OF PUBLIC SAFETY TRAFFIC CRASH	REPORT *DENOTES M.	ANDATORY FIELD FOR SUPPLEM	MENT REPORT		OCAL REPORT NUM	BER*		
X 0H-2 0H-3	2,0,2,0,-,0,0,0,1,8,5,3,2,							
PHOTOS TAKEN OH-1P OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR		
SECONDARY CRASH PRIVATE PROPERTY	City of Kent Police	0	6,7,0,3	1 - SOLVED	0 1	0 1 98 ANIMAL		
1-CITY	Y, VILLAGE, TOWNSHIP*		7,000	CRASH DATE /	TIME*	CRASH SEVERITY		
6 7 1 2-VILLAGE Kent				11112020	/0808 5	1 - FATAL 2 - SERIOUS INJURY		
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH	LOCATION ROAD NAME	- 1969)	ROAD TYPE	LATITUDE DE	CIMAL DEGREES	SUSPECTED		
3-EAST 4-WEST	MUNROE FALLS	KENT	$\mathbf{R} \cdot \mathbf{D}$	41,14,3	1 3 0	3 - MINOR INJURY SUSPECTED		
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH	REFERENCE ROAD NAME (ROAD	, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE o	ECIMAL DEGREES	4 - INJURY POSSIBLE		
3-EAST	1116			-81,38,5	5,6,0	5 - PROPERTY DAMAGE ONLY		
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE			INTERSECTION REL	ATED		
2 2 MILE POST 0 COURTS	CONTRACTOR OF THE PARTY OF THE		RD - ROAD SQ - SQUARE	X WITHIN INTE	RSECTION OR ON APP	3		
3-HUUSE # 3-EASI	STATE ROUTE BL	-BOULEVARD MP-MILEPOST	ST -STREET	WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHES		
	NUMBERED COUNTY ROUTE I		TE - TERRACE TL - TRAIL		ROADWAY			
	WILLIAM TOWNSHIP		WA - WAY	D POADWAY OR	(IDED			
3-YARDS	HE	- HEIGHTS PL - PLACE		ROADWAY DIVIDED				
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVER		INER OF CRASH COLLISION/IMP. COLLISION 4 - REAR-TO-REAR		DIRECTION OF TRAVE		EDIAN TYPE		
0 1 2-ON SHOULDER 10-DRIVEWAY	ALLEY ACCESS BET	TWEEN 5 - BACKING		1-NORTH	(<4 F	ED FLUSH MEDIAN		
3 - IN MEDIAN 11 - RAILWAY G 4 - ON ROADSIDE 12 - SHARED U	KADE CRUSSING VEH	HICLES IN 6 - ANGLE ANSPORT 7 - SIDESWIPE, SAI	ME DIRECTION	3- EAST		ED FLUSH MEDIAN		
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REA	AR-END 8 - SIDESWIPE, OPI	POSITE DIRECTION	4- WEST		ED, DEPRESSED MEDIAN		
7 - ON RAMP 14-TOLL BOOT	Н	AD-ON 9 - OTHER / UNKNO	OWN		(ANY	ED, RAISED MEDIAN TYPE)		
8-OFF RAMP 99-OTHER / U!	IKNOWN				9-OTHE	R/UNKNOWN		
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN W		CONTOUR	CONDITIONS	SURFACE		
WORKERS SPESSIF	LANE CLOSURE LANE SHIFT/CROSSOVER	1 - BEFORE THE 1ST WARNING SIGN		1	2	2		
LAW ENFORCEMENT PRESENT	WORK ON SHOULDER OR MEDIAN	2 - ADVANCE WARNI			1 - DRY	1 - CONCRETE		
	INTERMITTENT OR MOVING WORK	K 4 - ACTIVITY AREA		2 - STRAIGHT GRADE	2-WET 3-SNOW	2 - BLACKTOP, BITUMINOUS,		
ACTIVE SCHOOL ZONE 5-	OTHER	5 - TERMINATION A	REA	4 - CURVE GRADE	4 - ICE	ASPHALT 3 - BRICK/BLOCK		
LIGHT CONDITION 1 - DAYLIGHT	WEATH			9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT OIL, GRAVEL	200		
1 2-DAWN/DUSK	1-CLEAR 0 2 2-CLOUDY	6 - SNOW 7 - SEVERE CROSSWINDS			6 - WATER (STANDI	STONE VG. S DIDT		
3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED	3 - FOG, SMOG, SMOK 4 - RAIN	E 8-BLOWING SAND, SOIL, DIR 9-FREEZING RAIN OR FREEZ			MOVING)	5 - DIRT 9 - OTHER/UNKNOWN		
5 - DARK - UNKNOWN ROADWAY LIGHTING	5- SLEET, HAIL	99 - OTHER / UNKNOWN	ZING DRIZZLE		7 - SLUSH 9 - OTHER/UNKNOW	N		
9-OTHER/UNKNOWN			-0.					
