OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*							
PHOTOS TAKEN 0H-2 0H-3	LOCAL INFORMATION		$-10_{+}0_{+}0_{+}1_{+}4$	$10_{-}1_{-}4_{-}8_{-}3_{-}2_{-}$				
X OH-1P OTHER	REPORTING AGENCY NAME*	NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR			
SECONDARY CRASH PRIVATE PROPERTY	City of Kent Police	$\lfloor 0 \rfloor 6 \rfloor 7 \rfloor 0 \rfloor 3$	1-SOLVED 2-UNSOLVED	$\begin{bmatrix} 0_{\perp} 2_{\perp} \end{bmatrix} \begin{bmatrix} 0_{\parallel} \end{bmatrix}$	2 98 - ANIMAL 99 - UNKNOWN			
1 - CITY	, VILLAGE, TOWNSHIP*		CRASH DATE / T	1100 (100 pt)	SH SEVERITY FATAL			
6,7 1 2-VILLAGE Kent			SERIOUS INJURY					
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DEC		SUSPECTED			
E - EAST W - WEST	FRANKLIN	A V	41,0150	1,0,8	MINOR INJURY SUSPECTED			
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH	REFERENCE ROAD NAME (ROAD, MILEPOST, H	OUSE #) ROAD TYPE	LONGITUDE DE		INJURY POSSIBLE			
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST W - WEST	SUMMIT	S T	-8 ₁ 1 ₀ 3 ₆ 0 ₁	$2 \downarrow 4 \downarrow 0$	PROPERTY DAMAGE ONLY			
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	_ 1	NTERSECTION RELATED	(
2 MILE DOCT CONTIN	INTERSTATE ROUTE(TP) AL - ALLEY FEDERAL US ROUTE AV - AVENUE	HW-HIGHWAY RD - ROAD LA - LANE SQ - SQUARE	X WITHIN INTER	RSECTION OR ON APPROA	CH 1			
3-HOUSE # E-EAST	STATE ROUTE BL - BOULEVARD		☐ WITHIN INTER	RCHANGE AREA NUM	BER OF APPROACHES			
DISTANCE DISTANCE CR-	NUMBERED COUNTY ROUTE CT - COURT	OV - OVAL TE - TERRACE PK - PARKWAY TL - TRAIL		ROADWAY				
1 - MILES TR -	NUMBERED TOWNSHIP DR - DRIVE	PI - PIKE WA - WAY	ROADWAY DIV	IDED				
	HE - HEIGHTS	PL - PLACE		1				
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 9 - CROSSOVER		H COLLISION/IMPACT 4 - REAR-TO-REAR	DIRECTION OF TRAVEL		TYPE LUSH MEDIAN			
0 1 2-ON SHOULDER 10-DRIVEWAY/	ALLEY ACCESS 6 BETWEEN TWO MOTOR	5 - BACKING	N - NORTH S - SOUTH	(<4 FEET)			
3 - IN MEDIAN 11-RAILWAY GI 4 - ON ROADSIDE 12-SHARED US	VEHICLES IN	6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION	E - EAST W - WEST	2 - DIVIDED F (≥4 FEET	LUSH MEDIAN)			
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE		8 - SIDESWIPE, OPPOSITE DIRECTION	W-WEST		EPRESSED MEDIAN			
7 - ON RAMP 14-TOLL BOOTH	4	9 - OTHER / UNKNOWN		(ANY TYPE	5)			
8-OFF RAMP 99-OTHER/UN	KNOWN			9 - OTHER/UN	KNOWN			
WORK ZONE RELATED		ON OF CRASH IN WORK ZONE - BEFORE THE 1ST WORK ZONE	CONTOUR	CONDITIONS	SURFACE			
	LANE SHIFT/CROSSOVER	WARNING SIGN	_1_					
	WORK ON SHOOLDER	- ADVANCE WARNING AREA - TRANSITION AREA		1 - DRY 2 - WET	1 - CONCRETE 2 - BLACKTOP,			
The production of the product of the	The first of the contract of the property of the contract of t	- ACTIVITY AREA	TO 15-74-2-100-12-19-19-19-19-19-19-19-19-19-19-19-19-19-	3 - SNOW	BITUMINOUS, ASPHALT			
ACTIVE SCHOOL ZONE 5-	OTHER 5	- TERMINATION AREA	4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK			
LIGHT CONDITION	WEATHER 1-CLEAR 6-SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL,			
1 - DAYLIGHT 3 2 - DAWN/DUSK	I REMARKANA MATRICA	CROSSWINDS	STONE 5 - DIRT					
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	3 - FOG, SMOG, SMOKE 8 - BLOWIN	IG SAND, SOIL, DIRT, SNOW NG RAIN OR FREEZING DRIZZLE	9 - OTHER/UNKNOWN					
5 - DARK – UNKNOWN ROADWAY LIGHTING		/ UNKNOWN		7 - SLUSH 9 - OTHER/UNKNOWN				
9 - OTHER / UNKNOWN					9 8 8 8 CO 100			
NARRATIVE				A	Indicate the north direction with			
UNIT 1 WAS TRAVELING EAS	STBOUND ON W	1		1	an "N" on the compass diagram.			
