OHIO DEPARTMENT TRAF	FFIC C	RASH R	LOCAL REPORT NUMBER*								
PHOTOS TAKEN	0H-3		2 0 2 1 - 0 0 0 1 6 8 0 3								
SECONDARY CRASH PRIVATE PROPERTY City of Kent Police							NCIC*	HIT/SKIP	NUMBER OF UNITS	00 411114	
			0 6 7 0 3 1 - SOLVED 0 2 0			0 2 98-ANIMAL 99-UNKNOWN					
COUNTY* LOCALITY* 1-CITY 2-VILLA			VILLAGE, TOWNSH	4[P*				CRASH DATE /		CRASH SEVERITY	
D / 3-TOWN	ISHIP 120						1	110101912101211		2 - SERIOUS INJURY SUSPECTED	
ROUTE TYPE ROUTE NUMBER	S	- SOUTH	OCATION ROAD	NAME			ROAD TYPE LATITUDE DECIMAL DEGREES				
	w لــــال	-WEST	MAIN				$S T = 411_{0}153890$			3 - MINOR INJURY SUSPECTED	
ROUTE TYPE ROUTE NUMBER	S-	- SOUTH		AU NAME (RUA	AD, MILEPOST, H	IDUSE #)	ROAD TYPE	LONGITUDE 0	ECIMAL DEGREES	4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE	
	<u> </u>	-WEST	27					8 ₁ 1 ₀ 3 ₁ 5 ₁ 2	2 7 8	ONLY	
REFERENCE POINT D	IRECTION ROM REFERENCE N - NOR	TH IR - IN	ROUTE TYP TERSTATE RO	0.000	AL - ALLEY	ROAD TYPE HW-HIGHWAY	RD - ROAD	I <u> </u>	INTERSECTION REI		
3 2-MILE POST 3-HOUSE #	S - SOUT	H US-FI	EDERAL US RO	0.12	AV - AVENUE	LA - LANE	SQ - SQUARE	X WITHIN INTE	RSECTION OR ON AP	PROACH 5	
	W-WES	SR - ST	TATE ROUTE		BL - BOULEVARD CR - CIRCLE	MP - MILEPOST ST - STREET WITHIN INTERCHANGE AREA NUMB OV - OVAL TE - TERRACE				NUMBER OF APPROACHES	
	DISTANCE IT OF MEASURE 1 - MILE		UMBERED COU UMBERED TOW	NTY ROUTE	CT - COURT	PK - PARKWAY	TL -TRAIL		ROADWAY		
	2-FEET	R	OUTE		DR - DRIVE HE - HEIGHTS	PI - PIKE PL - PLACE	WA - WAY	ROADWAY DI	/IDED		
LOCATION OF F				1		H COLLISION/IMP/	ACT	DIRECTION OF TRAVE	n.	EDIAN TYPE	
1 - ON ROADWAY		ROSSOVER	. =	1 - N	OT COLLISION	4 - REAR-TO-REAR		N - NORTH		DED FLUSH MEDIAN	
0 1 2-ON SHOULDER 3-IN MEDIAN			LLEY ACCESS ADE CROSSING	T	WO MOTOR	5 - BACKING 6 - ANGLE		S - SOUTH	100	<4 FEET) IVIDED FLUSH MEDIAN	
4 - ON ROADSIDE 5 - ON GORE		HARED USE	PATHS OR	T	RANSPORT	7 - SIDESWIPE, SAN		E - EAST W - WEST	(≥4	FEET)	
6 - OUTSIDE TRAFFIC	O TTAI	IKE LANE		1		8 - SIDESWIPE, OPP 9 - OTHER / UNKNO			4 - DIVII	DED, DEPRESSED MEDIAN DED, RAISED MEDIAN	
7 - ON RAMP 8 - OFF RAMP		OLL BOOTH THER/UNK	NOWN							TYPE) ER/UNKNOWN	
WORK ZONE RELATED			WORK ZONE TY	/PE	LOCATIO	ON OF CRASH IN W	ORK ZONE	CONTOUR	CONDITIONS	SURFACE	
		1 - LA	NE CLOSURE		1	- BEFORE THE 1ST		1 1	1 1	2	
WORKERS PRESENT			NE SHIFT/CRO ORK ON SHOUL		2	WARNING SIGN - ADVANCE WARNI	NG AREA	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE	
LAW ENFORCEMENT PR	RESENT	OR	MEDIAN		1	-TRANSITION ARE	A	2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP,	
ACTIVE SCHOOL ZONE		4 - IN 5 - OT	TERMITTENT : HER	DR MUVING WU		- ACTIVITY AREA - TERMINATION AF	REA	3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT	
LIGHT CONDI	ITION	T		WEAT	THER			4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE	3 - BRICK/BLOCK	
1 - DAYLIGHT			1-0		6 - SNOW			7- OTNER/ONKNOWN	OIL, GRAVEL	4 - SLAG, GRAVEL, STONE	
2 - DAWN/DUSK 3 - DARK - LIGHTED I	ROADWAY	1	PART BY	LOUDY DG, SMOG, SMO		CROSSWINDS G SAND, SOIL, DIR	T. SNOW		6 - WATER (STANDI MOVING)	NG, 5 - DIRT	
4 - DARK = ROADWAY	NOT LIGHTE		4 - R	AIN	9 - FREEZI	NG RAIN OR FREEZ			7 - SLUSH	9 - OTHER/UNKNOWN	
5 - DARK – UNKNOWN 9 - OTHER / UNKNOWN		TIGHTING	5-31	LEET, HAIL	99-01HER	/ UNKNOWN			9 - OTHER/UNKNOW	'N	
NARRATIVE										Indicate the north	
Unit 1 was West b	ound o	n F M	ain at 42	7 F M-	in S4	-			1	direction with an "N" on the	
			····	***************************************	ııı ət.	-				compass diagram.	
