OF PUBLIC SAFETY TRAFFIC CRASH R	LOCAL REPORT NUMBER*								
PHOTOS TAKEN 0H-2 0H-3	$2 \cdot 0 \cdot 2 \cdot 2 \cdot 2 \cdot - 0 \cdot 0 \cdot 0 \cdot 1 \cdot 4 \cdot 1 \cdot 9 \cdot 1$								
OH-1P OTHER F	REPORTING AGENCY NAME*	NCIC*		T COLVED OD ANIMAL					
PRIVATE PROPERTY	City of Kent Police	6,7,0,3	L1 2 - UNSOLVED		1 99 - UNKNOWN				
COUNTY* LOCALITY* LOCATION: CITY, 6 7 1 2 - VILLAGE Kent		CRASH DATE / TIME* 0.8/2/5/2/0/2/2// 10/3/1 4 1 - FATAL 2 - SERIOUS INJURY							
3-10WN9HIP	OCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES SUSPECTED						
S - SOUTH 3 E - EAST 7	MAIN		$\mathbf{S}_{\perp}\mathbf{T}_{\perp}$	41,153	C MANAGE AND				
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH F	REFERENCE ROAD NAME (ROAD, N	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DEC		INJURY POSSIBLE			
S - SOUTH E - EAST 1	1450		ļ. , ,	$\begin{bmatrix} 1 & 1 & 3 & 3 & 5 \end{bmatrix}$	7.5.1.	PROPERTY DAMAGE			
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE			NTERSECTION RELATED				
N-NORTH		ALLEY HW-HIGHWAY AVENUE LA - LANE	RD - ROAD SQ - SQUARE	WITHIN INTER	SECTION OR ON APPROA	СН			
3-HOUSE # E-EAST	EDENAL OF HOUSE	BOULEVARD MP - MILEPOST	ST - STREET	WITHIN INTER	CHÁNGE AREA NUM	BER OF APPROACHES			
	UMBERED COUNTY POUTE CR -	CIRCLE OV - OVAL COURT PK - PARKWAY	TE - TERRACE TL - TRAIL	ROADWAY					
1-MILES TR-M	NUMBERED TOWNSHIP DR -	DRIVE PI - PIKE	WA - WAY	ROADWAY DIVIDED					
	HE -	HEIGHTS PL - PLACE							
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 9 - CROSSOVER	1 - NOT (IER of CRASH COLLISION/IMF COLLISION 4 - REAR-TO-REAF		DIRECTION OF TRAVEL N - NORTH	1	ITYPE LUSH MEDIAN			
2 - ON SHOULDER 10-DRIVEWAY/A 3 - IN MEDIAN 11-RAILWAY GR	TWO	VEEN 5-BACKING MOTOR CLESIN 6-ANGLE		S-SOUTH	(<4 FEET	(< 4 FEET) 2 - DIVIDED FLUSH MEDIAN			
4 - ON ROADSIDE 12-SHARED USI	E PATHS OR TRAN	ISPORT 7 - SIDESWIPE, SA		E - EAST W - WEST	(≥4 FEET				
6-OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REAR 3 - HEAD	•			4 - DIVIDED, F	RAISED MEDIAN			
7 - ON RAMP 14-TOLL BOOTH 8 - OFF RAMP 99-OTHER/UNI					(ANY TYPI 9 - OTHER/UN				
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN V	VORK ZONE	CONTOUR	CONDITIONS	SURFACE			
1-1	ANE CLOSURE	1 - BEFORE THE 1S WARNING SIGN	EFORE THE 1ST WORK ZONE 1 1 1			2			
3-V	ANE SHIFT/CROSSOVER VORK ON SHOULDER	2 - ADVANCE WARN	IING AREA	1 - STRAIGHT LEVEL 1 - DRY 1 - CONC					
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	OR MEDIAN NTERMITTENT OR MOVING WORK	3 - TRANSITION AR 4 - ACTIVITY AREA	12-SIKAIGHI GRAPE 2-WEI			2 - BLACKTOP, BITUMINOUS,			
ACTIVE SCHOOL ZONE 5 - (DTHER	5 - TERMINATION A	AREA	4 01000 00405 4 105					
LIGHT CONDITION	WEATHE			9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL 3 - BRICK/E					
1 - DAYLIGHT 2 - DAWN/DUSK	1-CLEAR 2-CLOUDY	6 - SNOW 7 - SEVERE CROSSWINDS			6 - WATER (STANDING,	STONE 5 - DIRT			
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	8 - BLOWING SAND, SOIL, DI 9 - FREEZING RAIN OR FREE	•	.	MOVING) 7 - SLUSH	9 - OTHER/UNKNOWN				
5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	99 - OTHER / UNKNOWN							
9 - OTHER / UNKNOWN			·			Tuellanta the counth			
NARRATIVE						Indicate the north direction with an "N" on the			
Unit 1 was northbound pulling		<u>y</u>				compass diagram.			
