| OF PUBLIC SAFETY TRAFFIC CRASH                                 | REPORT *DENOTES MAN                    | NDATORY FIELD FOR SUPPLEM   | ENT REPORT               | L  | OCAL REPORT NUMB  | ER*   |  |
|--|--|---|--------------------------|--|---|---|--|
| PHOTOS TAKEN OH-2 X 0H-3                                       | LOCAL INFORMATION KENT                 |   |                          | 2 0 2 3  | 0_0_0_0   | $6 \cdot 3 \cdot 0 \cdot 1$                   |  |
| SECONDARY CRASH  | OH-1P OTHER REPORTING AGENCY NAME*     |   |                          |  | NUMBER OF UNITS   | UNIT IN ERROR                                 |  |
| PRIVATE PROPERTY   | City of Kent Police                    | _ <b>0</b> _  | 6,7,0,3                  | 1 - SOLVED L 2 - UNSOLVED                                    |   | U L 99 - UNKNOWN                              |  |
| 1 - CITY   | , VILLAGE, TOWNSHIP*                   |   |                          | CRASH DATE / T   | AUTORIO DE PORTO DE PORTO DE LA COMPANSIONA DEL COMPANSIONA DE LA | 1 - FATAL                                     |  |
| 3-TOWNSHIP TENT  | LOCATION ROAD NAME                     |   | ROAD TYPE                | 0.4.2.3.2.0.2.3.   |   | 2 - SERIOUS INJURY<br>SUSPECTED               |  |
| S - SOUTH  | FRANCIS                                |   | ST                       | 41,151   |   | 3 - MINOR INJURY                              |  |
| W-WEST   | REFERENCE ROAD NAME (ROAD, N           | MILEPOST, HOUSE #)  | ROAD TYPE                | LONGITUDE DE   |   | SUSPECTED 4 - INJURY POSSIBLE                 |  |
| S - SOUTH<br>E - EAST  | MAIN                                   | and the company of the second | $S \cdot T$              | -8 <sub>1</sub> 1 <sub>0</sub> 3 <sub>8</sub> 5 <sub>1</sub> | 1.7.1.  | 5 - PROPERTY DAMAGE<br>ONLY                   |  |
| REFERENCE POINT DIRECTION                                      | ROUTE TYPE                             | ROAD TYPE   | <u> </u>                 |  | NTERSECTION RELA  | 307.043762                                    |  |
| 2 - MILE POST C COUTH  |  |   | RD - ROAD<br>GQ - SQUARE | X WITHIN INTE  | RSECTION OR ON APPR   | ROACH   |  |
| 3-HOUSE # E-EAST   | I EDERAL OS ROOTE                      |   | T - STREET               | WITHIN INTE  | RCHANGE AREA N  | UMBER OF APPROACHES                           |  |
|  | NUMBERED COUNTY ROUTE CR -             |   | E - TERRACE<br>L - TRAIL |  | ROADWAY   |   |  |
| 1-MILES TR-  | NUMBERED TOWNSHIP DR -                 | DRIVE PI - PIKE V   | VA - WAY                 | ROADWAY DIV  | IDED  |   |  |
|  |  | HEIGHTS PL - PLACE  |                          |  | T   |   |  |
| 1 - ON ROADWAY 9 - CROSSOVER                                   | 1 - NOT 0                              | COLLISION 4 - REAR-TO-REAR  | C I                      | DIRECTION OF TRAVEI<br>N - NORTH                             |   | DIAN TYPE  D FLUSH MEDIAN                     |  |
| 0 1 2-ON SHOULDER 10-DRIVEWAY/                                 | TWO                                    | MOTOR 5-BACKING<br>CLES IN 6-ANGLE  |                          | S - SOUTH<br>E - EAST  | (<4 FE  | ET )<br>D FLUSH MEDIAN                        |  |
| 4 - ON ROADSIDE 12 - SHARED US<br>5 - ON GORE TRAILS           |  | SPORT 7 - SIDESWIPE, SAMI   |                          | W-WEST   | ( ≥4 FE   |   |  |
| 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE                           | 3 - HEAD                               | [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]   |                          |  | 4 - DIVIDE<br>(ANY T  | D, RAISED MEDIAN                              |  |
| 7 - ON RAMP 14-TOLL BOOTE<br>8 - OFF RAMP 99-OTHER / UN        |  |   |                          |  |   | UNKNOWN                                       |  |
| WORK ZONE RELATED  | WORK ZONE TYPE                         | LOCATION OF CRASH IN WO   | RK ZONE                  | CONTOUR  | CONDITIONS  | SURFACE                                       |  |
| T  | LANE CLOSURE<br>LANE SHIFT/CROSSOVER   | 1 - BEFORE THE 1ST \ WARNING SIGN   | WORK ZONE                | _1_  | _1_   | _2  |  |
|  | NORK ON SHOULDER<br>OR MEDIAN          | 2 - ADVANCE WARNIN  |                          | 1 - STRAIGHT LEVEL   | 1 - DRY   | 1 - CONCRETE                                  |  |
| 4-1  | INTERMITTENT OR MOVING WORK            | 4 - ACTIVITY AREA   |                          | 2 - STRAIGHT GRADE 3 - CURVE LEVEL                           | 2 - WET<br>3 - SNOW   | 2 - BLACKTOP,<br>BITUMINOUS,<br>ASPHALT       |  |
|  | OTHER<br>T                             | 5 - TERMINATION ARI   | EA                       | 4 - CURVE GRADE  | 4 - ICE   | 3 - BRICK/BLOCK                               |  |
| LIGHT CONDITION  1 - DAYLIGHT                                  | 1 - CLEAR                              | R<br>6-SNOW   |                          | 9 - OTHER/UNKNOWN  | 5 - SAND, MUD, DIRT,<br>OIL, GRAVEL   | 4 - SLAG, GRAVEL,<br>STONE                    |  |
| 2 - DAWN/DUSK<br>3 - DARK – LIGHTED ROADWAY                    | 0.2.2-CLOUDY                           | 7 - SEVERE CROSSWINDS   | CNOW                     |  | 6 - WATER (STANDING<br>MOVING)  |   |  |
| 4 - DARK - ROADWAY NOT LIGHTED                                 | 4 - RAIN                               | 8 - BLOWING SAND, SOIL, DIRT,<br>9 - FREEZING RAIN OR FREEZI  |                          |  | 7 - SLUSH   | 9 - OTHER/UNKNOWN                             |  |
| 5 - DARK – UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN     | 5 - SLEET, HAIL                        | 99 - OTHER / UNKNOWN  |                          |  | 9 - OTHER/UNKNOWN   |   |  |
| NARRATIVE  |  | 1   |                          |  | 1   | Indicate the north                            |  |
| UNIT ONE WAS EASTBOUND   | ON W. MAIN ST.                         |   |                          |  | 4   | direction with an "N" on the compass diagram. |  |
| AND STOPPED AT THE RED   | LIGHT AT S.                            |   |                          |  |   |   |  |
| FRANCIS ST. UNIT TWO WA  | S NORTHBOUND C                         | )N  |                          | 10000  | N EB  |   |  |
| S. FRANCIS ST. AND HAD A                                       | GREEN LIGHT.                           |   |                          |  |   | , MAIN ST                                     |  |
| UNIT TWO WAS IN THE LEF  | UNIT TWO WAS IN THE LEFT TURN. UNIT    |   |                          |  |   |   |  |
| ONE MADE A WIDE RIGHT  | TURN ON A RED                          |   |                          | Can  |   | 33  |  |
| LIGHT CROSSING INTO NO   | LIGHT CROSSING INTO NORTHBOUND LANE OF |   |                          |  |   |   |  |
| TRAVEL. UNIT ONE STRUCK  | TRAVEL. UNIT ONE STRUCK UNIT TWO ONE   |   |                          |  |   |   |  |
| THE FRONT DRIVER SIDE V  | THE FRONT DRIVER SIDE WHEEL WELL AND   |   |                          |  |   |   |  |
| CONTINUED DOWN THE DE  |  |   |                          | Not To Scale   |   |   |  |
| VEHICLE.   | <u></u>                                |   |                          |  |   |   |  |
|  | DISPATCH DATE / TIME                   | ARRIVAL DATE / TIME   |                          | SCENE CLEARED I  |   | REPORT TAKEN BY  POLICE AGENCY                |  |
| 10,4,2,3,2,0,2,3,/,1,5,5,5,0,4,2,TOTAL TIME OTHER TOTAL        |  |   |                          | 0_4_2_3_2_0_2_3<br>CER'S NAME*                               | 5 <sub>1</sub> / <sub>1</sub> 1 <sub>1</sub> 7 <sub>1</sub> 0 <sub>1</sub> 6 <sub>1</sub>   | MOTORIST                                      |  |
| TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUT |  |   | elson, Jo                |  |   | SUPPLEMENT<br>(CORRECTION OR ADDITION         |  |
|  | 0 OFFICER'S BAD                        |   | 2 1 3                    | Y OFFICER'S BADGE N  | UMBER*  | TO AN EXISTING REPORT SENT TO COPS)           |  |

