OHIO DEPARTMENT TO OF PUBLIC SAFETY SENSE PERFECTIVE	RAFFIC CR	ASH R	EPORT	*DENOTES	MANDATORY FIE	LD FOR SUPPLEM	ENT REPORT		OCAL REPORT NUM	ABER*		
PHOTOSTAKEN OH-2 OH-3 LOCAL INFORMATION								2,0,2,0,-,0,0,1,0,6,8,1,				
OH-1P OTHER REPORTING AGENCY NAME*							NCIC*	HIT/SKIP	UNIT IN ERROR			
SECONDARY CRASH	PRIVATE PR	OPERTY	City of Ke	ent Polic	e	0	0.6.7.0.3 1-SOLVED 0.2			0 1 98 - ANIMAL		
COUNTY* LOCALITY*			VILLAGE, TOWNSHI	p*				CRASH DATE /	CRASH SEVERITY			
6 7 1 2-1	VILLAGE TOWNSHIP Kei							0,70,8,2,0,2,0,	/17.00 5	1 - FATAL 2 - SERIOUS INJURY		
S R 43	2-	SOUTH	OCATION ROAD	NAME			ROAD TYPE	LATITUDE DE	SUSPECTED			
S R 43	4.	AACSI	WATER				ST	4,1,1,5,1	3 - MINOR INJURY SUSPECTED			
ROUTE TYPE ROUTE NU	2-	SOUTH	EFERENCE ROA		D, MILEPOST, H	DUSE #)	ROAD TYPE	LONGITUDE D	FC'MA DEGREES	4 - INJURY POSSIBLE		
S R 59		EAST	HAYMAK	ŒR			PK	-81.358	2 1 4	5 - PROPERTY DAMAGE ONLY		
REFERENCE POINT 1 - INTERSECTION	DIRECTION FROM REFERENCE	10 11	ROUTE TYPE		AL - ALLEY	ROAD TYPE	D 2040	<u> </u>	INTERSECTION REL	ATED		
1 2-MILE POST	2 2-SOUT	H US-F	EDERAL US ROU		V - AVENUE		ID - ROAD IQ - SQUARE	WITHIN INTE	RSECTION OR ON AP	PROACH		
3 - HOUSE #	3 - EAST 4 - WES		TATE ROUTE		BL - BOULEVARD		T - STREET	WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHES		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	CR - N	UMBERED COUN	ITY ROUTE I	CR - CIRCLE CT - COURT		E - TERRACE	23/2220/193	ROADWAY			
5 0	1 - MILE 2 - FEET	R	ROUTE				NA - WAY	ROADWAY DIV	/IDED			
5 0	3-18/10				IE - HEIGHTS	PL - PLACE						
1 - ON ROADWA	N OF FIRST HARMS AY 9 - CF	OSSOVER				COLLISION/IMPA REAR-TO-REAR	СТ	DIRECTION OF TRAVE		EDIANTYPE		
0 1 2-ON SHOULD			LLEY ACCESS	BE	TWEEN S	- BACKING		1-NORTH 2-SOUTH	(<4	DED FLUSH MEDIAN FEET)		
3 - IN MEDIAN 4 - ON ROADSIE		HARED USE	ADE CROSSING PATHS CR	VI	THICLES IN	- ANGLE ' - SIDESWIPE, SAM	E DIRECTION	3- EAST		DED FLUSH MEDIAN FEET)		
5 - ON GORE 6 - OUTSIDE TR	12.5	RAILS IKE LANE				- SIDESWIPE, OPPO		4-WEST		DED, DEPRESSED MEDIAN DED. RAISED MEDIAN		
7 - ON RAMP	14-T	OLL BOOTH		3-11	EAD-ON S	- OTHER / UNKNO	NN		(ANY	TYPE		
8 - OFF RAMP	99-0	THER / UNK	NOWN				-		9 - OTHE	ER/UNKNOWN		
WORK ZONE RELA	TED		WORK ZONE TY ANE CLOSURE	PE		N OF CRASH IN WO		CONTOUR	CONDITIONS			
WORKERS PRESEN	NT		ANE CLUSURE ANE SHIFT/CROS	SOVER		BEFORE THE 1ST WARNING SIGN		1	1	_2_		
LAW ENFORCEME	NT PRESENT		ORK ON SHOULD	ER	100	- ADVANCE WARNIN - TRANSITION AREA		1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE		
4 - INTERMITTENT OR MOVING WORK 4 -						ACTIVITY AREA		2 - STRAIGHT GRADE	2-WET 3-SNOW	2 - BLACKTOP, BITUMINOUS,		
ACTIVE SCHOOL Z	ONE	5-0	THER		5	- TERMINATION AR	EA	4 - CURVE GRADE	4 - ICE	ASPHALT 3 - BRICK/BLOCK		
	CONDITION			WEAT				9 - OTHER/UNKNOWN	5 - SAND, MUD, DIR			
1 - DAYLIGHT 2 - DAWN/DUSK	(0 1 2-CL		6 - SNOW 7 - SEVERE	CROSSWINDS			OIL, GRAVEL 6 - WATER (STANDI	NG, 5-DIRT		
3-DARK-LIGH	HTED ROADWAY	.n	3 - F0			G SAND, SOIL, DIRT			MOVING)	9 - OTHER/UNKNOW		
				4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZLE 5 - SLEET, HAIL 99 - OTHER / UNKNOWN					7 - SLUSH 9 - OTHER/UNKNOW			
9 - OTHER / UNI	KNOWN											
NARRATIVE			ion difficulties and a second						1	Indicate the north direction with		
UNIT #01 TU	RNED RIC	SHT O	FF OF H	AYMAK	ŒR					an "N" on the compass diagram.		
