OHIO DEPARTMENT TRAFFIC CRAS	LOCAL REPORT NUMBER*						
PHOTOS TAKEN OH-2 OH-3	LOCAL INFORMATION			2 0 2 2 -	0 2 7 8 4		
SECONDARY CRASH OH-1P OTHI				NCIC*	HIT/SKIP	UNIT IN ERROR	
PRIVATE PROPER	City of Kent Polic	<u> 10 1</u>	$6 \hspace{-0.1cm}\mid\hspace{-0.1cm} 7 \hspace{-0.1cm}\mid\hspace{-0.1cm} 0 \hspace{-0.1cm}\mid\hspace{-0.1cm} 3 \hspace{-0.1cm}\rfloor$	1 - SOLVED L 2 - UNSOLVED	0_2_	0 2 98 - ANIMAL 99 - UNKNOWN	
1 - CITY	N: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / T	_	CRASH SEVERITY 1 - FATAL	
3-TOWNSHIP	27.11			10 2 2 4 2 0 2 2		☐ 2 - SERIOUS INJURY	
ROUTE TYPE ROUTE NUMBER PREFIX N - NOR S - SOU 3 E - EAS W - WE	TH			ROAD TYPE	LATITUDE DEC	IMAL DEGREES	SUSPECTED 3 - MINOR INJURY
	ST WIAII		IIIInmass	ST	[4 1]0[1 5 4]	SUSPECTED	
ROUTE TYPE ROUTE NUMBER PREFIX N - NOR S - SOU E - EAS	TH	D, MILEPOST, HO	USE #)	ROAD TYPE	LONGITUDE DEC	CIMAL DEGREES	4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE
	ST ST	to and amendment water			_[8 1] ₀ [3 5 0]	6 4 1 0 1	ONLY
REFERENCE POINT DIRECTION 1 - INTERSECTION FROM REFERENCE N - NORTH	ROUTE TYPE IR - INTERSTATE ROUTE(TP)	AL - ALLEY	ROAD TYPE HW- HIGHWAY	RD - ROAD		NTERSECTION REL	
3 2-MILE POST S-SOUTH E-EAST	OU TESERVE OU ROUTE	AV - AVENUE	LA - LANE :	SQ - SQUARE	WITHIN INTER	RSECTION OR ON AP	PROACH
W-WEST	SR-STATE ROUTE	BL - BOULEVARD CR - CIRCLE		ST - STREET TE - TERRACE	WITHIN INTER	RCHANGE AREA	NUMBER OF APPROACHES
DISTANCE DISTANCE FROM REFERENCE UNIT OF MEASURE 1 - MILES	CR - NUMBERED COUNTY ROUTE	CT - COURT	PK - PARKWAY	TL - TRAIL		ROADWAY	ENGLAND STATE OF
2 - FEET	ROUTE		PI - PIKE PL - PLACE	WA - WAY	ROADWAY DIV	IDED	
LOCATION OF FIRST HARMFUL E	EVENT MA	ANNER OF CRASH	COLLISION/IMPA	CT	DIRECTION OF TRAVEL		EDIAN TYPE
1 - ON ROADWAY 9 - CROSS	D.	OT COLLISION 4 ETWEEN 5			N - NORTH	1 - DIVII	DED FLUSH MEDIAN
LaOals	WAY CRADE CROSSING 2 TI	NO MOTOR	- BACKING - ANGLE		S - SOUTH E - EAST	II I -	FEET) DED FLUSH MEDIAN
4 - ON ROADSIDE 12 - SHARE 5 - ON GORE TRAIL	ED USE PATHS OR TI	RANSPORT 7	- SIDESWIPE, SAM		W-WEST		FEET) DED, DEPRESSED MEDIAN
6 - OUTSIDE TRAFFIC WAY 13-BIKE I	LANE 3-HI		 SIDESWIPE, 0PP OTHER / UNKNO 			4 - DIVI	DED, RAISED MEDIAN
7 - ON RAMP 14-TOLL I 8 - OFF RAMP 99-OTHER	BOOTH R/UNKNOWN					TYPE) ER/UNKNOWN	
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION	N OF CRASH IN W	ORK ZONE	CONTOUR	CONDITIONS	SURFACE
	1 - LANE CLOSURE	1-	BEFORE THE 1ST		. 1	. 1	2
WORKERS PRESENT	2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER	1	WARNING SIGN ADVANCE WARNI	NG AREA		1 - DRY	1 - CONCRETE
LAW ENFORCEMENT PRESENT	OR MEDIAN 4 - INTERMITTENT OR MOVING WO	100	TRANSITION ARE ACTIVITY AREA	A	2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP,
ACTIVE SCHOOL ZONE	5 - OTHER	1	TERMINATION AF	REA	3 - CURVE LEVEL	BITUMINOUS, ASPHALT	
LIGHT CONDITION	WEAT	THER			4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MUD, DIR	3 - BRICK/BLOCK
1 - DAYLIGHT	1-CLEAR	6 - SNOW			7 - OTHER CONTROL	STONE	
1 2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	2 - CLOUDY 3 - FOG, SMOG, SMO		CROSSWINDS G SAND, SOIL, DIR	T, SNOW		6 - WATER (STAND) MOVING)	, 5-DIKI
4 - DARK - ROADWAY NOT LIGHTED	4 - RAIN	4 - RAIN 9 - FREEZING				7 - SLUSH	9 - OTHER/UNKNOWN
5 - DARK – UNKNOWN ROADWAY LIGH 9 - OTHER / UNKNOWN	TING 5 - SLEET, HAIL	99 - OTHER /	UNKNOWN			9 - OTHER/UNKNOV	VN
NARRATIVE		minima di mana				545700.000	Indicate the north
UNIT 1 & 2 WERE TRAVI	ELINC IN EDONT O	·F				<	direction with an "N" on the
		T					compass diagram.