LOCAL REPORT NUMBER 2 | 0 | 2 | 3 | - | 0 | 0 | 0 | 0 | 6 | 3 | 0 | 1 OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) OWNER PHONE: INCLUDE ALEA CODE ( SAME A DAMAGE UPRETY, DAMBAR, PRASAD Redacted per ORC 149.43(A)(1) DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS DRIVER) 3 497 FRANCIS ST, Kent, OH 44240 J 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 2 0 1 6 Honda 5, J, 6, R, M4, H, 3, 7, GL, 0, 5, 4, 8, 5, 3, O H JWP8231 INSURANCE COMPANY
VERIFIED GEICO INSURANCE POLICY # COLOR VEHICLE MODEL CRV 6114666313 GRY TYPE OF USE US DOT# TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR INTERLOCK DEVICE #OCCUPANTS MATERIAL CLASS # PLACARD ID # 1 - ≤10KLBS. RELEASED HIT/SKIP UNIT 2 - 10,001 - 26K LBS. EQUIPPED 0 1 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) # 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 SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18-SNOW REMOVAL FUNCTION 4 - SCHOOL TRANSPORT 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/FNCI OSED BOX 14-GARBAGE/REFUSE 10-FLAT BED 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 VEHICLE 2 - HEAD LAMPS 8 - TRAILER EQUIPMENT 10 - DISABLED FROM PRIOR 5 - STEERING DEFECTIVE ACCIDENT **DEFECTS 3-TAIL LAMPS** 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 NON-MOTORIST 2-INTERSECTION - UNMARKED 99-OTHER / UNKNOWN CROSSWALK B - SIDEWALK 11 - SHARED USE PATHS OR LOCATION CROSSWALK - UNIT NOT AT SCENE [16] 5 - TRAVEL LANE - OTHER LOCATION TRAILS AT IMPACT 1-NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT OR LEAVING VEHICLE 2 - NON-COLLISION 0 5 3 - CHANGING LANES 2 - BACKING B - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 14 - UNDERCARRIAGE 3 3-STRIKING 0 - NO DAMAGE 19-STANDING SPECIFIED LOCATION 9 - LEAVING TRAFFIC LANE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE ACTION 4- STRUCK PRE-CRASH 4 - CVERTAKING/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-FAILURE 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 5 - YIELD SIGN 0\_6 2 - SIGNAL ILLEGALLY 19-LOAD SHIFTING/FALLING/ ROADWAY 4 - RAN STOP SIGN 10-IMPROPER PASSING 3 - FLASHER 6 - NO CONTROL CONTRIBUTING 5 - UNSAFE SPEED 15 - SWERVING TO AVOID SPILLING 99-OTHER IMPROPER ACTION

