OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*							
PHOTOSTAKEN X 0H-2 OH-3	2,0,2,1,-,0,0,0,9,7,3,1,							
SECONDARY CRASH OH-1P OTHER	REPORTING AGENCY NAME*	NCIC*	HIT/SKIP NUMBER					
PRIVATE PROPERTY	City of Kent Police	0 4 6 7 7 0 3	1 - SOLVED 0	1 0 1 98 ANIMAL				
1 - CITY	Y, VILLAGE, TOWNSHIP*		CRASH DATE / TIME*	CRASH SEVERITY				
6,7 1 2-VILLAGE Kent			01611720211/11911	5 1 - FATAL 2 - SERIOUS INJURY				
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 2-SOUTH 2-3-EAST 4-WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREE	SUSPECTED				
	DEPEYER	ST	411-11-5-2-7-6-7	3 - MINOR INJURY SUSPECTED				
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOU	SE #) ROAD TYPE	LONGITUDE DECIMAL DEGRE					
3- EAST 4-WEST	ERIE	S T	8,1,6,3,5,6,2,5,5	5 - PROPERTY DAMAGE ONLY				
REFERENCE POINT DIRECTION 1 - INTERSECTION FROM REFERENCE IR		ROAD TYPE	INTERSEC	TION RELATED				
1 2-MILE POST 1 2-SOUTH US		W-HIGHWAY RD-ROAD A-LANE SQ-SQUARE	WITHIN INTERSECTION	OR ON APPROACH				
	STATE ROUTE	P - MILEPOST ST - STREET	WITHIN INTERCHANGE	AREA NUMBER OF APPROACHES				
TRUM REPERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT - COURT PK	/ - OVAL TE - TERRACE < - PARKWAY TL - TRAIL	RO	ADWAY				
1 0 0 2 2-FEET	ROUTE	- PIKE WA - WAY	ROADWAY DIVIDED					
LOCATION OF FIRST HARMFUL EVEN		- PLACE						
1 - ON ROADWAY 9 - CROSSOVER	1 - NOT COLLISION 4 - F		DIRECTION OF TRAVEL	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN				
1.0.0.	PADE COOCCINC I IWO MOTOR	BACKING ANGLE	2- SOUTH	(<4 FEET)				
4 - ON ROADSIDE 12-SHARED U	SE PATHS OR TRANSPORT 7 - S	SIDESWIPE, SAME DIRECTION	3- EAST 4- WEST	2 - DIVIDED FLUSH MEDIAN (≥4 FEET)				
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	I	SIDESWIPE, OPPOSITE DIRECTION DTHER / UNKNOWN		3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN				
7 - ON RAMP 14-TOLL BOOT 8 - OFF RAMP 99-OTHER / UN	1			(ANY TYPE) 9 - OTHER/UNKNOWN				
		OF CDACH IN WORK ZONE	CONTOUR CON					
	LANE CLOSURE 1 - BE	OF CRASH IN WORK ZONE EFORE THE 1ST WORK ZONE		DITIONS SURFACE				
]	Emile on in Honosooven	ARNING SIGN DVANCE WARNING AREA	1-STRAIGHT LEVEL 1-DRY	1 2				
LAW ENFORCEMENT PRESENT	OR MEDIAN 3-TR	RANSITION AREA	2-STRAIGHT GRADE 2-WET	2 - BLACKTOP				
L CONTRACTOR CONTRACTO		CTIVITY AREA ERMINATION AREA	3 - CURVE LEVEL 3 - SNOW	BITUMINOUS, ASPHALT				
LIGHT CONDITION	WEATHER		4 - CURVE GRADE 4 - ICE	3 - BRICK/BLOCK				
1 - DAYLIGHT	1-CLEAR 6-SNOW		9 - OTHER/UNKNOWN 5 - SAND, I OIL, GR					
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	0 1 2-CLOUDY 7-SEVERE CRE 3-FOG, SMOG, SMOKE 8-BLOWING SA		6 - WATER MOVIN	(STANDING, G) 5 - DIRT				
4 - DARK - ROADWAY NOT LIGHTED	4 - RAIN 9 - FREEZING F	RAIN OR FREEZING DRIZZLE	7 - SLUSH	9 - OTHER/UNKNOWN				
5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL 99 - OTHER / UN	NKNOWN	9 - OTHER	UNKNOWN				
NARRATIVE				Indicate the north				
UNIT 1 PARKED ON THE W	EST SIDE OF S.			direction with an "N" on the				
DEPEYSTER ST. FACING S				compass diagram				
1 DID NOT PROPERLY EN		4		Â				
EMERGENCY BRAKE AND		區		NOT TO SCALE				
WHEELS TO THE CURB. V								
EXITED THE VEHICLE, U			P.O.I	=				
ROLL DOWN THE HILL AN	1974	K, SPIS ST.	PARTA BUS DEPO	Ţ.				
