OHIO DEPARTMENT TRAFFIC CRASH	REPORT *DENOTES	MANDATORY FIELD FOR S	UPPLEMENT REPORT		LOCAL REPORT NUMBER	*
D DHOTOS TAKEN OH-2 OH-3	LOCAL INFORMATION			$2 \cdot 0 \cdot 2 \cdot 4$	O _ O _ O _ O _ 4	1,6,8,5,
PHOTOS TAKEN OH-1P OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR
SECONDARY CRASH PRIVATE PROPERTY	City of Kent Poli	ce	$0_{1}6_{1}7_{1}0_{1}3$	1 - SOLVED	0 2 0	2 98 - ANIMAL 99 - UNKNOWN
COUNTY* LOCALITY* LOCATION: CI	TY, VILLAGE, TOWNSHIP*			CRASH DATE /	1.000 (COV)	SH SEVERITY
6 7 1 2-VILLAGE Kent				0.4.0.1.2.0.2.4	/1325 5	- FATAL - SERIOUS INJURY
AL MODELL	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DE		SUSPECTED
ROUTE TYPE ROUTE NUMBER PREFIX N-NORTH S-SOUTH 1 E-EAST W-WEST	LINCOLN		$\mathbf{S} \cdot \mathbf{T}$	41,15,3	7 5 1	MINOR INJURY
- W-WEST	REFERENCE ROAD NAME (ROA	AN MILEPOST HOUSE #)	ROAD TYPE	LONGITUDE		SUSPECTED INJURY POSSIBLE
S - SOUTH	MAIN	, milet 001, 11000E #/	5-30-53-1-550-1-5	25 25 525 525 35		PROPERTY DAMAGE
	Pre-100 0 - 7 (0) 1 - 10 (1) 10 (1) 10 (1)		$S \perp T$	-8 <sub>1</sub> ,3 <sub>5</sub> 1		ONLY
REFERENCE POINT DIRECTION  1 - INTERSECTION FROM REFERENCE IR	- INTERSTATE ROUTE(TP)	AL - ALLEY HW- HIGH			INTERSECTION RELATED	
1 2-MILE POST 1 S-SOUTH US		AV - AVENUE LA - LAN		X WITHIN INTE	RSECTION OR ON APPROA	CH 8
3-HOUSE # L-EAST	- STATE ROUTE	BL - BOULEVARD MP - MILI		WITHIN INTE	RCHANGE AREA NUM	BER OF APPROACHES
DISTANCE DISTANCE FROM REFERENCE UNIT OF MEASURE	- NUMBERED COUNTY ROUTE	CR - CIRCLE OV - OVAI CT - COURT PK - PARI			ROADWAY	
1-MILES TF	MUMPEDED TOWNSHIP	DR - DRIVE PI - PIKE		ROADWAY DIV	/IDED	
3 0 2 3-YARDS	ROUTE	HE - HEIGHTS PL - PLA	E	L ROADWAY DI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
LOCATION OF FIRST HARMFUL EVE		ANNER OF CRASH COLLIS		DIRECTION OF TRAVE	L MEDIA	NTYPE
1 - ON ROADWAY 9 - CROSSOVE 2 - ON SHOULDER 10 - DRIVEWA	WALLEY ACCECC B	OT COLLISION 4 - REAR-T ETWEEN 5 - BACKIN		N - NORTH	1 - DIVIDED F ( < 4 FEET	LUSH MEDIAN
	CRARE CROSCOVICE L Z I T	WO MOTOR EHICLES IN 6-ANGLE		S - SOUTH E - EAST	2 - DIVIDED F	LUSH MEDIAN
TRAILS			/IPE, SAME DIRECTION	W-WEST	(≥4 FEET	) DEPRESSED MEDIAN
5-ON GORE TRAILS 6-OUTSIDE TRAFFIC WAY 13-BIKE LAN	F .		/IPE, OPPOSITE DIRECTION / UNKNOWN		4 - DIVIDED, F	RAISED MEDIAN
7 - ON RAMP 14-TOLL BOO					9 - OTHER/UN	
8-OFF RAMP 99-OTHER/C	VXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
WORK ZONE RELATED	WORK ZONE TYPE - LANE CLOSURE		SH IN WORK ZONE THE 1ST WORK ZONE	CONTOUR	CONDITIONS	SURFACE
The state of the s	- LANE SHIFT/CROSSOVER	WARNIN	G SIGN	_1_	_1_	
LAW ENFORCEMENT PRESENT 3	- WORK ON SHOULDER OR MEDIAN		- ADVANCE WARNING AREA 1 - STRAIGHT LEVEL 1 - DRY - TRANSITION AREA 2 STRAIGHT CRAPE 2 WET			1 - CONCRETE
The second control of	- INTERMITTENT OR MOVING WO			2 - STRAIGHT GRADE 3 - CURVE LEVEL	2 - WET 3 - SNOW	2 - BLACKTOP, BITUMINOUS, ASPHALT
ACTIVE SCHOOL ZONE 5	- OTHER	5 - TERMIN	-TERMINATION AREA			
LIGHT CONDITION	WEA	THER	9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, 4 - SLAG G			
1 - DAYLIGHT	1-CLEAR	6 - SNOW			OIL, GRAVEL	STONE
