| OF PUBLIC SAFETY TRAFFIC CRASH   | ,                             | LOCAL REPORT NUMBER                                    | k  |                           |  |   |  |
|--|-------------------------------|--|--|---------------------------|--|---|--|
| PHOTOS TAKEN 0H-2 0H-3   | LOCAL INFORMATION             |  |  | 2 0 2 3                   | - <sub>1</sub> 0 <sub>1</sub> 0 <sub>1</sub> 0 <sub>1</sub> 2 <sub>1</sub> 0 | 1,8,9,  |  |
| OH-1P OTHER  | REPORTING AGENCY NAME*        |  | NCIC*  | HIT/SKIP                  | NUMBER OF UNITS  | UNIT IN ERROR   |  |
| SECONDARY CRASH PRIVATE PROPERTY   | City of Kent Police           | ce 0   | $6 \cdot 7 \cdot 0 \cdot 3$                                      | 1 - SOLVED L 2 - UNSOLVED | 0_2_0  | 2 98 - ANIMAL<br>99 - UNKNOWN                               |  |
| COUNTY* LOCALITY* LOCATION: CIT  | Y, VILLAGE, TOWNSHIP*         |  |  | CRASH DATE /              | 1000g  | SH SEVERITY   |  |
| 6 7 2 2-VILLAGE Kent   |                               |  |  | 12262023                  | /1048 5  | FATAL<br>SERIOUS INJURY                                     |  |
| ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH                             | LOCATION ROAD NAME            |  | ROAD TYPE  | LATITUDE DE               | CIMAL DEGREES  | SUSPECTED   |  |
| E - EAST W - WEST  | FAIRCHILD                     |  | $\mathbf{A}_{\perp}\mathbf{V}_{\perp}$                           | 4,1,1,6,4                 | 2 0 9  | MINOR INJURY<br>SUSPECTED                                   |  |
|  | REFERENCE ROAD NAME (ROA      | AD, MILEPOST, HOUSE #)                                 | ROAD TYPE  | LONGITUDE D               | ECIMAL DEGREES 4 -   | INJURY POSSIBLE   |  |
| ROUTE TYPE ROUTE NUMBER PREFIX N-NORTH S-SOUTH E-EAST W-WEST                   | <b>STONEWATER</b>             |  | D R  | -81,37,6                  | 5.9.7.   | PROPERTY DAMAGE ONLY  |  |
| REFERENCE POINT DIRECTION  | ROUTE TYPE                    | ROAD TYPE  | 2 120  |                           | INTERSECTION RELATED   | 07.053763   |  |
| N-NORTH  | - INTERSTATE ROUTE(TP)        | AL - ALLEY HW- HIGHWAY                                 | RD - ROAD  |                           | RSECTION OR ON APPROA  |   |  |
| 3-HOUSE # E-EAST   | TEBERAL OU ROUTE              | AV - AVENUE LA - LANE BL - BOULEVARD MP - MILEPOST     | SQ - SQUARE<br>ST - STREET                                       |                           | DOLLANOE AREA  |   |  |
|  | - STATE ROUTE                 | CR - CIRCLE OV - OVAL                                  | TE - TERRACE   | WITHIN IN TE              |  | BER OF APPROACHES   |  |
| FROM REFERENCE UNIT OF MEASURE   | NUMBERER TOWNSHIP             |  | TL - TRAIL   |                           | ROADWAY  |   |  |
| 4 0 2 2-FEET 3-YARDS   | ROUTE                         | DR - DRIVE PI - PIKE HE - HEIGHTS PL - PLACE           | WA - WAY   | ROADWAY DIV               | /IDED  |   |  |
| LOCATION OF FIRST HARMFUL EVEN   | IT M                          | ANNER OF CRASH COLLISION/IMPA                          | ACT  | DIRECTION OF TRAVE        | L MEDIAN   | TYPE  |  |
| 1 - ON ROADWAY 9 - CROSSOVE  | 1 - N                         | OT COLLISION 4 - REAR-TO-REAR                          |  | N - NORTH                 | 1 - DIVIDED F  | LUSH MEDIAN   |  |
|  | PARE CROSSING   7   T         | WO MOTOR<br>EHICLES IN 6-ANGLE                         |  | S - SOUTH                 | 2 - DIVIDED F  | )<br>LUSH MEDIAN  |  |
| 4 - ON ROADSIDE 12-SHARED U  | SE PATHS OR T                 | RANSPORT 7 - SIDESWIPE, SAI                            |  | E - EAST<br>W - WEST      | (≥4 FEET   |   |  |
| 5-ON GORE TRAILS 6-OUTSIDE TRAFFIC WAY 13-BIKE LANK                            |                               | EAR-END 8 - SIDESWIPE, OPP<br>EAD-ON 9 - OTHER / UNKNO |  |                           | 4 - DIVIDED, R   | AISED MEDIAN  |  |
| 7 - ON RAMP 14-TOLL BOOT   |                               |  |  |                           | (ANY TYPE<br>9 - OTHER/UN  |   |  |
| 8-OFF RAMP 99-OTHER/UI   |                               |  |  | CONTOUR                   | CONDITIONS   | SURFACE   |  |
| WORK ZONE RELATED  | WORK ZONE TYPE LANE CLOSURE   | LOCATION OF CRASH IN W<br>1 - BEFORE THE 1ST           |  | 120                       | 150 WAS A TO SAFETY (1884)   | Professional Community                                      |  |
| WORKERS PRESENT 2-   | LANE SHIFT/CROSSOVER          | WARNING SIGN<br>2 - ADVANCE WARNI                      | NC ADEA  | 1-STRAIGHT LEVEL          |  | 2   |  |
| LAW ENFORCEMENT PRESENT  | WORK ON SHOULDER<br>OR MEDIAN | 3-TRANSITION ARE                                       |  |                           |  | 1 - CONCRETE<br>2 - BLACKTOP,                               |  |
|  | INTERMITTENT OR MOVING WO     |  | ACTIVITY AREA TERMINATION AREA  3 - CURVE LEVEL 3 - SNOW         |                           |  |   |  |
|  |                               |  | MINATION AREA 4-CURVE GRADE 4-ICE 3-E                            |                           |  |   |  |
| LIGHT CONDITION  1 - DAYLIGHT  | 1 - CLEAR                     | THER<br>6 - SNOW                                       |  | 9 - OTHER/UNKNOWN         | 5 - SAND, MUD, DIRT,<br>OIL, GRAVEL  | 4 - SLAG, GRAVEL,<br>STONE                                  |  |
| 1 2- DAWN/DUSK   | 0 2 2 - CLOUDY                | 7 - SEVERE CROSSWINDS                                  |  |                           | 6 - WATER (STANDING,   | 5 - DIRT  |  |
| 3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED                      | 3 - FOG, SMOG, SMO            | OKE 8 - BLOWING SAND, SOIL, DIR                        | NG SAND, SOIL, DIRT, SNOW ING RAIN OR FREEZING DRIZZLE 7 - SLUSH |                           |  |   |  |
| 5 - DARK – UNKNOWN ROADWAY LIGHTING  |                               | 99 - OTHER / UNKNOWN                                   |  |                           | 9 - OTHER/UNKNOWN  |   |  |
| 9 - OTHER / UNKNOWN  |                               |  |  |                           |  |   |  |
| NARRATIVE  |                               |  |  |                           | A  | Indicate the north direction with                           |  |
| UNITS 1 AND 2 WERE EB ON   | FAIRCHILD AVE                 |  |  |                           | 4  | an "N" on the compass diagram.                              |  |
| APPROACHING STONEWAT   | TER DR. UNIT 2                |  |  |                           |  | 8 8 49  |  |
| ATTEMPTED TO PASS UNIT   | T I IN A NO                   |  |  |                           |  |   |  |
| PASSING ZONE JUST EAST   |                               | D  |  |                           | (R)  |   |  |
|  |                               |  | 1 1  | s 9                       | Not To Scal  |   |  |
| DR. BY DRIVING THROUGH   | H A SOUTHBOUNI                | <u> </u>   |  |                           | FAIRCHILDAVE.  |   |  |
| TURNING LANE. UNIT 2 ST  | RUCK UNIT 1                   |  |  | -                         | Unit 2   |   |  |
| DURING THIS IMPROPER I   | PASSING.                      |  | _  |                           |  |   |  |
|  |                               |  | <u> </u>   |                           | UNIT1  | <u></u>   |  |
|  |                               |  |  | STONEWAT                  | EBDB   |   |  |
|  |                               |  | 1 1  | JIONEWAI                  | and conflicted   |   |  |
|  |                               |  |  |                           |  |   |  |
|  |                               |  |  |                           |  |   |  |
| CRASH REPORTED DATE / TIME   | DISPATCH DATE / TIME          | ARRIVAL DATE / TIMI                                    |  | SCENE CLEARED             | I⊽   | POLICE AGENCY   |  |
| $1_{1}2_{1}2_{1}6_{1}2_{1}0_{1}2_{1}3_{1}/1_{1}0_{1}4_{1}8_{1}1_{1}2_{1}2_{1}$ |                               |  |  |                           | 3/1123   | MOTORIST  |  |
| TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINU                  |                               |  | HECKED BY OFFI<br>Vheeler,                                       |                           | 片  | SUPPLEMENT  |  |
|  |                               | BADGE NUMBER*  |  | BY OFFICER'S BADGE        | NUMBER*  | (CORRECTION OF ADDITION TO AN EXISTING REPORT SENT TO ODPS) |  |
| 0 0 0 0 3 0 0 6  | 2 2 5 1                       | 1 1 1 1  | 2 . 4  | 3 1                       |  |   |  |

| LOCAL REPOR      | RT NUMBER             |
|------------------|-----------------------|
| 2 0 2 3 - 0 0    | 0 2 0 1 8 9           |
| DAM              | AGE                   |
| DAMAGE           | SCALE                 |
| 1 - NONE         | 3 - FUNCTIONAL DAMAGE |
| 2 - MINOR DAMAGE | 4 - DISABLING DAMAGE  |
| 9 - UNKN         | IOWN                  |
| DAMAGED          |                       |
| INDICATE ALL     | THAT APPLY            |
| 12               | 12                    |
| 11 12            | 11 12                 |