NARRATIVE					1	Indicate the north		
Unit one was traveling east on	Munroe Falls Ken				1	an "N" on the compass diagram.		
Road. He attempted to turn s	south(right) onto Al	kron			- moneyan			
Blvd. The operator lost contr								
				Profession of the Contract of				
leaving the roadway and stri	king a utility pole					1119 PERFOR SANJA PAST BE		
guide wire.				OF MODELS. OF STATE O	opera per			
					T	Approvate (TES), Substitute (Approvate (
					1	-second and the vice		
			OGALE!					
				1	9			
	e wild driving the transfer and the depth of							
The state of the s								
				SCENE CLEARED	DATE / TIME	REPORT TAKEN BY		
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIM	1E	TOTAL GELANIES	DELEVITURE I	REPURITAKEN DI		
						POLICE AGENCY		
1,1,1,1,2,0,2,0,/,0,8,0,8, 1,1,1 TOTAL TIME OTHER TOT.	1,2,0,2,0,/,0,8,0,9 al OFFICER'S NAME*	1,1,1,1,2,0,2,0,/	0 8 1 2	1 1 1 1 2 0 2 ICER'S NAME*				
1,1,1,1,2,0,2,0,/,0,8,0,8,1,1,1,1	LILZ 0, 2, 0, / 0, 8, 0, 9 AL OFFICER'S NAME* Butcher, Matt	1,1,1,1,2,0,2,0,/	0 8 1 2 CHECKED BY OFF Wheeler,	1 1 1 1 2 0 2 ICER'S NAME*	0,/,0,9,0,8,	POLICE AGENCY		

2,0,2,0,-,0,0,1,8,5,3,2 UNIT # OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) EDMONDSON, WILLIAM, JAMES OWNER PHONE - IN THE PARE A PRIVER DAMAGE DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 1928 MARHOFER AVE ,Stow ,OH 44224 J 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 9 - UNKNOWN 1 1 DAMAGED AREA(S) LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION # VEHICLE YEAR INDICATE ALL THAT APPLY VEHICLE MAKE O. H. HJB1519 4, S, 4, B, R, B, C, C, 9, C, 3, 2, 6, 9, 9, 1, 9, 2 0 1 2 Subaru INSURANCE VERIFIED INSURANCE COMPANY **INSURANCE POLICY #** COLOR VEHICLE MODEL ERIE O025113735 **BLK** OUTBACK TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS MATERIAL RELEASED INTERLOCK CLASS # PLACARD ID # 1 - ≤10K LBS. HIT/SKIP UNIT DEVICE 2 - 10.001 - 26K LBS PLACARD J 3 - >26K LBS 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12-GOLF CART 18 - LIMO (LIVERY VEHICLE) 23-PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 11-SNOWMOBILE 0 1 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 19-BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 14 - SINGLE UNIT TRUCK 20-OTHER VEHICLE 25 - OTHER NON-MOTORIST UNIT TYPE 4 - PICK UP 10 - MOPED OR MOTORIZED 15-SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26-BICYCLE 5 - CARGO VAN BICYCLE 16-FARM FOULPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN 11 - ALL TERRAIN VEHICLE 6 - VAN (9-15 SEATS) ANIMAL-DRAWN VEHICLE 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP (ATV/UTV) # OF TRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 1 - DRIVER ASSISTANCE 0 4 - HIGH AUTOMATION 1-YES 2-NO 9-OTHER/UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION AUTONOMOUS MODE LEVEL 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16-FARM 21 - MAIL CARRIER 0,1, 2-TAXI 7 - BUS - INTERCITY 12-MILITARY 17 - MOWING 99-OT-LER / UNKNOWN SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13-POLICE 18-SNOW REMOVAL FUNCTION 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14-PUBLIC UTILITY 19-TOWING 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLF 12 - CONCRETE MIXER 0, 1, / NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGOTANK 13-AUTOTRANSPORTER CARGO 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED BODY 14 - GARBAGE/REFUSE 7 - GRAIN/CHIPS/GRAVEL * TYPE 11 - DUMP 99 - OTHER / UNKNOWN 90 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICKTIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN VEHICLE 2 - HEAD LAMPS 5 - STEFRING 8 - TRAILER EQUIPMENT 10 - DISABLED FROM PRIOR DEFECTS 3 - TAIL LAMPS DEFECTIVE 6 - TIRE BLOWOUT ACCIDENT -NO DAMAGE [0] - UNDERCARRIAGE [14] 1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER CROSSWALK 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE AT INCIDENT SCENE 10-DRIVEWAY ACCESS -TOP [13] -ALL AREAS [15] NON-NOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 8 - SIDEWALK 99-OTHER/UNKNOWN 11 - SHARED USE PATHS OR LOCATION AT IMPACT CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION - UNIT NOT AT SCENE [16] TRAILS 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING ILTURN 13 - NEGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT 2 - NON-COLLISION 0 5 2 - BAUKING 2 - BACKING OR LEAVING VEHICLE 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 3 3-STRIKING 0 - NO DAMAGE SPECIFIED LOCATION 19-STANDING 14 - UNDERCARRIAGE 9 - LEAVING TRAFFIC LANE ACTION 4. STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 15 - WALKING, RUNNING, 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 20 - OTHER NON-MOTORIST 10-PARKED DIAGRAM 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHT TURN JOGGING, PLAYING 21 - STANDING OUTSIDE 99 - UNKNOWN 11 - SLOWING OR STOPPED 13 - TOP 16-WORKING & STRUCK DISABLED VEHICLE INTRAFFIC 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 9 - OTHER / UNKNOWN 99 - OTHER / UNKNOWN 12 - DRIVERLESS TRAFFIC 1-NONE 7 - LEFT OF CENTER 13-IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY TRAFFICWAY FLOW TRAFFIC CONTROL PARKED POSITION 2 - FAIL URE TO YIELD 8-FOLLOWING TOO CLOSE / ACDA 18-OPERATING DEFECTIVE 22 - NOT DISCERNIBLE 9 9 3-RAN RED LIGHT 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 14-STOPPED OR PARKED 9-IMPROPER LANE CHANGE EQUIPMENT 23 - OPENING DOOR INTO ILLEGALLY 2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN 4 - RAN STOP SIGN 19-LOAD SHIFTING/FALLING/ 10-IMPROPER PASSING ROADWAY CONTRIBUTING 5 - UNSAFE SPEED 15 - SWERVING TO AVOID SPILLING 3 - FLASHER 6 - NO CONTROL 99-OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IN PROPER CROSSING 6 - IMPROPERTURN 12 - IMPROPER BACKING # OF THROUGH LANES RAIL GRADE