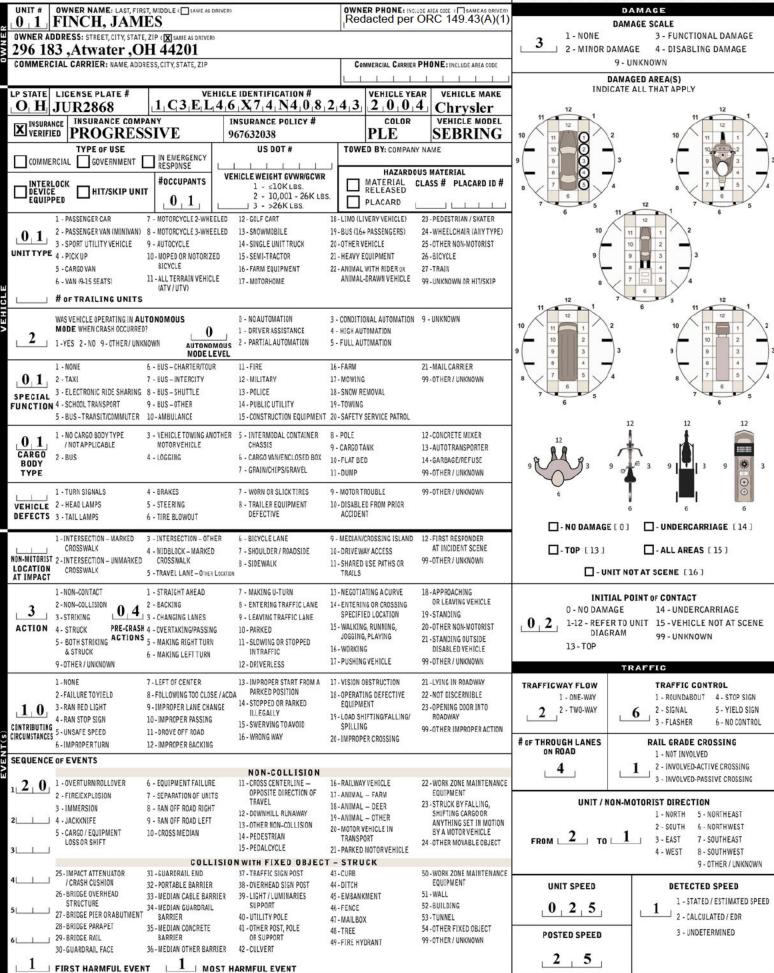
OF PUBLIC SAFETY TRAFFIC CRASH	REPORT *DENOTE	S MANDATORY FIELD FOR S	UPPLEMENT REPORT	ı	LOCAL REPORT NUMBE	R*
□ 0H-2 □ 0H-3	LOCAL INFORMATION			$1_{1}2_{1}0_{1}2_{1}3_{1}$	- 10101012	0 2 8 4
PHOTOS TAKEN OH-1P OTHER	REPORTING AGENCY NAME	*	NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR
SECONDARY CRASH PRIVATE PROPERTY	City of Kent Pol	lice	0,6,7,0,3	1 - SOLVED	0_2_0	98 - ANIMAL 99 - UNKNOWN
COUNTY* LOCALITY* LOCATION: CIT	TY, VILLAGE, TOWNSHIP*			CRASH DATE /	200000000000000000000000000000000000000	RASH SEVERITY
6 7 1 2-VILLAGE Kent				12292023	10046 5	1 - FATAL 2 - SERIOUS INJURY
A SOURCE STORY OF THE STORY OF	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DE		SUSPECTED
S-SOUTH S-SOUTH S-SOUTH S-W. MEET	WATER		$\mathbf{S} \cdot \mathbf{T}$	41,14,9	4.6.6	3 - MINOR INJURY SUSPECTED
W-WEST	REFERENCE ROAD NAME (R	OAD, MILEPOST, HOUSE #)	ROAD TYPE			4 - INJURY POSSIBLE
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST W - WEST	SUMMIT		$S \setminus T$	-8 ₁ 1 ₀ 3 ₅ 8	235	5 - PROPERTY DAMAGE
REFERENCE POINT DIRECTION	AND STATE OF THE S	D04D T				ONLY
FROM REFERENCE	- INTERSTATE ROUTE(TP)	AL - ALLEY HW- HIGH		[Feet	INTERSECTION RELATE RSECTION OR ON APPRO	100 mg
2 MILEDOST COULTIL	- FEDERAL US ROUTE	AV - AVENUE LA - LAN		I <u>-</u>		_ 4 _
W-WEST SR	- STATE ROUTE	BL - BOULEVARD MP - MILE CR - CIRCLE OV - OVAL		WITHIN INTE	RCHANGE AREA NU	MBER OF APPROACHES
FROM REFERENCE UNIT OF MEASURE	- NUMBERED COUNTY ROUTE	CT - COURT PK - PARI			ROADWAY	
1 7 5 2-FEET	- NUMBERED TOWNSHIP ROUTE	DR - DRIVE PI - PIKE		ROADWAY DIV	/IDED	
		HE - HEIGHTS PL - PLA			I	
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVE	NO	MANNER OF CRASH COLLIST NOT COLLISION 4 - REAR-T		DIRECTION OF TRAVE		AN TYPE
