OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*								
DUOTOS TAVEN 0H-2 0H-3	LOCAL INFORMATION	ELD FOR SUPPLEM		$\begin{bmatrix} 2 & 0 & 2 & 1 & - & 0 & 0 & 0 & 1 & 7 & 5 & 0 & 9 & 1 & 7 & 5 & 0 & 9 & 1 & 7 & 5 & 0 & 9 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1$					
PHOTOS TAKEN OH-1P OTHER	REPORTING AGENCY NAME*			NCIC*	HIT/SKIP	NUMBER OF UNITS			
SECONDARY CRASH PRIVATE PROPERTY	City of Kent Police	e	101	6.7.0.3	1 - SOLVED	0.2	0 2 98-ANIMAL 99-UNKNOWN		
COUNTY* LOCALITY* LOCATION: CIT	Y, VILLAGE, TOWNSHIP*				CRASH DATE /		CRASH SEVERITY		
6 7 1 2-VILLAGE Kent				1,0,2,1,2,0,2,1,	/112119 5	1 - FATAL			
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH	LOCATION ROAD NAME	· · · · · · · · · · · · · · · · · · ·	ROAD TYPE	LATITUDE DE		2 - SERIOUS INJURY SUSPECTED			
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST W - WEST	FAIRCHILD		$A \cdot V$	4 ₁ 1 ₁₀ 1 ₁ 5 ₁ 8 ₁	3 - MINOR INJURY SUSPECTED				
	REFERENCE ROAD NAME (ROAD	DUSE #)	ROAD TYPE	LONGITUDE D		4 - INJURY POSSIBLE			
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST W - WEST	MANTUA		$ \mathbf{S} \cdot \mathbf{T} $	_8 ₁ 1 _e _3 ₁ 6 ₁ 0	. 0 . 1 . 0 .	5 - PROPERTY DAMAGE			
REFERENCE POINT DIRECTION	ROUTE TYPE		ROAD TYPE			INTERSECTION RE	ONLY		
# 2-MH F POST A C POUTU		- ALLEY	HW-HIGHWAY F	RD - ROAD	52	RSECTION OR ON AF			
3-HOUSE # E-EAST US-	PI	- AVENUE - BOULEVARD		Q - SQUARE	2				
DISTANCE DISTANCE CR.	NUMBERED COUNTY ROUTE	- CIRCLE	OV - OVAL T	E - TERRACE	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES				
1 - MILES TR-	NUMBERED TOWNSHIP DE	- COURT		L - TRAIL VA - WAY		ROADWAY			
4 0 2 2-FEET 2 3-YARDS	ROUTE	- HEIGHTS	PL - PLACE	AN- WAT	ROADWAY DIV	/IDED			
LOCATION OF FIRST HARMFUL EVEN	T MAN	INER OF CRASH	COLLISION/IMPA	СТ	DIRECTION OF TRAVE	L M	EDIAN TYPE		
1 - ON ROADWAY 9 - CROSSOVER 2 - ON SHOULDER 10-DRIVEWAY,		PLAZE E AL	- REAR-TO-REAR		N - NORTH	1 - DIVI	DIVIDED FLUSH MEDIAN (<4 FEET) DIVIDED FLUSH MEDIAN		
3 - IN MEDIAN 11-RAILWAY G	RADE CROSSING 6 TW	O MOTOR	- BACKING - ANGLE		S - SOUTH E - EAST				
4 - ON ROADSIDE 12-SHARED US 5 - ON GORE TRAILS	SE PATHS OR TRA		- SIDESWIPE, SAMI - SIDESWIPE, OPPO	1	W-WEST		FEET) DED, DEPRESSED MEDIAN		
6-OUTSIDE TRAFFIC WAY 13-BIKE LANE	3 - HEA		- OTHER / UNKNOV			4 - DIVI	DED, RAISED MEDIAN		
7-0N RAMP 14-10LL BOOT 8-0FF RAMP 99-0THER/UN						1	(ANY TYPE) OTHER/UNKNOWN		
WORK ZONE RELATED	WORK ZONE TYPE	LOCATIO	N OF CRASH IN WO	DV ZONE	CONTOUR	CONDITIONS	SURFACE		
1-	LANE CLOSURE	1	BEFORE THE 1ST		2	2	2		
]	LANE SHIFT/CROSSOVER WORK ON SHOULDER	2-	WARNING SIGN ADVANCE WARNIN	IG AREA		1 - DRY	1 - CONCRETE		
LAW ENFORCEMENT PRESENT	OR MEDIAN	1	TRANSITION AREA		2 - STRAIGHT GRADE	2-WET	2 - BLACKTOP,		
I I I I I I I I I I I I I I I I I I I	INTERMITTENT OR MOVING WORE OTHER	1	ACTIVITY AREA TERMINATION ARE	EA	3 - CURVE LEVEL	3-SNOW	BITUMINOUS, ASPHALT		
LIGHT CONDITION	WEATH	-					3 - BRICK/BLOCK		