# of THROUGH LANES RAIL GRADE CROSSING ON ROAD 1 - NOT INVOLVED 4 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

1 - NORTH 5 - NORTHEAST

6 - NORTHWEST

2 - SOUTH

FROM 4 TO 2 7 - SOUTHEAST 3 - EAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN UNIT SPEED DETECTED SPEED 1 - STATED / ESTIMATED SPEED 0,2,0, 2 - CALCULATED / EDR 3 - UNDETERMINED POSTED SPEED 2 | 5

6-IMPROPERTURN

2 - FIRE/EXPLOSION

5 - CARGO / EQUIPMENT

25 - IMPACT ATTENUATOR

/ CRASH CUSHION

26 - BRIDGE OVERHEAD

27 - BRIDGE PIER ORABUTMENT

STRUCTURE

28-BRIDGE PARAPET

30-GUARDRAIL FACE

29-BRIDGE RAIL

LOSS OR SHIFT

3 - IMMERSION

4 - JACKKNIFE

SEQUENCE OF EVENTS

1 2 0 1 - OVERTURNIROLLOVER

11 - DROVE OFF ROAD

12 - IMPROPER BACKING

6 - EQUIPMENT FAILURE

7 - SEPARATION OF UNITS

8 - RAN OFF ROAD RIGHT

9 - RAN OFF ROAD LEFT

10-CROSS MEDIAN

31 - GUARDRAIL END

32 - PORTABLE BARRIER

34 - MEDIAN GUARDRAIL

35 - MEDIAN CONCRETE

BARRIER

ullet FIRST HARMFUL EVENT oxdots Most Harmful event

33 - MEDIAN CABLE BARRIER

36 - MEDIAN OTHER BARRIER

16 - WRONG WAY

TRAVEL

14-PEDESTRIAN

15-PEDAL CYCLE

NON-COLLISION

OPPOSITE DIRECTION OF

11 - CROSS CENTERLINE -

12 - DOWNHILL RUNAWAY

13 - OTHER NON-COLLISION

COLLISION WITH FIXED OBJECT - STRUCK

37 - TRAFFIC SIGN POST

38 - OVERHEAD SIGN POST

39-LIGHT/LUMINARIES

SUPPORT

40 - UTILITY POLE

OR SUPPORT

42 - CULVERT

41 - OTHER POST, POLE

20 - IMPROPER CROSSING

16 - RAILWAY VEHICLE

17 - ANIMAL - FARM

18-ANIMAL - DEER

19-ANIMAL - OTHER

20 - MOTOR VEHICLE IN

21 - PARKED MOTOR VEHICLE

TRANSPORT

45 - EMBANKMENT

49-FIRE HYDRANT

43 - CURB

44 - DITCH

46-FENCE

48-TREE

47 - MAILBOX

22 - WORK ZONE MAINTENANCE

EQUIPMENT

23 - STRUCK BY FALLING,

SHIFTING CARGOOR

BY A MOTOR VEHICLE

24 - OTHER MOVABLE OBJECT

50 - WORK ZONE MAINTENANCE EQUIPMENT

51-WALL

52 - BUILDING

53-TUNNEL

54 - OTHER FIXED OR JECT

99 - OTHER / UNKNOWN

ANYTHING SET IN MOTION

LOCAL REPORT NUMBER

|                                       | 0.000-4100000-00000   |  |   |   |  |   | $\lfloor 2 \rfloor 0 \rfloor 2 \rfloor 3 \rfloor - \rfloor$   | $0_{\perp}0_{\perp}0_{\parallel}$           | 0 6 3 0 1   |
|---------------------------------------|---|--|---|---|--|---|---|---|---|
| UNIT #                                | OWNER NAME: LAST, FIRST DAY, VIRGIN   |  |   | Rec   | lacted per                                   | ORC 149.43(A)(1)  |   | DAMAGE SCA                                  | San a   |
| OWNER A                               | DENISE DR ,   | , ZIP (X SAME AS DRIVER)   | 10  |   |  |   | 3 1-NONE<br>2-MINOR D   | 3   | - FUNCTIONAL DAMAGE<br>- DISABLING DAMAGE   |
|                                       | CIAL CARRIER: NAME, ADDR  |  | Ю   | Cor   | MMERCIAL CARRIER                             | PHONE: INCLUDE AREA CODE  | 2-111110100   | 9 - UNKNOW                                  |   |
| 10.57475                              |   | T VENVOLE  | IDENTIFICATION #  | Ш   | Lucusos s ves                                | a Lucino cuanc  |   | AMAGED ARE                                  |   |
| O H                                   | JFG8588   | $2 T_1 B_1 U_1 $   | $\begin{array}{c} \text{IDENTIFICATION #} \\ C_1E_1A_1C_1C_1S_1O_1S_1S_2 \end{array}$                               | 8,7,9   | 2 0 1  | 2 Toyota  | 12 1  |   | 12 1  |
| X INSURA<br>VERIFI                    | INSURANCE COMP  | L GENERAL2   | NSURANCE POLICY #<br>014339921  |   | SIL  | COROLLA   | 10 12   | L   | 10 12 1 2   |
| COMME                                 | TYPE OF USE  RCIAL GOVERNMENT [   | IN EMERGENCY RESPONSE  | US DOT#   | TOWE  | D BY: COMPANY                                | 2.0133032   | 9 9 3   | 3   | 9 9 3   |
| DEVICE EQUIP                          | LOCK HIT/SKIP UNIT  | #UCCUPANTS   | HICLEWEIGHT GVWR/GCWR<br>1 - ≤10KLBS.<br>2 - 10,001 - 26KLBS.<br>   | 1 🖂   |  | US MATERIAL CLASS # PLACARD ID #  | 8 7 6 5   | 11 12                                       | 8 7 6 5   |
| O_1 UNITTYPE                          | 3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN   | 7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPEO OR NOTORIZED<br>BICYCLE<br>11 - ALL TERRAIN VEHICLE<br>(ATV/UTV) | 13 - SNOWMOBILE<br>14 - SINGLE UNITTRUCK<br>15 - SEMI-TRACTOR   | 19 - BUS (164<br>20 - OTHER V<br>21 - HEAVY E<br>22 - ANIMAL  |  | 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (AINY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UMKNOWN OR HIT/SKIP                                       | 9 8   | 12<br>11 1 1<br>10 2<br>9 3<br>8 4 4<br>7 5 | 3 3 12  |