SUMMIT ST. UNIT 2 WAS TR	AVELING	1		,	A: Co part			
NORTHBOUND ON FRANKI	IN AVE. UNIT 2	1		/ /				
BEGAN TO TURN RIGHT ON		+		/ /				
		-	/	′ /				
AND FAILED TO YIELD TO			î T	_ /				
THE ACCIDENT. UNIT 1 LEF	T THE SCENE	WSUMMIT	ST .					
PRIOR TO OFFICER ARRIVA	AL.		Ur	nit 1				
		Not To Scale						
		/ / / / /						
		1	/ / /	/				
		-	/ / /	FRANKLINAVE				

		RIVAL DATE / TIME	SCENE CLEARED D		POLICE AGENCY			
0.9.1.5.2.0.2.3./.2.2.4.5, 0.9.1				3,/,2,3,1,7	MOTORIST			
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUT		CHECKED BY OFFICER'S NAME*						
	OFFICER'S BADGE NUMBER		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)					
0,0,0,0,1,0,0,4		2 2	. 8					

LOCAL REPORT NUMBER

auery.	SERVICE - PROTECTION O INI		$2 \cdot 0 \cdot 2 \cdot 3 \cdot - \cdot 0 \cdot 0 \cdot 0 \cdot 1 \cdot 4 \cdot 8 \cdot 3 \cdot 2$								
UNIT#	OWNER NAME: LAST, FIRE			OWNER PHONE: INCL	UDE AREA CODE (SAME AS DRIVER)						
	DRESS: STREET, CITY, STATE		NISE			DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE					
	ARILYN ST,		240			2 - MINOR DAM					
COMMERC	CIAL CARRIER: NAME, ADD	RESS, CITY, STATE, ZIP	PHONE: INCLUDE AREA CODE	9 - UNKNOWN DAMAGED AREA(S)							
LP STATE	LICENSE PLATE #		LE IDENTIFICATION #	VEHICLE YE	AR VEHICLE MAKE	INDICATE ALL THAT APPLY					
$\mathbf{O} \mathbf{H}$	HFB2526		$\mathbf{B}_1\mathbf{B}_3\mathbf{E}_1\mathbf{D}_90_10_1$		_ Douge	11 12 1	11 12 1				
INSURA VERIFI		PANY	INSURANCE POLICY #	GRY	DART	10 11 0 2	10 12 2				
_	TYPE OF USE	IN EMERGENCY	US DOT #	TOWED BY: COMPAN		10 2	10, 2				
COMME	RCIAL GOVERNMENT	RESPONSE	ZEHICLE WEIGHT GVWR/GCWR	HAZARDO	US MATERIAL	9 8 3 4 3	9 8 9 4				
INTERI	E X HIT/SKIP UNI	T #UCCUPANTS	1 - ≤10K LBS. 2 - 10,001 - 26K LBS	☐ RELEASED	CLASS # PLACARD ID #	8 7 5 4	8 7 5 5				
EQUIP	PED —		3 - >26K LBS.	PLACARD	للللا لللا	7 6 5	12 7 6 5				
0.1	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)	10	11 12 2				
UNIT TYPE	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14-SINGLE UNITTRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST		10 2				
OMITTIE	4 - PICK UP 5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR 16 - FARM EQUIPMENT	21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR	26 - BICYCLE 27 - TRAIN	9	8 11 4				
	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	7 5 4				
00_	# OF TRAILING UNITS	5900675.00				11 12 7	5 11 12				
	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	10 12 2	10 12 1 2				
_ 2 _	1-YES 2-NO 9-OTHER/UNK	1 0 1	1 - DRIVER ASSISTANCE S 2 - PARTIAL AUTOMATION	4 - HIGH AUTOMATION 5 - FULL AUTOMATION		10 2	10 2				
	1 - NONE	MODE LEVEL 6 - BUS - CHARTER/TOUR		16-FARM	21 - MAIL CARRIER	9 8 3 4	9 9 3 4				
9.9				17 - MOWING	99 - OTHER / UNKNOWN	8 7 5 4	8 7 5 4				
SPECIAL				18-SNOW REMOVAL 19-TOWING		7 6 5	7 6 5				
FUNCTION	5 - BUS - TRANSIT/COMMUTER					© .	12 12 12				