Unit 1 was stopp						_					
Unit 2 was trave	ling We	est boui	nd on E.	Main be	hind						
unit 1. Unit 2 wa	s in the	South	lane on	E. Main	St.		① .	WST			
Unit 2 changed l	anes to	the No	rth lane,	and rea	r	1	E. MAIN S	N AWTON	- Anna Anna Anna Anna Anna Anna Anna Ann	427 E.	
ended unit 1. Un						-	E. MAIN S		E MAIN ST	900 1 1	
							=>		CP		
D41 337 1 1/4 = 0	n		***************************************				YER PYNY		TS A		
Ptl. Womack #258	3					HANNE			S. MILLOW ST		
						1	-				
			***************************************	N-1011		1					
CRASH REPORTED DATE	/TIME	DI	SPATCH DATE	/TIME	AR	 RIVAL DATE/TIME	<u> </u>	SCENE CLEARED	DATE / TIME	REPORT TAKEN BY	
$\begin{bmatrix} 1 & 0 & 0 & 9 & 2 & 0 & 2 & 1 & 1 & 1 & 1 \end{bmatrix}$	1,1,1,3,	1 1 0 1 0 1 9	12.0.2.1.	/_1.1.1.1.3	1,0,0.9	2.0.2.1./.1	1.1.5.1			X POLICE AGENCY	
TOTAL TIME OTHER TOTAL OFFICER'S NAME*						C	HECKED BY OFFI	CER'S NAME*	1 / 1 1 3 0	MOTORIST	
ROADWAY CLOSED INVESTIGATION TIME MINUTES Womack, Alec M										SUPPLEMENT (CORRECTION OR ADDITION	
	3 0	0.5	5 2	officer's	BADGE NUMBER	₹*	2 1 1	BY OFFICER'S BADGE N	IUMBER*	TC AN EXISTING REPORT SENT TO COPS)	
				- 0							



LOCAL REPORT NUMBER 2,0,2,1,-,0,0,0,1,6,8,0,3, OWNED DUOME . THE SE AREA CODE (SAME AS DRIVER) UNIT # OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER) DAMAGE 0 | 1 | MALONEY, WILLIAM, PATRICK DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS ORIVER! 1 - NONE 3 - FUNCTIONAL DAMAGE 2208 SAMIRA RD ,Stow ,OH 44224 ☐ 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME ADDRESS CITY STATE ZIP 9 - UNKNOWN COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE DAMAGED AREA(S) INDICATE ALL THAT APPLY LP STATE LICENSE PLATE # **VEHICLE IDENTIFICATION #** VEHICLE YEAR VEHICLE MAKE HZS4287 $O_{\parallel}H_{\parallel}$ $[2, C_1 4, R_1 D_1 G_1 B_1 G_1 2, D_1 R_1 6, 8, 9, 0, 0, 2]$ 2 0 1 3 Dodge INSURANCE COMPANY **INSURANCE POLICY #** INSURANCE VERIFIED COLOR VEHICLE MODEL SAFE AUTO OH01668096A-2 GRY **CARAVAN** TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS INTERLOCK MATERIAL CLASS # PLACARD ID # 1 - ≤10K LBS 2 - 10,001 - 26K LBS DEVICE HIT/SKIP UNIT RELEASED PLAÇARD 0 2 3 - >26K LBS 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEFLED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) B - MOTORCYCLE 3-WHEELED 13-SNOWMOBILE 19-BUS (16+ PASSENGERS) 24-WHEELCHAIR (ANY TYPE) 0 1 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14-SINGLE UNITTRUCK 20-OTHER VEHICLE 25 - OTHER NON-MOTORIST UNIT TYPE 4 - PICK UP 10 - MOPED OR MOTORIZED 15-SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN BICYCLE 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) 00 # of TRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 1 - DRIVER ASSISTANCE 0 A . HIGH AUTOMATION 2 ___ 1-YES 2-NO 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 - 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 8 - POLE 12 - CONCRETE MIXER 0 1 CARGO / NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGOTANK 13-AUTOTRANSPORTER 