CROSSING ON ROAD SEQUENCE OF EVENTS 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING , 3 **EVENTS** 1 0 9 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE -3 - INVOLVED-PASSIVE CROSSING 16-RAILWAY VEHICLE 22 - WCRK ZONE MAINTENANCE OPPOSITE DIRECTION OF TRAVEL 2 - FIRE/EXP_OSION 7 - SEPARATION OF UNITS 17 - AHIMAL - FARM **EQUIPMENT** UNIT / NON-MOTORIST DIRECTION 23 - STRUCK BY FALLING 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 18-AHIMAL - DEER 12 - DOWNHILL RUNAWAY 2 4 1 4 JACKKNIFE SHIFTING CARGO OR 1 - NORTH 5 - NORTHEAST 9 - RAN OFF ROAD LEFT 19-ANIMAL - OTHER 13 - OTHER NON-COLLISION ANYTHING SET IN MOTION 5 - CARGO / EQUIPMENT 20 - MOTOR VEHICLE IN 2 - SOUTH 6 - VORTHWEST 10 - CROSS MEDIAN BY A MOTOR VEHICLE 14-PEDESTRIAN LOSS OR SHIFT TRANSPORT 4 70 2 7 - SOUTHEAST 3 - EAST 24-OTHER MOVABLE CBJECT 15-PEDALCYCLE 21 - PARKED MOTOR VEHICLE 4 - WEST B - SOUTHWEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER / UNKNOWN 25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43-CURB 50-WORK ZONE MAINTENANCE / CRASH CUSHION 32 - PORTABLE BARRIER 38-OVERHEAD SIGN POST EQUIPMENT. 44 - DITCH UNIT SPEED DETECTED SPEED 26-BRIDGE OVERHEAD 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUVINARIES 51 - WALL 45-EMBANKMENT STRUCTURE 1 - STATED / ESTIMATED SPEED 34 - MEDIAN GUARDRAIL SUPPORT 52-BUILDING 46 - FENCE 0,2,5 27 - BRIDGE PIER OR ABUTMENT BARRIER 40-UTILITY POLE 53-TUNNEL 47 - MAILBOX 2 - CALCULATED / EDR 28-BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54-OTHER FIXED OBJECT 48-TREE 3 - UNDETERMINED 29 - BRIDGE RAIL BARRIER OR SUPPORT POSTED SPEED 99-OTHER/UNKNOWN 49 - FIRE HYDRANT 30-GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42-CULVERT 2 5 FIRST HARMFUL EVENT 2 MOST HARMFUL EVENT

HSY8304 OH1U 1/19 [760-0820]

LOCAL REPORT NUMBER

OND DEPARTMENT MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER							
							2,0,2,0,-,0,0,1,8,5,3,2,							
UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER						
0_1_EDMONDSON, WILLIAM, JAMES								0,3,1,2,2,0,0,4,1,6, M						
ADDRESS: STREET, CITY, STATE, ZIP 1928 MARHOFER AVE , Stow , OH 44224									CONTACT	PHONE - INCLUDE AREA	CODE.			
-			UH 4	_					L					
INJUNIES	INJURED E TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	CHAME CITY	USED	DOT C.	MPLIANT SEATING POSITI	ON AIR BA	G USAGE EJECTION	TRAPPED	
OL STATE		CENSE NUMBER		ACCEPTA	T OUAT	2050	1	0,4	MC HE	LMET 0, 1		1 1	1	
О. Н.	OPERATOR E	CERSE NOMBER	4511.202			KGED	GED LOCAL CODE		CRIPTION			CITATION NUMBER		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	HID TO 2 NOT	VER VER		OHOL / DRUG SUSP	FOTED	Failure to Co				64696		
OL GENGG	SELECT UPTO 2	NEDIKIDILDIK SELECI		TRACTED			RUUANA	CONDITION	STATUS	OHOL TEST YPE VALUE	STATUS	TYPE RESULT	T SELECT UP TO 4	
4				1	□ 01	THER DRUG		1	1	1	1 ,	1		
UNIT#	NAME: LAST, F	IRST, MIDDLF				A STATE OF THE PARTY OF THE PAR		Tr)		DATE OF BIRTH		AGE	GENDER	
