PRINTED FORCES 1942 1943 1944	OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*						
SERINGARY CASH. GRAD PROTECT PROTECT CITY Of Kent Police 0,6,7,0,3 -2,-00300776 0,2 0,1 9,-0030076 0,2 0,1 9,-0030076 0,2 0,1 9,-0030076 0,2 0,1 9,-0030076 0,2 0,1 9,-0030076 0,2 0,2 0,1 9,-0030076 0,2	OH-2 X OH-3							
Compared to the control of the con	SECONDARY CRASH — 0H-1P [OTHE	ONDARY CRASH					98 - ANIMAL	
BUTCHING BUTCH WARREST PRICE TO SAME IN COLORADO MARKE BUTCHING BUTCH WARREST PRICE TO SAME IN COLORADO MARKE BUTCHING BUTCH WARREST PRICE TO SAME IN COLORADO MARKE (MANA, WILE POST, HOUSE 4) BUTCHING BUTCH WARREST PRICE TO SAME IN COLORADO MARKE (MANA, WILE POST, HOUSE 4) BUTCHING BUTCH WARREST PRICE TO SAME IN COLORADO MARKE (MANA, WILE POST, HOUSE 4) BUTCHING BUTCH WARREST PRICE TO SAME IN COLORADO MARKE (MANA, WILE POST, HOUSE 4) BUTCHING BUTCH WARREST PRICE TO SAME IN COLORADO MARKE (MANA, WILE POST, HOUSE 4) BUTCHING BUTCH WARREST PRICE TO SAME IN COLORADO MARKE (MANA, WILE POST, HOUSE 4) BUTCHING BUTCH WARREST PRICE TO SAME IN COLORADO MARKE (MANA, WILE POST, HOUSE 4) BUTCHING BUTCH WARREST PRICE TO SAME IN COLORADO MARKE (MANA, WILE POST, HOUSE 4) BUTCHING BUTCH WARREST PRICE TO SAME IN COLORADO MARKE (MANA, WILE POST, HOUSE 4) BUTCHING BUTCH WARREST PRICE TO SAME IN COLORADO MARKE (MANA, WILE POST, HOUSE 4) BUTCHING BUTCH WARREST PRICE TO SAME IN COLORADO MARKE (MANA, WILE POST, HOUSE 4) BUTCH WARREST PRICE TO SAME IN COLORADO MARKE (MANA, WILE POST, HOUSE 4) BUTCH WARREST PRICE TO SAME IN COLORADO MARKE (MANA, WILE POST, HOUSE 4) BUTCH WARREST PRICE TO SAME IN COLORADO MARKE (MANA, WILE POST, HOUSE 4) BUTCH WARREST PRICE TO SAME IN COLORADO MARKE (MANA, WILE POST, HOUSE 4) BUTCH WARREST PRICE TO SAME IN COLORADO MARKE (MANA, WILE POST, HOUSE 4) BUTCH WARREST PRICE TO SAME IN COLORADO MARKE (MANA, WILE POST, HOUSE 4) BUTCH WARREST PRICE TO SAME IN COLORADO MARKE (MANA, WILE POST, HOUSE 4) BUTCH WARREST PRICE TO SAME IN COLORADO MARKE (MANA, WILE POST, HOUSE 4) BUTCH WARREST PRICE TO SAME IN COLORADO MARKE (MANA, WILE POST, HOUSE 4) BUTCH WARREST PRICE TO SAME IN COLORADO MARKE (MANA, WILE POST, HOUSE 4) BUTCH WARREST PRICE TO SAME IN COLORADO MARKE (MANA, WILE POST, HOUSE 4) BUTCH WARREST PRICE TO SAME IN COLORADO MARKE (MANA, WILE POST, HOUSE 4) BUTCH WARREST PRICE TO SAME IN COLORADO MARKE (MANA, WILL POST, HOUSE 4) BUTCH WARREST PRICE TO SAME IN COLORADO MARKE (MANA, WILL P	PRIVATE PROPERT		<u>_0,0</u>	5, 7, 0, 3	2 - UNSOLVED		U 1 99 - UNKNOWN	
SUPPLYING SOUTH TIME OF THE PARTY OF THE PAR	6 7 1 2-VILLAGE Kent	CITY, VILLAGE, TOWNSHIP*					SECTION STREET, STREET	
BISTATE BOOK NUMBER PRESENT	3 - TOWNSHIP	H LOCATION ROAD NAME		ROAD TYPE				
REFERENCE FORM THE SECTION OF THE PROPERTY DAVIS PR	S - SOUT	H					3 - MINOR INJURY	
REFERENCE POINT 1INCRESSOR POINT 1INCRES	W-WE3		MILEPOST. HOUSE #)					
EFFERENCE PRINT 1 INTERSECTION OF DOUBLE TYPE 1 SOUTH 1 S	S - SOUT	H l					5 - PROPERTY DAMAGE	
1 THE PROPERTY OF THE PROPE		T	ROAD TYPE	K D				
SBOULYMOD PARTIES TO STATE PROTECT ON COUNTY PARTIES TO STATE AND THE PARTIES TO STATE	1 - INTERSECTION FROM REFERENCE N - NORTH	IR - INTERSTATE ROUTE(TP) AL -	ALLEY HW-HIGHWAY R					
COLORIDAD T INCLUDED	3-HOUSE # L E-EAST	BI -			WITHIN INTER	RCHANGE AREA N	IMBER OF APPROACHES	
LOCATION OF PIRST MARKETUL EVENT 1- ON ROADWAY 91-CROSSOVER MARKET GRASH COLLISION 1- ON ROADWAY 91-CROSSOVER LOCATION OF PIRST MARKETUL EVENT 1- ON ROADWAY 91-CROSSOVER 1- O	DISTANCE DISTANCE	CR - NUMBERED COUNTY BOUTE						
LOCATION OF FIRST HAMPUL LEVENT LOW READONNOW C. GROSSOVER C. ANGLE	1 - MILES	TR - NUMBERED TOWNSHIP DR -			☐ BUADWAY DIV	INFN		