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	0 2 2 - CLOUDY 3 - FOG. SMOG. SMO	7 - SEVERE CROSSWI	IG SAND, SOIL, DIRT, SNOW MOVING)			
4 - DARK - ROADWAY NOT LIGHTED	4 - RAIN		NG RAIN OR FREEZING DRIZZLE 7 - SLUSH 9-			9 - OTHER/UNKNOWN
5 - DARK – UNKNOWN ROADWAY LIGHTIN 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER / UNKNOV	/N		9 - OTHER/UNKNOWN	
NARRATIVE					4	Indicate the north direction with
Unit #1 was stopped facing S/B	on N. Lincoln St at	E.			4	an "N" on the compass diagram.
Main St at her red light. Unit	#2 failed to					A 9 A90
maintain an assured and clear	distance ahead and	1				
struck Unit #1.				- E		
			E.MAINST		NOT TO SCAL	
				ŷ I	- C	
				TRAFFIC SIGNAL		
				NST NST		
				STINCONSI		
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DA	E/TIME	SCENE CLEARED	DATE/TIME D	EPORT TAKEN BY
					I⊽I	POLICE AGENCY
	0,1,2,0,2,4,/,1,3,2,7	/_ U 4 U 1 2 U 2			4//1/3/3/8	MOTORIST
TOTAL TIME OTHER TOT ROADWAY CLOSED INVESTIGATION TIME MINU		ames	Ennemos	er, James	냚	SUPPLEMENT
		BADGE NUMBER*		BY OFFICER'S BADGE	NUMBER*	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)

LOCAL REPORT NUMBER

	e - en						[0,0,0,4,6,8,5]		
UNIT #	OWNER NAME: LAST, FIRE DILLON, LA			Redacted pe	CLUDE AIEA CODE ( SAME AS DRIVER)  TORC 149.43(A)(1)	DAMAGE DAMAGE SCALE			
OWNER A	DDRESS: STREET, CITY, STATE	, ZIP (X SAME AS DRIVER)	5655.5 Spage-196 As 199	It .		1 - NONE	3 - FUNCTIONAL DAMAGE		
6441 V	VEST SHORE	E DR ,Frankli	n Twp ,OH 442	240		3 2-MINOR DAMA			
COMMERC	CIAL CARRIER: NAME, ADD	RESS, CITY, STATE, ZIP		COMMERCIAL CARRIE	R PHONE: INCLUDE AREA CODE	<u> </u>	UNKNOWN		
LP STATE	LICENSE PLATE #	VEHICLE	IDENTIFICATION #	VEHICLE YI	EAR VEHICLE MAKE		<b>AGED AREA(S)</b> E ALL THAT APPLY		
	EPK4373		P.0. GBB 7.2			12	12		
INSURA VERIFI	NCE INSURANCE COMP		NSURANCE POLICY #	COLOR	VEHICLE MODEL	11 12	11 12		
△ VERIFI	88-	2:	519960	TOWED BY: COMPAN	EDGE	10 11 1 2	10 11 1 2		
COMME	TYPE OF USE  RCIAL GOVERNMENT	IN EMERGENCY RESPONSE	US DOT#	I UWED BY: COMPAN	NY NAME	9 9 3 3	9 9 3		
INTER			HICLE WEIGHT GVWR/GCWR	HAZARD MATERIAL	OUS MATERIAL CLASS # PLACARD ID #				
DEVICE EQUIP	E     HIT/SKIP UNI		1 - ≤10KLBS. 2 - 10,001 - 26KLBS	RELEASED	CLASS # FLACARD ID #	6 7 6	8 / 6 5		
Luon	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	3 - >26K LBS. 12-G0LF CART	18-LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER	6 11	12 7 6 5		
0.1		8 - MOTORCYCLE 3-WHEELED		19-BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)	10	11 1 2		
UNITTYPE	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE		20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST 26 - BICYCLE		10 2		
	5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE		21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR	27 -TRAIN	<b>"</b> _	8 11 4		
	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	7 5 4		
	# OF TRAILING UNITS	58038500				11 12 7	6 5 11 12 1		
	WAS VEHICLE OPERATING IN AU			3 - CONDITIONAL AUTOMATION	N 9 - UNKNOWN	10 12	10 12		