for 1450 E Main St and struck									
which was walking westbound	on the sidewalk acro	oss							
the driveway.				1440 j 81)	î	•			
				2 6					
					MATO Denie	D			
			145	0					
				'	•				
-16/1-10/2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1									
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE /TI	ME	SCENE CLEARED	DATE / TIME	REPORT TAKEN BY			
0.8, 2.5, 2.0, 2.2, /.1, 0.3, 1.0, 8.2	15 ₁ 2 ₁ 0 ₁ 2 ₁ 2 ₁ / ₁ 1 ₁ 0 ₁ 3 ₁ 2 ₁	0,8,2,5,2,0,2,2,/	1,0,3,7	0,8,2,5,2,0,2	[2,/,1,0,5,8]	<u> </u>			
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUT	L OFFICER'S NAME*	L	Снескео ву ОР	FICER'S NAME*		MOTORIST			
WANDAM, OCCORD THAT STIMMING THAT	Darran, Denja	MIN ADGE NUMBER*		OSET, JAMES KED BY OFFICER'S BADGE NUMBER* SUPPLEMENT (CORRECTION OF ADDITIO					
0,0,0,0,6,0,0,8	•		5 ₁ 5 ₁						

PAGE 2 OF L

 $2 \cdot 0 \cdot 2 \cdot 2 \cdot 2 \cdot - 0 \cdot 0 \cdot 0 \cdot 1 \cdot 4 \cdot 1 \cdot 9 \cdot 1$

				OWNER PHONE: INCLUI	DE AREA CODE (\Box same as driver)	DAMAGE			
	DRESS: STREET, CITY, STATE, 2			[3]3]0]4]3	0 0 4 3 0 1	DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE			
	OLIVAR RD		OH 44706			1 2 - MINOR DAMAGE 4 - DISABLING DAMAGE			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP				COMMERCIAL CARRIER I	PHONE: INCLUDE AREA CODE	9 - UNKNOWN DAMAGED AREA(S)			
	LICENSE PLATE # GAK2039	VEHICLE I	IDENTIFICATION # K3.D6.3.7.6.3	VEHICLE YEAR	R VEHICLE MAKE Chevrolet	INDICATE ALL THAT APPLY			
INSURAN VERIFIE		NY INS	SURANCE POLICY #	color WHI	VEHICLE MODEL EQUINOX	10 11 12 1	10 11 12 1		
COMME	TYPE OF USE	IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY	NAME	9 10 2	3 9 10 2 3		
INTERL DEVICE EQUIPP		#OCCUPANTS VEHI	CLEWEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	MATERIAL C	JS MATERIAL LASS # PLACARD ID #	8 7 6 6	8 7 6 5		
UNIT TYPE	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN	8 - MOTORCYCLE 3-WHEELED 19 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 1	13 - SNOWMOBILE 14 - Single Unit Truck 15 - Semi-tractor	18-LIMO (LIVERY VEHICLE) 19-BUS (16+ PASSENGERS) 20-OTHER VEHICLE 21-HEAVY EQUIPMENT 22-ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANYTYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	10	11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2	WAS VEHICLE OPERATING IN AUT Mode when crash occurred? 1-yes 2-no 9-other/unkn	. 0	1 - DRIVER ASSISTANCE	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN	10 11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 9 9 0 2 3 3		
0 1	2 - TAXI 3 - ELECTRONIC RIDE SHARING	7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - Other / Unknown	8 7 6 6	12 12 12		
O 1 CARGO BODY TYPE	/ NOT APPLICABLE		5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10-FLAT BED 11-DUMP	12-CONCRETE MIXER 13-AUTO TRANSPORTER 14-GARBAGE/REFUSE 99-OTHER / UNKNOWN	9 12 3 9	3 9 3 3		
VEHICLE DEFECTS			7 - WORN OR SLICKTIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10-disabled from Prior Accident	99-OTHER/UNKNOWN	6 □ - NO DAMAGE	6 6 6 6 6 [0]		
NON-MOTORIST LOCATION AT IMPACT	CROSSWALK 2 - INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10-driveway access 11-shared use Paths or Trails	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN	— □-TOP [13]	☐-ALL AREAS [15]		
	2-NON-COLLISION 3-STRIKING 0 1	2 - BACKING 3 - Changing Lanes 4 - Overtaking/Passing	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13-NEGOTIATING A CURVE 14-ENTERING OR CROSSING SPECIFIED LOCATION 15-WALKING, RUNNING, JOGGING, PLAYING 16-WORKING 17-PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN	0 - NO DAMA	R TO UNIT 15 - VEHICLE NOT AT SCENE		