1 DIR ROADWAY 2 CHESTORICE TO THE PROTECTION TO THE PROTECTION OF CASAS IN WORK 2014 THE PROTECTION TO THE PROTECTIO		HE -	HEIGHTS PL - PLACE			T		
O. 1. 2-ON SIGNLICER 1. 3-IM MEDIAN 1. 3-RAMWOR GRADE CROSSES 6. ON GROBE 6. ON GROBE 5. ON GROBE 6. OUTSIDE TRAFFICW TO 13-BIKE LANE 7. ON RADASIDE 1. OTHER PHINCHONN 8. OF FRAMP 8. OF FRAMP 8. OF FRAMP 1. OTHER PHINCHONN 8. OF FRAMP 1. OTHER PHINCHONN 1. DAME CLIEBURE 1. OWN COME THE STANDARD STAN		500 mm - 450		CT			ALL CONTROL OF THE PROPERTY OF	
4 - ON PORDISIDE 1- SHARED USE PAINS OR 5- ON GODE 4- OUTSIGE TRAFF, CANY 3- SHEEL LAKE 7- ON RAMP 3- OTHER AUDICHOWN 3- HEAD-ON 3- TO SHEEK LAKE 3- HEAD-ON 4- CHIEF SHEEK LAKE 3- CHIEF SHEE	0 1 2-ON SHOULDER 10-DRIVEN	VAY/ALLEY ACCESS TWO	VEEN 5-BACKING MOTOR (AND 5		Wild David Beaching	(< 4 FE	ET)	
S - ON GORE - FRANCE AND STREET TRAILS - OUTSIDE TRAFFIC WAY 3D-SIREL LANE - OUTSIDE TRAFFIC WAY 3D-S	J-IN WILDIAN II-KAILW	AY GRADE CROSSING VEHI	CLESIN 6-ANGLE	E DIRECTION				
TOTAL TIME CARY TYPE	J-ON GOILE	E-NEAR					0	
WORK ZONE RELATED LAME CLOSURE LAW ENFORCEMENT PRESENT LAME CLOSURE LAW ENFORCEMENT PRESENT LAW ENFORCEMENT PRESENT PRESENT LAW ENFORCEMENT PRESENT PRESENT PRESENT PRESENT PRESENT PRESENT PRESENT PRESENT LAW ENFORCEMENT PRESENT	7 - ON RAMP 14-TOLL B	ООТН	, or meny orinta			86.3850.60	20 S S255	
WORK ZORE RELATED 1. LANE CLOSURE 1. OBS ZORE THE IST YORK ZORE WORK ZORE ZO ZONA ZO	8-OFF RAMP		LOCATION OF ORACH IN W		CONTOUR	CONDITIONS	SIIDEACE	
LAW ENFORCEMENT PRESENT LAW ENFORCEMENT PRESENT 2-LANE SHIFTCROSSOVER ON SHOULDER ON	WORK ZONE RELATED		1 - BEFORE THE 1ST		2			
LIGHT CONDITION LIGHT	WORKERS PRESENT		***************************************	NG AREA				
ACTIVE SCHOOL ZONE 1- CACTIVE	LAW ENFORCEMENT PRESENT	OR MEDIAN		Α	2 - STRAIGHT GRADE	2 - WET		
LIGHT CONDITION 1-DAYLIGHT 1-CLEAR FORDWAY NORMOUNS (1) 2-DAWNDUNSK 3-DARK-LIGHTED ROADWAY 4-DARK-ROADWAY NOT LIGHTED 5-DARK-UNKNOWN ROADWAY LIGHTING 9-OTHER/UNKNOWN NARRATIVE NARRATIVE CRASH REPORTED DATE / TIME 1-CLEAR FORDWAY AND SOIL, DIRT, SNOW 9-OTHER/UNKNOWN NARRATIVE LOOP Rd. Unit #2 was on Loop Rd traveling S/B to cross E. Summit St. Unit #1 failed to stop at their red light and struck Unit #2. Driver of Unit #1 advised his brakes failed. BWC. CRASH REPORTED DATE / TIME 1-2-DAYLIGHT	ACTIVE SCHOOL ZONE		10.0	EA	Carlo contrato de agrando a como de co			
1 - CLEAR 6 - SNOW 1 - OARK-LICHTED ROADWAY 4 - DARK-LICHTED ROADWAY LIGHTING 5 - SHORK - UICHTED ROADWAY LIGHTING 9 - OTHER / UNKNOWN NARRATIVE Unit #1 was traveling E/B on E. Summit St approaching Loop Rd. Unit #2 was on Loop Rd traveling S/B to cross E. Summit St. Unit #1 failed to stop at their red light and struck Unit #2. Driver of Unit #1 advised his brakes failed. BWC. CRASH REPORTED DATE / TIME 1, 2, 0, 5, 2, 0, 2, 2, / 1, 1, 2, 3, 8, 1, 2, 0, 5, 2, 0, 2, 2, / 1, 1, 2, 4, 1, 1, 2, 0, 5, 2, 0, 2, 2, / 1, 1, 3, 2, 0, 5, 2, 0, 2, 2, / 1, 1, 2, 4, 1, 2, 0, 5, 2, 0, 2, 2, / 1, 1, 3, 2, 0, 5, 2, 0, 2, 2, / 1, 3, 2, 0, 5, 2, 0, 2, 2, / 1, 1, 3, 2, 0, 5, 2, 0, 2, 2, / 1, 3, 2, 0, 5, 2, 0, 2, 2, / 1, 3, 2, 0, 5, 2, 0, 2, 2, / 1, 3, 2, 0, 2, 2, / 1, 3, 2, 0, 2, 2, / 1, 3, 2, 0, 2, 2, / 1, 3, 2, 0, 2, 2, / 1, 3, 2, 0, 2, 2, / 1, 3, 2, 0, 2, 2, / 1, 3, 2, 0, 2, 2, / 1, 3, 2, 0, 2, 2, / 1, 3, 2, 0, 2, 2, / 1, 3, 2, 0, 2, 2, / 1, 3, 2, 0, 2, 2, / 1, 3, 2, 0, 2, 2, / 1, 3, 2, 0, 2, 2, / 1, 3, 2, 0, 2, 2, / 1, 3, 2, 0, 2, 2, / 1, 3, 2, 0, 2, 2, / 1, 3, 2	LIGHT CONDITION	WEATHE	IR		II			