0 1 2-ON SHOULDER 10-DRIVEWAY	VALLEY ACCESS 7	BETWEEN 5 - BACKIN		N - NORTH	(<4 FEE	FLUSH MEDIAN
3-IN MEDIAN 11-RAILWAY (4-ON ROADSIDE 12-SHARED U	SKADE CROSSING	VEHICLES IN 6-ANGLE	VIPE, SAME DIRECTION	E - EAST	2 - DIVIDED (≥4 FEE	FLUSH MEDIAN
5 - ON GORE TRAILS	2 -		VIPE, OPPOSITE DIRECTION	W-WEST		, DEPRESSED MEDIAN
6-OUTSIDE TRAFFIC WAY 13-BIKE LAND 7-ON RAMP 14-TOLL BOOT		HEAD-ON 9-OTHER	/ UNKNOWN		4 - DIVIDED, (ANY TY)	, RAISED MEDIAN PE)
8-OFF RAMP 99-OTHER/U	NKNOWN				9 - OTHER/U	NKNOWN
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRA	SH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE
1	- LANE CLOSURE	1 - BEFORE WARNIN	THE 1ST WORK ZONE	1 1	1	1 1
3	- LANE SHIFT/CROSSOVER - WORK ON SHOULDER		ADVANCE WARNING AREA 1 - STRAIGHT LEVEL 1 - DRY			1 - CONCRETE
LAW ENFORCEMENT PRESENT	OR MEDIAN - INTERMITTENT OR MOVING V	VORK 3-TRANSIT		2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP,
	OTHER		TERMINATION AREA 3 - CURVE LEVEL 3 - SNOW			ASPHALT
LIGHT CONDITION	l we	ATHER		4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK
1 - DAYLIGHT	1-CLEAR	6 - SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL, STONE
1 2-DAWN/DUSK	0 1 2-CLOUDY	7 - SEVERE CROSSWI			6 - WATER (STANDING, MOVING)	5 - DIRT
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	3 - FOG, SMOG, SI 4 - RAIN	MOKE 8-BLOWING SAND, S 9-FREEZING RAIN 0	OIL, DIRT, SNOW R FREEZING DRIZZLE		7 - SLUSH	9 - OTHER/UNKNOWN
5 - DARK - UNKNOWN ROADWAY LIGHTING	5 - SLEET, HAIL	99 - OTHER / UNKNOV	/N		9 - OTHER/UNKNOWN	
9 - OTHER / UNKNOWN						
NARRATIVE					A	Indicate the north direction with
Unit 2 was driving northbound	on SR43 (S. Water	r St.)			4	an "N" on the compass diagram.