9.9	1 - NO CARGO BODYTYPE /NOT APPLICABLE	3 - VEHICLE TOWING ANOTHE MOTOR VEHICLE	R 5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER	12					
CARGO BODY	2 - BUS	4 - LOGGING	/ 01000 WINEHOUSED DOW	9 - CARGOTANK 10 - FLAT BED	13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE	ollo 1					
TYPE			7 - GRAIN/CHIPS/GRAVEL	11-DUMP	99-OTHER/UNKNOWN	, ,	_ 3 9 7 3 9 8 3 ⊙				
9.9	1 - TURN SIGNALS	4 - BRAKES		9 - MOTOR TROUBLE	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] UNDERCARRIAGE [14]				
NON-MOTORIST	CROSSWALK 2 - INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	AT INCIDENT SCENE 99 - OTHER / UNKNOWN	☐-TOP [13]	-ALL AREAS [15]				
LOCATION AT IMPACT	CROSSWALK	CROSSWALK 5 -TRAVEL LANE - OTHER LOCATI		11 - SHARED USE PATHS OR TRAILS	99-UTHER/UNKNOWN	- UNIT	NOT AT SCENE [16]				
	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18-APPROACHING	INITIAL	POINT OF CONTACT				
3	2-NON-COLLISION 3-STRIKING 0 1	2 - BACKING 3 - CHANGING LANES	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	OR LEAVING VEHICLE 19-STANDING	0 - NO DAMAGE	14 - UNDERCARRIAGE				
ACTION	4 - STRUCK PRE-CRASH	4 - OVERTAKING/PASSING		15 - WALKING, RUNNING,	20 - OTHER NON-MOTORIST	1-12 - REFER TO	UNIT 15 - VEHICLE NOT AT SCENE				
	5 - BOTH STRIKING ACTIONS & STRUCK	5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	JOGGING, PLAYING 16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE	13 - TOP	99 - UNKNOWN				
	9 - OTHER / UNKNOWN	6 - MARING LETTTORN		17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN		RAFFIC				
	1 - NONE 2 - FAILURE TO YIELD	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / AC	DADVED DOCITION	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE	TRAFFICWAY FLOW	TRAFFIC CONTROL				
.0.1.	3 - RAN RED LIGHT	9-IMPROPER LANE CHANGE	14-STOPPED OR PARKED ILLEGALLY	EQUIPMENT	23 - OPENING DOOR INTO	1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN				
	4 - RAN STOP SIGN	10 - IMPROPER PASSING	15 - SWERVING TO AVOID	19-LOAD SHIFTING/FALLING/ SPILLING	ROADWAY 99 - OTHER IMPROPER ACTION		3 - FLASHER 6 - NO CONTROL				
CIRCUMSTANCES	5 - UNSAFE SPEED 6 - IMPROPERTURN	11 - DROVE OFF ROAD 12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPER CROSSING	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	# of THROUGH LANES	RAIL GRADE CROSSING				
SEQUENCE	OF EVENTS					ON ROAD	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING				
1 2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE		16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE		3 - INVOLVED-PASSIVE CROSSING				
1 2 0	2 - FIRE/EXPLOSION 3 - IMMERSION	TRAVEL		17 - ANIMAL — FARM 18 - ANIMAL — DEER	EQUIPMENT 23 - STRUCK BY FALLING,	UNIT / NON-	MOTORIST DIRECTION				
2	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	12 DOWNHILL DINAWAY	19-ANIMAL — OTHER	SHIFTING CARGO OR ANYTHING SET IN MOTION		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST				