PKWY. (SR 5	59) INTO 7	ГНЕ С	URB LA	NE OF S	S				products			
WATER ST.	(SR 43) U	NIT #0	2 TURNI	ED								
LEFT FROM	I HAYMA	KER P	KWY. O	NTO S.	WATER	-		: # T - 4				
ST. INTO TH	HE INSIDE	E LANI	E. UNIT #	#01				,31	711 # CI	D		
THEN ATTE	EMPTED T	о сн	ANGE LA	ANES II	OTV	_UNIT#1	R PKWY SR5		UNIT WY	#2		
THE INSIDE	E LANES I	BEFOR	RE MAKI	NG SUI	RE IT		- (0=0):	INTERIOR OF THE PROPERTY OF TH	T 05 100	- 10 social j		
WAS CLEAR	R TO DO S	O. UN	IT #01					STIMUL STIMUL				
SIDESWIPE	D THE SI	DE OF	UNIT #0	2.				80)	\$ WATER	ST SR 43		
DRIVER OF		~~~~										
INSURANCI					E							
CRASH REPORTED	A branch to the second		ISPATCH DATE /		1/20/A	I RIVAL DATE / TIME		SCENE CLEARED	DATE / TIME	REPORT TAKEN BY		
0,7,0,8,2,0,2,0		0,7,0			0,7,0,8	2,0,2,0,/,1	7.0.3	0,7,0,8,2,0,2,	0,/,1,7,3,4,	M POLICE AGENCY		
TOTAL TIME ROADWAY CLOSED INV	OTHER Vestigation time	TOTAL MINUTE		s NAME* , Matthe	ew J		hecked by OFF hort, Ja	icer's name*		MOTORIST		
0 0 0	0.3.0.	0 6		OFFICER'S	BADGE NUMBE		Снескев	BY OFFICER'S BADGE	NUMBER*	(CORRECTION OR ADDITION OF AN EXISTING REPORT SEAT TO COR		
0 0 0 0	0 3 0	0,6	3 2	5 7		111	2 2	1 8 :	1 1			



2,0,2,0,-,0,0,1,0,6,8,1, OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER) OWNED PHONE - IN-LIDE ASSESSMENT / TV SAME AS DRIVER DAMAGE 0 1 WILLIAMS, ERIC, J DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 3 2- MINOR DAMAGE 4- DISABLING DAMAGE 1314 PARMALEE ST ,Kent ,OH 44240 9 - UNKNOWN COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE DAMAGED AREA(S) INDICATE ALL THAT APPLY LP STATE LICENSE PLATE # **VEHICLE IDENTIFICATION #** VEHICLE YEAR VEHICLE MAKE YV1SZ59H6411142917 C. A. 8GPZ249 2,0,0,4, Volvo **INSURANCE COMPANY** INSURANCE POLICY # COLOR VEHICLE MODEL INSURANCE VERIFIED WHI MERCURY INS. 040102100212167 XC70 US DOT # TYPE OF USE TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS MATERIAL CLASS # PLACARD ID # INTERLOCK 1 - ≤10K LBS HIT/SKIP UNIT DEVICE 2 - 10.001 - 26K LBS 0 4 PLACARD J 3 - >26K LBS. 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12-GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) B - MOTORCYCLE 3-WHEELED 13-SNOWMOBILE 19-BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 0 1 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14-SINGLE UNITTRUCK 23-OTHER VEHICLE 25 - OTHER NON-MOTORIST UNIT TYPE 4 . PICK UP 10-MOPED OR MOTORIZED 15-SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE BICYCLE 5 - CARGO VAN 16-FARM FOILIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN 11 - ALL TERRAIN VEHICLE ANIMAL-DRAWN VEHICLE 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP (ATV/UTV) 0 # OF TRAILING UNITS 12 WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 0 J 1-YES 2-NO 9-OTHER/UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION AUTONOMOUS 1 - NONE A - PUS - CHARTER/TOUR 11-FIRE 16 FARN 21 - MAIL CARRIER 0 1 2 - TAXI 7 - EUS - INTERCITY 12-MILITARY 17 - MOWING 99-OTHER/UNKNOWN SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL FUNCTION 4 - SCHOOL TRANSPORT 14 - PUBLIC UTILITY 19-TOWING 9 - BUS - OTHER 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL 12 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE 12 - CONCRETE MIXER 0,1 I NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGOTANK 13 - AUTO TRANSPORTER CARGO 2 - BUS 4 - LOGGING 6 - CARGO VAN/FNC) OSED BOX 10-FLAT BED 