3 - DARK - LIGHTED BOADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - LIGHTED 6 - DARK - LIGHTED 7 - SLUSH 9 - OTHER / UNKNOWN NARRATIVE Unit #1 was traveling E/B on E. Summit St approaching Loop Rd. Unit #2 was on Loop Rd traveling S/B to cross E. Summit St. Unit #1 failed to stop at their red light and struck Unit #2. Driver of Unit #1 advised his brakes failed. BWC. CRASH REPORTED DATE / TIME 1, 2, 0, 5, 2, 0, 2, 2, 1 / 1, 2, 3, 8, 1 / 2, 0, 5, 2, 0, 2, 2, 1 / 1, 2, 4, 1 1, 2, 0, 5, 2, 0, 2, 2, 1 / 1, 3, 2, 0 TOTAL TIME ROADWAY CLOSED INVESTIGATION TIME 0 - OTHER ROADWAY CLOSED INVESTIGATION TIME 0 - OTHER ROADWAY CLOSED OFFICER'S BADGE NUMBER* CRECKED BY OFFICER'S BADGE NUMBER*		0.01011011				OIL, GRAVEL	STONE	
A - BARK - ROADWAY NOT LIGHTING 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN NARRATIVE Unit #1 was traveling E/B on E. Summit St approaching Loop Rd. Unit #2 was on Loop Rd traveling S/B to cross E. Summit St. Unit #1 failed to stop at their red light and struck Unit #2. Driver of Unit #1 advised his brakes failed. BWC. CRASH REPORTED DATE / TIME 1,2,0,5,2,0,2,2,1,1,2,3,8 1,2,0,5,2,0,2,2,1,1,2,3,9 1,2,0,5,2,0,2,2,1,1,2,3,1 TOTAL TIME ROADWAY CLOSED INVESTIGATION TIME UNITED TOTAL MINUTES TOTAL MINUTES OFFICER'S BADGE NUMBER* CRECKED BY OFFICER'S BADGE NUMBER*	I T I	f V f I f		r, snow			3 - DIK1	
NARRATIVE Unit #1 was traveling E/B on E. Summit St approaching Loop Rd. Unit #2 was on Loop Rd traveling S/B to cross E. Summit St. Unit #1 failed to stop at their red light and struck Unit #2. Driver of Unit #1 advised his brakes failed. BWC. CRASH REPORTED DATE/TIME 1,2,0,5,2,0,2,2,/,1,2,3,8, 1,2,0,5,2,0,2,2,/,1,2,3,9, 1,2,0,5,2,0,2,2,/,1,3,2,0, 1,3	W Additionated Biological Company (Control to Participate Research	577 1 477		ING DRIZZLE				
Unit #1 was traveling E/B on E. Summit St approaching Loop Rd. Unit #2 was on Loop Rd traveling S/B to cross E. Summit St. Unit #1 failed to stop at their red light and struck Unit #2. Driver of Unit #1 advised his brakes failed. BWC. CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENCE CLEARED DATE / TIME SCENCE CLEARED DATE / TIME POLICE AGENCY MOTORIST TOTAL TIME OTHER TOTAL TIME TOTAL TIME						9-01HER/UNKNOWN		
Unit #1 was traveling E/B on E. Summit St approaching Loop Rd. Unit #2 was on Loop Rd traveling S/B to cross E. Summit St. Unit #1 failed to stop at their red light and struck Unit #2. Driver of Unit #1 advised his brakes failed. BWC. CRASH REPORTED DATE / TIME USPATCH DATE / TIM	NARRATIVE							
Loop Rd. Unit #2 was on Loop Rd traveling S/B to cross E. Summit St. Unit #1 failed to stop at their red light and struck Unit #2. Driver of Unit #1 advised his brakes failed. BWC. CRASH REPORTED DATE / TIME LOOP RD DISPATCH DATE / TIME LOOP RD E. SUMMIT ST E. SUMMIT ST REPORT TAKEN BY YELD SIZE OFFICER'S NAME* ENDEMOSET, James OFFICER'S NAME* Ennemoset, James OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE NUMBER* UNIT OFFICER'S BADGE NUMBER* UNIT OFFICER'S BADGE NUMBER* UNIT OFFICER'S BADGE NUMBER* UNIT OFFICER'S BADGE NUMBER*	Unit #1 was traveling E/B on	E. Summit St approach	ning			1	an "N" on the	
CRASH REPORTED DATE / TIME CRECKED BY OFFICER'S NAME * Ennemoser, James OFFICER'S BADGE NUMBER* CRECKED BY OFFICER'S BADGE NUMBER*								
red light and struck Unit #2. Driver of Unit #1 advised his brakes failed. BWC. CRASH REPORTED DATE / TIME 1,2,0,5,2,0,2,2,1/1,1,2,3,8, 1,2,0,5,2,0,2,2,1/1,2,3,9, 1,2,0,5,2,0,2,2,1/1,2,4,1, 1,2,0,5,2,0,2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0,2,2,1/1,3,2,0, 2,2,1/1,3,2,0,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,1/1,3,2,0, 2,2,1/1,3,2,0, 2,2,1/1,3,2,1/1,3,2,0, 2,2,1/1,3,2,1/1,3,2,1/1,3,2,1/1,3,2,1/1,3,2,1/1,3,2,1/1,3,2,1/1,3,2,1/1,3,2,1/1,								