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARBAGE/REFUSE BODY * 7 - GRAIN/CHIPS/GRAVEL TYPE 11-DUMP 99-OTHER/UNKNOWN 00 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICKTIRES 9 - MOTORTROUBLE 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 - MEDIAN/CROSSING ISLAND 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 99-OTHER/UNKNOWN 8 - SIDEWALK 11 - SHARED USE PATHS OR CROSSWALK 5 -TRAVEL LANE - OTHER LOCATION TRAILS - UNIT NOT AT SCENE [16] 1 - STRAIGHT AHEAD 1 - NON-CONTACT 7 - MAKING U-THRN 13 - NEGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT 2 - NON-COLLISION OR LEAVING VEHICLE 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 4 0 - NO DAMAGE 14 - UNDERCARRIAGE 1 3 - CHANGING LANES J 3-STRIKING SPECIFIED LOCATION 19-STANDING 9 - LEAVING TRAFFIC LANE ACTION 4- STRUCK 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE PRE-CRASH 4 - OVERTAKING/PASSING 15 - WALKING, RUNNING, 20 - OTHER NON-MOTORIST 10-PARKED 0 + 7 +DIAGRAM 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHT TURN JOGGING, PLAYING 21 - STANDING OUTSIDE 99 - UNKNOWN 11 - SLOWING OR STOPPED 13-TOP 16-WORKING DISABLED VEHICLE & STRUCK IN TRAFFIC 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99-OTHER/UNKNOWN 9 - OTHER / UNKNOWN 12 - DRIVERLESS 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 2 - FAILURE TO YIELD 8-FOLLOWING TOO CLOSE / ACDA 18-OPERATING DEFECTIVE 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 $\begin{bmatrix} \mathbf{0} & \mathbf{1} \end{bmatrix}$ ILLEGALLY 2 - TWO-WAY 2 - SIGNAL 5 YIELD SIGN 19-LOAD SHIFTING/FALLING/ 4 - RAN STOP SIGN 10-IMPROPER PASSING ROADWAY 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 - IM PROPER CROSSING A - IMPROPER TURN # OF THROUGH LANES 12 - IMPROPER BACKING RAIL GRADE CROSSING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2 - INVOLVED-ACTIVE CROSSING 4 NON-COLLISION 1 2 0 1 - OVERTURN/ROLLGVER 3 - INVOLVED-PASSIVE CROSSING 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE -16 - RATI 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 8 - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR 1 - NORTH 5 - NORTHEAST 1 4 - JACKKNIFF 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 10 - CROSS MEDIAN BY A MOTOR VEHICLE 14-PEDESTRIAN FROM 3 TO 4 TRANSPORT 3 - FAST 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 32 - PORTABLE BARRIER EQUIPMENT 38-OVERHEAD SIGN POST 44 - DITCH UNIT SPEED DETECTED SPEED 26 - BRIDGE OVERHEAD 51 - WALL 33 - MEDIAN CARLE BARRIER 39-LIGHT/LUMINARIES 45 - EMBANKMENT 27 - BRIDGE PIER OR ABUTMENT 34 - MEDIAN GUARDRAIL STRUCTURE 1 - STATED / ESTIMATED SPEED SUPPORT 52 - BUILDING 46-FENCE 0 0 040-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 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

1 MOST HARMFUL EVENT

, 3 , 5 ,

									2,0,2,1,-,0,0,1,6,8,0,3,			
UNIT # OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)					OWNER PHONE: INCLUDE AREA CODE (TISAME AS DRI							
OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)								DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE				
