OF PUBLIC SAFETY TRAFFIC CRASH	REPORT *DENOTES MA	ANDATORY FIELD FOR SUPPLEM	MENT REPORT	ī	LOCAL REPORT NUMBER	k	
PHOTOS TAKEN 0H-2 0H-3	LOCAL INFORMATION			2 0 2 4	0 _ 0 _ 0 _ 0 _ 0	8,1,0,	
X OH-1P OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR	
SECONDARY CRASH PRIVATE PROPERTY	City of Kent Police	. <u>0</u>	6,7,0,3	1 - SOLVED L 2 - UNSOLVED	0_2_ 0	2 98 - ANIMAL 99 - UNKNOWN	
1 - CITY	, VILLAGE, TOWNSHIP*			CRASH DATE /	_ 1-	SH SEVERITY FATAL	
6,7 1 2-VILLAGE Kent				$0 \cdot 1 \cdot 1 \cdot 9 \cdot 2 \cdot 0 \cdot 2 \cdot 4$	<u>/1637</u> 5 2	SERIOUS INJURY	
S-SOUTH	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DE	3	SUSPECTED MINOR INJURY	
W-WEST	MAIN		$S_{\perp}T_{\perp}$	4,1,1,5,3	7 Z 1	SUSPECTED	
S - SOUTH	REFERENCE ROAD NAME (ROAD,	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE D		INJURY POSSIBLE PROPERTY DAMAGE	
S R 43 W-WEST	MANTUA		$S_T$	$-81_{0}362$	6,7,9	ONLY	
REFERENCE POINT DIRECTION  1 - INTERSECTION FROM REFERENCE IR -	ROUTE TYPE INTERSTATE ROUTE(TP) AL	ROAD TYPE - ALLEY HW- HIGHWAY	RD - ROAD	551	INTERSECTION RELATED		
2 MILE POST C. COUTH	FEDERAL US ROUTE AV	- AVENUE LA - LANE S	SQ - SQUARE		RSECTION OR ON APPROAG	3	
W-WEST SR-	STATE ROUTE		ST - STREET TE - TERRACE	X WITHIN INTE	RCHANGE AREA NUM	BER OF APPROACHES	
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT	- COURT PK - PARKWAY	TL - TRAIL		ROADWAY		
	ROUTE	- DRIVE PI - PIKE \ - HEIGHTS PL - PLACE	WA - WAY	ROADWAY DIV	/IDED		
LOCATION OF FIRST HARMFUL EVENT		NER OF CRASH COLLISION/IMPA	ACT	DIRECTION OF TRAVE	L MEDIAN	TYPE	
1 - ON ROADWAY 9 - CROSSOVER	1 - NOT	COLLISION 4 - REAR-TO-REAR		N - NORTH	1 - DIVIDED F	LUSH MEDIAN	
2 - ON SHOULDER 10-DRIVEWAY/ 3 - IN MEDIAN 11-RAILWAY GF	TWO	MOTOR 5-BACKING ICLES IN 6-ANGLE		S - SOUTH E - EAST	2 - DIVIDED F	) LUSH MEDIAN	
4 - ON ROADSIDE 12 - SHARED US 5 - ON GORE TRAILS		NSPORT 7 - SIDESWIPE, SAM		W-WEST	(≥4 FEET 3 - DIVIDED, D	EPRESSED MEDIAN	
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	3 - HEAI	[편집][[편집] [1] [[편집] [[ল] [[ল] [[ল] [[ল] [[ল] [[ল] [[ল] [[	The Salarame and services			ED, RAISED MEDIAN	
7 - ON RAMP 14-TOLL BOOTH 8 - OFF RAMP 99-OTHER / UN					9 - OTHER/UNI	A CONTRACTOR OF THE PARTY OF TH	
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WO	ORK ZONE	CONTOUR	CONDITIONS	SURFACE	
1-1	LANE CLOSURE	1 - BEFORE THE 1ST WARNING SIGN	WORK ZONE	2	3	2	
D LAW EN ENDOCHIENT DOCUMENT	LANE SHIFT/CROSSOVER WORK ON SHOULDER	2 - ADVANCE WARNIN	- ADVANCE WARNING AREA 1 - STRAIGHT LEVEL 1			1 - CONCRETE	
	OR MEDIAN INTERMITTENT OR MOVING WORK	3 - TRANSITION AREA 4 - ACTIVITY AREA	А	2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP, BITUMINOUS,	
ACTIVE SCHOOL ZONE 5-0	OTHER	5 - TERMINATION AR	-TERMINATION AREA 3 - CURVE LEVEL 3 - SNOW 4 - CURVE GRADE 4 - ICE			ASPHALT	
LIGHT CONDITION	WEATHE	ER	9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT,			3 - BRICK/BLOCK 4 - SLAG, GRAVEL,	
1 - DAYLIGHT 1 2 - DAWN/DUSK	1-CLEAR 0 6 2-CLOUDY	6 - SNOW 7 - SEVERE CROSSWINDS			OIL, GRAVEL  6 - WATER (STANDING,	STONE	
3 - DARK - LIGHTED ROADWAY	3 - FOG, SMOG, SMOKE	8 - BLOWING SAND, SOIL, DIRT	Fig. 1 St. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co		MOVING)	5 - DIRT 9 - OTHER/UNKNOWN	
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FREEZ 99 - OTHER / UNKNOWN	NG RAIN OR FREEZING DRIZZLE 7- / UNKNOWN 9-			, , , , , , , , , , , , , , , , , , , ,	
9 - OTHER / UNKNOWN	98				9 - OTHER/UNKNOWN		
NARRATIVE					A	Indicate the north	
UNIT 1 WAS DRIVING SOUTH	IBOUND ON N				4	an "N" on the compass diagram.	