. 2	1-YES 2-NO 9-CTHER/UNK			4 - HIGH AUTOMATION 5 - FULL AUTOMATION		10 1 2	10 2		
	A-1EO E-NO 7-UINER/UNK	MODE LEVEL				9 3 3	9 3		
0.1	1 - NONE	6 - BUS - CHARTER/TOUR		16-FARM	21 - MAIL CARRIER	7 5 7	7 5 7		
01 SPECIAL	2 - TAXI 3 - ELECTRONIC RIDE SHARING	7 - BUS - INTERCITY 8 - BUS - SHUTTLE		17 - MOWING 18 - SNOW REMOVAL	99 - OTHER / UNKNOWN	6	7 6		
FUNCTION	4 - SCHOOL TRANSPORT	9 - BUS-OTHER		19-TOWING		6	6		
	5 - BUS - TRANSIT/COMMUTER		15 - CONSTRUCTION EQUIPMENT	- (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			12 12 12		
0.1	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	0111.0010	8 - POLE 9 - CARGO TANK	12 - CONCRETE MIXER 13 - AUTOTRANSPORTER	12			
CARGO	2 - BUS	4 - LOGGING	/ ALDONALISMON ARED DAY	10-FLAT BED	14-GARBAGE/REFUSE	A M R	3 9 3 3		
TYPE			7 - GRAIN/CHIPS/GRAVEL	11-DUMP	99-OTHER/UNKNOWN	, ,			
	1 - TURN SIGNALS	4 - BRAKES		9 - MOTOR TROUBLE	99-OTHER / UNKNOWN	6	<b>⊙</b>		
	2 - HEAD LAMPS 3 - TAIL LAMPS	5 - STEERING 6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT		3	6 6 6		
			6 - BICYCLE LANE	C. MEDIANICOGORNO IOLAND	A FIRST REGIONARD	- NO DAMAGE [ 0	UNDERCARRIAGE [14]		
	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED		9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS	12 - FIRST RESPONDER AT INCIDENT SCENE	□-TOP [13]	- ALL AREAS [ 15 ]		
LOCATION	2 - INTERSECTION - UNMARKED CROSSWALK	CROSSWALK  5 -TRAVEL LANE - OTHER LOCATION	B - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN	□-unit i	NOT AT SCENE [16]		
AT IMPACT	1-NON-CONTACT		7 MANUTAIC II TUDAI		18-APPROACHING		TOTAL COLIE 1203		
	2 - NON-COLLISION	1 - STRAIGHT AHEAD 2 - BACKING		13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING	OR LEAVING VEHICLE		POINT OF CONTACT  14 - UNDERCARRIAGE		
_4_		3 - CHANGING CANES	9 - LEAVING TRAFFIC LANE	SPECIFIED LOCATION	19-STANDING	0 - NO DAMAGE 0 - NO DAMAGE	UNIT 15-VEHICLE NOT AT SCENE		
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	DIAGRAM	99 - UNKNOWN		
	& STRUCK	6 - MAKING LEFT TURN	INTRAFFIC	16 - WORKING 17 - PUSHING VEHICLE	DISABLED VEHICLE 99 - OTHER / UNKNOWN	13 - TOP			
	9-OTHER/UNKNOWN	2	12-DRIVERCESS		100000000000000000000000000000000000000		RAFFIC		
	1 - NONE 2 - FAILURE TO YIELD	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA	DADI/ED DOCITION	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE	TRAFFICWAY FLOW  1 - ONE-WAY	TRAFFIC CONTROL  1 - ROUNDABOUT 4 - STOP SIGN		
0.8	3 - RAN RED LIGHT	9-IMPROPER LANE CHANGE	14 - STOPPED OR PARKED	EQUIPMENT	23 - OPENING DOOR INTO	2 2 - TWO-WAY	4 2 - SIGNAL 5 - YIELD SIGN		
	4 - RAN STOP SIGN	10 - IMPROPER PASSING 11 - DROVE OFF ROAD	15 - SWERVING TO AVOID	19-LOAD SHIFTING/FALLING/ SPILLING	ROADWAY  99 - OTHER IMPROPER ACTION		3 - FLASHER 6 - NO CONTROL		
CIRCUMSTANCES	5 - UNSAFE SPEED 6 - IMPROPERTURN	12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPER CROSSING		# OF THROUGH LANES	RAIL GRADE CROSSING		
SEQUENCE	OF EVENTS					ON ROAD	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING		