1 - DAYLIGHT	1-CLEAR	6 - SNOW			9 - OTHER/UNKNOWN	5 - SAND, MUD, DIR OIL, GRAVEL	T, 4 - SLAG, GRAVEL, STONE		
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	0.4 2-CLOUDY		CROSSWINDS			6 - WATER (STANDI			
4 - DARK - ROADWAY NOT LIGHTED		SAND, SOIL, DIRT, G RAIN OR FREEZI		ľ	MOVING) 7 - SLUSH	9 - OTHER/UNKNOWN			
5 - DARK – UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER /	UNKNOWN			9 - OTHER/UNKNOW	N		
NARRATIVE									
						1	Indicate the north direction with		
Unit one was stopped on Fairc	hild Ave in the turn					7	an "N" on the compass diagram.		
lane at N. Mantua. Unit two a	ttempted to turn le	ft				L			
onto Fairchild from N. Mantı							·		
	ia(SK43) striking U	mit			::I I I	1 1			
one					MANTUA ST	Î	or to Scale		
					≅ (≈0) (1) (∞0)	FAIRC	HILD AVE. (BRIDGE)		
			3						
			TRAFFIC BIGMAL						
			3						
	W					T im w			
		H. BLANTIAN ST Inti Two							
							ļ		
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ADD	IVAL DATE /TIME		COENE OF STREET	ATP /TYLE			
			IVAL DATE / TIME		SCENE CLEARED D		REPORT TAKEN BY POLICE AGENCY		
TOTAL TIME OTHER TOTAL		1 0 2 1				1/11256	MOTORIST		
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUT		ew	CHECKED BY OFFICER'S NAME* Ennemoser, James SUPPLEM						
	OFFICER'S BA		I CODDECTION						
0 0 0 3 0 0 6	5 2 3 4	1		2 5					

LOCAL REPORT NUMBER

2,0,2,1,-,0,0,0,1,7,5,0,9,

UNIT#	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)			Green	ED BUNNE. IN	SINE REER OME AND EAST AS DOLL	DAMAGE				
•	ARONA, KATHLEEN, L						DAMAGE SCALE				
<u>~</u>	NER ADDRESS: STREET, CITY, STATE, ZIP (∑SAME AS DRIVER) 1 - NONE 3 - FU										
	SHOPS CIR,STOW				<u> </u>	2-MINOR	2 - MINOR DAMAGE 4 - DISABLING DAMAGE				
COMMER	CIAL CARRIER: NAME, ADD	RESS, CITY, STATE, ZIP		Ce	MMERCIAL CARRIES	PHONE: INCLUDE AREA CODE		9 - L	JNKNOWN		
1002175	1705455 24 455 4	1					DAMAGED AREA(S) INDICATE ALL THAT APPLY				
OH	JCG5608		LE IDENTIFICATION # $\mathbf{B}_1 \mathbf{B}_1 2_1 \mathbf{L}_1 \mathbf{P}_1 \mathbf{L}_1 3_1 3_1 7_1$	7 2 0	VEHICLE YE		LAL	JICATE	ALL THAT APPLY		
	1	1	INSURANCE POLICY #	1210			12 1		12 1		
X INSURA	ED STATE FARM	· I	5057117A0935E		WHI	RENEGADE	/ 12 X		12		
	TYPE OF USE		US DOT #	TOW	ED BY: COMPAN		10 11 1	/2	10 11 1 2		
COMME	Property or	IN EMERGENCY RESPONSE	03001#		y Service	T NAME	9 3	3			
			EHICLE WEIGHT GVWR/GCWR	' 🗀		OUS MATERIAL	8 4 .	_/			
INTER	LOCK E HIT/SKIP UNI	#UCCUPANIS	1 - ≤10K LBS		MATERIAL RELEASED	CLASS # PLACARD ID #	0 7 5	/4	7 5 4		
EQUIP	PED -	0,1,	2 - 10,001 - 26K LBS 3 - >26K LBS		PLACARD		0 6		12 7		
	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED		18-LIMO (LI	VERY VEHICLE)	23 - PEDESTRIAN / SKATER	6	11	2		
0,1	2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13-SNOWMOBILE	19-BUS (16-	PASSENGERS)	24 - WHEELCHAIR (ANY TYPE	10		1 1 2		
UNIT TYPE	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE		20-OTHERV	EHICLE	25 - OTHER NON-MOTORIST	1 /	1(0 2 -		
