| OHIO DEPARTMENT TRAFFIC CRASH | LOCAL REPORT NUMBER* | | | | | | | | | | |
|--|---|---------------------------------|-------------------------------|---|--|-----------------------------------|-------------------------------|---|--|--|--|
| PHOTOS TAKEN OH-2 OH-3 | 2 0 2 2 2 - | $-10_{1}0_{1}0_{1}$ | 1 8 3 0 7 | | | | | | | | |
| SECONDARY CRASH | | NCIC* | HIT/SKIP | NUMBER OF UNITS | UNIT IN ERROR | | | | | | |
| PRIVATE PROPERT | | y of Kent Pol | ice | լ0յ | $6 \downarrow 7 \downarrow 0 \downarrow 3 \rfloor$ | 1 - SOLVED L1 2 - UNSOLVED | <u>0_2</u> | 98 - ANIMAL 99 - UNKNOWN | | | |
| 1 - CITY | CITY, VILLA | GE,TOWNSHIP* | | | | CRASH DATE /T | | CRASH SEVERITY 1 - FATAL | | | |
| 6,7 1 2-VILLAGE Kent | | | | | | 10292020 | | ☐ 2 - SERIOUS INJURY | | | |
| ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH S - S | | ION ROAD NAME | | | ROAD TYPE | LATITUDE DEC | | SUSPECTED 3 - MINOR INJURY | | | |
| | | TER | | · · · · · · · · · · · · · · · · · · · | ST | 41,133 | | SUSPECTED | | | |
| ROUTE TYPE ROUTE NUMBER PREFIX N - NORTI | | RENCE ROAD NAME (RO | DAD, MILEPOST, HO | IUSE #) | ROAD TYPE | LONGITUDE DE | | 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE | | | |
| S R 261 E-EAST W-WEST | r] | | | | $-81_{0}358_{1}$ | 3,2,0 | ONLY | | | | |
| FROM REFERENCE | | | | | | | NTERSECTION RE | · | | | |
| 2-MILE DOST A C COUTTY | | RAL US ROUTE | AV - AVENUE | LA - LANE | RD - ROAD SQ - SQUARE | WITHIN INTER | RSECTION OR ON AP | PROACH | | | |
| W-WEST S | R - STATE | ROUTE | BL - BOULEVARD CR - CIRCLE | | ST - STREET TE - TERRACE | WITHIN INTER | RCHANGE AREA | NUMBER OF APPROACHES | | | |
| FROM REFERENCE UNIT OF MEASURE | | ERED COUNTY ROUTE ERED TOWNSHIP | | | TL -TRAIL | ROADWAY | | | | | |
| 1 0 0 2 2-FEET 13-YARDS | ROUTE | | | PI - PIKE PL - PLACE | WA - WAY | ROADWAY DIV | IDED | | | | |
| LOCATION OF FIRST HARMFUL EV | ENT | | MANNER OF CRASH | | ACT | DIRECTION OF TRAVE | | EDIAN TYPE | | | |
| 1 - ON ROADWAY 9 - CROSSOV | /ER | 1- | NOT COLLISION 4 | - REAR-TO-REAR | | N - NORTH | | DED FLUSH MEDIAN | | | |
| 0 1 2-ON SHOULDER 10-DRIVEW 3-IN MEDIAN 11-RAILWA | | POSCINO 7 | TWO MOTOR | - BACKING - ANGLE | | S-SOUTH E-EAST | 11 1 | (4 FEET) VIDED FLUSH MEDIAN | | | |
| 4 - ON ROADSIDE 12 - SHARED 5 - ON GORE TRAILS | USE PATI | HS OR | TRANSPORT 7 | - SIDESWIPE, SAI | | W-WEST | (≥4 | ≥4 FEET) | | | |
| 6-OUTSIDE TRAFFIC WAY 13-BIKE LA | | 1 | | - SIDESWIPE, OPF - OTHER / UNKNO | | | 4 - DIVI | DED, DEPRESSED MEDIAN DED, RAISED MEDIAN | | | |
| 7-ON RAMP 14-TOLL BO 8-OFF RAMP 99-OTHER / | | N | | | | | | /TYPE) ER/UNKNOWN | | | |