in the center lane. Unit 1 was o	driving northboun	d on			1	8 6 29
	0					(\$\hat{z})
SR43 (S. Water St.) also in the		<u> </u>		• •	SummitSt	
failed to control the vehicle an	d struck the rear					a
left corner of unit 2 when atter	mpting to make a	lane		, i i		arcelett/Pa
change in the left turn lane ah	ead.			Name of the state		2g
Mass				11/1		
			Ĩ	1 180		
				*O/ B		
				1 1 1		Not To Scale
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DA	TE/TIME	SCENE CLEARED	DATE / TIME	REPORT TAKEN BY
1,2,2,9,2,0,2,3,/,0,9,4,6,1,1,2,2	2,9,2,0,2,3,/.0.9.4	7 1.2.2.9.2.0.2	3./.0.9.4.9	1.2.2.9.2.0.2	$_{3./.1.0.2.3}$	POLICE AGENCY
TOTAL TIME OTHER TOTAL			- 1 7 7 7			MOTORIST
	AL OFFICER'S NAME*		CHECKED BY OFF	ICER'S NAME*		_ WOTOKIST
MINO	TES Walker, Dav		Wheeler,	George		SUPPLEMENT (CORRECTION OR ADDITION
0 1 5 0 3 0 0 6	Walker, Dav	rid Michael s badge number*	Wheeler,	George BY OFFICER'S BADGE I	NUMBER*	SUPPLEMENT

	LOCAL REPORT NUMBER 2
IEAS DRIVER)	DAMAGE
3(A)(1)	DAMAGE DAMAGE SCALE
	1 - NONE 3 - FUNCTIONAL DAMAGE
	2 - MINOR DAMAGE 4 - DISABLING DAMAGE
REA CODE	9 - UNKNOWN
	DAMAGED AREA(S)
MAKE	INDICATE ALL THAT APPLY
ler	12 12
MODEL	11 12 1
ING	10 11 10 2
	9 9 9 3 3
RD ID#	
ш	7 6 11 7 6 5
KATER	12
NYTYPE) ORIST	10 11 1 2
UNIST	9 3 3
	8 1 4
T/SKIP	8 7 5 4
	12 7 6 5 12
	11 12 1
	10 11 1 2 10 11 1 2
	10 2
	9 9 3 3
200	8 4 7
MN	8 6 5 4
	7 6 5
R	12 12 12
TER	12
E.	
VN	9 3 9 3 3 9
/N	
nw.	
	6 6 6
	-NO DAMAGE [0] -UNDERCARRIAGE [14]
R NE	☐-TOP [13] ☐-ALL AREAS [15]
N	
	- UNIT NOT AT SCENE [16]
	INITIAL POINT OF CONTACT
IICLE	0 - NO DAMAGE 14 - UNDERCARRIAGE
ADICT	0 2 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE
ORIST DE	DIAGRAM 99 - UNKNOWN
LE	13-T0P
N	TRAFFIC
AY	A DAME CONTROL OF THE PROPERTY
E	TRAFFICWAY FLOW TRAFFIC CONTROL 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN
NTO	
	2 - TWO-WAY 6 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
R ACTION	
	# OF THROUGH LANES RAIL GRADE CROSSING ON ROAD 1 - NOT INVOLVED
	1 2 - INVOLVED-ACTIVE CROSSING
	- III. VETEU PIOTITE UNIVOLITO

FROM | 2 | TO | 1 | 7 - SOUTHEAST 3 - EAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN UNIT SPEED DETECTED SPEED 1 - STATED / ESTIMATED SPEED 0 2 5 2 - CALCULATED / EDR 3 - UNDETERMINED POSTED SPEED 2 | 5



LOCAL REPORT NUMBER

SAFETY -	BLIC SAFETY UNI					2 0 2 3 - 0	0,0,2,0,2,8,4
Contraction of the Contraction o	OWNER NAME: LAST, FIRS WILKS, ADE	L, LEE		Redacted per	UDE AIEA CODE (13) SAMEAS DRIVER) ORC 149.43(A)(1)	DAM	AMAGE AGE SCALE
610 22	DORESS: STREET, CITY, STATE LND ST NW, C STAL CARRIER: NAME, ADDR	OH, CANTON	44709	COMMERCIAL CARRIER	PHONE: INCLUDE AREA CODE	2 1 - NONE 2 - MINOR DAMA 9 - L	3 - FUNCTIONAL DAMAGE GE 4 - DISABLING DAMAGE INKNOWN
	LICENSE PLATE #		IDENTIFICATION #	VEHICLE YEA		INDICATE	GED AREA(S) ALL THAT APPLY
X INSURAN VERIFI	INSURANCE COMP		NSURANCE POLICY #	COLOR BLU	4 Jeep VEHICLE MODEL PAT	11 12 1	11 12 1
COMME	TYPE OF USE RCIAL GOVERNMENT	IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY	Y NAME US MATERIAL	9 2 3 3	9 10 2 9 3 4
INTERI DEVICE EQUIP	HIT/SKIP UNI	#UCCUPANTS	1 - ≤10KLBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	☐ RELEASED	CLASS # PLACARD ID #	8 7 6 5	8 7 5 5 A
