OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*							
PHOTOS TAKEN OH-2 OH-3	$2 \cdot 0 \cdot 2 \cdot 3 \cdot - \cdot 0 \cdot 0 \cdot 0 \cdot 1 \cdot 8 \cdot 2 \cdot 0 \cdot 8$							
X OH-1P OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP 1 - SOLVED	NUMBER OF UNITS	UNIT IN ERROR		
PRIVATE PROPERTY	City of Kent Police		6,7,0,3	2-UNSOLVED UZ U1				
1 - CITY	VILLAGE, TOWNSHIP*			CRASH DATE / T		RASH SEVERITY 1 - FATAL		
3-TOWNSHIP	LOCATION ROAD NAME		ROAD TYPE	111112023		2 - SERIOUS INJURY SUSPECTED		
S - SOUTH	WATER		ST	41,141	3 - MINOR INJURY			
W-WEST	VVAIER REFERENCE ROAD NAME (ROAD,	MILEPOST HOUSE #)	ROAD TYPE	LONGITUDE DE	SUSPECTED 4 - INJURY POSSIBLE			
S - SOUTH	RELLIM		D R	-811,356,645				
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE	D ₁ K ₁		NTERSECTION RELAT	ONLY		
1-INTERSECTION FROM REFERENCE N - NORTH IR -	INTERSTATE ROUTE(TP) AL	- ALLEY HW- HIGHWAY	RD - ROAD	551	RSECTION OR ON APPRO	DACH		
3-HOUSE # E-EAST	RI RI	- AVENUE LA - LANE - BOULEVARD MP - MILEPOST	SQ - SQUARE ST - STREET	M WITHIN INTE	RCHANGE AREA NU	3 IMBER OF APPROACHES		
DISTANCE DISTANCE CR-	NUMBERED COUNTY ROUTE I	- CIRCLE OV - OVAL	TE - TERRACE		ROADWAY	INDER OF AFTROAGHED		
	NUMBERED TOWNSHIP DR	- COURT PK - PARKWAY - DRIVE PI - PIKE	TL - TRAIL WA - WAY	D DOADWAY BIN				
2-FEET 3-YARDS	ROUTE	- HEIGHTS PL - PLACE		ROADWAY DIV	IDED			
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 9 - CROSSOVER		NER OF CRASH COLLISION/IMF COLLISION 4 - REAR-TO-REAF		DIRECTION OF TRAVE		AN TYPE		
0 1 2-ON SHOULDER 10-DRIVEWAY/	ALLEY ACCESS BET	WEEN 5-BACKING	Ve)	N - NORTH , S - SOUTH	1 - DIVIDED	FLUSH MEDIAN ET)		
3-IN MEDIAN 11-RAILWAY GF 4-ON ROADSIDE 12-SHARED US	VEH	ICLES IN 6 - ANGLE NSPORT 7 - SIDESWIPE, SA	ME DIRECTION	E - EAST W - WEST		DIVIDED FLUSH MEDIAN ≥4 FEET)		
5-ON GORE TRAILS 6-OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REAF 3 - HEAF	NGC - 10 10 10 10 10 10 10 10 10 10 10 10 10		W-WLS1), DEPRESSED MEDIAN), RAISED MEDIAN		
7 - ON RAMP 14-TOLL BOOTH		D-ON 9-OTHER/ONKIN	OWN		(ANY TY	(ANY TYPE)		
8 - OFF RAMP 99-OTHER / UN			9 - OTHER/UNKN OF CRASH IN WORK ZONE CONTOUR CONDITIONS					
WORK ZONE RELATED	WORK ZONE TYPE ANE CLOSURE		ON OF CRASH IN WORK ZONE CONTOUR - BEFORE THE 1ST WORK ZONE 1			SURFACE 2		
_	ANE SHIFT/CROSSOVER VORK ON SHOULDER	WARNING SIGN 2 - ADVANCE WARN	ING AREA	1 - STRAIGHT LEVEL		1 - CONCRETE		
LAW ENFORCEMENT PRESENT	R MEDIAN	3-TRANSITION AR		2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP,		
The state of the s	NTERMITTENT OR MOVING WORK OTHER		- TERMINATION AREA 3 - CURVE LEVEL 3 -			ASPHALT		
LIGHT CONDITION	WEATHE	ER	4 - CURVE GRADE 4 - ICE 9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT,					
1 - DAYLIGHT	1-CLEAR	6 - SNOW	OIL, GRAVEL			4 - SLAG, GRAVEL, STONE		
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	0 1 2 - CLOUDY 3 - FOG, SMOG, SMOKE	7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIE				5 - DIRT		
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FREE 99 - OTHER / UNKNOWN	ZING DRIZZLE		7 - SLUSH	9 - OTHER/UNKNOWN		
9 - OTHER / UNKNOWN	J-SLEET, HAIL	77 - OTHER / ONKNOWN			9 - OTHER/UNKNOWN			
NARRATIVE					4	Indicate the north		
UNIT 2 WAS TRAVELING NB	ON S WAER ST				4	an "N" on the compass diagram.		
(SR 43) IN THE CENTER LAN	E. UNIT 1 WAS			81 & II		8 8 8		
TRAVELING SB ON S WATER	R ST (SR 43) AND							
ATTEMPTING TO TURN LEF	T ONTO RELLIM							
DR. UNIT 1 DID NOT SEE UN	IT 2 AND	13.0	1					
TURNED INTO THEIR LANE	OF TRAFFIC AND	SWATERST (STHY43)	SALL			3.		
STRUCK UNIT 2. UNIT 1 WAS	S CITED FOR			1	RELLIMDR.	-9		
FTY. UNIT 2'S DRIVER AND	OCCUPANT WERE	2			NECENVIDIA.			
ASSESSED BY THE KFD.								
					Not To S	Scale		
			L	l l				
	ISPATCH DATE / TIME	ARRIVAL DATE / TIM		SCENE CLEARED I	l IV	REPORT TAKEN BY POLICE AGENCY		
1,1,1,1,2,0,2,3,/,1,7,5,4,1,1,1,1					3 ₁ / ₁ 1 ₁ 8 ₁ 5 ₁ 2 ₁	MOTORIST		
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUTE			CHECKED BY OFFICER'S NAME* Nelson, Josh					
		DGE NUMBER*	2 3	OFFICER'S BADGE N	UMBER*	 (CORRECTION or ADDITION to an existing report sent to odps) 		

OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER

HEATH, RALPH, EDWARD

10011 0-000-111111											
LOCAL REPORT NUMBER 2											
DAMAGE											
DAMAGE SCALE											
3 1-NONE 2-MINOR	3 - FUNCTIONAL DAMAGE DAMAGE 4 - DISABLING DAMAGE										
2-MINOR	9 - UNKNOWN										
J	DAMAGED AREA(S)										
IND	DICATE ALL THAT APPLY										
11 12 1	11 12 1										
10/10/1	2 10 11 1 2										
9 0 2 3	3 9 10 2 3										
6 4 -	0 4										
8 7 6	8 7 5 4										
7 6 5	11 7 6										
10 /	12										
	11 1 2										
9 9 3 3											
7.	7 5 4										
12	7 6 5 12										
11 12 1	6 11 12										
10 11 1	2 10 11 1										
10 2	3 9 10 2 3 3										
9 9 3	3 9 9 3 4 3										
8 7 5	4 8 7 5 4										
7 6 5	7 6 5										
6	6										
-	12 12 12										
12											
8 A P3	9 16 3 9 1 3 9 🗱 3										
6	i										
	6 6 6										
- NO DAMAG	GE[0] - UNDERCARRIAGE [14]										
☐-TOP [13]	-ALL AREAS [15]										
u	UNIT NOT AT SCENE [16]										
0 - NO DAM	TIAL POINT OF CONTACT MAGE 14 - UNDERCARRIAGE										
1 1 1 1-12 - REF	FER TO UNIT 15 - VEHICLE NOT AT SCENE										
DIAG	GRAM 99 - UNKNOWN										
13-T0P											
	TRAFFIC										
TRAFFICWAY FLOW 1 - ONE-WAY	TRAFFIC CONTROL										
2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN										
	6 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL										
# of THROUGH LANES	RAIL GRADE CROSSING										
ON ROAD	1 - NOT INVOLVED										
4	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING										
UNIT/	NON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST										
	2 - SOUTH 6 - NORTHWEST										
FROM L1 TO											
	4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN										
	3 - OTHER / UNKNOWN										