	4 - PICK UP 5 - Cargo van	10 - MOPED OR MOTORIZED BICYCLE		21 - HEAVY E	•	26-BICYCLE	9 (9	3 3		
		11 - ALL TERRAIN VEHICLE	16-FARM EQUIPMENT 2 17-MOTORHOME		WITH RIDER OR -Drawn Vehicle	27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	8 11 4				
00.		(ATV/UTV)	1) - morothouse			77 - UNKNOWN UK HI 1/3KIP	8	X	1;1;1×1		
	# OF TRAILING UNITS						11 12	7	5 12 1		
	WAS VEHICLE OPERATING IN AU				ONAL AUTOMATION	9 - UNKNOWN	10 12		12		
2 .	NODE WHEN CRASH OCCURRED		5 0407141 AUTOMATION	I - HIGH AU			10 11 1	7,	10 11 1 2		
	1-YES 2-NO 9-GTHER/UNK	NOWN AUTONOMOU: MODE LEVEL	•	5 - FULL AU	IUMAI (ON		9 9 3	3	9 9 3 3		
	1 - NONE	6 - EUS - CHARTER/TOUR		6-FARM		21 - MAIL CARRIER	8 4 -	-/	8 4 4		
0 1 1	2 - TAXI	7 - BUS - INTERCITY		7 - MOWING	i	99-OTHER/UNKNOWN	8 7 5	/4	B 7 5 4		
SPECIAL	3 - ELECTRONIC RIDE SHARING		13 - POLICE 1	8-SNOW R	EMOVAL		7 6 5		7 6		
FUNCTION	4 - SCHOOL TRANSPORT	9 - BUS - OTHER		9-TOWING			6		6		
	5 - BUS - TRANSIT/COMMUTER	10-AMBULANCE	15-CONSTRUCTION EQUIPMENT 2	D-SAFETY	SERVICE PATROL			12	2 12 12		
10.1.	1 - NO CARGO BODY TYPE / NOT APPLICABLE			- POLE		12-CONCRETE MIXER	12	4			
04000		MOTOR VEHICLE 4 - LOGGING	/ CARCOVANICHOLOGED DOV	- CARGOTA		13-AUTOTRANSPORTER	8.8				
BODY Type	2 - 500	4 - LOGGING	7 COMMONDESCRINE	O-FLAT BE	D	14-GARBAGE/REFUSE	98003	9	e 3 9 T 3 9 😂 3		
			1	1-DUMP		99-OTHER/UNKNOWN		9			
		4 - BRAKES		- MOTORT		99-OTHER/UNKNOWN	6		00		
		5 - STEERING 6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT 1 DEFECTIVE	D-DISABLE. Acciden	D FROM PRIOR			6	6 6		
	3 - TAIL LAMF 3	d + TIKE BEOWOOT		7,00,00			☐ - NO DAMAG	E[0]	- UNDERCARRIAGE [14]		
	CROCCINALIZ	3 - INTERSECTION - OTHER	6 - BICYCLE LANE 9	- MEDIAN/	CROSSING ISLAND	12-FIRST RESPONDER		_ (0)	UNDEROARRIAGE [14]		
NON-MOTORIST	CROSSWALK 2 - INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED CROSSWALK		0-DRIVEW		AT INCIDENT SCENE	☐-TOP [13]		- ALL AREAS [15]		
LOCATION AT IMPACT		5 -TRAVEL LANE - OTHER LOCATE	B - SIDEWALK 11 - SHARED USE PATHS (TRAILS		USE PATHS OR	99-OTHER/UNKNOWN	UNIT NOT AT SCENE [16]				
AI IMPAGI											
		1 - STRAIGHT AHEAD 2 - BACKING			TING A CURVE IG OR CROSSING	18 - APPROACHING OR LEAVING VEHICLE	INI	TIAL PO	DINT OF CONTACT		
_4		3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE		ED LOCATION	19-STANDING	0 - NO DAN	IAGE	14 - UNDERCARRIAGE		
ACTION	4 - STRUCK PRE-CRASH	4 - OVERTAKING/PASSING		15 - WALKING, RUNNING,		20-OTHER NON-MOTORIST	0 9 1-12 - REFERTO UNIT 15 - VEHICLE NOT AT SCENE				
	5 - BOTH STRIKING ACTIONS	5 - MAKING RIGHTTURN	11 - SLOWING OR STOPPED JOGGING, PLAYING		21 - STANDING OUTSIDE	13-TOP	IVIANE	99 - UNKNOWN			
	& STRUCK 9-OTHER / UNKNOWN	6 - MAKING LEFT TURN	IN TRAFFIC 16 - WORKING 12 - DRIVERLESS 17 - PUSHING VEHICLE		DISABLED VEHICLE 99-OTHER / UNKNOWN	15-10					
		3 1 FFT OF OFFICE	at billteness					TR	RAFFIC		