MANTUA ST THROUGH THI	E MAIN ST					8 6 25	
INTERSECTION. UNIT 2 WA				1 i	4		
EASTBOUND ON W MAIN ST				NMAN	IUTAST N	)	
2 (16 PT) (2005) 24 ST (2007) (12 CB) (2008) (2 GB) (2 CB)	NOTE OF THE STATE	×			Not To	Scale	
SLOWING FOR THE RED LI		- National Association		<u>+1 1</u>	<u>→ [</u>	<u>s</u> p	
SNOW INTO THE INTERSEC	CTION AND STRUC	CK wmai	INST	OHUL 5		NOT	
UNIT 1.					T.4 _		
				show	TUAST		
				l f			
				1 6	Į.		
CRASH REPORTED DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED	DATE/TIME   RI	EPORT TAKEN BY	
	DISPATCH DATE / TIME	AKKIVAL DATE / TIME					
				1.1.9.2.0.2	I⊽	POLICE AGENCY	
O <sub>1</sub> 1 <sub>1</sub> 1 <sub>1</sub> 9 <sub>1</sub> 2 <sub>1</sub> 0 <sub>1</sub> 2 <sub>1</sub> 4 <sub>1</sub> / <sub>1</sub> 1 <sub>1</sub> 6 <sub>1</sub> 3 <sub>1</sub> 7 <sub>1</sub>   O <sub>1</sub> 1 <sub>1</sub> 1 <sub>1</sub>   TOTAL TIME   OTHER   TOTAL	9,2,0,2,4,/,1,6,4,0,	$0_1 1_1 1_1 9_1 2_1 0_1 2_1 4_1 /_1 1_1$			I⊽	POLICE AGENCY MOTORIST	
0,1,1,9,2,0,2,4,7,1,6,3,7,0,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	9,2,0,2,4,/,1,6,4,0, officer's NAME*  Driscoll, Sean I	0.1.1.9.2.0.2.4./.1	HECKED BY OFFICE	CER'S NAME*	4,/,1,7,0,1,		

LOCAL REPORT NUMBER

90000	ERVICE - PROTECTION		2 0 2 4 - 0 0 0 0 0 0 8 1 0					
UNIT #	OWNER NAME: LAST, FIRE	ST, MIDDLE (X) SAME AS DRIVE	RMAN	Redacted per	ORC 149.43(A)(1)		AMAGE IAGE SCALE	
OWNER AD	DRESS: STREET, CITY, STATE	, ZIP (X SAME AS DRIVER)	431.55-5335-4	I.C.		3 1-NONE	3 - FUNCTIONAL DAMAGE	
	PAL CT ,Stree		2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN					
001111112110			DAMAGED AREA(S)					
	LICENSE PLATE # FLL9733		B 6 6 F E C 5 0	8,9,4, 2,0,1;			E ALL THAT APPLY	
INSURAN VERIFII	INSURANCE COMP		INSURANCE POLICY #	COLOR	VEHICLE MODEL	11 12 1	11 12 1	
VERIFI	ED ERIE  TYPE OF USE		Q027810353 US DOT #	RED TOWED BY: COMPANY	F250	10 11 1 2	10 11 1	
COMME		IN EMERGENCY RESPONSE	03001#	1		9 3 3	9 3	
INTERL	OCK DUTTOUT	#UCCUPANTS	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS.		US MATERIAL CLASS # PLACARD ID #	8 7 5 74	8 7 5 5	
LEGUIPE	E HIT/SKIP UNI	0 2 _	2 - 10,001 - 26K LBS 3 - >26K LBS.	PLACARD		7 6 5	12 7 6 5	
	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED		18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS)	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE)	6 11	12	
0_4	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE		20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST		11 1 2	
UNITTYPE	4 - PICK UP 5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE		21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR	26-BICYCLE 27-TRAIN	9	9 3 3	
1 28.32	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	7 8 5	
00_	# of TRAILING UNITS					11 12 7	6 5 11 12 1	
	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED			3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	10 11 1 2	10 12	
_ 2 _	1-YES 2-NO 9-OTHER/UNK	1 0	0 0407141 4117014471411	4 - HIGH AUTOMATION 5 - FULL AUTOMATION		10 2	10 2	
	1 - NONE	MODE LEVE 6 - BUS - CHARTER/TOUR	MODE LEVEL		21 - MAIL CARRIER	9 8 3	9 3 4 4	