OWNER PHONE: INCLUDE NWNER PHONE: INCLUDE AIEA CODE (TRISAME AS DRIVE Redacted per ORC 149.43(A)(

OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS DRIVER) 2863 GRAHAM RD APT 6 ,Stow ,OH 44224 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE **VEHICLE IDENTIFICATION #** VEHICLE YEAR VEHICLE MAKE LP STATE LICENSE PLATE # 2 0 11 Hyundai $5_1X_1Y_1Z_1K_1A_1GX_1B_1G0_19_11_10_10_15$ O H JGL6625 INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # COLOR VEHICLE MODEL BLKALLSTATE 826672361 SANTA FI TYPE OF USE US DOT# TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS INTERLOCK DEVICE EQUIPPED MATERIAL CLASS # PLACARD ID # 1 - ≤10KLBS. HIT/SKIP UNIT 2 - 10,001 - 26K LBS. $0_{\perp}1$ PLACARD J 3 - >26K LBS 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) 24 - WHEELCHAIR (ANY TYPE 0 1 2 - PASSENGER 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST UNITTYPE 4 - PICKUP 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 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 AUTONOMOUS 2 - PARTIAL AUTOMATION 1-YES 2-NO 9-0THER/UNKNOWN 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 8 - POLE 12 - CONCRETE MIXER 0.1 / NOT APPLICABLE MOTORVEHICLE CHASSIS 9 - CARGO TANK 13-AUTOTRANSPORTER CARGO 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARBAGE/REFUSE BODY 7 - GRAIN/CHIPS/GRAVEL TYPE 11-DUMP 99-OTHER / UNKNOWN 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 8 - TRAILER EQUIPMENT 10-DISABLED FROM PRIOR VEHICLE 2 - HEAD LAMPS 5 - STEERING DEFECTIVE ACCIDENT DEFECTS 3 - TAIL LAMPS 6 - TIRE BLOWOUT 3 - INTERSECTION - OTHER 9 - MEDIAN/CROSSING ISLAND 1 - INTERSECTION - MARKED 6 - BICYCLE LANE 12 - FIRST RESPONDER CROSSWALK AT INCIDENT SCENE 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS NON-MOTORIST 2-INTERSECTION - UNMARKED 99 - OTHER / UNKNOWN CROSSWALK B - SIDEWALK 11 - SHARED USE PATHS OR LOCATION CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION TRAILS AT IMPACT 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 0 6 3 - CHANGING LANES 3 -STRIKING 19-STANDING SPECIFIED LOCATION 9 - LEAVING TRAFFIC LANE ACTION 4- STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 15 - WALKING, RUNNING, 20 - OTHER NON-MOTORIST 10-PARKED JOGGING, PLAYING 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN 21 - STANDING OUTSIDE 11 - SLOWING OR STOPPED 16-WORKING DISABLED VEHICLE & STRUCK INTRAFFIC 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9-OTHER/UNKNOWN 12 - DRIVERLESS 13 - IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 -LYING IN ROADWAY 1-NONE 7 - LEFT OF CENTER PARKED POSITION 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 18-OPERATING DEFECTIVE 22 - NOT DISCERNIBLE 14 - STOPPED OR PARKED EQUIPMENT 23 - OPENING DOOR INTO 3 - RAN RED LIGHT 9-IMPROPER LANE CHANGE 0 2 ILLEGALLY 19 - LOAD SHIFTING/FALLING/ ROADWAY 4 - RAN STOP SIGN 10-IMPROPER PASSING 15 - SWERVING TO AVOID CONTRIBUTING 5 - UNSAFE SPEED SPILLING 99-OTHER IMPROPER ACTIO 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING 6-IMPROPERTURN 12 - IMPROPER BACKING SEQUENCE OF EVENTS NON-COLLISION 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE -16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENAN OPPOSITE DIRECTION OF EQUIPMENT 17 - ANIMAL - FARM

2 0 1 - OVERTURNIROLLOVER

25 - IMPACT ATTENUATOR

/ CRASH CUSHION

26-BRIDGE OVERHEAD

27 - BRIDGE PIER OR ABUTMENT

STRUCTURE

28-BRIDGE PARAPET

30 - GUARDRAIL FACE

29-BRIDGE RAIL

2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 5 - CARGO / EQUIPMENT 10 - CROSS MEDIAN LOSS OR SHIFT

35 - MEDIAN CONCRETE

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

36 - MEDIAN OTHER BARRIER

14-PEDESTRIAN 15-PEDALCYCLE COLLISION WITH FIXED OBJECT - STRUCK 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 39-LIGHT/LUMINARIES 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL SUPPORT BARRIER 40 - UTILITY POLE

