OF PUBLIC SAFETY TRAFFIC CRASH F	REPORT *DENOTES MAN	IDATORY FIELD FOR SUPPLEME	ENT REPORT	L	OCAL REPORT NUMBER	? *				
OH-2 X OH-3	LOCAL INFORMATION			2.0.2.3	0 . 0 . 0 . 0 . 9	9, 9, 7, 5, ,				
	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP 1 - SOLVED	NUMBER OF UNITS	UNIT IN ERROR				
SECONDARY CRASH PRIVATE PROPERTY	SECONDARY CRASH PRIVATE PROPERTY City of Kent Police					1 98 - ANIMAL 99 - UNKNOWN				
COUNTY* LOCALITY* LOCATION: CITY,	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN T	ASH SEVERITY - FATAL								
6,7 1 2-VILLAGE Kent				0.6,2.7,2.0,2.3	/ <u>1.7.03</u> <u>4</u> ₂	- SERIOUS INJURY				
S-SOUTH	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES SUSPECTED 3 - MINOR INJURY						
W-WEST	FRANKLIN		A V	4,1,0,1,5,0	1,1,4	SUSPECTED				
S - SOUTH	REFERENCE ROAD NAME (ROAD, M	ILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE	2000 100 1000 1000 1000 1000 1000 1000	- INJURY POSSIBLE - PROPERTY DAMAGE				
E - EAST W-WEST	SUMMIT		S T	-8 ₁ 1 ₁ 3 ₁ 6 ₁ 0 ₁	2,4,7	ONLY				
REFERENCE POINT DIRECTION 1-INTERSECTION FROM REFERENCE IR	ROUTE TYPE INTERSTATE ROUTE(TP) AL	ROAD TYPE ALLEY HW-HIGHWAY RI	D - ROAD		NTERSECTION RELATE					
2-MILE POST C. COUTH			Q - SQUARE	WITHIN INTE	RSECTION OR ON APPROA	4 ,				
W-WEST SR-S	STATE ROUTE		T - STREET E - TERRACE	WITHIN INTE	RCHANGE AREA NUN	MBER OF APPROACHES				
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT -	COURT PK - PARKWAY TI	L - TRAIL		ROADWAY					
7. 1007777	ROUTE	DRIVE PI - PIKE W HEIGHTS PL - PLACE	/A - WAY	ROADWAY DIV	IDED					
LOCATION OF FIRST HARMFUL EVENT		ER of CRASH COLLISION/IMPAC	CT .	DIRECTION OF TRAVE	MEDIA	N TYPE				
1 - ON ROADWAY 9 - CROSSOVER	1 - NOT CO	OLLISION 4-REAR-TO-REAR	502	N - NORTH	1 - DIVIDED I	FLUSH MEDIAN				
2 - ON SHOULDER 10-DRIVEWAY// 3 - IN MEDIAN 11-RAILWAY GR	TWO N	MOTOR 5-BACKING CLES IN 6-ANGLE		S - SOUTH E - EAST	2 - DIVIDED I	Γ) FLUSH MEDIAN				
4 - ON ROADSIDE 12-SHARED US 5 - ON GORE TRAILS		SPORT 7 - SIDESWIPE, SAME		W-WEST	(≥4 FEET 3 - DIVIDED.	C) DEPRESSED MEDIAN				
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	3 - HEAD-		LOCATION CONTRACTOR		4 - DIVIDED, (ANY TYP	RAISED MEDIAN				
7 - ON RAMP 14-TOLL BOOTH 8 - OFF RAMP 99-OTHER / UNI					9 - OTHER/UN					
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WO	RK ZONE	CONTOUR	CONDITIONS	SURFACE				
1-1	ANE CLOSURE	1 - BEFORE THE 1ST W WARNING SIGN	VORK ZONE	1	2	2				
D LAW ENEGDOEMENT PRECENT 3-V	LANE SHIFT/CROSSOVER VORK ON SHOULDER	2 - ADVANCE WARNIN		1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE				
	OR MEDIAN NTERMITTENT OR MOVING WORK	3 - TRANSITION AREA 4 - ACTIVITY AREA		2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP, BITUMINOUS,				
ACTIVE SCHOOL ZONE 5-0	THER	5 - TERMINATION ARE	EΑ	3 - CURVE LEVEL 4 - CURVE GRADE	3 - SNOW 4 - ICE	ASPHALT				
LIGHT CONDITION	WEATHER	?		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK 4 - SLAG, GRAVEL,				
1 - DAYLIGHT 1 2 - DAWN/DUSK	0.0101101	6 - SNOW 7 - SEVERE CROSSWINDS		0.000 0	OIL, GRAVEL 6 - WATER (STANDING,	STONE				
3 - DARK - LIGHTED ROADWAY	3 - FOG, SMOG, SMOKE	8 - BLOWING SAND, SOIL, DIRT,			MOVING)	5 - DIRT 9 - OTHER/UNKNOWN				
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING		9 - FREEZING RAIN OR FREEZII 99 - OTHER / UNKNOWN								
9 - OTHER / UNKNOWN	- CONCUE HAS VINCENSE ADDRESSES ADDRESSES									
NARRATIVE					A	Indicate the north				
UNIT 2 WAS TRAVELING WB	ON W SUMMIT ST.				A	an "N" on the compass diagram.				
