OHIO DEPARTMENT TRAFFIC CRASH	REPORT *DENOTES MAND	ATORY FIELD FOR SUPPLEME	NT REPORT	L	OCAL REPORT NUM	BER*	
PHOTOS TAKEN OH-2 OH-3	LOCAL INFORMATION			2,0,2,0,	- 0,0,0,0	3,9,1,7,	
X OH-1P OTHER			NCIC*	HIT/SKIP	NUMBER OF UNITS		
SECONDARY CRASH PRIVATE PROPERT	City of Kent Police	0,6	5,7,0,3	1 - SOLVED	0 2	0 1 98 - ANIMAL	
1-CITY	CITY, VILLAGE, TOWNSHIP*			CRASH DATE / T	TME*	CRASH SEVERITY	
6,7 1 2-VILLAGE Kent				[0,2,2,2,2,0,2,0]	/1555 5	1 - FATAL 2 - SERIOUS INJURY	
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DE	CIMAL DEGREES	SUSPECTED	
ROUTETYPE ROUTE NUMBER PREFIX 1-NOR11 2-SOUTH 1 3-EAST 1 4-WEST	WATER		ST	4,1,1,5,3	7,8,0	3 - MINOR INJURY SUSPECTED	
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTI 2-SOUTT 3-EAST 4-WEST		LEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE	CIMAL DEGREES	4 - INJURY POSSIBLE	
3- EAST 4-WEST	MAIN		RD	-8,1,3,5,8,	2,4	5 - PROPERTY DAMAGE ONLY	
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE			INTERSECTION REL	ATED	
2-MILE POST 4 0 COUTH	R - INTERSTATE ROUTE(TP) AL - AL IS - FEDERAL US ROUTE AV - AV		-ROAD -SQUARE	X WITHIN INTE	RSECTION OR ON API	PROACH	
3 - HOUSE # 3 - EAST	R - STATE ROUTE BL - BC		-STREET	WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHES	
DISTANCE DISTANCE C	R - NUMBERED COUNTY ROUTE CT - CO		- TERRACE		ROADWAY		
1-MILES T	R - NUMBERED TOWNSHIP DR - DI		A - WAY	ROADWAY DIV	IDED		
1 0 2 3-YARDS	HE - HI	EIGHTS PL - PLACE					
LOCATION OF FIRST HARMFUL EV 1 - ON ROADWAY 9 - CROSSOV		R OF CRASH COLLISION/IMPAC LLISION 4 - REAR-TO-REAR	T	DIRECTION OF TRAVE		DIANTYPE	
0 1 2-ON SHOULDER 10-DRIVEW	AY/ALLEY ACCESS 2 BETWE	EN 5 - BACKING		1-NORTH 2-SOUTH	(<41	ED FLUSH MEDIAN FEET)	
J. H. W.EDIAN	Y GRADE CROSSING VEHICL USE PATHS OR TRANSF	ESIN 6-ANGLE	DIRECTION	3- EAST		ED FLUSH MEDIAN	
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LA	2 - REAR-E	ND 8 - SIDESWIPE, OPPOS	SITE DIRECTION	4-WEST		ED, DEPRESSED MEDIAN DED, RAISED MEDIAN	
7-ON RAMP 14-TOLL BO	отн	9 - OTHER / UNKNOW	IN		(ANY	TYPE)	
8 - OFF RAMP 99-OTHER /	UNKNOWN				9-0THE	R/UNKNOWN	
WORK ZONE RELATED	WORK ZONE TYPE 1 - LANE CLOSURE	LOCATION OF CRASH IN WOL		CONTOUR	CONDITIONS	SURFACE	
Unavers seesens	2 - LANE SHIFT/CROSSOVER	WARNING SIGN		_1_	1	2	
LAW ENFORCEMENT PRESENT	3 - WORK ON SHOULDER OR MEDIAN	2 - ADVANCE WARNING 3 - TRANSITION AREA		1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE	
	4 - INTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA		2 - STRAIGHT GRADE	2-WET 3-SNOW	2 - BLACKTOP, BITUMINOUS,	
ACTIVE SCHOOL ZONE	5-OTHER	5 - TERMINATION ARE	A	4 - CURVE GRADE	4 - ICE	ASPHALT 3 - BRICK/BLOCK	
LIGHT CONDITION	WEATHER			9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT		
1 - DAYLIGHT 1 2 - DAWN/DUSK		5 - SNOW 7 - SEVERE CROSSWINDS			6 - WATER (STANDI	STONE NG, 5-DIRT	
3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED		B - BLOWING SAND, SOIL, DIRT,			MOVING)	9 - OTHER/UNKNOWN	
5 - DARK - UNKNOWN ROADWAY LIGHTE		9 - FREEZING RAIN OR FREEZI 99 - OTHER / UNKNOWN	NG UKIZZLE		7 - SLUSH 9 - OTHER/UNKNOW		
9 - OTHER / UNKNOWN					, , , , , , , , , , , , , , , , , , , ,		
NARRATIVE						Indicate the north	
Unit 1 was traveling from no	orth to south on N Wate	er			1	an "N" on the compass diagram.	