0.1	2 - TAXI	7 - BUS - INTERCITY		16-FARM 17-MOWING	99 - OTHER / UNKNOWN	8 7 5 4	8 7 5	
SPECIAL	3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT	8 - BUS - SHUTTLE 9 - BUS - OTHER		18 - SNOW REMOVAL 19 - TOWING		7 6 5	7 6 5	
PUNCTION	5 - BUS-TRANSIT/COMMUTER 10-AMBULANCE		15 - CONSTRUCTION EQUIPMENT				12 12 12	
0.1	1 - NO CARGO BODYTYPE /NOTAPPLICABLE	3 - VEHICLE TOWING ANOTHE MOTOR VEHICLE	CULCOTO	8 - POLE	12 - CONCRETE MIXER	12		
0.000	2 - BUS	4 - LOGGING		9 - CARGOTANK 10 - FLAT BED	13-AUTOTRANSPORTER 14-GARBAGE/REFUSE	Ma		
TYPE			7 - GRAIN/CHIPS/GRAVEL	11-DUNP	99-OTHER/UNKNOWN	,000	3 9 3 3	
	1 - TURN SIGNALS	4 - BRAKES		9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN	6		
	2 - HEAD LAMPS 3 - TAIL LAMPS	5 - STEERING 6 - TIRE BLOWOUT	B - TRAILER EQUIPMENT DEFECTIVE	10-DISABLED FROM PRIOR ACCIDENT		<u></u>	6 6 6	
_	1 - INTERSECTION - MARKED	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 -FIRST RESPONDER	- NO DAMAGE [ 0 ]	UNDERCARRIAGE [14]	
NON-MOTORIST	CROSSWALK 2-INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED CROSSWALK		10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR	AT INCIDENT SCENE 99 - OTHER / UNKNOWN	☐- <b>TOP</b> [13]	- ALL AREAS [ 15 ]	
AT IMPACT	CROSSWALK	5 -TRAVEL LANE - OTHER LOCK		TRAILS	151050000000000000000000000000000000000	- UNIT N	OTAT SCENE [16]	
	1 - NON-CONTACT	1 - STRAIGHT AHEAD		13 - NEGOTIATING A CURVE	18-APPROACHING OR LEAVING VEHICLE	INITIAL F	POINT OF CONTACT	
_4_	2-NON-COLLISION 0 1	2 - BACKING 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19-STANDING	0 - NO DAMAGE	14 - UNDERCARRIAGE UNIT 15 - VEHICLE NOT AT SCENE	
ACTION	4 - STRUCK PRE-CRASH 5 - BOTH STRIKING ACTIONS	4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN	10 - PARKED 11 - SLOWING OR STOPPED	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE	DIAGRAM	99 - UNKNOWN	
	& STRUCK	6 - MAKING LEFT TURN	INTRAFFIC	16 - WORKING 17 - PUSHING VEHICLE	DISABLED VEHICLE 99 - OTHER / UNKNOWN	13-T0P	10018 0 00000 10000 0000	
	9-OTHER/UNKNOWN 1-NONE	7 - LEFT OF CENTER	12 - DRIVERLESS	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY		RAFFIC	
00,000	2 - FAILURE TOYIELD	8 - FOLLOWING TOO CLOSE / A	CDA PARKED POSITION	18-OPERATING DEFECTIVE	22 - NOT DISCERNIBLE	TRAFFICWAY FLOW 1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN	
$\lfloor 0 \rfloor 1$	3 - RAN RED LIGHT 4 - RAN STOP SIGN	9-IMPROPER LANE CHANGE 10-IMPROPER PASSING	III ECALLY	EQUIPMENT  19 - LOAD SHIFTING/FALLING/	23 - OPENING DOOR INTO ROADWAY	1 2 - TWO-WAY	2 2 - SIGNAL 5 - YIELD SIGN	
CONTRIBUTING CIRCUMSTANCES	5-UNSAFE SPEED	11 - DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - WRONG WAY	SPILLING 20 - IMPROPER CROSSING	99-OTHER IMPROPER ACTION		3 - FLASHER 6 - NO CONTROL	
	6-IMPROPERTURN  OF EVENTS	12 - IMPROPER BACKING		EV THE TOTAL CHOOSE TO		# OF THROUGH LANES ON ROAD	1 - NOT INVOLVED	
			NON-COLLISION			2	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
1 <b>2 0</b>	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF	16 - RAILWAY VEHICLE 17 - ANIMAL — FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT			