UNIT 1 WAS TRAVELING SB	ON FRANKLIN					8 8 29				
AVE AND WAS ATTEMPTING				1						
				H	(4∙ N	フ				
TO GO EB, ONTO W SUMMI	10 TO			SWATERST.						
PULLED OUT IN FRONT OF UNIT 2 CAUSING										
A CRASH. UNIT 1 THEN BACKED UP AND FRANKLINAVE. FRANKLINAVE.										
LEFT THE SCENE OF THE C	UN			-						
WAS CONTACTED VIA PHONE AND REFUSED TO										
COME BACK. UNIT 1 WAS CITED FOR FTY -										
AT INTERSECTION AND HIT	AT INTERSECTION AND HIT-SKIP. UNIT 2									
OCCUPANTS STATED THEY	OCCUPANTS STATED THEY MIGHT SEEK									
CRASH REPORTED DATE / TIME	00-10 - 10 - 10 - 10 - 10 - 10 - 10 - 1									
[0,6,2,7,2,0,2,3,/,1,7,0,3],0,6,2,					3/1745	POLICE AGENCY MOTORIST				
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUTE			ecked by OFFI	cer's name* son M		SUPPLEMENT				
	OFFICER'S BADO	GE NUMBER*	CHECKED I	Y OFFICER'S BADGE N	UMBER*	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)				
0 0 0 0 2 0 0 6	2 2 5 2		2 2	8						

LOCAL REPORT NUMBER

07.70	•						$2 \cdot 0 \cdot 2 \cdot 3 \cdot - 1$	0_{\perp}	$0_{+}0_{+}0_{+}9_{+}9_{+}7_{+}5_{+}$
	OWNER NAME: LAST, FIRS			Rec	dacted per (ORC 149.43(A)(1)			AMAGE
	GARNON, AN		IALUCCI				1 - NONE	DAM	AGE SCALE 3 - FUNCTIONAL DAMAGE
	EBB AVE SW		N OH 44647				4 2- MINOR I	DAMAG	
	IAL CARRIER: NAME, ADDR		11,011 11017	C	OMMERCIAL CARRIER	PHONE: INCLUDE AREA CODE			INKNOWN
									GED AREA(S)
	LICENSE PLATE #	VEHICL	E IDENTIFICATION # $S_1X_19_1E_10_11_19_12_1$	1 2 1	VEHICLE YEA		IND	CATE	ALL THAT APPLY
	JNQ8413		INSURANCE POLICY #	$\mathbf{I}_{\parallel}\mathbf{Z}_{\parallel}\mathbf{I}$	2_0_1_4	4 Cadillac	11 12		11 12
X INSURAN	PROGRES		969411024		GLD	CTS	10 (2)	2	10 12
П	TYPE OF USE	IN EMERGENCY	US DOT #	TOW	ED BY: COMPANY	NAME	10 2 -	١.	10, 2
COMME	RCIAL GOVERNMENT	IN EMERGENCY RESPONSE	EHICLE WEIGHT GVWR/GCWR	J -	HAZARDO	US MATERIAL	8 4 -	1	9 8 0 4 -
INTERL	OCK HIT/SKIP UNI	#UCCUPANTS	1 - ≤10K LBS.		MATERIAL (CLASS # PLACARD ID #	8 7 5	4	8 7 5 5
EQUIPE	ED MINISTER SILL		2 - 10,001 - 26K LBS 3 - >26K LBS.		PLACARD L		7 6 5		12 7 6 5
	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18-LIMO (L	IVERY VEHICLE)	23 - PEDESTRIAN / SKATER	6	"	12
		8 - MOTORCYCLE 3-WHEELED			5+ PASSENGERS)	24 - WHEELCHAIR (ANYTYPE)	10/	11	1 2
UNIT TYPE	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE 10 - MOPED OR MOTORIZED		20 - OTHER	EQUIPMENT	25 - OTHER NON-MOTORIST 26 - BICYCLE	9	10	2 3
	5 - CARGO VAN	BICYCLE			L WITH RIDER OR	27 - TRAIN	_	. 8	<u> </u>
	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE	17 - MOTORHOME	ANIMA	L-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	1	5 4
_ 0 _	# OF TRAILING UNITS	(ATV/UTV)					12	7	5 12
		TONOMOUS	O NO AUTOMATION	2 001101=	IONAL AUTOMATION	O HINKWOWN	11 12		6 11 12
	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE		IONAL AUTOMATION UTOMATION	9 - UNKNOWN	10 11 1	2	10 11 1
2	1-YES 2-NO 9-OTHER/UNK	NOWN AUTONOMOUS	O DARTIAL AUTOMATION		UTOMATION		10 2	4	10 2
	N. Controlled	MODE LEVEL					9 9 3]3	9 9 3
	1 - NONE	6 - BUS - CHARTER/TOUR		16-FARM	•	21 - MAIL CARRIER	7 5	74	7 5 7
0 2	2 - TAXI 3 - ELECTRONIC RIDE SHARING	7 - BUS - INTERCITY 8 - BUS - SHUTTLE		17 - MOWING 18 - SNOW REMOVAL		99 - OTHER / UNKNOWN	. 6		
	4 - SCHOOL TRANSPORT	9 - BUS - OTHER		19-TOWIN			6 5		6 5
	5 - BUS-TRANSIT/COMMUTER	10-AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20-SAFETY	Y SERVICE PATROL			12	2 12 12