| R 11 1 2         | 10 11 1 1             |
| <u> </u>         | 10 2                  |
| 9 3 3            | 9 3                   |
|                  | 0 4 -                 |
| 8 7 5 4          | 8 7 5 5               |
| 7 5 12           | 7 5                   |
| 6 11 12          | ·                     |
| 10 11            | 1 2                   |
| 10               | 2                     |
| 9 9              | 3 3                   |
| 8                | 4 —                   |

|                   | 4 - WEST | 8 - SOUTHWEST<br>9 - OTHER / UNKNOWN                 |
|-------------------|----------|--|
| UNIT SPEED        | 1 1-57   | CTED SPEED  FATED / ESTIMATED SPEED  ALCULATED / EDR |
| POSTED SPEED  3 5 | 3 - UI   | NDETERMINED  |

| <u>.                                      </u> |  |   |   |                                    |  |  |   | UUU              | $\mathbf{J}_{\perp}\mathbf{U}_{\perp}\mathbf{Z}_{\perp}\mathbf{U}_{\perp}\mathbf{I}_{\perp}8_{\perp}9_{\perp}$ |  |  |  |
|--|--|---|---|------------------------------------|--|--|---|------------------|--|--|--|--|
| UNIT # 0 1                                     | OWNER NAME: LAST, FIR DISANZA, RODRESS: STREET, CITY, STATE                    |   |   | Reda                               | cted per C                                 | DRC 149.43(A)(1)                             | DAMAGE  DAMAGE SCALE  1 - NONE  3 - FUNCTIONAL DANAGE |                  |  |  |  |  |
|  |  |   | ,Kent ,OH 44  | 240                                |  |  | 2 2 - MINOR DAMAGE 4 - DISABLING DAMAGE               |                  |  |  |  |  |
| COMMERC  | CIAL CARRIER: NAME, ADD  | RESS, CITY, STATE, ZIP                            |   | Сомм                               | ERCIAL CARRIER P                           | HONE: INCLUDE AREA CODE                      | 9 - UNKNOWN   |                  |  |  |  |  |
| LP STATE                                       | LICENSE PLATE #  | VEHICLE   | IDENTIFICATION #  | - Iv                               | EHICLE YEAR                                | R VEHICLE MAKE                               | I DAMAGED AREA(S) INDICATE ALL THAT APPLY             |                  |  |  |  |  |
| $\mathbf{O}_{\perp}\mathbf{H}_{\parallel}$     | HZF7545  | 1 C4BJWD  | $G_0J_LB_2J_7$  |                                    | $2 \downarrow 0 \downarrow 1 \downarrow 8$ | Jeep   | 12 1  |                  | 12   |  |  |  |
| INSURA<br>VERIFI                               |  |   | 960060-SFP-35   |                                    | GRY  | WRANGLE                                      | R 12  | 2                | 10 11 12 2   |  |  |  |
| COMME  | TYPE OF USE  | IN EMERGENCY RESPONSE                             | US DOT#   | TOWED                              | BY: COMPANY                                | NAME   | 9 9 3   | 3                | 9 10 2 3 3   |  |  |  |
| INTER DEVICE EQUIP                             | E     HIT/SKIP UNI   | #OCCUPANTS VEI                                    | HICLE WEIGHT GVWR/GCWR<br>1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS | RE RE                              |  | S MATERIAL<br>LASS # PLACARD ID #            | 8 6 4 5 6   | 74               | 8 7 5 4  |  |  |  |
|  | 1 - PASSENGER CAR  | 7 - MOTORCYCLE 2-WHEELED                          | 3 - >26K LBS.<br>12-G0LF CART                                   | 18 - LIMO (LIVE)                   | 10/18/20/20                                | 23 - PEDESTRIAN / SKATER                     | 6   | 11               | 12 7 6 5   |  |  |  |
| 0.3  | 2 - PASSENGER VAN (MINIVAN)  |   | 13-SNOWMOBILE   | 19 - BUS (16+ PA                   |  | 24 - WHEELCHAIR (ANY TYPE)                   | 10  | / 11             | 1 2  |  |  |  |
| UNITTYPE                                       | 3 - SPORT UTILITY VEHICLE<br>4 - PICKUP  | 9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED          | 14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR                     | 20 - OTHER VEHI<br>21 - HEAVY EQUI |  | 25 - OTHER NON-MOTORIST<br>26 - BICYCLE      | 9   | 9                | 3 3  |  |  |  |
|  | 5 - CARGO VAN BICYCLE  |   | 16 - FARM EQUIPMENT   | 22 - ANIMAL WIT                    |  | 27 -TRAIN                                    | \ \   | 8                |  |  |  |  |
| <u>.</u>                                       | 6 - VAN (9-15 SEATS)   | (ATV / UTV)                                       | 17 - MOTORHOME  | ANIMAL-DI                          | AWII VEHICLE                               | 99 - UNKNOWN OR HIT/SKIP                     | 8   | XII              | 6  |  |  |  |
| VEHICL   | # OF TRAILING UNITS  |   | D. NO AUTOMATICAL   | 2 AMINITIA                         | AUTOMATON                                  | O HIMANONA                                   | 11 12   |                  | 6 11 12 1  |  |  |  |
| > <sub>2</sub>                                 | WAS VEHICLE OPERATING IN AL<br>MODE WHEN CRASH OCCURRED                        |   | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE                      | 3 - CONDITIONA<br>4 - HIGH AUTON   | AL AUTOMATION '                            | y - UNKNUWN                                  | 10 11 1   | 2                | 10 11 1 2  |  |  |  |
|  | 1-YES 2-NO 9-OTHER/UNK   | Section 1   | 2 - PARTIAL AUTOMATION  | 5 - FULL AUTON                     | MATION                                     |  | 9 9 3   | 3                | 9 9 3 3  |  |  |  |
| 1021 1100                                      | 1 - NONE   | 6 - BUS - CHARTER/TOUR                            | 11-FIRE   | 16-FARM 21-MAIL CARRIER            |  |  | 8 4   | 7.               | 8 4  |  |  |  |
|  | 0 1 2 - TAXI 7 - BUS - INTERCITY 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE |   | 12 - MILITARY<br>13 - POLICE                                    | 17 - MOWING<br>18 - SNOW REMO      |  | 99-OTHER / UNKNOWN                           | 8 6   | / 4              | 8 6 5 4  |  |  |  |
| SPECIAL FUNCTION                               | FUNCTION 4 - SCHOOL TRANSPORT 9 - BUS - OTHER                                  |   | 14 - PUBLIC UTILITY   | ICUTILITY 19-TOWING                |  |  | 6 5   |                  | 6 5  |  |  |  |
|  | 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - C                               |   | 15 - CONSTRUCTION EQUIPMENT                                     |                                    |  |  |   | 12               | 12 12  |  |  |  |
| $\lfloor 0 \rfloor 1 \rfloor$                  | 1 - NO CARGO BODY TYPE<br>/ NOT APPLICABLE                                     | 3 - VEHICLE TOWING ANOTHER<br>MOTOR VEHICLE       | 5 - INTERMODAL CONTAINER<br>CHASSIS                             | 8 - POLE<br>9 - CARGO TANK         |  | 12 - CONCRETE MIXER<br>13 - AUTOTRANSPORTER  | 12  | 1                |  |  |  |  |
| BODY   | BODY   |   |   | 10-FLAT BED                        |  | 14-GARBAGE/REFUSE                            | 9 P P 3   | 9                | 3 9 7 3 9 8 3  |  |  |  |
| TYPE   | ТҮРЕ   |   | 7 - GRAIN/CHIPS/GRAVEL  | 11-00/45                           |  | 99 - OTHER / UNKNOWN                         |   | *                |  |  |  |  |
| VEHICLE  |  |   | 7 - WORN OR SLICKTIRES<br>8 - TRAILER EQUIPMENT                 | 9 - MOTOR TROU<br>10 - DISABLED F  |  | 99 - OTHER / UNKNOWN                         | 6   |                  |  |  |  |  |
|  | 3 - TAIL LAMPS   | 6 - TIRE BLOWOUT                                  | DEFECTIVE ACCIDENT  |                                    |  |  | □-NO DAMAG  | ELUI             | - UNDERCARRIAGE [14]   |  |  |  |
|  | 1 - INTERSECTION - MARKED  | 3 - INTERSECTION - OTHER                          | 6 - BICYCLE LANE  | 9 - MEDIAN/CRO                     |  | 12 -FIRST RESPONDER                          |   |                  | _  |  |  |  |
| NON-MOTORIST                                   | CROSSWALK  7 2-INTERSECTION - UNMARKED   | 4 - MIDBLOCK - MARKED<br>CROSSWALK                | 0 - SIVE WALK 11- SHAKED USE PATHS OK                           |                                    | AT INCIDENT SCENE<br>99-OTHER / UNKNOWN    | ☐-TOP [13]                                   |   | - ALL AREAS [15] |  |  |  |  |
| AT IMPACT                                      |  | 5 - TRAVEL LANE - OTHER LOCATION                  |   | TRAILS                             | 10.1.01/                                   | - UNIT NOT AT SCENE [16                      |   |                  | TAT SCENE [16]   |  |  |  |
|  | 1 - NON-CONTACT<br>2 - NON-COLLISION   | 1 - STRAIGHT AHEAD<br>2 - BACKING                 | 7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE                  | 13 - NEGOTIATIN<br>14 - ENTERING O |  | 18-APPROACHING<br>OR LEAVING VEHICLE         | 1000 mm 1000  |                  | INT OF CONTACT   |  |  |  |
| 4  | 3-STRIKING UI  | 3 - CHANGING LANES                                | 9 - LEAVING TRAFFIC LANE  | SPECIFIED                          | LOCATION                                   | 19-STANDING<br>20-OTHER NON-MOTORIST         | 0 - NO DAM  |                  | 14 - UNDERCARRIAGE<br>NIT 15 - VEHICLE NOT AT SCENE  |  |  |  |