610% LC 150	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10-CROSS MEDIAN	14-PEDESTRIAN	20 - MOTOR VEHICLE IN TRANSPORT	BY A MOTOR VEHICLE 24-OTHER MOVABLE OBJECT	FROM 4 TO L	3 - EAST 7 - SOUTHEAST				
3 L L L L L L L L L L L L L L L L L L L											
4	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT	UNIT ABETT	9 - OTHER / UNKNOWN				
	26 - BRIDGE OVERHEAD	32-PORTABLE BARRIER 33-MEDIAN CABLE BARRIER	38-OVERHEAD SIGN POST 39-LIGHT/LUMINARIES	44 - DITCH 45 - EMBANKMENT	51 - WALL	UNIT SPEED	DETECTED SPEED 1 - STATED / ESTIMATED SPEED				
5	STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	SUPPORT 40 - UTILITY POLE	46 - FENCE 47 - MAILBOX	52 - BUILDING 53 - TUNNEL		2 - CALCULATED / EDR				
20 DDIDCE DATE		35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 48-		48-TREE	54-OTHER FIXED OBJECT	POSTED SPEED	3 - UNDETERMINED				
6	20 CHADDDAN EACE	26 - MEDIAN OTHER RAPPIER		49-FIRE HYDRANT	99 - OTHER / UNKNOWN						

LOCAL REPORT NUMBER 2 . 0 . 2 . 3 . - . 0 . 0 . 0 . 1 . 4 . 8 . 3 . 2 . Redacted per ORC 149.43(A)(1) OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER DAMAGE TOMASULO, MICHELLE, K DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 2 205 SUNSET DR ,Hudson ,OH 44236 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE DAMAGED AREA(S) INDICATE ALL THAT APPLY LP STATE LICENSE PLATE # **VEHICLE IDENTIFICATION #** VEHICLE YEAR VEHICLE MAKE 3, C, 4, N, J, D, B, B, 2, J, T, 4, 8, 3, 3, 5, 7, 2, 0, 1, 8, Jeep O H JUM5116 INSURANCE POLICY # INSURANCE VERIFIED **INSURANCE COMPANY** COLOR VEHICLE MODEL STATEFARM BLK COMPASS D48-3697-D11-35 US DOT# TYPE OF USE TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS INTERLOCK DEVICE EQUIPPED MATERIAL CLASS # PLACARD ID # 1 - ≤10KLBS. RELEASED HIT/SKIP UNIT 2 - 10,001 - 26K LBS. 0,2 PLACARD 」 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 13-SNOWMOBILE 19-RUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 0 1 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST UNITTYPE 4 - PICKUP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE BICYCLE 5 - CARGO VAN 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 -TRAIN 11 - ALL TERRAIN VEHICLE ANIMAL-DRAWN VEHICLE 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - LINKNOWN OR HIT/SKIP (ATV/UTV) 00 # OF TRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 0 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION AUTONOMOUS 2 - PARTIAL AUTOMATION 1-YES 2-NO 9-0THER/UNKNOWN 5 - FULL AUTOMATION MODE LEVEL 1 - NONE 6 - BUS - CHARTER/TOUR 11-FIRE 16-FARM 21 - MAIL CARRIER 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN 0 1 2 - TAXI 7 - BUS - INTERCITY 13 - POLICE 18-SNOW REMOVAL 19-TOWING 9 - BUS - OTHER 14 - PUBLIC UTILITY 5 - BUS - TRANSIT/COMMUTER 10-AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 1 - NO CARGO BODY TYPE 8 - POLE 12 - CONCRETE MIXER 0.1 / NOT APPLICABLE MOTORVEHICLE CHASSIS 9 - CARGO TANK 13-AUTOTRANSPORTER CARGO 2 - RUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARBAGE/REFUSE