| 2                                     | WAS VEHICLE OPERATING IN AU<br>MODE WHEN CRASH OCCURRED<br>1-YES 2-NO 9-OTHER/UNKN                  | 9 1  | 1 - DRIVER ASSISTANCE   | 3 - CONDITIO<br>4 - HIGH AU<br>5 - FULL AU  |  | 9 - UNKNOWN   | 11 12 1<br>10 11 12 1<br>9 9 3                                | 3   | 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |
| 01<br>SPECIAL<br>FUNCTION             | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSITICOMMUTER       | 9 - BUS - OTHER  | 12 - MILITARY<br>13 - POLICE  | 16 - FARM<br>17 - MOWING<br>18 - SNOW RI<br>19 - TOWING<br>20 - SAFETY                              | EMOVAL                                       | 21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN   | 7 6 5   | 12  | 8 7 6 5   |
| O 1<br>CARGO<br>BODY<br>TYPE          | 1 - NO CARGO BODYTYPE<br>/NOTAPPLICABLE<br>2 - BUS  | 3 - VEHICLE TOWING ANOTHER<br>MOTOR VEHICLE<br>4 - LOGGING   | CHASSIS 6 - CARGO VAN/ENCLOSED BOX  | 8 - POLE<br>9 - CARGO TA<br>10 - FLAT BE<br>11 - DUNP   |  | 12-CONCRETE MIXER<br>13-AUTOTRANSPORTER<br>14-GARBAGE/REFUSE<br>99-OTHER / UNKNOWN  | 9 3 9   | 12<br>3                                     | 9 3 9 3   |
|                                       | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS  | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT   |   | 9 - MOTORT<br>10 - DISABLE<br>ACCIDEN   | D FROM PRIOR                                 | 99-OTHER/UNKNOWN  | G - NO DAMAGE   | 6 □ □-                                      | UNDERCARRIAGE [14]  |
| NON-MOTORIST<br>LOCATION<br>AT IMPACT | 1 - INTERSECTION - MARKED<br>CROSSWALK<br>7 2 - INTERSECTION - UNMARKED<br>CROSSWALK                | 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION  | 7 - SHOULDER / ROADSIDE   | 10 - DRIVEW   | CROSSING ISLAND<br>AY ACCESS<br>USE PATHS OR | 12-FIRST RESPONDER<br>AT INCIDENT SCENE<br>99-OTHER/UNKNOWN   |   |   | ALL AREAS [ 15 ]  |
| 4<br>ACTION                           | 3-STRIKING 4-STRUCK PRE-CRASH   | 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - CVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN                                  | 8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED<br>INTRAFFIC        | 14-ENTERIN<br>SPECIFI<br>15-WALKIN  | , PLAYING<br>G                               | 18-APPROACHING OR LEAVING VEHICLE 19-STANDING 20-OTHER NON-MOTORIST 21-STANDING OUTSIDE DISABLED VEHICLE 99-OTHER / UNKNOWN   | 0 - NO DAMA   | R TO UNIT 1                                 | 4 - UNDERCARRIAGE<br>5 - VEHICLE NOT AT SCENE<br>9 - UNKNOWN  |
| O 1<br>CONTRIBUTING<br>CIRCUMSTANCE   | 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           | PARKED POSITION  14-STOPPED OR PARKED ILLEGALLY  15-SWERVING TO AVOID   | 18-OPERATI<br>EQUIPM<br>19-LOAD SH<br>SPILLIN   | IFTING/FALLING/                              | 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 | 2 2<br>3                                    | RAFFIC CONTROL - ROUNDABOUT 4 - STOP SIGN - SIGNAL 5 - YIELD SIGN - FLASHER 6 - NO CONTROL L GRADE CROSSING |
| SEQUENCE                              | E OF EVENTS   |  | NON-COLLISION   |   |  |   | ON ROAD   |   | - NOT INVOLVED<br>- INVOLVED-ACTIVE CROSSING  |
| 1 2 0<br>2 3                          |   | 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN   | 11 - CROSS CENTERLINE — OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN | 16 - RAILWAY<br>17 - ANIMAL<br>18 - ANIMAL<br>19 - ANIMAL<br>20 - MOTOR V<br>TRANSPI<br>21 - PARKED | - FARM<br>- DEER<br>- OTHER<br>PEHICLE IN    | 22 - WORK ZONE MAINTENANCE<br>EQUIPMENT<br>23 - STRUCK BY FALLING,<br>SHIFTING CARGOOR<br>ANYTHING SET IN MOTION<br>BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT |   | DN-MOTORIST                                 | F DIRECTION  NORTH 5 - NORTHEAST - SOUTH 6 - NORTHWEST - EAST 7 - SOUTHEAST - WEST 8 - SOUTHWEST            |
|                                       | 25 - IMPACT ATTENUATOR  | COLLISION<br>31-GUARDRAIL END  | N WITH FIXED OBJECT<br>37-TRAFFIC SIGN POST   | - STRU<br>43-CURB   | CK   | 50 - WORK ZONE MAINTENANCE  |   |   | 9 - OTHER / UNKNOWN   |
| 5                                     | / CRASH CUSHION<br>26-BRIDGE OVERHEAD<br>STRUCTURE<br>27-BRIDGE PIER ORABUTMENT                     | 32 - PORTABLE BARRIER  | 38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES<br>SUPPORT   | 44 - DITCH<br>45 - EMBANK<br>46 - FENCE<br>47 - MAILBOX   |  | EQUIPMENT<br>51-WALL<br>52-BUILDING<br>53-TUNNEL  | UNIT SPEED  0 1 0   | 1   | DETECTED SPEED  1 - STATED / ESTIMATED SPEED  2 - CALCULATED / EDR  |
| 6                                     | 28-BRIDGE PARAPET<br>29-BRIDGE RAIL   | 35 - MEDIAN CONCRETE<br>BARRIER  | 41 - OTHER POST, POLE   | 48-TREE<br>49-FIRE HY   |  | 54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN   | POSTED SPEED  | $\neg$                                      | 3 - UNDETERMINED  |