St. Unit 2 was stopped at th	e intersection on W				1		
	***************************************	***************************************					
Main St and N Water; wait				1.1.1	1		
driver of Unit 1 stated that	she was blinded by the			EST.	Î MOT T	o Stealer	
sun and struck the rear end	of Unit 2.		W. MAIN ST.	M. WATER ST 1995 LINIT I	n n		
	74 5774 11 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1			3	2 2		
No injuries were reported.				TRAFFIC SIGNAL	. \		
140 injuries were reported.				2)			
				S. WATER ST.	joo		
The driver of Unit 1 was issu	red a citation for ACDA	A.		eri .			

CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED	DATE / TIME	REPORT TAKEN BY	
			602			POLICE AGENCY	
0,2,2,2,2,0,2,0,/,1,5,5,5,0,2	0, 2, 2, 2, 0, 2, 0, 7, 1, 3, 3, 7, 0 OTAL OFFICER'S NAME*			U_Z_Z,Z,Z_U_Z_ TCER'S NAME*	v / ₁ 1 ₁ 0 ₁ 2 ₁ / ₁	MOTORIST	
	NUTES Ellis, Charles			ser, Jennifer		SUPPLEMENT	
	OFFICER'S BADG		Снеске	BY OFFICER'S BADGE	NUMBER*	ICORRECTION OR ADDITION TO AM EXISTING REPORT SENT TO COM-	
0 0 5 0 3 0 0	6,0,2,6,0		2 2	, 9			

LOCAL REPORT NUMBER

2,0,2,0,-,0,0,0,0,3,9,1,7,

UNIT #	VINSON, KE	ST, MIDDLE (SAME AS DRIVE)		OWNER PHONE: INC	LUCE AREA CODE (X SAME AS DRIVER)		DAMAGE AMAGE SCALE
OWNER AL	DRESS: STREET, CITY, STATE	E, ZIP (SAME AS DRIVER)			-	1 - NONE	3 - FUNCTIONAL DAMAGE
	THENA DR ,		240	Consumerate Consum	PHONE: INCLUDE AREA CODE	Z-WITHOR DA	MAGE 4 - DISABLING DAMAGE
	THE WHITEEN HAIR, ADS	123, 611 1, 31 11 12, 217		COMMERCIAL CARRIES	T PHO HE: INCLUDE AREA CODE		MAGED AREA(S)
	LICENSE PLATE #	T E 2 C HID	E C8 B H7 43	O 1 6 2 O 1			ATE ALL THAT APPLY
	FHK9418 NCF INSURANCE COMP		INSURANCE POLICY #	9,1,6, 2,0,1, color	Subaru VEHICLE MODEL	11 12	11 12
X INSURAL VERIFI	GEICO		6013669210	BLU	FORRESTI	R 1 2	10 12 1 2
COMME	TYPE OF USE RCIAL GOVERNMENT	IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPAN	IY NAME	9 9 3	, , , , , , , ,
	-		EHICLE WEIGHT GVWR/GCWR		OUS MATERIAL		- 0 -
INTERI DEVICE EQUIP	E HIT/SKIP UNI		1 - ≤10K LBS. 2 - 10,001 - 26K LBS	RELEASED	CLASS # PLACARD ID #	8 7 5 4	8 7 9 5 4
1	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	3 - >26K LBS	18-LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER	7 6 1	12 1 6 5
0,3,	2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13-SNOWMOBILE	19-BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)	10	12 1 2
UNIT TYPE	3 - SPORT UTILITY VEHICLE 4 - PICK UP	9 - AUTOCYCLE 10 - MOPED OR MOTORIZED	14-SINGLE UNIT TRUCK 15-SEMI-TRACTOR	23 - OTHER VEHICLE 21 - HEAVY EQUIPMENT	25 - OTHER NON-MOTORIST 26 - BICYCLE	,	9 3
	5 - CARGO VAN	BICYCLE 11 - ALL TERRAIN VEHICLE	16-FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR	27 - TRAIN	-	a 11 4
ш	6 - VAN (9-15 SEATS)	(ATV/UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	7 6 5
	# of TRAILING UNITS					11 12 1	6 11 12
VEHI	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION	9 - UNKNOWN	10 11 2	10 12 1 2