BODY * 7 - GRAIN/CHIPS/GRAVEL 11-DUMP 99-OTHER / UNKNOWN 00 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 8 - TRAILER EQUIPMENT 10-DISABLED FROM PRIOR 5 - STEERING DEFECTIVE ACCIDENT 6 - TIRE BLOWOUT -NO DAMAGE [0] - UNDERCARRIAGE [14] 9 - MEDIAN/CROSSING ISLAND 1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 12 - FIRST RESPONDER CROSSWALK AT INCIDENT SCENE ☐-TOP [13] - ALL AREAS [15] 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN CROSSWALK B - SIDEWALK 11 - SHARED USE PATHS OR CROSSWALK - UNIT NOT AT SCENE [16] 5 - TRAVEL LANE - OTHER LOCATION TRAILS 1-NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT OR LEAVING VEHICLE 14 - ENTERING OR CROSSING 2 - NON-COLLISION 0 5 3 - CHANGING LANES 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - UNDERCARRIAGE 0 - NO DAMAGE 4 19-STANDING SPECIFIED LOCATION 3-STRIKING 9 - LEAVING TRAFFIC LANE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE PRE-CRASH 4 - OVERTAKING/PASSING 15 - WALKING, RUNNING, 20 - OTHER NON-MOTORIST 10-PARKED DIAGRAM 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN JOGGING, PLAYING 99 - UNKNOWN 21 - STANDING OUTSIDE 11 - SLOWING OR STOPPED 13-TOP 16-WORKING DISABLED VEHICLE & STRUCK INTRAFFIC 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9-OTHER/UNKNOWN 12 - DRIVERLESS TRAFFIC 1-NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 -LYING IN ROADWAY TRAFFIC CONTROL TRAFFICWAY FLOW PARKED POSITION 18-OPERATING DEFECTIVE 2 - FAIL URE TOYIELD 8 - FOLLOWING TOO CLOSE / ACDA 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 14 - STOPPED OR PARKED EQUIPMENT 2 - TWO-WAY 3 - RAN RED LIGHT 9-IMPROPER LANE CHANGE 23 - OPENING DOOR INTO 2 - SIGNAL 5 - YIELD SIGN 0 2 ILLEGALLY 19 - LOAD SHIFTING/FALLING/ ROADWAY 4 - RAN STOP SIGN 10-IMPROPER PASSING 3 - FLASHER 6 - NO CONTROL 15 - SWERVING TO AVOID SPILLING 99-OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING # of THROUGH LANES RAIL GRADE CROSSING 6-IMPROPERTURN 12 - IMPROPER BACKING ON ROAD 1 - NOT INVOLVED 2 2 - INVOLVED-ACTIVE CROSSING NON-COLLISION

SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE FUNCTION 4 - SCHOOL TRANSPORT VEHICLE 2 - HEAD LAMPS **DEFECTS 3-TAIL LAMPS** NON-MOTORIST 2-INTERSECTION - UNMARKED LOCATION AT IMPACT ACTION 4- STRUCK CONTRIBUTING 5 - UNSAFE SPEED SEQUENCE OF EVENTS 1 2 0 1 - OVERTURNIROLLOVER 3 - INVOLVED-PASSIVE CROSSING 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE -16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE OPPOSITE DIRECTION OF EQUIPMENT 17 - ANIMAL - FARM 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS UNIT / NON-MOTORIST DIRECTION TRAVEL 23 - STRUCK BY FALLING, 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 18-ANIMAL - DEER 12 - DOWNHILL RUNAWAY SHIFTING CARGOOR 1 - NORTH 5 - NORTHEAST 19-ANIMAL - OTHER J 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT ANYTHING SET IN MOTION 