N W		FVIEW AVE ,BOA	1000					2 1 - NONE 3 - FUNCTIONAL DAMAGE 2 2 - MINOR DAMAGE 4 - DISABLING DAMAGE				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP						MMERCIAL CARRIER	PHONE: INCLUDE AREA CODE	9 - UNKNOWN				
LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION #								DAMAGED AREA(S) INDICATE ALL THAT APPLY				
	O H	HZU3935		E IDENTIFICATION # 3	2.6.9.	VEHICLE YE		INDI	LAIE ALL ITIAI APPLY			
ľ	INSURA VERIFI	T 200 200 200 200 200 200 200 200 200 20		NSURANCE POLICY#	-10(2)	COLOR	VEHICLE MODEL	11 0	11 12 1			
L	VERIFI		9	92733403		TAN	COBALT	10 11 1	2 10 11 1 2			
	COMME	TYPE OF USE RCIAL GOVERNMENT	IN EMERGENCY RESPONSE	US DOT #	TOW	ED BY: COMPAN	YNAME	10 2 -	10, 2			
H				HICLE WEIGHT GVWR/GCWR	<u>ا ا</u> ا		US MATERIAL		/ '- HOH -/'			
	INTER DEVICE EQUIP	LOCK E HIT/SKIP UNI	T	1 - ≤10K LBS. 2 - 10,001 - 26K LBS	MATERIAL CLASS # PLACARD ID #			B 7 5	4 B 7 W 5			
L	EUUIP		0 2	3 - >26K LBS.	PLACARD			7	12 7 6 5			
		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED	12-GOLF CART 13-SNOWMOBILE		VERY VEHICLE) PASSENGERS)	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE)	,, /	12			
	0 1	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14-SINGLE UNITTRUCK	20-OTHERV		25 - OTHER NON-MOTORIST		11 1 2			
ľ	JNIT TYPE	4 - PICK UP 5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY E		26-BICYCLE	9 (D = 3			
		6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE	16-FARM EQUIPMENT 17-MOTORHOME		WITH RIDER OR Drawn Vehicle	27 - TRAIN 99 - UNKNOWN OR HIT/SKIP		7 8 5 7			
E L E	00	# OF TRAILING UNITS	(ATV / UTV)					12	7 6			
VEHICLE		WAS VEHICLE OPERATING IN AU	ITONOMOUS	O - NO AUTOMATION	3 - CONDITI	ONAL AUTOMATION	O THINKING A	11 12 1	5 12 1			
>	2	MODE WHEN CRASH OCCURRED)?	1 - DRIVER ASSISTANCE	4 - HIGH AU		2 - UNKNUMA	10 11 1	2 10 11 1 1 2			
		1-YES 2-NO 9-OTHER/UNK	NOWN AUTONOMOUS	2 - PARTIAL AUTOMATION	5 - FULL AU	TOMATION		9 9 3	3 9 10 2			
		1 - NONE	6 - BUS - CHARTER/TOUR	11-FIRE	16-FARM		21 - MAIL CARRIER		B 4			
	0 1	2 - TAXI	7 - BUS - INTERCITY	12-MILITARY	17 - MOWING		99 - OT HER / UNKNOWN	8 7 5	7 5 4			
ı,		3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT	9 - BUS - SHUTTLE	13-POLICE 14-Public Utility	18 - SNOW RI	EMOVAL		7 6	7 5			
Ľ		5 - BUS -TRANSIT/COMMUTER			DUPMENT 20-SAFETY SERVICE PATROL							
	0 1	1 - NO CARGO BODY TYPE	3 - VEHICLE TOWING ANOTHER		B - POLE		12 -CONCRETE MIXER	,,	12 12 12			
	BODY 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX		10-FLAT BED 14-GARS		13-AUTOTRANSPORTER	R A						
					14 -GARBAGE/REFUSE 99 - OTHER / UNKNOWN	, (V); ,	5 3 9 1 3 9 6 3					
						99 - OTHER / UNKNOWN						
	VEHICLE	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT	10-DISABLE	D FROM PRIOR	77-OTALKI SHAHOWH	6				
	DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDEN	T		- NO DAMAGE	[0] - UNDERCARRIAGE [14]			
		1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER		9 - MEDIAN/	CROSSING ISLAND	12-FIRST RESPONDER		[U] - UNDERCARRIAGE [14]			