		7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACI	DADVED BOCITION		BSTRUCTION No DESCRIVE	21 - LYING IN ROADWAY	TRAFFICWAY FLOW		TRAFFIC CONTROL		
0,1,		9-IMPROPER LANE CHANGE	14-STOPPED OR PARKED	EQUIPME	NG DEFECTIVE Ent	22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO	1 - ONE-WAY		1 - ROUNDABOUT 4 - STOP SIGN		
	4 - RAN STOP SIGN	10-IMPROPER PASSING	ILLEGALLY 1		IFTING/FALLING/	ROADWAY	2 - TW0-WAY	نے ا	2 3 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL		
CONTRIBUTING CIRCUMSTANCES	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - WRONG WAY 2	SPILLING		99-OTHER IMPROPER ACTION			3 - FLASHER 6 - NO CONTROL		
	6-IMPROPERTURN	12 - IMPROPER BACKING		u - 114 P KUPE	R CROSSING		# OF THROUGH LANES		RAIL GRADE CROSSING		
SEQUENCE	OF EVENTS						1	.	1 - NOT INVOLVED		
2 2	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	NON-COLLISION 11-CROSS CENTERLINE - 1-	L Bannan	VENICIE	22 10000 2010 1111111	_2_	🗀	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING		
1 2 0		7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF I	6 - RAILWAY 7 - ANIMAL		22 - WORK ZONE MAINTENANC EQUIPMENT	·		2 - INTOLYLIDERAGGITE URUGGING		
l l		8 - RAN OFF ROAD RIGHT	TRAVEL 1:	8-ANIMAL		23-STRUCK BY FALLING,	UNIT / I	NON-M	DTORIST DIRECTION		
2		9 - RAN OFF ROAD LEFT	13 OTHER NON-COLLISION	9-ANIMAL		SHIFTING CARGO OR ANYTHING SET IN MOTION			1 - NORTH 5 - NORTHEAST		
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14-PEDESTRIAN	O-MOTOR V Transpo		BY A MOTOR VEHICLE	1 .	_3	2 - SOUTH 6 - NORTHWEST		
3	rada ou gint i		15-PEDALCYCLE 2		MOTOR VEHICLE	24 - OTHER MOVABLE OBJECT	FROM L TO		3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST		
	OF IMPACT ATTENUATES		N WITH FIXED OBJECT		CK				9 - OTHER / UNKNOWN		
41	LOBACH CHCHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER		3 - CURB 4 - DITCH		50 - WORK ZONE MAINTENANCE EQUIPMENT		Т			
	26 - BRIDGE OVERHEAD	33 - MEDIAN CABLE BARRIER		4-DITCH 5-EMBANK	MENT	51-WALL	UNIT SPEED		DETECTED SPEED		
5	STRUCTURE	34 - MEDIAN GUARDRAIL	SUPPORT 4	6-FENCE		52 - BUILDING	,0,0,0,		1 - STATED / ESTIMATED SPEED		
	OR DRIVER DADARES	BARRIER 35 - MEDIAN CONCRETE	AT ATUED DOCT DOLD	7-MAILBOX		53 - TUNNEL			2 - CALCULATED / EDR		
	29-BRIDGE RAIL	BARRIER	OR SUPPORT 4	48-TREE 49-FIRE HYDRANT		54-OTHER FIXED OBJECT 99-OTHER / UNKNOWN	POSTED SPEED	1	3 - UNDETERMINED		
	30 - GUARDRAIL FACE	36-MEDIAN OTHER BARRIER	42 - CULVERT	r mann	rismit t		1 2 5				
	FIRST HARMEIN EVEN	1	LADAGEIN CLICAT				2 5				

LOCAL REPORT NUMBER

OFF PUBLIC BAFFET MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER								
	ALL PROPERTY.		VI4-11	/101U)K13	•			2 0 2	1 - 0 0	0,0,1,	7,5,0,	9		
UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER							
0,1	<u> </u>	NA, KATHLEEN, L							0 9 / 1, 8 / 1 9 6 8 5 3 F						
ADDRESS	STREET, CITY, ST		NTT 445	T 44224						CONTACT PHONE - INCLUDE AREA CODE					