2.0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	NON-COLLISION 11-CROSS CENTERLINE —	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE		3 - INVOLVED-PASSIVE CROSSING		
1 2 0	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF	17 - ANIMAL - FARM	EQUIPMENT	IINIT / NON I	MOTORIST DIRECTION		
21 1 1	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	12 DOWNHILL DINAWAY	18-ANIMAL — DEER 19-ANIMAL — OTHER	23 - STRUCK BY FALLING, SHIFTING CARGOOR	ONII / NUN-I	1 - NORTH 5 - NORTHEAST		
2	4 - JACKKNIFE 5 - CARGO / EQUIPMENT	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	13 - OTHER NON-COLLISION	20 - MOTOR VEHICLE IN	ANYTHING SET IN MOTION BY A MOTOR VEHICLE	1 4	2 - SOUTH 6 - NORTHWEST		
3	LOSS OR SHIFT		14 - PEDESTRIAN 15 - PEDALCYCLE	TRANSPORT 21 - PARKED MOTOR VEHICLE	24 - OTHER MOVABLE OBJECT	FROM 1 TO 2	2 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST		
			N WITH FIXED OBJECT	- STRUCK			9 - OTHER / UNKNOWN		
4	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER		43 - CURB 44 - DITCH	50 - WORK ZONE MAINTENANCE EQUIPMENT	UNIT SPEED	DETECTED SPEED		
	26-BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	51 - WALL	Man Man Man	1 - STATED / ESTIMATED SPEED		
5	27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	AO LITTLETY DOLF	46 - FENCE 47 - MAILBOX	52 - BUILDING 53 - TUNNEL	$\begin{bmatrix} 0_{\perp} 2_{\perp} 5_{\perp} \end{bmatrix}$	2 - CALCULATED / EDR		
21	28-BRIDGE PARAPET 29-BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE	48-TREE	54 - OTHER FIXED OBJECT	POSTED SPEED	3 - UNDETERMINED		
•	30-GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	49-FIRE HYDRANT	99 - OTHER / UNKNOWN				
1	FIRST HARMFUL EVEN	T MOST H	ARMFUL EVENT			_2 _ 5			
H\$Y8304 O	H1U 1/19 [760-0820]						PAGE 2 OF 5		

LOCAL REPORT NUMBER

						$\begin{bmatrix} 2 & 0 & 2 & 4 & -1 \end{bmatrix}$	$0_{+}0_{+}0_{+}0_{+}4_{+}6_{+}8_{+}5_{+}$
	OWNER NAME: LAST, FIRE			OWNER PHONE: INCLU	DE AREA CODE ( SAME AS DRIVER)		DAMAGE DAMAGE SCALE
	DRESS: STREET, CITY, STATE		TE ,OH 43845			2 1- NONE 2- MINOR D	3 - FUNCTIONAL DAMAGE DAMAGE 4 - DISABLING DAMAGE
	IAL CARRIER: NAME, ADD		1E ,OH 43643	_	PHONE: INCLUDE AREA CODE	2-111110112	9 - UNKNOWN
I D STATE	LICENSE PLATE #	VEHICLE	IDENTIFICATION #	VEHICLE YEA	NE VEHICLE MAKE		DAMAGED AREA(S) CATE ALL THAT APPLY
	JJJ1114		2.8.1.H5.3.1			12	12
INSURAN VERIFII	INSURANCE COMP PROGRES  TYPE OF USE		SURANCE POLICY # 40044594 US DOT #	COLOR GRY TOWED BY: COMPANY	MDX	10 11 1	2 10 11 12 1
СОММЕ		IN EMERGENCY RESPONSE	05 001 #	1		9 9 3	3 9 9 3
INTERI DEVICE EQUIP	HIT/SKIP UNI	#UCCUPANTS	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	MATERIAL C	US MATERIAL CLASS # PLACARD ID #	8 7 6 5	8 7 5 5
UNIT TYPE	5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	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 (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	9	11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	# of TRAILING UNITS  WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED  1-YES 2-NO 9-OTHER/UNK	0? 0 1	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN	11 12 1 10 11 12 1 9 9 3 3	2 10 11 12 1 2 10 11 12 2 3 9 9 9 3