2	1-YES 2-NO 9-OTHER/UNK	NOWN AUTONOMOU MODE LEVEL		5 - FULL AUTOMATION		9 9 9	3 9 3
	1 - NONE	6 - BUS - CHARTER/TOUR	11-FIRE	16-FARM	21 - MAIL CARRIER	- B 1 -	- 8 14 -
0,1	2 - TAXI 3 - ELECTRONIC RIDE SHARING	7 - BUS - INTERCITY 8 - BUS - SHITTLE	12 - MILITARY 13 - Police	17 - MOWING 18 - SNOW REMOVAL	99-OTHER/UNKNOWN	8 7 6 5 4	8 7 5 4
SPECIAL FUNCTION	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14-PUBLIC UTILITY	19-TOWING		6 5	6 5
	5 - BUS - TRANSIT/COMMUTER		15 - CONSTRUCTION EQUIPMENT				12 12 12
0,1	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHE MOTOR VEHICLE	R 5 - INTERMODAL CONTAINER CHASSIS	8 - POLE 9 - CARGOTANK	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER	12	
CARGO BODY	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	10-FLAT BED	14 - GARBAGE/REFUSE	R A R.	3 9 1 3 9 3
TYPE				11-OUMP	99-OTHER / UNKNOWN	0	900
VEHICLE	1 - TURN SIGNALS 2 - HEAD LAMPS	4 - BRAKES 5 - STEERING	7 - WORN OR SLICK TIRES 8 - Trailer Equipment	9 - MOTOR TROUBLE 10-DISABLED FROM PRIOR	99 - OTHER / UNKNOWN	6	4 1 1 0.003
	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT		- NO DAMAGE (6 6 6 01 - UNDERCARRIAGE [14]
	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12-FIRST RESPONDER		
NON-MOTORIST	2 - INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE 8 - SIDEWALK	10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR	AT INCIDENT SCENE 99-OTHER/UNKNOWN	□-TOP [13]	-ALL AREAS [15]
AT IMPACT	CROSSWALK	5 - TRAVEL LANE - OTHER LOCAT	PE PE	TRAILS		□-UNIT	F NOT AT SCENE [16]
	1 - NON-CONTACT 2 - NON-COLLISION	1 - STRAIGHT AHEAD 2 - BACKING	7 - MAKING U-TURN 8 - Entering traffic lane	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING	18 - APPROACHING OR LEAVING VEHICLE	INITIA	L POINT OF CONTACT
3	3-STRIKING U. I	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	SPECIFIED LOCATION	19-STANDING	0 - NO DAMAG	
ACTION	4 - STRUCK PRE-CRASH 5 - BOTH STRIKING ACTIONS	4 - OVERTAKING/PASSING	10-PARKED 11-Slowing or Stopped	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST 21 - Standing Outside	DIAGRA	
	& STRUCK 9-OTHER/UNKNOWN	6 - MAKING LEFT TURN	INTRAFFIC	16 - WORKING 17 - PUSHING VEHICLE	DISABLED VEHICLE 99-OTHER / UNKNOWN	13 - TOP	
-	1 - NONE	7 - LEFT OF CENTER	15-04/454553	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY		TRAFFIC
	2 - FAILURE TO YIELD	B-FOLLOWING TOO CLOSE / AC	DA PARKED POSITION	18-OPERATING DEFECTIVE	22 - NOT DISCERNIBLE	TRAFFICWAY FLOW	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN
0,8	3 - RAN RED LIGHT 4 - RAN STOP SIGN	9-IMPROPER LANE CHANGE 10-IMPROPER PASSING	14-STOPPED OR PARKED ILLEGALLY	EQUIPMENT 19-LOAD SHIFTING/FALLING/	23 - OPENING DOOR INTO ROADWAY	2 2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
CONTRIBUTING CIRCUMSTANCE	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - WRONG WAY	SPILLING 20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION		3 - FLASHER 6 - NO CONTROL
