OFF PUBLIC SAFETY TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT									LOCAL REPORT NUMBER*					
DHOTOS TAKEN	PHOTOS TAKEN OH-2 OH-3 LOCAL INFORMATION							2,0,2,0,-,0,0,0,0,1,3,4,						
X OH-1P OTHER REPORTING AGENCY NAME*							NCIC*	HIT/SKIP	NUMBER OF UNITS					
PRIVATE PROPERTY CITY OF KENT POLICE						0,	6,7,0,3	1 - SOLVED	0 2	0 2 98 - ANIMAL				
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP* 6 7 1 2-VILLAGE Kent								CRASH DATE / TIME* CRASH SEVERITY						
3-	TOWNSHIP						-	[0,1,0,2,2,0,2,0]	1605	2 - SERIOUS INJURY				
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 3-EAST SUZANNE DR.									IMAL DEGREES	SUSPECTED				
	4-	WEST	SUZANNE				DR	4,1,1,5,5	3 - MINOR INJURY SUSPECTED					
ROUTE TYPE ROUTE NU	2-	SOUTH [REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)				ROAD TYPE	LONGITUDE DE	CIMAL DEGREES	4 - INJURY POSSIBLE				
		WEST 2	147					-81.384	6 3 0	5 - PROPERTY DAMAGE ONLY				
REFERENCE POINT 1 - INTERSECTION	DIRECTION FROM REFERENCE	IR - I	ROUTE TYPE		AL - ALLEY	ROAD TYPE HW-HIGHWAY F	RD - ROAD		INTERSECTION RI					
3 2-MILE POST	2-MILE POST 2-SOUTH US-FEDERAL US ROUTE AV - AVENUE						Q - SQUARE	WITHIN INTERSECTION OR ON APPROACH						
	4 - WEST SR - STATE ROUTE BL - BOULEVARD MP - MILEPOS							WITHIN INTERCHANGE AREA NUMBER OF APPROACHE						
DISTANCE FROM REFERENCE	EFERENCE UNIT OF MEASURE ON THOMBERED COUNTY ROUTE CT - COURT PK - PARKWAY TL - TRAIL							ROADWAY						
	1 - MILES TR - NUMBERED TOWNSHIP DR - DRIVE PI - PIKE WA - WAY 2 - FEET ROUTE								ROADWAY DIVIDED					
LOCATIO	N OF FIRST HARME		•			H COLLISION/IMPA	CT							
1 - ON ROADWA	AY 9 - CF	ROSSOVER		1 - N	OT COLLISION	- REAR-TO-REAR		DIRECTION OF TRAVE		MEDIAN TYPE TIDED FLUSH MEDIAN				
0 1 2-ON SHOULD			ALLEY ACCESS ADE CROSSING	, I , T	wo matar	- BACKING - ANGLE		2-SOUTH	4 FEET) /IDED FLUSH MEDIAN					
4 - ON ROADSII		HARED USE	E PATHS OR	Т	RANSPORT	7 - SIDESWIPE, SAM		3- EAST 4- WEST	4 FEET 1					
5 - ON GORE 6 - OUTSIDE TE	RAFFIC WAY 13-B	IKE LANE		1		3 - SIDESWIPE, OPPO 3 - OTHER / UNKNO			1	VIDED, DEPRESSED MEDIAN VIDED, RAISED MEDIAN				
7 - ON RAMP 8 - OFF RAMP		OLL BOOTH THER / UNK								NY TYPE) HER/UNKNOWN				
	TED		WORK ZONE TY	DF	LOCATIO	N OF CDACH IN W	1DV 70NE	CONTOUR	CONDITION					
	1 - LANE CLOSURE 1 - BEFORE THE 1ST WORK ZON							1 1	1 2					
WORKERS PRESE			ANE SHIFT/CRO: VORK ON SHOULI		2	WARNING SIGN - ADVANCE WARNII	NG AREA	1 - STRAIGHT LEVEL						
LAW ENFORCEME	NT PRESENT L		R MEDIAN			TRANSITION AREA	A	2 - STRAIGHT GRADE	2-WET	2 - BLACKTOP,				
ACTIVE SCHOOL Z	ONE		THER	IN INDVING WO	1	TERMINATION AR	EA	3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT				
LIGHT	CONDITION		-	WEA	THER			4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE	3 - BRICK/BLOCK				
1 - DAYLIGHT			1 - CL		6 - SNOW			7 - OTHEROUNKHOWN	OIL, GRAVEL	STONE				
2 - DAWN/DUSH 3 - DARK - LIGH		0 2 - CLOUDY 7 - SEVERE CROSSWINDS 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT				6 - WATER (S' MOVING)		ואוע - כ						
4 - DARK – ROA 5 - DARK – UNK	4 - RAIN 9 - FREEZING RAIN OR FREE 5 - SLEET, HAIL 99 - OTHER / UNKNOWN					7 - SLUSH	9 - OTHER/UNKNOW!							
