OHIO DEPARTMENT TRAFFIC CRA	LOCAL REPORT NUMBER*								
X PHOTOS TAKEN OH-2 OH	[2,0,2,2,-0,0,0,1,2,7,8,1,]								
OH-1P OT		NCIC*	HIT/SKIP 1 - SOLVED	NUMBER OF UNITS	UNIT IN ERROR 98 - ANIMAL				
PRIVATE PROP		of Kent Police	<u> 10 1</u>	6   7   0   3	2 - UNSOLVED	0,2	O 1 99 - UNKNOWN CRASH SEVERITY		
1-CITY 2-VILLAGE Kant	<b>ON:</b> CITY, VILLAG F		CRASH DATE / TI		1 - FATAL				
3-10WNSHIP	ORTH LOCAT	ROAD TYPE	LATITUDE DECI		2 - SERIOUS INJURY SUSPECTED				
S - S0 S - E - E/			$P \setminus K$	[4 <sub>1</sub> 1 <sub>]•</sub> [1 <sub>1</sub> 5 <sub>1</sub> 1 <sub>1</sub> 2	2 . 2 . 5 .	3 - MINOR INJURY SUSPECTED			
	, MILEPOST, HO	USE #)	ROAD TYPE	LONGITUDE DEC	i	4 - INJURY POSSIBLE			
ROUTE TYPE ROUTE NUMBER PREFIX N - N S - SC E - E. W - W - W - W - W - W - W - W - W - W	OUTH   AST   WA'	TER			$ \mathbf{S} \cdot \mathbf{T} $		1 . 8 . 5 .	5 - PROPERTY DAMAGE ONLY	
REFERENCE POINT DIRECTION	pi	OUTE TYPE	<del></del>	ROAD TYPE	1		NTERSECTION RELA		
1 - INTERSECTION N - NORTH 1 2 - MILE POST 1 S - SOUTH					RD - ROAD SQ - SQUARE	X WITHIN INTER	SECTION OR ON APP	ROACH	
3-HOUSE # E-EAST W-WEST	SR - STATE	ROUTE	L - BOULEVARD	MP - MILEPOST S	ST - STREET	X WITHIN INTER	CHANGE AREA N	NUMBER OF APPROACHES	
DISTANCE DISTANCE FROM REFERENCE UNIT OF MEASURE		ERED COUNTY ROUTE C			TE - TERRACE TL - TRAIL		ROADWAY		
1-MILES 2-FEET 2 3-YARDS	TR - NUMBI ROUTE			PI - PIKE 1	WA - WAY	ROADWAY DIVI	IDED		
LOCATION OF FIRST HARMFUI	L EVENT		· · · · · · · · · · · · · · · · · · ·	COLLISION/IMPA	ст	DIRECTION OF TRAVEL	ME	DIAN TYPE	
1 - ON ROADWAY 9 - CROS	SSOVER	1 - NO	T COLLISION 4	- REAR-TO-REAR		N - NORTH	1 - DIVID	ED FLUSH MEDIAN	
U 1 3-IN MEDIAN 11-RAI	VEWAY/ALLEY LWAY GRADE C	ROSSING 6	O MOTOR HICLES IN 6	- BACKING - ANGLE		S - SOUTH E - EAST	2- DIVID	:4 FEET ) VIDED FLUSH MEDIAN :4 FEET )	
5 - ON GORE TRA	ARED USE PATI AILS			- SIDESWIPE, SAM - SIDESWIPE, OPP		W-WEST	3 - DIVID	ED, DEPRESSED MEDIAN	
O OUTOIDE TRACTIONAL	E LANE .L BOOTH	3 - HE	AD-ON 9	- OTHER / UNKNO	WN			ED, RAISED MEDIAN TYPE)	
	IER/UNKNOW	N	***************************************	114411-144-1444-1444-1444-1444-1444-14			9 - OTHE	R/UNKNOWN	
WORK ZONE RELATED		K ZONE TYPE	<b>I</b>	OF CRASH IN W		CONTOUR	CONDITIONS	SURFACE.	
WORKERS PRESENT	1 - LANE ( 2 - LANE (	SHIFT/CROSSOVER		WARNING SIGN		1	2		
LAW ENFORCEMENT PRESENT	3 - WORK	ON SHOULDER DIAN		ADVANCE WARNI TRANSITION ARE			1 - DRY 2 - WET	1 - CONCRETE 2 - BLACKTOP,	
ACTIVE SCHOOL ZONE	4 - INTER	MITTENT OR MOVING WOF	ľ	ACTIVITY AREA TERMINATION AF	REA	1	3-SNOW	BITUMINOUS, ASPHALT	
LIGHT CONDITION	T	WEAT	HFD			4 - CURVE GRADE 9 - OTHER/UNKNOWN	3 - BRICK/BLOCK		
1 - DAYLIGHT		1-CLEAR	6-SNOW			4-01HERONKINOWN	5 - SAND, MUD, DIRT OIL, GRAVEL	STONE	
2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY	<u>0</u>	2 - CLOUDY 3 - FOG, SMOG, SMOI	7-SEVERE	IG SAND, SOIL, DIRT, SNOW			6-WATER (STANDIN MOVING)	NG, 5 - DIRT 9 - OTHER/UNKNOWN	
4 - DARK ROADWAY NOT LIGHTED 5 - DARK UNKNOWN ROADWAY LIG	- 1	4 - RAIN 5 - SLEET, HAIL	9 - FREEZIN 99 - OTHER	G RAIN OR FREEZ 'UNKNOWN	ZING DRIZZLE				
9 - OTHER / UNKNOWN					·		9 - OTHER/UNKNOW	N	
NARRATIVE							1	Indicate the north direction with	
UNIT 2 TRAVELED EAS	TTHRO	OUGH THE					7	an "N" on the compass diagram.	