13 - OTHER NON-COLLISION 2 - SOUTH 6 - NORTHWEST 20 - MOTOR VEHICLE IN 5 - CARGO / EQUIPMENT BY A MOTOR VEHICLE 10 - CROSS MEDIAN 14-PEDESTRIAN FROM 2 TO 3 TRANSPORT 3 - EAST 7 - SOUTHEAST LOSS OR SHIFT 24 - OTHER MOVABLE OBJECT 15 - PEDAL CYCLE 21 - PARKED MOTOR VEHICLE 4 - WEST 8 - 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 EQUIPMENT / CRASH CUSHION 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH UNIT SPEED DETECTED SPEED 26 - BRIDGE OVERHEAD 51-WALL 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 45 - EMBANKMENT 1 - STATED / ESTIMATED SPEED STRUCTURE 34 - MEDIAN GUARDRAIL SUPPORT 52 - BUILDING 0,0,5 46-FENCE 27 - BRIDGE PIER ORABUTMENT BARRIER 40 - UTILITY POLE 53-TUNNEL 2 - CALCULATED / EDR 47 - MAILBOX 28-BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54 - OTHER FIXED OR JECT 48-TREE 3 - UNDETERMINED POSTED SPEED _ 29-BRIDGE RAIL OR SUPPORT 99 - OTHER / UNKNOWN 49-FIRE HYDRANT 36 - MEDIAN OTHER BARRIER 30-GUARDRAIL FACE 42 - CULVERT 2 | 5 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT HSY8304 OH1U 1/19 [760-0820] PAGE 3 OF

OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER									
- HELL WHICH SPECIAL AND							2.0.2.30.0.0.1.4.8.3.2									
UNIT #	22 See See Additional Control							DATE OF BIRTH AGE GENDER								
									0 + 2 + 0 + 2 + 1 + 9 + 6 + 0 + 6 + 3 + M							
	SSS: STREET, CITY, STATE, ZIP 9 RABER RD ,Green ,OH 44685								CONTACT PHONE - INCLUDE AREA CODE Redacted per ORC 149.43(A)(1)							
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED 9 9	DOT-COMPLIANT SEATING POSITION AIR BAG USAGE 0 1 9				ISAGE	EJECTION 1	TRAPPED 1	
OL STATE		LICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION			CITATI	ON NUI	MBER		
O H	REDAC	TED PER ORC 450)1:1-12	335.1	12		CODE	Stopping afte	r Accid			27076				
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	VER TRACTED	_	OHOL / DRUG SUSPI		CONDITION	STATUS	TYPE	VALUE		DRUG TYPE	TEST(S) RESULT	SELECTUPTO4	
. 4			BY	9	=	LCOHOL MAR	RIJUANA	9 .	. 1	1.		. 1	1.			
UNIT #	NAME: LAST,	FIRST, MIDDLE				THEN DIVO					TE OF BIRTH			AGE	GENDER	
. 0 . 2	TOMA	SULO, NICHOL	AS, R	ICHA	RD				0 . 8	8 . 0	9 2 0	0.1	2	2	M	
2 ADDRESS	S: STREET, CITY, S								CONTAC	T PHON	E - INCLUDE AREA	CODE				
205 S	UNSET	DR, Hudson, OH	44236						Red	dacte	ed per C	PRC 1	49.4	43(A	<u>(1)</u>	
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED	AKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED 0 4	□ DOT-	COMPLIAN IELMET	Π.	ON AIR BAG	IR BAG USAGE EJECTION TRAPPED			
OL STATE		LICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION			CITATI	ON NUI	MBER		
O H	REDAC	CTED PER ORC 450)1:1-12	331.	19		CODE	Operation of	Vehicle			2638	2			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	_	OHOL / DRUG SUSPI		CONDITION	ALCOHOL TEST STATUS TYPE VALUE			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4				
. 4			BY	1	=	LCOHOL MAR	RIJUANA	1 .	1	1.		1	1.			