| ACTION   | 5 - BOTH STRIKING ACTIONS  | 4 - OVERTAKING/PASSING                            | 10 - PARKED 15 - WALKING, RUNNING,<br>JOGGING, PLAYING          |                                    | 21 - STANDING OUTSIDE                      | DIA<br>13-TOP                                | GRAM  | 99 - UNKNOWN     |  |  |  |  |
|  | & STRUCK<br>9-OTHER/UNKNOWN  | 6 - MAKING LEFT TURN                              | INTRAFFIC 16-WORKING  |                                    |  | DISABLED VEHICLE<br>99 - OTHER / UNKNOWN     | 13-109  |                  |  |  |  |  |
|  | 1-NONE   | 7 - LEFT OF CENTER                                |   | 17 - VISION OBS                    | TRUCTION                                   | 21 - LYING IN ROADWAY                        | TRAFFICWAY FLOW                                       | TRA              | TRAFFIC CONTROL  |  |  |  |
| 922  | 2 - FAILURE TO YIELD   | 8 - FOLLOWING TOO CLOSE / ACDA                    | DIDI/ED DOGITION  | 18-OPERATING<br>EQUIPMENT          | DEFECTIVE                                  | 22 - NOT DISCERNIBLE                         | 1 - ONE-WAY   |                  | 1 - ROUNDABOUT 4 - STOP SIGN   |  |  |  |
| $0_1$  | 3 - RAN RED LIGHT<br>4 - RAN STOP SIGN   | 9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING | ILLEGALLY   | 19-LOAD SHIFT                      | Ularan arangan 19                          | 23 - OPENING DOOR INTO<br>ROADWAY            | 2 - TWO-WAY   | 6                | 2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL  |  |  |  |
| CONTRIBUTING CIRCUMSTANCES                     | 5 - UNSAFE SPEED   | 11 - DROVE OFF ROAD                               | 15 - SWERVING TO AVOID<br>16 - WRONG WAY                        | SPILLING<br>20 - IMPROPER (        |  | 99-OTHER IMPROPER ACTION                     | # of THROUGH LANES                                    |                  | RAIL GRADE CROSSING  |  |  |  |
| SEQUENCE                                       | 6-IMPROPERTURN E OF EVENTS   | 12 - IMPROPER BACKING                             | E   |                                    |  |  | ON ROAD   |                  | 1 - NOT INVOLVED   |  |  |  |
| PΑ   |  | / FOURDIENT THE TOTAL                             | NON-COLLISION   | 3/ 847                             | TUTAL E                                    | 00 W00// 70W                                 | 2   | 1                | 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING   |  |  |  |
| 1 <b>2 0</b>                                   | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION                                    | 6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS  | 11 - CROSS CENTERLINE —<br>OPPOSITE DIRECTION OF                | 16 - RAILWAY VE<br>17 - ANIMAL — F | FARM                                       | 22 - WORK ZONE MAINTENANCE<br>EQUIPMENT      |   |                  |  |  |  |  |
| 21   | 3 - IMMERSION  | 8 - RAN OFF ROAD RIGHT                            | 12 - DOWNHILL RUNAWAY   | 18-ANIMAL - I                      | 5221                                       | 23 - STRUCK BY FALLING,<br>SHIFTING CARGOOR  | UNIT /  | NUN-MO           | TORIST DIRECTION  1 - NORTH 5 - NORTHEAST  |  |  |  |
| 2  | 4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT   | 9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN        | 13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN                     | 20 - MOTOR VEH                     | ICLE IN                                    | ANYTHING SET IN MOTION<br>BY A MOTOR VEHICLE | 1   | 3                | 2 - SOUTH 6 - NORTHWEST  |  |  |  |
| 3  | LOSS OR SHIFT  |   | 15 - PEDALCYCLE   | TRANSPORT<br>21 - PARKED MO        |  | 24 - OTHER MOVABLE OBJECT                    | FROM 4 TO   | 3                | 3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST   |  |  |  |
|  | 25 - IMPACT ATTENUATOR   | COLLISION<br>31-GUARDRAIL END                     | N WITH FIXED OBJECT<br>37 - TRAFFIC SIGN POST                   | 43-CURB                            |  | 50 - WORK ZONE MAINTENANCE                   |   |                  | 9 - OTHER / UNKNOWN  |  |  |  |
| 4  | / CRASH CUSHION<br>26 - BRIDGE OVERHEAD  | 32 - PORTABLE BARRIER                             | 38 - OVERHEAD SIGN POST   | 44 - DITCH                         |  | EQUIPMENT<br>51 - WALL                       | UNIT SPEED  |                  | DETECTED SPEED   |  |  |  |
| 5  | STRUCTURE  | 34 - MEDIAN GUARDRAIL                             | 39 - LIGHT / LUMINARIES<br>SUPPORT                              | 45 - EMBANKME<br>46 - FENCE        |  | 52-BUILDING                                  | 0,3,5,  |                  | 1 - STATED / ESTIMATED SPEED   |  |  |  |
|  | 27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET                            | BARRIER<br>35 - MEDIAN CONCRETE                   | 40 - UTILITY POLE<br>41 - OTHER POST, POLE                      | 47 - MAILBOX<br>48 - TREE          |  | 53 - TUNNEL<br>54 - OTHER FIXED OBJECT       |   | _                | 2 - CALCULATED / EDR   |  |  |  |
| 6  | 29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE  | BARRIER<br>36 - MEDIAN OTHER BARRIER              | OR SUPPORT<br>42 - CULVERT                                      | 49-FIRE HYDRA                      |  | 99 - OTHER / UNKNOWN                         | POSTED SPEED  |                  | 3 - UNDETERMINED   |  |  |  |
| 124  | 20-GUARDRAIL FACE  | JO-INCUIAN OTHER DARRIEK                          | TE TOULVER!   |                                    |  |  | 3 5   |                  |  |  |  |  |

LOCAL REPORT NUMBER

|                           |  |   |   |   |   |   | 0,0,2,0,1,8,9,   |  |  |  |  |
|---------------------------|--|---|---|---|---|---|--|--|--|--|--|
| 0 2                       | DUGAN, CR  | ST, MIDDLE (X SAME AS DRIVER)                             |   | Redacted per                                      | ORC 149.43(A)(1)                                      | DA  | MAGE SCALE   |  |  |  |  |
| OWNER A                   | DDRESS: STREET, CITY, STATE                              |   |   |   | 9.7   | 1 - NONE 3 - FUNCTIONAL DANAGE            |  |  |  |  |  |
|                           | VALTER ST, K   |   | .0  |   |   | 2 2 - MINOR DAMAGE 4 - DISABLING DAMAGE   |  |  |  |  |  |
| COMMER                    | CIAL CARRIER: NAME, ADD                                  | RESS, CITY, STATE, ZIP                                    |   | COMMERCIAL CARRIER                                | PHONE: INCLUDE AREA CODE                              | 9 - UNKNOWN                               |  |  |  |  |  |
|                           |  |   |   | 1   |   | J DAMAGED AREA(S) INDICATE ALL THAT APPLY |  |  |  |  |  |
|                           | JXK3248  |   | E IDENTIFICATION # $(6.9, 0.3, 2.6, 0.4)$             | 8,6,6, 2,0,1,                                     |   | 12  | 12   |  |  |  |  |
|                           | ANCE INSURANCE COM                                       | PANY I  | NSURANCE POLICY #                                     | COLOR   | VEHICLE MODEL   | 11 12                                     | 11 12 1  |  |  |  |  |
| X INSURA                  | - IIII - III   | RM 3  | 198316-SFP-35   | LBL   | LEGACY  | 10 11 1 2                                 | 10 11 1 1 2  |  |  |  |  |
| Сомм                      | TYPE OF USE  ERCIAL GOVERNMENT                           | IN EMERGENCY RESPONSE                                     | US DOT#   | TOWED BY: COMPAN                                  | Y NAME  | 9 10 2 3                                  | 10, 2  |  |  |  |  |
| 1,000,000                 |  | VE  | HICLE WEIGHT GVWR/GCWR                                |   | US MATERIAL   |   | - 8 0 4 -  |  |  |  |  |
| DEVIC                     | RLOCK HIT/SKIP UNI                                       | IT #UCCUPANTS   | 1 - ≤10KLBS.<br>2 - 10,001 - 26KLBS                   | RELEASED  | CLASS # PLACARD ID #                                  | 8 7 6 4                                   | 8 7 5 5  |  |  |  |  |
| - EQUIP                   |  | 0,1   | 3 - >26K LBS.   | PLACARD   | لللكا لل  | 7 6 5                                     | 12 7 6 5   |  |  |  |  |
|                           | 1 - PASSENGER CAR  | 7 - MOTORCYCLE 2-WHEELED                                  | 12 - GOLF CART  | 18 - LIMO (LIVERY VEHICLE)                        | 23 - PEDESTRIAN / SKATER                              | 10  | 12   |  |  |  |  |
| $\lfloor 0 \rfloor 1$     | 2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE | 8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE                 | 13-SNOWMOBILE<br>14-SINGLE UNITTRUCK                  | 19-BUS (16+ PASSENGERS)<br>20-OTHER VEHICLE       | 24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST | _   | 10 2   |  |  |  |  |