2 5

49-FIRE HYDRANT

36 - MEDIAN OTHER BARRIER 42 - CULVERT

30-GUARDRAIL FACE

| OF PUBLIC SAFETY MOTORIST / NON-MOTORIST |  |   |                       |                        |           | LOCAL REPORT NUMBER  |               |                                     |                          |  |             |                             |                      |
|--|--|---|-----------------------|------------------------|-----------|--|---------------|-------------------------------------|--------------------------|--|-------------|-----------------------------|----------------------|
| SAPETY - MEDIC                           | CE - PROTECTION  | 1010K131 / 140  | 14 - IA               | 1010                   | K12       | 1  |               |                                     | 2 0                      | 2 . 3 0 . 0  | 0.0         | 6.3.                        | 0_1_                 |
| UNIT#                                    | NAME: LAST   | T, FIRST, MIDDLE                                      |                       |                        |           |  |               |                                     | DATE OF BIRTH AGE GENDER |  |             |                             |                      |
| 0,1                                      | UPRE'  | TY, DAMBAR, PI  | RASAI                 | D                      |           |  |               |                                     | 0 9                      | 13 + 0 + 1 + 9   | 6 5         | 57                          | M                    |
|  | ADDRESS: STREET, CITY, STATE, ZIP 497 S FRANCIS ST, Kent, OH 44240 |   |                       |                        |           |  |               |                                     |                          | Redacted per ORC 149.43(A)(1   |             |                             |                      |
| INJURIES                                 | INJURED TAKEN  | EMS AGENCY (NAME)                                     |                       | INJUREDT               | AKEN TO   | MEDICAL FACILITY   | (NAME, CITY)  |                                     | DOT-Co                   | SEATING POSITIO  | N AIR BAG U | SAGE EJECTIO                | N TRAPPED            |
| 5_5                                      | BY   |   |                       |                        |           |  |               | USED 0 4                            | □ MC HE                  | LMET 0 1   | 1           | 1                           | 1                    |
| OL STATE                                 |  | LICENSE NUMBER  |                       | OFFENS                 |           | RGED   | LOCAL         | OFFENSE DESC                        | RIPTION                  |  |             | ON NUMBER                   |                      |
| OH                                       | Redac  | ted per ORC 450                                       | 1:1-12                | 331.0                  | 8(        |  | X             | Driving in Ma                       |                          |  | 2488        | 3                           |                      |
| OL CLASS                                 | ENDORSEMEN<br>SELECT UP TO 2                                       |   |                       | VER<br>TRACTED         | _         | OHOL / DRUG SUSP   |               | CONDITION                           | STATUS T                 | YPE VALUE  |             | DRUG TEST(<br>TYPE   RESU   | S)<br>LT SELECTUPTO4 |
| . 4 .                                    |  |   | BY                    | 1                      | =         | LCOHOL MAI   | RIJUANA       | 1                                   | 1                        | 1  | 1           | 1                           |                      |
| UNIT #                                   | NAMECLASI  | J L L L L L L L L L L L L L L L L L L L               |                       |                        | υ°        | THER DRUG  |               |                                     |                          | DATE OF BIRTH  |             | AGE                         | GENDER               |
| . 0 . 2 .                                |  | BRANDON, P  |                       |                        |           |  |               |                                     | 0.6                      | 1,2,1,9  | 8 4         | 199000000                   | M                    |
|  | STREET, CITY, S  |   |                       |                        |           |  |               |                                     |                          | PHONE - INCLUDE AREA C   |             | 30                          | IVI                  |
| =  |  | DR ,Kent ,OH 44                                       | 1240                  |                        |           |  |               |                                     |                          | acted per C  |             | 149.43                      | (A)(1)               |
| INJURIES                                 | INJURED  | EMS AGENCY (NAME)                                     |                       | INJUREDI               | AKEN TO   | MEDICAL FACILITY   | (NAME, CITY)  | SAFETY EQUIPMENT                    | L                        | SEATING POSITIO  |             |                             |                      |
| 5  | TAKEN<br>BY  |   |                       |                        |           |  |               | USED 0 4                            | MC HE                    | MPLIANT  | 1           | . 1                         | . 1                  |
| OL STATE                                 | OPERATOR   | LICENSE NUMBER  |                       | OFFENS                 | SE CHAI   | RGED   | LOCAL         | OFFENSE DESC                        | RIPTION                  |  | CITATI      | ON NUMBER                   |                      |