UNIT#	NAME: LAST.	FIRST, MIDDLE			υ٠	THER DROG					TE OF BIRTH	الث	_	AGE	GENDER	
1000000000																
2 ADDRESS	S: STREET, CITY, S	TATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
TOR										1		1 1	-1			
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED		COMPLIAN		ON AIR BAG (ISAGE	EJECTION	TRAPPED	
ON/	BY								MC HELMET							
OL STATE	OPERATOR	LICENSE NUMBER		OFFEN:	SE CHAI	RGED	CODE CODE			PTION			CITATION NUMBER			
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UP TO 3 DRI	VFR	AL C	OHOL / DRUG SUSPI	ECTED	CONDITION	A	LCOHO	LTEST		DRUG	TEST(S))	
OL OLASS	SELECT UP TO 2	NEO INTO I SECCO		TRACTED	_	LCOHOL MAR		CONDITION	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT	SELECTOP TO 4	
	ے نے				0	THER DRUG			السا	اب	لــــــا•	ا لــــــــــــــــــــــــــــــــــــ			لالال	
1- FATAL	URIES	1-FRONT-LEFT SIDE	1 - NOT DEP	IR BAG	411	OL CLASS 1-CLASS A	S	OL RESTRIC 1-ALCOHOL INTER			IVER DISTRAC OT DISTRACTED	100	TE - NONE (ST STA	TUS	
	SERIOUS INJURY	(M0TORCYCLE DRIVER)	2- DEPLOYE			2 - CLASS B		2 - CDL INTRASTAT		2 - N	IANUALLY OPERATIN	IG AN	-TEST R			
3 - SUSPECTED 4 - POSSIBLE I	MINOR INJURY	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOYE	YED SIDE 3 - CLASS C YED BOTH FRONT / SIDE 4 - REGULAR CLASS				3 - CORRECTIVE LENSES 4 - FARMWAIVER			BEVICE (TEXTING, TYPING, SAMPLE /					
5 - NO APPARE		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5-NOTAPP	PPLICABLE (OHIO = D) 5 -				5 - EXCEPT CLASS A BUS 3 - TALKING			IALING) Alking on Hands-F	ON HANDS-FREE 4 - TEST GIVEN, RESULTS KNOWN				
INJURED	TAKEN BY	5 - SECOND - MIDDLE	9- DEPLOYI	MENT UNKNOWN 5 - M/C MOPED ONLY 6 - EXCEPT CLASS. 6 - NO VALID OL & CLASS B BUS				JA IIII					EST GIVEN, RESULTS INKNOWN			
1 - NOT TRANSI /TREATED A		6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	F	7-EXCEPT TRACTO JECTION OL ENDORSEMENT O INTERMEDIATE					CTOR-TRAILER COMMUNICATION DEVICE ALCOHOL					HOL TES	T TYPE	
2 - EMS	TO CHE	(M0TORCYCLE SIDE CAR)	1-NOTEJE	0-INTERMEDIAL				ELECTRONIC DEVICE				1 - NONE 2 - BLOOD				
3 - POLICE 9 - OTHER/UN	KWOMW	8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE		DECEDIO				9 - LEARNER'S PER RESTRICTIONS	PERMIT 0-PASSENGER							
		10 - SLEEPER SECTION OF TRUCK CAB	4- NOTAPP	PLICABLE N-TANKER 10-LIMI				- LIMITED TO DAYLIGHT ONLY INSIDE THE VE			LE 4 - BREATH					
1 - NONE USED	1 - NONE LISED 11 - PASSENGER IN OTHER TRAF				Q - MOTOR SCOOTER 11 - LIMITED TO EN			12 - LIMITED TO EMI	ER THE VEHICLE			001210E				
2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOTTRAF			APPED S - SCHOOL BUS 13 - MECHANIC			13 - MECHANICAL DI					DRUG TEST TYPE					
3 - LAP BELT ONLY USED PICK-UP WITH CAP) 4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED			2 - EXTRICATED BY T - DOUBLE & TRIPLE TRAILERS MECHANICAL MEANS			(SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		CONDITION 1 - APPARENTLY NORMAL			2 - BLOOD					
	TRAINT SYSTEM -	CARGO AREA 13 - TRAILING UNIT	3- FREED BY NON-MECHANICAL MEANS			14 - MILITARY VEH			2 PRITABLE HOMBAL				3 - URINE T 4 - OTHER			
6 - CHILD REST	6 - CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR					GENDER F-FEMALE		15 - MOTOR VEHICLE AIR BRAKES	15 - MOTOR VEHICLES WITHOUT AIR BRAKES 3 - EMOTIONAL (E.G. ANGRY, DISTURBED)							
7 - BOOSTER SI		(NON-TRAILING UNIT) 15 - NON-MOTORIST				M - MALE		16-OUTSIDE MIRROR			4 - ILLNESS			1 - AMPHETAMINES		
8 - HELMET US		99 - OTHER / UNKNOWN				U -OTHER / UNKNOWN		17 - PROSTHETIC AII 18 - OTHER			FELL ASLEEP, FAINTED, 2 - BARBITURATES FATIGUED, ETC. 3 - BENZODIAZEPIN				ES	
9 - PROTECTIV (ELBOW, KN										OF	NDERTHE INFLUENCE MEDICATIONS / DRI	UGS 4	- CANNA	ABINOIDS		
10 - REFLECTIV								/ALCOHOL 9-OTHER/UNKNOWN				5 - COCAINE 6 - OPIATES / OPIOIDS				