N	ON-MOTORIST	2 - INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE 8 - SIDEWALK	10 - DRIVEW		AT INCIDENT SCENE 99-OTHER/UNKNOWN	-TOP [13] -ALL AREAS [15]				
	LOCATION At impact	CROSSWALK	5 - TRAVEL LANE - OTHER LOCATION		TRAILS	2 SHARED OOK LATING ON		- UNIT NOT AT SCENE [16]				
		1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE 18		18-APPROACHING	INITIAL POINT CONTACT				
	3 ,	2-NON-COLLISION 3-STRIKING 0 3	2 - BACKING 3 - CHANGING LANES		15 - WALKING, RUNNING,		OR LEAVING VEHICLE 19-STANDING	INITIAL POINT OF CONTACT 0 - NO DAMAGE 14 - UNDERCARRIAGE				
	ACTION	4 - STRUCK PRE-CRASH	4 - OVERTAKING/PASSING	9 - LEAVING TRAFFIC LANE 10 - PARKED			20 - OTHER NON-MOTORIST	0 1 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE				
		5 - BOTH STRIKING ACTIONS & STRUCK	5 - MAKING RIGHT TURN	11-SLOWING OR STOPPED			21 - STANDING OUTSIDE DISABLED VEHICLE	DIAGRAM 99 - UNKNOWN				
		9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	IN TRAFFIG	17 - PUSHING	•	99-OTHER/UNKNOWN					
		1-NONE	7-LEFT OF CENTER		17 - VISION O	BSTRUCTION	21 - LYING IN ROADWAY	TDAFFIOWAY STOW	TRAFFIC CONTROL			
			8 - FOLLOWING TOO CLOSE / ACD/	DARVED BACITION	18-OPERATI	NG DEFECTIVE	22 - NOT DISCERNIBLE	TRAFFICWAY FLOW 1 - ONE-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN			
	0 0	4 - RAN STOP SIGN	9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING	ILLEGALLY	EQUIPMI 19-LOAD SH	:NT !FTING/FALLING/	23 - OPENING DOOR INTO ROADWAY	2 2 - TWO-WAY	2 2-SIGNAL 5-YIELD SIGN			
5)	ONTRIBUTING IRCUMSTANCES	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	15 - SWERVING TO AVOID	SPILLING	i	99 - OTHER IMPROPER ACTION		3 - FLASHER 6 - NO CONTROL			
Ĕ		6-IMPROPERTURN	12 - IMPROPER BACKING		20 - IN PROPE	IN CHUSSING		# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING			
VE	EQUENCE	OF EVENTS		NON-COLLISION		N I HAC TO SE		4	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING			
	2 0		6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE -	16 - RAILWAY		22 - WORK ZONE MAINTENANCE		3 - INVOLVED-PASSIVE CROSSING			
		2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS OPPOSITE DIRECTION OF 1		17-ANIMAL 18-ANIMAL		EQUIPMENT 23 - STRUCK BY FALLING,	UNIT / NO	N-MOTORIST DIRECTION				
2	لبليا		9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY	19-ANIMAL	- OTHER	SHIFTING CARGO OR ANYTHING SET IN MOTION		1 - NORTH 5 - NORTHEAST			
	5 - CARGO / EQUIPMENT 10 - CROSS MEDIAN 14 - PEDESTRIAN 21		20 - MOTOR V TRANSPO		BY A MOTOR VEHICLE	FROM 3 TO L	2 - SOUTH 6 - NORTHWEST 4 1 3 - EAST 7 - SOUTHEAST					
3	TOSS OK SHIP1 15-PEDALCYCLE 21-PARKED MOTOR VEH 21-PARKED MOTOR VEH				MOTOR VEHICLE	24-OTHER MOVABLE OBJECT	FRUM 10 L	4 - WEST 8 - SOUTHWEST				
	COLLISION WITH FIXED OBJECT - STRUCK 25-IMPACT ATTENUATOR 31-GUARDRAIL END 37-TRAFFIC SIGN POST 43-CURB				CK	50 - WORK ZONE MAINTENANCE						
4	/ CRASH CUSHION 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44			44 - DITCH		EQUIPMENT	UNIT SPEED	DETECTED SPEED				
5		STRUCTURE 34-MEDIAN GHARDRAIL SUPPORT		45 - EMBANKMENT 46 - FENCE		51 - WALL 52 - BUILDING	. 0 1 5	1 - STATED/ESTIMATED SPEED				