TRAVEL

OR SUPPORT

42 - CULVERT

12 - DOWNHILL RUNAWAY

13 - OTHER NON-COLLISION

21 - PARKED MOTOR VEHICLE 43 - CURB 44 - DITCH 45 - EMBANKMENT 46-FENCE 47 - MAILBOX 41 - OTHER POST, POLE 48-TREE 49-FIRE HYDRANT

18-ANIMAL - DEER

19-ANIMAL - OTHER

20 - MOTOR VEHICLE IN

TRANSPORT

ANYTHING SET IN MOTIO BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51-WALL 52 - BUILDING 53-TUNNEL 54 - OTHER FIXED OR JECT 99-OTHER/UNKNOWN

23 - STRUCK BY FALLING,

SHIFTING CARGOOR

[0, 1, 0]POSTED SPEED

UNIT SPEED DETECTED SPEED

2 , 5

1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

			115				0 0 1 0 2 0 0		
The same of the sa	OWNER NAME: LAST, FIRS ARNDT, SAN DRESS: STREET, CITY, STATE,	DRA, ANN	0	ORC 149.43(A)(1)		MAGE SCALE 3 - FUNCTIONAL DAMAGE			
	LAUBERT RD			4 2 - MINOR DAMAGE 4 - DISABLING DAMAGE					
	IAL CARRIER: NAME, ADDR		PHONE: INCLUDE AREA CODE	9-	UNKNOWN				
			DAM	AGED AREA(S)					
7703273 61323373	LICENSE PLATE # GSB6175		E IDENTIFICATION # $S_1L_1S_1F_1F_2_1S_14_1$	1,9,8, VEHICLE YE 2,0,1,		INDICAT 12	E ALL THAT APPLY		
X INSURAI VERIFI	INSURANCE COMP. GRANGE	200000	INSURANCE POLICY # 5086952	COLOR MAR	MALIBU	10 1 2	10 11 12 1		
COMME	TYPE OF USE RCIAL GOVERNMENT	IN EMERCENCY		TOWED BY: COMPAN' Bakers Towing		9 2 3 3	9 10 2 9 3		
	007		EHICLE WEIGHT GVWR/GCWR		US MATERIAL CLASS # PLACARD ID #				
DEVICE EQUIP	ED HIT/SKIP UNIT		1 - ≤10KLBS. 2 - 10,001 - 26KLBS. 3 - >26KLBS.	RELEASED	CLASS # FLACARD ID #	8 7 6 5 11	12 7 6 5 5		
		7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER	· "	12		
0.1	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE	8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE	13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK	19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE	24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST	10/	11 1 2		
UNITTYPE	4 - PICKUP	10 - MOPED OR MOTORIZED	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26-BICYCLE	9	9 3 3		
	5 - CARGO VAN	BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR	27 -TRAIN	<u> </u>	0 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		- 3-100000000000000000000000000000000000		CC 10000C00	12 7	6 11 12		
	WAS VEHICLE OPERATING IN AU' MODE WHEN CRASH OCCURRED		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION	9 - UNKNOWN	10 11 1 2	10 11 1 2		
2	1-YES 2-NO 9-OTHER/UNK	IOWN AUTONOMOUS	2 DADTIAL AUTOMATION	5 - FULL AUTOMATION		10 2	10 2		
	MODEL		11 - FIRE	16-FARM	21 - MAIL CARRIER	9 9 3 4	8 4		
0.1	1 - NONE 6 - BUS - CHARTER/TOUR 2 - TAXI 7 - BUS - INTERCITY 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE		11 - FIRE 12 - MILITARY	17 - MOWING	99-OTHER/UNKNOWN	8 7 5 4	8 7 5 4		
SPECIAL			13 - POLICE	18-SNOW REMOVAL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 6	7 6		
FUNCTION	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19-TOWING		6	6		
	5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE		15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL			12 12 12		
0.1	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	CHASSIS 9 CARCOTAINER 8 - POLE		12 - CONCRETE MIXER	12			
CARGO	2 - BUS 4 - LOGGING		6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK 10 - FLAT BED	13-AUTOTRANSPORTER 14-GARBAGE/REFUSE	all a			
BODY Type			7 - GRAIN/CHIPS/GRAVEL	11-DUNP	99 - OTHER / UNKNOWN	9 6 3 9	a 9 T 3 9 🐞 3		
90 30 W			7 - WORN OR SLICKTIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN	Ų.	7		
VEHICLE			8 - TRAILER EQUIPMENT	10 - DISABLED FROM PRIOR	77-OTHERY GRANGIN	6			