CRASH REPORTED DATE / TIME CRASH REPORTED DATE / TIME CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME SCENE CLEARED DATE / TIME TOTAL TIME ROADWAY CLOSED OFFICER'S NAME* Ennemoser, James OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE NUMBER*				L.	DOP RD		(z =	
CRASH REPORTED DATE / TIME CRASH REPORTED DATE / TIME L120520222/122/1238 TOTAL TIME ROADWAY CLOSED OFFICER'S NAME* E. SUMMIT ST E. SUMMIT ST E. SUMMIT ST REPORT TAKEN BY POLICE AGENCY MOTORIST CHECKED BY OFFICER'S NAME* Ennemoser, James OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S NAME* CHECKED BY OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE NUMBER*		. Driver of Unit #1						
CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME POLICE AGENCY 1,2,0,5,2,0,2,2,1/1,2,3,8,1,2,0,5,2,0,2,2,1/1,2,3,9,1,2,0,5,2,0,2,2,1/1,2,4,1,1,2,0,5,2,0,2,2,1/1,3,2,0 TOTAL TIME ROADWAY CLOSED INVESTIGATION TIME TOTAL MINUTES OFFICER'S NAME* Ennemoser, James CHECKED BY OFFICER'S NAME* Ennemoser, James CHECKED BY OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE NUMBER*	Secretary Manager States And State Section 2 S						1	
CRASH REPORTED DATE / TIME L1_2_0_5_2_0_2_2_/_12_3_8 TOTAL TIME ROADWAY CLOSED INVESTIGATION TIME TOTAL MINUTES DISPATCH DATE / TIME ARRIVAL DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME SCENE CLEARED DATE / TIME REPORT TAKEN BY POLICE AGENCY MOTORIST CHECKED BY OFFICER'S NAME* Ennemoser, James OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE NUMBER*	BWC.			s)		-		
CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME POLICE AGENCY POLICE AGENCY OFFICER'S NAME* TOTAL TIME ROADWAY CLOSED OFFICER'S NAME* Ennemoser, James OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE NUMBER*								
TOTAL TIME ROADWAY CLOSED INVESTIGATION TIME TOTAL MINUTES OFFICER'S NAME* Ennemoser, James OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S NAME* Ennemoser, James OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE NUMBER*							E. SUMMIT ST	
TOTAL TIME ROADWAY CLOSED INVESTIGATION TIME TOTAL MINUTES OFFICER'S NAME* Ennemoser, James OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S NAME* Ennemoser, James OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE NUMBER*								
TOTAL TIME ROADWAY CLOSED INVESTIGATION TIME TOTAL MINUTES OFFICER'S NAME* Ennemoser, James OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S NAME* Ennemoser, James OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE NUMBER*								
TOTAL TIME ROADWAY CLOSED INVESTIGATION TIME OFFICER'S NAME* Ennemoser, James OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE NUMBER*						<u>Ji</u>		
TOTAL TIME ROADWAY CLOSED INVESTIGATION TIME OFFICER'S NAME* Ennemoser, James OFFICER'S BADGE NUMBER* TOTAL TIME CHECKED BY OFFICER'S NAME* Ennemoser, James CHECKED BY OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE NUMBER*	CRASH REPORTED DATE /TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIM	E	SCENE CLEARED	D DATE / TIME	REPORT TAKEN BY	
TOTAL TIME ROADWAY CLOSED INVESTIGATION TIME OFFICER'S NAME* Ennemoser, James OFFICER'S NAME* Ennemoser, James OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S NAME* Ennemoser, James OFFICER'S BADGE NUMBER*		2,0,5,2,0,2,2,/,1,2,3,9,	1,2,0,5,2,0,2,2,/	1,2,4,1	1,2,0,5,2,0,2	2,/,1,3,2,0		
OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE NUMBER*	TOTAL TIME OTHER	TOTAL OFFICER'S NAME*		Снескер ву ОР	FICER'S NAME*			
	RUADWAY CLUSED INVESTIGATION TIME	Emiliosei, 9a			CORRECTION OF ADDITION			
	0 0 0 0 1		2 1 :					