<u> </u>	6-IMPROPERTURN OF EVENTS	12 - IMPROPER BACKING		LU - IIII IWY EN UNUSSING		# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED
>			EVENTS			2	1 2 - INVOLVED-ACTIVE CROSSING
12.0	1 - OVERTURN/ROLLCVER 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	18-ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR	UNIT / NO!	1 - NORTH 5 - NORTHEAST
2	4 - JACKKNIFE 5 - CARGO / EQUIPMENT	9 - RAN OFF ROAD LEFT 10-cross median	13-OTHER NON-COLLISION 14-PEDESTRIAN	19-ANIMAL — OTHER 20-MOTOR VEHICLE IN	ANYTHING SET IN MOTION BY A MOTOR VEHICLE	1	2 - SOUTH 6 - NORTHWEST
31	LOSS OR SHIFT		15-PEDALCYCLE	TRANSPORT 21 - PARKED MOTOR VEHICLE	24 - OTHER MOVABLE GBJECT	FROM 1 TO L	3 - EAST 7 - SOUTHEAST 4 - WEST B - 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
4	/ CRASH CUSHION 26 - BRIDGE OVERHEAD	32 - PORTABLE BARRIER	38-OVERHEAD SIGN POST	44 - DITCH	EQU!PMENT	UNIT SPEED	DETECTED SPEED
51 1	STRUCTURE	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL	39-LIGHT/LUMINARIES SUPPORT	45 - EMBANKMENT 46 - FENCE	51 - WALL 52 - BUILDING	0,0,2,	1 - STATED / ESTIMATED SPEED
	27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET	BARRIER 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 30 - GUARDRAIL FACE	BARRIER 36-MEDIAN OTHER BARRIER	OR SUPPORT	49 - FIRE HYDRANT	99 - OTHER / UNKNOWN	POSTED SPEED	3 - UNDETERMINED
11,	FIRST HARMFUL EVE	1	HARMFUL EVENT			2 5	
	. ALLE A CHINAMINE WE WITH	I I I I I I I I I I I I I I I I I I I					

HSY8304 OH1U 1/19 [760-0820]

									p-81-					
OHIO DEP	CHIO DEPARTMENT MOTORIST / NON-MOTORIST						LOCAL REPORT NUMBER							
							2,0,2,0,-,0,0,0,3,9,1,7,							
UNIT#	NAME: LAST, FIRST, MIDDLE VINSON LET IV A							DATE OF BIRTH AGE GENDER						
0.1	VINSON, KELLY, A								0,8,0,2,1,9,6,3,5,6, F					
ADDRESS:	STREET, CITY, ST		40.40						CONTACT PHO	NE - INCLUDE AREA CO	ODE			
0		A DR ,Kent ,OH 4	4240						L					
INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO:	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIA		AIR BAG US	AGE EJECTION	TRAPPED	
2 5	□ BY □ □ □							0,4	MC HELME	$\begin{bmatrix} 0 & 1 \end{bmatrix}$. <u> 1</u>	11	1_1_	
OL STATE		LICENSE NUMBER			OFFENSE CHARGED LOCAL CODE			OFFENSE DESC				N NUMBER		
O, H	RS936	RS936551						Maximum Sp			61783			
OL CLASS	ENDORSEMENT SELECTUPTO 2	RESTRICTION SELECT		IVER TRACTED		HOL / DRUG SUSP		CONDITION	ALCOH STATUS TYPE	OL TEST VALUE		RUG TEST(S YPE RESUL	T SELECT UPTO 4	
. 4 .			84	1		LCOHOL MA	REJUANA	1 .	1 1 1		1			
	MARK					THER DRUG					1			
UNIT #		FIRST, MIDDLE								ATE OF BIRTH		AGE	GENDER	
0,2		LL, JESSICA, M				- 72				8 1 9		3,9	F	
2027 C	STREET, CITY, ST		OI	T 4422	4				CONTACT PHO	INE - INCLUDE AREA CO	300E			
0		OOKE BLVD ,Sto	w ,UF				414	T	L			-		
INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED	IAKEN 10:	: MEDICAL FACILITY	(NAME, CITY)	USED	DOT-COMPLI	- 0 -	AIR BAG US.	AGE EJECTION	TRAPPED	
		LICENSE NUMBER		0555	CE C''-	2050	1,555	0,4	MC HELMET 0 1 1					