			DEFECTIVE	ACCIDENT		□-NO DAMAGE [0	☐-UNDERCARRIAGE [14]		
	777777777777	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 -FIRST RESPONDER	_	_		
NON-MOTORIST	CROSSWALK 2 - INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED CROSSWALK	2020/11/17		AT INCIDENT SCENE 99 - OTHER / UNKNOWN	□-TOP [13]	- ALL AREAS [15]		
LOCATION AT IMPACT	CROSSWALK 5 TRAVELLANE OTHER L		B - SIDEWALK	11-SHARED USE PATHS OR TRAILS		- UNIT	NOT AT SCENE [16]		
	1 - NON-CONTACT 1 - STRAIGHT AHEAD		7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18-APPROACHING	INITIAL	DOINT OF CONTACT		
. 4 .		2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING	OR LEAVING VEHICLE	0 - NO DAMAGE	POINT OF CONTACT 14 - UNDERCARRIAGE		
ACTION	3-31KIKING	3 - CHANGING LANES 4 - OVERTAKING/PASSING	9 - LEAVINGTRAFFIC LANE 10 - PARKED	SPECIFIED LOCATION 15 - WALKING, RUNNING,	19-STANDING 20-OTHER NON-MOTORIST	0 9 1-12 - REFERT	UNIT 15 - VEHICLE NOT AT SCENE		
HOITON	5 - BOTH STRIKING ACTIONS	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED	JOGGING, PLAYING	21 - STANDING OUTSIDE	DIAGRAM	99 - UNKNOWN		
	& STRUCK	6 - MAKING LEFT TURN	INTRAFFIC	16 - WORKING	DISABLED VEHICLE	13-T0P			
	9-OTHER/UNKNOWN		12 - DRIVERLESS	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN		RAFFIC		
	1 - NONE 2 - FAILURE TO YIELD	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACI	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE	21 -LYING IN ROADWAY 22 -NOT DISCERNIBLE	TRAFFICWAY FLOW	TRAFFIC CONTROL		
0.1		9-IMPROPER LANE CHANGE	14 - STOPPED OR PARKED	EQUIPMENT	23 - OPENING DOOR INTO	1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN		
CONTRIBUTING	4 - RAN STOP SIGN	10-IMPROPER PASSING	ILLEGALLY 15 - SWERVING TO AVOID	19-LOAD SHIFTING/FALLING/ SPILLING	ROADWAY	2 2 - TWO-WAY	3 - FLASHER 6 - NO CONTROL		
CIRCUMSTANCES	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION	# OF THROUGH LANES	RAIL GRADE CROSSING		
SEDIIENCE	6-IMPROPERTURN OF EVENTS	12 - IMPROPER BACKING				ON ROAD	1 - NOT INVOLVED		
SEGULNUL	OF EVENTS		NON-COLLISION			4	2 - INVOLVED-ACTIVE CROSSING		
1 2 0		6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE —	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT		3 - INVOLVED-PASSIVE CROSSING		
	2 - FIRE/EXPLOSION 3 - IMMERSION	DN		17 - ANIMAL — FARM 18 - ANIMAL — DEER	23 - STRUCK BY FALLING,	UNIT / NON-	MOTORIST DIRECTION		
2	4 - JACKKNIFE			19-ANIMAL - OTHER	SHIFTING CARGOOR ANYTHING SET IN MOTION		1 - NORTH 5 - NORTHEAST		
				20 - MOTOR VEHICLE IN TRANSPORT	BY A MOTOR VEHICLE	FROM 2 TO	1 3 - EAST 7 - SOUTHEAST		
3	LOSS OR SHIFT	15 - PEDALCYCLE		21 - PARKED MOTOR VEHICLE	24 - OTHER MOVABLE OBJECT	FRUM 10	4 - WEST 8 - SOUTHWEST		
	25-IMPACT ATTENUATOR	COLLISION WITH FIXED OBJECT - TENUATOR 31-GUARDRAIL END 37-TRAFFIC SIGN POST 43					9 - OTHER / UNKNOWN		
4	/ CRASH CUSHION	CUSHION 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN PO		44 - DITCH	EQUIPMENT	UNIT SPEED	DETECTED SPEED		
	26-BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT	51 - WALL 52 - BUILDING	Machine Haziri ndiriv	1 - STATED / ESTIMATED SPEED		
5	27 - BRIDGE PIER ORABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE 47 - MAILBOX	53 -TUNNEL	\[0 \ 3 \ 0 \]	2 - CALCULATED / EDR		
	28-BRIDGE PARAPET	35 - MEDIAN CONCRETE	41 - OTHER POST, POLE OR SUPPORT	48-TREE	54 -OTHER FIXED OBJECT	POSTED SPEED	3 - UNDETERMINED		
6 29-BRIDGE RAIL BARRIER 30-GUARDRAIL FACE 36-MEDIAN OTHER BAR			42 - CULVERT	49-FIRE HYDRANT	99 - OTHER / UNKNOWN				
- 1	FIRST HARMFUL EVEN	1	HARMFUL EVENT			2 5			

