OHIO DEPARTMENT OF PUBLIC SAFETY LIFETY REPORT PROTECTION	RAFFIC C	RASH F	LOCAL REPORT NUMBER*								
PHOTOS TAKEN	OH-3	MENT REPORT	2,0,2,1,-,0,0,0,2,0,8,1,6,								
	*		NCIC*	HIT/SKIP	NUMBER OF UNITS						
SECONDARY CRASH	PRIVATE F	ROPERTY	City of Kent Pol	ice	.0	1-SOLVED					
COUNTY* LOCALITY*	CITY LO	CATION: CITY,	VILLAGE, TOWNSHIP*			10171015	CRASH DATE /		0 2 98 - ANIMAL 99 - UNKNOWN		
2-V	VILLAGE K	ent						1 - FATAL			
	MBER PREFIX	N - NORTH L	OCATION ROAD NAME			ROAD TYPE	LATITUDE OF		2 - SERIOUS INJURY SUSPECTED		
ROUTE TYPE ROUTE NU		S - SOUTH E - EAST	GOUGLER						3 - MINOR INJURY		
		14 - 44 F 2 I	REFERENCE ROAD NAME (R	OAD MILEDOST	toner #/	AV	[4 1] 1 5 8		SUSPECTED		
ROUTE TYPE ROUTE NUI		S - SOUTH	FAIRCHILD	UMD, INTEEFUST, 1	10036 #)	ROAD TYPE	LONGITUDE o	ECIMAL DEGREES	4 - INJURY POSSIBLE		
	<u> </u>	W-WEST	FAIRCHILD			A V	-[8 ₁ 1 _{]e} [3 ₁ 6 ₁ 0	1,0,0	5 - PROPERTY DAMAGE ONLY		
1 - INTERSECTION	DIRECTION FROM REFERENCE	19 - I	ROUTE TYPE NTERSTATE ROUTE(TP)	AL - ALLEY	ROAD TYPE			INTERSECTION RE	LATED		
2-MILE POST 3-HOUSE #	N - NOI	ITH US F	EDERAL US ROUTE	HW-HIGHWAY LA - LANE	RD - ROAD SQ - SQUARE	WITHIN INTERSECTION OR ON APPROACH					
3- HOUSE #	E-EAS W-WE	ST T	TATE ROUTE	BL - BOULEVARD	MP-MILEPOST	ST - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES				
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASUR	CR - N	UMBERED COUNTY ROUTE	COUNTY ROUTE CT - COURT PK - PARKWAY TL -				ROADWAY			
	1 - MIL 2 - FEE	ES TR-N	MBERED TOWNSHIP DR - DRIVE PI - PIKE			TL - TRAIL WA - WAY					
1 0	2 3-YAR			X ROADWAY DIVIDED							
	OF FIRST HARN		ACT	DIRECTION OF TRAVEL MEDIAN TYPE							
1-ON ROADWAY		ROSSOVER		DETIMEEN	4 - REAR-TO-REAR 5 - BACKING		"	DED FLUSH MEDIAN			
0 1 3-IN MEDIAN			DE CROSSING 6	TWO MOTOR	6-ANGLE		<u>1</u> s-sоитн	FEET) DED FLUSH MEDIAN			
4 - ON ROADSIDE 5 - ON GORE		SHARED USE TRAILS	PATHS OR	TRANSPORT	7 - SIDESWIPE, SAN		E - EAST W - WEST	FEET)			
6 - OUTSIDE TRA		BIKE LANE	I		8 - SIDESWIPE, OPP 9 - OTHER / UNKNO	DED, DEPRESSED MEDIAN DED, RAISED MEDIAN					
7 - ON RAMP		TOLL BOOTH OTHER/UNK			, other, black			(AN	YTYPE)		
8-OFF RAMP	77-1	OTHER/ DIAK	NOWN					9-OTH	ER/UNKNOWN		
WORK ZONE RELATE	ED		WORK ZONE TYPE		ON OF CRASH IN W		CONTOUR	CONDITIONS	SURFACE		
WORKERS PRESENT	т		ANE CLOSURE ANE SHIFT/CROSSOVER	1	 BEFORE THE 1ST WARNING SIGN 	WORK ZONE	_1	2	1 1		
LAW ENFORCEMENT	T PRESENT	3 - W	ORK ON SHOULDER		- ADVANCE WARNI		1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE		
			: MEDIAN TERMITTENT OR MOVING W		-TRANSITION ARE ACTIVITY AREA	A	2 - STRAIGHT GRADE	2-WET	2 - BLACKTOP,		
ACTIVE SCHOOL ZON	NE	5 - OT			-TERMINATION AR	EA	3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT		
LIGHT CO	ONDITION		WEA	ATHER	-		4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK		