	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	9 - BUS - OTHER	11-FIRE 12-MILITARY 13-POLICE 14-PUBLIC UTILITY 15-CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN	8 7 6 5	8 8 4 7 5 4 5 6 5 T 12 12 12 12
O 1 CARGO BODY TYPE	1 - NO CARGO BODYTYPE /NOT APPLICABLE 2 - BUS	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-AUTO TRANSPORTER 14-GARBAGE/REFUSE 99-OTHER/UNKNOWN	9 3	9 3 9 3 3
	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICKTIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTORTROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99-OTHER/UNKNOWN	6	
NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	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	☐ - NO DAMAGE ☐ - TOP [13] ☐ - UN	- ALL AREAS [15]
3 ACTION	1-NON-CONTACT 2-NON-COLLISION 3-STRIKING 4-STRUCK 5-BOTH STRIKING & STRUCK 9-OTHER/UNKNOWN	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 DAM	RTO UNIT 15 - VEHICLE NOT AT SCENE
UU	D - UNSAFE SPEED	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD	13 - IMPROPER START FROM 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
	6-IMPROPERTURN OF EVENTS	12-IMPROPER BACKING		- a re-samu ra a a 1990,000 400,000 600 600 600 600 600 600 600 600 6		ON ROAD	1 - NOT INVOLVED
	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,		2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING  ON-MOTORIST DIRECTION
3	3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10-CROSS MEDIAN	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	18-ANIMAL — DEER 19-ANIMAL — OTHER 20-MOTOR VEHICLE IN TRANSPORT 21-PARKED MOTOR VEHICLE	SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24-OTHER MOVABLE OBJECT	FROM 1 TO	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST
4	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD	31 - GUARDRAIL END 32 - PORTABLE BARRIER	WITH FIXED OBJECT 37-TRAFFIC SIGN POST 38-OVERHEAD SIGN POST	43 - CURB 44 - DITCH	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL	UNIT SPEED	9 - OTHER / UNKNOWN  DETECTED SPEED
5	STRUCTURE  27 - BRIDGE PIER OR ABUTMENT  28 - BRIDGE PARAPET  29 - BRIDGE RAIL	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER	39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT	45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE	52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT	0 1 5	2 - CALCULATED / EDT 3 - UNDETERMINED
1	30-GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42-CULVERT	49-FIRE HYDRANT	99 - OTHER / UNKNOWN	2 5	

OFF PUBLIC BAFETY MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER							
SAFETY - MERVI	ICE - PROTECTION	010K131 / 140	)     -	1010	K12	1			2 · 0 ·	2 4 - 0 0	$_{\perp}0_{\perp}0$	4.6.8	8 5		
UNIT#	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH AGE GENDER					
0,1	DILLO	ON, SHERRY, L							$\begin{bmatrix} 0 & 6 & 2 & 0 & 1 & 9 & 6 & 8 \end{bmatrix}$ $\begin{bmatrix} 5 & 5 & F \end{bmatrix}$						
	DDRESS: STREET, CITY, STATE, ZIP 441 WEST SHORE DR ,Franklin Twp ,OH 44240									CONTACT PHONE - INCLUDE AREA CODE Redacted per ORC 149.43(A)(1)					