		27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET	BARRIER 35 - MEDIAN CONCRETE	40 - UTILITY POLE	47 - MAILBOX		53-TUNNEL	_0 , 1 , 5	2 - CALCULATED / EDR			
6		29 - BRIDGE RAIL	BARRIER	OR SUPPORT			54-OTHER FIXED OBJECT 99-OTHER / UNKNOWN	POSTED SPEED	3 - UNDETERMINED			
	1		36 - MEDIAN OTHER BARRIER	42 - CULVERT				3 , 5 ,				
		FIRST HARMFUL EVEN	T MOST H	ARMFUL EVENT				5 5				

OF PUBLIC SAFETY MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER						
									2.0.2.10.0.1.6.8.0.3					
UNIT#										DATE OF BIRTH AGE GENDER				
0,1	MALONEY, WILLIAM, PATRICK							1 0 / 1 3 / 1 9 9 2 2 8 M						
H	SAMIRA RD ,Stow ,OH 44224							CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED 1	AKEN 10:	MEDICAL FACILITY	(NAME, CITY)		DOT C-	SEATING POSITION	AIR BAG US	AGE EJECTION	TRAPPED	
5 5	10000							USED 0 4	DOT-COMPLIANT O 1 1 1 1 1 1					
	E OPERATOR LICENSE NUMBER OF							OFFENSE DESC	RIPTION CITATION NUMBER				1	
OL STATE	<u>I</u> ,				CODE									
OL CLASS				VER TRACTED	RACTED			CONDITION	ALCOHOL TEST DRUG TEST(S) STATUS TYPE VALUE STATUS TYPE RESULT SE				SELECT UP TO 4	
. 4			BY	1		LCOHOL MAF	MARIJUANA 1 1							
UNIT #	NAME: LAST, F	IRST, MIDDLE	<u> </u>			THEN DROG				DATE OF BIRTH		AGE	GENDER	
. 0 . 2	1	CCI, GILLIAN, I	HARR	INGT	ON				0.5	/ 0 ₁ 1 ₁ / ₁ 2 (1 0 3	1	F	
	S: STREET, CITY, ST									PHONE - INCLUDE AREA CO		1 0	LF_	
ADDRESS 1475 INJURIES 5	LEEBRI	CK DR 709 ,Ken	t ,OH	44240	+					THOUSE AND GE	, oc.			
INJURIES	INJURED	EMS AGENCY (NAME)				MEDICAL FACILITY	(NAME, CITY)			SEATING POSITION	AIR BAG US	AGE EJECTION	TRAPPED	
<u>§</u> 5	TAKEN BY							USED 0 4	MC HE		1	1 1	1	
	OPERATOR L	ICENSE NUMBER		OFFENS	E CHAR	RGED	LOCAL	OFFENSE DESC						
OL STATE				333.6)3		CODE	Maximu	n Spee	d Limits	1691	4		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED		HOL / DRUG SUSPE		CONDITION	ALC STATUS T	OHOLTEST YPE VALUE S		RUG TEST(S	SELECT UP TO 4	
. 4	BY				ALCOHOL MARIJUANA			1 1				1		
UNIT#	NAME: LAST, F	INTERIOR TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE			OTHER DRUG				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
		THO I HIS DEL							DATE OF BIRTH AGE GENDER					
ADDRESS	: STREET, CITY, ST	ATE, ZIP				· ·			CONTACT PHONE - INCLUDE AREA CODE					
TORI														
INJURIES		EMS AGENCY (NAME)		INJUREDT	AKEN (0:	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	— DOT Co	SEATING POSITION	AIR BAG US	AGE EJECTION	TRAPPED	
ADDRESS INJURIES	TAKEN				USED				MC HELMET					
	OPERATOR L	ICENSE NUMBER		OFFENS				OFFENSE DESC	CRIPTION CITATION NUMBER					
OL STATE	,			CODE										
E OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIST	VER TRACTED		HOL / DRUG SUSPE		CONDITION	ALC STATUS T	OHOL TEST YPE VALUE S		RUG TEST(S) I Select up to 4	
	,		BY			COHOL MAF	ANAULIS							
INJ	URIES	SEATING POSITION	А	IR BAG		OL CLASS	5	OL RESTRIC	TION(S)	DRIVER DISTRACT		TEST STA		
1 - FATAL	D SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP	1000		1 - CLASS A		1 - ALCOHOL INTER		1 - NOT DISTRACTED		NONE GIVEN		