0_3 UNITTYPE	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) # OF TRAILING UNITS	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)	13-SNOWMOBILE 14-SINGLEUNITTRUCK 15-SEMI-TRACTOR	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	10 1	6 4
	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED 1-YES 2-NO 9-OTHER/UNK	? 0 1	1 - DRIVER ASSISTANCE	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN	11 12 1 10 11 12 1 9 9 9 3 3	5 11 12 1 10 11 12 1 9 9 3 3
01 SPECIAL FUNCTION	1 - NONE 6 - SUS - CHARTER/TOUR 2 - TAXI 7 - SUS - INTERCITY 2 - TAXI 7 - SUS - INTERCITY		11-FIRE 16-FARM		21 - MAIL CARRIER 99 - OTHER / UNKNOWN	8 7 6 5	8 7 6 5
O 1 CARGO BODY TYPE	1 - NO CARGO BODYTYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	CHASSIS 6 - CARGO VAN/ENCLOSED BOX	8 - POLE 9 - CARGOTANK 10 - FLAT BED 11 - DUNP	12-CONCRETE MIXER 13-AUTOTRANSPORTER 14-GARBAGE/REFUSE 99-OTHER/UNKNOWN	9 2 3 9 9	3 9 3 3
	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT		9 - MOTOR TROUBLE 10 - DISABLEO FROM PRIOR ACCIDENT	99-OTHER / UNKNOWN	6	6 6
NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	7 - SHOULDER / ROADSIDE	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12-FIRST RESPONDER AT INCIDENT SCENE 99-OTHER / UNKNOWN	- NO DAMAGE [0]	- ALL AREAS [15]
4 ACTION		1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - CVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED INTRAFFIC	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18-APPROACHING OR LEAVING VEHICLE 19-STANDING 20-OTHER NON-MOTORIST 21-STANDING OUTSIDE DISABLED VEHICLE 99-OTHER / UNKNOWN	0 - NO DAMAGE 1-12 - REFER TO DIAGRAM 13 - TOP	DINT OF CONTACT 14 - UNDERCARRIAGE UNIT 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
O_1 CONTRIBUTING CIRCUMSTANCES	2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD	PARKED POSITION 14-STOPPED OR PARKED ILLEGALLY 15-SWERVING TO AVOID	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/ SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION	TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
	6-IMPROPERTURN OF EVENTS	12-IMPROPER BACKING		20 - IMPROPER CROSSING		# of THROUGH LANES on ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING
1 2 0	1 - OVERTURNIROLLOVER 2 - FIREJEXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN	16 - RAILWAY VEHICLE 17 - ANIMAL — FARM 18 - ANIMAL — DEER 19 - ANIMAL — OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	22-WORK ZONE MAINTENANCE EQUIPMENT 23-STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24-OTHER MOVABLE OBJECT		3 - INVOLVED-PASSIVE CROSSING OTORIST DIRECTION 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST
4L	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PRAPET 20 - BRIDGE PARAPET	COLLISION 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 5 - MEDIAN CONCRETE BARRIER	38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE	- STRUCK 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT	UNIT SPEED O O O	9 - OTHER / UNKNOWN DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
6	29 - BRIDGE RAIL	DE KALL BARKIER ON SUPPURI 49-F		49-FIRE HYDRANT	99 - OTHER / UNKNOWN		

2 5

30-GUARDRAIL FACE

36 - MEDIAN OTHER BARRIER 42 - CULVERT

SAPETY - MENU	OFF PUBLIC SAFETY MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER						
5550	CE - PROTECTION	OTOKISI / ING	14 - 14	וטוטו	K12				2 0	2 3 - 0 0	0.2	0 2 8	4	