HAYMAKER AND SOU	J <b>TH WA</b>	TER STREET					<b>J</b> .,,,,,,,,,,	93-11-94-11-11-11-11-11-11-11-11-11-11-11-11-11	
INTERSECTION WITH	I A GRE	EN LIGHT. U	NIT						
1 TURN SOUTH FRO H			·····			1 1 1 1	1	TO SOPLE   A	
WITHOUT YIELD TO		·		н	AYMAKER PKV	NY			
STRUCK UNIT 2 CAUS			······································			— <u></u>	<u>£</u>		
INJURY TO THE DRIV		THE CALL THE	·			→ TRAFFIG SIGNA			
INJUNI IO INE DRIV	EK.	»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»			1.07				
***************************************					90 0	S. WATER ST.			
**************************************		······································	·····						
		***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
					***************************************				
CRASH REPORTED DATE / TIME	DISPA	TCH DATE / TIME	AR	RIVAL DATE/TIM	IE.	SCENE CLEARED	DATE / TIME	REPORT TAKEN BY  POLICE AGENCY	
10,7,3,1,2,0,2,2,/,1,2,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1		0 2 2 1 / 1 2 1 4 OFFICER'S NAME*	1 0 7 3 1	<del></del>			2   /   1   2   5   4	MOTORIST	
ROADWAY CLOSED INVESTIGATION TIME	TOTAL Minutes	Kunka, Leon	ard B		Short, Ja	ficer's name* a <b>son M</b>	SUPPLEMENT (CORRECTION OR ADDITION		
	0 = =	OFFICER'S	BADGE NUMBEI	<b>?</b> *	CHECKE	D BY OFFICER'S BADGE	TO AN EXISTING REPORT SENT TO ODE:		
	$0 \downarrow 5 \downarrow 5$	2 + 5 + 0			<u> 2   2</u>	<u>, 8 i </u>	<u> </u>		

LOCAL REPORT NUMBER

 $\begin{bmatrix} 2 & 0 & 2 & 2 & 2 & - & 0 & 0 & 0 & 1 & 2 & 7 & 8 & 1 & 1 \end{bmatrix}$ 

	UNIT # OWNER NAME: LAST, FIRST, MIDDLE ( SAME AS DRIVER)					DE AREÁ CODE ( SAME AS DRIVER)	DAMAGE				
1	DUDEK, SCOTT, AN			ι			DAMAGE SCALE  1 - NONE 3 - FUNCTIONAL DAMAGE				
OWNER ADDRESS: STREET, CITY, STATE, ZIP (X)SANEAS DRIVER)  175 GRAYLING DR , Fairlawn ,OH 44333							4 J 2 - MINOR DAMAGE 4 - DISABLING DAMAGE				
<b>-</b>	IAL CARRIER: NAME, ADDRE			Com	JERCIAL CARRIER I	PHONE: INCLUDE AREA CODE	9 - UNKNOWN				
					1 1		DAMAGED AREA(S)				
LP STATE	LICENSE PLATE #	VEHICLE	IDENTIFICATION #		VEHICLE YEA	R VEHICLE MAKE	INDICATE ALL THAT APPLY				
$O \mid H \mid$	JIT2587	1 9 X F A 1 F	$\frac{1}{3} \frac{3}{6} \frac{6}{1} \frac{B}{1} \frac{E}{1} \frac{0}{1} \frac{0}{1} \frac{8}{1} \frac{9}{1}$	9 <sub>1</sub> 9 <sub>1</sub> 8 <sub>1</sub>	2 + 0 + 1 + 1	L] Honda	. 0		12		
INSURAL VERIFIE	INSURANCE COMPA		NSURANCE POLICY#		COLOR	VEHICLE MODEL	11 12	"	12		
VERIFIE			05082270C		COM	CIVIC	10 11 1 2	10	1 2		
СОММЕ	TYPE OF USE  RCIAL GOVERNMENT	IN EMERGENCY RESPONSE	US DOT #	TOWE	BY: COMPANY	NAME	$\frac{10}{9}$ $\frac{2}{3}$ $\frac{1}{3}$	9 9	3 3		
	.=	VE	HICLE WEIGHT GVWR/GCWR	·		US MATERIAL	8 4	8	4		
INTERI DEVICE EQUIP	OCK HIT/SKIP UNIT	#UCCUPANIS	1 - ≤10K LBS. 2 - 10,001 - 26K LBS.		MATERIAL C RELEASED	LASS # PLACARD ID #	8 7 5 4	8 7	5 4		
EQUIP	PED L	0,1	3 - >26K LBS.		LACARD L		7 8	12 7	5		
		7 - MOTORCYCLE 2-WHEELED			ERY VEHICLE)	23-PEDESTRIAN/SKATER		12	۱ ا		
0 1	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE	8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE			PASSENGERS)	24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST	10	1 2			
UNIT TYPE	4 - PICK UP	10-MOPED OR MOTORIZED		20 - OTHER VE 21 - HEAVY EC		26-BICYCLE	9	9 3 3			
	5 - CARGO VAN	BICYCLE		22 - ANIMAL V	VITH RIDER OR	27 - TRAIN	ļ	8 4 -			
0 ~ ~	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17-MOTORHOME	ANIMAL-I	DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	7 5 4			
00	# of TRAILING UNITS						11 12	5 11	12		
00	WAS VEHICLE OPERATING IN AU				NAL AUTOMATION	9 - UNKNOWN	10 12	10	12		