| O, H,                                    | Redac  | ted per ORC 450                                       | 1:1-12                |                        |           |  | CODE          |                                     |                          |  |             |                             |                      |
| OL CLASS                                 | ENDORSEMEN<br>SELECT UP TO 2                                       |   |                       | VER<br>TRACTED         | ALC       | OHOL / DRUG SUSP   | ECTED         | CONDITION                           | STATUS T                 | YPE VALUE  |             | DRUG TEST(                  | S)<br>LT selectupto4 |
|  | 500000000000000000000000000000000000000                            |   | BY                    | 1                      | =         | and the second s | RIJUANA       | 4                                   |                          | 1  |             | 1                           | E. 30000107107       |
| _4                                       |  |   |                       | 1 1                    | 0         | THER DRUG  |               | 1                                   |                          | <u> </u>   | 1           | 1                           |                      |
| UNIT #                                   | NAME: LAST   | r, FIRST, MIDDLE                                      |                       |                        |           |  |               |                                     |                          | DATE OF BIRTH  |             | AGE                         | GENDER               |
| ADDRESS.                                 | STREET, CITY, S  | STATE 710   |                       |                        |           |  |               |                                     | CONTACT                  | DI DI DI   |             |                             |                      |
| ADDRESS:                                 | STREET, GITT,  | SIAIC, ZIP  |                       |                        |           |  |               |                                     | CUNTACT                  | PHONE - INCLUDE AREA C   | ODE.        |                             |                      |
| INJURIES                                 | INHIRED  | EMS AGENCY (NAME)                                     |                       | INTEREST               | AKEN TO   | MEDICAL FACILITY   | (NAME CITY)   | SAFFTY FAILIPMENT                   |                          | SEATING POSITIO  | N AIR PAGE  | SAGE EJECTIO                | N TRAPPED            |
| 2  | TAKEN<br>BY  | Zillo Adzillo i tilalilo                              |                       | III.OUNED              | AILEN TO  | . III DIONE I NOILII I   | titalie, titt | USED                                | MC HE                    | MPLIANT  | AIR DAG C   | ISAGE ESECTION              | I INAFFED            |
| OL STATE                                 | OPERATOR   | LICENSE NUMBER  |                       | OFFENS                 | SE CHAI   | RGED   | LOCAL         | OFFENSE DESC                        | RIPTION                  |  | CITATI      | ON NUMBER                   | سار                  |
| ION                                      |  |   |                       |                        |           |  | CODE          |                                     |                          |  |             |                             |                      |
| OL CLASS                                 | ENDORSEMEN<br>SELECT UP TO 2                                       |   |                       | VER<br>TRACTED         | ALC       | OHOL / DRUG SUSP   | ECTED         | CONDITION                           | STATUS T                 | OHOL TEST<br>YPE VALUE   |             | DRUG TEST(                  | S)<br>LT selectopioa |
|  | SELECT DE TOE  |   | BY                    | IRACIED                | =         |  | RIJUANA       |                                     |                          | The state of the s | JINIOS      | THE MESO                    | E. SEECVIOTION       |
|  | RIES   | SEATING POSITION                                      |                       | 10.040                 | □ 0       | THER DRUG  | •             | OL RESTRIC                          | TION(C)                  |  | TTON        |                             |                      |
| 1 - FATAL                                | KIES   | 1- FRONT - LEFT SIDE                                  | 1- NOT DEP            | IR BAG                 | 10        | 1-CLASS A  | 5             | 1 - ALCOHOL INTER                   |                          | 1 - NOT DISTRACTED   |             | - NONE GIVEN                | ATUS                 |
| 2 - SUSPECTED                            |  | (M0TORCYCLE DRIVER)<br>2 - FRONT – MIDDLE             | 2- DEPLOYE            |                        |           | 2 - CLASS B  |               | 2 - CDL INTRASTAT                   |                          | 2 - MANUALLY OPERATIN<br>ELECTRONIC COMMUN   | CATION      | -TEST REFUSED               |                      |
| 3 - SUSPECTED<br>4 - POSSIBLE IN         |  | 3 - FRONT - RIGHT SIDE                                | 3 - DEPLOYE           | ED SIDE<br>ED BOTH FR0 | MT / CIDE | 3 - CLASS C<br>4 - REGULAR CLASS   |               | 3 - CORRECTIVE LE<br>4 - FARMWAIVER | NSES                     | DEVICE (TEXTING, TYP   |             | SAMPLE / UNU:               |                      |
| 5 - NO APPAREN                           |  | 4 - SECOND - LEFT SIDE                                | 5-NOTAPP              |                        | NIT SIDE  | (OHIO = D)   |               | 5 - EXCEPT CLASS                    | A BUS                    | DIALING)  3 - TALKING ON HANDS-FF  | REE.        | -TEST GIVEN, RE             |                      |
| INJURED                                  | TAVEN DV   | (M0TORCYCLE PASSENGER)  5 - SECOND - MIDDLE           | 9- DEPLOYI            | MENT UNKNO             | WN        | 5 - M/C MOPED ONLY<br>6 - NO VALID OL  |               | 6 - EXCEPT CLASS<br>& CLASS B BUS   | 4                        | COMMUNICATION DE V   |             | -TEST GIVEN, RE<br>UNKNO₩N  | ESULTS               |