14-GARBAGE/REFUSE BODY 4 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99-OTHER / UNKNOWN **©** 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN VEHICLE 2 - HEAD LAMPS 5 - STEFRING 8 - TRAIL FR FOUIPMENT 10-DISARI ED ESDM PRIOR DEFECTS 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 CROSSWALK AT INCIDENT SCENE 4 - MIDBLOCK - MARKED -TOP [13] 7 - SHOULDER / ROADSIDE 10-DRIVEWAY ACCESS - ALL AREAS [15] NON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 99 - OTHER / UNKNOWN B - SIDEWALK 11 - SHARED USE PATHS OR LOCATION CROSSWA! K - UNIT NOT AT SCENE (161 5 - TRAVEL LANE - OTHER LOCATION TRAILS. AT IMPACT 1 - STRAIGHT AHEAD 1 - NON-CONTACT 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING B - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 0 3 3 - CHANGING LANES 3 - STRIKING 0 - NO DAMAGE 14 - UNDERCARRIAGE SPECIFIED LOCATION 19-STANDING 9 - LEAVING TRAFFIC LANE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 15 - WALKING, RUNNING, 20 - OTHER NON-MOTORIST PRE-CRASH 4 - OVERTAKING/PASSING ACTION 4- STRUCK 10-PARKED DIAGRAM JOGGING, PLAYING 99 - UNKNOWN 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN 21 - STANDING OUTSIDE 11 - SLOWING OR STOPPED 13 - TOP 16-WORKING DISABLED VEHICLE & STRUCK INTRAFFIC 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9 - OTHER / HINKNOWN 12-DRIVERLESS TRAFFIC 1-NONE 7-LEFT OF CENTER 13-IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY TRAFFICWAY FLOW TRAFFIC CONTROL PARKED POSITION 2 - FAILURE TO YIELD 8-FOLLOWING TOO CLOSE / ACDA 18-OPERATING DEFECTIVE 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 0 9 3-RAN RED LIGHT 14-STOPPED OR PARKED 9-IMPROPER LANE CHANGE EQUIPMENT 23 - OPENING DOOR INTO 2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN ILLEGALLY 19-LOAD SHIFTING/FALLING/ ROADWAY 4 - RAN STOP SIGN 10-IMPROPER PASSING 3 - FLASHER 6 - NO CONTROL 15 - SWERVING TO AVOID CONTRIBUTING 5 - UNSAFE SPEED SPILLING 99 - OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IN PROPER CROSSING # of THROUGH LANES RAIL GRADE CROSSING 6 - IMPROPERTURN 12-IMPROPER BACKING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2 - INVOLVED-ACTIVE CROSSING 4 **EVENTS** 2 0 1 - OVERTURN/ROLLCVER 3 - INVOLVED-PASSIVE CROSSING 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE -16 - RAIL WAY VEHICLE 22 - WCRK ZONE MAINTENANCE OPPOSITE DIRECTION OF EQUIPMENT 2 - FIRE/EXP_OSION 7 - SEPARATION OF UNITS 17 - AHIMAL - FARM TRAVEL 23-STRUCK BY FALLING, UNIT / NON-MOTORIST DIRECTION 18-ANIMAL - DEER 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR 1 - NORTH 5 - NORTHEAST 19-ANIMAL - OTHER J 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 13-OTHER NON-COLLISION ANYTHING SET IN MOTION 2 - SOUTH 6 - NORTHWEST 20 - MOTOR VEHICLE IN 5 - CARGO / EQUIPMENT 10 - CROSS MEDIAN BY A MOTOR VEHICLE 14-PEDESTRIAN TRANSPORT FROM 1 TO 2 3 - EAST 7 - SOUTHEAST LOSS OR SHIFT 24-OTHER MOVABLE CBJECT 15-PEDALCYCLE 21 - PARKED MOTOR VEHICLE 8 - SOUTHWEST 4 - WEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER / UNKNOWN 25-IMPACT ATTENUATOR 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE / CRASH CUSHION EQUIPMENT 32 - PORTABLE BARRIER 38-OVERHEAD SIGN POST 44 - DITCH UNIT SPEED DETECTED SPEED 26-BRIDGE OVERHEAD 51 - WALL 33 - MEDIAN CABLE BARRIFR 39-LIGHT/LUMINARIES 45 - EMBANKMENT 1 - STATED / ESTIMATED SPEED STRUCTURE SUPPORT 52-BUILDING 34 - MEDIAN GUARDRAIL 46-FENCE 0,1,5, 27 - BRIDGE PLER OR ABUTMENT BARRIER 40-UTILITY POLE 53-TUNNEL 2 - CALCULATED / EDR 47 - MAILBOX 28-BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54-OTHER FIXED OBJECT 48 - TREE 3 - UNDETERMINED POSTED SPEED 1 29-BRIDGE RAIL BARRIER OR SUPPORT 99-OTHER/UNKNOWN 49-FIRE HYDRANT 30-GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42-CULVERT 2 5 1 MOST HARMFUL EVENT I FIRST HARMFUL EVENT