UNIT#	NAME: LAST,	FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER	
0,1	1 MULLINS, CALIE, MARIE						0 + 7 + 2 + 1 + 2 + 0 + 0 + 4 + 1 + 9 + F							
	RESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE Redacted per ORC 149.43(A)(1)					
0		Atwater ,OH 44	201						LKeu					
INJURIES	TAKEN	EMS AGENCY (NAME)		INJUREDTA	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED			DOT-COMPLIANT SEATING POSITION AIR O 1			SAGE EJECTION	TRAPPED		
	BY						T	0,4	1	LMET 0 1	1	_1_		
OL STATE	REDACTED PER ORC 4501:1-12							OFFENSE DESC				26707		
0								Failure to Co	30	COHOL TEST	DRUG TEST(S)			
UL CLASS								CONDITION	STATUS T		STATUS TYPE RESULT SELECT UP TO			
4		ے سے سے نے	_ _	1	ОТ	HER DRUG		1	_1	1	1	1	لــالــالــ	
UNIT #	NAME: LAST,	FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER	
0,2	WILK	S, ADEL, LEE							0 8	$10_{1}4_{1}1_{1}9$	7 4	49	F	
ADDRESS:	STREET, CITY, S	TATE, ZIP							CONTACT	PHONE - INCLUDE AREA C	ODE O	1.10.10	(0)(4)	
610 22	ND ST	NW ,CANTON ,C)H 447	709					Reda	acted per C	ORC '	149.43	(A)(1)	
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDTA	AKEN TO:	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	DOT-C	SEATING POSITIO	N AIR BAG U	SAGE EJECTION	TRAPPED	
2 5	BY							0_4	Шмс не	LMET 0 1	1	11_	11	
OL STATE		LICENSE NUMBER TED PER ORC 450	1.1 12	OFFENS	E CHAR	GED	LOCAL	OFFENSE DESC	RIPTION		CITATIO	ON NUMBER		
OH	KEDAC	TED FER ORG 450	1.1-12											
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT	DIS	VER TRACTED	_	COHOL MA	ECTED RIJUANA	CONDITION	STATUS TYPE VALUE S		STATUS TYPE RESULT SELECT UP TO 4			
. 4 .			BY	1	=	HER DRUG	RIJUANA	. 1 .	. 1	1	1	1		
UNIT#	NAME: LAST,	FIRST, MIDDLE				THE CHOO				DATE OF BIRTH		AGE	GENDER	
1806000000									l					
ADDRESS:	STREET, CITY, S	TATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
TOR										1 1 1	1 1	1 1	-1-1	
INJURIES		EMS AGENCY (NAME)		INJUREDTA	AKEN TO:	MEDICAL FACILITY	(NAME, CITY)		DOT-C	SEATING POSITIO	N AIR BAG U	SAGE EJECTION	TRAPPED	
NON L	TAKEN BY							USED	LIMC HE		1		L	
OL STATE OPERATOR LICENSE NUMBER													نـــــــــــــــــــــــــــــــــــــ	
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	E CHAR	GED	LOCAL	OFFENSE DESC			CITATIO	ON NUMBER	ــــــا ا	
OLSTATE	OPERATOR	LICENSE NUMBER		OFFENS	E CHAR	GED	LOCAL CODE	OFFENSE DESC	CRIPTION		JOSEPH STORY			
OL STATE	OPERATOR ENDORSEMENT SELECT UPTO 2		DIS	100000000000000000000000000000000000000	ALCO	HOL / DRUG SUSP	CODE	OFFENSE DESC	CRIPTION	COHOL TEST		DRUG TEST(S		
OTORIS	ENDORSEMEN	T RESTRICTION SELECT		VER	ALCO	HOL / DRUG SUSP	CODE		RIPTION	COHOL TEST YPE VALUE		DRUG TEST(S	T SELECTOP 104	
OL CLASS	ENDORSEMEN		DIST BY	VER	ALCO	HOL / DRUG SUSP	CODE ECTED RIJUANA		ALC STATUS T	COHOL TEST	STATUS	DRUG TEST(S	T SELECTOP 104	
OL CLASS INJU	ENDORSEMEN SELECT UP TO 2	RESTRICTION SELECT SEATING POSITION 1-FRONT-LEFT SIDE	DIST BY A 1- NOT DEP	VER TRACTED	ALCO	HOL / DRUG SUSP COHOL MA HER DRUG OL GLAS 1-CLASS A	CODE ECTED RIJUANA	CONDITION OL RESTRIC 1-ALCOHOL INTER	STATUS T TION(S)	DRIVER DISTRACTED	STATUS TION 1	DRUG TEST(S TYPE RESUL TEST STA - NONE GIVEN	T SELECTOP 104	