9-OTHER/UN			3-30	CEI, HAIL	77 - Q1 A C K	E DIKKNOVII			9 - OTHER/UNKNO	IWN				
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CRASH REPORTED			DISPATCH DATE		AF	 RIVAL DATE / TIMI	E	SCENE CLEARED	DATE / TIME	REPORT TAKEN BY				
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TOTAL TIME	OTHER VESTIGATION TIME	TOTAL	L OFFICER	'S NAME*			HECKED BY OFF	ICER'S NAME*	-1. -10 -1-	MOTORIST				
Michaely, Samantha S Ennem								ser, Jennifer SUPPLEMENT						
0 0 0	0 3 0	0 6	8 2	OFFICER'S		R*	2 CHECKED	BY OFFICER'S BADGE	NUMBER*	TO AN EXISTING REPORT SENT TO COP				
		1					#			18				



2,0,2,0,-,0,0,0,0,0,1,3,4, UNIT # OWNER NAME: LAST, FIRST, MIDDLE (SAVE AS DRIVER)

0 1 SPENNATI, CHRISTOPHER, L OWNER PHONE: INCLUDE AREA CODE (TISAME AS DRIVER DAMAGE DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 1290 SEVILLA AVE ,Akron ,OH 44314 ∠ 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 9 - UNKNOWN DAMAGED AREA(S) LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION # INDICATE ALL THAT APPLY VEHICLE YEAR VEHICLE MAKE 5, NP, EC4, A, B1, CH3, 3, 9, 9, 4, 4 2,0,1,2 O H HOA7296 Hyundai INSURANCE COMPANY INSURANCE POLICY # INSURANCE VERIFIED COLOR VEHICLE MODEL **GEICO** 4562260549 BLU SONATA TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS MATERIAL RELEASED INTERLOCK CLASS # PLACARD ID # 1 - \$10K LBS HIT/SKIP UNIT DEVICE 2 - 10,001 - 26K LBS 0,0 PLACARD 13 - >26K LBS 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12-GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) B - MOTORCYCLE 3-WHEELED 13 - SYCWMOBILE 19-BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 0 1 3 - SPORT LTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20-OTHER VEHICLE 25 - OTHER NON-YOTORIST UNIT TYPE 4 - PICK UP 10 - MOPED OR MOTORIZED 15-SEWI-TRACTOR 21 - HEAVY EQUIPMENT 26-BICYCLE BICYCLE 5 - CARGO VAN 16-FARM EQUIPMENT 22 - ANIMAL WITH RIDER CR 27 - TRAIN 11 - ALL TERRAIN VEHICLE ANIMAL-DRAWN VEHICLE 6 - VAN (9-15 SEATS) 17 - MCTORHOME 99 - UNIXNOWN OR PITISKIP (ATV / UTV) 10 # OF TRAILING UNITS L.__ WAS VEHICLE OPERATING IN AUTONOMORIS 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 - EUS - CHARTER/TOUR 11-FIRE 16-FARM 21 - MAIL CARRIER 0 1 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99-OTHER/DIKKNOWN SPECIAL 3 - SLECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18-SNCW REMOVAL FUNCTION 4 - SCHOOL TRAMSPORT 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 0.1INOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGO TANK 13-AUTO TRANSPORTER CARGO 2-BUS 15 5 A _ I OCCINC 6 - CARGO VA WENCLOSED BOX 10-FLAT BED 14-GARBAGE/REFUSE BODY * 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99-OTHER/UNKNOWN 00 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 DEFECTS 3 - TAIL LAMPS DEFECTIVE ACCIDENT 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 8 - SIDEWALK 99_OTHER/UNKNOWN 11 - SHARED USE PATHS OR LOCATION CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION TRAILS - UNIT NOT AT SCENE [16] AT IMPACT 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 1 0 3 - CHANGING LANES 4 0 - NO DAMAGE 14 - UNDERCARRIAGE SPECIFIED LOCATION 19-STANDING → 3 - STRIKING 9 - LEAVING TRAFFIC LANE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE PRE-CRASH 4 - OVERTAKING/PASSING ACTION 4- STRUCK 15 - WALKING, RUNNING, 20-OTHER NON-MOTORIST 10-PARKED DIAGRAM 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN JOGGING, PLAYING 99 - UNKNOWN 21 - STANDING OUTSIDE 11-SLOWING OR STOPPED 13 - TOP 16-WORKING DISABLED VEHICLE & STRUCK 6 - MAKING LEFT TURN INTRAFFIC 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 19-OPERATING DEFECTIVE 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 14-STOPPED OR PARKED 3 - RAN RED LIGHT EQUIPMEN' 9-IMPROPER LANE CHANGE 0,123 - OPENING BOOR INTO 2 - TWO WAY 2 SIGNAL 5 - YIELD SIGN ILLEGAL Y 19 - LCAD SHIFTING/FALL NG/ 4 - RAN STOP SIGN 10-IMPROPER PASSING ROADWAY CONTRIBUTING 5 - UNSAFE SPEED 15 - SWERVING TO AVOID 3 - F ASHER 5 - NO CONTROL SPILLING 99-OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IN PROPER CROSSING # of THROUGH LANES 6 - MPROPERTURN 12-WPROPER BACKING RAIL GRADE CROSSING ON ROAD 1 - MOT INVOLVED. SEQUENCE OF EVENTS 2 - MEYOUVED-ACT VE GROSSING 2 EVENTS 1 L 2 L 0 1 - OVERTURNIRGELECVER 11 - CROSS CENTERLINE -GRADSITE DIRECTION OF 3 - INVOLVED-PASSIVE CROSSING 6 - EQUIPMENT FAILURE 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE 2 - FIREJEMPLOSION 7 - SEPARATION OF UNITS 17 - AREVAL - PARV EQUIPMENT TRAVEL 23 - STRUCK BY FALLING, **UNIT / NON-MOTORIST DIRECTION** 3 - IMMERSION 8 - RAN GEF ROAD RIGHT 18 - AHIMAL - DEER 12 - COWNHILL RUNAWAY SHIFT: NG CARGO OR 19-ANIMAL - CINER I NORTH 5 - VORTHEAST 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT ANYTHING SET IN MOTION 13-OTHER NON-COLLISION 20 - MOTOR VEHICLE IN 6 - NORTHWEST 2 - SOUTH 5 - CARGO / EQUIPMENT 10 - CROSS MEDIAN BY A MOTOR VEHICLE 14-PEDESTRIAN TRANSPORT LOSS OR SHIFT 3 - EAST 7 - SOUTHEAST 24-OTHER MOVABLE CBJECT 15-PEDALCYCLE 21 - PARKED MOTOR VEHICLE 4 - WEST B - 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 CUSHICN 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH EQUIPMENT UNIT SPEED DETECTED SPEED 26 - BRIDGE OVERHEAD 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 51 - WALL 45 - EMBANKMENT STRUCTURE 1 - STATED / ESTIMATED SPEED 34 - MEDIAN GUARDRAIL SUPPORT 52-BUILDING 46-FENCE 0,0,0 27 - BRIDGE PIER OR ABUTMENT 40 - UTILITY POLE - 2 - CALCULATED / EDR BARRIER 53-TUNNEL 47 - MAILBOX 28-BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54-OTHER FIXED OBJECT 48-TREE 3 - UNDETERMINED 29 - BRIDGE RAIL POSTED SPEED BARRIER OR SUPPORT 99 - OTHER / UNKNOWN 49-FIRE HYDRANT 30-GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 2 5 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER

LOCAL REPORT NUMBER 2, 0, 2, 0, -10, 0, 0, 0, 1, 3, 4,OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) DAMAGE THOMAS, AMY, R 0,2 DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 907 FIELDSTONE DR ,Kent ,OH 44240 _ 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUSE AREA CODE 9 - UNKNOWN DAMAGED AREA(S) LP STATE LICENSE PLATE # **VEHICLE IDENTIFICATION #** INDICATE ALL THAT APPLY VEHICLE YEAR VEHICLE MAKE 5.F.NRL3.H7.7.AB0.9.5.1.4.4 O H DOP8466 [0, 1, 0,Honda **INSURANCE COMPANY** INSURANCE POLICY # INSURANCE VERIFIED COLOR VEHICLE MODEL PROGRESSIVE 911418686 GRY ODYSSEY TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS MATERIAL RELEASED CLASS # PLACARD ID # 1 - ≤10K LBS. HIT/SKIP UNIT DEVICE 2 - 10,001 - 26K LBS 0,3 PLACARD 13 - >26K LBS 1.1 - 1 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 13 - LIMO (LIVERY VEHICLE) 12-GOLF CART 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13-SNOWMOBILE 19 - Bus (16+ PASSENGERS) 0, 2 24 - WHEELCHAIR (ANY TYPE) 9 - AUTOCYCLE 14-SINGLE UNIT TRUCK 23-OTHER VEHICLE 25 - OTHER VON-MOTORIST UNIT TYPE 4 . PICK UP 10 - MOPED OR MOTORIZED 15-SEWI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE BICYCLE 5 - CARGO VAN 22 - ANIMAL WITH RIDER OR 27 -TRAIN 16 - FARM FO HPM ENT 11 - ALL TERRAIN VEHICLE 6 - VAN (9-15 SEATS) A YIMAL-DRAWN VEHICLE 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 J 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 - EUS - INTERCITY 12-MILITARY 17 - MOW!NG 99 - OTHER JUNKNOWN SPECIAL 3 - ELECTRONIC RIDE SHARING B - BUS - SHUTTLE 13 - POLICE 13-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 1 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER B - POLE 12 - CONCRETE MIXER 0.1 / NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGOTANK 13-AUTO TRANSPORTER CARGO 2.BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARBAGE/REFUSE BODY 4 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99-OTHER/UNKNOWN 00 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN VEHICLE 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT 10-DISABLED FROM PRIOR DEFECTS 3 - TAIL LAMPS DEFECTIVE ACCIDENT 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 7-TOP | 13 | - ALL AREAS [15] NON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 99-OTHER/UNKNOWN 8 - SIDEWALK 11 - SHARED USE PATHS OR LOCATION CRCSSWAL (5 -TRAVEL LANE - OTHER LOCATION TRAILS - UNIT NOT AT SCENE [16] AT IMPACT 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 0 2 3 - CHANGING LANES 8 - ENTERING TRAFFIC LANF 14 - ENTERING OR CROSSING _3 0 - NO DAMAGE 14 - UNDERCARRIAGE → 3 - STRIKING SPECIFIED LOCATION 19-STANDING 9 - LEAVING TRAFFIC LANE 0,6, 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE ACTION 4- STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 15 - WALKING, RUNNING, 20-OTHER NON-MOTORIST 10-PARKED DIAGRAM 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHT TURN JOGGING, PLAYING 21 - STANDING OUTSIDE 99 - UNKNOWN 11-SLOWING OR STOPPED 16-WORKING 13-TOP DISABLED VEHICLE & STRUCK 6 - MAKING LEFT TURN INTRAFFIC 17 - PUSHING VEHICLE 99-OTHER/UNKNOWA 9 - OTHER / UNKNOWN 12 - DRIVERLESS TRAFFIC 1.NONE 7-LEFT OF CENTER 13-IMPROPER START FROM A 17 - VISION CESTRUCTION 21 - LYING IN ROADWAY TRAFFICWAY FLOW TRAFFIC CONTROL PARKED POSITION 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 13-OPERATING DEFECTIVE 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 14-STOPPED OR PARKED EQUIPMENT 3 - RAN RED LIGHT 9-IMPROPER LAYE CHANGE 23 - OPENING DOOR INTO 1 2 2 TWO WAY 2 SIGNAL 5 - YIELD SIGN HIEGA Y ROADWAY 4 - RAN STOP SIGN 10 - IMPROPER PASSING 19-LOAD S-IFTING/FALLING/ CONTRIBUTING 5-UNSAFE SPEED 15 - SWERVING TO AVOID 3 - FLASHER 6 - NO CONTROL SPILLING 99-OTHER MPROPERACTION 11 - DPO / E OFF ROAD CIRCUMSTANCES 16 - WRONG WAY 20 - LY PROPER CROSSING 6-IMPROPERTURN 12 - MPROPER BACK NO # OF THROUGH LANES RAIL GRADE CROSSING ON ROAD - NOT INVOLVED SEQUENCE OF EVENTS 2 NYCLYED/ACTIVE ORGSSING EVENTS 1 - OVERTURY ROLLOVER 6 - EQUIPMENT FALLURE 3 - INVOLVED-PASSIVE CROSSING 11-07088 CENTERLINE 16-PA LWAY VEHILE 22 - WORK ZONE MAINTENANCE , 2 1 GRADSITE DIRECTION OF 7 . = q= = (a re n. THESEPARATION OF UNITS 100 PMLY 15A 11 AA - TARY TRAVEL 23-STRUCK BY FALLING, UNIT / NON-MOTORIST DIRECTION 13-ATIMAL - DEER 3 - WMERSION B - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY SHIFTING CARGO CR 1 - NORTH 5 - NORTHEAST 19-ANIMAL - STHEE 4 - JACKKNIFE 9 - RAN CEF ROAD LEFT ANYTHING SET IN MOTION 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN 2 - SOUTH 6 - VORTHWEST 5 - CARGO / FO JIPMENT 10 - CROSS MEDIAN BY A MOTOR VEHICLE 14-PEDESTRIAN TRANSPORT FROM 3 TO 4 LOSS OR SHIFT 3 - EAST 7 - SOUTHEAST 24-OTHER MOVABLE CBJECT 15-PEDALCYCLE 21 - PARKED MOTOR VEHICLE 4 - WEST B - 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 38-OVERHEAD SIGN POST 44 - DITCH EQUIPMENT. **UNIT SPEED** DETECTED SPEED 26 - BRIDGE OVERHEAD 51-WALL 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 45 - EMBANKMENT 1 - STATED / ESTIMATED SPEED 34 - MEDIAN GUARDRAIL SUPPORT 52 -BUILDING 46 - FENCE 0,1,0, 27 - BRIDGE PIER OR ABUTMENT 40 - UT!LITY POLE BARRIER 53-TUNNEL 47 - MAILBOX 2 - CALCULATED / EDR 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54-OTHER FIXED OBJECT 48 - TREE POSTED SPEED 3 - UNDETERMINED 29 - BRIDGE RAIL RARRIER OR SUPPORT 99-OTHER / UNKNOWN 49 - FIRE HYDRANT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 2 , 5 1 MOST HARMFUL EVENT FIRST HARMFUL EVENT

OHIO DES	OF PUBLIC BAFFEY MOTORIST / NON-MOTORIST									LOCAL REPORT NUMBER					
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UNIT#	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
0 1															
INJURIES OL STATE	RESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO:	MEDICAL FACILITY	NAME, CITY)	SAFETY EQUIPMENT	DOT-COM		AIR BAG USA	AGE EJECTION	TRAPPED		
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.0.2.	1	NAME: LAST, FIRST, MIDDLE BRANDON, MARY, L									e 1	AGE	GENDER		
	STREET CITY STA								0 5 1 0 1 9 5 1 6 8 F						
		AVE ,Kent ,OH 4	14240						COMIACI	HUNE - INCLUDE AREA CO	OF.				