BUILDING ON THE EAST S								
STREET.								
			OPPENIEN ST					
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME ARRIVA	At DATE /TIME	COEME OF PARCE AND					
		AL DATE / TIME	SCENE CLEARED DATE / TIME	NVI				
TOTAL TIME OTHER TOTAL	L OFFICER'S NAME*	7 2 0 2 1 / 1 9 2 3 0 6 1 7 2 0 2 1 / 1 9 5 7 CHECKED BY OFFICER'S NAME*						
ROADWAY CLOSED INVESTIGATION TIME MINUT	Editi, Reviii ivi	Bowen, Jared Supplement (CORRECTION on AL						
0 0 0 0 3 0 0 6	OFFICER'S BADGE NUMBER*	ER* CHECKED BY OFFICER'S BADGE NUMBER* TE AN EXISTÂNG MERCET MENT						

LOCAL REPORT NUMBER

2,0,2,1,-,0,0,0,9,7,3,1,

UNIT#				OWNE	OWNER PHONE: INCLUDE AREA CODE (TISAME AS DRIVER)			DAMAGE				
0 1	1 HYLTON, LISA, J ER ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS DRIVER)				Ш			DAMAGE SCALE				
-	NES RD ,Palmyra ,C							2 1-NONE		3 - FUNCTIONAL DAMAGE		
				COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE				2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP				Lan	IMERCIAL GARRIE	ER PHUNE:	INCLUDE AREA CODE					
LP STATE	LICENSE PLATE #	VEHIC	E IDENTIFICATION #		11511761 5 11		<u> </u>	INI		AGED AREA(S) E ALL THAT APPLY		
OH	JHX4576		C ₁ 5 ₁ 7 ₁ E ₁ W ₁ M ₁ 1 ₁ 7 ₁	8.1.5.	VEHICLE Y		EHICLE MAKE ini			The trial at Let		
	1		NSURANCE POLICY #	0 (1 2)	COLOR		HICLE MODEL	11 0		111		
X INSURA	ED STATE FARM	1.	693856B0135J		WHI		OPER / COO	PER-S 12		12		
	TYPE OF USE		US DOT #	TOWE	D BY: COMPAI		JOI ERT COO	10 2	7	11 1 1		
COMME	RCIAL GOVERNMENT	IN EMERGENCY RESPONSE	1 1 1 1 1					9 9 3	3	9 2 3		
			HICLE WEIGHT GVWR/GCWR	<u> </u>		DOUS MATE		8 4	_			
DEVIC	E HIT/SKIP UNI		1 - \$10K LBS		MATERIAL RELEASED	CLASS #	PLACARD ID #	8 7 5	/4	B 7 7 5 4		
EQUIP	PED	10,1,	2 - 10,001 - 26K LBS J 3 - >26K LBS		PLACARD	1 1		7 6 5		12 7 6		
	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED		18-LIM0 (LI)	ERY VEHICLE)	23-PEDE	STRIAN / SKATER	6	11	12		
0 1	2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED			PASSENGERS)		LCHAIR (ANY TYPE)	10		1 2		
	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14-SINGLE UNITTRUCK	20-OTHER VE	HICLE	25 - OTHE	R NON-MOTORIST	4	- 1	2 _		
UNIT TYPE		10 - MOPED OR MOTORIZED BICYCLE		21 - HEAVY E		26 - BICYC	LE	9		9 3 3		
	5 - CARGO VAN 6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE			VITH RIDER OR DRAWN VEHICLE	27 - TRAIN		1		8 11 4		
0		(ATV/UTV)	17 - MOTORHOME	AIRIIIAE-I	MONTH FEMOLE	99 - UNKN	OWN OR HIT/SKIP	8	V	7 5 4		
	# OFTRAILING UNITS							12	7	5 12		
e J	WAS VEHICLE OPERATING IN AU	TONOMOUS	O - NO AUTOMATION	3 - CONDITIO	NAL AUTOMATION	N 9 - UNKNO	OWN	12		12		
2	MODE WHEN CRASH OCCURRED	97 . 0 .	1 - DRIVER ASSISTANCE	4 - HIGH AUT	OMATION		=	10 11 1	2	10 11 1 2		
2	1-YES 2-NO 9-OTHER/UNK	MOTOMORUS	2 - PARTIAL AUTOMATION	5 - FULL AUT	OMATION			10 2	-	10 2		
	1 - NONE	MODE LEVEL	11 FIRE					9 9 3	3	9 9 3		