0.1	1 - NO CARGO BODYTYPE	3 - VEHICLE TOWING ANOTHER	5 - INTERMODAL CONTAINER	8 - POLE		12 - CONCRETE MIXER	12	1	
	/ NOT APPLICABLE	MOTORVEHICLE		7 - CANGUTANN		13 - AUTO TRANSPORTER	9 9	1	
BODY	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	10-FLAT B	ED	14-GARBAGE/REFUSE	980083	9 _	<i>=</i> 3 9 3 9 3 3 9 3 3 9 3 3
TYPE			7 - GRAIN/GITF SIGNAVEL	11-DUMP		99 - OTHER / UNKNOWN		-	
	1 - TURN SIGNALS	4 - BRAKES				99 - OTHER / UNKNOWN	6	- 1	
	2 - HEAD LAMPS 3 - TAIL LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT 10 - DISABLED FROM PRIOR DEFECTIVE ACCIDENT		6	6 6			
DEFECTS	3 - IAIL LAMPS	6 - TIRE BLOWOUT	(300000000	3 110 110 110			- NO DAMAGI	E[0]	- UNDERCARRIAGE [14]
	N IANICODOD	3 - INTERSECTION - OTHER			I/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE			
NON-MOTORIST	2 - INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED CROSSWALK			NAY ACCESS D USE PATHS OR	99 - OTHER / UNKNOWN	TOP [13]		-ALL AREAS [15]
LOCATION AT IMPACT	CROSSWALK	5 - TRAVEL LANE - OTHER LOCATIO		TRAILS			□ - UI	NIT NO	DT AT SCENE [16]
	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTI	IATING A CURVE	18-APPROACHING			
	2 NON COLLICION	2 - BACKING			ING OR CROSSING	OR LEAVING VEHICLE	INIT 0 - NO DAM		OINT OF CONTACT 14 - UNDERCARRIAGE
		3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE		IED LOCATION	19-STANDING	200		UNIT 15 - VEHICLE NOT AT SCENE
ACTION	4 - STRUCK PRE-CRASH 5 - BOTH STRIKING ACTIONS	4 - OVERTAKING/PASSING	10-FARRED			99 - UNKNOWN			
	& STRUCK	6 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	16 - WORKII	NG	DISABLED VEHICLE	13 - TOP		
	9-OTHER/UNKNOWN	O MICHAEL EL I I UNIT		17 - PUSHIN	NG VEHICLE	99 - OTHER / UNKNOWN		TF	RAFFIC
	1 - NONE	7 - LEFT OF CENTER		17 - VISION	OBSTRUCTION	21 - LYING IN ROADWAY	TRAFFICWAY FLOW		TRAFFIC CONTROL
8000 0000		8 - FOLLOWING TOO CLOSE / ACC			TING DEFECTIVE	22 - NOT DISCERNIBLE	1 - ONE-WAY		1 - ROUNDABOUT 4 - STOP SIGN
10141		9 - IMPROPER LANE CHANGE	14-STOPPED OR PARKED ILLEGALLY	EQUIPA 19.10AD S	MENT HIFTING/FALLING/	23 - OPENING DOOR INTO ROADWAY	2 - TWO-WAY	20.0	4 2 - SIGNAL 5 - YIELD SIGN
CONTRIBUTING	4 - RAN STOP SIGN	10 - IMPROPER PASSING 11 - DROVE OFF ROAD	15 - SWERVING TO AVOID	SPILLII		99 - OTHER IMPROPER ACTION		-	3 - FLASHER 6 - NO CONTROL
CIRCUMSTANCES	5 - UNSAFE SPEED 6 - IMPROPERTURN	12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMPROI	PER CROSSING		# of THROUGH LANES		RAIL GRADE CROSSING
SEQUENCE	OF EVENTS						ON ROAD		1 - NOT INVOLVED
100			NON-COLLISION				_2_	Ш	1 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
11 4 1 0 1		6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	ADDANIES DIDENTIALIAS	16 - RAILWA 17 - ANIMAI	AY VEHICLE L — FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT			2 - INTOCTED - MODIFE UNDOUGHT
		8 - RAN OFF ROAD RIGHT	TRAVEL	18 - ANIMAI		23 - STRUCK BY FALLING,	UNIT / N	ON-M	OTORIST DIRECTION
5550 50 30		9 - RAN OFF ROAD LEFT	12 OTHER NOW COLLISION	19-ANIMAI		SHIFTING CARGO OR ANYTHING SET IN MOTION			1 - NORTH 5 - NORTHEAST
	5 - CARGO / EQUIPMENT	10-CROSS MEDIAN	14-PEDESTRIAN	20 - MOTOR TRANSI	VEHICLE IN PORT	BY A MOTOR VEHICLE	FROM 1 TO	. 3	2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST
3	LOSS OR SHIFT		15-PEDALCYCLE		D MOTOR VEHICLE	24 - OTHER MOVABLE OBJECT	FRUM L 10		4 - WEST 8 - SOUTHWEST
	OF THOUGHT ATTENUATES		N WITH FIXED OBJECT		UCK	EO WOOD TONE MAYING MAY	e)		9 - OTHER / UNKNOWN
