OHIO DEPARTMENT TO OF PUBLIC SAFETY	RAFFIC CR	ASH	REPORT	*DENOTE	S MANDATORY FI	ELD FOR SUPPLEM	ENT REPORT		OCAL REPORT NO	JMBER*		
PHOTOS TAKEN	OH-2	0H-3	LOCAL INFORMA					2,0,2,0,	- , 0 , 0 , 0	1,9,2,8,9		
		EPORTING AGENCY NAME* NCIC*				HIT/SKIP	NUMBER OF UNITS					
SECONDARY CRASH PRIVATE PROPERTY City of Kent Pol					ice	.0 ,	6,7,0,3	1 - SOLVED	0,2	0 2 98 - ANIMAL		
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP*								CRASH DATE /	TIME*	CRASH SEVERITY		
6,7 1 2-1	VILLAGE Kei	nt						11212020	/1756 5	1 - FATAL 2 - SERIOUS INJURY		
ROUTE TYPE ROUTE NU		NORTH SOUTH	LOCATION ROAD	NAME			ROAD TYPE	LATITUDE DE	CIMAL DEGREES	SUSPECTED		
1 3-EAST DEPEYER							S T 41,155,595,2			3 - MINOR INJURY SUSPECTED		
ROUTE TYPE ROUTE NU	MBER PREFIX 1-	NORTH	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)				ROAD TYPE	LONGITUDE	4 - INJURY POSSIBLE			
ROUTE TYPE ROUTE NU	3-	SOUTH EAST	313					-81,3,5,6		5 - PROPERTY DAMAGE		
REFERENCE POINT	_	WEST	ROUTE TYP	_	1000	ROAD TYPE				ONLY		
1-INTERSECTION	DIRECTION FROM REFERENCE 1 - NORT	H IR -	INTERSTATE RO		AL -ALLEY		RD - ROAD		INTERSECTION R			
3 2-MILE POST 3-HOUSE #	2-SOUT 3-EAST		FEDERAL US RO	UTE	AV - AVENUE		Q - SQUARE	- within the	KSECTION ON UN A	ECTION OR ON APPROACH		
DICTANOP	4-WEST	100	STATE ROUTE		BL - BOULEVARD CR - CIRCLE		T -STREET	WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHE		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1 - MILE	35030	NUMBERED COU		CT - COURT		L -TRAIL	ROADWAY				
	2-FEET		- NUMBERED TOWNSHIP ROUTE DR - DRIVE PI - PIKE HE - HEIGHTS PL - PLACE				VA - WAY	ROADWAY DIVIDED				
LOCATION	3-YARD			Г —		The State of Contract of Contr						
1 - ON ROADWA	N OF FIRST HARME 4Y 9 - CF	OSSOVER		1		H COLLISION/IMPA 4 - REAR-TO-REAR	СТ	DIRECTION OF TRAVE		MEDIAN TYPE		
0 1 2-ON SHOULD			ALLEY ACCESS	6	BETWEEN TWO MOTOR	5 - BACKING		1 - NORTH 2 - SOUTH		/IDED FLUSH MEDIAN 4 FEET)		
3 - IN MEDIAN 4 - ON ROADSIE			RADE CROSSING E PATHS OR		VEHICLES IN	6 - ANGLE 7 - Sideswipe, sam	F DIRECTION	3- EAST		/IDED FLUSH MEDIAN 4 FEET)		
5 - ON GORE	T	RAILS		2 -		8 - SIDESWIPE, OPPO		4-WEST	3 - DIV	IDED, DEPRESSED MEDIA		
6 - OUTSIDE TR 7 - ON RAMP	INI I IO WAI	IKE LANE OLL BOÖTI	4	3-	HEAD-ON	9 - OTHER / UNKNO	WN			(IDED, RAISED MEDIAN NY TYPE)		
8 - OFF RAMP	99-0	THER / UN	KNOWN							HER/UNKNOWN		
WORK ZONE RELA	TED		WORK ZONE TY	PE	LOCATIO	ON OF CRASH IN WO	RK ZONE	CONTOUR	CONDITION	S SURFACE		
WORKERS PRESEN			LANE CLOSURE		1	- BEFORE THE 1ST	WORK ZONE	, 2	. 1	2		
			LANE SHIFT/CRO WORK ON SHOUL		2	- ADVANCE WARNIN	IG AREA	1-STRAIGHT LEVEL	1 - DRY	1 - CONCRETE		
LAW ENFORCEMENT	NT PRESENT		OR MEDIAN			-TRANSITION AREA	4	2 - STRAIGHT GRADE	2-WET	2 - BLACKTOP		
ACTIVE SCHOOL Z	ONE		INTERMITTENT: OTHER	R MOVING V		- ACTIVITY AREA - TERMINATION AR	EA	3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT		