LOCAL REPORT NUMBER

2 | 0 | 2 | 2 | - | 0 | 0 | 0 | 2 | 0 | 2 | 6 | 0 |

UNIT# 0	WNER NAME: LAST, FIRST	, MIDDLE (X SAME AS DRIVER)	CALLANDOD	OWNED PHONE: INC. III	F AGEA COME (SAME AS DRIVER)		AMAGE	
0 1 1	TERRERA SC DRESS: STREET, CITY, STATE, I	SA, JORGE,		DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE				
		R J ,Streetsboi		4 2 - MINOR DAMAGE 4 - DISABLING DAMAGE				
	AL CARRIER: NAME, ADDRE		io your riair	COMMERCIAL CARRIER F	HONE: INCLUDE AREA CODE	9 -	UNKNOWN	
				DAMAGED AREA(S) Indicate all that apply				
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$							E ALL THAT APPLY	
INSURANC	STATE FAR	NY IN	SURANCE POLICY # 374564C3035	GRY	VEHICLE MODEL ACCORD	10 0 0 2	10 11 12 1	
COMMERC	TYPE OF USE CIAL GOVERNMENT	IN EMERGENCY RESPONSE	US DOT #	City Service	NAME JS MATERIAL	9 9 3 4 3	9 10 2 3 3 3	
INTERLO DEVICE EQUIPPE	ED HIT/SKIP UNIT	0 1	ICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	RELEASED PLACARD	LASS # PLACARD ID #	7 6 5 11	8 7 5 4 12 7 6 5	
UNIT TYPE	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN	8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE	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	9	12 11 10 2 3 3 3 4 7	
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 2 9 9 9 3 3 3	5 11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
0,1 SPECIAL FUNCTION	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-MCWING 18-SNOW REMOVAL 19-TOWING 20-SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER/UNKNOWN	7 6 5	8 7 6 5 4 4 7 4 12 12 12 12	
0_1	/ NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	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 - AUTOTRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN	9 3 9	3 9 3 3	
VEHICLE	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 [6 6 6 D - UNDERCARRIAGE [14]	
	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]	
ACTION	2-NON-COLLISION 3-STRIKING 0,1	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 DAMAG	O UNIT 15 - VEHICLE NOT AT SCENE	
0 3 CONTRIBUTING CIRCUMSTANCES	1-NONE 2-FAILURE TO YIELD 3-RAN RED LIGHT 4-RAN STOP SIGN 5-UNSAFE SPEED 6-IMPROPERTURN	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 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	
2	OF EVENTS					ON ROAD	1 - NOT INVOLVED	
ΕV	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	NON-COLLISION 11 - CROSS CENTERLINE — OPPOSITE DIRECTION OF TRAVEL	16-RAILWAY VEHICLE 17-ANIMAL – FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING,	L2UNIT / NO	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING N-MOTORIST DIRECTION	
3	3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		12-DOWNHILL RUNAWAY 13-OTHER NON-COLLISION 14-PEDESTRIAN 15-PEDALCYCLE N WITH FIXED OBJEC		SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	FROM 4 TO L	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST	
5 6	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - 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 0 3 5 POSTED SPEED	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
1 1	EIRST HARMEIII EVE	мт 1 мости	ADMEIII EVENT			3 5		