	2 - TAXI	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY		16-FARM		21 - MAIL		7 7 5	7.	8 4 7		
0 1	3 - ELECTRONIC RIDE SHARING			17 - MOWING 18 - SNOW RE	MONAL	99-01-161	R / UNKNOWN	* \ 1		· XIII Y		
SPECIAL	4 - SCHOOL TRANSPORT	9 - BUS - OTHER		19-TOWING	MUYAL			7 6 5		7 6 5		
	5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15-CONSTRUCTION EQUIPMENT		ERVICE PATROL					1		
C	1 - NO CARGO BODYTYPE	3 - VEHICLE TOWING ANOTHER	5 INTERMODAL CONTAINED	8 - POLE		12 0000	OFTE MINED		1	2 12 12		
0 1	/ NOT APPLICABLE	MOTOR VEHICLE	CHACCIC	9 - CARGOTA	ww		RETE MIXER Transporter	12	į			
CARGO BODY	2 - BUS	4 - LOGGING	/ CARCOMANIENCI ACED DAY	10-FLAT BED			AGE/REFUSE	. M .				
TYPE			7 COAINICHIDEICDAVICI	11 - DUMP			R/UNKNOWN	9 () 3	9 🚽	-6 3 9 T 3 9 🗱 3		
	1 - TURN SIGNALS	A DDAVEC	7 WORM OR SUICKTINGS		AUDI F			0	4	00		
L	2 - HEAD LAMPS	4 - BRAKES 5 - STEERING		9 - MOTORTR		99-OTHER	R/UNKNOWN	6		0		
	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDEN1	FROM PRIOR				ε	6 6		
								- NO DAMAG	E[0]	- UNDERCARRIAGE [14]		
	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER			ROSSING ISLAND		RESPONDER			_		
NON-MOTORIST	2 - INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED CROSSWALK		10 - DRIVEWA			CIDENT SCENE	☐- TOP [13]		- ALL AREAS [15]		
LOCATION AT IMPACT	CROSSWALK	5 -TRAVEL LANE - OTHER LOCATION		TRAILS	ISE PATHS OR	17-UINL	17 UIIANUWN	П.,	INIT N	OT AT SCENE [16]		
AT INTAG	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 MANTHE II TURN		THE LOUISIE							
	2 - NON-COLLISION	2 - BACKING			ING A CURVE OR CROSSING	18 - APPRO	AVING VEHICLE	INI'	TIAL P	OINT OF CONTACT		
3	3-STRIKING 1 2	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE		D LOCATION	19-STAND		0 - NO DAN	AGE	14 - UNDERCARRIAGE		
ACTION	4 - STRUCK PRE-CRASH	4 - OVERTAKING/PASSING		15 - WALKING			NON-MOTORIST			UNIT 15 - VEHICLE NOT AT SCENE		
	5 - BOTH STRIKING ACTIONS	5 - MAKING RIGHTTURN	11 - SLOWING OR STOPPED	JOGGING,			ING OUTSIDE		GRAM	99 - UNKNOWN		
	& STRUCK	6 - MAKING LEFT TURN	IN LIMITING	16 - WORKING			LED VEHICLE	13 - TOP				
	9-OTHER/UNKNOWN		12-DRIVERLESS	17 - PUSHING	AEHIOFF	44-01HER	R / UNKNOWN		TF	RAFFIC		
		7 - LEFT OF CENTER	DARLICO DARLETAN	17 - VISION OF	STRUCTION	21 - LYING	IN ROADWAY	TRAFFICWAY FLOW		TRAFFIC CONTROL		
	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACD.	A PARKED POSITION 14-STOPPED OR PARKED	18-OPERATIN EQUIPME	G DEFECTIVE		ISCERNIBLE	1 - ONE-WAY		1 - ROUNDABOUT 4 - STOP SIGN		
9 9	3 - RAN RED LIGHT 4 - RAN STOP SIGN	9 - IMPROPER LANE CHANGE	THECALLY		TING/FALLING/	23 - OPENI ROADV	NG DOOR INTO	2 - TWO-WAY		6 2 - SIGNAL 5 - YIELD SIGN		
CONTRIBUTING		10 - IMPROPER PASSING 11 - DROVE OFF ROAD	15 - SWERVING TO AVOID	SPILLING			IMPROPER ACTION		_	3 - FLASHER 6 - NO CONTROL		