_	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	12 - DOWNHILL BLINAWAY	18-ANIMAL — DEER 19-ANIMAL — OTHER	23 - STRUCK BY FALLING, SHIFTING CARGOOR	UNIT / NON-N	MOTORIST DIRECTION  1 - NORTH 5 - NORTHEAST	
2	4 - JACKKNIFE 5 - CARGO / EQUIPMENT	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	12 OTHER NOW COLLISION	20 - MOTOR VEHICLE IN	ANYTHING SET IN MOTION BY A MOTOR VEHICLE	1 1	2 - SOUTH 6 - NORTHWEST	
3	LOSS OR SHIFT		15 05041 0/01 5	TRANSPORT 21 - PARKED MOTOR VEHICLE	24 - OTHER MOVABLE OBJECT	FROM L 1 TO L 2	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST	
COLLISION WITH FIXED OBJECT - STRUCK 25-IMPACT ATTENUATOR 31-GUARDRAIL END 37-TRAFFIC SIGN POST 43-CURB 50-WORK ZONE MAINTENANCE								
4	/ CRASH CUSHION 26-BRIDGE OVERHEAD	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH 45 - EMBANKMENT	EQUIPMENT 51 - WALL	UNIT SPEED	DETECTED SPEED	
5	STRUCTURE  27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL	SUPPORT	46-FENCE	52-BUILDING	0 2 5	1 - STATED / ESTIMATED SPEE	
	28-BRIDGE PARAPET	BARRIER 35 - MEDIAN CONCRETE	41 - OTHER POST, POLE	47 - MAILBOX 48 - TREE	53 - TUNNEL 54 - OTHER FIXED OBJECT		2 - CALCULATED / EDR 3 - UNDETERMINED	
6	29 - BRIDGE RAIL 30 - GUARDRAIL FACE	BARRIER 36 - MEDIAN OTHER BARRIER	OR SUPPORT	49-FIRE HYDRANT	99 - OTHER / UNKNOWN	POSTED SPEED	J - SHOEL ENWINED	
1	FIRST HARMFUL EVEN	1	HARMFIII FVFNT			_3 _ 5_		

☐ FIRST HARMFUL EVENT ☐ 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER

w	O IXII					$2 \cdot 0 \cdot 2 \cdot 4 \cdot - $	$0_{+}0_{+}0_{+}0_{+}0_{+}8_{+}1_{+}0_{+}$	
UNIT #	OWNER NAME: LAST, FIRS	GRACE, A		Redacted per	ORC 149.43(A)(1)		DAMAGE DAMAGE SCALE	
OWNER AD	DRESS: STREET, CITY, STATE	, ZIP ( SAME AS DRIVER)		120		3 1 - NONE	3 - FUNCTIONAL DAMAGE	
	LUCILLE DR		PHONE: INCLUDE AREA CODE	2 - WINOR DAWAGE 4 - DISABLING DAWA				
							AMAGED AREA(S)	
	JXS8329		V8X1129	8.0.1. 1.9.9.			ATE ALL THAT APPLY	
INSURAN	INSURANCE COMP		NSURANCE POLICY #	GRY	VEHICLE MODEL SILVERAD	O 11 12 1 12 1 12 1 12 1 12 1 12 1 12 1	10 12 1	
СОММЕ	TYPE OF USE  RCIAL GOVERNMENT [	IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY	YNAME	9 9 3	3 9 9 3	
INTERI DEVICE EQUIP	OCK HIT/SKIP UNI	#OCCUPANTS VE	HICLE WEIGHT GVWR/GCWR  1 - ≤10KLBS.  2 - 10,001 - 26KLBS.  3 - >26KLBS.	MATERIAL O	US MATERIAL CLASS # PLACARD ID #	8 7 6 5 5	8 7 5 6	
0_4_ UNIT TYPE	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) # OF TRAILING UNITS	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18-LIMO (LIVERY VEHICLE) 19-BUS (16+ PASSENGERS) 20-OTHER VEHICLE 21-HEAVY EQUIPMENT 22-ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANYTYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	9	11 12 1 2 2 9 3 3 8 4 7 5 5 4	
2	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED 1-YES 2-NO 9-OTHER/UNK	? 0 NOWN AUTONOMOUS	D - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN	11 12 1 10 11 12 1 9 9 3 3	3 9 9 3 3	