1 - DAYLIGHT			1-CLEAR	6 - SNOW			9 - OTHER/UNKNOWN	OIL, GRAVEL	T, 4 - SLAG, GRAVEL, STONE		
2 - DAWN/DUSK 3 - DARK - LIGHT	ED DOADWAY		0 4 2-CLOUDY		CROSSWINDS			6 - WATER (STANDI			
4 - DARK - ROADV	4 - RAIN		G SAND, SOIL, DIRT			MOVING) 7 - SLUSH	9 - OTHER/UNKNOWN				
5 - DARK – UNKNI 9 - OTHER / UNKN		LIGHTING	5 - SLEET, HAIL		/ UNKNOWN		- 1	9 - OTHER/UNKNOW	/N		
	A COANA										
NARRATIVE									Indicate the north		
Unit 1 was trav	eling sou	th to no	rth on Gougler	Ave in				<	direction with an "N" on the		
			as traveling in th					L.	compass diagram.		
			south to north. U								
1 attempted to	merge in	ito the r	number, two land	е			WANTUA ST.	1	07 TO 90415		
striking the pa	issenger s	ide of L	Jnit 2.				AST TO SE		HILD AVE. (BRIDGE)		
1				- 19	FAIRCH	ILD AVE.		Î,			
N T						T	TRAFFIC BIGMAL	<u> </u>			
No injuries wer	e reporte	d and a	citation was issu	3							
to the driver o	f Unit 2.		10			[S] Si					
				MANTINA SI							
							=	200			
CRASH REPORTED DA	TE/TIME	DIS	PATCH DATE / TIME	ARI	RIVAL DATE/TIME		SCENE CLEARED DA	ATE/TIME	REPORT TAKEN BY		
$\begin{bmatrix} 1 & 2 & 1 & 8 & 2 & 0 & 2 & 1 & 1 \end{bmatrix}$	/ 1 7 1 4	1,2,1,8	2.0.2.1./.1.7.1.	5 1 2 1 2	2.0.2.1./ 1	7.101			POLICE AGENCY		
TOTALTIME	OTHER	TOTAL	OFFICER'S NAME*	-1-1-1-01	1 2 1 2 1 2 1 8 2 0 2 1 7 1 5 5						
ROADWAY CLOSED INVES		Ennemoser, James Supplemen									
0 2 0 0	ن ماد	BADGE NUMBER	*	Снескев ву	OFFICER'S BADGE NU	JMBER*	(CORRECTION OF ADDITION TO AM EXISTING REPORT SENT TO COPS)				
0 2 0 0	3 0	0.7.0	2 6 0	1 1		2 5	5				



2 . 0 . 2 . 1 . -10,0,0,2,0,8,1,6, OWNER NAME: LAST, FIRST, MIDDLE (XI SAME AS DRIVER) OWNER PHONE: INCLUDE AREA CODE 4 X SAME AS DRIVER DAMAGE 0 | 1 | JAMES, RICHARD, CALVIN DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS ORIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 2848 DENNY RD , Shalersville , OH 44266 1 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 9 - UNKNOWN DAMAGED AREA(S) LP STATE LICENSE PLATE # INDICATE ALL THAT APPLY **VEHICLE IDENTIFICATION #** VEHICLE YEAR VEHICLE MAKE OH HPJ2805 1 | G | C | V | K | R | E | C | X | H | Z | 1 | 9 | 5 | 1 | 6 | 6 | 2 0 1 7 Chevrolet INSURANCE COMPANY **INSURANCE POLICY #** INSURANCE VERIFIED COLOR VEHICLE MODEL NATIONWIDE INS CO 9234J365505 GRN SILVERADO TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT IN EMERGENCY HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS INTERLOCK MATERIAL CLASS # PLACARD ID # 1 - <10KIBS DEVICE HIT/SKIP UNIT 2 - 10,001 - 26K LBS. 0 1 PLACARD 3 - >26K LBS. \bot \bot \bot 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-BUS (16+ PASSENGERS) 0 4 3 - SPORT UTILITY VEHICLE 24 - WHEELCHAIR (ANY TYPF) 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST UNIT TYPE 4 - PICK UP 10 - MOPED OR MOTORIZED 15-SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26-BICYCLE