· ' '	MODE WHEN CRASH OCCURRED	La	O DARTINI AUTOMATICAL	4 - HIGH AUT				10 6			
	1-YES 2-NO 9-OTHER/UNK	NOWN AUTONOMOUS MODE LEVEL	2 - PARTIAL AUTOMATION	5 - FULL AUT	UMALIUN		9 9 3 3	9 9	3 3		
	1 - NONE	6 - BUS - CHARTER/TOUR	11-FIRE	16-FARM		21 - MAIL CARRIER	8 1 1	8			
0 1		7 - BUS - INTERCITY		17 - MOWING		99 - OTHER / UNKNOWN	$\begin{vmatrix} 8 & \begin{vmatrix} 7 & 6 & b \end{vmatrix} \\ \begin{vmatrix} 6 & b \end{vmatrix} & \begin{vmatrix} 4 & 6 & b \end{vmatrix} \end{vmatrix}$	8 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	6 5		
SPECIAL	UNCTION 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC U			18-SNOW RE 19-TOWING	MOVAL		7 6	7	6		
FUNCTION				15-CONSTRUCTION EQUIPMENT 20-SAFETY SERVICE PATROL							
	1 - NO CARGO BODY TYPE	3 - VEHICLE TOWING ANOTHER	EHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8			12-CONCRETE MIXER		12 12 A A	12		
01	/ NOT APPLICABLE	MOTORVEHICLE	CHASSIS	9 - CARGOTANK		13 - AUTO TRANSPORTER	12 <b>A A</b>				
RODA	CARGO 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED TYPE 7 - GRAIN/CHIPS/GRAVEL			10-FLAT BEI	)	14-GARBAGE/REFUSE	و دالكلاو ا	3 9 7 3	9 😂 3		
TYPE			7 - GRAIN/OILPS/GRAVEL	11 - DUMP		99-OTHER/UNKNOWN			lacktriangledown		
السلسا	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICKTIRES	9 - MOTORTI		99-OTHER/UNKNOWN	6	( I	•		
VEHICLE DEFECTS	2 - HEAD LAMPS 3 - TAIL LAMPS	5 - STEERING 6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT DEFECTIVE	ACCIDEN	D FROM PRIOR T			6 6	6		
	1 INTERCECTION MADEE	2 INTERCECTION OTHER	/ DIOVOLE LANG	O MEDIANA	dika iot aktoonde	12-FIRST RESPONDER	☐ - NO DAMAGE	0] - UNDERCARRIA	AGE [14]		
i	CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE	10-DRIVEW	CROSSING ISLAND Ay access	AT INCIDENT SCENE	☐-TOP [13]	-ALL AREAS [	15]		
HON-MOTORIS' LOCATION	T 2-INTERSECTION UNMARKED CROSSWALK	CROSSWALK	8 - SIDEWALK		USE PATHS OR	99-OTHER/UNKNOWN		T NOT AT SCENE [16]			
AT IMPACT		5 -TRAVEL LANE OTHER LOCATIO	· · · · · · · · · · · · · · · · · · ·	TRAILS				I NOT AT SCENE [.10]			
	1 - NON-CONTACT 2 - NON-COLLISION	1 - STRAIGHT AHEAD 2 - BACKING	7 - MAKING U-TURN 8 - Entering traffic lane		ITING A CURVE NG OR CROSSING	18 - APPROACHING OR LEAVING VEHICLE		L POINT OF CONTACT			
_3_	3-STRIKING (0,6)	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE		ED LOCATION	19-STANDING	0 - NO DAMA				
	4 - STRUCK PRE-CRASH	4 - OVERTAKING/PASSING	10-PARKED	15 - WALKIN JOGGING	G, RUNNING, J, PLAYING	20 - OTHER NON-MOTORIST	1 2 1-12 - REFER	TO UNIT 15 - VEHICLE N  AM 99 - UNKNOWN	UTAL SUENE		
	5 - BOTH STRIKING ACTIONS & STRUCK		11 - SLOWING OR STOPPED In traffic	16-WORKIN		21 - STANDING OUTSIDE Disabled vehicle	13 - TOP	,, - OHAHOWN			
	9-OTHER/UNKNOWN	6 - MAKING LEFT TURN	12-DRIVERLESS	17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN				TRAFFIC			
	1 - NONE	7-LEFT OF CENTER	13-IMPROPER START FROM A	17 - VISION (	DBSTRUCTION	21 - LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONT	ROL		
	2 - FAILURE TO YIELD	8-FOLLOWING TOO CLOSE / AC	DA PARKED POSITION  14-STOPPED OR PARKED		ING DEFECTIVE	22 - NOT DISCERNIBLE	1 - ONE-WAY		4 - STOP SIGN		
0 6	3 - RAN RED LIGHT 4 - RAN STOP SIGN	9-IMPROPER LANE CHANGE	ILLEGALLY	EQUIPM 19-LOAD SH	ENT (IFTING/FALLING/	23-OPENING DOOR INTO ROADWAY	2 2 - TWO-WAY	1 4 1	5 - YIELD SIGN		
CONTRIBUTION	G 5 - UNSAFE SPEED	10-IMPROPER PASSING 11-DROVE OFF ROAD	15 - SWERVING TO AVOID	SPILLIN	G	99-OTHER IMPROPER ACTION		3 - FLASHER	6 - NO CONTROL		