CIRCUMSTANCES		12-IMPROPER BACKING	16 - WRONG WAY	20 - IN PROPEI	RCROSSING	77-011121	THAT HOT EN AD 110H	# OF THROUGH LANES	_	RAIL GRADE CROSSING		
SEQUENCE	OF EVENTS							ON ROAD		1 - NOT INVOLVED		
	TELE CONTRACTOR		EVENTS				III, MOULSON	. 2	1.	1 2 - INVOLVED-ACTIVE CROSSING		
1 1 1	1 - OVERTURN/ROLLGVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE -	16 - RAILWAY '	/EHICLE		ZONE MAINTENANCE			3 - INVOLVED-PASSIVE CROSSING		
		7 - SEPARATION OF UNITS	TRAVEL	17 - AHIMAL -		EQUIP		111179 / 1	NON "	ATABLET BIDEATION		
209	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	12 DOWNHILL BUNAWAY	18-ANIMAL -			K BY FALLING, Ing Cargo or	UNITT	AUM-MI	OTORIST DIRECTION 1 - NORTH 5 - NORTHEAST		
ا کا کا	4 - JACKKNIFE 5 - CARGO / EQJIPMENT	9 - RAN OFF ROAD LEFT	13-OTHER NON-COLLISION	19 - ANIMAL - 20 - Motor Ve		ANYTH	ING SET IN MOTION			2 - SOUTH 6 - NORTHWEST		
5 . 2	LOSS OR SHIFT	10 - CROSS MEDIAN	14-PEDESTRIAN	TRANSPO	RT		OTOR VEHICLE MOVABLE OBJECT	FROM1 TO	<u> 2</u>	3 - EAST 7 - SOUTHEAST		
3 5 2		88117010			OTOR VEHICLE		70000			4 - WEST 8 - SOUTHWEST		
	25 - IMPACT ATTENUATOR	31 - GUARDRAIL END	N WITH FIXED OBJECT 37-TRAFFIC SIGN POST	- STRU(43-CURB	K	Sn_wnov	ZONE MAINTENANCE			9 - OTHER/UNKNOWN		
4	/ CRASH CUSHION	32 - PORTABLE BARRIER		44 - DITCH		EQUIP.		UNIT SPEED		DETECTED SPEED		
	STRICTIBE	33 - MEDIAN CABLE BARRIER	39-LIGHT/LUMINARIES	45 - EMBANKN	IENT	51 - WALL		OHI: SPEED				
5	27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	AD UTILITY BOLD	46 - FENCE		52 - BUILD		0 1 1 5		1 - STATED / ESTIMATED SPEED		
	20 BRIDGE DADAGET	35 - MEDIAN CONCRETE	AT OTHER PAST BOLE	47 - MAILBOX 48 - TREE		53 - TUNNE 54 - OTHER	EL I FIXED OBJECT			2 - CALCULATED/EDR		
6	29 - BRIDGE RAIL	BARRIER	OR SUPPORT	40 - FIRE HYDI	RANT		UNKNOWN	POSTED SPEED		3 - UNDETERMINED		
2	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42-CULVERT)×(./	2 5				
3	FIRST HARMFUL EVEN	т 3 мости	ADMEIII EVENT					, 2 , 5 ,				

CHIO DEPARTMENT MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER							
							\(\begin{aligned} \begin{aligned} 2_0,2_1,-\\ 0_0,0_0,0_9,7_3,1_\\ \end{aligned} \end{aligned}							
UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER						
0, 1 HYLTON, ANNA, MARIE ADDRESS: STREET, CITY, STATE, ZIP								0 3 / 1 1 / 1 9 9 9 2 2 F						
									CONTACT	PHONE - INCLUDE AREA C	:0DI:			
o		EMS AGENCY (NAME)	. 7771/		TAKENTO	- MEDICAL FACILITY	MANE CITY	SACETY CONTOMENT		SCATING DACITIO	W I am nea way		1	
5	TAKEN BY	EN USED							DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED 9 9 5 4 1				TRAPPED 1	
	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC						
OL STATE				4511	.661		CODE	Motor Ve	chicle Unatte 66387					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER ALCOHOL / DRUG SUSPECTED			CONDITION	ALC STATUS TY	OHOL TEST PE VALUE		UG TEST(S	SELECT UP TO 4		