01 SPECIAL FUNCTION	2 - TAXI 7 - BUS - INTERCITY 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE ICTION 4 - SCHOOL TRANSPORT 9 - BUS - OTHER		11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16-FARM 17-MOWING 18-SNOW REMOVAL 19-TOWING 20-SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN	8 7 6 5	8 7 6 5 4	
O 1 CARGO BODY TYPE	1 - NO CARGO BODYTYPE /NOTAPPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10-FLAT BED 11-DUMP	12-CONCRETE MIXER 13-AUTOTRANSPORTER 14-GARBAGE/REFUSE 99-OTHER / UNKNOWN	9 3 9	3 9 3 3	
	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICKTIRES B - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99-OTHER / UNKNOWN	6 □- NO DAMAGE	6 6 6	
NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 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	☐- <b>TOP</b> [13]	-ALL AREAS [15]	
_3_ ACTION	2-NON-COLLISION 1 1	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - CVERTAKING PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED INTRAFFIC 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 DAMA	TO UNIT 15 - VEHICLE NOT AT SCENE	
9.9 CONTRIBUTING CIRCUMSTANCES	1-NONE 2-FAILURE TO YIELD 3-RAN RED LIGHT 4-RAN STOP SIGN 5-UNSAFE SPEED 6-IMPROPERTURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	DADVED DOCITION	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 - RGUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL  RAIL GRADE CROSSING	
SEQUENCE	OF EVENTS	12-IMPROPER DACKING		STEE PROVINCES AND A CONTRACTOR OF A STEP ACCIDENT		ON ROAD	1 - NOT INVOLVED	
1 2 0	1 - OVERTURNIROLLOVER	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	NON-COLLISION  11-CROSS CENTERLINE — OPPOSITE DIRECTION OF TRAVEL	16-RAILWAY VEHICLE 17-ANIMAL — FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING,	LINIT / NO	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
3	3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	18-ANIMAL — DEER 19-ANIMAL — OTHER 20-MOTOR VEHICLE IN TRANSPORT 21-PARKED MOTOR VEHICLE	SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24-OTHER MOVABLE OBJECT	FROM _ 4 TO L	1 - NORTH 5 - NORTHEAST 2 - SQUTH 6 - NORTHWEST 3 - EAST 7 - SQUTHEAST 4 - WEST 8 - SQUTHWEST	
4	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	N WITH FIXED OBJECT 37-TRAFFIC SIGN POST 38-OVERHEAD SIGN POST 39-LIGHT/LUMINARIES	43 - CURB 44 - DITCH 45 - EMBANKMENT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL	UNIT SPEED	9 - OTHER / UNKNOWN  DETECTED SPEED	
5	STRUCTURE 27 - BRIDGE PIER ORABUTMENT 28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER	SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT	46-FENCE 47-MAILBOX 48-TREE	52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT	0 0 5	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
1	29-BRIDGE RAIL 30-GUARDRAIL FACE FIRST HARMFUL EVEN	36 - MEDIAN OTHER BARRIER	42 - CULVERT  ARMEILI EVENT	49-FIRE HYDRANT	99 - OTHER / UNKNOWN	2 5		

OFF PUBLIC SAFETY MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER						
SAFETY - MENY	ICE - PROTECTION	010K131 / 140	) IA – IA	1010	K12	ı			2 0	2 4 - 0 0	0.0.0	0_	8 1	.0.