CIRCUMSTANCE SEQUENC	6-IMPROPERTURN	12-IMPROPER BACKING	16 - WRONG WAY	20-IMPROP	ER CROSSING		# OF THROUGH LANES	RAIL GRADE CRO	SSING		
SEQUENC	E OF EVENTS				** * **********************************		1 4 1	1 - NOT INVOLVED  1 2 - INVOLVED-ACTIV	VE CROSSING		
	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	NON-COLLISION 11-CROSS CENTERLINE —	16 - RAILWA	YVEHIC! F	22 - WORK ZONE MAINTENANCE	4	3 - INVOLVED-PASS			
1 2 0	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF	17 - ANIMAL		EQUIPMENT		AL MOTORIET SYSTOTYCE			
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	TRAVEL 12-DOWNHILL RUNAWAY	18-ANIMAL		23 - STRUCK BY FALLING, Shifting Cargo or	I UNII / NI	N-MOTORIST DIRECTION 1 - NORTH 5 - N	ORTHEAST		
2 ∟ ⊥	J 4 - JACKKNIFE 5 - CARGO / EQUIPMENT	9 - RAN OFF ROAD LEFT 10-cross median	13-OTHER NON-COLLISION	19 - ANIMAL 20 - MOTOR	VEHICLE IN	ANYTHING SET IN MOTION By a motor vehicle		2 - SOUTH 6 - N	ORTHWEST		
	LOSS OR SHIFT	10.0000 MEDIAN	14 - PEDESTRIAN 15 - PEDALCYCLE	TRANSF	PORT	24-OTHER MOVABLE OBJECT	FROM 3 TO		OUTHEAST		
3	1	COLLIST	ON WITH FIXED OBJEC		) MOTOR VEHICLE J C K				OUTHWEST Ther/unknown		
4	25 - IMPACT ATTENUATOR	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CUR8		50 - WORK ZONE MAINTENANCE					
	J / CRASH CUSHION 26 - BRIDGE OVERHEAD	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	38 - OVERHEAD SIGN POST 39 - Light / Luminaries	44 - DITCH 45 - FMRANKMENT		EQUIPMENT 51 -WALL	UNIT SPEED	DETECTED			
5 <u>                                     </u>	STRUCTURE	34-MEDIAN GUARDRAIL	SUPPORT	45 - EMBANKMENT 46 - FENCE		52-BUILDING	10 13 10 1		/ ESTIMATED SPEED		
	27 - BRIDGE PIER OR ABUTMEN 28 - BRIDGE PARAPET	BARRIER 35 - MEDIAN CONCRETE	40 - UTILITY POLE 41 - OTHER POST, POLE	47 - MAILBO	X	53 - TUNNEL 54 - OTHER FIXED OBJECT		2 - CALCULA			
61	∠ 29-8RIDGE RAIL	BARRIER	OR SUPPORT	48 - TREE 49 - FIRE H	YDRANT	99-OTHER/UNKNOWN	POSTED SPEED	3 - UNDETE	HMINED		
4	30 - GUARDRAIL FACE	36-MEDIAN OTHER BARRIER	42 - CULVERT	"	-		3 5				
	J FIRST HARMFUL EVE	NT L MOST	HARMFUL EVENT								

 $\begin{bmatrix} 2 & 0 & 2 & 2 & 2 & -1 & 0 & 0 & 0 & 1 & 2 & 7 & 8 & 1 & \dots \end{bmatrix}$ 

	OWNER NAME: LAST, FIRST ZUSTIN, MARC, H	, MIDDLE (X) SAME AS DRIVER)		OMNED BUONE, DALIN	F INTERNAL PROPERTY OF THE STATE AS INDIVIDED.	DAMAGE DAMAGE SCALE				
OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)  11 NORTH MILL DR 152, Cuyahoga Falls, OH 44223				.16		1 - NONE 3 - FUNCTIONAL DAMAGE 4 1 2 - MINOR DAMAGE 4 - DISABLING DAMAGE				
<b>!</b>	H MILL DR 152 ,Cu IAL CARRIER: NAME, ADDRI	·	1223	COMMERCIAL CARRIER P	HONE: INCLUDE AREA CODE	9 - UNKNOWN				
						DAMAGED AREA(S) INDICATE ALL THAT APPLY				
LP STATE	LICENSE PLATE # HHA3143		IDENTIFICATION # $_{\parallel}$ K $_{\parallel}$ 7 $_{\parallel}$ E $_{\parallel}$ U $_{\parallel}$ 8 $_{\parallel}$ 6 $_{\parallel}$ 1 $_{\parallel}$ 2	VEHICLE YEA		12	12			
INSURAN VERIFI	INSURANCE COMPA		SURANCE POLICY # 3365282	COLOR GRY	VEHICLE MODEL CAMRY	10 11 12 1 2	10 11 12 1			
COMME	TYPE OF USE	IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY City Service		9 3 3	9 10 2 3 3			
INTERI DEVICE EQUIP	OCK HIT/SKIP UNIT	#OCCUPANTS VEH	ICLE WEIGHT GVWR/GCWR  1 - ≤10K LBS. 2 - 10,001 - 26K LBS.  J 3 - >26K LBS.		JS MATERIAL Lass # Placard ID #	8 7 8 5 4	8 7 6 6			
UNIT TYPE	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN	8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE	13-SNOWMOBILE 14-SINGLE UNITTRUCK 15-SEMI-TRACTOR		23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	1 1	12 1 2 2 3 3 3 5 7 C 5 6 5 5 4 4 5 6 5 5 6 5 6 5 6 5 6 5 6 5			