INJURIES		EMS AGENCY (NAME)		1		MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		SEATING DOSITION					
5	TAKEN BY	A						USED 0 4	DOT-C∘ MC HE	LMET 0 1	1	1	1 1		
OL STATE	OPERATOR LICENSE NUMBER OFFENSE CHARG					RGED	LOCAL	OFFENSE DESC				ON NUMBER	سارد		
OH	REDAC	TED PER ORC 450	1:1-12				CODE								
OL CLASS	ENDORSEMEN SELECT UP TO 2			VER TRACTED	_	OHOL / DRUG SUSPI		CONDITION	ALC STATUS T	OHOL TEST YPE VALUE		TYPE RESU	S) LT SELECTUPTO4		
. 4 .			ВУ	1	=	LCOHOL MAR	RIJUANA	1	1	1	1	1			
UNIT #	NAME:   AST	FIRST, MIDDLE			υ۰	THER DRUG				DATE OF BIRTH		AGE	GENDER		
0.2.		LD, HANNAH, M	ИСНЕ	ELE					. 0 . 7	3 0 1 9	9.9	20000 1000	F		
	STREET, CITY, S									PHONE - INCLUDE AREA C			ــــــا		
120 W	ALL ST	,WEST LAFAYI	ETTE .	ОН 4	3845	5			Reda	icted per OF	RC 14	9.43(A)	(1)		
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDI	AKEN TO	MEDICAL FACILITY	(NAME, CITY)		□DOT-C∘	SEATING POSITION	AIR BAG USAGE EJECTION TRAPPED				
0 <u>1</u> 5	BY							USED 0 4	<b>Шмс</b> не		1_	11	_1		
OL STATE		LICENSE NUMBER	4.4.40	OFFENS		RGED	LOCAL	OFFENSE DESC	RIPTION		Marine Company of the Company	ON NUMBER			
OH	2	TED PER ORC 450		333.0			X	Maximum Sp			2377				
OL CLASS	SELECT UP TO 2			VER TRACTED	_	DHOL / DRUG SUSPI	ECTED RIJUANA	CONDITION	STATUS T	YPE VALUE		TYPE RESU	LT SELECTUPTO4		
4	ш			1	=	THER DRUG		1	1	1	1	1	10 31 3		
UNIT#	NAME: LAST	, FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER		
												عتال	نــــا		
ADDRESS:	STREET, CITY, S	TATE, ZIP							CONTACT	PHONE - INCLUDE AREA C	0DE		•		
0										1 1 1	1				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJUREDI	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	Прот-с∘		AIR BAG U	SAGE EJECTION	N TRAPPED		
OL STATE		LICENSE NUMBER		OFFENS	SE CHAI	RGED	ED LOCAL OFFENSE DESCR			L	CITATIO	ON NUMBER	سالا		
ORIS	or Enterent			011211	CODE										
OL CLASS	ENDORSEMEN				ALC	OHOL / DRUG SUSPI	ECTED	CONDITION	STATUS T	OHOL TEST YPE VALUE		ORUG TEST(			
	SELECT UPTO 2		BY	TRACTED	=	LCOHOL MAR	RIJUANA		SIMIUS	THE VACUE	31A103	TITE KESO	LI SELECTOPIO		
TNIII	RIES	SEATING POSITION		IR BAG	o	THER DRUG OL CLASS		OL RESTRIC	TION(S)	DRIVER DISTRACT	LION	TEST ST	ATUS		
1 - FATAL		1 - FRONT - LEFT SIDE	1-NOTDEP	A Part of		1 - CLASS A		1 - ALCOHOL INTER		1 - NOT DISTRACTED	1000	- NONE GIVEN	X103		
	SERIOUS INJURY	(M0TORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOYE 3 - DEPLOYE			2 - CLASS B		2 - CDL INTRASTAT		2 - MANUALLY OPERATING ELECTRONIC COMMUN	CATION	-TEST REFUSED			
3 - SUSPECTED 4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE		ED BOTH FRO	NT/SIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE 4 - FARMWAIVER	NOEO	DEVICE (TEXTING, TYP DIALING)	ING,	-TEST GIVEN, CO SAMPLE / UNU:			
5 - NO APPAREN	IT INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5-NOTAPP			(OHIO = D) 5 - M/C MOPED ONLY		5 - EXCEPT CLASS		3 - TALKING ON HANDS-FF	EEE .	<ul> <li>TEST GIVEN, RE</li> <li>TEST GIVEN, RE</li> </ul>			