515 E. MAIN ST. E/B IN T	THE CURB LANE.						
UNIT 1 WAS SLOW IN T	RAFFIC. UNIT 2 WA	AS				No	ot To Scale
DISTRACTED BY HER (CHILD IN THE REA	ıR			WENDY'S		(
SEAT. UNIT 2 STRUCK	THE REAR OF UNIT	Γ1			515 E. MAIN ST.		
AND THEN THE CURB.	UNIT 2 CAUSED A 3	2.				-	E. MAIN ST.
VEHICLE PROPERTY D							E. MAIN ST.
VEHICLE PROPERTY D	PAMAGE UNLY CRA					— — —	
		T-G T-G					
		⇒ ⇒					
					Unit 2 Unit 1-	3	
CRASH REPORTED DATE / TIME	DISPATCH DATE /TIME	ARI	<u> </u> RIVAL DATE/TIM	E	SCENE CLEARED	DATE / TIME	REPORT TAKEN BY
$\begin{bmatrix} 0 & 2 & 2 & 2 & 4 & 2 & 0 & 2 & 2 & 2 & / & 1 & 5 & 3 & 0 \end{bmatrix} \begin{bmatrix} 0 & 1 & 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 & 0 & 0$	2 2 4 2 0 2 2 / 1 5 3	1 0 2 2 4	2 1 0 1 2 1 2 1 / 1	1,5,3,6	0 1 2 1 2 1 4 1 2 1 0 1 2 1	2 / 1 6 1 6	X POLICE AGENCY
TOTAL TIME OTHER	TOTAL OFFICER'S NAME*			CHECKED BY OFF	ICER'S NAME*		MOTORIST
VOYDAMI CEOSED THAT STITUTION ITIME	Fuller, James	BADGE NUMBER		Short, Ja	ISON M	NUMPES*	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)
0 4 6 0 6 0 1	0 5 2 2 1	DAUGE NUMBER	·	2 ₁ 2	•	MUMBEK"	TO AN EXISTING REPORT SENT TO COPS.)