LOCAL REPORT NUMBER

2,0,2,0,-,0,0,0,1,0,6,8,1,

	UNIT # OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) 0 , 2 LONGO, DAVID, D					PHONE: INC.	DE AREA CODE (X SAME AS DRIVER)	DAMAGE				
	WNER ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS DRIVER)						1 - 1 - 1	DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE				
2 421 CHEDDY OT 124 OH 44240										4 - DISABLING DAMAGE		
COMMI	ERCIAL CARRIE	R: NAME, ADD	RESS, CITY, STATE, ZIP		Сомм	IERCIAL CARRIER I	PHONE: INCLUDE AREA CODE	9 - UNKNOWN				
	-1							DAMAGED AREA(S) INDICATE ALL THAT APPLY				
O. F	LICENSE PI	ATE #	2 G1 WT 5	LE IDENTIFICATION # 15, K, 2, 8, 9, 1, 3, 6, 4	2.4	VEHICLE YEA 2 0 0 8			CAIL AL	CHALAPPET		
TMP	RANCE INSURA	NCE COMP	ANY	INSURANCE POLICY #	12, 3)	COLOR	VEHICLE MODEL	11 12		11 12 1		
X VER	IFIED STA	TE FA	RM	938 5504 B21 35B		SIL	IMPALA	10 11 0	2	10 11 2		
T con	MERCIAL GO	F USE ERNMENT	IN EMERGENCY RESPONSE	US DOT #	TOWED	BY: COMPANY	NAME	· - 0 -	1,			
		EKIEWEITI [VEHICLE WEIGHT GVWR/GCWR			US MATERIAL	_ 6 6 -]*	3 3		
DE\	ERLOCK HT	T/SKIP UNI	T	1 - ≤10K LBS. 2 - 10,001 - 26K LBS.	□ M R	ATERIAL C	LASS # PLACARD ID #	8 / 1 5	4	8 7 9 9 4		
EQI	JIPPED -		0,1	2 - 10,001 - 26K LSS. 3 - >26K LSS.	P	LACARD L		7 5		12 7 5		
	1 - PASSENGER (7 - MOTORCYCLE 2-WHEELE B - MOTORCYCLE 3-WHEELE			RY VEHICLE)	23 - PEDESTRIAN / SKATER			2		
$\lfloor 0 \rfloor 1$			9 - AUTOCYCLE		9-BUS (16+ P 0-OTHER VEH		24-WHEELCHAIR (ANY TYPE) 25-OTHER NON-WOTORIST	10	10			
UNIT TY	PE 4 - PICK UP		10 - MOPED OR MOTORIZED		- HEAVY EQL		26-BICYCLE	9	9	3 3		
0.00	5 - CARGO VAN 6 - VAN (9-15 SE	ITC)	BICYCLE 11 - ALL TERRAIN VEHICLE			ITH RIDER OR RAWN VEHICLE	27 - TRAIN		8	7		
00			(ATV / UTV)	17 - MOTORHOME			99 - UNKNOWN OR PIT/SKIP	8	(6		
E C								11 12 1	7 6	5 12		
> H	WAS VEHICLE OF MODE WHEN C				- CONDITION - HIGH AUTO	AL AUTOMATION MATION	9 - UYKNOWN	10 12 1	2	10 11 12 2		
2	1-YES 2-\0	9-OTHER/UNK		us 2 - PARTIAL AUTOMATION 5	- FULL AUTO			10 2		10 2		
	1 - NONE		6 - BUS - CHARTER/TOUR		6-FARM		21 - MAIL CARRIER	9 3	3	9 9 3		
, 0, 1			7 - BUS - INTERCITY		7-MOWING		99 - OTHER / ENKNOWN	8 7 5	4	8 7 5 74		
SPECI			8 - BUS - SHUTTLE		18-SNCW REMOVAL			7 6 5		7 0 5		
FUNCT	ION 4 - SCHOOL TRANS		9 - BUS - OTHER 10 - AMBULANCE	14-PUBLIC UTILITY 19 15-CONSTRUCTION EQUIPMENT 2	9-TOWING	DVICE DATON		6		6		
	1 . NO CAROO RO				- POLE	MARGE LY MOE	10 COLCOCTE NIVED		12	12 12		
[0,1]	/ NOT APPLIC		WOTOR VEHICLE	nii i nata	- CARGO TAN	Y	12 - CONCRETE MIXER 13 - AUTOTRANSPORTER	12				
CARG	γ		4 - LOGGING	T TRAINING CORPORATION	O-FLAT BED		14-GARBAGE/REFUSE	R AR.		3 9 1 3 9 6 3		
TYPI	E			7 - GRAIN/CHIPS/GRAVEL 1	I-DUMP		99-CT-ER UHKNOWN	0	T.	677		
	1 - TURN SIGNAL LE 2 - HEAD LAMPS		4 - BRAKES 5 - STEERING		- MOTOR TRO		99-OTHER LUNKNOWN	6		00		
DEFEC	TS 3 - TAIL LAMPS		6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT 1 DEFECTIVE	3-DISABLED ACCIDENT	FRUM PR. UT			G	6 6		