2	WAS VEHICLE OPERATING IN AU Mode when crash occurred 1-yes 2-no 9-other/unki	O D DIOWN AUTONOMOUS MODE LEVEL	1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - High Automation 5 - Full Automation		10 11 12 2 10 2 2 3 3	10 11 2 2 9 9 9 9 3 3			
0 1 SPECIAL FUNCTION	2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE		16-FARM 17-MOWING 18-SNOW REMOVAL 19-TOWING 20-SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN	8 7 6 6 6	8 7 6 5 4 4 12 12 12				
O 1 CARGO BODY TYPE	1 - NO CARGO BODYTYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	CHÁSSIS  6 - CARGO VAN/ENCLOSED BOX	8 - POLE 9 - CARGOTANK 10-FLAT BED 11-DUMP	12-CONCRETE MIXER 13-AUTO TRANSPORTER 14-GARBAGE/REFUSE 99-OTHER/UNKNOWN	9 3 9				
VEHICLE DEFECTS	1 - TURN SIGNALS         4 - BRAKES         7 - WORN OR SLICK TIRES           2 - HEAD LAMPS         5 - STEERING         8 - TRAILER EQUIPMENT           3 - TAIL LAMPS         6 - TIRE BLOWOUT         DEFECTIVE		- MOTOR TROUBLE 99-OTHER / UNKNOWN 0-DISABLED FROM PRIOR ACCIDENT		6 □-NO DAMAGE [ 0	6 6 6 6 1 - UNDERCARRIAGE [14]				
HON-MOTORIS LOCATION AT IMPACT		3 - INTERSECTION – OTHER 4 - MIDBLOCK – MARKED CROSSWALK 5 - TRAVEL LANE – OTHER LOCATION	7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12-FIRST RESPONDER AT INCIDENT SCENE 99-OTHER/UNKNOWN		-ALL AREAS [15]			
4 action		1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHTTURN 6 - MAKING LEFTTURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	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 - REFERT  DIAGRAN  13 - TOP	POINT OF CONTACT  14 - UNDERCARRIAGE  D UNIT 15 - VEHICLE NOT AT SCENE  99 - UNKNOWN			
O 1 1 CONTRIBUTION CIRCUMSTANCI	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 6 5 - UNSAFE SPEED	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACD 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD	DARVER BOATTON	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  # of through lanes	TRAFFIC CONTROL  1 - ROUNDABOUT 4 - STOP SIGN  2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL  RAIL GRADE CROSSING			
CIRCUMSTANCI SEQUENC	6-IMPROPERTURN E OF EVENTS	12-IMPROPER BACKING				ON ROAD	1 - NOT INVOLYED			
ն 1 <u>∟2   0</u>	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	NON-COLLISION  11 - CROSS CENTERLINE — OPPOSITE DIRECTION OF	16 - RAILWAY VEHICLE 17 - ANIMAL — FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT		3 - INVOLVED-PASSIVE CROSSING			
2	2 - FIREZEXPLUSION 7 - SEPARATION OF UNITS TRAVEL 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY		18 - ANIMAL — DEER 19 - ANIMAL — OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	23-STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24-OTHER MOVABLE OBJECT		1 - NORTH   5 - NORTHEAST   2 - SOUTH   6 - NORTHWEST   3 - EAST   7 - SOUTHEAST   4 - WEST   8 - SOUTHWEST				
	25 - IMPACT ATTENUATOR	COLLISIO 31-GUARDRAIL END	N WITH FIXED OBJEC 37-TRAFFIC SIGN POST	T - STRUCK 43-CURB	50-WORK ZONE MAINTENANCE	:	9 - OTHER / UNKNOWN			
4	J / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL	38 - OVERHEAD SIGN POST 39 - Light / Luminaries Support	44 - DITCH 45 - EMBANKMENT	EQUIPMENT 51 - WALL 52 - BUILDING	UNIT SPEED	DETECTED SPEED  1 - STATED / ESTIMATED SPEED			
5	J 27 - BRIDGE PIER OR ABUTMEN 28 - BRIDGE PARAPET	F BARRIER 35 - MEDIAN CONCRETE	40 - UTILITY POLE 41 - OTHER POST, POLE	46 - FENCE 47 - MAILBOX 48 - TREE	53 - TUNNEL 54 - Other fixed object	POSTED SPEED	2 - CALCULATED / EDR 3 - UNDETERMINED			