OHIO DEPARTMENT
OF PUBLIC SAFETY
ANETY - SURVEY - PROTECTION LOCAL REPORT NUMBER 2 | 0 | 2 | 2 | - | 0 | 0 | 0 | 2 | 0 | 2 | 6 | 0 | OWNER NAME: LAST, FIRST, MIDDLE (same as DRIVER) R PHONE: INCLUDE AREA CODE (SAME AS DRIVER 0 2 TURF TRIMMERS DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 1480 FAIRCHILD AVE ,Kent ,OH 44240 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE DAMAGED AREA(S) INDICATE ALL THAT APPLY VEHICLE IDENTIFICATION # P STATE LICENSE PLATE # VEHICLE YEAR VEHICLE MAKE 1,HGC,R2,F,7,0,D,A0,4,0,6,7,8, 2 0 1 3 O H HVK2055 Chevrolet **INSURANCE POLICY #** INSURANCE COMPANY COLOR VEHICLE MODEL INSURANCE VERIFIED WHI SILVERAD TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE Joes Auto HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS MATERIAL CLASS # PLACARD ID # 1 - ≤10K LBS. RELEASED HIT/SKIP UNIT DEVICE EQUIPPED 2 - 10.001 - 26K LBS 0 1 PLACARD 3 - >26K LBS. 18-LIMO (LIVERY VEHICLE) 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13-SNOWMOBILE 19-BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) [0, 4]3 - SPORT UTILITY VEHICLE 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 OR 27 - TRAIN 11-ALL TERRAIN VEHICLE ANIMAL-DRAWN VEHICLE 6 - VAN (9-15 SEATS) 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? 0 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION AUTONOMOUS 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION I 1-YES 2-NO 9-OTHER/UNKNOWN MODE LEVEL 16-FARM 21 - MAIL CARRIER 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 12 - MILITARY 0 1 2 - TAXI 7 - BUS - INTERCITY 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 3 - VEHICLETOWING ANOTHER 5 - INTERMODAL CONTAINER 1 - NO CARGO BODY TYPE 12 - CONCRETE MIXER 8 - POLE 0.1/ NOT APPLICABLE MOTOR VEHICLE 9 - CARGO TANK 13 - AUTO TRANSPORTER CARGO 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 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICKTIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN VEHICLE 2 - HEAD LAMPS 8 - TRAILER EQUIPMENT 10-DISABLED FROM PRIOR 5 - STEERING DEFECTIVE ACCIDENT DEFECTS 3 - TAIL LAMPS 6 - TIRE BLOWOUT - NO DAMAGE [0] X - UNDERCARRIAGE [14] 3 - INTERSECTION - OTHER 9 - MEDIAN/CROSSING ISLAND 1-INTERSECTION - MARKED 6 - BICYCLE LANE 12 - FIRST RESPONDER CROSSWALK 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10-DRIVEWAY ACCESS AT INCIDENT SCENE ___-TOP [13] T-ALL AREAS [15] NON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 99-OTHER / UNKNOWN 8 - SIDEWALK 11 - SHARED USE PATHS OR LOCATION CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION - UNIT NOT AT SCENE [16] TRAILS AT IMPACT 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13-NEGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 0 1 3 - CHANGING LANES 0 - NO DAMAGE 14 - UNDERCARRIAGE 4 SPECIFIED LOCATION 19-STANDING 3-STRIKING 9 - LEAVING TRAFFIC LANE 0 , 2 , 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 15 - WALKING, RUNNING, 20-OTHER NON-MOTORIST ACTION 4- STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 10-PARKED 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHT TURN JOGGING, PLAYING 21 - STANDING OUTSIDE 99 - UNKNOWN 11 - SLOWING OR STOPPED 16-WORKING 13 - TOP DISABLED VEHICLE & STRUCK INTRAFFIC 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99-OTHER/UNKNOWN 9-OTHER/UNKNOWN 12 - DRIVERLESS TRAFFIC 13 - IMPROPER START FROM A 1 - NONE 7 - LEFT OF CENTER 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY TRAFFICWAY FLOW TRAFFIC CONTROL 2-FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA PARKED POSITION 18-OPERATING DEFECTIVE 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 14 - STOPPED OR PARKED EQUIPMENT 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 23 - OPENING DOOR INTO 2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN [0,1]ILLEGALLY 19-LOAD SHIFTING/FALLING/ ROADWAY 4 - RAN STOP SIGN 10-IMPROPER PASSING 15 - SWERVING TO AVOID 3 - FLASHER 6 - NO CONTROL CONTRIBUTING 5- UNSAFE SPEED SPILLING 99-OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20-IMPROPER CROSSING # of THROUGH LANES RAIL GRADE CROSSING 6-IMPROPERTURN 12-IMPROPER BACKING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2 - INVOLVED-ACTIVE CROSSING 4 NON-COLLISION 1 2 0 1 - OVERTURN/ROLLOVER 3 - INVOLVED-PASSIVE CROSSING 6 - FOUIPMENT FAILURE 11 - CROSS CENTERLINE -16-RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE OPPOSITE DIRECTION OF EQUIPMENT 17 - ANIMAL - FARM 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS TRAVEL UNIT / NON-MOTORIST DIRECTION 23 - STRUCK BY FALLING, 18-ANIMAL - DEER 8 - RAN OFF ROAD RIGHT 3 - IMMERSION 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR 1 - NORTH 5 - NORTHEAST 19-ANIMAL - OTHER J 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT ANYTHING SET IN MOTION 13-OTHER NON-COLLISION 20 - MOTOR VEHICLE IN 2 - SOUTH 6 - NORTHWEST 5 - CARGO / EQUIPMENT BY A MOTOR VEHICLE 10-CROSS MEDIAN 14 - PEDESTRIAN TRANSPORT FROM 1 TO 2 3 - EAST 7 - SOUTHEAST LOSS OR SHIFT 24-OTHER MOVABLE OBJECT 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 EQUIPMENT 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH UNIT SPEED DETECTED SPEED 26 - BRIDGE OVERHEAD 51 - WALL 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 45 - EMBANKMENT 1 - STATED / ESTIMATED SPEED STRUCTURE SUPPORT 52 - BUILDING 34-MEDIAN GUARDRAIL 46-FENCE 0,1,0, 27 - BRIDGE PIER OR ABUTMENT 2 - CALCULATED / EDR BARRIER 40 - UTILITY POLE 53-TUNNEL 47 - MAIL BOX 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54 - OTHER FIXED OBJECT 48-TREE 3 - UNDETERMINED POSTED SPEED