0 2 CONTRIBUTING	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 6 5 - UNSAFE SPEED	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD	13-IMPROPER START FROM A PARKED POSITION 14-STOPPED OR PARKED ILLEGALLY 15-SWERVING TO AVOID 16-WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/ SPILLING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION	TRAFFICWAY FLOW 1 - ONE-WAY 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL		
<u> </u>	6-IMPROPERTURN	12 - IMPROPER BACKING	10 - WHORK WAI	20-IMPROPER CROSSING		# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED		
SEQUENC	E OF EVENTS		NON-COLLISION			0	1 2 - INVOLVED-ACTIVE CROSSING		
1 1 4	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	11 - CROSS CENTERLINE — OPPOSITE DIRECTION OF	16-RAILWAY VEHICLE 17-ANIMAL — FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT		3 - INVOLVED-PASSIVE CROSSING		
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	TRAVEL 12 - DOWNHILL RUNAWAY	18-ANIMAL — DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR	UNIT/N	ON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST		
3	J 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT J	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	13 - OTHER NON-COLLISION 14 - Pedestrian 15 - Pedalcycle	19-ANIMAL — OTHER 20-MOTOR VEHICLE IN TRANSPORT 21-PARKED MOTOR VEHICLE	ANYTHING SET IN MOTION By a motor vehicle 24-other movable object	FROM 2 TO	2 - SOUTH 6 - NORTHWEST		
	25-IMPACT ATTENUATOR	COLLISIO 31 - GUARDRAIL END	N WITH FIXED OBJEC 37-TRAFFIC SIGN POST	T - STRUCK 43-CURB	50 - WORK ZONE MAINTENANCE		9 - OTHER/UNKNOWN		
4	/ CRASH CUSHION 26-BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARORAIL	38-OVERHEAD SIGN POST 39-LIGHT/LUMINARIES SUPPORT	44 - DITCH 45 - EMBANKMENT 46 - FENCE	EQUIPMENT 51 - WALL 52 - BUILDING	UNIT SPEED	DETECTED SPEED 1 - STATED / ESTIMATED SPEED		
6	J 27-BRIDGE PIER OR ABUTMENT 28-BRIDGE PARAPET J 29-BRIDGE RAIL	BARRIER 35 - MEDIAN CONCRETE BARRIER	40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	POSTED SPEED	2 - CALCULATED / EDR 3 - UNDETERMINED		
1	30-GUARDRAIL FACE	36-MEDIAN OTHER BARRIER	42-CULVERT	O-LUNE HINGH)					

OHIO DE	EPARTMENT				Γ	I OCAL DE	EPORT NUMBER				
OF PUB	LIC SAFETY UNIT				l		0 0 1 4 1 9 1				
<u>_0 _2</u>]	OWNER NAME: LAST, FIRST, PETROSKI, V	ICTORIA, G	DAMAGE DAMAGE SCALE								
OWNER ADDRESS: STREET, CITY, STATE, ZIP (MISAME AS DRIVER) 2740 ELMWOOD ST , Cuyahoga Falls ,OH 44221						1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE					
COMMERC	AL CARRIER: NAME, ADDRE	SS, CITY, STATE, ZIP	9 - UNKNOWN DAMAGED AREA(S)								
LP STATE	LICENSE PLATE#	VEHICLE	IDENTIFICATION #	VEHICLE YEA	R VEHICLE MAKE		ALL THAT APPLY				
INSURAN VERIFIE	CE INSURANCE COMPA	NY IN	SURANCE POLICY #	COLOR	VEHICLE MODEL	11 12 1	10 11 12 1				
COMMER	TYPE OF USE COMMERCIAL GOVERNMENT RESPONSE		US DOT #	TOWED BY: COMPANY		9 10 2 3 3	9 9 3 3				
INTERL DEVICE	HIT/SKIP UNIT		ICLE WEIGHT GVWR/GCWR 1 - <10K lbs. 2 - 10,001 - 26K lbs. 3 - >26K lbs.		IS MATERIAL LASS # PLACARD ID #	8 7 6 6	8 7 5 4				
2,3 UNIT TYPE	1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CA			19-BUS (16+ PASSENGERS) 20-OTHER VEHICLE 21-HEAVY EQUIPMENT 22-ANIMAL WITH RIDER OR	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - Train 99 - Unknown or Hit/Skip	9 (1 1 2 2 3 3 3 3 4 4 7 1 5 5 12				