	Sec. Name													
ADDRESS:	STREET, CITY, STA	ATE, ZIP			-				CONTACT	PHONE - INCLUDE AREA	CODE			
										1 1 1		11		
INJURIES	TAKEN	MS AGENCY (NAME)		INJURED 1	TAKEN TO	MEDICAL FACILITY	DAME CITY	SAFETY EQUIPMENT	DOT-Co	SEATING POSITI	ON AIR BA	G USAGE EJECTION	TRAPPED	
INJURIES OL STATE	BY							U3E0	MC HE				L	
OL STATE	OPERATOR LI	CENSE NUMBER		OFFEN	SE CHAR	RGED	LOCAL	OFFENSE DES	RIPTION		CITA	TION NUMBER		
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT	DIS	TRACTED		COHOL / DRUG SUSP	ECTED RIJUANA	CONDITION	STATUS TY	OHOL TEST /PE VALUE	STATUS	DRUG TEST(S	T SELECT UPTO 4	
	1 11 1		BY		=	THER DRUG	KWUANA							
UNIT#	NAME: LAST, F	IRST, MIDDLE								DATE OF BIRTH		AGE	GENDER	
												742	GENDER	
ADDRESS:	STREET, CITY, STA	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
ADDRESS:	INJURED E	MS AGENCY (NAME)		INJURED	TAKEN TO	MEDICAL FACILITY	chave, city)		- POT 6	SEATING POSITI	ON AIR BA	G USAGE EJECTION	TRAPPED	
	BY							USED	DOT-Co	MPLIANT			Thomas and the same of the sam	
OL STATE	OPERATOR LI	CENSE NUMBER		OFFEN	SE CHAR	RGED	LOCAL	OFFENSE DESC	RIPTION		CITA	TION NUMBER	1	
E DI CLASS							CODE							
OL CLASS	ENDORSEMENT SELECTUP 10.2	RESTRICTION SELECT		NER ALCOHOL / DRUG SUSPECTED CONDITION			CONDITION	ALCOHOL TEST DRUG TEST(S) STATUS TYPE VALUE STATUS TYPE RESULT SHAPE OF THE PROPERTY OF THE PR						
5.57			BY				RLIUANA				UIALUS	NE NE NE	1 SELECTOR STREET	
INJU	JRIES	SEATING POSITION		AIR BAG		THER DRUG OL CLAS	c	OL RESTRIC	TIONES	DRIVER DISTRAC				
1 - FATAL		1-FRONT-LEFT SIDE	1 - NOT DE	* a 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 - CLASS A		1 - ALCOHOL INTER	The second secon	1 - NOT DISTRACTED	, I IUN	TEST STA	TIUS	
2 - SUSPECTED 3 - SUSPECTED	SERIOUS INJURY	(MOTORCYCLÉ DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOY			2 - CLASS B		2 - CDL INTRASTAT	Ministration of the late of the	2 - MANUALLY OPERATI		2-TEST REFUSED		
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE	3 - DEPLOY	'ED SIDE 'ED Both Fro	NT/SIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE	NSES	DEVICE (TEXTING, T	PING,	3-TEST GIVEN, CON SAMPLE / UNUS		
5 - NO APPAREN		4 SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT API		1117 3100	(OHIO = D)		5 - EXCEPT CLASS	A BUS	DIALING) 3-TA_KING ON HANDS-	DEE	4 - TEST GIVEN, RES		
INJURED	TAKEN BY	5 - SECOND - MIDDLE	9 - DEPLOY	MENT UNKNO	WN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS & CLASS B BUS		COMMUNICATION DE	VICE	5 - TEST GIVEN, RES	SULTS	
1 - NOT TRANSP		6-SECOND - RIGHT SIDE				D-110 VALID OL		7 - EXCEPT TRACTO		4 -TALKING ON HAND-H COMMUNICATION DE				
/TREATED A	T SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	CONTRACTOR STREET	JECTION		OLENDORSE	MENT	8 - INTERMEDIATE	LICENSE	5 - OTHER ACTIVITY WIT		1-NONE	STTYPE	