F0000000000000000000000000000000000000	D MINOR INJURY	2 - FRONT - MIDDLE	2 - DEPLOYE 3 - DEPLOYE			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT. 3 - CORRECTIVE LE		2 - MANUALLY OPERATING ELECTRONIC COMMUNI	CATION 3.	TEST REFUSED TEST GIVEN, CON	ITAMINATED	
4 - POSSIBLE I		3 - FRONT - RIGHT SIDE 4 - DEPLO			NT/SIDE	4 - REGULAR CLASS		4 - FARM WAIVER	DEVICE (TEXTING, 1 DIALING)		ING, SAMPLE/UNUSABLE		ABLE	
5 - NO APPARE	NT INJURY	(MOTORCYCLE PASSENGER)	5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN			(OHIO = D) 5 - M/C MOPED ONLY		6 - EXCEPT CLASS /	2 (VEIGHO ON HAIR				GRIDHAMIZINDEN	
INJURED 1 - NOTTRANS	TAKEN BY	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS		4 - TALKING ON HAND-HEL	D	UNKNOWN		
/TREATED/		7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJ	ECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE		5 - OTHER ACTIVITY WITH	AN	LCOHOL TES	ST TYPE	
2 - EMS 3 - POLICE		B-THIRD - MIDDLE	1 - NOT EJEC 2 - PARTIAL			H - HAZMAT M - MOTORCYCLE		RESTRICTIONS 9-LEARNER'S PER	AAIT	6 - PASSENGER		NONE BLOOD		
9-OTHER/UN	KNOWN	9-THIRD - RIGHT SIDE	3-TOTALLY			P - PASSENGER		RESTRICTIONS		7 - OTHER DISTRACTION		URINE		
SAFETY E	QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APP	LICABLE		N -TANKER Q - MOTOR SCOOTER		10 - LIMITED TO DAY 11 - LIMITED TO EMP		8 - OTHER DISTRACTION OF		BREATH OTHER		
1 - NONE USED		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	esettiment of the	RAPPED		R-THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE		THE VEHICLE 9-OTHER / UNKNOWN		DRUG TEST	TYPE	
3 - LAP BELT 0	BELT ONLY USED INLY USED	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOTTRAI 2 - EXTRICA			S - SCHOOL BUS		13 - MECHANICAL DE (SPECIAL BRAKE	S, HAND		1.	NONE		
Shirt Park Street	& LAP BELT USED	12 - PASSENGER IN UNENCLOSED CARGO AREA		ICAL MEANS		T - DOUBLE & TRIPLE X - TANKER / HAZMAT	INAILERS	CONTROLS, OR O		CONDITION 1 - APPARENTLY NORMAL		BLOOD URINE		
5 - CHILD RESTRAINT SYSTEM – FORWARD FACING 13		13-TRAILING UNIT	TRAILING UNIT NON-MECH			HANICAL MEANS GENDER			LES ONLY	2 - PHYSICAL IMPAIRMENT	4.	OTHER		
6 - CHILD REST	TRAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F-FEMALE		15 - MOTOR VEHICLE AIR BRAKES		3 - EMOTIONAL (E.G., DEPRE: AMERY DISTURBED)		RUG TEST RE	ESULT(S)	
7 - BOOSTER S	EAT	15 - NON-MOTORIST				M - MALE U - OTHER / UNKNOWN		16 - OUTSIDE MIRRO 17 - PROSTHETIC AIC		4- ILLNESS		AMPHETAMINES		
8 - HELMET U		99-OTHER/UNKNOWN				5 - UTHER / UNKNUWN		18-OTHER		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	3-	BARBITURATES BENZODIAZEPIN	ES	
(ELBOW, KN	IEES, ETC.)									6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUG	s 4-	CANNABINOIDS		
10 - REFLECTIV										/ALCOHOL 9-OTHER/UNKNOWN		COCAINE OPIATES / OPIOIL)S	
/BICYCLE (ONLY								-	The second secon		OTHER		
99 - OTHER/UN	KNUWN										8 -	NEGATIVE RESU	LTS	

r	OHIO DEI	PARTMENT 1	CCHDANT /	WITNE	SS ADDENDU	N.A			LOCAL REP	ORT NUMBEI	2	
~	J		COUPANT /	AATIME	33 MUDERIUU	IAI		2 0 2 1	- 0 0	0.1.	5 . 8 . 0	.3.
