)						
	etero panerro	INJURED	TAKEN BY	The State of the S	ESTRAINT SYSTEM - 5 - SECOND - MIDDLE D FACING 6 - SECOND - RIGHT S			5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOV						
		TRANSPOR		6 - CHILD RE	ESTRAINT SYSTEM -	D - LEFT SIDE		9 - DEPLO	YMENT UNK	NOWN				
	/TRI	EATED AT S	CENE	REAR FA	CING	ORCYCLE SIDE		EJECTI	0 N					
	2 - EMS			7 - BOOSTER	SEAT	12-5	8 - THIRD – MIDDLE 9 - THIRD – RIGHT SIDE			1 - NOT EJECTED				
	3 - POL			8 - HELMET	USED 10 - SLEEPER SECTION			2 DADTIALLY ELECTED			ED			
	9 - OTH	ER / UNKNO	OWN		TVE PADS USED 11 - PASSENGER IN OT KNEES, ETC.) CARGO AREA (NO.)							212		
	Chicagonia	GEI	NDER	FINE COLUMN	IVE CLOTHING		O AREA (NON-TI PICK UP WITH CA	AND RESERVED ASSESSMENT OF THE PARTY OF THE	4 - NOT AP	PLICABLE				
	F-FEMA				G – PEDESTRIAN	12 - PASS	ENGER IN UNE			TRAPP	ED	100000-000		
	M - MAL U - OTHE	E Er/Unkno	WN	/ BICYCL			O AREA LING UNIT	1 - NOTTRAPPED						
		-it / Olditivo		99 - OTHER /	UNKNOWN		NG ON VEHICLE EXTERIOR		2 - EXTRICATED BY MECHANICAL			CAL		
						(NON-TRAILING UNIT)			MEANS 3 - FREED BY NON-MECHAI		CULANIC	All		
						A DESCRIPTION	MOTORIST ER/UNKNOWN		MEANS		CHANIC	AL		
H	NAME-1A	ST, FIRST, MIDE	ni F			99 - OTHE	N / DIVICIOUVI	DAT	E OF BIRTH		405	OF NO.		
SS	WANE. EA	, 1 m37, mile						DAI	E OF BIKIN		AGE	GENDER		
WITNESS	ADDRESS	: STREET, CITY	, STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	ne l				
W								- VIII I FIIONE	- INGLUDE AREA CO					
	NAME-1A	ST, FIRST, MIDI	DLE					DAT	F OF SIDTU	1	ACE	CENDED		
						DATE OF BIRTH AGE GENDER								
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								
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58								JAI	- vi vinin		AGE	GERDER		
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