LIGHT	DONDITION			-1000			W	4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK		
1 - DAYLIGHT	CONDITION		1-C		6-SNOW			9 - OTHER/UNKNOWN	5 - SAND, MUD, DI OIL, GRAVEL	4- SCAG, GRAVEL,		
3 2-DAWN/DUSK			0.1 2-0	OUDY	7 - SEVERE	CROSSWINDS			6 - WATER (STANE	STONE DING, 5 - DIRT		
3 - DARK - LIGH 4 - DARK - ROAL	3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW 4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZLE						MOVING)	9 - OTHER/UNKNOW				
5 - DARK - UNK								7 - SLUSH 9 - OTHER/UNKNO	iwn			
9 - OTHER / UNI	KNOWN	-							7 011121001111110			
NARRATIVE										Indicate the nort		
UNIT ONE W	AS TRAVI	ELING	G NORTE	IBOUN	ID ON N.				•	direction with an "N" on the		
									-	compass diagram		
DEPEYSTE	K 51. UNI	LIW	U WAS E	NIEKI	ING							
THE ROAD	WAY FRO	M 313	N. DEPE	YSTE	R ST.	1						
UNIT TWO	FAILED T	O YII	ELD TO I	NIT O	NE		1	1 1				
PRIOR TO E	INTEDING	TUI	DOADW	VANZ TI	NITT	-						
								No	7 70 BOAL	- (N		
ONE THEN	STRUCK	UNIT	TWO CA	USING	G MINOR		11			E-control of the control of the cont		
PROPERTY	DAMAGE	ONL	X.			ALLEY #1	1	3	ION DEPEYSTER ST			
								5				
		-						H. OZPRYSTER				
					10 10 10 to describe description de la proper							
CRASH REPORTED	DATE/TIME		DISPATCH DATE	/TIME	At	RRIVAL DATE / TIME		SCENE CLEARED	DATE / TIME	REPORT TAKEN BY		
1, 1, 2, 1, 2, 0, 2, 0		i								POLICE AGENCY		
TOTAL TIME	OTHER				7 1 1 1 2 1			1,1,2,1,2,0,2	U ₁ / ₁ 8,2,7	MOTORIST		
ROADWAY CLOSED INV		TOTA FUNIM		's name* ulty, Sa	mantha S	S	нескев ву OFF hort, Ja	icer's name* son M		SUPPLEMENT		
					'S BADGE NUMBE			BY OFFICER'S BADGE	NUMBER*	(CORRECTION OR ADDITION OF AN EXISTED FOR THE SERVICE		
0 0 0 0	0 3 0	0,6	0 2	3	6		2 , 2	8				

HSY8304 OH1U 1/19 [760-0820]



LOCAL REPORT NUMBER 2,0,2,0,-,0,0,0,1,9,2,8,9 OWNER NAME: LAST, FIRST, MIDDLE (X) SAVE AS DRIVER THE PROPERTY OF AREA PORT A THE AS DRIVERS DAMAGE 0 2 MCCOY, AMY, G DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 6420 HANKEE RD ,Freedom ,OH 44255 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 9 - UNKNOWN DAMAGED AREA(S) INDICATE ALL THAT APPLY LP STATE LICENSE PLATE # **VEHICLE IDENTIFICATION #** VEHICLE YEAR VEHICLE MAKE 1, C4, NJ, DE, B8, HD1, 2, 6, 4, 0, 6, O. H. DIU3606 2 0 1 7 Jeep INSURANCE COMPANY INSURANCE POLICY # INSURANCE VERIFIED COLOR VEHICLE MODEL **PROGRESSIVE** 75312403 RED **COMPASS** TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT IN EMERGENCY HAZARDOUS MATERIAL **VEHICLE WEIGHT GVWR/GCWR** #OCCUPANTS MATERIAL RELEASED INTERLOCK CLASS # PLACARD ID # 1 - <10K | BS DEVICE HIT/SKIP UNIT 2 - 10,001 - 26K LBS 0,2 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) B - MOTORCYCLE 3-WHEELED 13-SNCWMOBILE 19-BUS (16+ PASSENGERS) 0 3 - SPORT UTILITY VEHICLE 24 - WHEELCHAIR JANY TYPE 9 - AUTOCYCLE 14-SINGLE UNITTRUCK 20-OTHER VEHICLE 25 - OTHER NON-MOTORIST UNIT TYPE 4 - PICK UP 10 - MOPED OR MOTORIZED 15-SEVI-TRACTOR 21 - HEAVY EQUIPMENT 26-BICYCLE BICYCLE 5 - CARGO VAN 16-FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 -TRAIN 11 - ALL TERRAIN VEHICLE 6 - VAN (9-15 SEATS) ANIMAL-DRAWN VEHICLE 17 - MOTORHOME 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 1 1-YES 2-X0 9-OTHER/UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION AUTONOMOUS MODE LEVEL 1 - NONE 6 - BUS - CHARTER/TOUR 11.FIRE 16-FARM 21 - MAIL CARRIER 0 1 2 - TAXI 7 - BUS - INTERCITY 12-MILITARY 17 - MCWING 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-AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL 12 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POI = 12 - CONCRETE MIXER 0,1 / NOT APPLICABLE MOTOR VEHICLE CHASSIS CARGO 9 - CARGOTANK 13 - AUTO TRANSPORTER 4 - LOGGING 6 - CARGO VAN/ENCLOSED BCX 10-FLAT BED 14-GARBAGE/REFUSE BODY 7 - GRA!N/CHIPS/GRAVEL TYPE 11.DIIMP 99-OTHER/LINKNOWA 00 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICKTIRES 9 - MOTOR TROUBLE 99-OTHER/UNKNOWN VEHICLE 2 - HEAD LAMPS 5 - STEERING 8 - 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 - MEDIAWCROSSING ISLAND 12-FIRST RESPONDER CROSSWALK AT INCIDENT SCENE 4 - VIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10-DRIVEWAY ACCESS □-TOP | 13 | - ALL AREAS [15] NON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 99 - OTHER / UNKNOWN B - SIDEWALK 11 - SHARED USE PATHS OR LOCATION AT IMPACT CRESSWALK 5 - TRAVEL LANE - OTHER LOCATION TRAILS - UNIT NOT AT SCENE [16] 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT 2-NON-COLLISION 2 - BACKING 14 - ENTERING OR CROSSING OR LEAVING VEHICLE 8 - ENTERING TRAFFIC LANE 0 6 3 - CHANGING LANES 4 3-STREKING 0 - NO DAMAGE 14 - UNDERCARRIAGE SPECIFIED LOCATION 19-STANDING 9 - LEAVING TRAFFIC LANE PRE-CRASH 4 - OVERTAKING/PASSING 1, 2, 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE ACTION 4- STRUCK 15-WALKING, RUNNING, 20-OTHER NON-WOTORIST 10-PARKED DIAGRAM JOGGING, PLAYING 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN 21-STANDING OUTSIDE 99 - UNKNOWN 11 - SLOWING OR STOPPED 13 - TOP 16-WORKING INTRAFFIC DISABLED VEHICLE & STRUCK 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99-OTHER/UNKNOWN 9-CTHER/UNKNOWN 12 - DR VERLESS TRAFFIC 1-NONE 7 - LEFT OF CENTER 13-IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY TRAFFICWAY FLOW TRAFFIC CONTROL PARKED POSITION 18 - OPERATING DEFECTIVE 2 - FAILURE TO YIELD 8-FOLLOWING TOO CLOSE / ACDA 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDAROUT 4 - STOP SIGN 14-STOPPED OR PARKED 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE EGDIPMENT 23 - OPENING BOOR INTO [0, 2]ILLEGALLY 2 - TWO-WAY 2-SIGNAL 5 - YIELD SIGN 19 - LOAD SHIFTING/FALLING/ 4 - RAN STOP SIGN ROADWAY 10 - IMPROPER PASSING 15 - SWERVING TO AVOID 3 - FLASHER CIRCUNSTANCES 5 - UNSAFE SPEED CONTRIBUTING 6 - NO CONTROL SPILLING 99 - OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IN PROPER CROSSING 6-IMPROPERTURN # of THROUGH LANES 12 - IMPROPER BACKING RAIL GRADE CROSSING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2 - INVOLVED-ACTIVE CROSSING 2 **EVENTS** 1 2 0 1 - OVERTURN/ROLLCVER 3 - INVOLVED-PASSIVE CROSSING 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE -16 - RAIL WAY VEHICLE 22 - WORK ZONE MAINTENANCE OPPOSITE DIRECTION OF 2 - FIRE/EXP_OSION 7 - SEPARATION OF UNITS 17 - ANIMAL - FARM EQUIPMENT TRAVEL 23-STRUCK BY FALLING. UNIT / NON-MOTORIST DIRECTION 18-ANIMAL - DEER 3 - IMMERSION B - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR 1 - NORTH 5 - NORTHEAST 1 4 - JACKKNIEF 19-ANIMAL - OTHER 9 - RAN OFF ROAD LEFT 13-OTHER NON-COLLISION ANYTHING SET IN MOTION 20 - MOTOR VEHICLE IN 2 - SOUTH 6 - NORTHWEST 5 - CARGO EQUIPMENT BY A MOTOR VEHICLE 10 - CROSS MEDIAN 14-PEDESTRIAN TRANSPORT FROM 3 TO 2 LOSS OR SHIFT. 3 - EAST 7 - SOUTHEAST 24-OTHER MOVABLE CBJECT 15-PEDALCYCLE 21 - PARKED MOTOR VEHICLE 4 - WEST B - SOUTHWEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER / LINKNOWN 25-IMPACT ATTENUATOR 31 - GUARDRAIL EAD 37 - TRAFFIC SIGN POST 50 - WORK ZONE MAINTENANCE 43-CURB / CRASH CUSHION 38-OVERHEAD SIGN POST 44 - DITCH EQUIPMENT

32 - PORTABLE BARRIER UNIT SPEED DETECTED SPEED 26-BRIDGE OVERHEAD 51 - WALL 33 - MEDIAN CARLE BARRIER 39-LIGHT/LUMINARIES 45 - EMBANKMENT STRUCTURE 1 - STATED / ESTIMATED SPEED SUPPORT 34 - MEDIAN GUARDRAIL 52 - BUILDING 46 - FENCE 0,0,0 27 - BRIDGE PIER OR ABUTMENT BARRIER 40-UTILITY POLE 53-TUNNEL 47 - MAILBOX 2 - CALCULATED / EDR 28-BRIDGE PARAPET 35 - MEDIAN CONCRETE 41-OTHER POST, POLE 54 OTHER FIXED OBJECT 48-TREE 3 - UNDETERMINED 29 - BRIDGE RAIL BARRIER OR SUPPORT POSTED SPEED 99 OTHER ! UNKNOWN 49 - FIRE HYDRANT 30-GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 2 5 1 MOST HARMFUL EVENT FIRST HARMFUL EVENT

OF PUBLIC BAPETY MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER							
									2,0,2,0,-,0,0,1,9,2,8,9,						
0,1		NAME: LAST, FIRST, MIDDLE SPENCER, DARBY, KATHERINE								DATE OF BIRTH AGE GENDER					
ADDRESS	S: STREET, CITY, S		240						CONTACT PHONE - INCLUDE AREA CODE						
INUIDIES	STEELE ST ,Kent ,OH 44240 RIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO MEDICAL FACILITY (NAME CITY) SAFETY FOUNDMEN														
ADDRESS GOVERNMENT OF THE PROPERTY OF THE PROP	TAKEN	EMS AGENCY (NAME)		INJUREDTA	AKEN TO	: MEDICAL FACILITY	(NAME, CITY	SAFETY EQUIPMENT	DOT-COMPLIANT SEATING POSITION AIR			AIR BAG USAGE EJECTION	ON TRAPPEO		
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	E CHA	RGED	LOCAL	OFFENSE DESC	RIPTION	الم		CITATION NUMBER			
O, H					CC										
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELEC	STRACTED ALCOHOL / DRUG SUSPECTE				CONDITION	STATUS	COHOL TEST TYPE VAL	UE ST	DRUG TEST	S) ILT SELECT UP TO 4			
4_		BY				THER DRUG	1	1	1		1 1 .				