99-OTHER/UNKNOWN

2 5

29 - BRIDGE RAIL

30 - GUARDRAIL FACE

J FIRST HARMFUL EVENT

BARRIER

36-MEDIAN OTHER BARRIER

OR SUPPORT

42 - CULVERT

MOST HARMFUL EVENT

49-FIRE HYDRANT

OHIO DEPARTMENT MOTORIST / NON-MOTORIST						LOCAL REPORT NUMBER						
Management AIDIOKI21 / IAON-IAIDIOKI21						2 0 2	2,0,2,2,-,0,0,0,2,0,2,6,0,					
UNIT#	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER				
		RRERA SOSA, JORGE, SALVADOR						1 1 1 1 9 2 0 0 3 1 9 M				
10050	ness: street, city, state, zip 050 DELORES DR J ,Streetsboro ,OH 44241								HONE - INCLUDE AREA COI	DE	. ,	
INJURIES 2	TAKEN	MS AGENCY (NAME)	l l		MEDICAL FACILITY	NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED				
/		Kent Fire		UHPMC			0.4	MC HELM	MET 0 1	4	1	_1
OL STATE	OPERATOR LIC	ENSE NUMBER		OFFENSE CHAR	IGED	LOCAL CODE	OFFENSE DESC	1000 110000			ON NUMBER	
O H				313.03C1		X	Traffic Contro		HOL TEST	2375	DRUG TEST(S	
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP	DRIV DIST	RACTED AL	HOL / DRUG SUSPE LCOHOL MAR THER DRUG	7.0	condition	STATUS TYP	HOL TEST E VALUE S			T SELECT UPTO 4
UNIT #	NAME: LAST, FIF	RST MIDDLE			HER DRUG				DATE OF BIRTH		AGE	GENDER
		NICHOLAS, LAV	VREN	ICE				. 1 . 1 .	2 6 1 9	7.9		M
4000000	STREET, CITY, STAT		, ICDI	····					HONE - INCLUDE AREA CO			171
14654	SALEM	RD ,SALEM ,OI	H 4446				I	<u>L</u>				
14654 INJURIES	INJURED EI	MS AGENCY (NAME)			AKEN BY		Heen	DOT-COM MC HELI		AIR BAG	USAGE EJECTION	TRAPPED 1
OL STATE	OPERATOR LIC	CENSE NUMBER		OFFENSE CHAF	RGED	LOCAL CODE	OFFENSE DESC	RIPTION		CITAT	ION NUMBER	
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT U	DIST	PACTED	DHOL / DRUG SUSPE	CTED	CONDITION	STATUS TY	PE VALUE	STATUS	DRUG TEST(S	T SELECT UPTO 4
2	BY LOCHOL MARIJUANA 1 OTHER DRUG 1 1 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1	1	_ _ _					
UNIT #	IT # NAME: LAST, FIRST, MIDDLE DATE OF BIRTH							AGE	GENDER			
ADDRESS:	: STREET, CITY, STA	TE, ZIP						CONTACT P	PHONE - INCLUDE AREA C	ODE		
TORI								Control House Mark Soci				
INJURIES		MS AGENCY (NAME)		INJURED TAKEN TO	: MEDICAL FACILITY	(NAME, CITY		DOT-CON	SEATING POSITIO	N AIR BAG	USAGE EJECTION	N TRAPPED
NON.	TAKEN BY				USED	MC HEL	MET					
OL STATE	OPERATOR LI	CENSE NUMBER		OFFENSE CHA	OFFENSE CHARGED LOCAL OFFENSE CODE		OFFENSE DESC	CRIPTION CITATION NUMBER			ION NUMBER	
0	1							ALCOHOL TEST			DRUG TEST(6)
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT L		TRACTED	OHOL / DRUG SUSPI		CONDITION			STATUS		LT SELECT UP 104
					THER DRUG			h h		1		
INJ	URIES	SEATING POSITION	Α	IR BAG	OL CLAS	s	OL RESTRIC	AND STREET OF STREET, ST.	DRIVER DISTRAC	TION	TEST ST	ATUS
1 - FATAL	D SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP 2 - DEPLOYI		1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTE 2 - CDL INTRASTA		1 - NOT DISTRACTED 2 - MANUALLY OPERATIN	IC AN	1 - NONE GIVEN 2 - TEST REFUSED	,
CONTRACTOR OF THE PARTY OF THE	D MINOR INJURY	2 - FRONT - MIDDLE	3 - DEPLOY		3 - CLASS C		3 - CORRECTIVE L		ELECTRONIC COMMUN	VICATION	3 - TEST GIVEN, CO	
4 - POSSIBLE I	NJURY	3 - FRONT - RIGHT SIDE	4 - DEPLOY	ED BOTH FRONT / SIDE			4 - FARM WAIVER		DEVICE (TEXTING, TY DIALING)	PING,	SAMPLE / UNU	
5 - NO APPARE	NT INJURY	4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APP	LICABLE MENT UNKNOWN	(OHIO = D) 5 - M/C MOPED ONLY		5 - EXCEPT CLASS 6 - EXCEPT CLASS		3 - TALKING ON HANDS-F COMMUNICATION DEV		4 - TEST GIVEN, RI 5 - TEST GIVEN, RI	
INJURED	TAKEN BY	5 - SECOND - MIDDLE	7-UEFEUT	MENT CINCINCTIN	6 - NO VALID OL		& CLASS B BUS		4 - TALKING ON HAND-HE	LD	UNKNOWN	
1 - NOT TRANS		6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	E.	JECTION	OL ENDORSE	MENT	7 - EXCEPT TRACT		COMMUNICATION DEV		ALCOHOL T	EST TYPE
2 - EMS		(MOTORCYCLE SIDE CAR)	1 - NOT EJE	Name of State Control of the Control	H - HAZMAT		8 - INTERMEDIAT RESTRICTIONS		ELECTRONIC DEVICE	II AN	1 - NONE	
3 - POLICE		8 - THIRD – MIDDLE 9 - THIRD – RIGHT SIDE		LLY EJECT <mark>ED</mark>	M - MOTORCYCLE		9 - LEARNER'S PE RESTRICTIONS		6 - PASSENGER		2 - BLOOD 3 - URINE	
9 - OTHER / UN	IKNOWN.	10 - SLEEPER SECTION	3 - TOTALLY 4 - NOT APP		P - PASSENGER N - TANKER		10 - LIMITED TO DA		7 - OTHER DISTRACTION INSIDE THE VEHICLE		4 - BREATH	
SAFETY E	EQUIPMENT	OF TRUCK CAB	4-NOTALL	LIGABLE	Q - MOTOR SCOOTER		11 - LIMITED TO EN	MPLOYMENT	8 - OTHER DISTRACTION	OUTSIDE	5-OTHER	
1 - NONE USED ENCLOSED CARGO AREA R - THREE-WHEEL				R - THREE-WHEEL M	OTORCYCLE			THE VEHICLE 9 - OTHER / UNKNOWN		DRUG TES	STTYPE	
2 LARDELT ONLY HEED PICK-HP WITH CAP) 2 EVEDICATED BY			S - SCHOOL BUS	TDAII EDO	13 - MECHANICAL (SPECIAL BRA	DEVICES KES, HAND 1 - NONE						
4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED CARGO AREA		MECHAI	NICAL MEANS	T - DOUBLE & TRIPLE X - TANKER / HAZMA		CONTROLS, OR ADAPTIVE DE		CONDITION 2-BLOOD 1-APPARENTLY NORMAL 3-URINE				
	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 13 - TRAILING UNIT 6 - CHILD RESTRAINT SYSTEM - REAR FACING (NON-TRAILING UNIT)			3 - FREED BY NON-MECHANICAL MEANS GENDER F - FEMALE M - MALE			14 - MILITARY VEH		2 - PHYSICAL IMPAIRME	NT	4-OTHER	
6 - CHILD RES							15 - MOTOR VEHIC AIR BRAKES	LES WITHOUT	3 - EMOTIONAL (E.G., DEP ANGRY, DISTURBED)	RESSED,	DRUG TEST	RESULT(S)
REAR FACI 7 - BOOSTER S							16-OUTSIDE MIR		4- ILLNESS		1 - AMPHETAMIN	AND DANKE STREET
8 - HELMET U		99 - OTHER / UNKNOWN			U - OTHER / UNKNOW	N	17 - PROSTHETIC	AID	5 - FELL ASLEEP, FAINTE FATIGUED, ETC.	D,	2 - BARBITURATE	
9 - PROTECTIA	VE PADS USED						18-OTHER		6 - UNDER THE INFLUEN		3 - BENZODIAZEF 4 - CANNABINOID	
(ELBOW, KI	NEES, ETC.) VE CLOTHING								OF MEDICATIONS / DF	RUGS	5 - COCAINE	,,
11 - LIGHTING	- PEDESTRIAN								9-OTHER/UNKNOWN		6-OPIATES/OPI	IOIDS
/ BICYCLE											7 - OTHER	
99-OTHER/UN	INN NU WIN										8 - NEGATIVE RE	SULTS