UNIT#	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER					
0,1	CAPPI	LE, JEFFERY, HI	ERMA	N					0 + 8 + 1 + 1 + 1 + 9 + 5 + 1 + 7 + 2 + M					
	STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE					
0	PAL CT ,Streetsboro ,OH 44241								Redacted per ORC 149.43(A)(1)					
INJURIES	TAKEN	EMS AGENCY (NAME)		INJUREDI	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	USED	Прот-с∘	SEATING POSITIO	N AIR BAG	USAGE	JECTION	TRAPPED
2 <u>5</u>	BY							0,4		LMET 0 1	1	L	1_	L
OLSTATE	DEDAOTED DED ODO 4504.4.40					RGED	CODE	OFFENSE DESC	CRIPTION			ION NUM	MBER	
O, H,	ENDORSEMEN			ļ.,,	41.0	NIOL / PRIIC CHERI		COMPLETION	ALC		DRUGT	IEST/S		
UL GLASS	SELECT UP TO 2			TRACTED				STATUS T		STATUS	TYPE		SELECTUPTO4	
4		ے سے سے ا	_	1		THER DRUG		1	_1	1	_1_	1 ,		لــالــالــ
UNIT #	NAME: LAST	, FIRST, MIDDLE								DATE OF BIRTH		7	AGE	GENDER
0,2	GREG	ORY, HENDRIX	GEO	RGE					1 2	19 20	$10 \pm 5$	1	8	_M_
ADDRESS:	STREET, CITY, S	STATE, ZIP								PHONE - INCLUDE AREA		440	40/	A \ / 4 \
1187 N	NORWO	OOD ST ,Kent ,OI	H 4424	0					Reda	acted per C			`	
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED1	AKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	□ DOT-C	SEATING POSITIO	N AIR BAG	AIR BAG USAGE EJECTION TRAPPED		
2 5	BY							0 4	<b>Ш</b> мс не	LMET 0 1				_1_
OL STATE		LICENSE NUMBER	1.1 12	OFFENS		RGED	LOCAL	OFFENSE DESC	RIPTION		Marine 2 - 2 - 1 - 2 -	ION NUM	MBER	
OH	REDAC	TED PER ORC 450	1.1-12	331.3	34		X	Failure to Co			2698			
OL CLASS	SELECT UP TO 2		DIS	VER TRACTED	_	OHOL / DRUG SUSPI		CONDITION	STATUS T	YPE VALUE	STATUS	TATUS TYPE RESULT SELECT UP TO		
. 4 .		1	BY	1 .	ALCOHOL MARIJUANA  There drug 1			1 1	1 1 1			1 1 1		
UNIT#	NAME: LAST	FIRST, MIDDLE								DATE OF BIRTH		7	AGE	GENDER
170000000														
ADDRESS:	STREET, CITY, S	TATE, ZIP							CONTACT	PHONE - INCLUDE AREA	ODE			
10E										1 1 1	1 1	- 1	- 1	1 1
INJURIES		EMS AGENCY (NAME)		INJUREDI	AKEN TO	MEDICAL FACILITY	(NAME, CITY)		DOT-C:	SEATING POSITIO	N AIR BAG	USAGE E	JECTION	TRAPPED
NON	TAKEN BY							USED	MC HE					نـــــــا
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	NSE CHARGED LOCAL OFFENSE DESC			RIPTION			ITATION NUMBER			
		wie.	200											
OL CLASS	SELECT UP TO 2		DIS	VER TRACTED		DHOL / DRUG SUSPI		CONDITION	STATUS T	YPE VALUE	STATUS	TYPE		SELECT UP 104
			BY		=	LCOHOL MAF	KIJUANA		ļļ.					11 11 1
INJU	RIES	SEATING POSITION	A	IR BAG		OL CLASS	S	OL RESTRIC	TION(S)	DRIVER DISTRAC	TION	TE	ST STA	
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1- NOT DEP			1 - CLASS A		1 - ALCOHOL INTER		1 - NOT DISTRACTED		1 - NONE G		
3 - SUSPECTED	SERIOUS INJURY MINOR INJURY	2 - FRONT - MIDDLE	2 - DEPLOYE 3 - DEPLOYE			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE		2 - MANUALLY OPERATIN ELECTRONIC COMMUN	I)CATION	2 - TEST R 3 - TEST G		TAMINATED
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE		ED BOTH FRO	NT / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER		DEVICE (TEXTING, TY) DIALING)			E / UNUSA	BLE ULTS KNOWN