UNIT #		FIRST, MIDDLE	200 000						DATE OF BIRTH AGE GENDER						
0,2	MCCO	Y, AMY, G							1 1 1 6 1 9 4 9 7 1 F CONTACT PHONE - INCLUDE AREA CODE						
2	: STREET, CITY, ST						Yel								
-	_	E RD ,Freedom ,	OH 442	255											
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)				USED	DOT-COMPLIANT			ION AIR BAG USAGE EJECTION TRAPPED			
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED			LOCAL	OFFENSE DESC		ELMET 0					
O H				331.22			CODE	Driving onto				CITATION NUMBER			
OL CLASS	SELECT UP TO 2	RESTRICTION SELEC	DIST	TRACTER				CONDITION	STATUS	COHOL TEST	JE ST	DRUG TEST(S) LT select up to 4		
4	4			1 ALCOHOL MAR			KUUANA	. 1	1	1		1 1			
UNIT#	NAME: LAST,	The same of the last of the la							DATE OF BIRTH			AGE	GENDER		
		•								1 1 1	1 1				
ADDRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE						
O TAUMIDIES	INJURIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO MEDICAL EACH ITY (NAME OF SAFETY FAURIN														
IMPORTER	TAKEN BY	EMS AGENCY (NAME)		INJUREDTA	KEN TO	: MEDICAL FACILITY	NAME, CITY)	SAFETY EQUIPMENT USED	DOT-C	OMPLIANT SEATING	POSITION	AIR BAG USAGE EJECTIO	N TRAPPED		
OL STATE	OPERATOR L		OFFENSE CHARGED LOCAL OFFENSE DI				OFFENSE PECA	DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED TRAPPED TRAPPED							
T0R1			-	OFFENSE CHARGED LOCAL OFFENSE DI				OFFENSE DESC	KIPTION			CITATION NUMBER			
OL CLASS	ENDORSEMENT SELECTUP 02	RESTRICTION SELECT		ER RACTED	ALCO	HOL / DRUG SUSPE	CTED	CONDITION		COHOL TEST	23.03 A	DRUG TEST(
			BY	DICTED	=	-	ANAULIS		STATUS	TYPE VALU	IE ST.	ATUS TYPE RESU	LT SELECT UP 10 4		
INJU	RIES	SEATING POSITION		R BAG	01	THER DRUG OL CLASS	al records	OL DESTRUG					الالالا		
1-FATAL		1 FRONT - LEFT SIDE	1 - NOT DEPL	AND ASSESSMENT OF THE PERSON NAMED IN		1-CLASS A		1 - ALCOHOL INTER		DRIVER DISTRAC		ON TEST ST	ATUS		
2 - SUSPECTED 3 - SUSPECTED	SERIOUS IN URY	(MOTORCYCLE DRIVER) 2 FRONT - MIDDLE	2 - DEPLOYED 3 - DEPLOYED			2 - CLASS B		2 - COL INTRASTATE	Name and Post	FI FOTOLUG GOLDHILLIA		N 2-TEST REFUSED			
4 - POSSIBLE IN	STATISTICS CONTROL	3 - FRONT - RIGHT SIDE	4 - DEPLOYED	CONTROL MOVE	7 SIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LEI 4 - FARM WAIVER	VSES				NTAMINATED SABLE		
5 - NO APPARENT INJURY 4		4 SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	ICABLE (OHIO = D) 15 AT HINK MONTH 5 - M/C MOPED ONLY				5 - EXCEPT CLASS A	COC	3 - TALKING ON			THE PARTY			
INJURED TAKEN BY 3-3ECOND - MIDDLE			7 - DEPLOTM	9 - DEPLOYMENT UNKNOWN 5 - MAC MOVED ONLY 6 - NO VALID OL				6 - EXCEPT CLASS A & CLASS B BUS	4 TALKING ON HAND HELD			5 - TEST GIVEN RESULTS UNKNOWN			
/TREATED AT SCENE 7-THIRD - LEFT SIDE		EJECTION			OL ENDORSEM	7 - EXCEPT TRACTO		COMMUNICATE 5 - OTHER ACTIV	TION DEVICE	ALCOHOL TE	ST TYPE				