6	J 29-BRIDGE RAIL 30-GUARDRAIL FACE J FIRST HARMFUL EVE	BARRIER  36 - MEDIAN OTHER BARRIER  NT 1 1 1 MOST I	OR SUPPORT 42-CULVERT HARMFUL EVENT	49 - FIRE HYDRANT	99-OTHER/UNKNOWN	3 5				
	J LIKS I HAKIMPULEVE	nı ∟ IVIUSII	INVAILOF EACH!			1	<u> </u>			

DHIODEPARTMENT MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER						
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UNIT#	NAME: LAST, FIRST, MIDDLE  DUDEK, AMY, CONLEY								DATE OF BIRTH AGE GENDER					
0,1	STREET, CITY, STATE	·							0  2					
	RAYLING DR, Fairlawn, OH 44333								CONTACT P	HUNE: • INGLUDE AREA C	ODE			
<b>—</b>		MS AGENCY (NAME)			AKEN TO: N	MEDICAL FACILITY	NAME, CITY)	SAFETY EQUIPMENT	L	SEATING POSITIO	N AIR BAG	USAGE EJECTION	TRAPPED	
INJURIES 5	TAKEN BY						,,,,,	USED 0 4	DOT-COMPLIANT 0 1 1 1 1 1					
OL STATE	OPERATOR LI	CENSE NUMBER						OFFENSE DESC	·					
OL STATE OL CLASS				331.1	7		CODE	Right of V	f Way when Tu 21930					
OL CLASS						ALCOHOL / DRUG SUSPECTED CONDITION			ALCOHOL TEST DRUG TES STATUS TYPE VALUE STATUS TYPE R				SELECT UPTO 4	
4		BY				ALCOHOL MARIJUANA OTHER DRUG 1			1 1 1		. 1			
UNIT#	NAME: LAST, FI	L I L L L L L L L L L L L L L L L L L L			L VIII	1EK DRUG			DATE OF BIRTH AGE GENDER					
0.2.		N, MARC, H							1 2 /	1, 8, / 1	9 8		M	
	STREET, CITY, STA		.,				· · · · · · · · · · · · · · · · · · ·		1	HONE - INCLUDE AREA				
11 NO	RTH MI	LL DR 152 ,Cuya	ahoga	Falls	,ОН	44223							1	
INJURIES	INJURED E	MS AGENCY (NAME)		INJUREDT	TAKEN TO:	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	DOT-CON	SEATING POSITION	N AIR BAG	USAGE EJECTION	TRAPPED	
2 3	BY 1	Kent Fire						0 4	DOT-CON MC HEL	MET 0 1	ئــال	3 1 3		
OL STATE	OPERATOR LI	CENSE NUMBER		OFFENS	SE CHAR	GED	LOCAL CODE	OFFENSE DESC	RIPTION		CITA	ITATION NUMBER		
ADDRESS:  11 NO  INJURIES  OL STATE  OL CLASS				<u> </u>						OUOL TECT		nnue <del>Teet</del> e	,	
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT U		VER Tracted		HOL / DRUG SUSP		CONDITION	STATUS TY	OHOL TEST PE VALUE	STATUS	TYPE RESULT	SELECT UPTO 4	
4 ,			1 1 1	1	1   ALCOHOL   MARIJUANA   1   1			1 1 :	1	. 1	1   1			
UNIT#	NAME: LAST, F	IRST, MIDDLE				**************************************			DATE OF BIRTH AGE GENDER					
LL	,]													
ADDRESS	: STREET, CITY, STA	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
<u> </u>														
INJURIES	ES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAF					SAFETY EQUIPMENT USED	DOT-Co		ON AIR BA	G USAGE   EJECTION	TRAPPED			
OL STATE	BY L	ICENSE NUMBER		OFFEN	FENSE CHARGED LOCAL OFFENSE DESC						TION NUMBER	<u>                                     </u>		
STATE OF STATE	UPERATURE	GENSE NUMBER		OFFEN	SE UNAR	CODE			MIFTION			TION NOMBER		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT U	PTO3 DR	IVER ALCOHOL / DRUG SUSPECTED CONDITION			ALCOHOL TEST DRUG TEST(S							
	SELECT UP TO 2		DIS BY	STRACTED				STATUS	/PE VALUE	STATUS	TYPE RESUL	T SELECT UP 104		
	UDYES			ATD DAG	TO L	HER DRUG	. ~	OL DECEDI	J L L	• LLL	TTON.	TE CT CT	LLL	
1 - FATAL	URIES	SEATING POSITION  1.FRONT+LEFT SIDE	î - NOT DE	AIR BAG Ployed		OL CLAS 1-CLASS A	. <b>s</b>	OL RESTRIC	Contract term in the second	DRIVER DISTRA 1. NOT DISTRACTED	CHUN	TEST ST/ 1 - NONE GIVEN	ATUS	
<ul> <li>1. 自然性 1. 対象関係を</li> </ul>	D SERIOUS INJURY	(MOTORCYCLE DRIVER)  2 - Front – Middle	2 - DEPLOY			2 - CLASS B		2 - CDL INTRASTA	第2条数据的 建物压机	2 - MANUALLY OPERAT Electronic commi		2 - TEST REFUSED		