| WORK ZONE RELATED | WOR | K ZONE TYPE | LOCATIO | N OF CRASH IN W | ORK ZONE | CONTOUR | CONDITIONS | SURFACE | | | |
| | 1-LANE | CLOSURE | I | BEFORE THE 1ST | | 1 1 | . 1 | 2 | | | |
| | | SHIFT/CROSSOVER ON SHOULDER | 2- | WARNING SIGN ADVANCE WARN | ING AREA | 1 - STRAIGHT LEVEL | 1 - DRY | 1 - CONCRETE | | | |
| LAW ENFORCEMENT PRESENT | OR ME | DIAN MITTENT OR MOVING V | | TRANSITION ARE ACTIVITY AREA | ΞA | 2 - STRAIGHT GRADE | 2 - BLACKTOP, BITUMINOUS, | | | | |
| | 5 - OTHER | | | TERMINATION A | REA | 3 - CURVE LEVEL | ASPHALT | | | | |
| LIGHT CONDITION | *************************************** | WE | ATHER | | | 4 - CURVE GRADE 9 - OTHER/UNKNOWN | 4 - ICE 5 - SAND, MUD, DIF | 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, | | | |
| 1 - DAYLIGHT 1 2 - DAWN/DUSK | | 1-CLEAR 2-CLOUDY | 6-SNOW | CROSSWINDS | | | OIL, GRAVEL STONE | | | | |
| 3 - DARK - LIGHTED ROADWAY | <u>0</u> | | MOKE 8-BLOWING | G SAND, SOIL, DIR | | | MOVING) | 9 - OTHER/UNKNOWN | | | |
| 4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTI | NG | 4 - RAIN 5 - SLEET, HAIL | 9 - FREEZIN 99 - OTHER | IG RAIN OR FREE: / Unknown | ZING DRIZZLE | | 7 - SLUSH 9 - OTHER/UNKNO | | | | |
| 9 - OTHER / UNKNOWN | | | | | | | 9 - OTHER/UNKNO | WN | | | |
| NARRATIVE | | | | | | | | Indicate the north | | | |
| UNITS 1 AND 2 WERE STOR | PED | AT THE RED | | | | | < | an "N" on the compass diagram. | | | |
| LIGHT WB ON ST. RT. 261 | INTE | IE TWO | | | | | | y vanipus ungrum. | | | |
| LEFT TURN LANES, WHE | | | DATEN | ł | | | | | | | |
| | | | | | | | | | | | |
| GREEN, BOTH UNITS 1 AN | | | | | | | Eis (T) | ·) | | | |
| TO GO SB ON S. WATER S' | T. TH | E DRIVER O | F | | S.R | 261 | AS AST TO S | 2374.5 | | | |
| UNIT 2 ATTEMPTED TO C | HAN | GE INTO TH | E | | | TRAVIC NO | _Unit 1 | | | | |
| CURB LANE AND STRUCK | K UNI | Т 1. | | | | 2 TRANSIC 110 | Unit 2 | | | | |
| | | | | - | | S.WATERST. | ↑ (s.R. 26 | 1 | | | |
| | | | | - | | S | | | | | |
| | | | | | | 1 1 11 | 1 1 1 | | | | |
| | | | | 1 | | | | | | | |
| | | | | | | | | | | | |
| CRASH REPORTED DATE / TIME | | TCH DATE / TIME | | RIVAL DATE / TIN | | SCENE CLEARED | | REPORT TAKEN BY POLICE AGENCY | | | |
| 1,0,2,9,2,0,2,2,/,1,1,5,4,1,0 | | | 0.6.1.0.2.9 | | | | 2,/,1,2,2,5 | MOTORIST | | | |
| | OTAL Nutes | officer's name* Burton, San | nantha L | CHECKED BY OFFICER'S NAME* Ennemoser, James | | | | SUPPLEMENT | | | |
| | | | 'S BADGE NUMBER | 1 ' | | | | (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) | | | |
| 0 0 0 0 3 0 0 | 5,9 | 2 5 | 1 | | 2 5 | 5 5 | | | | | |