		(MOTORCYCLE SIDE CAR) 8-THIRD = MIDDLE	1 - NOT EJECTED			H - HAZMAT		8 - INTERMEDIATE I RESTRICTIONS		ELECTRONIC		1 NONE			
9-OTHER/UNKNOWN 9-THIRD-RIGHT SIDE		9-THIRD-RIGHT SIDE.	2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED			M - MOTORCYCLE P - PASSENGER		9 - LEARNER'S PERI RESTRICTIONS	VIIT	6 - PASSENGER 7 - OTHER DISTR	ACTION	2 - BLOOD 3 URINE	1200		
SAFETY E	QUIPMENT	10 - SLEEPER SECTION OF TRUCK ČAB	4 NOT APPLI	CABLE		N-TANKER		10 - LIMITED TO DAY!		INSIDETHEV	EHICLE	4 - BREATH			
1 - NONE USED		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	TR	APPED	E.	Q - MOTOR SCOOTER R - THREE WHEEL MOT	ORCYCLE	11 - LIMITED TO EMP 12 - LIMITED - OTHER	STATE AND LOCKED	8 OTHER DISTR THE VEHICLE	Allers of				
2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT; BUS, 3 - LAP BELT ONLY USED PICK UP WITH CAP)		1 - NOTTRAPPED 2 - EXTRICATED BY			S - SCHOOL BUS		13 - MECHANICAL DEVICES (Special Brakes Hand		9-OTHER/UNKNOWN		The state of the s	DRUG TEST TYPE			
4 - SHOULDER & LAP BELT USED		12 - PASSENGER IN UNENCLOSED CARGO AREA	CAL MEANS T - DOUBLE & TRIPLE TRAILERS X-TANKER / HAZMAT			CONTROLS, OR OTHER ADAPTIVE DEVICES)		CONDITION		2 BL00D	2 BLOOD				
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		13-TRAILING UNIT	ANICAL MEANS			14 - MILITARY VEHICLES ONLY		1 - APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT		3-URINE 4-OTHER					
6-CHILD RESTRAINT SYSTEM - REAR FACING		14 RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	GENDER F-FEMALE				15 - MOTOR VEHICLES AIR BRAKES	TUOKTIW	3 - EMOTIONAL (EG, DEPRESSE	DRUG TEST R	FSIII T(S)			
7 - BOOSTER SEAT		15-NON-MOTORIST	M - MALE				16 - OUTSIDE MIRROR		4 - ILLNESS		1 - AMPHETAMINE	No. of Concession, Name of Street, or other Designation, Name of Street, or other Designation, Name of Street,			
		99 - OTHER / UNKNOWN	9-OTHER/UNKNOWN			U OTHER / UNKNOWN		17 - PROSTHÉTIC AID 18 - OTHER		5 - FELL ÁSLEEP, FATÍGUED, ETI		2 BARBITURATES	le c		
9 - PROTECTIVE PADS USED (ELBOW, KNEES ETC.)										6-UNDER THE INFLUENCE OF MEDICATIONS DRUGS		4 CANNABINOIDS	3 BENZODIAZEPINES 4 CANNABINOIDS		
10 = REFLECTIVE CLOTHING 11 - LIGHTING – PEDESTRIAN										/ALCOHOL 9- OTHER ZUNKN		5 - COCAINE	5 - COCAINE		
' / BICYCLE ON 99 - OTHER / UNKI	LY								9.0			6 OPIATES/OPIOI 7 OTHER	us.		
77 - UINEK/ UNK	ลบทุก				PAS !							8 NEGATIVE RESU	LTS		

	OCCUPANT / WITNESS ADDENDUM								LOCAL REPORT NUMBER							
								2,0,2,0,-,0,0,0,1,9,2,8,9,								
	UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER							
	<u>01</u> , SCOTT, MARQUIS, DESHAWN								0,5,0,2,2,0,0,1,1,9, M							
PAN	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN	1041 FAIRBANKS PL, Akron, OH 44306															
Ĭ	INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	ILITY (HAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED				