LOCAL REPORT NUMBER

2,0,2,2,-,0,0,0,0,2,7,8,4,

				Tolling Buotis		2022	000270				
UNIT#	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) KRESAK, STEPHEN, A			OWNER PHONE: INCLU	DE AREA CODE (X SAME AS DRIVER)	DAMAGE Damage Scale					
4	DDRESS: STREET, CITY, STATE,	_	·	→	1	1 - NONE 3 - FUNCTIONAL DAMAGE 4 J 2 - MINOR DAMAGE 4 - DISABLING DAMAGE					
	ERSCHAUM LN ,CO		5108	POMMERCIAL CARRIED I	PHONE: INCLUDE AREA CODE	9 - UNKNOWN					
OOMMERC	JIAL GARRIER: NAWE, ADDR	233, 011 1, 31M1 L, 217		COMMENCIAL CARACER	I I I I I I I I I I I I I I I I I I I	DAMAGED AREA(S)					
LP STATE	LICENSE PLATE#		IDENTIFICATION #	VEHICLE YEA		INDICA	TE ALL THAT APPLY				
P A	KVY8434	·	G 6 J C 4 3 6 9			11 12 1	11 12 1				
INSURA VERIFI	NCE INSURANCE COMP ED ERIE		ISURANCE POLICY # 081509051	COLOR BLK	GRAND CHERO	KOEZE 12	10 12				
	TYPE OF USE		US DOT #	TOWED BY: COMPANY		10 2	100 2				
COMME	RCIAL GOVERNMENT	IN EMERGENCY RESPONSE		Bakers Towing	US MATERIAL	9 3	3 9 9 3 3				
INTER	LOCK	#UCCUPANIS	HICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS.	SLASS # PLACARD ID #	7 6 7	7 7 7 7					
LT EGUIP	E HIT/SKIP UNIT Ped	$\begin{bmatrix} & & & & & & & & & & & & & & & & & & &$	2 - 10,001 - 26K LBS 3 - >26K LBS.	MATERIAL OR RELEASED PLACARD		8	12 7 6				
	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED		18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER	6	1 12 6				
[0 ₁ 3]	2 - PASSENGER VAN (MINIVAN)			19-BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)	10	11 2				
UNIT TYPE	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE 10 - MOPED OR MOTORIZED		20 - OTHER VEHICLE 21 - Heavy Equipment	25 - OTHER NON-MOTORIST 26 - BICYCLE	9	9 3 3				
	5 - CARGO VAN	BICYCLE		22 - ANIMAL WITH RIDER OR	27 - TRAIN	·	8 7 4				
N 00	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8 7 6 5					
	# of TRAILING UNITS					11 12 1	6 11 12				
	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	10 12 1 2	10				
2		· · · · · · · · · · · · · · · · · · ·	1 - DRIVER ASSISTANCE 2 - Partial Automation	4 + HIGH AUTOMATION 5 - FULL AUTOMATION		10 2 -	10 2				
		MODE LEVEL				9 3	3 9 9 3 3				
0 1	SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE FUNCTION 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC		11 - FIRE 12 - MILITARY	16-FARM 17-MOWING	21 - MAIL CARRIER 99 - OTHER / UNKNOWN	8 7 5 4	8 7 5 74				
SPECIAL				18 - SNOW REMOVAL	77 0	7 6 6	7 6 5				
FUNCTION			14-PUBLIC UTILITY 15-CONSTRUCTION EQUIPMENT	19-TOWING		6	6				
				8 - POLE	12-CONCRETE MIXER		12 12 12				
0 1	1 - NO CARGO BODY TYPE /NOT APPLICABLE	MOTOR VEHICLE	CHASSIS	9 - CARGOTANK	13 - AUTO TRANSPORTER	12 6 6					
BODY	RANY		6 - CARGO VAN/ENCLOSED BOX	10-1 ENT DED 11-UNIONWEILE O		. و الكليور ا	3 9 3 3				
TYPE			7 - GRAIN/CHIPS/GRAVEL	11-DUMP	99-OTHER/UNKNOWN						
لللا	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTORTROUBLE	99-OTHER/UNKNOWN	6					
	2 - HEAD LAMPS 3 - TAIL LAMPS	5 - STEERING 6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT			6 6 6				
	1 - INTERSECTION MARKED	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER	☐-NO DAMAGE	[0] X-UNDERCARRIAGE [14]				
	CROSSWALK	4 - MIDBLOCK - MARKED	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	AT INCIDENT SCENE	☐-TOP [13]	-ALL AREAS [15]				
LOCATION		CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR Trails	99 - OTHER / UNKNOWN		IT NOT AT SCENE [16]				