BICYCLE 5 - CARGO VAN 16-FARM EQUIPMENT 22 - ANIMAL WITH RIDER OF 27 - TRAIN 11 - ALL TERRAIN VEHICLE 6 - VAN (9-15 SEATS) ANIMAL-DRAWN VEHICLE 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP (ATV / UTV) 0 # 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 2 1-YES 2-NO 9-OTHER/UNKNOWN AUTONOMOUS 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION 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 - MOWING 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 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER B - POLE 12-CONCRETE MIXER CARGO / NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGOTANK 13-AUTOTRANSPORTER 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARBAGE/REFUSE BODY ****** 7 - GRAIN/CHIPS/GRAVEL 11. DUMP 99-OTHER/UNKNOWN 00 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN VEHICLE 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT 10-DISABLED FROM PRIOR DEFECTS 3 - TAIL LAMPS DEFECTIVE ACCIDENT 6 - TIRE BLOWOUT - NO DAMAGE [0] - UNDERCARRIAGE [14] 1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 9 - MEDIAN/CROSSING ISLAND 6 - BICYCLE LANE 12-FIRST RESPONDER CROSSWALK AT INCIDENT SCENE 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS -TOP [13] -ALL AREAS [15] NON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 8 - SIDEWALK 99-OTHER/UNKNOWN 11 - SHARED USE PATHS OR LOCATION CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION AT IMPACT 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 B - ENTERING TRAFFIC LANE OR LEAVING VEHICLE 14 - ENTERING OR CROSSING 4 0 1 3 - CHANGING LANES ع- 3-STRIKING 0 - NO DAMAGE 9 - LEAVING TRAFFIC LANE SPECIFIED LOCATION 19-STANDING 14 - UNDERCARRIAGE ACTION PRE-CRASH 4 - OVERTAKING/PASSING 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 4 - STRUCK 15 - WALKING, RUNNING, 20 - OTHER NON-MOTORIST 10-PARKED 0 + 3 +5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHT TURN JOGGING, PLAYING DIAGRAM 21 - STANDING OUTSIDE 99 - UNKNOWN 11 - SLOWING OR STOPPED 16-WORKING 13-TOP & STRUCK DISABLED VEHICLE IN TRAFFIC 6 - MAKING LEFT TURN 9 - OTHER / UNKNOWN 17 - PUSHING VEHICLE 12 - DRIVERLESS 99 - OTHER / UNKNOWN TRAFFIC 1-NONE 7-LEFT OF CENTER 13-IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY TRAFFICWAY FLOW TRAFFIC CONTROL 2 - FAILURE TO YIELD PARKED POSITION 18 - OPERATING DEFECTIVE 8-FOLLOWING TOO CLOSE / ACDA 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 14-STOPPED OR PARKED 3 - RAN RED LIGHT 9-IMPROPER LANE CHANGE **EQUIPMENT** 23 - OPENING DOOR INTO 0 1 ILLEGALLY 2 - TW0-WAY 2 - SIGNAL 5 - YIELD SIGN 4 - RAN STOP SIGN 19-LOAD SHIFTING/FALLING/ 10-IMPROPER PASSING ROADWAY CONTRIBUTING 5 - UNSAFE SPEED 15 - SWERVING TO AVOID **SPILLING** 3 - FLASHER 6 - NO CONTROL 11 - DROVE OFF ROAD 99 - OTHER