5 - NO APPAREN	IT INJURY	(M0TORCYCLE PASSENGER)	5-NOTAPP	LICABLE MENT UNKNO	WN	5 - M/C MOPED ONLY		6 - EXCEPT CLASS		3 - TALKING ON HANDS-F COMMUNICATION DEV	REE	5 - TEST G		
	TAKEN BY	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	7 02(20)			6 - NO VALID OL		& CLASS B BUS		4 - TALKING ON HAND-HE		UNKN0	WN	
1 - NOT TRANSP /TREATED AT	AND DESCRIPTION OF THE PARTY OF	7 - THIRD - LEFT SIDE	EJ	ECTION	175	OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE		5 - OTHER ACTIVITY WITH	IAN	The second second	OL TES	T TYPE
2 - EMS		(MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE	1 - NOTEJE			H - HAZMAT		RESTRICTIONS		ELECTRONIC DEVICE 6 - PASSENGER		1 - NONE 2 - BLOOD		
3 - POLICE 9 - OTHER / UNK	NOWN	9 - THIRD - RIGHT SIDE	2- PARTIAL 3-TOTALLY	LY EJECTED EJECTED		M - MOTORCYCLE P - PASSENGER		9 - LEARNER'S PER RESTRICTIONS	MII	7 - OTHER DISTRACTION		3 - URINE		
		10 - SLEEPER SECTION OF TRUCK CAB	4 - NOTAPP			N-TANKER		10 - LIMITED TO DAY		INSIDE THE VEHICLE  8 - OTHER DISTRACTION		4 - BREATI 5 - OTHER		
1 - NONE USED	QUIPMENT	11 - PASSENGER IN OTHER	T	RAPPED		Q - MOTOR SCOOTER	TORCYCLE	11 - LIMITED TO EMI 12 - LIMITED - OTHE		THE VEHICLE	001210E			
2 - SHOULDER E	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1-NOTTRA		U-JU	R - THREE-WHEEL MO S - SCHOOL BUS	TURCYCLE	13 - MECHANICAL DI	EVICES	9 - OTHER / UNKNOWN		DRU 1 - NONE	G TEST	TYPE
3 - LAP BELT ON		PICK-UP WITH CAP)  12 - PASSENGER IN UNENCLOSED	2 - EXTRICA MECHAN	TED BY		T - DOUBLE & TRIPLE	TRAILERS	CONTROLS, OR O	THER	CONDITION		2 - BL00D		
	RAINT SYSTEM –	CARGO AREA	3- FREED B	Y		X - TANKER / HAZMAT		ADAPTIVE DEVI		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMEN	_	3 - URINE		
FORWARD FA	ACING RAINT SYSTEM -	13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	NUN-ME(	CHANICAL MI	LAN3	GENDER		15 - MOTOR VEHICLE		3 - EMOTIONAL (E.G., DEPR	ESSED,	4 - OTHER		
REAR FACIN	G	(NON-TRAILING UNIT)				F - FEMALE M - MALE		AIR BRAKES 16 - OUTSIDE MIRRO	R	ANGRY, DISTURBED) 4 - ILLNESS	The State of	DRUG T 1-AMPHE		SULT(S)
7 - BOOSTER SE		15 - NON-MOTORIST 99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN		17 - PROSTHETIC AII		5 - FELL ASLEEP, FAINTEL		2 - BARBIT		
9 - PROTECTIVE		J. OTHER JOHNSON						18-OTHER		FATIGUED, ETC.  6 - UNDERTHE INFLUENCE	c	3 - BENZ0		ES
(ELBOW, KNE	EES, ETC.)									OF MEDICATIONS / DRU	IGS	4 - CANNA 5 - COCAIN		
10 - REFLECTIVE 11 - LIGHTING - I										9- OTHER/UNKNOWN		6 - OPIATE		s
/ BICYCLE OF	NLY											7 - OTHER		
99 - OTHER / UNK	ALA AALM										8 - NEGAT	IVE RESUL	IS	

HSY8306 OH1M 1/19 [760-1500] PAGE 4 OF 5

Ū	SHID CHAPTER OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER  2							
-		77.0				<u> </u>		$2_{1}0_{1}2_{1}4$	0_0	$10_{1}0_{1}0$	<sub>1</sub> 8 <sub>1</sub> 1			
	UNIT#	-0.4000015070017000	T, FIRST, MIDDLE						E OF BIRTH		AGE	GENDER		
L	01 CAPPLE, LINDA, RAE								0 7 0 8 1 9 5 2 7 1 F					
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE  Redacted per ORC 149.43(A)(1					
CCU	378 O	PAL C	T ,Streetsboro	OH 4424;	1			Redacte	a per O	KC 14	9.43(	A)(1)		