| UNITTYPE                  | *E 4 - PICKUP 10 - MOPED OR MOTORIZE                     |   | 15 - SEMI-TRACTOR                                     | 21 - HEAVY EQUIPMENT                              | 26 - BICYCLE  | 9   | 9 3 3  |  |  |  |  |
|                           | 5 - CARGO VAN<br>6 - VAN (9-15 SEATS)                    | BICYCLE<br>11 - ALL TERRAIN VEHICLE                       | 16 - FARM EQUIPMENT<br>17 - MOTORHOME                 | 22 - ANIMAL WITH RIDER OR<br>ANIMAL-DRAWN VEHICLE | 27 -TRAIN<br>99 - UNKNOWN OR HIT/SKIP                 | 7.  | 7 5 7  |  |  |  |  |
| 8, ,                      | # OF TRAILING UNITS                                      | (ATV/UTV)   | Tr-motornome  |   | 77-5HKHOWN 5K HI 135KH                                | * 7                                       | 6 5 12   |  |  |  |  |
| VEHICLE                   |  |   | 0 - NO AUTOMATION                                     | 2 CONDITIONAL ASSESSMENT                          | O UNIVERSE  | 11 12                                     | 6 11 12  |  |  |  |  |
| > ^                       | WAS VEHICLE OPERATING IN AL<br>MODE WHEN CRASH OCCURRE   |   | 1 - DRIVER ASSISTANCE                                 | 3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION | 9 - UNKNUWN   | 10 11 1 2                                 | 10 11 1 2  |  |  |  |  |
| 2                         | 1-YES 2-NO 9-CTHER/UNK                                   | NOWN AUTONOMOUS   | 2 - PARTIAL AUTOMATION                                | 5 - FULL AUTOMATION                               |   | 9 10 2 3                                  | 10 2   |  |  |  |  |
|                           | 1 - NONE   | MODE LEVEL<br>6 - BUS - CHARTER/TOUR                      | 11-FIRE   | 16-FARM   | 21 - MAIL CARRIER                                     | 8 4                                       | 8 4 —  |  |  |  |  |
| 0.1                       | 2 - TAXI   | 7 - BUS - INTERCITY                                       | 12 - MILITARY   | 17 - MOWING                                       | 99 - OTHER / UNKNOWN                                  | 8 7 5 4                                   | 8 7 5  |  |  |  |  |
| SPECIAL                   | 3 - ELECTRONIC RIDE SHARING<br>N 4 - SCHOOL TRANSPORT    | 8 - BUS - SHUTTLE<br>9 - BUS - OTHER                      | 13 - POLICE<br>14 - PUBLIC UTILITY                    | 18-SNOW REMOVAL<br>19-TOWING                      |   | 7 6                                       | 7 6 5  |  |  |  |  |
| FUNCTIO                   | 5 - BUS - TRANSIT/COMMUTER                               |   | 15 - CONSTRUCTION EQUIPMENT                           |   |   |   |  |  |  |  |  |
| 0.1                       | 1 - NO CARGO BODY TYPE                                   | 3 - VEHICLE TOWING ANOTHER                                | 5 - INTERMODAL CONTAINER                              | 8 - POLE  | 12 - CONCRETE MIXER                                   | 12  | 12 12 12   |  |  |  |  |
| CARGO                     | / NOT APPLICABLE<br>2 - BUS                              | MOTORVEHICLE 4 - LOGGING                                  | CHASSIS  6 - CARGO VAN/ENCLOSED BOX                   | 9 - CARGO TANK                                    | 13-AUTOTRANSPORTER                                    | RA.                                       |  |  |  |  |  |
| BODY                      |  |   | 10-FLAT BED<br>11-DUMP                                | 14-GARBAGE/REFUSE<br>99-OTHER/UNKNOWN             | , , ,   | = 3 9 <b>T</b> 3 9 🏶 3                    |  |  |  |  |  |
|                           |  |   | 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN                |   | Q.  |   |  |  |  |  |  |
| VEHICLE                   | 2 - HEAD LAMPS   | 5 - STEERING  | 8 - TRAILER EQUIPMENT                                 | 10-DISABLED FROM PRIOR                            | 77-0111ER7 ORKHOTH                                    | 6   |  |  |  |  |  |
|                           | 3 - TAIL LAMPS   | 6 - TIRE BLOWOUT  | DEFECTIVE   | ACCIDENT  |   | - NO DAMAGE [ 0                           | ] - UNDERCARRIAGE [14]   |  |  |  |  |
|                           | 1 - INTERSECTION - MARKED                                | 3 - INTERSECTION - OTHER                                  | 6 - BICYCLE LANE                                      | 9 - MEDIAN/CROSSING ISLAND                        | 12 - FIRST RESPONDER<br>AT INCIDENT SCENE             |   | _  |  |  |  |  |
| NON-MOTORIS               | CROSSWALK  7 2-INTERSECTION - UNMARKED                   | 4 - MIDBLOCK - MARKED<br>CROSSWALK                        | 7 - SHOULDER / ROADSIDE<br>B - SIDEWALK               |   |   | □- <b>TOP</b> [13]                        | - ALL AREAS [ 15 ]   |  |  |  |  |
| AT IMPACT                 | CROSSWALK  | 5 - TRAVEL LANE - OTHER LOCATION                          |   | TRAILS  |   | - UNIT                                    | NOTAT SCENE [16]   |  |  |  |  |
|                           | 1 - NON-CONTACT  | 1 - STRAIGHT AHEAD  | 7 - MAKING U-TURN                                     | 13 - NEGOTIATING A CURVE                          | 18-APPROACHING  | INITIAL                                   | POINT OF CONTACT   |  |  |  |  |
| 3                         | 3-STRIKING 0 4   | 2 - BACKING<br>J 3 - CHANGING LANES                       | 8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE | 14 - ENTERING OR CROSSING<br>SPECIFIED LOCATION   | OR LEAVING VEHICLE  19-STANDING                       | 0 - NO DAMAGE                             | 14 - UNDERCARRIAGE   |  |  |  |  |
| ACTION                    | 4 - STRUCK PRE-CRASI                                     | K PRE-CRASH 4 - CVERTAKING/PASSING 10 - PARKED 15         |   | 15 - WALKING, RUNNING,                            | 20 - OTHER NON-MOTORIST                               | 0 3 1-12 - REFER TO                       | UNIT 15-VEHICLE NOT AT SCENE   |  |  |  |  |
|                           | 5 - BOTH STRIKING ACTIONS<br>& STRUCK                    | 5 - MAKING RIGHT TURN                                     | 11 - SLOWING OR STOPPED<br>INTRAFFIC                  | JOGGING, PLAYING<br>16 - WORKING                  | 21 - STANDING OUTSIDE<br>DISABLED VEHICLE             | 13-T0P                                    | 99 - UNKNOWN   |  |  |  |  |
|                           | 9 - OTHER / UNKNOWN                                      | 6 - MAKING LEFT TURN                                      | 12 - DRIVERLESS                                       | 17 - PUSHING VEHICLE                              | 99 - OTHER / UNKNOWN                                  | 1   | RAFFIC   |  |  |  |  |
|                           | 1-NONE   | 7 - LEFT OF CENTER  | 13 - IMPROPER START FROM A                            | 17 - VISION OBSTRUCTION                           | 21 -LYING IN ROADWAY                                  | TRAFFICWAY FLOW                           | TRAFFIC CONTROL  |  |  |  |  |
| 4.0                       | 2 - FAILURE TOYIELD<br>3 - RAN RED LIGHT                 | 8 - FOLLOWING TOO CLOSE / ACD<br>9 - IMPROPER LANE CHANGE | A PARKED POSITION  14 - STOPPED OR PARKED             | 18 - OPERATING DEFECTIVE<br>EQUIPMENT             | 22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO        | 1 - ONE-WAY                               | 1 - ROUNDABOUT 4 - STOP SIGN   |  |  |  |  |
| 1.0                       | 4 - RAN STOP SIGN  | 10-IMPROPER PASSING                                       | ILLEGALLY   | 19-LOAD SHIFTING/FALLING/                         | ROADWAY   | 2 2 - TWO-WAY                             | 6 2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL  |  |  |  |  |
| CONTRIBUTION CIRCUMSTANCE | S 5 - UNSAFE SPEED                                       | 11 - DROVE OFF ROAD                                       | 15 - SWERVING TO AVOID<br>16 - WRONG WAY              | SPILLING<br>20 - IMPROPER CROSSING                | 99 - OTHER IMPROPER ACTION                            | # an TUDOUSU LANES                        | 21 Per SCHALL SANDER SCHALL SANDER AND STREET STREET   |  |  |  |  |
| Z                         | 6-IMPROPERTURN   | 12 - IMPROPER BACKING                                     |   |   |   | # OF THROUGH LANES<br>ON ROAD             | RAIL GRADE CROSSING  1 - NOT INVOLVED  |  |  |  |  |
| SEQUENC                   | E OF EVENTS  |   | NON-COLLISION   |   |   | 2   | 1 2 - INVOLVED-ACTIVE CROSSING   |  |  |  |  |
| 1 2 0                     | 1 - OVERTURNIROLLOVER                                    | 6 - EQUIPMENT FAILURE                                     | 11 - CROSS CENTERLINE —<br>OPPOSITE DIRECTION OF      | 16 - RAILWAY VEHICLE<br>17 - ANIMAL — FARM        | 22 - WORK ZONE MAINTENANCE<br>EQUIPMENT               |   | 3 - INVOLVED-PASSIVE CROSSING  |  |  |  |  |
|                           | 2 - FIRE/EXPLOSION 3 - IMMERSION                         | 7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT         | TRAVEL  | 18-ANIMAL - DEER                                  | 23 - STRUCK BY FALLING,                               | UNIT / NON-                               | MOTORIST DIRECTION   |  |  |  |  |