IMPROPER ACTION 16 - WRONG WAY 20 - IM PROPER CROSSING 6 - IMPROPERTURN 12 - IMPROPER BACKING # of THROUGH LANES RAIL GRADE CROSSING ON ROAD SEQUENCE OF EVENTS 1 - NOT INVOLVED _3_ 2 - INVOLVED-ACTIVE CROSSING NON-COLLISION 1 2 0 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE -3 - INVOLVED-PASSIVE CROSSING 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE OPPOSITE DIRECTION OF 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 17 - ANIMAL - FARM EQUIPMENT TRAVEL 23 - STRUCK BY FALLING UNIT / NON-MOTORIST DIRECTION 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 18-ANIMAL - DEER 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR J 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 19-ANIMAL - OTHER 1 - NORTH 5 - NORTHEAST 13-OTHER NON-COLLISION ANYTHING SET IN MOTION 5 - CARGO / EQUIPMENT 20 - MOTOR VEHICLE IN 2 - SOUTH 10 - CROSS MEDIAN 6 - VORTHWEST 14-PEDESTRIAN BY A MOTOR VEHICLE LOSS OR SHIFT TRANSPORT FROM 2 TO 1 24-OTHER MOVABLE OBJECT 3 - EAST 7 - SOUTHEAST 15-PEDALCYCLE 21 - PARKED MOTOR VEHICLE 4 - WEST 8 - SOUTHWEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER / UNKNOWN 25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 37-TRAFFIC SIGN POST 43-CURB 50 - WORK ZONE MAINTENANCE / CRASH CUSHION 32 - PORTABLE BARRIER 38-OVERHEAD SIGN POST EQUIPMENT 44 - DITCH UNIT SPEED DETECTED SPEED 26 - BRIDGE OVERHEAD 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 51 - WALL 45 - EMBANKMENT STRUCTURE 34 - MEDIAN GUARDRAIL 1 - STATED / ESTIMATED SPEED 46-FENCE 52 - BUILDING 27 - BRIDGE PIER OR ABUTMENT 0,2,5 BARRIER 40 - UTILITY POLE 53-TUNNEL ☐ 2 - CALCULATED / EDR 47 - MAILBOX 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54-OTHER FIXED OBJECT 48-TREE OR SUPPORT 29 - BRIDGE RAIL BARRIER POSTED SPEED 3 - UNDETERMINED 99 - OTHER / UNKNOWN 49 - FIRE HYDRANT 30-GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42-CULVERT _ 2 _ 5 _ 1 MOST HARMFUL EVENT → FIRST HARMFUL EVENT

LOCAL REPORT NUMBER

OHIO DE	CONTRIBUTE MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER						
	UNIT # NAME: LAST, FIRST, MIDDLE							2,0,2,1,-,0,0,0,2,0,8,1,6,						
0.1	JAMES, RICHARD, CALVIN							DATE OF BIRTH AGE GENDER						
	DRESS: STREET, CITY, STATE, ZIP								0 3 / 0 8 / 1 9 8 9 3 2 M					
0	2848 DENNY RD ,Shalersville ,OH 44266								CONTACT PHONE - INCLUDE AREA CODE					
E	INJURED TAKEN BY INJURED TAKEN TO: MEDICAL FACILITY (MAME, CITY) SAFETY EQUIPMEN USED							T DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED						
Z 5 OL STATE		LICENSE NUMBER						_0_4	MC HE		11_	1 1 1		
OL STATE	OPERATOR	LICENSE NUMBER		OFFEN	OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	RIPTION CI			ITATION NUMBER		
OL CLASS	ENDORSEMENT SELECT UP TO 2	T RESTRICTION SELEC		VER ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST			DRUG TEST(S)			