4	LADACH AUGUSAN	31 - GUARDRAIL END 32 - PORTABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST	43 - CURB 44 - DITCH		50 - WORK ZONE MAINTENANCE EQUIPMENT	UNIT SPEED		DETECTED SPEED
	26 - BRIDGE OVERHEAD	33 - MEDIAN CABLE BARRIER	39-LIGHT/LUMINARIES	45 - EMBAN	KMENT	51 - WALL	1525 DWC 525		1 STATED / ESTIMATED SPEE
5	STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	SUPPORT 40 - UTILITY POLE	46-FENCE		52 - BUILDING	$\begin{bmatrix} 0 & 1 & 0 \end{bmatrix}$		2 - CALCULATED / EDR
		35 - MEDIAN CONCRETE	41 - OTHER POST, POLE	47 - MAILBO 48 - TREE	JX	53 - TUNNEL 54 - OTHER FIXED OBJECT			NO. 2004004-0000000000000000000000000000000
•	29 - BRIDGE RAIL	BARRIER	OR SUPPORT	49 - FIRE H	YDRANT	99 - OTHER / UNKNOWN	POSTED SPEED		3 - UNDETERMINED
l	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT						I

__ FIRST HARMFUL EVENT ______ MOST HARMFUL EVENT

2 5

LOCAL REPORT NUMBER

							$_{\perp}0_{\perp}0_{\perp}0_{\perp}9_{\perp}9_{\perp}7_{\perp}5_{\perp}$			
UNIT #	OWNER NAME: LAST, FIR: SWANK, DAV	ST, MIDDLE (X) SAME AS DRIVER)	r ORC 149.43(A)(1)		DAMAGE					
OWNER A	DDRESS: STREET, CITY, STATE	, ZIP (X SAME AS DRIVER)	1 5752 1000			3 1-NONE	3 - FUNCTIONAL DAMAGE			
469 S	UNRISE BLV		4240			Z- WINOR DAW	IAGE 4 - DISABLING DAMAGE - UNKNOWN			
COMMER	CIAL CARRIER: NAME, ADD	RESS, CITY, STATE, ZIP		COMMERCIAL CARRIE	ER PHONE: INCLUDE AREA CODE		AAGED AREA(S)			
LP STATE	LICENSE PLATE #		IDENTIFICATION #	VEHICLEY			TE ALL THAT APPLY			
$\lfloor \mathbf{O}_{\perp} \mathbf{H}_{\parallel} \rfloor$	JBZ3620		$0 U_1 9 A_1 0 1_1 6_1 6_1$			12 1	12 1			
INSURA VERIFI	INSURANCE COMP		NSURANCE POLICY # 86685608	RED	PRIUS	10 0 2	12			
	TYPE OF USE		US DOT #	TOWED BY: COMPA	A110 (COMMISSION)	10 11 2 2	10 2 2			
COMME	RCIAL GOVERNMENT	IN EMERGENCY RESPONSE		J НАТАВГ	OOUS MATERIAL	9 9 3	9 9 3			
INTER	LOCK HIT/SKIP UNI	#UCCUPANTS	HICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS.	MATERIAL RELEASED	CLASS # PLACARD ID #	8 7 5 74	7 5 5			
LEQUIP	PED HITTSKIP ON	0_2_	2 - 10,001 - 26K LBS 3 - >26K LBS.	PLACARD	للللا للا	7 6 5	12 7 6 5			
	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18-LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER	6	12			
$\lfloor 0 \rfloor 1 \rfloor$	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			
UNIT TYPE	4 - PICK UP	10 - MOPED OR MOTORIZED	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE	9	9 3 3			
	5 - CARGO VAN 6 - VAN (9-15 SEATS)	BICYCLE 11 - ALL TERRAIN VEHICLE	16 - FARM EQUIPMENT 17 - MOTORHOME	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	7.	7 8 5 74			
00	# OF TRAILING UNITS	(ATV/UTV)				12 7	6 5 12			
	WAS VEHICLE OPERATING IN AU	TONOMOUS	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATIO	N 9 - UNKNOWN	11 12	6 11 12 1			
> 2	MODE WHEN CRASH OCCURRED	9? 0 1	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	3 (3.6.73)(3.6.73)	10 11 1 2	10 11 1			
	1-YES 2-NO 9-OTHER/UNK	NOWN AUTONOMOUS MODE LEVEL	2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION		9 9 3 3	9 9 3			
0.1	1 - NONE	6 - BUS - CHARTER/TOUR		16-FARM	21 - MAIL CARRIER	8 4 5	8 4 7			
$\begin{bmatrix} 0_1 1_1 \end{bmatrix}$	2 - TAXI 3 - ELECTRONIC RIDE SHARING	7 - BUS - INTERCITY 8 - BUS - SHUTTLE	12 - MILITARY 13 - POLICE	17 - MOWING 18 - SNOW REMOVAL	99 - OTHER / UNKNOWN	8 7 6				
SPECIAL FUNCTION	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14-PUBLIC UTILITY	19-TOWING		6 5				