. 4 .	ļ		BY			_	RIJUANA		Jana Jana	YALUE	SIAIUS II	re RESUL	I SELECT UP TO 4	
UNIT#	NAME: LAST,	FIRST MIDDLE			٥	THER DRUG				DATE OF BIRTH			1	
		, , , , , , , , , , , , , , , , , , , ,							DATE OF BIRTH AGE GENDER					
ADDRESS:	STREET, CITY, ST	TATE, 71P							CONTACT PHONE - INCLUDE AREA CODE					
ADDRESS:										THOUSE AREA C	obr.			
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)		DOT-COM	SEATING POSITION	N AIR BAG USAI	SE EJECTION	TRAPPED	
02 	BY							USED	MC HEL					
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAP	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATION	NUMBER	1	
<u></u>														
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		IVER TRACTED		CHOL / DRUG SUSPI	E CTED RIJUANA	CONDITION	STATUS TY	PE VALUE	DR STATUS TY	UG TEST(S PE RESUL	T SELECT UPTO 4	
			ا اب		=	THER DRUG	(WDANK							
UNIT#	NAME: LAST,	FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER	
										/		1 1 1	1	
S ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTACT P	HONE - INCLUDE AREA CO	ODE			
0 10									<u></u>	<u> </u>	11	11		
ADDRESS:	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED 1	TAKEN TO	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	DOT-Com		AIR BAG USAC	E EJECTION	TRAPPED	
		ICENSE NUMBER		OFFENS	SE CUAE	ncen	LOCAL	OFFERICE PEGG	MC HEL	MET	<u> </u>			
OL STATE	OI ENATOR E	TO ENGLINO MOLIN		OFFERS	SE GRAP	raco	CODE	OFFENSE DESC	KIPIIUN		CITATION	NUMBER	- 4	
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER	ALCO	HOL / DRUG SUSPE	CTED	CONDITION	ALCO	HOL TEST	DR	UG TEST(S		
	SELEC UP 102		BY	TRACTED	AI	COHOL MAF	ANAULIS		STATUS TY	PE VALUE :	STATUS TYP	PE RESUL	SELECTOPIO4	
LIN III	LI	SEATING POSITION		10.000	01	THER DRUG		0. 0505010			_	التا إل	اللاللا	
1 - FATAL	W123	1 - FRONT - LEFT SIDE	1 - NOT DEF	VIR BAG PLOYED		OL CLASS 1-CLASS A		OL RESTRIC	- T	DRIVER DISTRACTED	The second second	TEST STA	TUS	
2 - SUSPECTED 3 - SUSPECTED		(MOTORCYCLE DRIVER)** 2 - FRONT - MIDDLE	2 - DEPLOY			2 - CLASS B		2 - COL INTRASTATI		2 - MANUALLY OPERATING ELECTRONIC COMMUNE	AN 2-TE	STREFUSED		
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE	3 - DEPLOY 4 - DEPLOY	ED BOTH FRO	NT/SIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE 4 - FARM WAIVER	NSES	DEVICE (TEXTING, TYP	18UP 2-10	ST GIVEN, CON Ample / Unus		
5 - NO APPAREN	T INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APP		1100	(OHIO = D) 5 - M/C MOPED ONLY		5 - EXCEPT CLASS		3 - TALKING ON HANDS-FR	LE.	ST GIVEN, RES	STREET, STREET	
200	TAKEN BY	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	A- NELLOA	MENT UNKNO	WN	6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS		4 - TALKING ON HAND-HEL	- 11	EST GIVEN, RES NKNOWN	OULIS	