AT IMPACT	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18-APPROACHING	<u> </u>					
	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING	OR LEAVING VEHICLE	INITI 0 - NO DAMA	AL POINT OF CONTACT GE 14 - UNDERCARRIAGE				
4	3-STRIKING 0 1	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	SPECIFIED LOCATION 15 - WALKING, RUNNING,	19-STANDING 20-OTHER NON-MOTORIST		RTO UNIT 15 - VEHICLE NOT AT SCENE				
ACITON	4 - STRUCK PRE-CRASH 5 - BOTH STRIKING ACTIONS	5 - MAKING RIGHT TURN	- MAKING RIGHT TURN 11-SLOWING OR STOPPED		21 - STANDING OUTSIDE	DIAGE	AM 99 - UNKNOWN				
	& STRUCK	6 - MAKING LEFT TURN	IN TRAFFIC	16 - WORKING 17 - Pushing Vehicle	DISABLED VEHICLE 99-OTHER / UNKNOWN	13 - TOP					
	9 - OTHER / UNKNOWN	7 EET OF OFSITES	12 - DRIVERLESS				TRAFFIC				
	1 - NONE 2 - Failure to yield	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACC	13-IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION 18 - Operating defective	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE	TRAFFICWAY FLOW 1 - ONE-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN				
$10 \cdot 1_{1}$	3 - RAN RED LIGHT	9-IMPROPER LANE CHANGE	14-STOPPED OR PARKED ILLEGALLY	EQUIPMENT 19-LOAD SHIFTING/FALLING/	23-OPENING DOOR INTO	2 2 - TWO-WAY	6 2-SIGNAL 5-YIELD SIGN				
CONTRIBUTION	4 - RAN STOP SIGN	10-IMPROPER PASSING 11-DROVE OFF ROAD	15-SWERVING TO AVOID	SPILLING	ROADWAY 99-OTHER IMPROPER ACTION		3 - FLASHER 6 - NO CONTROL				
CIRCUMSTANC	IG ES 5 - UNSAFE SPEED 6 - IMPROPER TURN	12-IMPROPER BACKING	16-WRONG WAY	20 - IMPROPER CROSSING		# of THROUGH LANES ON ROAD	RAIL GRADE CROSSING				
CIRCUMSTANCE SEQUENCE	E OF EVENTS					4	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING				
300	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	NON-COLLISION 11-CROSS CENTERLINE —	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE	<u></u>	3 - INVOLVED-PASSIVE CROSSING				
1 2 1 0	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF TRAVEL	17 - ANIMAL FARM	EQUIPMENT		ON-MOTORIST DIRECTION				
2	3 - IMMERSION J 4 - JACKKNIFE	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT	12-DOWNHILL RUNAWAY	18 - ANIMAL — DEER 19 - ANIMAL — OTHER	23 - STRUCK BY FALLING, SHIFTING CARGO OR		1 - NORTH 5 - NORTHEAST				
	5 - CARGO / EQUIPMENT	10 - CROSS MEDIAN	13-OTHER NON-COLLISION 14-PEDESTRIAN	20 - MOTOR VEHICLE IN TRANSPORT	ANYTHING SET IN MOTION By a motor vehicle	4	2 - SOUTH 6 - NORTHWEST				
3	LOSS OR SHIFT		15-PEDALCYCLE	21 - PARKED MOTOR VEHICLE	24-OTHER MOVABLE OBJECT	FROM 4 TO 3 3-EAST 7-SOUTHEAST 4-WEST 8-SOUTHWEST					
	25 - IMADACT ATTEMULATAD		ON WITH FIXED OBJEC	T - STRUCK 43-CURB	50-WORK ZONE MAINTENANCE		9 - OTHER / UNKNOWN				
4	25-IMPACT ATTENUATOR / CRASH CUSHION	SHION 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST		44 - DITCH	EQUIPMENT	UNIT SPEED	DETECTED SPEED				
	26 - BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL	39-LIGHT/LUMINARIES Support	45 - EMBANKMENT	51 - WALL 52 - Building	0 0 "	1 - STATED / ESTIMATED SPEED				
5 <u> </u>	27 - BRIDGE PIER OR ABUTMEN	T BARRIER	40 - UTILITY POLE	47 - MAILBOX 53 - TUNNEL		0 0 5	2 - CALCULATED / EDR				
6	28-BRIDGE PARAPET 29-BRIDGE RAIL	35 - MEDIAN CONCRETE Barrier	41 - OTHER POST, POLE OR SUPPORT	48-TREE 49-FIRE HYDRANT	54-OTHER FIXED OBJECT 99-OTHER/UNKNOWN	POSTED SPEED	3 - UNDETERMINED				
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	AVELTING UTDINAM)		3 5					