	5 - BUS - TRANSIT/COMMUTER		15 - CONSTRUCTION EQUIPMENT			:	12 12 12			
$\lfloor 0 \rfloor 1 \rfloor$	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE 9 - CARGOTANK	12 - CONCRETE MIXER 13 - AUTOTRANSPORTER	12				
CARGO BODY	2 - BUS	4 - LOGGING		10-FLAT BED	14-GARBAGE/REFUSE	, R. P. , '	_ 3 9 1 1 3 9 3 3			
TYPE	30000000000000000000000	06.1000.900900	7 - GRAIN/CHIPS/GRAVEL	11-DUMP	99 - OTHER / UNKNOWN					
VEHICLE	1 - TURN SIGNALS 2 - HEAD LAMPS	4 - BRAKES 5 - STEERING	7 - WORN OR SLICKTIRES 8 - TRAILER EQUIPMENT	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR	99 - OTHER / UNKNOWN	6				
	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT		☐ - NO DAMAGE [() - UNDERCARRIAGE [14]			
	1 - INTERSECTION - MARKED	3 - INTERSECTION - OTHER		9 - MEDIAN/CROSSING ISLAND			1			
NON-MOTORIS	CROSSWALK 7 2-INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE 8 - SIDEWALK	10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR	AT INCIDENT SCENE 99 - OTHER / UNKNOWN	☐-TOP [13]	- ALL AREAS [15]			
AT IMPACT	CROSSWALK	5 -TRAVEL LANE - OTHER LOCATION		TRAILS		- UNIT	NOT AT SCENE [16]			
	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE	INITIAL	POINT OF CONTACT			
4		2 - BACKING 3 - CHANGING LANES	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE	14-ENTERING OR CROSSING SPECIFIED LOCATION	19-STANDING	0 - NO DAMAGE				
ACTION	4 - STRUCK PRE-CRASH 5 - BOTH STRIKING ACTIONS	4 - OVERTAKING/PASSING	10-FARRED	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE	0 1 1-12 - REFERT DIAGRAI	0 UNIT 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN			
	& STRUCK	6 - MAKING LEFT TURN	IN I NAFFIG	16-WORKING	DISABLED VEHICLE	13 - TOP				
	9-OTHER/UNKNOWN		12-DRIVEREESS	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN		TRAFFIC			
	1 - NONE 2 - FAILURE TO YIELD	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACD/	DADVED 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			
$10, 1_{1}$	3 - RAN RED LIGHT	9-IMPROPER LANE CHANGE	14-STOPPED OR PARKED	EQUIPMENT 19-LOAD SHIFTING/FALLING/	23 - OPENING DOOR INTO ROADWAY	2 2 - TWO-WAY	6 2 - SIGNAL 5 - YIELD SIGN			
CONTRIBUTING	4 - RAN STOP SIGN 5 - UNSAFE SPEED	10 - IMPROPER PASSING 11 - DROVE OFF ROAD	15 - SWERVING TO AVOID	SPILLING	99 - OTHER IMPROPER ACTION		3 - FLASHER 6 - NO CONTROL			
S CIRCUMSTANCE	6-IMPROPERTURN	12-IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPER CROSSING	**************************************	# of THROUGH LANES ON ROAD	RAIL GRADE CROSSING			
CIRCUMSTANCE SEQUENCE	E OF EVENTS		NON-COLLISION			2	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING			
1 2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE —	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE		3 - INVOLVED-PASSIVE CROSSING			
	2 - FIRE/EXPLOSION 3 - IMMERSION	7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	TRAVEL	17 - ANIMAL — FARM 18 - ANIMAL — DEER	EQUIPMENT 23 - STRUCK BY FALLING,	UNIT / NON	-MOTORIST DIRECTION			
2	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY	19-ANIMAL — OTHER	SHIFTING CARGO OR ANYTHING SET IN MOTION		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST			
63/25 1/0 (02)	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14-PEDESTRIAN	20 - MOTOR VEHICLE IN TRANSPORT	BY A MOTOR VEHICLE 24-OTHER MOVABLE OBJECT	FROM _3_ TO _	4 3 - EAST 7 - SOUTHEAST			