| 2                         | 4 - JACKKNIFE  | 9 - RAN OFF ROAD LEFT                                     | 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION        | 19-ANIMAL - OTHER<br>20-MOTOR VEHICLE IN          | SHIFTING CARGOOR<br>ANYTHING SET IN MOTION            | -   | 1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST   |  |  |  |  |
|                           | 5 - CARGO / EQUIPMENT<br>LOSS OR SHIFT                   | 10-CROSS MEDIAN   | 14-PEDESTRIAN   | TRANSPORT   | BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT       | FROM 4 TO L.                              | 3 - EAST 7 - SOUTHEAST   |  |  |  |  |
| 3                         | indicatorial and activities                              | COLLISIO  | 15-PEDALCYCLE N WITH FIXED OBJECT                     | 21-PARKED MOTOR VEHICLE                           |   | 2000                                      | 4 - WEST 8 - SOUTHWEST<br>9 - OTHER / UNKNOWN  |  |  |  |  |
| 4                         | 25-IMPACT ATTENUATOR<br>/ CRASH CUSHION                  | 31 - GUARDRAIL END  | 37 - TRAFFIC SIGN POST                                | 43 - CURB   | 50 - WORK ZONE MAINTENANCE<br>EQUIPMENT               | es<br>Special before ADA; AMARIES         | Substitution of the Control of the C |  |  |  |  |
|                           | 26-BRIDGE OVERHEAD                                       | 32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER        | 38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES    | 44 - DITCH<br>45 - EMBANKMENT                     | 51 - WALL   | UNIT SPEED                                | DETECTED SPEED   |  |  |  |  |
| 5                         | STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT                | 34 - MEDIAN GUARDRAIL                                     | SUPPORT   | 46-FENCE  | 52 - BUILDING   | $\begin{bmatrix} 0 & 4 & 0 \end{bmatrix}$ | 1 - STATED / ESTIMATED SPEED   |  |  |  |  |
|                           | 28-BRIDGE PARAPET  | 35 - MEDIAN CONCRETE                                      | 40 - UTILITY POLE<br>41 - OTHER POST, POLE            | 47 - MAILBOX<br>48 - TREE                         | 53 - TUNNEL<br>54 - OTHER FIXED OBJECT                | DOCTED CREED                              | 3 - UNDETERMINED   |  |  |  |  |
| 6                         | 29-BRIDGE RAIL<br>30-GUARDRAIL FACE                      | BARRIER<br>36 - MEDIAN OTHER BARRIER                      | OR SUPPORT<br>42 - CULVERT                            | 49-FIRE HYDRANT                                   | 99-OTHER/UNKNOWN                                      | POSTED SPEED                              | y - vilver entitles  |  |  |  |  |
| _1_1                      | FIRST HARMFUL EVEN                                       |   | ARMFUL EVENT  |   |   | 3 5                                       |  |  |  |  |  |
| _                         | . IKSI MAKWIFUL EVE                                      | MUSI H  | AKMITUL EVENT   |   |   |   | 1  |  |  |  |  |

| OFFICIAL SAFETY MOTORIST / NON-MOTORIST |  |  |                            |                  |         |  | LOCAL REPORT NUMBER |  |   |                                |              |                                |                               |                              |  |
|---|--|--|----------------------------|------------------|---------|--|---------------------|--|---|--------------------------------|--------------|--------------------------------|-------------------------------|------------------------------|--|
| SAFETY - MES                            | PRICE - PROTECTION   | 010K151 / 140  | 114 – 1A1                  | 1010             | K12     | ı  |                     |  | <b>2 0 1</b>  | 2   3   -                      | $0_{\perp}0$ | 0 2                            | 0_1_8                         | 9                            |  |
| UNIT #                                  | and the second   | , FIRST, MIDDLE  |                            |                  |         |  |                     |  | DATE OF BIRTH AGE GENDER  |                                |              |                                |                               |                              |  |
|   | 4  | ZA, ROGER, W   |                            |                  |         |  |                     |  |   | $1_{1}6_{1}$                   |              | -1 10                          | 5 6                           | M                            |  |
|   | : STREET, CITY, S  |  |                            |                  |         |  |                     |  | CONTACT PHONE - INCLUDE AREA CODE  Pod act and por OPC 140 43(A)(1) |                                |              |                                |                               |                              |  |
| -                                       |  | MEADOWS BLV  | D ,Ke                      |                  |         |  |                     |  | Redacted per ORC 149.43(A)(1)                                       |                                |              |                                |                               |                              |  |
|   | INJURED<br>TAKEN   | EMS AGENCY (NAME)                                      |                            | INJUREDT         | AKEN TO | : MEDICAL FACILITY                       | (NAME, CITY)        | USED                                       | DOT-C   | MPLIANT                        | POSITION     | AIR BAG USA                    | GE EJECTION                   | TRAPPED                      |  |
| <u>5</u>                                | BY   | LYAFNOT WHAPER   |                            | OFFEN            | - AIIA  |  |                     | 0,4  | ☐MC HE  | LMET 0                         |              | L                              |                               | L                            |  |
| OL STATE                                |  | LICENSE NUMBER<br>CTED PER ORC 450                     | 1:1-12                     | OFFENS           | SE CHAI | KGED                                     | CODE                | OFFENSE DESC                               | RIPIIUN   |                                |              | CITATION NUMBER                |                               |                              |  |
| O, H                                    | S ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIVER  |  |                            |                  | AL C    | OHOL / DRUG SUSPE                        | CTED                | CONDITION                                  | ALO   | COHOL TEST                     | and the same | DRUG TEST(S)                   |                               |                              |  |
| OL OLASS                                | SELECT UP TO 2   |  | DIST                       | TRACTED          | _       | LCOHOL MAR                               |                     | CONDITION                                  | STATUS T  | YPE VALU                       | JE S         | TATUS TY                       | PE RESUL                      | SELECTUPTO4                  |  |
| 4                                       | 0_3  |  |                            |                  | 0       | THER DRUG                                |                     | 1  | , 1 1 • 1   |                                |              |                                |                               |                              |  |
| UNIT #                                  | NAME: LAST, FIRST, MIDDLE  |  |                            |                  |         |  |                     |  |   | DATE OF B                      | IRTH         |                                | AGE                           | GENDER                       |  |
| 0,2                                     | ,  | N, CRAIG, TYLI   | ER                         |                  |         |  |                     |  | 0_9   | 1 8 1                          | 9            | 9 _ 7 _                        | 2 6                           | $\lfloor \mathbf{M} \rfloor$ |  |
| <b>=</b>                                | : STREET, CITY, S  |  | • 40                       |                  |         |  |                     |  |   | PHONE - INCLU                  |              |                                | 40.40/                        | A \ ( <b>A</b> \             |  |
| 0                                       |  | ST ,Kent ,OH 44  | 240                        |                  |         |  |                     |  | _Rea  | acted p                        |              |                                |                               |                              |  |