4 .		SELECT UPTO 2 DIS			ALCOHOL MARIJUANA			1 .	STATUS			_	T SELECT UPTO 4	
UNIT #	NAME: LAST,	FIRST, MIDDLE		1 OTHER DRUG			_ <u>1</u>	_1	DATE OF BIRTH		AGE	LOCKIDED		
0,2	DRUG	AN, RYAN, EDV	VARD		,				0.7	/ 0, 5, / 1	997		GENDER M	
ADDRESS:	STREET, CITY, S				PHONE - INCLUDE AREA		1 4 7	IVI						
13396 IRIS AVE NW ,MOGADORE ,OH 44260														
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED				USED	DOT-C		N AIR BAG US	AIR BAG USAGE EJECTION TRAPPED		
OL STATE	OPERATOR I	LICENSE NUMBER		OFFEN:	OFFENSE CHARGED LO			OFFENSE DESC	MC HE	LMET 0 1	CITATIO		1	
O, H				1	4511.33			Rules Fo		ed Lan		CITATION NUMBER 23693		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELEC		VER TRACTED	/ER ALCOHOL / DRUG SUSPECTED			CONDITION		COHOLTEST	D	DRUG TEST(S)		
4	1 11	BY			1 . ALCOHOL MARLIU			1 .	_	1		TATUS TYPE RESULT SELECT UP TO 4		
UNIT#	NAME: LAST,	FIRST, MIDDLE			- OTHER DROG				DATE OF BIR'			AGE	GENDER	
											1 1			
ADDRESS:	STREET, CITY, ST	TATE, ZIP	-						CONTACT PHONE - INCLUDE AREA CODE					
STRUCTOR INJURIES	INJURED	EMS AGENCY (NAME)		INTURENT	AVENTO	: MEDICAL FACILITY		PARTY CANTRIAGHT		Terreno -				
NON	TAKEN BY			INSOREDI	AKCI TO	. MIEDIGAE PAGIEIT F	NAME, CITY)	USED	DOT-CO	MPLIANT SEATING POSITIO	N AIR BAG US	AGE EJECTION	TRAPPED	
OL STATE	OL STATE OPERATOR LICENSE NUMBER OI							OFFENSE DESC			CITATIO	N NUMBER		
01010101	FURROCENEUT			CODE										
OL CLASS	SELECT UP TO 2	RESTRICTION SELEC		RACTED		DHOL / DRUG SUSPE	ECTED RIJUANA	CONDITION	STATUS T	OHOLTEST YPE VALUE		RUG TEST(S) YPE RESULT	SELECT UP TO 4	
					0	THER DRUG						. 12 11	1 11 11	
INJU 1-FATAL	RIES	SEATING POSITION 1-FRONT-LEFT SIDE	1 - NOT DEP	IR BAG		OL CLASS		OL RESTRIC		DRIVER DISTRAC	State of the second sec	TEST STA	TUS	
2 - SUSPECTED S		(MOTORCYCLE DRIVER)				2 - CLASS B		2 - CDL INTRASTATE		1 - NOT DISTRACTED 2 - MANUALLY OPERATIN				
4 - POSSIBLE IN.	3 - SUSPECTED MINOR INJURY 2 - FRONT - MIDDLE 4 - POSSIBLE IN HIPY 3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE			3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE	NSES	DEVICE (TEXTING, TYP	naur 3-			
Bright has been the	5 - NO APPARENT INJURY 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		5 - NOT APPLICABLE (OHIO			(OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS A	BUS	DIALING) 3 - TALKING ON HANDS-FF	4	A TEST CIVEN DESILITE VANDUM		
INJURED	INJURED TAKEN BY 5-SECOND-MIDDLE		9 - DEPLOYMENT UNKNOWN 5 - M/C MOPED ONLY 6 - NO VALID OL				6 - EXCEPT CLASS A & CLASS B BUS		COMMUNICATION DEV	ICE 5-	TEST GIVEN, RESI UNKNOWN	ULTS		
	L - MOT TRANSPORTED 6 - SECOND - RIGHT SIDE /TREATED AT SCENE 7 - THIRD - LEFT SIDE		EJECTION OL ENDORSEMENT			ENT	7 - EXCEPT TRACTO	R-TRAILER	4 - TALKING ON HAND-HEI COMMUNICATION DEVI	ICE A	ALCOHOL TEST TYPE			