3 - SUSPECTEI 4 - POSSIBLE I	D MINOR INJURY Injury	3 - FRONT - RIGHT SIDE	3 - DEPLOY 4 - DEPLOY	(ED SIDE (ED BOTH FRI	ONT/SIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE L 4 - FARM WAIVER		DEVICE (TEXTING, T DIALING)		3 - TEST GIVEN, CO SAMPLE / UNUS		
5 - NO APPARE		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT AP			(OHIO = D) 5 - M/C MOPED ONLY		5 - EXCEPT CLAS	\$4. <b>有</b> (数)多(4)。(4)。(7)	3 - TALKING ON HANDS		4 - TEST GIVEN, RE 5 - TEST GIVEN, RE	建造高级色质,让	
INJURED	TAKEN BY	5 - SECOND - MIDDLE	9 - DEPLOY	MENT UNKN	IOWN	6 - NO VALID OL		6 - EXCEPT CLAS & CLASS B BU		COMMUNICATION DE 4 - Talking on Hand-F	ELD	UNKNOWN		
1 - NOT TRANS /TREATED		6 - SECOND - RIGHT SIDE 7 - Third - Left side	(5	JECTION	(如便表)	OL ENDORSE	MENT	7 - EXCEPT TRAC 8 - INTERMEDIAT		COMMUNICATION DI 5 - OTHER ACTIVITY WI		ALCOHOL TE	ST TYPE	
2 - EMS		(MOTORCYCLE SIDE CAR) 8 - Third – Middle	1 - NOT EJ			H - HAZMAT		RESTRICTION		ELECTRONIC DEVIC		1 - NONE 2 - Blood		
3-POLICE 9-OTHER/UN	VKNOWN	9-THIRD - RIGHT SIDE	12 1 Buch 1 26	ILLY EJECTEI Y ejected	)	M - MOTORCYCLE P - Passenger		9 - LEARNER'S PI RESTRICTION		6 - PASSENGER 7 - OTHER DISTRACTIO	N	3 - URINE		
		10-SLEEPER SECTION OF TRUCK CAB	100	PLICABLE		N - TANKER		10 - LIMITED TO O	在多数 医高性性多种病	INSIDE THE VEHICL 8 - OTHER DISTRACTIO	and the state of	4-BREATH 5-OTHER		
1 - NONE USE	EQUIPMENT 0	11 - PASSENGER IN OTHER		TRAPPED		Q - MOTOR SCOOTER R - THREE-WHEEL N		11 - LIMITED TO E		THE VEHICLE		DRUG TES	TTVDE	
10.000	R BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOTTR	医克莱克氏试验		S - SCHOOL BUS		13 - MECHANICAL (SPECIAL BRA		9-OTHER/UNKNOWN		1 - NONE		
3 - LAP BELT ( 4 - SHOULDER	ONLY USED R & Lap Belt Used	12 - PASSENGER IN UNENCLOSED	2 - EXTRIC MECHA	NICAL MEAN	IS .	T - DOUBLE & TRIPL X - TANKER / HAZM/	医多种动物抗原	CONTROLS, OR ADAPTIVE DE	OTHER	CONDITIO	فالمواكلة الإسالين والأ	2 - BLOOD		
5 - CHILD RES	STRAINT SYSTEM -	CARGO AREA 13 - Trailing Unit	3 - FREED Non-M	BY Echanical i	MEANS			14 - MILITARY VEI	1998 A 1897 A			3 - URINE 4 - OTHER		
	STRAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR				GENDE F-FEMALE	R Geografia	15 - MOTOR VEHIC AIR BRAKES	LES WITHOUT	3 - EMOTIONAL (E.G., DE ANGRY, DISTURBED)	PRESSED,	DRUG TEST I	(ESULTAN)	
REAR FACI	医潜电器 可作用的复数	(NON-TRAILING UNIT) 15 - NON-MOTORIST				M - MALE		16 - OUTSIDE MIR	\$15 miles   \$10 miles   10 miles	4-ILLNESS		1 - AMPHETAMINE	ES	
8 - HELMET L		99-OTHER/UNKNOWN				U - OTHER / UNKNOW	/N	17 - PROSTHETIC 18 - OTHER	AID	5 - FELL ASLEEP, FAIN' FATIGUED, ETC.	ED,	2 - BARBITURATE 3 - BENZODIAZEP	AR 自体的对象 不同的	
	VE PADS USED (NEES, ETC.)									6 - UNDER THE INFLUE		4 - CANNABINOID	Mineral Profes	
10 - REFLECTI	VE CLOTHING									/ALCOHOL		5 - COCAINE	Vine	
11 - LIGHTING /Bicycle	- PEDESTRIÁN ONLY									9-OTHER/UNKNOWN		6-OPIATES/OPIC	<b>פטע</b>	
99-OTHER/U						it e Gr						8 - NEGATIVE RES	SULTS	

Q	OHIO DEP	OFFIRE GARRET OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER						
								2 0 2 2 - 0 0 0 1 2 7 8 1							
	UNIT#		; FIRST, MIDDLE ENT. CLAID A T.T. DI	FCTIFO				DATE OF BIRTH   AGE   GENDER     0 .7 / 1 1 / 1 9 9 2   3 0   F							
<u>ş</u> -	02	ZUSTIN, SARAH, RESTIFO STREET, CITY, STATE, ZIP							0 7 / 1 1 / 1 9 9 2 1 3 0 F						
SUPA				CONTINUE - MOLOBE AREA CODE											
8		ORTH MILL DR 152 ,Cuyahoga Falls ,OH 44223  INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT							L J SEATING POSITION   AIR BAG USAGE   EJECTION   TRAPPED						
	. 5	TAKEN BY					USED 0 4 1	DOT-COMPLIANT MC HELMET	0 3	, 1 1	, 1	1			