| Z                                       | INJURED<br>TAKEN<br>BY   | EMS AGENCY (NAME)                                      |                            | INJUREDT         | AKEN TO | : MEDICAL FACILITY                       | (NAME, CITY)        | USED                                       | □ ВОТ-С   | OMPLIANT                       | POSITION     | AIR BAG USAGE EJECTION TRAPPED |                               |                              |  |
| 2 <u>5</u>                              |  | LIOTNET NUMBER   |                            | OFFENC           | T CHAI  | 2050                                     | 10041               | 0_4_                                       |   | LMET 0                         |              |                                |                               |                              |  |
| OL STATE                                | REDAC  | LICENSE NUMBER<br>TED PER ORC 450                      | 1:1-12                     | 331.0            |         | KGED                                     | CODE                | OFFENSE DESC                               |   |                                |              | CITATION NUMBER                |                               |                              |  |
| OL CLASS                                | ENDORSEMEN   | T RESTRICTION SELECT                                   | UPTO3 DRIN                 |                  |         | OHOL / DRUG SUSPE                        | CTED                | Hazardous or                               |   | COHOL TEST                     |              | 26602<br>DRUG TEST(S)          |                               |                              |  |
|   | SELECT UP TO 2   |  |                            | TRACTED          | _       | _  | RIJUANA             | 5000                                       | STATUS T  | YPE VALU                       | JE S         | STATUS TY                      | PE RESUL                      | SELECTUPT04                  |  |
| 4                                       |  |  |                            | 1                | 0       | THER DRUG                                |                     | 1  | _1  | 1.                             | الل          | 1 1                            |                               | لــالــالــ                  |  |
| UNIT #                                  | NAME: LAST   | FIRST, MIDDLE  |                            |                  |         |  |                     |  |   | DATE OF B                      | IRTH         |                                | AGE                           | GENDER                       |  |
|   | J  |  |                            |                  |         |  |                     |  | ш   |                                | 1 1          |                                | سلسا                          | نسا                          |  |
| ADDRESS                                 | S: STREET, CITY, S   | TATE, ZIP  |                            |                  |         |  |                     |  | CONTACT   | PHONE - INCLU                  | DE AREA CO   | DE                             |                               |                              |  |
| N IIIIDIES                              | INJURED  | EMS AGENCY (NAME)                                      |                            | INUURERT         | AVENTO  | MEDICAL FACILITY                         |                     | CAFETY FAHIDMENT                           | ш   | 1 CEATING                      | DOCITION     | Lass Dag Hoa                   | or Tricorion                  | Langer                       |  |
| NO INJUNIES                             | TAKEN<br>BY  | EMS AGENCT (NAME)                                      |                            | INJUKEDI         | AKEN 10 | : MEDICAL FACILITY                       | (NAME, CLIT)        | USED                                       | Прот-с  | OMPLIANT                       | POSITION     | AIK BAG USA                    | GE EJECTION                   | TRAPPED                      |  |
| OL STATE                                | OPERATOR   | LICENSE NUMBER   |                            | OFFENS           | SE CHAI | HARGED LOCAL OFFENSE DESC                |                     |  | CRIPTION CI   |                                |              | CITATION                       | CITATION NUMBER               |                              |  |
| TORI                                    |  |  |                            |                  |         |  |                     |  |   |                                |              |                                |                               |                              |  |
| OL CLASS                                | ENDORSEMEN<br>SELECT UPTO 2  |  |                            | VER<br>TRACTED   | ALC     | OHOL / DRUG SUSPE                        | CTED                | CONDITION                                  | STATUS T  | YPE VALU                       | IF IS        | DR<br>STATUS TY                | UG TEST(S                     | )<br>Eselectorios            |  |
|   | SELECT OF 102  |  | BY                         | IRACIED          | =       | LCOHOL MAR                               | RIJUANA             |  | Jana Jana   | , inc.                         |              |                                | i incore                      | . 30000101101                |  |
| TNII                                    | URIES  | SEATING POSITION                                       |                            | IR BAG           | ☐ °     | THER DRUG<br>OL CLASS                    |                     | OL RESTRIC                                 | LLUL L  | DRIVER DI                      | STRACT       | ION                            | TEST STA                      | TUS                          |  |
| 1 - FATAL                               | OKIE.  | 1-FRONT-LEFT SIDE                                      | 1-NOTDEP                   | Argania de       |         | 1 - CLASS A                              |                     | 1 - ALCOHOL INTER                          |   | 1 - NOT DISTRA                 |              |                                | IONE GIVEN                    |                              |  |
|   | SERIOUS INJURY<br>MINOR INJURY   | (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE              | 2 - DEPLOYE                |                  |         | 2 - CLASS B<br>3 - CLASS C               |                     | 2 - CDL INTRASTAT<br>3 - CORRECTIVE LE     |   | 2 - MANUALLY (<br>ELECTRONIC   |              | CATION                         | EST REFUSED<br>EST GIVEN, COM | ITAMINATED                   |  |
| 4 - POSSIBLE I                          |  | 3 - FRONT - RIGHT SIDE                                 | 3 - DEPLOYE                | ED BOTH FROM     | NT/SIDE | 4 - REGULAR CLASS                        |                     | 4 - FARMWAIVER                             | M2E2  | DEVICE (TE)                    | TING, TYPI   | NG, S                          | AMPLE / UNUSA                 | ABLE                         |  |
| 5 - NO APPARE                           | NT INJURY  | 4 - SECOND - LEFT SIDE<br>(MOTORCYCLE PASSENGER)       | 5-NOTAPP                   |                  |         | (OHIO = D)<br>5 - M/C MOPED ONLY         |                     | 5 - EXCEPT CLASS                           |   | 3 - TALKING ON<br>COMMUNICA    |              | it .                           | EST GIVEN, RES                |                              |  |
|   | TAKEN BY   | 5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE         | 9- DEPLOYI                 | MENT UNKNO       | WIN     | 6 - NO VALID OL                          |                     | 6 - EXCEPT CLASS A<br>& CLASS B BUS        |   | 4 - TALKING ON                 | HAND-HELD    | 0                              | INKNOWN                       |                              |  |
| 1 - NOT TRANS                           | Charles and the contract of th | 7 - THIRD - LEFT SIDE                                  | EJ                         | ECTION           |         | OL ENDORSEM                              | MENT                | 7 - EXCEPT TRACTO<br>8 - INTERMEDIATE      |   | 5 - OTHER ACTIV                |              | AN AL                          | COHOL TE                      | ST TYPE                      |  |
| 2 - EMS                                 |  | (M0TORCYCLE SIDE CAR)<br>8 - THIRD – MIDDLE            | 1 - NOTEJE                 |                  |         | H - HAZMAT                               |                     | RESTRICTIONS                               |   | 6 - PASSENGER                  |              | 1 - N<br>2 - E                 | IUNE<br>ILOOD                 |                              |  |
| 3 - POLICE<br>9 - OTHER/UN              | KNOWN  | 9 - THIRD - RIGHT SIDE                                 | 2 - PARTIAL<br>3 - TOTALLY |                  |         | M - MOTORCYCLE P - PASSENGER             |                     | 9 - LEARNER'S PER<br>RESTRICTIONS          | MII   | 7 - OTHER DIST                 | RACTION      |                                | IRINE                         |                              |  |