. 1	FIRST HARMFIII EVE	NT 1 MOST	HARMFIII EVENT			3 3					

LOCAL REPORT NUMBER

2 + 0 + 2 + 2 + - + 0 + 0 + 0 + 0 + 2 + 7 + 8 + 4

		OWNER NAME: LAST, FIRST HAWKINS, CODY, 1	. —		AWNER PHANE (180) IR	SE ANCE ANCE A TO A SUF A C NOTIFIED	·	AMAGE IAGE SCALE			
4		ORESS: STREET, CITY, STATE, OT 87, Ravenna Tw					1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE				
		IAL CARRIER: NAME, ADDR	<u> </u>		COMMERCIAL CARRIER F	PHONE: INCLUDE AREA CODE	9 - UNKNOWN				
							DAMAGED AREA(S) Indicate all that apply				
	O H	LICENSE PLATE # JFX6689		IDENTIFICATION # $_{1}6_{1}X_{1}G_{1}5_{1}5_{1}2_{1}0_{1}4$	VEHICLE YEA 1 0 9 2 0 1 1 0	I I		12			
	X INSURAL VERIFI	INSURANCE COMPA		ISURANCE POLICY # AOH006062691	COLOR BLU	VEHICLE MODEL FORTE	12 1 2	10 11 12 1			
	СОММЕ	TYPE OF USE RCIAL GOVERNMENT [IN EMERGENCY RESPONSE	US DOT #	City Service	NAME JS MATERIAL	$9 \left(\begin{array}{c c} 10 & 2 \\ \hline 3 & 3 \\ \hline 8 & 4 \end{array} \right) 3$	9 10 2 3 3			
[INTERI Devici Equipi	: I HIT/SKIP UNIT	#UCCUPANIS	ICLE WEIGHT GVWR/GCWR 1 - ≤10K lbs. 2 - 10,001 - 26K lbs. 3 - >26K lbs.	MATERIAL C	LASS# PLACARDID#	7 6 5	8 7 6 6 4 12 12 1 6 6 6 4			
	. 0 . 1 .	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 UNIT TRUCK 15 - SEMI-TRACTOR	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 (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	10 9	11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
\ \ 	_2_	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED 1-YES 2-NO 9-OTHER/UNKI	?	1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 16 - FARM	9 - UNKNOWN 21 - MAIL CARRIER	10 11 12 1 2 2 10 10 10 10 10 10 10 10 10 10 10 10 10	6 11 12 1 2 2 1 1 2 2 3 3 3 3 3 3			
F	0 1 SPECIAL	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER	12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	17 - MOWING 18 - SNOW REMOVAL 19 - TOWING	99 - OTHER / UNKNOWN	8 7 6 5 4	8 7 6 5 4 12 12 12			
	0 1 CARGO BODY TYPE	1 - NO CARGO BODYTYPE /NOT APPLICABLE 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 - CARGOTANK 10 - FLAT BED 11 - DUMP	12-CONCRETE MIXER 13-AUTO TRANSPORTER 14-GARBAGE/REFUSE 99-OTHER/UNKNOWN	9 3 9	3 9 3 9			
		1 - TURN SIGNALS		9 - MOTOR TROUBLE 10-disabled from Prior Accident	99-OTHER/UNKNOWN	6 □ - NO DAMAGE [(6 6 6				
	LOCATION AT IMPACT		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	 ▼-TOP〔13〕	-ALL AREAS [15]			
	3 ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING	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 DAMAG	O UNIT 15-VEHICLE NOT AT SCENE			
(5)	O 8	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 - DROYE OFF ROAD	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	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 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL RAIL GRADE CROSSING			
Ę		6-IMPROPERTURN E OF EVENTS	12-IMPROPER BACKING				ON ROAD	1 - NOT INVOLVED			
	1 2 1 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	NON-COLLISION 11-CROSS CENTERLINE — OPPOSITE DIRECTION OF	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT	4	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING			
		2 - FIRE/EXPLOSION		17 - ANIMAL — FARM 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	UNIT/NOI	4 - WEST B - SOUTHWEST				