0	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	_5_	BY					$\lfloor 0_{\perp} 4_{\perp}$	MC HELMET	$\begin{bmatrix} 0 & 3 \end{bmatrix}$	1	1_	1		
	UNIT # NAME: LAST, FIRST, MIDDLE								E OF BIRTH		AGE	GENDER		
PAN	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
OCCUPAN														
0	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		BŶ					L	MC HELMET			لــــا			
	UNIT#	NAME: LAS	T, FIRST, MIDDLE		,		•	DAT	E OF BIRTH		AGE	GENDER		
Ď	1 1								1 1 1		F 6 3	de a		
ANT	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE		1		
OCCUPANT														
0	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	1 1	TAKEN BY					USED	MC HELMET	1 1 1	ı	1			
f	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
									T T T		E E 2	ļ		
ANT	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
OCCUPANT														
8	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	r a	TAKEN BY					USED	MC HELMET	r a r			le a		
		INJU	JRIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE			
k	1 - FATA	AL.		1 - NONE US			IT - LEFT SIDE		1 - NOT DE	PLOYED				
ï	2 - SUSI	PECTEDSE	RIOUS INJURY		LE OCCUPANT  DER BELT ONLY USED  LIT ONLY USED  DER & LAP BELT USED  RESTRAINT SYSTEM – RD FACING  (MOTORCYCLE DRIV  2 - FRONT – MIDDLE  3 - FRONT – RIGHT SID  (MOTORCYCLE PASS  5 - SECOND – MIDDLE  6 - SECOND – RIGHT SID			(ER) 2 - DEPLOYED FROM						
	3 - SUSI	PECTED MI	NOR INJURY						YED SIDE					
F	4 - POSS	SIBLE INJU	IRY						4 - DEPLOYED BOTH					
	5 - NO A	PPARENT	INJURY					ENGER)	FRONT/SIDE  5 - NOT APPLICABLE					
		INJURED	TAKEN BY					E						
		TRANSPOR			ESTRAINT SYSTEM -		D - LEFT SIDE	CAR	9 - DEPLOYMENT UNKNOWN			and an		
		EATED AT S	CENE	REAR FA	O THIRD MIDNIE			1 - NOT EJECTED			ON			
	2 - EMS 3 - POLI			8 - HELMET	9 - THIRD - RIGHT SIDE									
		ER / UNKNO	NA/N		VE PADS USED 10 - SLEEPER SECTION 11 - PASSENGER IN 0TH					'EJECTED				
	, 01111		NDER		KNEES, ETC.)		O AREA (NON-TE		4 - NOT APPLICABLE TRAPPED					
	F - FEMA		E LIEU E LE LA LE	10- REFLECT	TVE CLOTHING		ENGER IN UNE							
Ä	M - MALI			11 - LIGHTIN	G – PEDESTRIAN F ONLY		O AREA	NCLUSED	1 - NOT TR	No. of the last				
Ē	U - OTHE	R / UNKNO	WN	99- OTHER /			LING UNIT			ATED BY M	ECHANIC	CAL		
							NG ON VEHICLE TRAILING UNIT)	EXTERIOR	MEANS					
						15 - NON-	MOTORIST		3 - FREED MEANS	BY NON-ME	CHANIC	AL		
						99 - OTHE	R / UNKNOWN							
S	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
WITNESS								2017127 5112115		البيا				
ΙM	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
	NAME	DE FIRST	u.e					5:~	E OF BIRTH	<del></del>	ACE	GENESS		
SS	NAME: LAS	ST, FIRST, MIDD	LE.					DAT	E OF BIRTH		AGE	GENDER		
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
M		,,,,,,,,,,,,						1 1 1	1 1	1 1	1 21	9 1		
-	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH	<del> </del>	AGE	GENDER		
ESS									1 1 1	بأري	p p =			
WITNESS	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE		DE L				
≥														

HSY 8355 OH1P 3/19 [760-1500] PAGE 5 0F 5