	1-INTERSECTIO	N MARVED	3 - INTERSECTION - OTHER	6 - BICYCLE LANE 9	Mentance	OSSING ISLAND	12 - FIRST RESPONDER	- NO DAMAGE	[0]	UNDERCARRIAGE [14]		
	CRESSWALK		4 - MIDBLOCK - MARKED		0-DRIVEWAY		AT INCIDENT SCENE	☐-TOP [13]		- ALL AREAS [15]		
LOCAT		N - UNMARKED	CROSSWALK 5 - TRAVEL LANE - Other Local		1 - SHARED U	SE PATHS OR	99-OTHER JUNKNOWN		IIT NOT	T DATHE (1/)		
AT IMP	ACT 1 - NON-CONTAC				TRAILS	THE A CHOICE	TO ADDRESS OF THE PARTY OF THE	LI - UI	111 111 /	AT SCENE [16]		
	2 - NON-COLLISI		1 - STRAIGHT AHEAD 2 - BACKING		3-NEGOTIATI 4-Entering	OR CROSSING	18 - APPROACHING OR LEAVING VEHICLE	AND THE RESERVE OF THE PERSON		T OF CONTACT		
4	3 - STR!KING	ULI	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	SPECIFIED	LOCATION	19-STANDING	0 - NO DAM.		14 - UNDERCARRIAGE		
ACTIO	3N 4- STRUCK	PRE-CRASI	4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN	10-PARKED 1 11-SLOWING OR STOPPED	5 - WALKING, JOGGING,		20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE	1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE DIAGRAM 99 - UNKNOWN				
	& STRUCK		6 - MAKING LEFT TURN	IN TRAFFIC 1	IN TRAFFIC 16 - WORKING			13 - TOP	-TOP			
	9-OTHER/UNK	NOVIN		12-01(4-111-104	7 - PUSHING \	VEHICLE	99-OTHER/UNKNOWN		TRA	FFIC		
	1 - NONE 2 - FAILURE TO Y	isin	7 - LEFT OF CENTER	DARVED BOCITION	7 - VISION CB		21 - LYING IN ROADWAY	TRAFFICWAY FLOW		TRAFFIC CONTROL		
,0,			9-IMPROPER LANE CHANGE	14-STOPPED OR PARKED	S-OPERATIN EQUIPMEN	G DEFECTIVE	22 - NOT DISCERNIBLE 23 - OPENING BOOR INTO	1 - ONE-WAY		1 - ROUNDABOUT 4 - STOP SIGN		
	A DAN STOD CH	· Au	10-IMPROPER PASSING	III FCAL: V	9 - LOAD SHIP SPILLING	TING/FALLING/	ROADWAY	2 2 - TWO-WAY	6	2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 5 - NO CONTROL		
CIRCUMST	ITING 5 - UNSAFE SPE MCES 5 - UNSAFE SPE 6 - IMPROPERTI	.en	11 - DROVE OFF ROAD 12 - IMPROPER BACKING		9 - IN PROPER	CROSSING	99-OTHER IMPROPER ACTION	# of THROUGH LANES		RAIL GRADE CROSSING		
D SEQUE	NCE OF EVENTS	, r, st	TE - THE HOT OR DINGHTHS					ON ROAD		1 - NOT INVOLVED		
Ы				EVENTS				4	1	2 - INVOLVED-ACTIVE CROSSING		
12	0 1 - OVERTURNIE 2 - FIREJEXP_0		6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF 1	.6 - RAILWAY \ .7 - ANI VAL —		22 - WCRK ZONE MAINTENANCE EQUIPMENT	II II - FIFT		3 - INVOLVED-PASSIVE CROSSING		
9	3 - IMMERSION		B - RAN OFF ROAD RIGHT	TRAVEL	8-ANIMAL -		23 - STRUCK BY FALLING,	UNIT / N	ON-MOT	ORIST DIRECTION		
21	4 - JACKKNIFE	lance ve	9 - RAN OFF ROAD LEFT	13 DTUED NON COLLISION	9-ANIMAL - 23-MOTOR VE		SHIFTING CARGO CR ANYTHING SET IN MOTION			1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST		
	5 - CARGO / EQU LOSS OR SHI		-10 - CROSS MEDIAN	14-PEDESTRIAN	TRANSPOR	RT	BY A MOTOR VEHICLE 24-OTHER MOVABLE CBJECT	FROM 1 TO	2	3 - EAST 7 - SOUTHEAST		
3			collie	15-PEDALCYCLE 2 SION WITH FIXED OBJECT		IOTOR VEHICLE				4 - WEST 8 - SOUTHWEST		
4) 1	25 - IMPACT ATT		31 - GUARDRA!L END	37 - TRAFFIC SIGN POST 4	13 - CURB		50 - WCRK ZONE MAINTENANCE		-	9 - OTHER / UNKNOWN		
	/ CRASH CUS 26 - BRIDGE OVE	RHEAD	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIE		14 - DITCH 15 - Embankn	IENT	EQUIPMENT 51 - WALL	UNIT SPEED		DETECTED SPEED		
5[STRUCTURE 27 - BRIDGE PIE		34 - MEDIAN GUARDRAIL	SUPPORT	6-FENCE	mail!	52-BUILDING	0,1,5,		1 - STATED / ESTIMATED SPEED		