OL SIAIE				UFFEN	SE CHAR	(ut)	LOCAL	OFFENSE DESC	KIPIION		CITATIO	N NUMBER		
OL STATE OL OL H	RN506			200					Al con-	OL TEST		DUCTET		
UL CLASS	SELECT UP TO 2	RESTRICTION SELECT		IVER TRACTED		COHOL / DRUG SUSP	RUUANA	CONDITION	STATUS TYPE			RUG TEST(S YPE RESUL	T SELECT UPTO 4	
4	, ,			1		THER DRUG	IN WORKE	. 1 .	1 1		1			
UNIT#	NAME: LAST,	FIRST, MIDDLE					-	-		ATE OF BIRTH		AGE	GENDER	
												/		
ADDRESS:	STREET, CITY, ST	TATE, ZIP	-		_				CONTACT PHO	INE - INCLUDE AREA CO	205			
ORI		Dia III da								AME - INCEODE AREA CO	3002			
INJURIES	INJURED	EMS AGENCY (NAME)	-	INJURED	TAKEN TO:	MEDICAL FACILITY	(NAME CITY)	SAFETY EQUIPMENT		SEATING POSITION	AID PAC US	AGE EJECTION	TRAPPED	
ADDRESS:	TAKEN BY							USED	MC HELME	ANT	AIR BAG US	MOE ESECTION	INAFFEU	
OL STATE	OPERATOR I	LICENSE NUMBER	- 1	OFFEN	SE CHAR	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATIO	N NUMBER	<u> </u>	
ORI							CODE					N WOMBEN		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UPTO3 DR	IVER	ALCO	OHOL / DRUG SUSP	ECTED	CONDITION	ALCOH	OL TEST	D	RUG TEST(S	5)	
	SELECT UP TO 2		DIS	TRACTED	P		RUUANA		STATUS TYPE	VALUE	STATUS	YPE RESUL	T SELECT UP 104	
			ب اب		01	THER DRUG				ا ـــــاه				
Later with the factors of	IRIES	SEATING POSITION	W1907	AIR BAG	100.00	OL CLAS	S	OL RESTRIC		RIVER DISTRACT		TEST STA	ATUS	
1 - FATAL 2 - SUSPECTED	SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DE			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT		NOT DISTRACTED MANUALLY OPERATING		NONE GIVEN TEST REFUSED		
3 - SUSPECTED	JOSEPH KINAMINE	2 - FRONT - MIDDLE	3-DEPLOY			3 - CLASS C		3 - CORRECTIVE LE	THE PARTY OF THE PARTY OF THE PARTY.	ELECTRONIC COMMUNI	CATION 3.	TEST GIVEN, COI		
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE 4 - Second - Left side	PERSONAL PROPERTY.	'ED BOTH FRO	ONT/SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER		DEVICE (TEXTING, TYP DIALING)		SAMPLE / UNUS		
5 - NO APPAREN	IT INJURY	(MOTORCYCLE PASSENGER)	5 - NOT API	PLICABLE Ment unkn	numi	5 - M/G·MOPEO ONLY		5 - EXCEPT CLASS		TALKING ON HANDS FR COMMUNICATION DEVI	Lt.	TEST GIVEN, RE: TEST GIVEN, RE:		
The second second second	TAKEN BY	5 - SECOND - MIDDLE 6 - SECOND - RÍGHT SIDE	7-06/101	MENI ÓNVI		6 - NO VALID OL		& CLASS B BUS		TALKING ON HAND-HEL	D	UNKNOWN		
1 - NOT TRANSP		7 - THIRD - LEFT SIDE	E	JECTION	12.50	OL ENDORSE	MENT	7 - EXCEPT TRACTO		COMMUNICATION DEVI- OTHER ACTIVITY WITH	A Second	LCOHOL TE	STTYPE	
2 - EMS		(MOTORCYCLE SIDE CAR)	1-NOTEJE			H - HAZMAT		8 - INTERMEDIATE RESTRICTIONS	TIVENSE 3.	ELECTRONIC DEVICE	$^{1}\cdot$	NONE		
3 - POLICE	(MALLE)	8 - THIRD - MIDDLE 9 - Third - Right Side		LLY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER RESTRICTIONS		PASSENGER	MINISTER STATE	BLOOD URINE		
9-OTHER/UNK	rwawi	10 - SLEEPER SECTION	3-TOTALLY			P - PASSENGER N - TANKER		10 - LIMITED TO DAY		OTHER DISTRACTION INSIDE THE VEHICLE		BREATH		