| SAFFTY                                  | QUIPMENT   | 10 - SLEEPER SECTION OF TRUCK CAB                      | 4-NOTAPP                   | LICABLE          |         | N-TANKER                                 |                     | 10 - LIMITED TO DAY<br>11 - LIMITED TO EMI |   | INSIDE THE                     |              |                                | REATH                         |                              |  |
| 1 - NONE USED                           | Constitution of the consti | 11 - PASSENGER IN OTHER<br>ENCLOSED CARGO AREA         | T                          | RAPPED           |         | Q - MOTOR SCOOTER  R - THREE-WHEEL MO    | TORCYCLE            | 12 - LIMITED - OTHE                        |   | THE VEHICLE 9 - OTHER / UNK    |              |                                | DRUG TEST                     | TYPE                         |  |
| 2 - SHOULDER<br>3 - LAP BELT 0          | BELT ONLY USED   | (NON-TRAILING UNIT, BUS,<br>PICK-UP WITH CAP)          | 1 - NOTTRAI<br>2 - EXTRICA |                  |         | S - SCHOOL BUS                           |                     | 13 - MECHANICAL DI<br>(SPECIAL BRAK        |   |                                | 1000000      | 1 - N                          |                               |                              |  |
|   | & LAP BELT USED  | 12 - PASSENGER IN UNENCLOSED                           | MECHAN                     | ICAL MEANS       |         | T - DOUBLE & TRIPLE  X - TANKER / HAZMAT | TRAILERS            | CONTROLS, OR O<br>ADAPTIVE DEVI            |   | 1 - APPARENTLY                 | NORMAL       |                                | ILOOD<br>IRINE                |                              |  |
| 5 - CHILD REST<br>FORWARD F             | TRAINT SYSTEM -<br>ACING   | CARGO AREA<br>13 - TRAILING UNIT                       | 3- FREED B<br>NON-MEG      | Y<br>Chanical Me | EANS    | GENDER                                   |                     | 14 - MILITARY VEHICLE                      |   | 2 - PHYSICAL IN                | PAIRMENT     | 4 - 0                          | THER                          |                              |  |
|   | TRAINT SYSTEM -  | 14 - RIDING ON VEHICLE EXTERIOR<br>(NON-TRAILING UNIT) |                            |                  |         | F-FEMALE                                 |                     | 15 - MOTOR VEHICLE<br>AIR BRAKES           | 2 MILHOUL   | 3 - EMOTIONAL<br>ANGRY, DISTUR |              |                                | UG TEST RI                    | ESULT(S)                     |  |
| 7 - BOOSTER S                           |  | 15 - NON-MOTORIST                                      |                            |                  |         | M - MALE                                 |                     | 16 - OUTSIDE MIRRO<br>17 - PROSTHETIC AII  |   | 4 - ILLNESS                    | CAINTER      |                                | MPHETAMINES                   |                              |  |
| 8 - HELMET US                           |  | 99 - OTHER / UNKNOWN                                   |                            |                  |         | U -OTHER / UNKNOWN                       |                     | 17 - PROSTHETIC ALL<br>18 - OTHER          |   | 5 - FELL ASLEER<br>FATIGUED, E | rc.          | 3 - E                          | ARBITURATES<br>Enzodiazepin   | ES                           |  |
| 9 - PROTECTIV<br>(ELBOW, KN             |  |  |                            |                  |         |  |                     |  |   | 6 - UNDERTHE I<br>OF MEDICATI  |              | is 4-0                         | ANNABINOIDS                   |                              |  |
| 10 - REFLECTIV<br>11 - LIGHTING -       |  |  |                            |                  |         |  |                     |  |   | /ALCOHOL<br>9-OTHER/UNK        | NOWN         |                                | OCAINE<br>PIATES / OPIOII     | os                           |  |
| / BICYCLE O                             | )NLY   |  |                            |                  |         |  |                     |  |   | - The Art of the               |              |                                | THER                          |                              |  |
| 99 - OTHER / UN                         | UNKNOWN  |  |                            |                  |         |  |                     |  |   |                                |              | 8-1                            | EGATIVE RESU                  | LTS                          |  |

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| Ū               | OFFURING SAFETY OCCUPANT / WITNESS ADDENDUM |                                 |   |                           |   |  | LOCAL REPORT NUMBER                               |                                      |  |               |               |             |  |  |  |
|-----------------|---|---------------------------------|---|---------------------------|---|--|---|--------------------------------------|--|---------------|---------------|-------------|--|--|--|
| _               | HAVE HAVE LOS FROS MODES                    |                                 |   |                           |   |  | 2   0   2   3   -   0   0   0   2   0   1   8   9 |                                      |  |               |               |             |  |  |  |
|                 | UNIT #                                      |                                 | T, FIRST, MIDDLE  OSZ, KRYST                                      | LE, RENI                  | E <b>E</b>  |  |   | 0 9 2                                |  | 8.6.          | 3.7.          | GENDER<br>F |  |  |  |
| ANT             | ADDRESS: STREET, CITY, STATE, ZIP           |                                 |   |                           |   |  |   |                                      | CONTACT PHONE - INCLUDE AREA CODE      |               |               |             |  |  |  |
| OCCUPANT        | 1023  | SILVEI                          | R MEADOWS   | BLVD ,K                   | ent ,OH 44240   |  |   | Redacted per ORC 149.43(A)(          |  |               |               |             |  |  |  |
| 0               | INJURIES 5                                  | INJURED<br>TAKEN<br>BY          | EMS AGENCY (NAME)   |                           | INJURED TAKEN TO: MEDICAL FACIL   | ITY (NAME, CITY)                                     | SAFETY EQUIPMENT USED 0 4                         | DOT-COMPLIANT                        | SEATING POSITION                       | AIR BAG USAGE | EJECTION<br>1 | TRAPPED     |  |  |  |
| H               | UNIT#                                       | NAME: LAS                       | T, FIRST, MIDDLE  |                           |   |  | [0]4]   |                                      | E OF BIRTH                             |               | AGE           | GENDER      |  |  |  |
|                 |   | 50.45.20 1 105.0002             |   |                           |   |  |   |                                      | 1 1 1                                  |               |               |             |  |  |  |
| <b>OCCUPANT</b> | ADDRESS: STREET, CITY, STATE, ZIP           |                                 |   |                           |   |  | 1   | CONTACT PHONE                        | - INGLUDE AREA CO                      | DE            | 20 20         |             |  |  |  |
| 000             | INJURIES                                    | INJURED                         | EMS AGENCY (NAME)   |                           | INJURED TAKEN TO: MEDICAL FACIL   | ITY (NAME, CITY)                                     | SAFETY EQUIPMENT                                  |                                      | SEATING POSITION                       | AIR BAG USAGE | EJECTION      | TRAPPED     |  |  |  |
|                 |   | TAKEN<br>BY                     | 1 1 7 4 5 6 6 6 6 9 4 9 1 5 5 5 5 5 6 7 6 6 6 6 5 5 5 6 7 6 6 6 6 |                           |   |  | USED  | DOT-COMPLIANT<br>MC HELMET           |  |               |               |             |  |  |  |
|                 | UNIT#                                       | NAME: LAS                       | T, FIRST, MIDDLE  |                           |   |  |   | DAT                                  | E OF BIRTH                             |               | AGE           | GENDER      |  |  |  |
| E               |   |                                 |   |                           |   |  |   |                                      |  | الللا         | 1 [           | نــــــا    |  |  |  |