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О. Н.	RR282				CODE			Starting and			CITATION NUMBER 65267				
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4				1	01	HER DRUG		1	1		1				
UNIT#	NAME: LAST, F	TRST, MIDDLE								DATE OF BIRTH		AGE	GENDER		
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ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE							
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ADDRESS:	INJURED E	EMS AGENCY (NAME)		INJURED	TAKEN TO:	MEDICAL FACILITY	NAME, CITY)	SAFETY EQUIPMENT	DOT-Cor	SEATING POSITION	AIR BAG US	AGE EJECTION	TRAPPED		
L	BY		**					0320	MC HEL						
OL STATE	OL STATE OPERATOR LICENSE NUMBER			OFFEN	OFFENSE CHARGED LOCAL OFFENSE D				RIPTION		CITATIO	N NUMBER			
OL CLASS	SELECTUP 02	RESTRICTION SELECT	D19	IVER TRACTED	-	HOL / DRUG SUSPE		CONDITION	ALC STATUS TY	OHOLTEST PE VALUE !		RUG TEST(S YPE RESUL) Tiseleon um io a		
			BY			COHOL MAF	RIJUANA								
INIL	JRIES	SEATING POSITION		AIR BAG		OL CLASS		OL RESTRIC	TION(S)	DRIVER DISTRACT	100	TEST STA	THE		
1 - FATAL		1 - FRONT - LEFT SIDE	1 - NOT DE			1 - CLASS A		1 - ALCOHOL INTER	FF G P ST	1 - NOT DISTRACTED	and the second second	NONE GIVEN			
2 - SUSPECTED 3 - SUSPECTED	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOY			2 - CLASS B		2 - COL INTRASTAT		2 - MANUALLY OPERATING ELECTRONIC COMMUNI	CATION	TEST REFUSED			
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE		ED BOTH FR	ONT/SIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE 4 - FARM WAIVER	NSES	DEVICE (TEXTING, TYP DIALING)	INC 2	TEST GIVEN CON SAMPLE / UNUS			
5 - NO APPAREN	NT INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT AP			(OH10 = D)		5 EXCEPT CLASS	A BUS	3-TALKING ON HANDS-FR	LL .	TEST GIVEN RES			
INJURED	TAKEN BY	5 - SECOND - MIDDLE	9 - DEPLOY	MENT UNKN	IOWN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS & CLASS B BUS	A	COMMUNICATION DEVI		TEST GIVEN RES	ST US		
1 - NOT TRANSP		6 SECOND - RIGHT SIDE		IF OTLON				7 - EXCEPT TRACTO	R-TRAILER	COMMUNICATION DEVI	CE A	LCOHOL TE	ST TYPE		
/TREATED A	11 SLENE	7 THIRD LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJ	JECTION ECTED		OL ENDORSEI H-HAZMAT	MENI	8 - INTERMEDIATE RESTRICTIONS	LICENSE	5-OTHER ACTIVITY WITH ELECTRONIC DEVICE	AN	N NE			
3 POLICE		8-THIRD - MIDDLE	2 - PARTIA	LLY EJECTED)' y'	M - MOTORCYCLE	3	4 9 LEARNER SPER	IMIT	6 PASSENGER		B D			
9-OTHER LUN	KNOSYN,	9-THIRD-RIGHT SIDE.		VEJECTED		P - PASSENGER		RESTRUT N	IIN	OTHE DI RACTI N INSIDE THE VEHI LE	4	ī			
The second second	QUIPMENT	-04 TRUCK GAR	4 - NOT AP	eth.		N-FANKER 2-MOTOR'SO UTER		É		- + N					