≘		S CIR ,STOW ,O	H 442						L						
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT						DOT-COMPLIANT					
		ICENSE NUMBER		OCEEN	ISE CHA	DOED		0,4				1 1 1			
OL STATE	OI ENATOR E	TOURSE HOMBER		OFFER	ISE UNA	RGED	CODE	OFFENSE DESC	RIPTION		CITATION	NUMBER			
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	TUPTO3 DR	RIVER	ALC	OHOL / DRUG SUSPI	ECTED	CONDITION	AL COL	IOL TEST	n R	ÜG TEST(S)			
	SELECT UP TO 2			STRACTED		LCOHOL MA			STATUS TYPE						
4	بالبا			1	0	THER DRUG		1	1_1		1 1	ناب	اسالا		
UNIT#	NAME: LAST,									DATE OF BIRTH		AGE	GENDER		
0.2		GEORGE, LESI	JE						0 3 / 3 0 / 1 9 9 5 2 6 M						
ADDRESS:	STREET, CITY, ST	•	OII 4	4440					CONTACT PH	ONE - INCLUDE AREA C	ODE				
8 7N HIDTES		,CLEVELAND	,OH 4						<u> </u>				1		
ADDRESS: 870 14 INJURIES 5	TAKEN	EMS AGENCY (NAME)		INJURED	TAKENTO	: MEDICAL FACILITY	(NAME, CITY)	USED	DOT-COMPL		N AIR BAG USAG	E EJECTION	TRAPPED		
	OPERATOR I	ICENSE NUMBER		OFFEN	SE CHAI	DCCD	10011	0 4	MC HELM	ET 0 1	11		1		
OL STATE OL CLASS	OI ENATOR E	TO ENGLISH NOW DER		4511		KGED	CODE	OFFENSE DESC				TATION NUMBER			
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UPTO3 DR	IVER		NHOL / NRITE SUSPI	CTED	Imprope	r Turn ALCOHOL TEST		16418 DRUG TEST(5)				
				STRACTED				CONDITION	STATUS TYPE		STATUS TYP		ELECT UP TO 4		
4						THER DRUG	1	1 1	1 1						
UNIT#	T # NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH		AGE (GENDER		
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
O INHIDIES	IM HIDER T	FMC ACTUOY		1				Υ				<u> </u>			
ADDRESS:	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPME USED							DOT-COMPLI		AIR BAG USAG	E EJECTION	TRAPPED			
	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	PGED	GED LOCAL OFFENS				1	<u> </u>			
OL STATE						CODE		OF ENSERES			CITATION	NOMBEK			
OL CLASS	ENDORSEMENT	RESTRICTION SELECT		IVER	ALC	DHOL / DRUG SUSPE	CTED	CONDITION		OL TEST	DRU	DRUG TEST(S)			
	ZELECT UP 10 2		BY	STRACTED	□ A	LCOHOL MAR	ANAULI		STATUS TYPE	VALUE	STATUS TYP		ELECT UP HU 4		
					0.	THER DRUG							لـــالـــا		
1-FATAL	RIES	SEATING POSITION 1-FRONT-LEFT SIDE	1 - NOT DE	AIR BAG PLOYED					TRICTION(S) DRIVER DISTRACTION TEST S INTERLOCKDEVICE 1-NOT DISTRACTED 1-NONE GIVEN						
	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOY		ED FRONT 2 - CLASS B ED SIDE 3 - CLASS C			2 - COL INTRASTATE		- MANUALLY OPERATING	AN 2-TE	2-TEST REFUSED			
3 - SUSPECTED 4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE	3 - DEPLOY					3 - CORRECTIVE LEI	DEVICE (TEXTING, TYPING,		INC 3-IE	3 - TEST GIVEN, CONTAMINATED Sample / Unusable			
5 - NO APPAREN		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT API					5 - EXCEPT CLASS A	DIALING				TELEPIZATION OF		
INJURED	TAKEN BY	5 - SECOND - MIDDLE	9-DEPLOY	MENT UNKNOWN 5 - M/C MOPED ONLY 6 - EXCEPT CLASS A 6 - NO VALID OL & CLASS B BUS				A COMMUNICATION DEVICE 5 - TEST GIVEN, RESULTS				ZT.			