| OCCUPANT        | AUDRESS                                     | : STREET, CITY,                 | STATE, ZIP  |                           |   |  |   | CONTACT PHONE                        | INCLUDE AREA CO                        | DE            |               |             |  |  |  |
| 00              | INJURIES                                    | INJURED<br>TAKEN                | EMS AGENCY (NAME)   |                           | INJURED TAKEN TO: MEDICAL FACIL   | ITY (NAME, CITY)                                     | SAFETY EQUIPMENT                                  | DOT-COMPLIANT                        | SEATING POSITION                       | AIR BAG USAGE | EJECTION      | TRAPPED     |  |  |  |
|                 | نــــا                                      | BY                              |   |                           | USEO  |  |   |                                      |  |               | ـــا ر        |             |  |  |  |
|                 | UNIT#                                       | NAME: LAS                       | T, FIRST, MIDDLE  |                           |   | DAT  | E OF BIRTH  |                                      | AGE                                    | GENDER        |               |             |  |  |  |
| Ę               | 4000566                                     |                                 |   |                           |   |  |   |                                      |  |               |               |             |  |  |  |
| OCCUPANT        | AUDRESS                                     | DRESS: STREET, CITY, STATE, ZIP |   |                           |   |  |   | CONTACT PHONE                        | INCLUDE AREA CO                        | DE            |               |             |  |  |  |
| Ö               | 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<br>BY                     |   |                           |   |  | USED  | DOT-COMPLIANT<br>MC HELMET           | ــــــــــــــــــــــــــــــــــــــ | L             | ]             |             |  |  |  |
|                 |   | INJU                            | JRIES   | SAFET                     | Y EQUIPMENT USED  |  | SEATING POS                                       | ITION                                |  | AIR BAG U     | SAGE          |             |  |  |  |
|                 | 1 - FATA                                    |                                 |   | 1 - NONE US<br>VEHICLE    | ED -<br>COCCUPANT   |  | IT – LEFT SIDE<br>ORCYCLE DRIV                    | ER)                                  | 1 - NOT DE                             |               |               |             |  |  |  |
|                 |   |                                 | RIOUS INJURY<br>NOR INJURY  |                           | DER BELT ONLY USED 2 - FRONT - MIDDLE                                   |  |   | 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE |  |               |               |             |  |  |  |
|                 |   | SIBLE INJU                      |   | 3 - LAP BEL               | T ONLY USED   |  |   |                                      |  |               |               |             |  |  |  |
|                 |   | PPARENT                         |   | 4 - SHOULDI               | ER & LAP BELT USED  | (MOT   | ND – LEFT SIDI<br>ORCYCLE PASS                    |                                      |  |               |               |             |  |  |  |
|                 |   | INJURED                         | TAKEN BY  | 5 - CHILD RI              | ESTRAINT SYSTEM - 5 - SECOND - MIDDLE  RD FACING 6 - SECOND - RIGHT SII |  |   | OIDE .                               |  |               |               |             |  |  |  |
|                 | 1 - NOT                                     | TRANSPOR                        |   |                           | ESTRAINT SYSTEM -   | 9 - DEPLOYMENT UNKNOWN                               |   |                                      |  |               |               |             |  |  |  |
|                 |   | EATED AT S                      | CENE  | REAR FA                   |   | CAR)   | J. NOT F.   | EJECTI                               | ON                                     |               |               |             |  |  |  |
|                 | 2 - EMS<br>3 - POLI                         |                                 |   | 7 - BOOSTER<br>8 - HELMET |   | 1 - NOT EJECTED  1 - NOT EJECTED  2 - PARTIALLY EJEC |   |                                      |  | TED           |               |             |  |  |  |
|                 |   | ER / UNKNO                      | OWN   |                           | TIVE PADS USED  |  | PER SECTION (<br>ENGER IN OTH                     |                                      |  | ALLY EJECTED  |               |             |  |  |  |
|                 |   | GEI                             | NDER  |                           | KNEES, ETC.)  | CARG   | O AREA (NON-TE                                    | -TRAILING UNIT, 4 - NOT APPLI        |  |               | LICABLE       |             |  |  |  |
|                 | F-FEMA                                      | ALE                             |   |                           | TIVE CLOTHING<br>G – PEDESTRIAN   |  | ENGER IN UNE                                      |                                      | TRAPPED                                |               |               |             |  |  |  |
| Ē               | M - MAL                                     | E<br>R / UNKNO                  | M/N   | / BICYCL                  | Ι.ΔΚΙ-Ο ΔΕΕΔ  |  |   |                                      | 1 - NOT TRAPPED                        |               |               |             |  |  |  |
| Ē               | 0 - 011112                                  | - K / CIVICIVO                  | W/14  | 99-OTHER/                 | UNKNOWN   | 14 - RIDIN   | NG ON VEHICLE                                     | EXTERIOR                             | 2 - EXTRICATED BY MECHA<br>MEANS       |               |               | NICAL       |  |  |  |
|                 |   |                                 |   |                           |   | 15 - NON-  | MOTORIST  |                                      | 3 - FREED<br>MEANS                     | BY NON-ME     | CHANIC        | AL          |  |  |  |
| Н               | NAME: LAS                                   | ST, FIRST, MIDD                 | ıl F  |                           |   | 99 - OTHE  | R / UNKNOWN                                       | DAT                                  | E OF BIRTH                             |               | AGE           | GENDER      |  |  |  |
| ESS             | IV.III E. C.                                | 51, T THO 1, IN 10 0            |   |                           |   |  |   |                                      | 1 1 1                                  | - P - D       |               |             |  |  |  |
| WITNESS         | ADDRESS                                     | : STREET, CITY,                 | STATE, ZIP  |                           |   |  |   | CONTACT PHONE                        | - INCLUDE AREA CO                      | DE            |               |             |  |  |  |
| _               | NAME  | er Firer Min                    | 12  |                           |   |  |   | DAT                                  | E OF BIRTH                             | <del></del>   | AGE           | GENDER      |  |  |  |
| ESS             | NAMIE: LA                                   | ST, FIRST, MIDD                 | LE.   |                           |   |  |   | DAI                                  | LUFBIKIN                               |               | AGE           | GENDER      |  |  |  |
| WITNESS         | ADDRESS: STREET, CITY, STATE, ZIP           |                                 |   |                           |   | CONTACT PHONE  | - INCLUDE AREA CO                                 | DE                                   |  | 1             |               |             |  |  |  |
| ^               |   |                                 |   |                           |   |  |   |                                      |  |               |               |             |  |  |  |
| SS              | NAME: LAS                                   | ST, FIRST, MIDD                 | LE  |                           |   |  |   |                                      | E OF BIRTH                             |               | AGE           | GENDER      |  |  |  |
| WITNESS         | ADDRESS                                     | : STREET, CITY,                 | STATE, ZIP  |                           |   |  |   | CONTACT PHONE                        | - INCLUDE AREA CO                      | DE L          |               |             |  |  |  |
| ≯               |   |                                 |   |                           |   |  |   |                                      |  |               |               |             |  |  |  |

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