	28-BRIDGE PAR		BARRIER 35 - MEDIAN CONCRETE	AL ATUEN BACT DALE	17 - MAILBOX 18 - TREE		53 - TUNNEL 54 - OTHER FIXED OBJECT		'	2 - CALCULATED / EDR		
6[29-BRIDGE RAI		BARRIER 36 - MEDIAN OTHER BARRIE	OR SUPPORT	19 - FIRE HYD	TANT	99-OTHER / UNKNOWN	POSTED SPEED		3 - UNDETERMINED		
. 1	30-GUARDRAIL		1					2,5				
	FIRST HAR	MFUL EVE	NT L MOS	T HARMFUL EVENT								

OHIO DE	PARTMENT M	LOCAL REPORT NUMBER												
tion's don	nes Profescion	OTORIST / NO	2,0,2,0,-,0,0,0,1,0,6,8,1,											
UNIT#	NAME: LAST,		DATE OF BIRTH AGE GENDER											
0,1	WILLIAMS, ERIC, J									0,7,2,4,1,9,9,3,2,6, M				
ADDRESS:	STREET, CITY, ST	CONTACT PHONE - INCLUDE AREA CODE												
0		LEE ST ,Kent ,O	H 442	40	19				L					
INJURIES	INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN USED								DOT-COMPLIANT					
55	OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL OFFENSE DE							0.00	MC HELMET 0 1 1 1					
OL STATE C, A,	OPERATOR L	ICENSE NUMBER	CODE				FFENSE DESCRIPTION			CITATION NUMBER				
CA,	CHRODOCATON	DESTRUCTION OF CO.	un see Tana	331.14				Signals Before						
3 UL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		IVER TRACTED		DHOL / DRUG SUSPE		CONDITION	STATUS TY	OHOL TEST PE VALUE	STATUS TYP	PE RESULT SELES	ECT UP TO 4	
4		0,3		1 ,		THER DRUG		1	1 1	1	1 1			
UNIT#	NAME: I AST,	FIRST, MIDDLE								DATE OF BIRTH		AGE GE	ENDER	
0,2	LONG	O, DAVID, D							1,2	3,0,1,9	6.1	5.8	M	
ADDRESS:	STREET, CITY, ST	ATE, ZIP								PHONE - INCLUDE AREA C				
431 C	HERRY	ST, Kent, OH 44	240											
ADDRESS: 431 C INJURIES 5 OL STATE O_H OL CLASS	INJURED TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO:	: MEDICAL FACILITY	NAME, CITY	SAFETY EQUIPMENT	DOT-Con	SEATING POSITION	N AIR BAG USAG	E EJECTION TH	RAPPED	
5	BY							0 4	MC HEL	MET 0 1	11	1	1	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAR	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATION	NUMBER		
O, H,									9.13.1					
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT	DIS	IVER TRACTED	TRACTED				ALC STATUS TY	OHOL TEST PE VALUE	STATUS TYP	UG TEST(S) PE RESULT SELE	ECT UP TO 4	
4 .		0,3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1 OTHER DRUG			1	1 1 1					
UNIT#	NAME: LAST,	And the second s		-			-			DATE OF BIRTH			ENDER	
ADDRESS:	: STREET, CITY, ST	ATE, ZIP			-		-		CONTACT PHONE - INCLUDE AREA CODE					
S S S S S S S S S S S S S S S S S S S														
MINJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO:	MEDICAL FACILITY	NAME CITY		DOT-COM	SEATING POSITION	N AIR BAG USAG	E EJECTION TR	RAPPED	
NO	BY				USED				MC HELMET					
OL STATE	TE OPERATOR LICENSE NUMBER			OFFEN	OFFENSE CHARGED LOCAL OFFENSE DE				CRIPTION CITATION NUMBER					
OL CLASS														
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT	015	TRACTED		COHOL MAR		CONDITION	STATUS FY	OHOL TEST PE VALUE	STATUS TYP	UG TEST(S) PE RESULT	4	
			BY			LCOHOL MAR THER DRUG	ANAULI							
INJU	JRIES	SEATING POSITION		AIR BAG		OL CLASS	YOUR	OL RESTRIC	TION(S)	DRIVER DISTRACT	TION	TEST STATUS	S	
1-FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DE			1 - CLASS A		1 - ALCOHOL INTER	LOCK DEVICE	1 - NOT DISTRACTED		ONE GIVEN		
	SERIOUS INJURY	2-FRONT-MIDDLE	2 - DEPLOY 3 - DEPLOY			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE		2 - MANUALLY OPERATING ELECTRONIC COMMUN	ICATION 2 TO	EST REFUSED Est given, contami	INATED	