INJURED	TAKEN BY	5 - SECOND - MIDDLE	9- DEPLOYI	MENT UNKNO	WN	6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS		4 - TALKING ON HAND-HEL	D	UNKNOWN			
1 - NOT TRANSP /TREATED AT	and the same of th	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	EJ	ECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE		5 - OTHER ACTIVITY WITH	AN	ALCOHOL TE	ST TYPE		
2 - EMS		(MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE	1 - NOTEJE			H - HAZMAT		RESTRICTIONS		ELECTRONIC DEVICE	1	- NONE - BLOOD			
3 - POLICE 9 - OTHER / UNK	CNOWN	9 - THIRD - RIGHT SIDE	2- PARTIAL 3-TOTALLY	LY EJECTED EJECTED		M - MOTORCYCLE P - PASSENGER		9 - LEARNER'S PER RESTRICTIONS	MII	6 - PASSENGER 7 - OTHER DISTRACTION		- URINE			
	QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4-NOTAPP			N - TANKER		10 - LIMITED TO DAY 11 - LIMITED TO EMP		INSIDE THE VEHICLE  8 - OTHER DISTRACTION OF		- BREATH - OTHER			
1 - NONE USED	doll-MENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	T	RAPPED		Q - MOTOR SCOOTER  R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE		THE VEHICLE		DRUG TES	TTYPE		
2 - SHOULDER B		(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOTTRA			S - SCHOOL BUS		13 - MECHANICAL DE (SPECIAL BRAKE		9 - OTHER / UNKNOWN	1	- NONE			
3 - LAP BELT ON 4 - SHOULDER &	LAP BELT USED	12 - PASSENGER IN UNENCLOSED	2 - EXTRICA MECHAN	IICAL MEANS		T - DOUBLE & TRIPLE X - TANKER / HAZMAT		CONTROLS, OR O ADAPTIVE DEVI		CONDITION  1 - APPARENTLY NORMAL		- BLOOD			
5 - CHILD REST	RAINT SYSTEM –	CARGO AREA 13 - TRAILING UNIT	3- FREED B NON-ME	Y Chanical Mi	EANS			14 - MILITARY VEHIC	ICLES ONLY 2 - PHYSICAL IMPAIRMENT			3 - URINE 4 - OTHER			
6 - CHILD REST	RAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				GENDER F-FEMALE		15 - MOTOR VEHICLE AIR BRAKES	2 MIIHOUT	3 - EMOTIONAL (E.G., DEPRE ANGRY, DISTURBED)		RUG TEST R	ESULT(S)		
7 - BOOSTER SE		15 - NON-MOTORIST				M - MALE		16 - OUTSIDE MIRRO		4 - ILLNESS	1	- AMPHETAMINE	S		
8 - HELMET US		99 - OTHER / UNKNOWN				U -OTHER / UNKNOWN		17 - PROSTHETIC AID 18 - OTHER		5 - FELL ASLEEP, FAINTED FATIGUED, ETC.	100	<ul> <li>BARBITURATES</li> <li>BENZODIAZEPI</li> </ul>			
9 - PROTECTIVE (ELBOW, KNE										6 - UNDER THE INFLUENCE OF MEDICATIONS / DRU	GS 4	- CANNABINOIDS			
10 - REFLECTIVE 11 - LIGHTING - F										/ALCOHOL 9- OTHER/UNKNOWN		- COCAINE - OPIATES / OPIO	IDS		
/ BICYCLE ON	NLY											- OTHER			
99 - OTHER / UNK	CNOWN										8	- NEGATIVE RES	ULTS		

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	OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER  2						
IIN	UNIT # NAME: LAST FIRST MIDDLE							DATE OF BIRTH   AGE   GENDER					
0	01 DOWDLE, BROOKE, ASHLEY							0 8 1 1 1 9 9 2 3 1 F					
<u>a</u>	2303 MELOY RD ,Brimfield Twp ,OH 44240							CONTACT PHONE - INCLUDE AREA CODE  Redacted per ORC 149.43(A)(1)					
INJU	NJURIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 0. 4								SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED	
	<u>,                                     </u>								0 3			1	