1 - NOT TRANSPO		6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE		7 - EXCEPT TRACTO				OR-TRAILER COMMUNICATION DEVICE ALCOHOL TEST TYPE							
2 - EMS		(MOTORCYCLE SIDE CAR)	1 - NOT EJE	Commence of the Court of	8 - IN LERMEDIALE				LICENSE 5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 1-NONE						
3 - POLICE 9 - OTHER / UNK	MOWAI	8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE		LLY EJECTED	Y EJECTED M - MOTORCYCLE 9 - LEARNER'			9 - LEARNER'S PERI	2 1891817						
5		10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY			P - PASSENGER RESTRICTIONS N - TANKER 10 - LIMITED TO DAY) - OTHER DISTRACTION						
1-NONE USED	QUIPMENT	11 - PASSENGER IN OTHER	T T	RAPPED	esta es	Q - MOTOR SCOOTER		11 - LIMITED TO EMP	The same of the sa	OTHER DISTRACTION OF THE VEHICLE	UTSIDE 5-OT	HER			
2 - SHOULDER BELT ONLY USED ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, 1 - NOTTRAPPED					R - THREE-WHEEL MOT S - SCHOOL BUS	ORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL DE	VICES 9-OTHER/UNKNOWN DRUG TEST TYPE				YPE			
3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICATED 4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED MECHANICA			ATED BY NICAL MEANS	ED BY T - DOUBLE & TRIPLE TRAILERS CONTROLS.			(SPECIAL BRAKE CONTROLS, OR 01	OTHER CONDITION 2-BLOOM				AVE STREET			
5 - CHILD RESTRAINT SYSTEM - CARGO AREA 3 - FREE		3-FREED E	X-TANKER/HAZMAT			ADAPTIVE DEVIC		1 - APPARENTLY NORMAL		3 - URINE					
FORWARD FACING 13-TRAILING UNIT NON-MECHAN 6-CHILD RESTRAINT SYSTEM 14-RIDING ON VEHICLE EXTERIOR					GENDER 15 - MOTOR VEHICLE				WITHOUT 3 - EMOTIONAL (E.G., DEPRESSED,						
7 - BOOSTER SE		(NON-TRAILING UNIT) 15 - NON-MOTORIST				F-FEMALE M-MALE			AIR BRAKES ANCRY, DISTURBED) 16 - OUTSIDE MIRROR 4 - ILLNESS			G TEST RESU PHETAMINES	ULT(S)		
8 - HELMET USE		99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN		17 - PROSTHETIC AID	17 - PROSTHETIC AID 5 - FELL ASLEEP, FAINTED,			RBITURATES			
9 - PROTECTIVE (ELBOW, KNE								18-OTHER	6-	FATIGUED, ETC. Under the influence	A CA	NZODIAZEPINES			
(ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING										OF MEDICATIONS / DRUG / Alcohol	13	NNABINOIDS Caine			
11 - LIGHTING - P / BICYCLE ON									9.	OTHER / UNKNOWN		IATES/OPIOIDS			
99-OTHER/UNK									7-0TI	HER GATIVE RESULTS					

Ū	CCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER						
_					2.0.2.10.0.1.7.5.0.9									
	W TINU		ST, FIRST, MIDDLE		<u> </u>		E OF BIRTH		AGE	GENDER				
Ļ	02	STREET, CITY,	KINS, ANTHO	JN Y, DEJU	0 5 / 1 1 / 1 9 9 8 2 3 M									
OCCUPANT	401 M	IAIN S	T,AKRON,O	Н 44311				CONTACT PHONE	- INCLUDE AREA C	DDE				
	_	INJURED TAKEN	EMS AGENCY (NAME)		SAFETY EQUIPMENT	T DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPE								
	5	ВУ			0,4	MC HELMET	0 3	1 1	_1_	1				
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
Ļ.														