	4L	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMEN 28 - BRIDGE PARAPET 1 29 - BRIDGE RAIL	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAII	ON WITH FIXED OBJEC 37-TRAFFIC SIGN POST 38-OVERHEAD SIGN POST 39-LIGHT/LUMINARIES SUPPORT 40-UTILITY POLE OR SUPPORT	43 - CURB 44 - DYTCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER FUNKNOWN	UNIT SPEED O 3 0 POSTED SPEED	9 - OTHER / UNKNOWN DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / FOR 3 - UNDETERMINED			
	. 1	30-GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42-CULVERT	49 - FIRE HYDRANT	WANTED AUTHORN	3 5				

OHODEPAYMENT MOTORIST / NON-MOTORIST							LOGAL REPORT NUMBER								
ALPERY - REPORT	TRANSPORTERION AND AND AND AND AND AND AND AND AND AN	IUKISI / ITUI	4 1A1	וטוט	K131				2 + 0 + 2	12 - 10 - 0	0.0	121718	.4		
UNIT#									DATE OF BIRTH AGE GENDER						
		K, STEPHEN, A							0 1 / 0 4 / 1 9 6 9 5 3 M						
21	STREET, CITY, STAT	•	AOP	OL IS	DA 1	5108			CONTACT PHONE - INCLUDE AREA CODE						
<u> </u>	MEERSCHAUM LN, CORAOPOLIS, PA 15108 INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT									SEATING POSITION	AIR RAG III	SAGE FIFETION	TRAPPED		
5	TAKEN BY	IND AULITOT (NAME)	l	INJUNEDI	MILIA 10. E	REDIGHE (NOIEII I C	IVAMIE, OITI	USED 0 4	DOT-COMPLIANT 0 1 1 1 1						
OL STATE	OPERATOR LIC	CENSE NUMBER		OFFENS	E CHARG			OFFENSE DESCRIPTION				ON NUMBER			
P.A.							CODE								
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP		ER RACTED		IOL / DRUG SUSPE		CONDITION	ALGO STATUS TYP	HOLTEST E VALUE S		DRUG TEST(S Type resul) T select up to 4		
. 4			BY	1	P	COHOL MAR	RIJUANA	1	1 1		1	1	ļ		
UNIT #	NAME: LAST, FI	PST MIDDLE			U 011	IER DRUG			<u> </u>						
		INS, ANGELINA,	MAI	RIE					DATE OF BIRTH AGE GENDER 1 2 / 1 8 / 1 9 5 2 6 F						
	STREET, CITY, STA									HONE - INCLUDE AREA CO					
Address:	STHY 59	LOT 87, Ravenna	1 Twp	OH,	4426	6									
INJURIES	INJURED E	MS AGENCY (NAME)		INJUREDT	AKEN TO:	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-Com	SEATING POSITION	AIR BAG U	ISAGE EJECTION	TRAPPED		
<u> 5</u>	BY							0 4	MC HELI	MET 0 1	11	_1_			
OL STATE	OPERATOR LI	CENSE NUMBER			E CHAR	RED	LOCAL CODE	OFFENSE DESC				CITATION NUMBER			
<u> O H</u>				4511			X	Assured			2160				
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT UP	TO3 DRIN DIST BY	/ER FRACTED		HOL / DRUG SUSPI Cohol Mai	E cted Rijuana	CONDITION	STATUS TYP	HOLTEST PE VALUE		TYPE RESUL	T SELECT UPTO 4		
, 4		0.3.		6											
UNIT#	NAME: LAST, F	IRST, MIDDLE							DATE OF BIRTH AGE GENDER						
ADDRESS	: STREET, CITY, STA	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
0							 	1							
INJURIES	INJURED E TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKEN TO:	MEDICAL FACILITY	(NAME, CITY	SAFETY EQUIPMENT USED	EQUIPMENT DOT-COMPLIANT SEATING POSITION AIR BAG USAGE E			USAGE EJECTIO	N TRAPPED		
OL STATE	-	ICENSE NUMBER		OFFEN	OFFENSE CHARGED LOCAL OFFENSE DE			OFFENSE DES				ON NUMBER	<u> </u>		
OSSI	0, 2,0,1,0,1					CODE							1		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP		VER				ALCOHOL TEST DRUG TES STATUS TYPE VALUE STATUS TYPE RES				S) LT select up 104			
	SELECTOPIQ2		BY	TRACTED		,I	RIJUANA		Jana I	TALOE	OTATOO	1112	ET GEEEN VI 104		
LINII	URIES	SEATING POSITION		AIR BAG	<u> </u>	HER DRUG OL CLAS	s	OL RESTRI	THON(S)	DRIVER DISTRAC	LLLL L	TEST ST	—JL—J		
1 - FATAL		1 - FRONT - LEFT SIDE	1 - NOT DEF		V 7 (5)	1 - CLASS A		1 - ALCOHOL INTE	RLOCK DEVICE	1 - NOT DISTRACTED		1 - NONE GIVEN			