	WAS VEHICLE OPERATING IN AUT MODE WHEN CRASH OCCURRED? 1-YES 2-NO 9-OTHER/UNKN	OWN AUTONOMOUS MODE LEVEL	1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION		11 12 1 2 2 9 3 3 3	6 11 12 1 1 2 2 9 9 9 9 3 3 3 3				
EBECIAL	2 - TAXI 3 - ELECTRONIC RIDE SHARING	7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER	12 - MILITARY 13 - POLICE	16-FARM 17-MOWING 18-Snow Removal 19-Towing 20-Safety Service Patrol	21 - MAIL CARRIER 99 - OTHER / UNKNOWN	7 6 6	8 7 6 6 4 4 6 5 12 12 12				
CARGO BODY TYPE	/ NOT APPLICABLE	3 - VEHICLETOWING ANOTHER MOTORVEHICLE 4 - LOGGING	CHASSIS	8 - POLE 9 - CARGOTANK 10 - Flat Bed 11 - Dump	12-CONCRETE MIXER 13-AUTOTRANSPORTER 14-GARBAGE/REFUSE 99-OTHER/UNKNOWN	9 3 9	3 9 3 3				
VEHICLE DEFECTS	2 - HEAD LAMPS	4 - BRAKES 5 - Steering 6 - Tire Blowout	7 - WORN OR SLICKTIRES 8 - Trailer Equipment Defective	9 - MOTOR TROUBLE 10-disabled from Prior Accident	99-OTHER/UNKNOWN	6 □-NO DAMAGE (0	6 6 6				
1 0, NON-MOTORIST LOCATION AT IMPACT	CROSSWALK 2 - INTERSECTION – UNMARKED	3 - INTERSECTION – OTHER 4 - MIDBLOCK – MARKED CROSSWALK 5 - TRAVEL LANE – OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10-DRIVEWAY ACCESS 11-SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN	-TOP (13) -ALL AREAS (15)					
4_ACTION	2-NON-COLLISION 15	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHTTURN 6 - MAKING LEFTTURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN	0 - NO DAMAGE 1-12 - REFERT DIAGRAN 13 - TOP	OUNIT 15 - VEHICLE NOT AT SCENE				
O 1 CONTRIBUTIN CIRCUMSTANCE	2 - FAILURE TO YIELD	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACD 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/ SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION	TRAFFICWAY FLOW 1 - ONE-WAY 1 - 2 - TWO-WAY # of THROUGH LANES	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL RAIL GRADE CROSSING				
SEQUENC	E OF EVENTS 1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	NON-COLLISION 11-CROSS CENTERLINE -	16-RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE	ON ROAD	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING				
	2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		OPPOSITE DIRECTION OF TRAVEL 12-DOWNHILL RUNAWAY 13-OTHER NON-COLLISION 14-PEDESTRIAN 15-PEDALCYCLE IN WITH FIXED OBJEC		EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	FROM 3 TO	-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 4 - WEST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN				
5	25-IMPACT ATTENUATOR // CRASH CUSHION 26-BRIDGE OVERHEAD STRUCTURE J 27-BRIDGE PIER OR ABUTMENT 28-BRIDGE PARAPET J 29-BRIDGE RAIL 30-GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 44 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	UNIT SPEED POSTED SPEED	DETECTED SPEED 1 - STATED / ESTIMATED SPEED L 2 - CALCULATED / EDR 3 - UNDETERMINED				

1 | FIRST HARMFUL EVENT | 1 | MOST HARMFUL EVENT

OHIO DEF OF PUBLI	SONIO DEPARTMENT MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER 2 0 2 2 - 0 0 0 1 4 1 9 1						
UNIT#								DATE OF BIRTH AGE GENDER						
	NADER, ANTHONY, UBERT						0 3 0 6 1 9 7 4 4 8 M							
لتنالث	ESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE					
3680 I)AUPHIN	N DR NE ,CANTO	O, NC	H 447	721				L					
INJURIES	ES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED							DOT-COMP		ON AIR BAG	USAGE EJECTION	TRAPPED		
5	BY L							0 4	MC HELM	ET 0 1	1			
OL STATE	OPERATOR LI	CENSE NUMBER		OFFENS		BED	LOCAL CODE	OFFENSE DESC			i	ION NUMBER		
O, H,	ENDORSEMENT	RESTRICTION SELECT UP	TO3 DRIV	313.0		HOL / DRUG SUSPI	X	Pedestrian Co	entrol S 21437 ALCOHOL TEST DRUG TEST(S)			13).		