	UNIT#	NAME: LAS	ST, FIRST, MIDDLE		DATE OF BIRTH AGE GENDER							
_	<u>01</u>	ZIRK	LE, EARL, J			0 3 / 2	1,/,1 \$	9 4, 2,	7 9	M ,		
PAN		STREET, CITY		CONTACT PHONE - INCLUDE AREA CODE								
OCCUPANT			RD ,Shalersvil	L								
	_	INJURED TAKEN	EMS Agency (NAME)		DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED							
	5	ВУ			USED 0 4	MC HELMET	0 3	1 1	_1_1_	1_		
	UNIT#		IT, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER
Ŀ	02		LLY, BRIDGE	ET, LOUIS	1 0 / 2	4, / ,2 (0 2	1 8	_F_			
OCCUPANT		STREET, CITY,	The second secon		CONTACT PHONE	- INCLUDE AREA CO	DE					
000	_	INJURED	SOR RD ,CHA	ARDON ,C						 		
	. 5	TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAI	CILITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED
H							0,4	MC HELMET	0 3	1 1	<u> </u>	_1
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT ,	E OF BIRTH		AGE	GENDER
N.	ADDRESS.	STREET, CITY,	STATE 710									
OCCUPAN	ADDILLOO.	JIRCEI, GIII,	JIMIL, LIF					CONTACT PHONE	- INCLUDE AREA CO	DE		
000	INJURIES	INJURED	EMS Agency (NAME)	<u>-</u>	INJURED TAKEN TO: MEDICAL FAC	CHITY (MALIC CITY)	SAFETY EQUIPMENT		CEATING BOOKING.	A10 040 1104-1	FIRATION	70.00
		TAKEN BY				ereat i strente, CITY	USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED
7	UNIT#	NAME: LAS	T, FIRST, MIDDLE						E OF BIRTH	<u> </u>	1	05:::
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					/ JAI	/ FOLRIKIH		AGE	GENDER
ANT	ADDRESS:	STREET, CITY,	STATE, ZIP		<u>.</u>			CONTACT PHONE	- INCLUDE 4054 CO			ليسا
OCCUPANT								- CONTROL THORE	INCLUDE AREA CO			
ō	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	CILITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGI	EJECTION	TRAPPED
		BY					USED	DOT-COMPLIANT MC HELMET	1 1 1			
		INJU	RIES	SAFETY	EQUIPMENT USED		SEATING POS	ITION		AIR BAG L	SAGE	
	1 - FATA			1 - NONE US	ED - OCCUPANT		T - LEFT SIDE ORCYCLE DRIV		1 - NOT DE	PLOYED		
			RIOUS INJURY		R BELT ONLY USED	ER)	2 - DEPLOYED FRONT					
		IBLE INJU	NOR INJURY	3 - LAP BELT		3 - FRON			PLOYED SIDE			
		PPARENT I		4 - SHOULDE	R & LAP BELT USED	ND – LEFT SIDE ORCYCLE PASS		4 - DEPLOYED BOTH FRONT/SIDE				
	5 - CHILD RE				STRAINT SYSTEM -		5 - NOT APPLICABLE					
ı	Marine Care and	TRANSPOR	TAKEN BY	FORWARD	STRAINT SYSTEM -		ND – RIGHT SID D – LEFT SIDE)E	9 - DEPLOYMENT UNKNOWN EJECTION			
		ATED AT S		REAR FAC			ORCYCLE SIDE	CAR)				
	2 - EMS 7 - B00STE				SEAT		1 - NOT EJ	CATHER SALES IN SECURITY				
	3 - POLI			8 - HELMET			D – RIGHT SIDE PER SECTION C		LLY EJECT	ED		
	9 - OTHE	R / UNKNO			IVE PADS USED (NEES, ETC.)		ENGER IN OTHE				ED	
ı	e eeu.		IDER		IVE CLOTHING		O AREA (NON-TR ICK-UP WITH CAP		4 - NOT APPLICABLE			
	F - FEMAI M - MALE				- PEDESTRIAN		ENGER IN UNEI O AREA	NCLOSED		TRAPP	E D	
	U - OTHER	R / UNKNO	WN	/BICYCLE			1 - NOTTRA	APPED CATED BY MECHANICAL				
				33- OTHER?	NINOWN		IG ON VEHICLE	EXTERIOR	MEANS		ECHANIC	AL
						15 - NON-1			3 - FREED		CHANICA	AL.
						99 - OTHE	R/UNKNOWN		MEANS			
58	NAME: LAS	T, FIRST, MIDD	LE					DAT	OF BIRTH		AGE	GENDER
WITNESS	ADDRESS:	STREET, CITY,	STATE ZIP		· · · · · · · · · · · · · · · · · · ·			CONTACT PHONE				
3								CONTACT PHONE	- INCLUDE AREA COD	30		
7	NAME: LAST	T, F1RST, MIDDI	l.E					DATI	OF BIRTH	<u> </u>	AGE	GENDER
IESS							AGE GENDER					
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE ARFA CODE				
5								<u></u>	 		1	
ESS	NAME: LAST	T, FIRST, MIDDI	E					DATI	OF BIRTH		AGE	GENDER
TNE	ADDRESS.	STREET, CITY,	STATE 710								لبلــــــــــــــــــــــــــــــــــــ	
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