3		COLLISIO	15-PEDALCYCLE N WITH FIXED OBJECT	21 - PARKED MOTOR VEHICLE T - STRUCK			4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN			
4[]	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT					
	26 - BRIDGE OVERHEAD	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES	44 - DITCH 45 - EMBANKMENT	51 - WALL	UNIT SPEED	DETECTED SPEED 1 - STATED / ESTIMATED SPEED			
5	STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	SUPPORT 40 - UTILITY POLE	46-FENCE 47-MAILBOX	52 - BUILDING 53 - TUNNEL	0,2,0	2 - CALCULATED / EDR			
21	28 - BRIDGE PARAPET 29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	48-TREE	54-OTHER FIXED OBJECT	POSTED SPEED	3 - UNDETERMINED			
6	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	49-FIRE HYDRANT	99 - OTHER / UNKNOWN					
1	FIRST HARMFUL EVEN	<u>т 1</u> мозт н	ARMFUL EVENT			2 5				
HSY8304 O	H1U 1/19 [760-0820]						PAGE 3 OF 6			

OPPURISATION MOTORIST / NON-MOTORIST						LOCAL REPORT NUMBER									
STRETT HERE	ice - Pautection	0108121 / 140) IA - IAI	1010	K12	ı			$\lfloor 2 \rfloor 0$	2 3 - 0	$0_{\perp}0_{\perp}0$	9 9 7	7 . 5		
UNIT#	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH AGE GENDER					
[0,1]	GARN	ON, ANTONIO, N	NATAI	LUCC	I				1 2	$10_{-}5_{-}1_{-}9$	7 8	44	M		
	ADDRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE Redacted per ORC 149.43(A)(1)					
546 B	EBB AV	E SW ,MASSILL	ON ,O						Red			`			
Z	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDI	AKEN TO	: MEDICAL FACILITY	(NAME, CITY)	USED	DOT-C		ON AIR BAG U	SAGE EJECTION	TRAPPED		
2 5	BY							9,9	☐ MC HE	LMET 0 1	11_				
OL STATE	REDAC	LICENSE NUMBER CTED PER ORC 450	1.1-12	OFFENS	SE CHAI	RGED	LOCAL	OFFENSE DESC				CITATION NUMBER			
O H						NIOL / BRILLO CHOR	X	Stopping afte		COHOL TEST	2554	4 Drug test(s	3)		
OL CLASS	SELECT UP TO 2	T RESTRICTION SELECT		TRACTED		DHOL / DRUG SUSPI		CONDITION		YPE VALUE			T SELECT UPTO 4		
4					=	THER DRUG		6	1	1	_1	1			
UNIT #	NAME: LAST,	FIRST, MIDDLE				254 (1005 (4.79%) (254 (278)				DATE OF BIRTH		AGE	GENDER		
0,2	SWAN	K, DAVID, LEE							0 2	1,6,1,9	5 4	6.9	\mathbf{M}		
ADDRESS:	STREET, CITY, S	TATE, ZIP							7.5	acted per C			^ \ / 4 \		
469 SI	UNRISE	BLVD ,Kent ,OI	I 4424	0					Reda	acted per C	JRC 1	49.43($\mathbf{A})(1)$		
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED 1	AKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	DOT-C	SEATING POSITION	ON AIR BAG U	AIR BAG USAGE EJECTION TRAPPED			
² 5	BY			Othe	er			0 4	Шмс не		1	1 1 1			
OL STATE	OPERATOR REDAC	LICENSE NUMBER TED PER ORC 450	1.1-12	OFFENS	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATIO	ON NUMBER			
OH	I LEDITO	12512110110		2											
≥ OL CLASS	ENDORSEMEN SELECT UP TO 2	T RESTRICTION SELECT		VER TRACTED	_	OHOL / DRUG SUSPI		CONDITION		YPE VALUE		TYPE RESUL	T SELECT UPTO 4		
. 4			BY	1	=	LCOHOL MAI THER DRUG	RIJUANA	1 .	1	1	1	1			
UNIT#	NAMF: LAST	FIRST MIDDLE			υ٠	THER DROG				DATE OF BIRTH		AGE	GENDER		
	UNIT # NAME: LAST, FIRST, MIDDLE DATE OF BIRTH AGE GE														
ADDRESS:	STREET, CITY, S	TATE, ZIP							CONTACT	PHONE - INCLUDE AREA	CODE		لـــــال		
IORI															
INJURIES		EMS AGENCY (NAME)		INJURED	AKEN TO	: MEDICAL FACILITY	(NAME, CITY)		DOT-C	SEATING POSITI	ON AIR BAG U	SAGE EJECTION	TRAPPED		
NON	TAKEN BY							USED	MC HE	LMET	di	10	, l, ,		
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATIO	ON NUMBER			