LOCAL REPORT NUMBER 2 | 0 | 2 | 2 | - | 0 | 0 | 0 | 1 | 8 | 3 | 0 | 7 | UNIT # OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER)

O 1 1 GUTIERREZ, GABRIEL, JUAN OWNER PHONE: INCLUDE AREA CODE (XI SAME AS DRIVER DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (XI SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 2044 BULL DR ,Brimfield Twp ,OH 44240 __ 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 <u>|4|T|1|B|K1|F|K1|C|U5|1|8|4|3|5</u> O H JVN4475 $2 \cdot 0 \cdot 1 \cdot 2$ | Toyota INSURANCE COMPANY
VERIFIED SAFT ATTENT **INSURANCE POLICY #** COLOR VEHICLE MODEL OH01524281A-10 BLK **CAMRY** TYPE of USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS INTERLOCK MATERIAL CLASS # PLACARD ID # RELEASED 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. HIT/SKIP UNIT DEVICE 0_{1} PLACARD] 3 - >26K LBS. 1 - PASSENGER GAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18-LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 0 1 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 13-SNOWMOBILE 19-BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 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 5 - CARGO VAN BICYCLE 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? 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 0 AUTONOMOUS 2 - PARTIAL AUTOMATION ___ 1-YES 2-NO 9-OTHER/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 12 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE 12 - CONCRETE MIXER / NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGO TANK 13 - AUTO TRANSPORTER CARGO 2.BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14 - GARBAGE/REFUSE 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99-OTKER/UNKNOWN 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICKTIRES 9 - MOTOR TROUBLE 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 LOCATION AT IMPACT CROSSWALK 5 -TRAVEL LANE -- OTHER LOCATION TRAILS -UNIT NOT AT SCENE [16] 1 - NON-CONTACT 1 - STRAIGHT AHEAD 13-NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE 7 - MAKING U-TURN INITIAL POINT OF CONTACT 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14-ENTERING OR CROSSING 0 6 3 - CHANGING LANES 4 3-STRIKING 0 - NO DAMAGE 14 - UNDERCARRIAGE SPECIFIED LOCATION 19-STANDING 9 - LEAVING TRAFFIC LANE $0_{1}7_{1}$ 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 15 - WALKING, RUNNING, ACTION 4- STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 20 - OTHER NON-MOTORIST 10-PARKED DIAGRAM 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN JOGGING, PLAYING 99 - HNKNOWN 21 - STANDING OUTSIDE 11 - SLOWING OR STOPPED 13 - TOP 16-WORKING DISABLED VEHICLE & STRUCK INTRAFFIC 6 - MAKING LEFT TURN 9-OTHER/UNKNOWN 17-PUSHING VEHICLE 99 - 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 EQUIPMENT 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 23 - ÖPENING DOOR INTO 10_{1} 2 - TW0-WAY 2 - SIGNAL 5 - YIELD SIGN ILLEGALLY 6 3-FLASHER 19 - LOAD SHIFTING/FALLING/ ROADWAY 4 - RAN STOP SIGN 10-IMPROPER PASSING 15 - SWERVING TO AVOID 6 - NO CONTROL CONTRIBUTING 5 - UNSAFE SPEED CIRCUMSTANCES 5 - UNSAFE SPEED SPILLING 99 - OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20-IMPROPER CROSSING 6 - IMPROPERTURN # of THROUGH LANES RAIL GRADE CROSSING 12-IMPROPER BACKING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2 - INVOLVED-ACTIVE CROSSING 4 NON-COLLISION 1 - OVERTURN/ROLLOVER 22 - WORK ZONE MAINTENANCE EQUIPMENT 3 - INVOLVED-PASSIVE CROSSING 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE -16-RAILWAY VEHICLE OPPOSITE DIRECTION OF 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 17 - ANIMAL -- FARM 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 19-ANIMAL - OTHER ↓ 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 FROM 3 TO 2 TRANSPORT 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 50 - WORK ZONE MAINTENANCE 25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB / 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 <u>0</u>_2,0, 1 — 27 - BRIDGE PIER OR ABUTMENT 40 - UTILITY POLE ┘ 2 - CALCULATED/EDR BARRIER 47 - MAILBOX 53 - TUNNEL 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54 - OTHER FIXED OBJECT 48-TREE 3 - UNDETERMINED POSTED SPEED 1 29-BRIDGE RAIL BARRIER OR SUPPORT