| 1 - NOT TRANSP                           | 50.500.00  | 6 - SECOND - RIGHT SIDE                               |                       |                        | 3 1       | 0 - NO VACID VE  | 11.40         | 7 - EXCEPT TRACTO                   | R-TRAILER                | 4 - TALKING ON HAND-HEI<br>COMMUNICATION DEV   | ICE         | ALCOHOL TE                  | ST TVDE              |
| /TREATED AT<br>2 - EMS                   | SCENE  | 7 - THIRD - LEFT SIDE<br>(MOTORCYCLE SIDE CAR)        | 1 NOTEJE              | ECTION                 |           | OL ENDORSE   | MENT          | 8 - INTERMEDIATE<br>RESTRICTIONS    | LICENSE                  | 5 - OTHER ACTIVITY WITH<br>ELECTRONIC DEVICE   | AN          | - NONE                      | -51 1112             |
| 3 - POLICE                               |  | 8 - THIRD - MIDDLE                                    |                       | LY EJECTED             |           | M - MOTORCYCLE   |               | 9-LEARNER'S PER                     | MIT                      | 6 - PASSENGER  |             | - BL00D                     |                      |
| 9-OTHER/UNK                              | NOWN   | 9 - THIRD - RIGHT SIDE                                | 3-TOTALLY             | EJECTED                |           | P - PASSENGER  |               | RESTRICTIONS                        | I IOUT ONLY              | 7 - OTHER DISTRACTION<br>INSIDE THE VEHICLE  |             | - URINE<br>- BREATH         |                      |
| SAFETY E                                 | QUIPMENT   | 10 - SLEEPER SECTION OF TRUCK CAB                     | 4 - NOTAPP            | LICABLE                |           | N-TANKER   |               | 10 - LIMITED TO DAY                 |                          | 8 - OTHER DISTRACTION O  |             | - OTHER                     |                      |
| 1 - NONE USED                            |  | 11 - PASSENGER IN OTHER<br>ENCLOSED CARGO AREA        | I                     | RAPPED                 |           | Q - MOTOR SCOOTER  R - THREE-WHEEL MC  | TORCYCLE      | 12 - LIMITED - OTHE                 |                          | THE VEHICLE  | -           | DRUG TES                    | TTYPE                |
| 2 - SHOULDER B                           |  | (NON-TRAILING UNIT, BUS,<br>PICK-UP WITH CAP)         | 1-NOTTRA              |                        |           | S - SCHOOL BUS   |               | 13 - MECHANICAL DI<br>(SPECIAL BRAK |                          | 9 - OTHER / UNKNOWN  |             | - NONE                      |                      |
| 3 - LAP BELT ON<br>4 - SHOULDER &        |  |   | 2 - EXTRICA<br>MECHAN | IICAL MEANS            |           | T - DOUBLE & TRIPLE  |               | CONTROLS, OR O                      | THER                     | CONDITION  |             | - BL00D                     |                      |
| 5 - CHILD RESTR                          | RAINT SYSTEM -   | CARGO ARE A   | 3- FREED B            | Y<br>Chanical Mi       | FANS      | X - TANKER / HAZMAT  |               | 14 - MILITARY VEHI                  |                          | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMEN  | _           | - URINE<br>I - OTHER        |                      |
| FORWARD FA<br>6 - CHILD RESTR            |  | 13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR | THO IN-MIE            | STARTISAL WI           | LANS      | GENDER   |               | 15 - MOTOR VEHICLE                  |                          | 3 - EMOTIONAL (E.G., DEPRI   | ESSED,      | 100000000                   |                      |
| REAR FACING                              |  | (NON-TRAILING UNIT)                                   |                       |                        |           | F - FEMALE<br>M - MALE   |               | AIR BRAKES  16 - OUTSIDE MIRRO      | R                        | ANGRY, DISTURBED) 4 - ILLNESS  | 1,000       | RUG TEST F<br>- AMPHETAMINE |                      |
| 7 - BOOSTER SE                           |  | 15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN             |                       |                        |           | U -OTHER / UNKNOWN   |               | 17 - PROSTHETIC ALI                 |                          | 5 - FELL ASLEEP, FAINTED   |             | - BARBITURATES              |                      |
| 9 - PROTECTIVE                           |  |   |                       |                        |           |  |               | 18-OTHER                            |                          | FATIGUED, ETC.  6 - UNDERTHE INFLUENC  | c           | - BENZODIAZEPI              |                      |
| (ELBOW, KNE                              | ES, ETC.)  |   |                       |                        |           |  |               |                                     |                          | OF MEDICATIONS / DRU   | GS 4        | - CANNABINOIDS<br>- COCAINE |                      |
| 10 - REFLECTIVE<br>11 - LIGHTING - F     |  |   |                       |                        |           |  |               |                                     |                          | 9- OTHER/UNKNOWN   |             | - OPIATES / OPIO            | IDS                  |
| / BICYCLE ON                             | ILY  |   |                       |                        |           |  |               |                                     |                          |  |             | -OTHER                      |                      |
| 99 - OTHER / UNK                         | NOWN   |   |                       |                        |           |  |               |                                     |                          |  | 8           | - NEGATIVE RES              | ULTS                 |