OL CLASS INJU	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIST BY	VER TRACTED LIR BAG PLOYED ED FRONT	ALCO	HOL / DRUG SUSP COHOL MA HER DRUG OL CLAS	CODE ECTED RIJUANA	CONDITION CONDITION CONDITION	STATUS T TION(S) LOCK DEVICE E ONLY	DOHOL TEST YPE VALUE DRIVER DISTRACT 1 - NOT DISTRACTED 2 - MANUALLY OPERATIN ELECTRONIC COMMUN	STATUS TION 1 GAN 2 KCATION 3	DRUG TEST(S	T SELECTUP 104	
OL CLASS INJU 1 - FATAL 2 - SUSPECTED	ENDORSEMEN' SELECT UP TO 2 L J L RIES SERIOUS INJURY MINOR INJURY	SEATING POSITION 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	A 1 - NOT DEP 2 - DEPLOYE 3 - DEPLOYE	VER TRACTED LIR BAG PLOYED ED FRONT	ALCO AL	HOL / DRUG SUSP COHOL MA HER DRUG OL GLAS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS	CODE ECTED RIJUANA	CONDITION OL RESTRIC 1 - AL COHOL INTER 2 - CDL INTRASTAT	STATUS T TION(S) LOCK DEVICE E ONLY	DOHOL TEST YPE VALUE DRIVER DISTRACT 1 - NOT DISTRACTED 2 - MANUALLY OPERATIN	STATUS TION GAN 2 ICATION 3	DRUG TEST (S TYPE RESUL TEST ST/ - NONE GIVEN - TEST REFUSED - TEST GIVEN, COI SAMPLE / UNUS	T SELECTOP 104 ATUS NTAMINATED ABLE	
OL CLASS INJU 1 - FATAL 2 - SUSPECTED 3 - SUSPECTED	ENDORSEMEN' SELECT UP TO 2 LUJ L RIES SERIOUS INJURY MINOR INJURY LURY	SEATING POSITION 1-FRONT-LEFT SIDE (MOTORCYCLE DRIVER) 2-FRONT-MIDDLE	1 - NOT DEP 2 - DEPLOYE 3 - DEPLOYE 4 - DEPLOYE 5 - NOT APP	VER TRACTED LIR BAG LOYED ED FRONT ED SIDE ED BOTH FRON LICABLE	ALCO	HOL / DRUG SUSP COHOL MA HER DRUG OL GLAS 1 - CLASS A 2 - CLASS B 3 - CLASS C	CODE ECTED RIJUANA	OL RESTRIC 1 - ALCOHOL INTER 2 - CDL INTRASTAT 3 - CORRECTIVE LE 4 - FARM WAIVER 5 - EXCEPT CLASS.	STATUS T TION(S) LOCK DEVICE E ONLY NSES	DRIVER DISTRACTED 2 - MANUALLY OPERATIN ELECTRONIC COMMUN DEVICE (TEXTING, TYP DIALING) 3 - TALKING ON HANDS-FF	STATUS TION 1 GAN 2 ICATION 3 ING, 4	DRUG TEST(S TYPE RESUL TEST ST/ - NONE GIVEN - TEST REFUSED - TEST GIVEN, COI	T SELECTOPIO4 JI JI JI ATUS NTAMINATED ABLE SULTS KNOWN	
OL CLASS INJU 1 - FATAL 2 - SUSPECTED 3 - SUSPECTED 4 - POSSIBLE IN 5 - NO APPAREN INJURED	ENDORSEMEN SELECT UP TO 2 L J L RIES SERIOUS INJURY MINOR INJURY JURY IT INJURY TAKEN BY	SEATING POSITION 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE	1 - NOT DEP 2 - DEPLOYE 3 - DEPLOYE 4 - DEPLOYE 5 - NOT APP	VER TRACTED LIR BAG PLOYED ED FRONT ED SIDE ED BOTH FRON	ALCO	HOL / DRUG SUSP COHOL MA HER DRUG OL GLAS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D)	CODE ECTED RIJUANA	OL RESTRIC 1 - ALCOHOL INTER 2 - CDL INTRASTAT 3 - CORRECTIVE LE 4 - FARM WAIVER	STATUS T TION(S) LOCK DEVICE E ONLY NSES	DRIVER DISTRACE 1 - NOT DISTRACTED 2 - MANUALLY OPERATIN ELECTRONIC COMMUN DEVICE (TEXTING, TYP DIALING) 3 - TALKING ON HANDS-FF COMMUNICATION DEV	STATUS TION 1 GAN 2 3 ING, 3 EEE 5 LD	TEST ST/ - NONE GIVEN - TEST GIVEN, COI SAMPLE / UNUS - TEST GIVEN, RE	T SELECTOPIO4 JI JI JI ATUS NTAMINATED ABLE SULTS KNOWN	
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0	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	LITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED	
ľ	UNIT#	NAME: LAS	T, FIRST, MIDDLE		*			DAT	E OF BIRTH		AGE	GENDER	
	نــا											نــــا	
UCCUPAN	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
0	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	LITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED	
	UNIT # NAME: LAST, FIRST, MIDDLE							DAT	E OF BIRTH		AGE	GENDER	
Z	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE.			