1 - NOT TRANSPO		7 - THIRD - LEFT SIDE	E	JECTION		OL ENDORSEM	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE		5-OTHER ACTIVITY WITH:	AN AL	COHOL TES	ST TYPE	
2 - EMS 3 - POLICE		(MOTORCYCLE SIDE CAR) B-THIRD-MIDDLE	1 - NOT EJE	CTED Ly ejected		H - HAZMAT		RESTRICTIONS		ELECTRONIC DEVICE	1-N			
9-OTHER/UNK	NOWN	9-THIRD - RIGHT SIDE	3-TOTALLY			M - MOTORCYCLE P - PASSENGER		9 - LEARNER'S PER RESTRICTIONS	MII	6 - PASSENGER 7 - OTHER DISTRACTION	3 - UI			
SAFETY EI	QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APP	LICABLE		N-TANKER		10 - LIMITED TO DAY	A COUNTY OF STREET	INSIDE THE VEHICLE 8 - OTHER DISTRACTION OF		REATH		
1 - NONE USED		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA		RAPPED		Q - MOTOR SCOOTER R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE		THE VEHICLE		30	TVDE	
2 - SHOULDER B 3 - LAP BELT ON	4	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOTTRA 2 - EXTRICA			S - SCHOOL BUS		13 - MECHANICAL DE (SPECIAL BRAKE		9 - OTHER / UNKNOWN	1 N	DRUG TEST DNE		
4 - SHOULDER &	LAP BELT USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	MECHAN	IICAL MEANS		T - DOUBLE & TRIPLE : X - TANKER / HAZMAT	IKAILERS	CONTROLS, OR O' ADAPTIVE DEVICE	HER	CONDITION 1 - APPARENTLY NORMAL	2 - BI			
5 - CHILD RESTR FORWARD FA		13-TRAILING UNIT	3 - FREED B	CHANICAL ME	EANS	GENDER		14 - MILITARY VEHIC	LES ONLY	2 - PHYSICAL IMPAIRMENT	, ,,			
6 - CHILD RESTR		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F-FEMALE		15 - MOTOR VEHICLE AIR BRAKES		3 - EMOTIONAL (E.G., DEPRES ANGRY, DISTURBED)		IG TEST RE	SULT(S)	
7 - BOOSTER SE	AT	15 - NON-MOTORIST				M - MALE U - OTHER / UNKNOWN		16 - OUTSIDE MIRRO 17 - PROSTHETIC AID		4- ILLNESS	1 - AA	APHETAMINES	And the second second	
8 - HELMET USE 9 - PROTECTIVE		99 - OTHER / UNKNOWN				O WINER / UNKNOWN		18 - OTHER		5- FELL ASLEEP FAINTED, FATIGUED ETC	3 - BE	ARBITURATES Enzodiazepini	ES	
(ELBOW, KNE	ES, ETC.)									6 UNDER THE INFLUENCE OF MEDICATIONS / DRUG	s 4 CA	NNABINOIDS		
10 - REFLECTIVE 11 - LIGHTING - P	EDESTRIAN									9-OTHER/UNKNOWN		CAINE PLATES / OP 1010	20	
/ BICYCLE ON 99 - OTHER / UNK											7-01	HER		
												HER GATIVE RESUL	70	



OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER	REPORŢIŅG AGENCY DATE O	5.054.011
LOCAL REPORT NUMBER		D171421
IN COUNTY OF	CRASH LOCATION	
Portage	DOI E. Erie St. Kent, OH 9900	
On June 17, 2021 at appr	oximately 1919 hours Unit #1, an unoccupied vehicle,	
	ed into a building. The building that was struck is the	
	ansportation Authority bus garage located at 201 E. Erie	2
	e area of the building that was damaged is one of the	
	deck. The vehicle hit the brick wall just under a large	
	and window to be pushed into the stairwell	
	inches. There is no estimates on the cost of the damag	
done to the building at th		е
	ns time.	
	OFFICER'S SIGNATURE BAL	OCE NUMBER