2 - EMS	2 - EMS (MOTORCYCLE SIDE CAR)					H - HAZMAT	0 - INTERMEDIALE			5 - OTHER ACTIVITY WITH ELECTRONIC DEVICE	AN	1 - NONE		
	3 - POLICE 8 - THIRD - MIDDLE 9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED			M - MOTORCYCLE 9 - LEARNER'S P - PASSENCED RESTRICTIO			MIT	6 - PASSENGER		2 - BLOOD 3 - URINE		
10 - SLEEPER SECTION 4					N-TANKER 10-LIMITED TO DAY					4 - BREATH				
1 - NONE LISED 11 - PASSENGER IN OTHER TO			Q - MOTOR SCOOTER APPED D TUBES MUSEL MOTORCYCLE			11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		5-OTHER				
DIGIT HE WITTH DAM			1 - NOTTRAF	APPED S - SCHOOL BUS			OKCYCLE	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND		9 - OTHER / UNKNOWN		DRUG TEST TYPE 1-NONE		
4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED		2 - EXTRICATED BY MECHANICAL MEANS			T - DOUBLE & TRIPLE TRAILERS		CONTROLS, OR OT ADAPTIVE DEVICE	HER	CONDITION		2 - BLOOD			
	5 - CHILD RESTRAINT SYSTEM – CARGO AREA FORWARD FACING 13 - TRAILING UNIT		3 - FREED BY NON-MECHANICAL MEANS					14 - MILITARY VEHIC		TAMINATIFIC HORMAL		3-URINE		
6 - CHILD RESTR	CHILD RESTRAINT SYSTEM - 14 - RIDING ON VEHICLE EXTERIOR					GENDER F-FEMALE		15 - MOTOR VEHICLES AIR BRAKES	TUOHTIW	3 - EMOTIONAL (E.G., DEPRE	DEPRESSED			
7 - BOOSTER SEA	AR FACING (NON-TRAILING UNIT) DOSTER SEAT 15 - NON-MOTORIST					M - MALE		16 - OUTSIDE MIRROF	ANGRY, DISTURBED) 4 - ILLNESS		DRUG TEST RESULT(S) 1-AMPHETAMINES		SULI(S)	
8 - HELMET USE	USED 99-OTHER/UNKNOWN		1			U - OTHER / UNKNOWN	KNOWN 17 - PROSTHETIC AID 18 - OTHER		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		2-1	2 - BARBITURATES		
9-PROTECTIVE I	ES, ETC.)									6- UNDER THE INFLUENCE OF MEDICATIONS / DRUG		BENZODIAZEPINE Cannabinoids	:2	
	- REFLECTIVE CLOTHING - LIGHTING – PEDESTRIAN									/ALCOHOL	5-(5 - COCAINE		
/ BICYCLE ONI	LY									9-OTHER/UNKNOWN	IER/UNKNOWN 6-OPIATES/OPIOIDS 7-OTHER			
99 - OTHER / UNKN	NO WN				The state of							NEGATIVE RESULT	TS	

OHIO D	DEPARTMENT THE	CCHDANT	WITHE	ce Appendin	M			LOCAL REP	OPT NUMBER						
OCCUPANT / WITNESS ADDENDUM								LOCAL REPORT NUMBER 2 0 2 1 - 0 0 0 2 0 8 1 6							
UNIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER								
02_	2 GAMBS, ALIX								0 1 1	1 0	M				
ADDRESS: STREET, CITY, STATE, ZIP 1241 DORITY PL, CANTON, OH 44708							CONTACT PHONE - INCLUDE AREA CODE								
1241 DORITY PL ,CANTON ,OH 44708							The state of the s								
INJURIES	INJURIES INJURED EMS ABENCY (NAME)								SEATING POSITION AIR BAG USAGE EJECTION TRAPPED						
5	TAKEN BY	ľ			00 VENERAL	USED 0 4	MC HELMET	0 3	1 1	1	1				
UNIT#	NAME: LAS	ST, FIRST, MIDDLE					DA	E OF BIRTH		105	OF NDED				
							, ,	/		AGE	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP								- INCLUDE AREA CO							
ADDRESS: STREET, CITY, STATE, ZIP								- INGLODE AREA CO	OC.						
INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC		SEATING POSITION	ATR RAG USAGE	FJECTION	TRAPPED						
	TAKEN BY				USED	DOT-COMPLIANT MC HELMET		AIN BAG GOAGE	Cacallati	IKAFFED					
UNIT#	NAME: LAS	T, FIRST, MIDDLE			DAT	E OF DIDTU									
							DATE OF BIRTH AGE GENDER								
ADDRESS	S: STREET, CITY,	STATE, ZIP					CONTACT PHONE								
ADDRESS							CONTACT PHONE - INCLUDE AREA CODE								
INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	ILITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AID BAC HEADE	EJECTION	TRABBER				
	TAKEN					USED	DOT-COMPLIANT MC HELMET	SENTING PUBLISHING	MIN BAG USAGE	EREPLIEN	TRAPPED				
UNIT#	NAME: LAS	T, FIRST, MIDDLE									<u> </u>				
		, ,					DATE OF BIRTH AGE GENDER								
ADDRESS	STREET, CITY,	STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE												
ADDRESS				CONTACT PHONE	INCLUDE AREA CO	DE									
	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACE	ILITY (NAME CITY)	SAFETY EQUIPMENT		CEATING BACITION	1 418 840 11040	I = 1 = 1 = 1	T==				
	TAKEN BY			USED SAFETY EQUIPMENT			DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
A COST	INJU	IRIES	SAFETY	' EQUIPMENT USED	at Realtha	SEATING POS		EXCEPTION OF THE PARTY.	AZD DAG H						
1 - FATA	AL		1 - NONE US	THE WATER COMMERCE AND ADDRESS OF THE PARTY	TO LOT THE COLUMN	T - LEFT SIDE		Nothing and Chi	AIR BAG U	AGE					
2 - SUS	PECTED SE	RIOUS INJURY	VEHICLE	OCCUPANT	1 - NOT DEPLOYED 2 - DEPLOYED FRONT										
3 - SUS	3 - SUSPECTED MINOR INJURY			R BELT ONLY USED		T – MIDDLE T – RIGHT SIDE	3 - DEPLOYED SIDE								
4 - POS	4 - POSSIBLE INJURY		3 - LAP BELT			ND - LEFT SIDE		4 - DEPLOYED BOTH							
5 - NO A	5 - NO APPARENT INJURY			R & LAP BELT USED STRAINT SYSTEM –		ORCYCLE PASS									
	INJURED TAKEN BY		FORWARD			ND – MIDDLE ND – RIGHT SID	E	5 - NOT APPLICABLE							
	1 - NOT TRANSPORTED		6 - CHILD RE	STRAINT SYSTEM -	7 - THIRD	D-LEFT SIDE	9 - DEPLOYMENT UNKNOW			NOWN					
S GELLINOS	/TREATED AT SCENE		REAR FAC			ORCYCLE SIDE D – MIDDLE	CAR)	ALLED	EJECTION						
	2 - EMS 3 - POLICE		7 - BOOSTER 8 - HELMET			D - RIGHT SIDE									
9 - OTHER / UNKNOWN			IVE PADS USED		PER SECTION O	I TROOK CAD		LLY EJECTED							
Name and Post Office of the Post				(NEES, ETC.)		ENGER IN OTHE O AREA (NON-TR	AILING UNIT, A NOT APPLICABLE								
F-FEMALE 10- REFLECT			IVE CLOTHING	BUS, P	ICK-UP WITH CAP)	4 - NUT AP	Contract of							
	M - MALE 11 - LIGHTIN / BICYCL			- PEDESTRIAN	ENGER IN UNEI O AREA	NCLOSED	3 NOTED	TRAPPE	D Belleville						
U - OTHE	U - OTHER / UNKNOWN		99 - OTHER / L		ING UNIT		1 - NOTTR		CHANIC	AI					
				EXTERIOR 2 - EXTRICATED BY MECHAN MEANS				AL							
				15 - NON-N	RAILING UNIT) MOTORIST			BY NON-ME	CHANICA	\L					
More					99 - OTHE	R / UNKNOWN		MEANS							
NAME: LAS	ST, FIRST, MIDDL	Ŀ					DATI	OF BIRTH		AGE	GENDER				
ADDRESS.	STREET, CITY,	STATE 71P								1					
	- armicipati ipi						CONTACT PHONE	- INCLUDE AREA COD	E						
NAME: LAS	ST, FIRST, MIDDL	E						OF BYST		10= 1					
,,							DATE OF BIRTH AGE GENDER								
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER									
								1			nven				
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
					N			1							
CV BREE OUT	D 0/40 F700 4	CARL			- VIC.VI										