99 - OTHER / UNKNOWN

13 15 1

49-FIRE HYDRANT

30 - GUARDRAIL FACE

☐ FIRST HARMFUL EVENT

36 - MEDIAN OTHER BARRIER

42-CULVERT

1 MOST HARMFUL EVENT

| OHIO DEPARTMENT OF PUBLIC SAFETY UNIT | | | | | | | LOCAL REPORT NUMBER 2 + 0 + 2 + 2 + 2 + 2 + 0 + 0 + 0 + 0 + | | | | | |
|--|--|--|--|--|---------------------------------|---|---|----------------|---|--|--|--|
| UNIT # OWNER NAME: LAST, FIRST, MIDDLE (∑SAME AS ORIVER) O _ 2 RICE, OSCAR, W | | | | | ER PHONE: INC. II | DE TARET CUDE ([A] SYMEYS UDINEDA | DAMAGE DAMAGE SCALE | | | | | |
| | DRESS: STREET, CITY, STATE, | | H 44241 | | | | 1 - NONE 3 - FUNCTIONAL DAMAGE 2 2 - MINOR DAMAGE 4 - DISABLING DAMAGE | | | | | |
| | IAL CARRIER: NAME, ADDR | | | Co | MMERCIAL CARRIER I | PHONE: INCLUDE AREA CODE | 9 - UNKNOWN | | | | | |
| | LICENSE PLATE# | VEHICLE | IDENTIFICATION # | | VEHICLE YE | 、 | DAMAGED AREA(S) INDIGATE ALL THAT APPLY | | | | | |
| | 236YJL Insurance comp | | $_{\parallel}\mathbf{J}_{\parallel}\mathbf{X}_{\parallel}9_{\parallel}\mathbf{E}_{\parallel}1_{\parallel}4_{\parallel}8_{\parallel}$ | 6 ₁ 8 ₁ 6 ₁ | COLOR | Chevrolet VEHICLE MODEL | 11 12 | | 11 12 | | | |
| INSURAN VERIFII | STATE FAI | | 069584-SFP-35 | | GRY | SILVERAD | | 2 | 10 12 1 | | | |
| COMME | - | IN EMERGENCY LL | US DOT # | TOWED BY: COMPANY NAME HAZARDOUS MATERIAL | | | 9 9 3 | 3 | 9 10 2 3 3 | | | |
| INTERL | : HIT/SKIP UNIT | #UCCUPANIS | IICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS | | MATERIAL C | US MATERIAL SLASS # PLACARD ID # | 8 7 6 b | 7, | 8 7 5 4 | | | |
| | | | 3 - >26K LBS. 12-GOLF CART | | PLACARD L IVERY VEHICLE) | 23 - PEDESTRIAN / SKATER | 7 6 5 | 11/1 | 12 7 6 5 | | | |
| <u> U 4</u> | 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE | | 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK | 19-BUS (16 20-OTHER \ | + PASSENGERS) /EHICLE | 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST | 10/ | 11 10 | 1 2 | | | |
| UNITTYPE | 4 - PICK UP 5 - CARGO VAN | D101/01 # | 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT | 21 - HEAVY EQUIPMENT 26 - BICYCLE 22 - ANIMAL WITH RIDER OR 27 - TRAIN | | | 9 9 3 | | | | | |
| | 0 - YAN (7-13 GCA)3) | 13 ALL TENS STRINGINGS P | 17 - MOTORHOME | | -DRAWN VEHICLE | 99 - UNKNOWN OR HIT/SKIP | 8 | < ⁷ | 6 6 | | | |
| | # of TRAILING UNITS WAS VEHICLE OPERATING IN AU | TONOMÓNO | O - NO AUTOMATION | 2 000017 | ONAL AUTOMATION | O DECIMAND | 11 12 1 | 7 | 6 11 12 1 | | | |
| , 2 , | MODE WHEN CRASH OCCURRED 1-YES 2-NO 9-OTHER/UNKN | ? | 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION | 4 - HIGH AU 5 - FULL AU | TOMATION | A - ONVNOMN | 10 11 1 | 2 | 10 1 1 2 | | | |
| <u> </u> | | MODE LEVEL | 11-FIRE | 16-FARM | TOMATION | OL MAIL CARRIED | 9 3 | 3 | 9 9 3 3 | | | |
| .0 ,1 | 2 - TAXI | 7 - BUS INTERCITY | 12 - MILITARY | 17 - MOWING | | 21 - MAIL CARRIER 99 - Other / Unknown | 8 7 6 | 4 | 8 7 6 4 | | | |
| | | 9 - BUS - OTHER | 13 - POLICE 14 - PUBLIC UTILITY | 18-SNOW REMOVAL 19-TOWING | | | 7 6 5 | | 7 6 5 | | | |
| | 5 - BUS - TRANSIT/COMMUTER 1 - NO CARGO BODY TYPE | 10-AMBULANCE 3 - VEHICLE TOWING ANOTHER | 5 - INTERMODAL CONTAINER | 20-SAFETY 8 - POLE | SERVICE PATROL | 12 - CONCRETE MIXER | <u> </u> - | 12 | 12 12 | | | |
| O 1 CARGO | /NOT APPLICABLE 2 - BUS | MOTOR VEHICLE 4 - LOGGING | CHASSIS 6 - CARGO VAN/ENCLOSED BOX | 9 - CARGOT 10-FLAT BI | | 13 - AUTO TRANSPORTER | 2 12 n | # | | | | |
| BODY TYPE | | | 7 - GRAIN/CHIPS/GRAVEL | 11-DUMP | EU | 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN | | 9 | = 3 9 2 3 9 3 3 | | | |
| VEHICLE | 1 - TURN SIGNALS 2 - HEAD LAMPS | 4 - BRAKES 5 - Steering | 7 - WORN OR SLICKTIRES 8 - Trailer Equipment | 9 - MOTOR | TROUBLE Ed from prior | 99 - OTHER / UNKNOWN | 6 | | | | | |
| DEFECTS | 3 - TAIL LAMPS | 6 - TIRE BLOWOUT | DEFECTIVE | ACCIDE | NT | | ☐ - NO DAMAG | 6 [0] | 6 □ - UNDERCARRIAGE [14] | | | |