The second secon	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER				Q - MOTOR SCOOTER		11 - LIMITED TO EM	15 Sept 5 1 1 6	OTHER DISTRACTION OF	UTSIDE 5-	OTHER		
1 - NONE USED 2 - SHOULDER B	REIT GAILY LISED	ENCLOSED CARGO AREA	1-NOTTRA	RAPPED		R - THREE-WHEEL M	OTORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL DI	.K	OTHER/UNKNOWN		DRUG TEST	TYPE	
3 - LAP BELT ON		(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	2 - EXTRIC	ATED BY		S - SCHOOL BUS T - DOUBLE & TRIPLE	TRAN COC	(SPECIAL BRAK	ES, HAND	CONDITION	1000	NONE		
DATE VENDER	LAP BELT USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	MECHAL 3 - FREED	NICAL MEAN:		X-TANKER/HAZMA		CONTROLS, OR O ADAPTIVE DEVI	AC AL	APPARENTLY NORMAL	54/100575:2071/1056	BLOOD Urine		
5 - CHILD RESTE FORWARD FA	RAINT SYSTEM – Acing	13-TRAILING UNIT		BY Chanical M	EANS	GENDEI		14 - MILITARY VEHIO	CLES ONLY 2 -	PHYSICAL IMPAIRMENT	Γ 4.	OTHER		
6-CHILD REST	RAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F-FEMALE		15 - MOTOR VEHICLE AIR BRAKES		EMOTIONAL (E.G. DEPRE ANGRY, DISTURBED)		UG TEST RE	ESULT(S)	
7 - BOOSTER SE		15 - NON-MOTORIST				M - MALE	- P/ 1	16-OUTSIDE MIRRO	R 4-	ILLNESS	Publish Samuela	AMPHETAMINES	ar model and motions	
B - HELMET US		99 - OTHER / UNKNOWN				U - OTHER / UNKNOW!	V	17 - PROSTHETIC AU 18 - OTHER	PROTECTION OF THE PARTY OF THE	FELL ASLEEP, FAINTED, FATIGUED, ETC.	SPECIAL POLA	BARBITURATES		
9 - PROTECTIVE (ELBOW/KNE								10.01UEK	6-	UNDER THE INFLUENCE	5.35 Per 1	BENZODIAZEPIN Cannabinoids	NF 2	
10 - REFLECTIVE								10.1		OF MEDICATIONS / DRUG / Alcohol	19	COCAINE		
11-LIGHTING-F	PEDESTRIAN						1			OTHER/UNKNOWN	6-	OPIATES/OPIOII	DS	
/ BICYCLE ON 99 - OTHER / UNK												OTHER	n Te	
The street of the	- CONTRACTOR OF THE PARTY OF TH					Marin Port of Color, Tolkan			The state of the s	and the state of t	8-	NEGATIVE RESU	LI3	

OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER							
						2,0,2,0,-,0,0,0,3,9,1,7,							
UNIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
02	MIHALYI Gyorgyi, Sara, Jewell ADDRESS: STREET, CITY, STATE, ZIP							0,6,1,8,1,9,8,0,3,9, F					
ADDRESS: STREET, CITY, STATE, ZIP 3027 SAYBROOKE BLVD ,Stow ,OH 44224							CONTACT PHONE	CONTACT PHONE - INCLUDE AREA CODE					
INILIPIES	INJURED	EMS AGENCY (NAME)	,Stow ,OF		()	Learner Pallers							
, 5	TAKEN	EMIS ABERCY (NAME)		INJURED TAKEN TO: MEDICAL FACI	LITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
UNIT #	Blaner					0,4		0 3			_1_		
UNIT # NAME: LAST, FIRST, MIDDLE							DAT	E OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT DUCKE	CONTACT PHONE - INCLUDE AREA CODE					
ADDRESS:							CONTACT PHONE	INCLUDE AREA CO	0E				
INJURIES	INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT							SEATING POSITION	AID BAC USAGE	EJECTION	TRAPPED		
	TAKEN BY	KEN					DOT-COMPLIANT		AIR BAG GJAGE	Carallon	INAFFED		
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