4 - POSSIBLE IN	NJURY	3 - FRONT - RIGHT SIDE		ED BOTH FRO	NT/SIDE	4 - REGULAR CLASS		4 - FARM WAIVER		DEVICE (TEXTING, TYP DIALING)	, IMC, SY	AMPLE/UNUSABLE		
5 - NO APPAREN	NT INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APP	PLICABLE MENT UNKN	214/84	(OHIO = D) 5 - M/C MOPED ONLY		5 - EXCEPT CLASS		3 -TALKING ON HANDS-FR COMMUNICATION DEVI	(tt	EST GIVEN, RESULTS EST GIVEN, RESULTS		
University with a photo-	TAKEN BY	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	7-001	MENT UNKN	NAM.	6 - NO VALID OL		6 - EXCEPT CLASS / & CLASS 8 BUS		4 - TALKING ON HAND-HEL	LD U	NKNOWN		
1 - NOT TRANSP /TREATED A		7-THIRD - LEFT SIDE	E.	JECTION		OL ENDORSEM	IENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE		5 - OTHER ACTIVITY WITH	IAN AL	COHOL TEST T	TYPE	
2 - EMS		(MOTORCYCLE SIDE CAR) 8-THIRD - MIDDLE	1 - NOT EJE			H - HAZMAT		RESTRICTIONS		ELECTRONIC DEVICE	1 - N(2 - B(
3 - POLICE 9 - OTHER / UNK	KNO WN	9-THIRD - RIGHT SIDE.	2 - PARTIAL 3 - TOTALLY	LLY EJECTED / Ejected		M - MOTORCYCLE P - PASSENGER		9 - LEARNER'S PER RESTRICTIONS	MIT	6 - PASSENGER 7 - OTHER DISTRACTION	3 - 01			
		10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APP	A. T. Proposition of the last		N - TANKER		10 - LIMITED TO DAY	LIGHT ONLY	INSIDE THE VEHICLE		REATH		
1-NONE USED	QUIPMENT	11 - PASSENGER IN OTHER	7	RAPPED		Q - MOTOR SCOOTER		11 - LIMITED TO EMP		8 - OTHER DISTRACTION O THE VEHICLE	UTSIDE 5-01	THER		
	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1-NOTTRA	WYNER TAXABLE		R THREE-WHEEL MOT S - SCHOOL BUS	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL DE	EVICES	9-OTHER/UNKNOWN		DRUG TEST TYP	PE	
3 - LAP BELT ON	trabe to the	PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED	2 - EXTRICA	ATED BY NICAL MEANS		T - DOUBLE & TRIPLE 1	TRAILERS	(SPECIAL BRAK) CONTROLS, OR O		CONDITION	1 - NO			
	& LAP BELT USED RAINT SYSTEM –	CARGO AREA	3-FREED	BY		X-TANKER/HAZMAT		ADAPTIVE DEVI	CES)	1 - APPARENTLY NORMAL	3-U			
FORWARD FA	ACING	13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	NON-ME	CHANICAL M	EANS	GENDER	**************************************	14 - MILITARY VEHICLE	And the state of t	2 - PHYSICAL IMPAIRMEN 3 - EMOTIONAL (E.G., DEPRE	7.00	THER		
6-CHILD RESTI REAR FACIN	'RAINT SYSTEM – Ig	(NON-TRAILING UNIT)				F-FEMALE		AIR BRAKES		ANGRY, DISTURBED)	DRU	JG TEST RESUL	LT(S)	
7 - 800STER SE		15 - NON-MOTORIST			100	M - MALE U - OTHER / UNKNOWN	3.54	16 - OUTSIDE MIRRO 17 - PROSTHETIC AIL		4 - ILLNESS 5 - FELL ASLEEP, FAINTED	Committee in the	MPHETAMINES ARBITURATES		
8 - HELMET US 9 - PROTECTIVE		99 - OTHER / UNKNOWN				2 Times Villandill		18-OTHER		FATÍGUED, ETC.	3-86	ENZODIAZEPINES		
(ELBOW, KNE	EES, ETC.)									6- UNDER THE INFLUENCE OF MEDICATIONS / DRU	E 4-CA	ANNABINOIDS		
10 - REFLECTIVE 11 - LIGHTING - I								10		/ALCOHOL 9-OTHER/UNKNOWN		OCAINE PLATES/OPIOIDS		
/ BICYCLE ÓI	NLY									7- UTILA / UNAMUWN		THÉR		
99-OTHER/UNK	KNOWN										8 - N	EGATIVE RESULTS		

OCCUPANT / WITNESS ADDENDUM								LOCAL REPORT NUMBER					
			2,0,2,0,-,0,0,1,0,6,8,1,										
UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER					
01 MARTI, ANASTASIA, MARIE								0,7,2,2,1,9,9,8,2,1,F					
ADDRESS: STREET, CITY, STATE, ZIP 1314 PARMALEE ST, Kent, OH 44240								CONTACT PHONE - INCLUDE AREA CODE					
1314		LEE ST ,Ken	L										
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACI	LITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