OFFICIAL SAFETY MOTORIST / NON-MOTORIST					LOCAL REPORT NUMBER									
SAFETY - MI	EPVICE - PROTECTION	OTOKISI / INC) IA – IA I	1010	K12	ı			2 0 1	2 3 - 0	0.0.	1 8	1210	8
UNIT#	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
0,1	HEATH, RALPH, EDWARD								1 0 3 0 1 9 5 3 7 0 M					
	STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
0		GRAHAM RD APT 6 ,Stow ,OH 44224							Redacted per ORC 149.43(A)(1)					
	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDT	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	USED	DOT-C		ION AIR BA	G USAGE	EJECTION	TRAPPED
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OL STATE	REDAC	LICENSE NUMBER CTED PER ORC 450	1:1-12	331.1		RGED	LOCAL	OFFENSE DESC					UMBER	
OH	-	DECIDIOTION OF FOR	UPTO3 DRIN			NIOL / PRIIC CHERI	X	Right of Way	COHOL TEST	27054 DRUG TEST(S)				
≥ OL CLASS	SELECT UP TO 2	RESTRICTION SELECT	DIST	TRACTED	_	DHOL / DRUG SUSPI		CONDITION	STATUS T		STATUS	TYPE		SELECTUPTO4
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UNIT #	NAME: LAST	FIRST, MIDDLE						Å.		DATE OF BIRTH		\top	AGE	GENDER
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ADDRESS	S: STREET, CITY, S	TATE, ZIP								PHONE - INCLUDE AREA				• > / 4 >
3227	LAUBE	RT RD ,Randolph	,OH 4	44201					Reda	acted per	ORC	149	9.43(A)(1)
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDT	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	USED	DOT-C		ION AIR BA	G USAGE	EJECTION	TRAPPED
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OL STATE	IREDAC	LICENSE NUMBER TED PER ORC 450	1:1-12	OFFENS	E CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITA	TION N	UMBER	
O, H	- L	-		<u> </u>										
E OL CLASS	SELECT UP TO 2	RESTRICTION SELECT	DIST	VER Tracted	_	CHOL / DRUG SUSPI	E CTED RIJUANA	CONDITION	STATUS T	YPE VALUE	STATUS	TYPE	RESULT	SELECTUPT04
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UNIT#	NAME: LAST	FIRST, MIDDLE			_					DATE OF BIRTH		T	AGE	GENDER
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ADDRESS	S: STREET, CITY, S	TATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
TOR														
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDT	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	DOT-C	SEATING POSIT	ION AIR BA	G USAGE	EJECTION	TRAPPED
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OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	E CHAI	RGED	CODE	OFFENSE DESC	RIPTION		CITA	TION N	UMBER	
	J		leen						ALC	COHOL TEST		DPII	G TEST(S	1
■ OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		TRACTED	_	CHOL / DRUG SUSPI	RIJUANA	CONDITION	STATUS T		STATUS	TYPE		SELECT UP TO 4
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11 11 12 12 12	URIES	SEATING POSITION		IR BAG		OL CLASS	5	OL RESTRIC		DRIVER DISTRA	CTION	Service and the service of	TEST STA	TUS