, ,								L OI BININ		MUL	GENDER		
ADDRESS	STREET, CITY,	STATE, ZIP					CONTACT PHONE	CONTACT PHONE - INCLUDE AREA CODE					
								A STATE OF THE STA					
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACI	LITY (NAME, CITY)	SAFETY EQUIPMEN	- DOT C	SEATING POSITION AIR BAG USAGE EJECTION			TRAPPED		
	ВУ					USED	DOT-COMPLIANT						
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
								1 1 1					
ADDRESS	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
8													
INJURIES	INJURED TAKEN	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACI	LITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	ВУ						MC HELMET						
1 - FATA	e veyen, err	URIES	Visite Chicago	Y EQUIPMENT USED		SEATING POS		Truster, son	AIR BAG U	SAGE	CHICAGO MINISTRA		
AND MEN		ERIOUS INJURY	1 - NONE US VEHICLE	OCCUPANT		T – LEFT SIDE ORCYCLE DRIV		1 - NOT DE					
(C)		INOR INJURY	2 - SHOULD	ER BELT ONLY USED 2 - FRONT - MIDDLE			2 - DEPLOYED FRONT - 3 - DEPLOYED SIDE						
4 - POS	SIBLE INJU	JRY	3 - LAP BEL	T ONLY USED 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE									
5 - NO A	PPARENT	INJURY		ER & LAP BELT USED (MOTORCYCLE PASS									
	INJURED	TAKEN BY	The state of the s	ESTRAINT SYSTEM - D FACING	100000000000000000000000000000000000000	ND – MIDDLE ND – RIGHT SI	DF		5 - NOT APPLICABLE				
	TRANSPOR		6 - CHILD R	RESTRAINT SYSTEM - 7 - THIRD - LEFT SIDE				9 - DEPLOYMENT UNKNOWN					
Section 1	EATED AT S	CENE	REAR FA		The second second	ORCYCLE SIDE D – MIDDLE	CAR)	EJECTION					
2 - EMS 3 - POLI			7 - BOOSTER 8 - HELMET		9 - THIRD - RIGHT SIDE			1 - NOT EJECTED					
ALUXENCE.	ER/UNKNO	OWN		TIVE PADS USED	A LANGE BURNER	Territoria de la companya della companya della companya de la companya della comp	OF TRUCK CAB	2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED					
		NDER	A part of the part	KNEES, ETC.)		11 - PASSENGER IN OTHER ENCLOSED 3 - TOTALL CARGO AREA (NON-TRAILING NIT, 4 - NOT AP							
F-FEMA	STATE STREET			TIVE CLOTHING		PICK UP WITH CA			1572 2 17 2	n n	45,487		
M - MAL			11 - LIGHTIN /BICYCL	G – PEDESTRIAN E ONLY		12 - PASSENGER IN UNENCLOSED CARGO AREA			TRAPPED 1-NOTTRAPPED				
U - OTHE	R/UNKNO	WN	99 - OTHER /	/ UNKNOWN 13 - TRAILING UNI 14 - RIDING ON VE			CVIEDIAN	2 - EXTRICATED BY MECHANICAL			CAL		
						TRAILING UNIT)		MEANS	STATE OF THE PARTY				
						MOTORIST		3 - FREED MEANS	BY NON-ME	CHANIC	AL		
NAME: LA	ST, FIRST, MIDO	DLF			99 - UI HE	R/UNKNOWN		C OF DIDTH			7244Cal		
	, ,						DAI	E OF BIRTH		AGE	GENDER		
ADDRESS	: STREET, CITY	, STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE .				
										1			
	ST, FIRST, MIDI	DLE					DAT	E OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP													
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
NAME: LAST, FIRST, MIDDLE													
NAME: LASI, FIRSI, MIDULE						DATE OF BIRTH AGE GENDER							
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
3													