100	D SERIOUS INJURY D Minor injury	A PROME MINDLE	2 - DEPLOY 3 - DEPLOY	marin arming		2 - CLASS B 3 - CLASS C		2 - CDL INTRASTA 3 - CORRECTIVE L	et produce to the great	2 - MANUALLY OPERATIN ELECTRONIC COMMUN	VICATION :	2 - TEST REFUSED 3 - TEST GIVEN, CO	particular to the control		
4 - POSSIBLE 1		3-FRONT-RIGHT SIDE	1.144.1	ED BOTH FR	ONT/SIDE	4 - REGULAR CLASS		4 - FARM WAIVER	网络克雷克 医毒	DEVICE (TEXTING, TY DIALING)	PING,	SAMPLE / UNU	SABLE		
5 - NO APPARE	NT INJURY	4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	South Contract Con-	APPLICABLE (OHIO = D) 5 - EXCEPT CLAS OYMENT UNKNOWN 5 - M/C MOPED ONLY 6 - EXCEPT CLAS			COMMUNICATION DEVICE 5 - TEST GIVEN, RESULTS				Marine State of the Control				
	TAKEN BY	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	7 00,00	6 - NO VALID OL & CLASS B BU				& CLASS B BU	SUS 4 TALKING ON HAND-HELD UNKNOWN						
1 - NOT TRANS /TREATED		7 - THIRD - LEFT SIDE		JECTION		OL ENDORSE	MENT	7 - EXCEPT TRACT 8 - INTERMEDIAT	E LICENSE ,	5 - OTHER ACTIVITY WIT		ALCOHOLT 1-NONE	EST TYPE		
2 - EMS 3 - POLICE		(MOTORCYCLE SIDE CAR) 8 - THIRD MIDDLE	1 - NOT EJE 2 - PARTIA	ECTED Lly Ejectei	,	H - HAZMAT M - Motorcycle		RESTRICTIONS 9 - LEARNER'S PE		ELECTRONIC DEVICE 6-PASSENGER		2 - BL00D			
9 - OTHER/UN	IKNOWN	9-THIRD-RIGHT SIDE	3 - TOTALL	100		P - PASSENGER		RESTRICTIONS	3	7 - OTHER DISTRACTION INSIDE THE VEHICLE		3 - URINE 4 - BREATH			
SAFETY	EQUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT API	PLICABLE		N -TANKER Q - Motor scooter		10 - LIMITED TO DA	しょしょく かいじんき	8 - OTHER DISTRACTION		5 - OTHER			
1 - NONE USEI	the second section of	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	1 4 1 1	RAPPED		R-THREE-WHEEL N				THE VEHICLE 9 - OTHER / UNKNOWN		DRUG TES	ТТҮРЕ		
3 - LAP BELT (BELT ONLY USED Only USED	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOTTR			S - SCHOOL BUS	F TRAIL FRS	13 - MECHANICAL (SPECIAL BRA CONTROLS, OR	KES, HAND	CONDITION		1 - NONE			
	CARCO AREA 3 COCE		ANICAL MEANS X TANKER / HAZMAT		North Control	ADAPTIVE DE	VICES)	. 1 - APPARENTLY NORMA	APPARENTLY NORMAL		2 - BLOOD 3 - URINE				
FORWARD	FORWARD FACING 13 - TRAILING UNIT NON-ME) BY IECHANICAL MEANS Gender			14 - MILITARY VEH		E THE COUNTY AND CONTRACTOR		4-OTHER					
	6 - CHILD RESTRAINT SYSTEM 14 - RIDING ON VEHICLE EXTERIOR Rear facing (non-trailing unit)			F-FEMALE			AIR BRAKES 16 - OUTSIDE MIR		ANGRY, DISTURBED) 4-ILLNESS		DRUG TEST				
7 - BOOSTER S		15 - NON-MOTORIST 99 - OTHER/UNKNOWN				M - MALE U - OTHER / UNKNOW	/N	17 - PROSTHETIC		5 - FELL ASLEEP, FAINTE	D,	1 - AMPHETAMIN 2 - BARBITURATI			
	VE PADS USED	ex-vinent onintotal						18-OTHER		FATIGUED, ETC. 6- UNDER THE INFLUEN	ICE	3 - BENZODIAZEI			
(ELBOW, KI	NEES, ETC.) Ve Clothing									OF MEDICATIONS / DE		4 - CANNABINOII 5 - COCAINE	/3		
11 - LIGHTING	- PEDESTRIÁN									9-OTHER/UNKNOWN		6 - OPIATES / OPI	101DS		
/ BICYCLE 99 - OTHER/UI	the second second second											7 - OTHER 8 - NEGATIVE RE	SULTS		

OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER							
_						handring to the second		12 0 2 2 - 0 0 0 0 2 7 8 4						
1	UNIT # 01		, FIRST, MIDDLE F THOMAS	IOSEDII				1 1 / 2 4 / 1 9 7 0 5 1 M						
i N		BURKE, THOMAS, JOSEPH							CONTACT PHONE - INCLUDE AREA CODE					
7		DALLAS AVE ,PITTSBURGH ,PA 15208										1		
	NJURIES	INJURED	EMS AGENCY (NAME)		SAFETY EQUIPMENT	DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED								