	UNIT #	NAME: LAS	r, FIRST, MIDDLE			-,-,-,-		DATE	OF BIRTH		AGE	GENDER			
NAG	ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP							- INCLUDE AREA COD	E					
OCCUPAN					SAFETY EQUIPMENT										
	INJURIES	TAKEN BY	EMS AGENCY (NAME)	(NAME) INJURED TAKEN TO: Medical Facility (NAME, CIT				DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
٥	UNIT #	<u> </u>	T, FIRST, MIDDLE						E OF BIRTH		AGE	GENDER			
	UNII #	NAME: LAS	i, fiksi, middle					/ .	. /		AUE	GENDER			
LN	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN												ŀ			
8	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facilit	Y (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		ВУ						MC HELMET	1	L					
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
Ę				· · · · · · · · · · · · · · · · · · ·					/			<u> </u>			
OCCUPAN	ADDRESS	: STREET, CITY,	STATE, ZIP				CONTACT PHONE	- INCLUDE AREA CO	DE						
000	INJURIES	INJURED	EMS AGENCY (NAME)	· · · · · · · · · · · · · · · · · · ·	INJURED TAKEN TO: MEDICAL FACILIT	Y (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
	1 1	TAKEN BY				USED DOT-COMPLIAN		DOT-COMPLIANT MC HELMET	1 1 1						
Ī		LINI	JRIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
	1 - FAT/	ΔL		1 - NONE US	ED - OCCUPANT	tight the state of the state of	IT – LEFT SIDE ORCYCLE DRIV	그리고 얼마나 가장 하는데 하는데 그래, 사람들 그렇게 나는 사람들 선생님들이 나는 가능이 된다면 한 사람들							
			RIOUS INJURY	148. A B. W. W. A. A. A.	ER BELT ONLY USED	建加强性煤度 治疗 問	IT – MIDDLE		2 - DEPLOYED FRONT						
		SIBLE INJU	(NOR INJÚRÝ IRY	3 - LAP BEL	T ONLY USED	ONLY USED 3 - FRONT - RIGHT SID			表 医多类染色管	3 - DEPLOYED SIDE  4 - DEPLOYED BOTH					
		PPARENT		4 - SHOULDI	ER & LAP BELT USED 4 - SECOND – LEFT SID (MOTORCYCLE PAS:			SENGER) FRONT/SIDE							
		INJURED	TAKEN BY		RESTRAINT SYSTEM _ 5 - SECOND - MIDDLE RD FACING 6 - SECOND - RIGHT SI										
		TRANSPOR	RTED		RESTRAINT SYSTEM - 7 - THIRD - LEFT SIDE				9 - DEPLO						
	27/4/2/2019	EATED AT S	CENE	REAR FA		<ul><li>(**) (**) (**) (**) (**) (**) (**)</li></ul>	ORCYCLE SIDE D = MIDDLE	. CAR)	NOTE	EJECTI	DN The same				
	2 - EMS 3 - POL	and the Van		8 - HELMET		海水 建二烷烷化	ID – RIGHT SIDI	15[74] S. 15[24] S. 15[4] S. 15[4] S. 15[4]	1 - NOT E.	ALLY EJECT	FD				
	<b>建筑电影</b>	ER / UNKN	OWN	15、许有的多少以上	TIVE PADS USED	10.00	EPER SECTION SENGER IN OTH			3 - TOTALLY EJECTED					
	A Arm of	GΕ	NDER		KNEES, ETC.) TIVE CLOTHING	CAR	GO AREA (NON-T	TRAILING UNIT,   4 - NOT APPLICABLE							
	F-FEM	Array Maria 1944.		#1 4명한 발발 회사보자	ITVE CLOTHING IG – PEDESTRIAN	12 - PASS	SENGER IN UNI	The state of the s	el Salaskaria (Salaskaria	TRAPP	<b>5</b> 0				
	M - MAL U - OTHI	.E Er/Unkno	WN	/ BICYCL	E ONLY		GO AREA ILING UNIT	1 - NOTTRAPPED							
				99 - OTHER/	UNKNOWN		NG ON VEHICLE		2 - EXTRI MEAN	CATED BY M S	ECHANI	CAL			
ł						The second of	-TRAILING UNIT) -MOTORIST			BY NON-ME	CHANIC	AL			
						99 - 0TH	ER/UNKNOWN		MEAN	•					
Ų	NAME: L/	AST, FIRST, MID	DLE					DA'	TE OF BIRTH	ļ	AGE	GENDER			
¥	ADDRESS	S: STREET, CIT	V STATE 71P					CONTACT PHON	E - INCLUDE AREA O	DDF	1 1	1			
146.	ADDILLO	or or needy or	, V					1 1 1		1 1	1 1	ı 1			
	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
1	8 H							1/1		1 1					
	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHON	E - INCLUDE AREA C	ODE					
	NAME.	AST, FIRST, MID	DI F	***************************************				l la	TE OF BIRTH	1 1	AGE	GENDER			
997	>	noi, rikol, MID	M In Eq.					DAIE OF BIRTH AGE GENDER							
1		S: STREET, CIT	Y, STATE, ZIP	· · ·				CONTACT PHONE - INCLUDE AREA CODE							
	<b>≱</b>														