UL GLASS	SELECT UP TO 2	RESTRICTION SELECT OF		TRACTED	-	COHOL MAI		COMPLITOR	STATUS TYP		STATUS		T SELECT UPTO 4	
4			_	1	ОТІ	HER DRUG		1	1 1		1	1		
UNIT #	NAME: LAST, FI	•							DATE OF BIRTH		AGE	GENDER		
0.2	<u> </u>	SKI, VICTORIA	, GRA	ACE					$\lfloor 1 \rfloor 0 \rfloor$	2 + 3 + 2 + 0	$0_{\perp}0_{\perp}3$	3 1 1 8 L	<u>F</u>	
ADDRESS	: STREET, CITY, STA	•	T3 11	O.T.T	. 4400				GONTACT PI	IONE - INCLUDE ARE	V CODE		,	
2740		OD ST ,Cuyahog	a Fall					LOAFETY PAULDNENT	L	CEATING BOOK	7011 412 240	Water I Pursue	1	
2740] INJURIES	INJURED E TAKEN BY 1	:MS AGENCY (NAME)		INJUREDT	AKEN TO:	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED 0 1	DOT-COMPLIANT SEATING POSITION AIR BAG USA			OSAGE EJECTION	I TRAPPED	
OL STATE	OPERATOR LI	CENSE NUMBER		OFFENS	E CHAR	GED	LOCAL	OFFENSE DESC	RIPTION		CITAT	ITON NUMBER		
O H				ļ						LIAT MEAN		DD1(0.000000)		
OL STATE OL H OL CLASS	SELECT UP TO 2	RESTRICTION SELECT U		VER TRACTED	Property.	HOL/DRUG SUSP COHOL MA	ECTED RIJUANA	CONDITION	STATUS TYP	HOL TEST VALUE	STATUS	DRUG TEST(TYPE RESU	LT SELECTUPTO 4	
. 4	1 11 1	 		1	=	HER DRUG		1	1 1		1	1		
UNIT#	NAME: LAST, F	IRST, MIDDLE					.:	<u> </u>	DATE OF BIRTH AGE GENDER					
<u> </u>														
ADDRESS	: STREET, CITY, STA	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
									LL			<u> </u>		
INJURIES	TAKEN	EMS AGENCY (NAME)		INJUREDT	TAKEN TO:	MEDICAL FACILITY	(NAME, CITY	SAFETY EQUIPMENT	DOT-COM	PLIANT	TION AIR BAI	G USAGE EJECTIO	N TRAPPED	
OL STATE	STATE OPERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL OFFENSE DES			<u> </u>		CITA	TION NUMBER	<u> </u>			
					,		CODE							
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT U		IVER	ALCO	HOL / DRUG SUSF	ECTED	CONDITION	ALCO STATUS TY	DHOLTEST PE VALUE	STATUS	DRUG TEST(S) LT SELEGI UP 104	
	SELECTUPIOZ		BY	STRACTED		- Internal	ARIJUANA	4	Jan Co	T TALLET	JIAIOS	1112 11200	LI SELECTOFICA	
LTNI	URIES	SEATING POSITION		AIR BAG	TO.	THER DRUG OL CLAS	: c	OL RESTRI	CTION(S)	DRIVER DISTR	ACTION	TEST ST	ATIIS	
1 FATAL		1 - FRONT - LEFT SIDE	1 - NOT DE			1 - CLASS A		1-ALCOHOL INTE	a company that the design of the	1 - NOT DISTRACTED		1 - NONE GIVEN		
	D SERIOUS INJURY D Minor Injury	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOY 3 - DEPLOY			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTA 3 - CORRECTIVE L		2 - MANUALLY OPERA ELECTRONIC COM	MUNICATION	2 - TEST REFUSEI 3 - TEST GIVEN, C	3.80, aug 12.80 - 90 c 2.5	
4 - POSSIBLE		3 - FRONT - RIGHT SIDE		/ED BOTH FRO	ONT/SIDE	4 - REGULAR CLASS		4 - FARM WAIVER	化二甲基甲磺酰 网络红海	DEVICE (TEXTING DIALING)	TYPING,	SAMPLE / UNU	ISABLE	