| | CROSSWALK | 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED | 6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE | 9 - MEDIAN 10-DRIVEV | /CROSSING ISLAND VAY ACCESS | 12 - FIRST RESPONDER AT INCIDENT SCENE | TOP [13] | | - ALL AREAS [15] | | | |
| LOCATION AT IMPACT | 2-INTERSECTION - UNMARKED CROSSWALK | CROSSWALK 5 -TRAVEL LANE - OTHER LOCATION | 8 - SIDEWALK | 11-SHARED USE PATHS OR 59-OTHER / UNKNOWN TRAILS | | U- UNIT NOT AT SCENE [16] | | | | | | |
| | | 1 - STRAIGHT AHEAD 2 - BACKING | 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE | | IATING A CURVE | 18 - APPROACHING OR LEAVING VEHICLE | INI | TIAL PO | INT of CONTACT | | | |
| | 3-STRIKING U 3 | 3 - CHANGING LANES | 9 - LEAVING TRAFFIC LANE | SPECIF | TED LOCATION | 19 - STANDING 20 - OTHER NON-MOTORIST | 0 - NO DAI 0 1 1-12 - REF | | 14 - UNDERCARRIAGE NIT 15 - VEHICLE NOT AT SCENE | | | |
| ACTION | 5- BOTH STRIKING ACTIONS & STRUCK | 5 - MAKING RIGHT TURN | 10 - PARKED 11 - SLOWING OR STOPPED | DATVA 14 DAIDOOL | | 21 - STANDING OUTSIDE DISABLED VEHICLE | 13 - TOP | GRAM | 99 - UNKNOWN | | | |
| | 9-OTHER/UNKNOWN | 6 - MAKING LEFTTURN | IN TRAFFIC 12 - DRIVERLESS | 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN | | | | T/R | AFFIC | | | |
| | 1 - NONE 2 - FAILURE TO YIELD | 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA | | | OBSTRUCTION Ting defective | 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE | TRAFFICWAY FLOW | | TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN | | | |
| <u>.0,9</u> | 3 - RÁN RED LIGHT 4 - RAN STOP SIGN | 9-IMPROPER LANE CHANGE 10-IMPROPER PASSING | 14 - STOPPED OR PARKED Illegally | EQUIPM 19-LOADS | MENT HIFTING/FALLING/ | 23 - OPENING DOOR INTO ROADWAY | 2 - TWO-WAY | | 6 2 - SIGNAL 5 - YIELD SIGN | | | |
| CONTRIBUTING CIRCUMSTANCE | 5 - UNSAFE SPEED 6 - IMPROPER TURN | 11 - DROVE OFF ROAD 12 - IMPROPER BACKING | 15 - SWERVING TO AVOID 16 - WRONG WAY | SPILLI 20-IMPRO | NG Per crossing | 99 - OTHER IMPROPER ACTION | # of THROUGH LANES | | 3 - FLASHER 6 - NO CONTROL RAIL GRADE CROSSING | | | |
| SEQUENCE | OF EVENTS | AL-100 NOT UN DAVING | | | | | ON ROAD | | 1 - NOT INVOLVED | | | |
| 1 2 0 | 1 - OVERTURN/ROLLOVER | 6 - EQUIPMENT FAILURE | NON-COLLISION 11-CROSS CENTERLINE OPPOSITE DIRECTION OF | 16-RAILW | | 22 - WORK ZONE MAINTENANCE | . 4 | | 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING | | | |
| | 2 - FIRE/EXPLOSION 3 - IMMERSION | 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT | TRAVEL 12 - DOWNHILL RUNAWAY | 17 - ANIMA 18 - ANIMA | L - DEER | EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR | UNIT | NON-MO | DTORIST DIRECTION 1 - NORTH 5 - NORTHEAST | | | |
| 2 | 4 - JACKKNIFE 5 - CARGO / EQUIPMENT | 9 - RAN OFF ROAD LEFT 10-cross median | 13 - OTHER NON-COLLISION 14 - PEDESTRIAN | | L — OTKER Vekicle in Port | ANYTHING SET IN MOTION BY A MOTOR VEHICLE | FROM 3 T | . 2 | 2 - SOUTH 6 - NORTHWEST | | | |
| 3 📖 | LOSS OR SHIFT | 00111810 | 15-PEDALCYCLE N WITH FIXED OBJEC | 21-PARKE | D MOTOR VEHICLE | 24 - OTHER MOVABLE OBJECT | FROM ST | U | 4 - WEST 8 - SOUTHWEST | | | |
| 41 | 25 - IMPACT ATTENUATOR / CRASH CUSHION | 31-GUARDRAIL END 32-PORTABLE BARRIER | 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST | 43 - CURB 44 - DITCH | vun | 50 - WORK ZONE MAINTENANCE EQUIPMENT | UNIT SPEED | | 9 - OTHER / UNKNOWN | | | |
| | 26 - BRIDGE OVERHEAD STRUCTURE | 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL | 39-LIGHT/LUMINARIES SUPPORT | 45 - EMBAN 46 - FENCE | | 51 - WALL 52 - BUILDING | 0 1 2 1 0 | | DETECTED SPEED 1 - STATEO / ESTIMATED SPEED | | | |
| 5 | 27 - BRIDGE PIER OR ABUTMENŢ 28 - BRIDGE PARAPET | BARRIER 35 - MEDIAN CONCRETE | 40 - UTILITY POLE 41 - OTHER POST, POLE | 47 - MAILB 48 - TREE | | 53 - TUNNEL 54 - OTHER FIXED OBJECT | | | 2 - CALCULATED / EDR | | | |
| 6 | 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | BARRIER 36-MEDIAN OTHER BARRIER | OR SUPPORT 42 - CULVERT | 49-FIRE H | IYDRANT | 99-OTHER/UNKNOWN | POSTED SPEED | | 3 - UNDETERMINED | | | |