OCCUPAN	ADDRESS:	: STREET, CITY,	STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE								
ŏ	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN 10: MEDICAL FA	CILITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED		
		ВҮ					0329	MC HELMET		<u></u>	_			
	UNIT#	NAME: LAS	T, FIRST, MIDDLE			DAT	E OF BIRTH		AGE	GENDER				
ANT	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	<u></u> ∫L XDE				
CCUPAN														
0	INJURIES	INJURED TAKEN BY	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FAC	CILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED		
2	UNIT#	NAME: LAS	T, FIRST, MIDDLE		<u> </u>		<u> </u>	DAT	E OF BIRTH	<u> </u>	AGE	GENDER		
					GENDE									
IPAN	ADDRESS:	STREET, CITY,	STATE, ZIP				CONTACT PHONE	NE - INCLUDE AREA CODE						
OCCUPAN														
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Fac	CILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED		
,		INJU	RIES	SAFETY	EQUIPMENT USED		SEATING POS	ITION		AIR BAG L	JSAGE			
	1 - FATA			1 - NONE US VEHICLE	ED- OCCUPANT		T - LEFT SIDE	CD)	1 - NOT DE	PLOYED				
	2 - SUSPECTED SERIOUS INJURY			R BELT ONLY USED 2 - FRONT – MIDDLE				2 - DEPLO	2 - DEPLOYED FRONT					
i		IBLE INJU		3 - LAP BELT	ONLY USED		T - RIGHT SIDE		3 - DEPLOYED SIDE					
		PPARENT INJURY 4 - SHOULDER & LAP BELT USE					ND – LEFT SIDE ORCYCLE PASS		4 - DEPLOYED BOTH FRONT/SIDE					
l		INJURED	TAKEN BY	5 - CHILD RE	STRAINT SYSTEM -	APPENDING TO SERVICE STATES	ND – MIDDLE ND – RIGHT SID	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 - NOT APPLICABLE					
I	A PRODUCT CONTRACTOR	TRANSPOR		A CONTROL OF THE PROPERTY OF	STRAINT SYSTEM -	E	9 - DEPLO	YMENT UNI	KNOWN					
	/TRE	ATED AT S		REAR FAC	CING	CAR)		EJECTI	DN					
ı	2 - EMS	0.5		7 - BOOSTER		THE RESERVE THE RE	D – MIDDLE D – RIGHT SIDE		ECTED					
	3 - POLICE 8 - HELME 9 - OTHER / UNKNOWN 9 - PROTEC				USED IVE PADS USED		PER SECTION O		2 - PARTIA					
ı	, offic		DER	and the second s	(NEES, ETC.)		ENGER IN OTHE O AREA (NON-TR	DATI THE HAIT						
1	F - FEMAI			10 - REFLECT	IVE CLOTHING	BUS, P	ICK-UP WITH CAP							
- 0	M - MALE			11 - LIGHTING /BICYCLE	- PEDESTRIAN		ENGER IN UNEI O AREA	NCLOSED	1 NOTED	TRAPPED				
ı	U - OTHER	R / UNKNOV	VN	99 - OTHER / L			13 - TRAILING UNIT			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL				
						14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			MEANS					
						15 - NON-M 99 - OTHE	MOTORIST R/UNKNOWN		3 - FREED MEANS		ECHANICA	\L		
s	NAME: LAST	T, FIRST, MIDDL	.E					DATE	OF BIRTH		AGE	GENDER		
Ä-	ADDDECC	CIRCL OLIV												
W		STREET, CITY, S	DIALL, ZIP					CONTACT PHONE	- INCLUDE AREA COL	DE .				
ړ	NAME: LAST	T, FIRST, MIDDI	E					DATE	OF BIRTH		AGE	GENDER		
Ä L	ADDRESS: STREET, CITY, STATE, 71P													
<u> </u>								CONTACT PHONE - INCLUDE AREA CODE						
NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER						
ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA GODE						
												أنب		