	5	TAKEN BY					USED 0 4	MC HELMET 0 3 1 1 1 1						
Ī	UNIT#	NAME: LAST	, FIRST, MIDDLE				-	DATE	OF BIRTH		AGE	GENDER		
	02	SHEP	PER, ALLISTI	ER, KIRS	TOSS			0 2 / 1 1 / 2 0 1 8 0 4 M						
PAN		STREET, CITY,	•					CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN			CS RD 707,Ken	t ,OH 442		. (CAPETY POLITIMENT	SEATING POSITION AIR BAG USAGE EJECTION TRAPPED						
	INJURIES 5	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 10 5						DOT-COMPLIANT MC HELMET 0 4 1 1 1 1 1						
3	UNIT#	NAME: IAST	FIRST MIDDLE		3 <u>"A. U.S."</u>		015	DATE	OF BIRTH		AGE	GENDER		
	~ #	NAME: LAST, FIRST, MIDDLE							1/1			, ,		
ANT	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	INCLUDE AREA COL	DE				
OCCUPAN												أ		
0	INJURIES	INJURED TAKEN	EMS Agency (NAME)		INJURED TAKEN TO: Medical Facility	Y (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	<u></u>	ВУ					<u> </u>	MC HELMET	<u> </u>					
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDER						
Ę	1000000							DONTAGE BUONE	/			<u></u>		
OCCUPAN	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
ğ.	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	Y (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	1 .	TAKEN BY				•	USED	DOT-COMPLIANT MC HELMET	1 1 1					
		INJU	RIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE			
	1 - FATA			1 - NONE US	ED - OCCUPANT	A CONTRACTOR OF THE CONTRACTOR	IT – LEFT SIDE ORCYCLE DRIV	VFR						
			RIOUS INJURY		R BELT ONLY USED 2 - FRONT - MIDDLE			2 DEPLO		OYED FRONT				
		PECTED MI SIBLE INJU	NOR INJURY		T ONLY USED	ひこうそん むょう	NT – RIGHT SID ND – LEFT SID		3 - DEPLO 4 - DEPLO					
		PPARENT			ER & LAP BELT USED	(MOT	ORCYCLE PASS	电电子电路电子 医二氯化二烷二溴化二甲烷	FRONT	FRONT/SIDE				
	Profession	INJURED	TAKEN BY		ESTRAINT SYSTEM – D FACING	48 (1) 10 (4) 4 (4)	OND – MIDDLE OND – RIGHT SI	5 - NOT AP			그 교회의 회사 교육 기계를 하다면 하다.			
		TRANSPOR	TED	6 - CHILD RI	RESTRAINT SYSTEM - 7 - THIRD - LEFT SIDE				9 - DEPLO	YMENT UNI		er en er		
		EATED AT S	CENE	REAR FA	S THIDD MIDDLE			E CAR) EJECTIOI 1 - NOT EJECTED			ON			
	2 - EMS 3 - POL	William P.		8 - HELMET	TUSED 9 - THIRD - RIGHT SID			DE 2 PARTIALLY FIF			CTED			
		ER / UNKNO	own .	9 - PROTECT	10 - SLEEPER SECTION TIVE PADS USED 11 - PASSENGER IN OTH			N OF TRUCK CAB						
		GE	NDER		KNEES, ETC.)	CAR	GO AREA (NON-T	RAILING UNIT,	4 - NOT APPLICABLE					
	F-FEM			Commence of the Commence of th	TIVE CLOTHING IG – PEDESTRIAN	12 - PASS	SENGER IN UNI			TRAPP	EΦ			
	M - MAL	Assessment of the con-	AW N	/ BICYCL	E ONLY	经存款 化乙酰胺	GO AREA ILING UNIT		1 - NOT TE					
	0 01111	99 - OTHER / UNKNOWN 14 - RIDING ON VEHIC						IVICANO						
							-TRAILING UNIT) -MOTORIST			BY NON-M	ECHANIC	AL		
						99 - OTH	ER/UNKNOWN		MEAN	S				
S	NAME: LA	AST, FIRST, MID	DLE					DAT	E OF BIRTH		AGE	GENDER		
WITHES	ADDDEE	S: STREET, CITY	/ STATE 71P				,	CONTACT PHONE	- INCLUDE AREA C	ODE		<u> </u>		
IW	ADDITES:	o, 01 NEE1, 611 1	y oran ej en					Jonato Friont	I		<u> </u>	1		
	NAME: LAST, FIRST, MIDDLE						DA	TE OF BIRTH		AGE	GENDER			
SS								1/1		<u> </u>	JL			
N. S.	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHON	E - INCLUDE AREA C	CODE					
	410.22	AOT E100= ***	N.F.					L	TE OF BIRTH	1 1	AGE	GENDER		
SS	NAME: L	AST, FIRST, MID	NTE					JA	' '	, , ,	AUL	GENDER		
SEIVIE	ADDRES	S: STREET, CIT	y, STATE, ZIP					CONTACT PHON	E - INCLUDE AREA	CODE				
M	l													