2000	UNIT # NAME: LAST, FIRST, MIDDLE  1 01   DOWDLE, ELIJAH								E OF BIRTH 7 , 2 , 0 ,	1 6	0 7	GENDER M	
ADD								CONTACT PHONE - INCLUDE AREA CODE					
9	303 MELOY RD ,Brimfield Twp ,OH 44240    URIES   INJURED   EMS AGENCY (NAME)   INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   SAFETY EQUIPMENT												
1000000	200223300	TAKEN BY USED O.4.						DOT-COMPLIANT MC HELMET	0 4	1	1	TRAPPED 1	
- N	IT#		T, FIRST, MIDDLE	23.1				2000 0000 0000	E OF BIRTH		AGE	GENDER	
		STREET, CITY,	DLE, BRAYDI	LIN				0 5 3			1,1,	M	
0			RD ,Brimfield	d Twp ,OH	I 44240			Contract thems	MOLOUE AREA OV				
24400		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	LITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED	
_	5 IT#		T, FIRST, MIDDLE				0,4		0 6	1	AGE	GENDER	
ON	11#	NAME: LAS	I, FIRST, WIDDLE					JAI	LOFBIRIN		AGE	GENDER	
ADD ADD	RESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE			
OCCUPAN										I	-1	I	
INJU	RIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	LITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED	
		INJU	JRIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG	JSAGE		
1-	FATA	L		1 - NONE US	ED - OCCUPANT		T - LEFT SIDE	ED)	1 - NOT DE	PLOYED			
			RIOUS INJURY		E OCCUPANT (MOTORCYCLE DRIV PER BELT ONLY USED 2 - FRONT – MIDDLE			2 - DEPLOYED FRONT					
100		SIBLE INJU	NOR INJURY	3 - LAP BEL	LT ONLY USED 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE								
		PPARENT			ER & LAP BELT USED (MOTORCYCLE PASS								
		INJURED	TAKEN BY	The second secon	ESTRAINT SYSTEM - 5 - SECOND - MIDDLE RD FACING 6 - SECOND - RIGHT SII			DE DEPLOYMENT UNIXADAM					
		TRANSPOR		6 - CHILD RI	RESTRAINT SYSTEM - 7 - THIRD - LEFT SIDE								
100	EMS	ATEDATS	CENE	7 - BOOSTER	R SEAT 8 - THIRD - MIDDLE			1 - NOT EJECTED			UN		
3-	POLI	CE		8 - HELMET	USED	9 - THIRD – RIGHT SIDE 10 - SLEEPER SECTION			2 - PARTIALLY FIECTED				
9-	OTHE	ER / UNKNO	OWN		TVE PADS USED KNEES, ETC.)	11 - PASS	ENGER IN OTH	ER ENCLOSED	3 - TOTALLY EJECTED				
			IDER		TVE CLOTHING		O AREA (NON-TR PICK-UP WITH CAR	A transfer of the state of the	4 - NOT AP	PLICABLE			
Aller Co	FEMA MALE				G - PEDESTRIAN		ENGER IN UNE O AREA						
U - 0	OTHE	R / UNKNO	WN	/ BICYCL 99 - OTHER /			LING UNIT	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL					
						NG ON VEHICLE TRAILING UNIT)	EXTERIOR	MEANS 3 - FREED BY NON-MECHAN		FOUANIO			
							MOTORIST R/UNKNOWN		MEANS		ECHANIC	AL	
2.000	ME: LAS	T, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER	
MITNESS	RESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE DE			
M		0 3							1 1			_11	
200	ME: LAS	T, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER	
MITNESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
×								1_1_1	<u> </u>	1 1			
0.0000000000000000000000000000000000000	ME: LAS	T, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER	
ADD ADD	RESS:	STREET, CITY.	STATE, ZIP					CONTACT PHONE		DE L			
×	ADDRESS: STREET, CITY, STATE, ZIP						CONTROL - HOLDE AREA CODE						

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