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY									7-01			- OTHER				
99 - OTHER / UN	OTHER/UNKNOWN											1	- NEGAT	TIVE RESUL	LTS	

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U	OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER								
_							2,0,2,3,-,0,0,1,4,8,3,2,								
В	UNIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
ţ.	02 TAPER, CARALINE, ANN							0 9 2 0 2 0 0 2 2 0 F							
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP 343 ALAMO DR ,PITTSBURGH ,PA 15241								Redacted per ORC 149.43(A)(1)						
9	INJURES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) 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			
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT		AGE	GENDER				
ţ.								CONTACT DUONS							
OCCUPANT	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
9	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		BY					USED	MC HELMET							
	UNIT#	NAME: LAS	T, FIRST, MIDDLE		,			DAT	E OF BIRTH		AGE	GENDER			
											1.1				
OCCUPANT	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA GO	DE					
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×.	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
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	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
Ę	ADDDECC	OTDEET OUT	AT 175 710					CONTACT PHONE			FPS				
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	- INGLUDE AREA GO	DE					
20	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR RAG USAGE	FJECTION	TRAPPEN			
	INVOKILO	TAKEN BY	Lino Adenti (NAME)		THOUSE PARENTY. HEDIOACT AGE	irr chanc, or ir	USED	DOT-COMPLIANT MC HELMET	DEATHER FORTION	AIR DAG GOAGE		I I I			
		ILNI	JRIES	SAFET	Y EQUIPMENT USED		SEATING POS	100000000000000000000000000000000000000		AIR BAG U	SAGE				
	1 - FATA			1 - NONE US			IT - LEFT SIDE	BY AUTOE	1 - NOT DE		17 150				
	2-SUS	PECTEDSE	RIOUS INJURY		OCCUPANT	ORCYCLE DRIV IT – MIDDLE	ER) 2 - DEPLOYED FR								
	3 - SUSPECTED MINOR INJURY				ER BELT ONLY USED		YED SIDE								
H	4 - POSS	SIBLE INJU	RY		T ONLY USED ER & LAP BELT USED	E STAGED		4 - DEPLOYED BOTH FRONT/SIDE							
	5 - NO A	PPARENT	INJURY		ESTRAINT SYSTEM -	ENGER)	5 - NOT AP								
		INJURED	TAKEN BY	FORWAR	D FACING	Œ	YMENT UNI	UNKNOWN							
		TRANSPOR		6 - CHILD RI	ESTRAINT SYSTEM – CING	7 - THIR (MOT	ECAR) EJECTION								
	2- EMS			7 - BOOSTER	RSEAT	8 - THIR	1 - NOT EJECTED								
	3- POLI	ICE		8 - HELMET	USED		D – RIGHT SIDE	DE I OF TRUCK CAB 2 - PARTIALLY E			EJECTED				
	9- OTH	ER / UNKNO	OWN		TVE PADS USED		ENGER IN OTH		Y EJECTED	EJECTED					
		GEN	IDER		KNEES, ETC.) TVE CLOTHING		O AREA (NON-TE PICK-UP WITH CAI	A STATE OF THE PARTY OF THE PAR	PLICABLE	LICABLE					
E	F-FEMA				G - PEDESTRIAN	12 - PASS	ENGER IN UNE	ENCLOSED TRAPPED							
	M - MAL	E R/UNKNO	WN	/ BICYCL	E ONLY		O AREA LING UNIT		1 - NOT TRAPPED						
	99 - OTHER				UNKNOWN		NG ON VEHICLE	E EXTERIOR MEANS			D BY MECHANICAL				
							MOTORIST			BY NON-ME	CHANIC	AL			
						99 - OTHE	R / UNKNOWN		MEANS						
S	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER			
WITNESS	ADDDESS							CONTACT PUONE		السا		نــــا			
ΙM	AUDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE .		840 8			
3	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER			
ESS		,													
WITNESS	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
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s	NAME: LAST, FIRST, MIDDLE						DAT	E OF BIRTH		AGE	GENDER				
WITNESS	ANDRESS AVEST SIXVATIVE 210						CONTACT PHONE								
LIM	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
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