	OHIO DEP	ONIO DEPARTMENT OCCUPANT / WITNESS ADDENDUM					LOCAL REPORT NUMBER					
~			JOUI AILI		O TIDDLINDOM		_	2 0 2 2	- 10 10 1	0 2 0	2 6	0
	UNIT # NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER					
CCUPAN	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
									<u> </u>			
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facility		SAFETY EQUIPMENT USED	DOT-COMPLIANT SI	EATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
		ы						L MIC HELMET		Water Providence of the		
	UNIT#	NAME: LAST	, FIRST, MIDDLE					DATE	OF BIRTH		AGE	GENDER
									1 1			
OCCUPAN	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE -	INCLUDE AREA CODE	i.		
9	TMUUDICC	INJURED	FMC A (MANG)		IN HIDER TAKEN TO Manage France		CAFFTY FAUIDMENT		CATINO DOCUTION	AID BAO UCAGE	LEIEGEIGH	7040050
	IMJUKIES	TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facility	Y (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	EATING POSITION	AIK BAG USAGE	EJECTION	TRAPPED
					entre versus presentants summitted and expensive							
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE	OF BIRTH		AGE	GENDER
	ADDDESS	STREET, CITY,	CTATE 7ID					CONTACT PHONE -	THE LEGISLAND			
OCCUPAN	ADDICESS.	STREET, OFFT,	STATE, ZIF					CONTACT PHONE	INCLUDE AREA CODI	E)		
9	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	Y (NAME CITY)	SAFETY EQUIPMENT	ls ls	EATING POSITION	AIR RAG USAGE	EJECTION	TRAPPED
落	INCOME	TAKEN BY	Line Adent (Haine)		MOUNTED PARENTO. MEDICAL PACIETY	T CHAME, OLL 17	USED	DOT-COMPLIANT MC HELMET	EATING OSTITOR	AIN DAG GOAGE	Lucuiton	IIIAI I ED
建	UNIT #	NAME: LAS	T FIRST MIRRI S			Version and the second		DATE	OF DIDTH		405	CENDED
	UNII #	NAME: LAS	T, FIRST, MIDDLE					DATE	OF BIRTH		AGE	GENDER
Ę	ADDRESS	: STREET, CITY,	STATE 7ID					CONTACT PHONE	INCLUDE A DEA COD	 -		<u> </u>
OCCUPANT	ADDITEO	. STREET, STATE	STATE, ZIT					CONTROL FILER	INCLUDE AREA COD	_		
8	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	Y (NAME CITY)	SAFETY EQUIPMENT	19	SEATING POSITION	AIR RAG USAG	FJECTION	TRAPPED
		TAKEN BY			INCOMED PARENTO, INCOME PAGE	T thame, sure	USED	DOT-COMPLIANT MC HELMET	22/11/10 00/11/01	AIN BAG GOAG	Loculton	IIIAI I CD
		INUU	 RIES	SAFET	 Y equipment used		SEATING POS	ITION		AIR BAG U	ISAGE	
	1 - FATA	AL.		1 - NONE US	ED-	distributes a successive	T - LEFT SIDE		1 - NOT DE	SANS CONTRACTOR CONTRACTOR		
	2 - SUS	PECTED SE	RIOUS INJURY		OCCUPANT		ORCYCLE DRIV	(ER) 2 - DEPLOYED FRONT				
	3 - SUS	PECTED MI	NOR INJURY		ER BELT ONLY USED		IT – MIDDLE IT – RIGHT SID	E	3 - DEPLOYED SIDE			
題	4 - P0S	SIBLE INJU	IRY		T ONLY USED ER & LAP BELT USED		ND – LEFT SID		4 - DEPLOY			
	5 - NO A	APPARENT :	INJURY		ESTRAINT SYSTEM -		ORCYCLE PASS IND – MIDDLE	SENGER) FRONT/SIDE 5 - NOT APPLICABLE				
		INJURED	TAKEN BY	THE RESERVE THE PARTY OF THE PA	D FACING		ND – RIGHT SI	DE	9 - DEPLOY		KNOWN	
4		TRANSPOR		6 - CHILD R REAR FA	ESTRAINT SYSTEM -		D - LEFT SIDE ORCYCLE SIDE	CAP)		Assessment of the		1
糖品	2 - EMS	EATED AT S	CENE	7 - BOOSTEI			D - MIDDLE	· oan,	1 - NOT EJ	EJECT	IUN	
醋	3 - POL			8 - HELMET			D – RIGHT SIDI	2 DARTALLY ELECTED				
領語		ER / UNKNO	OWN	9 - PROTEC	TIVE PADS USED	The second	PER SECTION	HER ENCLOSED 3 - TOTALLY EJECTED				
		GEI	NDER		KNEES, ETC.)	CARG	O AREA (NON-T	TRAILING UNIT, 4 - NOT APPLICABLE				
	F-FEM	Manual Property and Company			TIVE CLOTHING	The state of the s	PICK-UPWITH CA SENGER IN UNI			TRAPE	PED	
	M - MAL			/ BICYCL	G – PEDESTRIAN E ONLY	CARC	GO AREA	1 - NOT TRAPPED				
	U - OTHI	ER/UNKNO	WN	99 - OTHER /	UNKNOWN		LING UNIT NG ON VEHICLI	2 - EXTRICATED BY MECHANICAL				
							TRAILING UNIT)		MEANS		- 0.0 4 1.0 7	
						TOTAL TO SERVICE	-MOTORIST ER/UNKNOWN		3 - FREED MEANS		ECHANIC	AL
2	NAME-14	AST, FIRST, MIDI	ni F			33 - OTHI	LIC / CIVICINO WIV	DAT	E OF BIRTH		AGE	GENDER
SS			, TRISTON, I	ETHAN				0,7,0		0.0.	2 2	M
N F		S: STREET, CITY	.5					CONTACT PHONE				
×	1800	RHOD	ES RD 405E ,I	Kent, ,OH	44240			L				
	NAME: LAST, FIRST, MIDDLE			DAT	E OF BIRTH	3 and 1 a 2011 on	AGE	GENDER				
VESS												
WIT	ADDRESS	S: STREET, CITY	, STATE, ZIP		1000			CONTACT PHONE	- INCLUDE AREA CO	DDE		
						et op a strongen.						
S	000000000000000000000000000000000000000	AST <mark>,</mark> FIRST, MID	DLE					DAT	E OF BIRTH		AGE	GENDER
SSEN		S: STREET, CITY	CTATE 710					CONTACT PHONE	Luques		عللا	
W	ADDRES:	J. SIKEEI, UII!	I, SIAIE, ZIP					CONTACT PHONE		DUE		
è												



TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DA.	TE OF CF	RASH
27-20260	Kent Police Dept.	м /2	D5	Y22

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL	CNASHES
I, Triston Hamilton HEREBY MAKE THIS VOLUNTARY	STATEMENT TO
Sd. Jim Ennemoser AT Scient	
Sol. Jim Ennemoser AT SCENE OFFICER'S NAME I Was at a red light furning le	ON ++
onto LOOP Par GOOD When the driver	
the black compact con the ced light	
collided with the owner of the white	
I went to help Jorge out of his a	i.
it was smoking. He informed me h	i
brakes hat failed.	
ADDRESS OF WITNESS	PHONE
SIGNATURE OF WITNESS X SIGNATURE OF WITNESS X SIGNATURE X SIGNATU	
X Sch fluemosu	