1 - FATAL 2 - SUSPECTE	D SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP 2 - DEPLOYE			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT		1 - NOT DISTRACTED 2 - MANUALLY OPERAT	ING AN		T REFUSED	
	D MINOR INJURY	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3- DEPLOYE			3 - CLASS C		3 - CORRECTIVE LE	NSES	ELECTRONIC COMM DEVICE (TEXTING, T			T GIVEN, CON	
4 - POSSIBLE 5 - NO APPARE		4 - SECOND - LEFT SIDE	4 - DEPLOYE 5 - NOTAPP	ED BOTH FROI	NT / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS	A RIIS	DIALING) 3 - TALKING ON HANDS	rner			ULTS KNOWN
		(M0TORCYCLE PASSENGER) 5 - SECOND - MIDDLE		MENT UNKNO	WN	5 - M/C MOPED ONLY		6 - EXCEPT CLASS		COMMUNICATION DE			T GIVEN, RES	ULTS
1 - NOT TRANS	SPORTED SPORTED	6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO	R-TRAILER	4 - TALKING ON HAND-H COMMUNICATION DE		Totale		TTVDE
/TREATED	AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		ECTION		OL ENDORSE	MENT	8 - INTERMEDIATE		5 - OTHER ACTIVITY WI ELECTRONIC DEVIC		1 - NON	OHOL TES	OI ITPE
2 - EMS 3 - POLICE		8 - THIRD - MIDDLE	1 - NOTEJE	LY EJECTED		H - HAZMAT M - MOTORCYCLE		9 - LEARNER'S PER	MIT	6 - PASSENGER		2 - BL00		
9-OTHER/UN	NKNOWN	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION	3-TOTALLY			P - PASSENGER		RESTRICTIONS 10 - LIMITED TO DAY	LIGHTONIA	7 - OTHER DISTRACTION INSIDE THE VEHICL		3 - URIN 4 - BRE		
SAFETY	EQUIPMENT	OF TRUCK CAB	4-NOTAPP	LICABLE		N - TANKER Q - MOTOR SCOOTER		11 - LIMITED TO EMI		8 - OTHER DISTRACTION	N OUTSIDE	5 - OTH	ER	
1 - NONE USEI		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA		RAPPED		R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE		THE VEHICLE 9 - OTHER / UNKNOWN		DR	UG TEST	TYPE
3 - LAP BELT (ONLY USED	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOTTRAI 2 - EXTRICA			S - SCHOOL BUS T - DOUBLE & TRIPLE	TRAILERS	13 - MECHANICAL DI (SPECIAL BRAK) CONTROLS, OR O	ES, HAND	CONDITION	,	1 - NON 2 - BLOO		
	& LAP BELT USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	MECHAN 3- FREED B	IICAL MEANS		X - TANKER / HAZMAT		ADAPTIVE DEVI	CES)	1 - APPARENTLY NORM		3 - URIN		
5 - CHILD RES FORWARD	TRAINT SYSTEM – FACING	13 - TRAILING UNIT		CHANICAL ME	ANS	GENDER		14 - MILITARY VEHICLE		2 - PHYSICAL IMPAIRM 3 - EMOTIONAL (E.G., DE		4 - OTH	ER	
6 - CHILD RES REAR FACI	TRAINT SYSTEM - NG	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F-FEMALE		AIR BRAKES		ANGRY, DISTURBED)	HESSEU,	Description (NEC		SULT(S)
7 - B00STER S	SEAT	15 - NON-MOTORIST				M - MALE U - OTHER / UNKNOWN		16 - OUTSIDE MIRRO 17 - PROSTHETIC AII		4 - ILLNESS 5 - FELL ASLEEP, FAINT	ED.		PHETAMINES BITURATES	
8 - HELMET U	VE PADS USED	99 - OTHER / UNKNOWN				O THERE ORIGINAL		18-OTHER		FATIGUED, ETC.			ZODIAZEPIN	ES
(ELBOW, KI	NEES, ETC.)									6 - UNDERTHE INFLUE OF MEDICATIONS / D			NABINOIDS	
10 - REFLECTIV										/ALCOHOL 9-OTHER/UNKNOWN		5 - COCA 6 - OPIA	AINE ATES / OPIOID	s
/ BICYCLE 99 - OTHER / UN	ONLY											7 - OTH		70
77 - UINEK/UI	HICHOTTIS											8 - NEG	ATIVE RESUL	-12