1 - NONE USED	BELT, OHLY USED	11 PASSENGER IN OTHER ENGLOSED CARGO AREA	1 NOTTR	RAPPED		R-THREE WHEEL MO	TORCYCLE	12 INITED - THE		THE VEHI LE		DRUG TEST	TYPE		
3 - LAP SELT OF		NON, TRAILING UNIT BUS-	2 EXTRIC	ATED BY	33 45	S - SCHOOL BUS T - DOUBLE & TRIPLE	TRAILEDC	SPECIAL BRAK	ES HAND			N IE			
CARCOAREA		12 - PASSENGER IN UNENCLOSED CARGO AREA				T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT GENDER		ADAPTIVE DEVI		CONDITION 1 - APPARENTLY NORMAL		URINE			
5 - CHILD RESTRAINT SYSTEM - 13 TRAILING UNIT								14- MILITARY VEHI	CLES ONLY 2 PHYSICAL IMPAIRM			OTHER			
6 - CHILD REST REAR FACIN	RAINT SYSTEM -	14 RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		* -		F-FEMALE		15 - MOTOR VEHICLE AIR BRAKES	TUDHIIW C.	3 - EMOTIONAL (D	RUG TEST RI	ESULT(S)		
7 - BOOSTER SE	The state of the s	15 NON-MOTORIST				M - MALE	1 6 2	16 - OUTSIDE MIRRO		4- ILLNESS	1-	AMPHETAMINES			
8 - HELMET US		99 - OTHER / UNKNOWN				U OTHER / UNKNOWN		17 - PROSTHETIC AL	u e	5- FELL ASLEEP, FAINTED, FATIGUED, ETC.		BARBITURATES	ic c		
9 - PROTECTIVE (ELBOW, KN		72. S. C.								6 UNDER THE INFLUENCE	4	BENZODIAZEPIN CANNABINOIDS	IE 3		
10 - REFLECTIVI	E CLOTHING									OF MEDICATIONS / DRUG / ALCOHOL	0.3	COCAINE			
11 - LIGHTING - / BICYCLE 0										9- OTHER / UNKNOWN		OPIATES/OPION	DS		
99 - OTHER / UNI			WO 223	Kyh:			1					OTHER NEGATIVE RESU	LTS		

OF Publi	OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER							
L unit a			2,0,2,0,-,0,0,0,0,1,3,4,												
# TINU	NAME: LAST, FIRST, MIDDLE THOMAS, LILLIAN, I							DATE OF BIRTH AGE GENDER							
	STREET, CITY.		N, I	1 0 1 0 2 0 1 3 0 6 F											
<u>a</u>		TONE DR ,Ke	CONTACT PHONE - INCLUDE AREA CODE												
INJURIES		EMS Agency (NAME)		1 1											
5	TAKEN BY	EINO PUERET (IMILL)		INJURED TAKEN TO: Medical Facil	LITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION					
	NAME	FIRST MIDNIF													
02	UNIT # NAME: LAST, FIRST MIDDLE 02 THOMAS, JOSEPHINE, E								DATE OF BIRTH AGE GENDER 1 0 1 0 1 0 5 F						
										0.6	F_				
<u>a</u>	907 FIELDSTONE DR ,Kent ,OH 44240							CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	INJURED	EMS AGENCY (NAME)	,011	INJURED FAKEN TO: MEDICAL FACI	L	SEATING POSITION	AIR RAC HEACE	EIECTION	TRADDED						
5,	TAKEN	,			MC HELMET	0 6	1	1	1						
UNIT#	# NAME: LAST, FIRST, MIDDLE							E OF BIRTH		AGE	GENDER				
لسبا															
ADDRESS:	STREET, CHY,	STATE, 71P					CONTACT PHONE - INGLUDE AREA CODE								
ADDRESS															
INJURIES	INJURED TAKEN	EMS AGENCY NAME)		INJURED FAKEN TO: MEDICAL FACE	SAFETY EQUIPMENT USED	DOT-COMMITTEE	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED					