OL CLASS	ENDORSEMENT SELECT UP TO 2	T RESTRICTION SELECT		VER TRACTED	_	OHOL / DRUG SUSPI		CONDITION	STATUS T	YPE VALUE		TYPE RESUL	T SELECT UP TO 4		
			BY	- 1	=	LCOHOL MAI THER DRUG	RIJUANA					1000			
INJU	RIES	SEATING POSITION	A	IR BAG		OL CLASS	s	OL RESTRIC	TION(S)	DRIVER DISTRAC	TION	TEST ST	ATUS		
1 - FATAL		1 - FRONT - LEFT SIDE	1 - NOT DEP	LOYED		1 - CLASS A	lou of the	1 - ALCOHOL INTER		1 - NOT DISTRACTED	1	- NONE GIVEN	The Life of		
2 - SUSPECTED 3 - SUSPECTED	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2 - DEPLOYE 3 - DEPLOYE			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE		2 - MANUALLY OPERATII ELECTRONIC COMMU	NICATION 3	-TEST REFUSED -TEST GIVEN. CO	NTAMINATED		
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE		ED BOTH FRO	NT/SIDE	4 - REGULAR CLASS		4 - FARM WAIVER	NJEJ	DEVICE (TEXTING, TY DIALING)	PING,	SAMPLE / UNUS			
5 - NO APPAREN	IT INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APP		(OHIO = D) 5 - EXCEPT CLASS				3 - TALKING ON HANDS-F	KEE	- TEST GIVEN, RE - TEST GIVEN, RE				
INJURED	TAKEN BY	5 - SECOND - MIDDLE	9 - DEPLOYI	MENT UNKNO	WN	6 - NO VALID OL		6 - EXCEPT CLASS / & CLASS B BUS	A	4 - TALKING ON HAND-HI	1102	UNKNOWN	30213		
1 - NOT TRANSP /TREATED A		6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	E	ECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO		COMMUNICATION DE	N3374	ALCOHOL TE	ST TYPE		
2 - EMS	JOENE	(MOTORCYCLE SIDE CAR)	1 - NOT EJE			H - HAZMAT	- N	8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY WIT ELECTRONIC DEVICE	1	- NONE			
3 - POLICE	8 - THIRD - MIDDLE 2 - PARTIALLY EJECTED 9 - THIRD - RIGHT SIDE 2 - TOTALLY EJECTED					M - MOTORCYCLE	PECTDICTIONS			6 - PASSENGER	2	- BLOOD - URINE			
9 - OTHER / UNK	(NOWN	10 - SLEEPER SECTION	3 - TOTALLY 4 - NOT APP			P - PASSENGER N - TANKER	RESTRICTIONS 10 - LIMITED TO DAYLIGHT			7 - OTHER DISTRACTION 'LIGHT ONLY INSIDE THE VEHICLE			4 - BREATH		
I STATE AND A STATE OF THE STAT	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER		14000000000	TIES .	Q - MOTOR SCOOTER		11 - LIMITED TO EMP		8 - OTHER DISTRACTION THE VEHICLE	OUTSIDE 5	-OTHER			
1 - NONE USED	RELT ONLY LISED	ENCLOSED CARGO AREA		PPED		R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL DE		9 - OTHER / UNKNOWN		DRUG TES	TTYPE		
	- SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOTTRAPPED - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICATED BY				S - SCHOOL BUS T - DOUBLE & TRIPLE	TRAILERS	(SPECIAL BRAKI	ES, HAND	CONDITION	1100	- NONE				
	OULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED MECHANICAL MEA					X - TANKER / HAZMAT		ADAPTIVE DEVI			100	2 - BL00D 3 - URINE			
5 - CHILD REST	RESTRAINT SYSTEM - MON MECHANICAL MEANS			EANS	GENDER		14 - MILITARY VEHICLE		2 - PHYSICAL IMPAIRME		T 4-OTHER				
6 - CHILD REST	RAINT SYSTEM – G	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F-FEMALE		AIR BRAKES		3 - EMOTIONAL (E.G., DEP ANGRY, DISTURBED)		RUG TEST R	ESULT(S)		
7 - BOOSTER SE		15 - NON-MOTORIST				M - MALE		16 - OUTSIDE MIRRO 17 - PROSTHETIC AII		4 - ILLNESS		- AMPHETAMINE			
8 - HELMET US		99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN		18 - OTHER		5 - FELL ASLEEP, FAINTE FATIGUED, ETC.		- BARBITURATES - BENZODIAZEPI			
9 - PROTECTIVE (ELBOW, KNI										6- UNDER THE INFLUENT OF MEDICATIONS / DR	CE ,	- CANNABINOIDS			
10 - REFLECTIVE	CLOTHING									/ALCOHOL	5	- COCAINE	IDO.		