_____1__ MOST HARMFUL EVENT

3 5

| OFF PUBLIC SAFETY MOTORIST / NON-MOTORIST | | | | | | | LOCAL REPORT NUMBER | | | | | | | | | |
|---|--|-------------------------------|---|----------------------------|---|------------------------------------|-------------------------------------|--|---|--|--------------------------|---|------------------------|---|--|--|
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| | 0,1, GUTIERREZ, GABRIEL, JUAN ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | 0.7.3.1.1.9.8.3.3.9. | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 2044 BULL DR, Brimfield Twp, OH 44 INJURIES INJURED EMS AGENCY (NAME) TAKEN BY OL STATE OPERATOR LICENSE NUMBER OL CLASS ENDORSEMENT I DESTRICTION SELECTION | | | | | | 1240 | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
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| a . C |), H , | | | | | | ALCOHOL / DRUG SUSPECTED | | | | | | | ļ | | |
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| | | STREET, CITY, STA | • | | *************************************** | | | | | | | E - INCLUDE AREA C | | | M | |
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| g AD | DRESS: | STREET, CITY, ST | ATE, ZIP | - | | | | ···· | ······································ | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
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| | | | | <u> </u> | | | | L | | | | | L | أـــالـــا | | |
| 1 - FA | Colored to | JRIES | SEATING POSITION 1.FRONT-LEFT SIDE | 1 - NOT DEF | IR BAG | 080% C SV | OL CLAS | S Sangar | OL RESTRIC | A A THE BOOK CALL | DR | IVER DISTRAC | TION | TEST ST | ATUS | |
| 1.00 | 人 能,登代的 | SERIOUS INJURY | (MOTORCYCLE DRIVER) | 2 - DEPLOY | | | 2 - CLASS B | | 1 - ALCOHOL INTER 2 - CDL INTRASTAT | 100 | 2-1 | MANUALLY OPERATIN | | 1 - NONE GIVEN 2 - Test refused | | |
| 1.65 | 100 | MINOR INJURY | 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE | 3 - DEPLOY | | | 3 - CLASS C | | 3 - CORRECTIVE LI | ENSES | ં | LECTRONIC COMMUI EVICE (TEXTING, TY | | 3 - TEST GIVEN, CO SAMPLE / UNU | | |
| | ISSIBLE IN Apparen | VJURY It injury | 4 - SÉCOND - LEFT SIDE | 4 - DEPLOY 5 - NOT APP | EO BOTH FR Licable | ON 1 / SIDE | 4 - REGULAR CLASS (OHIO = D) | | 4 - FARM WAIVER 5 - EXCEPT CLASS | A BUS | 177 600 |)IALING) Alking on Hands-F | OFF | 4 - TEST GIVEN, R | 医乳腺硬脂 经补充 | |
| IN | IIIDEN | TAKEN BY | (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE | 9 - DEPLOY | MENT UNKN | IOWN | 5 - M/C MOPED ONLY | | 6 - EXCEPT CLASS | A | 1 (| COMMUNICATION DEV | /ICE | 5 - TEST GIVEN, R UNKNOWN | ESULTS : | |