	BY					0350	MC HELMET								
UNIT#	NAME: LAS	FIRST MIDDLE					DAT	E OF BIRTH		AGE	GENDER				
ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
9	I				1	L									
INJURIES	INJURED TAKEN BY	EMS Agency (NAME)		INJURED TAKEN TO: Medical Facility (NAME, CITY) SAFETY EQUIPMENT USED			DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
		RIES	CAFETY	Y EQUIPMENT USED			MC HELMET		L						
1 - FATA	PERSONAL PROPERTY.	A TOTAL CONTRACTOR OF THE PARTY	1 - NONE US			SEATING POS T – LEFT SIDE	IIIUN		AIR BAG U	SAGE	75. (75)				
2 - SUS	PECTED SE	RIOUS INJURY		OCCUPANT		ORCYCLE DRIV	- 1101 - 110								
3 - SUS	3 - SUSPECTED MITHOR INJURY			ER BELT ONLY USED 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SID			3 DEDLAYED CIDE								
4 - POS	4 - PUSSIBLE INJURY			4 - SECOND - LEFT			E 4 - DEPLOYED BOTH								
5 - NO A	3 - NU APPARENT INJURY			ER & LAP BELT USED ESTRAINT SYSTEM –		ORCYCLE PASS ND – MIDDLE	ENGER)	FRONT							
V. Lini				D FACING	SECOND - RIGHT SIDE		5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN								
				ESTRAINT SYSTEM – CING		D - LEFT SIDE ORCYCLE SIDE	CAR	a management in a continue of							
BEACCION			7 - BOOSTER		and the second second second	D - MIDDLE	CART	1 NOT EL	EJECTI	O N	Double of				
3 - POL			8 - HELMET	USED	The second second	D - RIGHT SIDE	2 DADTIALLY								
9 - OTH	ACCIONATION AND PROPERTY OF THE PROPERTY OF TH			TIVE PADS USED	TO THE STREET	PER SECTION	and water Part Towns Co.	ER ENCLOSED 3 - TOTALLY EJECTED							
	GENDER			KNEES, ETC.)	CARG	O AREA (NON-T	RAILING UNIT,	4 - NOT APPLICABLE							
	F-FEMALE			TIVE CLOTHING G – PEDESTRIAN	The second second	ENGER IN UNE				E D					
643/619400	M - MALE / BICYCI				O AREA		1 - NOTTRAPPED								
01111	99 - OTHER			UNKNOWN	4 - RIDING ON VEHICLE EXTERIOR		2 - EXTRICATED BY MECHANICAL MEANS			CAL					
1000				(NON-TRAILING UNIT						CHANIC	ΔΙ				
					R UNKNOWN		3 FREED BY NON MI MEANS		ECHANICAL						
NAME		E			Action and the second		DAT	E OF BIRTH	T	AGE	GENDER				
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ADDRESS	S: STREET, CITY	STALL ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE						
MANE	CI FIRST 1410.	01													
NAME: LAST FIRST, MIDDI							DATE OF BIRTH			AGE	GENDER				
ADDRESS	ADDRESS: STREET, CITY STATE 7 IP						CONTACT PHONE - INCLUDE AREA CODE								
3							THE PROPERTY OF AREA CORP.								
The state of the s	AST, FIRST, MID	DLE			Make a superior		DATE OF BIRTH AGE GENDER								
NE SS	ADDRESS: STREET, CITY, STATE, ZIP														
ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
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