11 - LIGHTING - I / BICYCLE OF										9 - OTHER / UNKNOWN		- OPIATES / OPIOI - OTHER	n2		
99 - OTHER / UNK	(NOWN											- NEGATIVE RESI	JLTS		

HSY8306 OH1M 1/19 [760-1500] PAGE 4 OF 6

OF PUBLIC APPEARS OCCUPANT / WITNESS ADDENDUM					LOCAL REPORT NUMBER							
				[2,0,2,3,-,0,0,0,9,9,7,5]								
UNIT #	12/20/20/20/20/20/20/20	it, first, middle N K, KATHERI	DATE OF BIRTH AGE GENDER GENDER GENER F									
	ADDRESS: STREET, CITY, STATE, ZIP 469 SUNRISE BLVD , Kent , OH 44240							CONTACT PHONE - INCLUDE AREA CODE Redacted per ORC 149.43(A)(1)				
INJURIES	INJURED TAKEN BY 9	EMS AGENCY (NAME)	,	INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
4						0,4		0 3		105	L	
UNII #	UNIT # NAME: LAST, FIRST, MIDDLE							E OF BIRTH	- F - DE	AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	- INCLUDE AREA CO	DE			
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
UNIT #	NAME: LAST, FIRST, MIDDLE						DAT	E OF BIRTH		AGE	GENDER	
								_1_1_1				
ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE			
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
UNIT#	NAME: LAS	ME: LAST, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED			DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
		JRIES	SAFETY	Y EQUIPMENT USED		SEATING POS			AIR BAG U	SAGE		
1 - FATA			1 - NONE US			IT – LEFT SIDE		1 - NOT DE				
2 - SUS	PECTED SE	RIOUS INJURY		OCCUPANT	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE			2 - DEPLOYED FRONT				
10 1000000		INOR INJURY		ER BELT ONLY USED T ONLY USED		IT - RIGHT SIDE						
	SIBLE INJU APPARENT			ER & LAP BELT USED	4 - SECOND – LEFT SID				FRANKLOVEE			
3 - NO A	E 1 (7 7 7		The state of the s	ESTRAINT SYSTEM -		ND – MIDDLE	5 - NOT APPLICABLE					
1 - NOT	TRANSPOR	TAKEN BY		D FACING ESTRAINT SYSTEM –	6 - SECOND - RIGHT SI SYSTEM - 7 - THIRD - LEFT SIDE			7 DELECTIVIENT ONKNOWN				
	EATED AT S		REAR FA			ORCYCLE SIDE	CAR)		EJECTI	0 N	PH SU	
2 - EMS			7 - BOOSTER			D – MIDDLE D – RIGHT SIDE	DE 1 - NOT EJECTED			TED.		
3 - POL	ICE ER / UNKNO	NA/N	8 - HELMET	USED TIVE PADS USED			OF TRUCK CAB 2 - PARTIALLY EJECTED HER ENCLOSED 3 - TOTALLY EJECTED					
9-011		NDER		KNEES, ETC.)		ENGER IN OTH	TRAILING UNIT, 4 - NOT APPLICABLE					
F-FEMA	100	TOEK		TIVE CLOTHING		PICK-UP WITH CAP ENGER IN UNE	AP)					
M - MAL	E		11 - LIGHTIN	G – PEDESTRIAN E ONLY	CARG	OAREA	1 - NOT TRAPPED					
U - OTHE	U - OTHER / UNKNOWN 13 - TRAILING UNIT 14 - RIDING ON VEHICL				NG ON VEHICLE	E EXTERIOR 2 - EXTRICATED BY MECHANICAL MEANS						
	(NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN							BY NON-ME	CHANIC	AL		
NAME: LA	ST, FIRST, MIDD	LE			77-01112	.K7 OWKINOWN	DAT	E OF BIRTH		AGE	GENDER	
		OBERT, HAL	ΓON				0 5 2		5 6	6.7	_ M _	
ADDRESS	: STREET, CITY,		OTT 115	40			Redacte			0 42/	Λ\/1\	
NAME: LA	ST, FIRST, MIDD	OOD ST ,Kent	, ,OH 4424	10			-	E OF BIRTH	KC 14	9.43(AGE	GENDER	
ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT DUONE	1 1 1		ш		
AUURESS	: STREET, CITY,	STALE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE I	1 81	1 1	
	NAME: LAST, FIRST, MIDDLE						The state of the s	E OF BIRTH	T	AGE	GENDER	
4000000		ATATE TIP						1 1 1		1 1 3	لــــــا	
ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE I	1 3	1 1	

HSY 8355 OH1P 3/19 [760-1500] PAGE **5** 0F **6**



LOCAL REPORT NUMBER

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TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
73-9975	Kent Police Dest	M06/027/423

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Kokart Keller HI	EREBY MAKE THIS VOLUNTARY STATEMENT TO
OFFICER'S NAME	AT LOCATION
My wife and I were warting	at the Flashing red light, northband
on Franklin Ave at W. Summit	St. when a tan champagne
Prices causing a collision. The	adillac immediately Lacked as
and pilled around the Prices h	eaching east on Summit St.
My wife and I decided to follow	the Cadillac and get the license
plate number, is tollared the	adilla south on Water St. and
plate, driver and damage to the	
turned around and returned to	the accident scene and shared
the photos with the investigating	offuer.
ADDRESS OF WITNESS, 10 10 Norwood St. Kent, Chio 4	14240
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X M CE