3-POLICE		8-THIRD-MIDDLE	1 - NOT EJE 2 - PARTIA	LLY EJECTED		H - HAZMAT M - MOTORCYCLE		RESTRICTIONS 9-LEARNER'S PEI	MIT	6-PASSENGER		2-BL00D		
9 - OTHER / UNI	KNOWN	9-THIRD - RIGHT SIDE	3-TOTALL			P - PASSENGER		RESTRICTIONS	On t	7 - OTHER DISTRACTION		3 - URINE		
SAFETYE	QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT API	PLICABLE		N-TANKER		10 - LIMITED TO DAY 11 - LIMITED TO EM	THE PROPERTY OF	INSIDE THE VEHICLE 8-OTHER DISTRACTION		4-BREATH 5-OTHER		
1 - NONE USED	STATE OF THE OWNER, WHEN THE PARTY OF	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	T	RAPPED		Q - MOTOR SCOOTER R - THREE WHEEL M	OTORCYCLE	12 - LIMITED - OTH		THE VEHICLE	AN LATINE			
	BELT ONLY USED	(NON-TRAILING UNIT, BUS, PICK-UP-WITH CAP)	1 - NOTTRA			S - SCHOOL BUS	- TORROTULL	13 - MECHANICAL D	EVICES	9-OTHER / UNKNOWN		DRUG TEST	TYPE	
	4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED MECHÂN		VICAL MEANS DOUBLE & TRIPLE TRAILERS		(SPECIAL BRAKES, HAND CONTROLS, OR OTHER		CONDITION		2-BL00D					
5 - CHILD RESTRAINT SYSTEM - CARGO AREA 3 - FREED B		Y TANKED HATMAT		ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY		1 - APPARENTLY NORMAL		3 - URINE						
FORWARD F	ACING TRAINT SYSTEM -	13-TRAILING UNIT 14 RIDING ON VEHICLE EXTERIOR	WUN-ME	GRANICAL M	EAN2	GENDE	₹	15 - MOTOR VEHICLE		2 PHYSICAL IMPAIRME 3 - EMOTIONAL (E.S. 22)		4-OTHER		
REAR FACIN	iG.	(NON-TRAILING UNIT)				F-FEMALE		AIR BRAKES 16 - OUTSIDE MIRRO	חף	ASCRY, DISTURGED)		DRUG TEST RI	ATT COLUMN TO SERVICE AND ADDRESS OF THE PARTY OF THE PAR	
7 - BOOSTER SE		15 - NON-MOTORIST 99 - OTHER / UNKNOWN	100			M - MALE U - OTHER / UNKNOW)	V	17 - PROSTHETIC AL		4 - ILLNESS 5 - FELL ASLEEP FAINTE	n	1 - AMPHETAMINES		
8 - HELMET US 9 - PROTECTIVE		FINE DERIVERS						18-OTHER	C. S. C. C.	FATIGUED, ETC.		2 BARBITURATES 3 - BENZODIAZEPIN	lES	
(ELBOW, KN	IEES, ETC.)									6 - UNDER THE INFLUEN OF MEDICATIONS / DR		4 - CANNABINOIDS		
10 - REFLECTIVE										ALCOHOL		5 - COCAINE	00	
/ BICYCLE 0	INLY									9-DTHER UNKNOWN		6-OPIATES/OPION 7-OTHER	טט	
99 - OTHER / UNI	KNOWN										199.4	8 - NEGATIVE RESU	ILTS	

OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER							
								2,0,2,0,-,0,0,1,8,5,3,2,						
	UNIT#								DATE OF BIRTH AGE GENDER					
<u> </u>	_01_	BLATNIK, LUCILLE, YU 5: STREET, CITY, STATE, ZIP							1,2,0,8,2,0,0,3,1,6, F					
OCCUPAN			TUAST, Kent		CONTACT PHONE	- INCLUDE AREA CO	DE							
000		INJURED	EMS AGENCY (NAME)	OH 44240	PAPPYN PANISAPAY	1	Leganoria a a seri							
	, 5 ,	TAKEN BY			INJURED TAKEN TO: MEDICAL FACI	LITT TRAME, CITY	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE				
	UNIT#	NAME: LAS	T, FIRST, MIDDLE				0,4,		E OF BIRTH	1	1	_1_		
	1							DAI	C OF BIRTH		AGE	GENDER		
ANT	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	0E				
OCCUPAN									1 1					
0	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACI	LITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
4		ВУ						LIMC HELMET						