| 1.10 | T TRANSF | ORTED | 6 - SECOND - RIGHT SIDE | | 6 - NO VALIO OL & CLASS B BU 7 - Except traci | | | | 4 - TALKING UN HANU-HELD | | | | EST TYPE | | | |
| 2 - El | REATED A | T SCENE | 7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR) | 1 - NOT EJE | JECTION CTED | 域抗菌 | OL ENDORSE | (MIENN) | 8 - INTERMEDIATE RESTRICTIONS | | | THER ACTIVITY WIT Lectronic Device | | 1 - NONE | | |
| .3 - P(| SERVICE A | | 8-THIRD - MIDDLE 9-THIRD - RIGHT SIDE | 2 - PARTIAI | ILLY EJECTED M - MOTORCYCLE 9 - LEARNER'S PI | | | | RMIT | C. T. S. S. W. | PASSENGER | | 2 - BLOOD 3 - URINE | | | |
| 9-01 | THER / UNI | KNOWN | 10 - SLEEPER SECTION | 3 - TOTALLY 4 - NOT APP | YEJECTED P-PASSENGER RESTRICTION | | | | 10 - LIMITED TO DA | 1.00 | A | OTHER DISTRACTION Inside the vehicle | | 4 - BREATH | | |
| | Acres Adapti | QUIPMENT | OF TRUCK CAB 11 - PASSENGER IN OTHER | | | | Q - MOTOR SCOOTER 11 - LIMITED TO E | | | Action to the second | | OTHER DISTRACTION THE VEHICLE | OUTSIDE | 5 - OTHER | | |
| 1 18 3 2 3 | ONE USED Houlder | BELT ONLY USED | ENCLOSED CÀRGO AREA (NON-TRAILING UNIT, BUS, | 1-NOTTRA | RAPPED APPED | | R - THREE-WHEEL N S - School Bus | 10TORCYCLE | 12 - LIMITED - OTH 13 - Mechanical I | Sec. 1997.19 | 9-1 | 9-OTHER/UNKNOWN | | DRUG TES | TTYPE | |
| 100 | | NLY USED | PICK-UP WITH CAP) | 2 - EXTRIC | ATED BY Nical Mean | ıe | T DOUBLE & TRIPL | E TRAILERS | (SPECIAL BRAI | | | CONDITION | A 9897 | 1 - NONE 2 - Blood | | |
| 5. CHILD RESTRAINT SYSTEM _ CARGO AREA 3-FREEDE | | BY | | X - TANKER / HAZMA | τ ` . | ADAPTIVE DEV 14 - MILITARY VEH | VICES) 1 - APPARENTLY NORMAL | | | | 3 - URINE | | | | | |
| 27 7 792 | RWARD F | ACING Traint system – | 13-TRAILING UNIT 14-RIDING ON VEHICLE EXTERIOR | NUN-ME | CHANICAL I | MEANS | GENDE | R | 15 - MOTOR VEHICL | CONTACTOR | 3 - | PHYSICAL IMPAIRME EMOTIONAL (E.G., DEP | Company Com | 4-OTHER | | |
| R | EAR FACIN | l G | (NON-TRAILING UNIT) | | | | F-FEMALE M-MALE | | AIR BRAKES 16 - OUTSIDE MIRR | lor. | | NGRY, DISTURBED) LLNESS | | DRUG TEST 1-AMPHETAMIN | N | |
| 1 1 | OOSTER SI Elmet us | A State of the state of | 15 - NON-MOTORIST | | | | U - OTHER / UNKNOW | 'n | 17 - PROSTHETIC A | AID 5-F | | ELL ÁSLEEP, FÁINTE | D, | 2 - BARBITURATE | | |
| 9 P | ROTECTIV | E PADS USED | | | reside Region | | | | 18-OTHER | | 1 - 3 1 1 1 1 1 1 1 | ATIGUED, ETC. INDERTHE INFLUEN | ICE | 3 - BENZODIAZER | Control of the Contro | |
| 100 | | IEES, ETC.) E CLOTHING | | | | | | | | | | OF MEDICATIONS / DR ALCOHOL | | 4 - CANNABINOID 5 - COCAINE | 0 | |
| 11-1 | | PEDESTRIAN | | | | | | | | | 1. 计机场 | OTHER/UNKNOWN | | 6-OPIATES/OPI | OIDS | |
| 280 | THER/UN | | | | | | | | | | | | | 7 - OTHER 8 - NEGATIVE RE | SULTS | |