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Ū	FOR DEPARTMENT OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER							
_	HNIT 4 NAME-LAST SIDST MUDDLE						DATE OF BIRTH AGE GENDER							
	UNIT # NAME: LAST, FIRST, MIDDLE O2 PINTER, RYLYNN, JAYNE							DATE OF BIRTH AGE GENDER 1 1 1 0 3 2 0 0 6 1 7 F						
F	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
OCCUPANT	693 INMAN ST ,Akron ,OH 44306							Redacted per ORC 149.43(A)(1)						
0	INJURIES 4	INJURED TAKEN BY 1	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
H	UNIT#	NAME: LAS	T, FIRST, MIDDLE				DAT	E OF BIRTH	T	AGE	GENDER			
									1 1 1		1.1.3			
OCCUPANT	ADDRESS	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
00	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT	DOT 0	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		TAKEN BY					USED	DOT-COMPLIANT MC HELMET						
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
E										اللل		نــــــا		
OCCUPANT	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
00	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT	DOT O	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		TAKEN BY	The state of the s		The state of the second		USED	DOT-COMPLIANT MC HELMET						
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
E														
OCCUPANT	ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
000	INJURIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY					ITY (NAME CITY)	ITY (NAME, CITY) SAFETY EQUIPMENT		SEATING POSITION	AIR RAG USAGE	EJECTION	TRAPPED		
	I	TAKEN BY	Lino Asener (NAME)		THOUSE PARENTY. HEDICAL PAGE	irr (tokine, or irr	USED	DOT-COMPLIANT MC HELMET	, and a control	, AIR BAG GSAGE		I I I		
		INJU	JRIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION	EMPLEX:	AIR BAG U	SAGE			
k	1 - FATAL 1 - NONE US					1 - FRONT – LEFT SIDE								
Ĭ	2-SUS	PECTEDSE	RIOUS INJURY		E OCCUPANT DER BELT ONLY USED LT ONLY USED DER & LAP BELT USED SESTRAINT SYSTEM – RD FACING EESTRAINT SYSTEM – RESTRAINT SYSTEM – (MOTORCYCLE DRIV 4 - SECOND – LEFT SID 5 - SECOND – MIDDLE 6 - SECOND – RIGHT SI 7 - THIRD – LEFT SIDE			ER) 2 - DEPLOYED FI						
			NOR INJURY							LOYED SIDE				
Ī		SIBLE INJU		4 - SHOULDI					4 - DEPLOYED BOTH FRONT/SIDE					
	J- 140 A								5 - NOT AP					
	1 - NOT	TRANSPOR	TAKEN BY)E	9 - DEPLOYMENT UNKNOWN					
		EATED AT S		REAR FA	ACING (MOTORCYCLE SIDE			ECAR) EJECTION			0 N			
	2 - EMS			7 - BOOSTER	9 - THIRD – RIGHT SIDE									
	3 - POLI	ICE ER / UNKNO	NAM	8 - HELMET	USED TVE PADS USED	10 - SLEEPER SECTION				RTIALLY EJECTED				
	9-011				KNEES, ETC.)		ENGER IN OTH O AREA (NON-TE		3 - TOTALLY EJECTED 4 - NOT APPLICABLE TRAPPED					
	F - FEMA		NDER	10- REFLECT	TVE CLOTHING		PICK-UP WITH CAP							
Ì	M - MAL			11 - LIGHTIN / BICYCL	G – PEDESTRIAN E ONLY	CARG	OAREA	NCLOSED	1 - NOTTRAPPED					
Ē	U - OTHE	R / UNKNO	WN	99- OTHER /	13 - TRAILING UNIT			EXTERIOR		ATED BY MECHANICAL				
						(NON-	TRAILING UNIT)		MEANS 3 - FREED BY NON-MECHA		CHANIC	NICAL		
							MOTORIST R/UNKNOWN		MEANS		CHANIC	AL		
S	NAME: LA	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
WITNESS										السا				
ΙM	AUDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE .		NV N		
Н	NAME: LA	ST, FIRST, MIDD	ILE					DAT	E OF BIRTH		AGE	GENDER		
ESS									1 1 1		1 1			
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-	NAME	ST, FIRST, MIDD	u E					DAT	E OF BIRTH		AGE	GENDER		
SS	NAME: LA	oi, rikai, MIDU	LL.								AGE	GENDER		
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