OCCUPAN		, , ,	,										
8-	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	LITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED	
9	لب	ВҮ						MC HELMET	سب		ــــا د		
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER	
Z	ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANI		, , , , , ,							THOUSE AREA				
3 -	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	LITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED	
		TAKEN BY					USED	MC HELMET	سبب	L	لــــا اـ	ر ا	
			JRIES		Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG	SAGE		
ì	1 - FATA		RIOUS INJURY	1 - NONE US VEHICLE	OCCUPANT		IT – LEFT SIDE ORCYCLE DRIV	ER)	1 - NOT DE				
ı			NOR INJURY	2 - SHOULD	ER BELT ONLY USED		T - MIDDLE			2 - DEPLOYED FRONT 3 - DEPLOYED SIDE			
ı	4 - POSS	SIBLE INJU	RY		ER & LAP BELT USED 4 - SECOND - (MOTORC		- FRONT – RIGHT SIDE - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER) - SECOND – MIDDLE		4 - DEPLOYED BOTH				
١	5 - NO A	PPARENT I	INJURY						FRONT	PLICABLE			
ı		INJURED	TAKEN BY		RD FACING 6 - SECOND - RIGHT			Œ		9 - DEPLOYMENT UNKNOW			
1		TRANSPOR		6 - CHILD RI	ESTRAINT SYSTEM – CING	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD – MIDDLE		CAR)		EJECTION			
ı	2- EMS			7 - BOOSTER	RSEAT			1 - NOT EJECTED					
ı	3- POLI	ICE		8 - HELMET	T USED 9 - THIRD - RIGHT SI 10 - SLEEPER SECTIO 2TIVE PADS USED 11 - PASSENGER IN 0' (, KNEES, ETC.) CARGO AREA (NOM				2 - PARTIALLY EJECTED		ED		
	9-OTHE	ER / UNKNO							3 - TOTALLY EJECTED				
ľ	E EEMA		IDER	10- REFLECT	TIVE CLOTHING	BUS, F	PICK-UP WITH CA	P)	4 - NUI AF	PLICABLE	ED		
١	F - FEMA M - MALE			11 - LIGHTIN / BICYCL	G - PEDESTRIAN		ENGER IN UNE 0 AREA	NCLOSED	1 - NOT TR	TRAPP APPED			
١	U - OTHE	R / UNKNO	WN	99 - OTHER /			LING UNIT NG ON VEHICLE	EXTERIOR	2 - EXTRI	CATED BY M	TECHANI	CAL	
۱						(NON-	TRAILING UNIT)	LATERIOR	MEANS 3 - FREED	BY NON-M	FCHANIC	ΔΙ	
							MOTORIST R/UNKNOWN		MEANS				
٥		ST, FIRST, MIDD						1000 NO. 100 N	E OF BIRTH	- 1	AGE	GENDER	
WIINESS		STREET, CITY,	HOMAS, J					1 0 0			6,9	M	
×			ETT RD ,Silve	er Lake, ,C	Н 44224			Redacte			9.43((A)(1)	
,	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER	
WILNESS	ADDDESS	erner	STATE ZID					CONTACT PHONE	1 1 1				
M	AUURESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE.	1 1	1 1	
3	NAME: LAS	ST. FIRST, MIDD	I F					DAT	E OF BIRTH		AGE	GENDER	
	NAME: LAST, FIRST, MIDDLE							DAI	L or Dittin	- 1		100000000000000000000000000000000000000	
WILNESS		: STREET, CITY,						CONTACT PHONE				للسا	

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