| OCCUPANT / WITNESS ADDENDUM | | | | | | | LOCAL REPORT NUMBER | | | | | | | |
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| <u> </u> | | STREET, CITY, | , | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | |
| 74 DO | | | L DR ,Streetsb | | 1 | | _ | | | | | | | |
| ä | | INJURED TAKEN | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY | (NAME, CITY) | SAFETY EQUIPMENT USED | DOT-COMPLIANT | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | |
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| ; ;;;- | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | |
| OCCUPAN | AUURESS: | STREET, CITY, | STATE, ZIP | GUNTAGT PHONE - INCLUDE AREA CODE | | | | | | | | | | |
| 8- | INJURIES | INJURED TAKEN | EMS Agency (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY | SAFETY EQUIPMENT USED | DOT-COMPLIANT | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | |
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| Ę. | ADDRESS | STREET, CITY, | STATE 7ID | | | | - | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
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| Z | ADDRESS | STREET, CITY | STATE 71P | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | |
| OCCUPAN | | DRESS: STREET, CITY, STATE, ZIP | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| ä | INJURIES | INJURED TAKEN | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILIT | Y (NAME, CITY) | SAFETY EQUIPMENT USED | DOT-COMPLIANT | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | |
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| | 2 - SUSPECTED MINOR INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 5 - NO APPARENT INJURY 5 - OF APPARENT INJURY 6 - OF APPARENT INJURY 7 - OF APPARENT INJURY 8 - OF APPARENT INJURY 9 - OF APPARENT INJURY 10 - OF APPARENT INJURY 11 - OF APPARENT INJURY 11 - OF APPARENT INJURY 12 - OF APPARENT INJURY 13 - OF APPARENT INJURY 14 - OF APPARENT INJURY 15 - OF APPARENT INJURY 16 - OF APPARENT INJURY 17 - OF APPARENT INJURY 18 - OF APPARENT INJURY 18 - OF APPARENT INJURY 19 - OF APPARENT INJURY 19 - OF APPARENT INJURY 10 - OF APPARENT INJURY 11 - OF APPARENT INJURY 11 - OF APPARENT INJURY 12 - OF APPARENT INJURY 13 - OF APPARENT INJURY 14 - OF APPARENT INJURY 15 - OF APPARENT INJURY 16 - OF APPARENT INJURY 17 - OF APPARENT INJURY 18 - OF APPARENT INJURY 18 - OF APPARENT INJURY 19 - OF APPARENT INJURY 19 - OF APPARENT INJURY 19 - OF APPARENT INJURY 10 - OF APPARENT INJ | | | 2 - SHOULDE 3 - LAP BEL 4 - SHOULDE 5 - CHILD RE FORWAR 6 - CHILD RE REAR FA 7 - BOOSTEF 8 - HELMET 9 - PROTECT (ELBOW, | R SEAT USED IVE PADS USED KNEES, ETC.) IVE CLOTHING G – PEDESTRIAN E ONLY | 2 - FROM 3 - FROM 4 - SECO (MOT 5 - SECO 7 - THIR (MOT 8 - THIR 10 - SLEE 11 - PASS CARC BUS, 12 - PASS CARC 13 - TRAI 14 - RIDI (NOM 15 - NOM | ORCYCLE DRIV IT - MIDDLE IT - RIGHT SID ND - LEFT SID ORCYCLE PASS ND - MIDDLE IND - RIGHT SID ORCYCLE SIDE D - MIDDLE D - RIGHT SID IND - RIG | E E ENGER) DE CAR) E OF TRUCK CAB ER ENCLOSED RAILING UNIT, P) ENCLOSED | 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAMEANS 3 - FREED BY NON-MECHANICAMEANS | | | | | |
| | NAME: LA | AST, FIRST, MID | DLE | Helifeldeterki <u>j. </u> | | Heliele A. | | DA' | TE OF BIRTH | 18.13.6.6 | AGE | GENDER | | |
| WITNESS | ADDRESS | - OTDEET **- | ANTATE TIP | | | | | CONTACT SUCCE | | | | | | |
| MIT | ADDRESS | S: STREET, CITY | Y, STATE, ZIP | | | | | CONTACT PHONI | E - INCLUDE AREA C | ODE | | 1 1 | | |
| | NAME: LAST, FIRST, MIDDLE | | | | | | | DATE OF BIRTH AGE GENDER | | | | | | |
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| 1 | ADDICES STREET, STITT, STATE, ALP | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
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