	5	BY					0,4	MC HELMET	0 , 3	. 1	. 1	1 .				
	UNIT#		ST, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER				
	02 BARHOLT, PATRICK, L								2,1,9	8.3.	3.7	M				
PAN	ADDRESS, STORES OVER THE								CONTACT PHONE - INCLUDE AREA CODE							
000	619 VINE ST ,Kent ,OH 44240															
0	INJURIES	IRIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACULTY (NAME CITY) CASETY FAUTUMES							SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED				
ğ	5 TAKEN BY					DOT-COMPLIANT	0 3	. 1	1	1						
	UNIT#	NAME: LAS	T, FIRST, MIDDLE	-			0,4	DAT	E OF BIRTH		AGE	GENDER				
B	11							AGE GENDER								
AN	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
CCUPAN								- INCLUDE AREA CODE								
	INJURIES INJURED EMS AGENCY (NAME)				INJURED TAKEN TO: MEDICAL FACE	SAFETY EQUIPMENT	SEATING POSITION AIR BAG USAGE			E EIERTION	TRAPPED					
i		TAKEN BY					USED	DOT-COMPLIANT	SEATING F GOLITON	AIR BAG USAG	ESECTION	IKAPPED				
ř	UNIT#	NAME: LAS	T, FIRST, MIDDLE			-			E OF DYSTI		الليا					
								DATE OF BIRTH AGE GENDER								
ANT	ADDRESS: STREET, CITY, STATE 7IP								L CONTROL PURPLE							
DCCUPAN								CONTACT PHONE - INCLUDE AREA CODE								
3 -	INJURIES		EMS ABENCY (NAME)		INJURED TAKEN TO: MEDICAL FACE	HITY (MALLE MITY)	SAFETY EQUIPMENT				1					
H	TH.	TAKEN BY			USED SAFETY ENGINEERIL			DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED				
		ILNI	JRIES	SAFETY	EQUIPMENT USED		SEATING POS			110 010						
H	1 - FATA	\L		1 - NONE US			T - LEFT SIDE			AIR BAG	USAGE					
ı	2 - SUSPECTED SERIOUS INJURY VEHICLE OCCU							ER) 1 - NOT DEPLOYE 2 - DEPLOYED FR								
	3 - SUSPECTED MINOR INJURY 2 - SHOULD 4 - POSSIBLE INJURY 3 - LAP BEL			2 - SHOULDE	R BELT ONLY USED		T - MIDDLE	2 DEDLOVED								
				ONLY USED		IT – RIGHT SIDE ND – LEFT SIDI										
	5 - NO APPARENT INJURY				R & LAP BELT USED	A service of the Advance of	ORCYCLE PASS	ENGER) FRONT/SIDE								
	INJURED TAKEN BY			FORWARI	STRAINT SYSTEM - D FACING		ND – MIDDLE ND – RIGHT SIC	\F	5 - NOT APPLICABLE							
	1 - NOT TRANSPORTED			6 - CHILD RE	STRAINT SYSTEM -		D - LEFT SIDE		9 - DEPLOYMENT UNKN							
	/TREATED AT SCENE			REAR FA	CING	(MOT	ORCYCLE SIDE	CAR)	EJECTION							
	2 - EMS			7 - BOOSTER			D – MIDDLE D – RIGHT SIDE	1 - NOT EJ		ECTED						
	3 - POLICE			8 - HELMET		L SHOULD WANTED	PER SECTION (O D4 DT1411		LLY EJECT	LY EJECTED					
L					IVE PADS USED KNEES, ETC.)		ENGER IN OTH		3 - TOTALLY EJECTED							
1	GENDER				IVE CLOTHING	O AREA (NON-TE PICK-UP WITH CAP	9)	4 - NOT ÁP	4 - NOT ÁPPLICABLE							
	M - MALE 11 - LIGHTIN				- PEDESTRIAN		ENGER IN UNE	NCLOSED		TRAPPED						
	U - OTHER / UNKNOWN			/ BICYCLI		LING UNIT		1 - NOTTRAPPED								
Н	99 - OTHER /			JNKNOWN	IDING ON VEHICLE EXTERIOR		2 - EXTRICATED BY MECHANICAL MEANS			AL						
Н					(NON-TRAILING UNIT)			3 - FREED BY NON-MECHANICAL			VI					
						TO DESCRIPTION OF	R / UNKNOWN		MEANS			4272				
S	NAME: LAS	ST, FIRST, MIDD	LE			-		DAT	E OF BIRTH		AGE	GENDER				
NES											1 1					
WIT	ADDRESS:	STREET, CITY,	STATE ZIP				-	CONTACT PHONE	- INCLUDE AREA COO	E						
Ŋ,																
2.5	NAME: LAS	ST, FIRST, MIDD	I.E					DAT	E OF BIRTH		AGE	GENDER				
Z	ADDDCCC	DERIVE TO	05175 718													
M	MUURE 55:	STREET, CITY,	STALE VIP					CONTACT PHONE	- INCLUDE AREA COD	F						
5	NAME	T LIDET MAN	u.e.													
ESS	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER									
Į.	ADDRESS:	STREET, CITY,	STATE ZIP						1 1		1-1-1					
≩			-,					CONTACT PHONE	- INCLUDE AREA COD	E						
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