5 - NO APPARE	NT INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT AP	PLICABLE Yment unkn	ANIAI.	(OHIO = D) 5 - M/C MOPED ONLY		5 - EXCEPT CLASS		3 - TALKING ON HAND COMMUNICATION		4 - TEST GIVEN, R 5 - TEST GIVEN, R	termina in the second	
	TAKEN BY	5 - SECOND - MIDDLE 1-6 - SECOND - RIGHT SIDE	9-DEPLUI	YMENI UNKN	UWN	6 - NO VALID OL		& CLASS B BU	S	4 - TALKING ON HAND	HELD	UNKNOWN		
1 - NOT TRANS /TREATED		7 - THIRD - LEFT SIDE		JECTION		OL ENDORSI	EMENT	7 - EXCEPT TRAC 8 - INTERMEDIAT	(1) (1) (1) (1) (1) (1) (1) (1)	COMMUNICATION 5 - OTHER ACTIVITY	The second second	ALCOHOLT	EST TYPE	
2 - EMS		(MOTORCYCLE SIDE CAR) 8-Third – Middle	1 - NOT EJ			H - HAZMAT		RESTRICTION	S	ELECTRONIC DEV 6 - Passenger	ICE	1 - NONE 2 - BLOOD		
3 - POLICE 9 - OTHER/UI	NKNOWN	9-THIRD - RIGHT SIDE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ILLY EJECTED Y ejected		M - MOTORCYCLE P - Passenger		9 - LEARNER'S PI RESTRICTION:		7 - OTHER DISTRACT		3 - URINE		
SAFETY	EQUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT AP	PLICABLE		N -TANKER		10 - LIMITED TO D. 11 - LIMITED TO E	30.00 经总统经济 电电子电影	INSIDE THE VEHI 8 - OTHER DISTRACT		4 - BREATH 5 - OTHER		
1 - NONE USE		11 - PASSENGER IN OTHER Enclosed Cargo Area	313 34 3 1 E	TRAPPED	Par Par	Q - MOTOR SCOOTER R - THREE-WHEEL I		10 LIMITED AT	化硫二甲烷二甲基二甲烷 黃	THE VEHICLE 9 - OTHER / UNKNOW	N	DRUG TE	STTYPE	
2 - SHOULDER 3 - Lap Belt	R BELT ONLY USED	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOT TR 2 - EXTRIC			S = SCHOOL BUS		13 - MECHANICAL (SPECIAL BRA				1-NONE		
100	R & LAP BELT USED	12 - PASSENGER IN UNENCLOSED	MECHA	NICAL MEAN	S.	T - DOUBLE & TRIP		CONTROLS, OF ADAPTIVE DE		CONDITI 1 - APPARENTLY NOR	at participal street	2-BLOOD 3-URINE		
	STRAINT SYSTEM – Facing	CARGO AREA 13-trailing unit	3-FREED NON-M	ECHANICAL N	MEANS	GENDE		14 - MILITARY VEI		2 - PHYSICAL IMPAIR	RMENT	4 - OTHER		
100	HILD RESTRAINT SYSTEM - 14 - RIDING ON VEHICLE EXTERIOR					F-FEMALE		15 - MOTOR VEHIC AIR BRAKES		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		DRUG TEST	RESULT(S)	
7 - BOOSTER	Y 44.	15 - NON-MOTORIST				M - MALE	A/NI	16 - OUTSIDE MIR 17 - PROSTHETIC		4 - ILLNESS 5 - Fell Asleep, Fai	NTED	1 - AMPHETAMII 2 - BARBITURAT		
8 - HELMET U	USED Ve pads used	99-OTHER/UNKNOWN			eta Mili Abg. 188	U - OTHER / UNKNOV	n N	18-OTHER		FATIGUED, ETC.		3 - BENZODIAZE		
(ELBOW, K	(NEES, ETC.)									6-UNDER THE INFL OF MEDICATIONS		4 - CANNABINOI	DS	
10 - REFLECTI	VE CLOTHING - Pedestrian									/ALCOHOL 9-OTHER/UNKNOW	N	5 - COCAINE 6 - OPIATES / OP	101DS	
/ BICYCLE	ONLY											7-OTHER		
99 - OTHER/U	NKNUWN				A. Ca	se di Salaharan						8 - NEGATIVE R	ESULTS	