	UNIT#	NAME: LAS	T, FIRST, MIDDLE		DAT	E OF BIRTH		AGE	GENDER					
F.	ADDRESS:	STREET, CITY,	STATE 710											
OCCUPAN		ornee, orr,	ornic, En					CONTACT PHONE - INCLUDE AREA CODE						
30	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, GTY) SAFETY EQUIPMENT				SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		TAKEN BY					USED	DOT-COMPLIANT MC HELMET		And one const	COLOTION	TRAFFED		
	UNIT#	NAME: LAS	T, FIRST, MIDDLE						E OF BIRTH		AGE	GENDER		
<u>_</u>		ADDRESS: STREET, CITY, STATE, ZIP												
OCCUPAN	ADDRESS:								CONTACT PHONE - INCLUDE AREA CODE					
000	INJURIES	INJURED	PMC 4						1. 1					
	INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO MEDICAL FACIL	LITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
-		INJU	RIES	SAFETY	EQUIPMENT USED		SEATING POS			AIR BAG U	SACE			
	1 - FATA	(L		1 - NONE US	THE RESERVE ASSESSMENT OF THE PARTY OF THE P		T - LEFT SIDE		1 - NOT DE	ALCOHOLD OF	JAGE			
		The Page 1	RIOUS INJURY	A STATE OF THE	OCCUPANT		ORCYCLE DRIV	ER) 2 - DEPLOYED FRO						
	4 - POSSIBLE INJURY 3 - LAP BELT O				## RELT ONLY USED 2 - FRONT - MIDDLE ONLY USED 3 - FRONT - RIGHT SID A - SECOND - LEFT SID (MOTORCYCLE PAS				3 - DEPLO	3 - DEPLOYED SIDE				
										OYED BOTH T/SIDE				
ı			TAKEN BY	THE RESIDENCE AND RESIDENCE	STRAINT SYSTEM -	AINT SYSTEM - 5 - SECOND - MIDDLE			5 - NOT APPL					
ı	1 - NOT	TRANSPOR		6 - CHILD RE	STRAINT SYSTEM -		ND – RIGHT SIC D – LEFT SIDE	E-district	9 - DEPLO					
/TREATED AT SCENE REAR FACING					CING	(MOTORCYCLE SIDE 8 - THIRD – MIDDLE			The State of	EJECTI) N			
	2 - EMS	CE		7 - BOOSTER			D - MIDDLE D - RIGHT SIDE		1 NOT EJECTED					
3 - POLICE 8 - HELMET USE 9 - OTHER / UNKNOWN 9 - PROTECTIVE GENDER (ELBOW, KNE						HIT PERSONAL PROPERTY.	PER SECTION C		2 - PARTIALLY EJECTED					
					KNEES, ETC.)	CARG	ENGER IN OTHI O AREA (NON TR	AILING UNIT,	3 - TOTALLY EJECTED 4 - NOT APPLICABLE					
	F-FEMA	LE			IVE CLOTHING		ICK-UP WITH CAP ENGER IN UNE			TRAPPE	D			
	M - MALE / BICYGL				- PEDESTRIAN EONLY	OAREA		1 - NOTTRAPPED						
	99 - OTHER /			INKNOWN	THE PARTY OF THE P	13 - TRAILING UNIT 14 - RIDING ON VEHICLE		2 - EXTRICATED BY MECHANICAL						
ı						(NON-TRAILING UNIT) 15 - NON-MOTORIST			MEANS 3 - FREED BY NON MECHANICA			NI.		
						STATE OF THE PARTY	R / UNKNOWN		MEANS		O I A I I I			
S	NAME: LAS	T, FIRST, MIDDI	E					DAT	E OF BIRTH		AGE	GENDER		
TNESS	ADDDESS.	STREET, CITY,	PEATE ZID							بالبلب				
WIT	APURE33:	SIREEI, GIIY,	SIMIL, LIP					CONTACT PHONE	- INCLUDE AREA COL	30				
7	NAME: LAS	IT, FIRST, MIDDI	F					DAT	E OF BIRTH		AGE	GENDER		
NESS								1 1 1 1	1 1 1		, ac	GENDER		
WIT	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE ARFA CODE						
9	NAME	T FIRST MAINS	-											
ESS	MAMIC: LAS	IT, FIRST, MIDDI						DAT	E OF BIRTH		AGE	GENDER		
WITNE	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COL	E .	111			