5	BY					0.4	MC HELMET	0 3	. 1	1	1		
UNIT#	NAME: LAS	T, FIRST, MIDDLE	DAT	E OF BIRTH		AGE	GENDER						
01	MAR	ΓΙ, TALIA, L	0 1 2 2 2 0 0 7 13 F										
ADDRESS: STREET, CITY, STATE, ZIP 1314 PARMALEE ST, Kent, OH 44240								CONTACT PHONE - INCLUDE AREA CODE					
1314	1314 PARMALEE ST ,Kent ,OH 44240												
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	LITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
_ 5_	BY	BY LISED USED O						0 4	. 1	. 1	. 1		
UNIT#	NAME: LAS	F, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
01	MARI	I, KITANA, V					0 3 2		0.8	1 2	F		
ADDRESS	S: STREET, CITY,	STATE, ZIP					CONTACT PHONE						
Address 1314	PARMA	LEE ST ,Kent	,OH 4424	0									
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	LITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
5	TAKEN	and the second				USED 0 4	DOT-COMPLIANT MC HELMET	0 5	1	1	1		
UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH	1	AGE	CENDED		
							UA1	E OF BIKIN		AUL	GENDER		
ADDRESS	S: STREET, CITY,	STATE ZIP					CONTACT PHONE - INCLUDE AREA CODE						
ADDRESS							CONTROL FROME - INCLUDE AREA CODE						
INJURIES	INJURED EMS AGENCY (NAME) INJURED TAKEN TO, MEDICAL FACILITY (NAME)					SAFETY EQUIPMENT	1	SEATING POSITION	AID DAD HEADS	FICETION	TRAPPED		
	TAKEN					USED	DOT-COMPLIANT	SEATING 7 03111019	AIR BAG USAGE	ESECTION	IRAPPED		
BURNAU I	INJU	RIES	SAFETY	EQUIPMENT USED		SEATING POS			AIR BAG U	SACE			
1 - FAT	AL		1 - NONE US	ED-		T - LEFT SIDE		1 - NOT DE		JAUL			
2 - SUS	PECTED SE	RIOUS INJURY		OCCUPANT	(MOT	ORCYCLE DRIV					100		
3 - SUS	PECTED MI	NOR INJURY		ER BELT ONLY USED 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE			3 - DEPLOYED SIDE				MAN N		
4 - POS	SIBLE INJU	RY		4 - SECOND - LEFT SID									
5 - NO	APPARENT	NJURY		& LAP BELT USED (MOTORCYCLE PASS					SIDE				
	INJURED	TAKEN BY	FORWARI	STRAINT SYSTEM - 5 - SECOND - MIDDLE FACING 6 - SECOND - RIGHT SI			5 - NOT APPLICABLE						
	TRANSPOR		6 - CHILD RE	ESTRAINT SYSTEM - 7 - THIRD - LEFT				9 - DEPLO	YMENT UNI	CNOWN			
and the state of the	EATED AT S	CENE	REAR FA	O THIRD MAI			CAR)	TO VETE	EJECTI	ON	TO SEE		
2 EMS			7 - BOOSTER		D – MIDDLE D – RIGHT SIDE		1 - NOT EJ	ECTED					
3 - POL		NA/AI	8 - HELMET		10 - SLEEPER SECTION			OF TRUCK CAB 2 - PARTIAL		LY EJECTED			
9- UIH	IER / UNKNO			TVE PADS USED KNEES, ETC.)			Amountain the second of the se						
-	5107 H	IDER		IVE CLOTHING	BUS, F	PICK-UP WITH CAL							
F - FEM M - MAL				G – PEDESTRIAN		ENGER IN UNE							
The state of the s	ER / UNKNO	WN	/ BICYCLI			LING UNIT		1 - NOTTRAPPED					
			99 - OTHER /	UNKNOWN		IG ON VEHICLE	EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS			CAL		
						TRAILING UNIT) MOTORIST			BY NON-MI	CHANIC	AL		
						R / UNKNOWN		MEANS					
and the same of th	AST FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
ADDRESS								1 1 1	, ,				
ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
ADDRESS: STREET, CITY, STATE, ZIP													
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
								1 1		ll.			
	AST, FIRST, MIDD	LE					DATE OF BIRTH AGE GENDER						
ADDRESS	E. STORET ALT	STATE 710											
≥ ADDRES	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
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LOCAL REPORT NUMBER

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COMPANY.