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|                 | OCCUPANT / WITNESS ADDENDUM       |                        |                   |  |  |  | LOCAL REPORT NUMBER  2         |  |                                    |               |          |          |
|-----------------|-----------------------------------|------------------------|-------------------|--|--|--|--------------------------------|--|------------------------------------|---------------|----------|----------|
|                 | JNIT#                             |                        | 200000000         |  |  |  |                                |  |                                    | 0,0,6         |          |          |
|                 | UNIT # NAME: LAST, FIRST, MIDDLE  |                        |                   |  |  |  |                                | DAT  | E OF BIRTH                         |               | AGE      | GENDER   |
| L               | ADDRESS: STREET, CITY, STATE, ZIP |                        |                   |  |  |  | CONTACT PHONE                  | - INCLUDE AREA CO                            | DE L                               |               |          |          |
| OCCUPAN         | DDRESS.                           | STREET, OFF            | STATE, ZIF        |  |  |  |                                | CONTROLL                                     | - INCLUDE AREA ON                  | oe.           | 20 0000  | 22 3     |
| )<br> <br> <br> | JURIES                            | INJURED                | EMS Agency (NAME) |  | INJURED TAKEN TO: MEDICAL FACILI   | ITY (NAME, CITY)                           | SAFETY EQUIPMENT               |  | SEATING POSITION                   | AIR BAG USAGE | EJECTION | TRAPPED  |
|                 |                                   | TAKEN<br>BY            |                   |  |  |  | USED                           | MC HELMET                                    |                                    |               |          |          |
| -               | UNIT # NAME: LAST, FIRST, MIDDLE  |                        |                   |  |  |  |                                | DAT  | E OF BIRTH                         |               | AGE      | GENDER   |
|                 | ONTI # NAME: LASI, FIRST, MIDDLE  |                        |                   |  |  |  |                                |  |                                    |               | ,,,,,    |          |
| L L             | DDRESS:                           | STREET, CITY,          | STATE, ZIP        |  |  |  |                                | CONTACT PHONE                                | - INCLUDE AREA CO                  | DE DE         |          |          |
| OCCUPAN         |                                   |                        |                   |  |  |  |                                |  | 1 1                                | 1 1           |          |          |
| 9<br>II         | JURIES                            | INJURED                | EMS AGENCY (NAME) |  | INJURED TAKEN TO: MEDICAL FACILI   | ITY (NAME, CITY)                           | SAFETY EQUIPMENT               | DOT-COMPLIANT                                | SEATING POSITION                   | AIR BAG USAGE | EJECTION | TRAPPED  |
| 1               | TAKEN BY USED                     |                        |                   |  |  |  | USED                           | MC HELMET                                    | 1 1 1                              |               | 111 1    |          |
| Ī               | JNIT#                             | NAME: LAS              | T, FIRST, MIDDLE  |  |  |  |                                | DAT  | E OF BIRTH                         |               | AGE      | GENDER   |
| L               |                                   |                        |                   |  |  |  |                                |  | 1 1 1                              | 1 1           | 1 1 1    | L        |
| AN A            | DDRESS:                           | STREET, CITY,          | STATE, ZIP        |  |  |  |                                | CONTACT PHONE                                | - INCLUDE AREA CO                  | DE            |          | 1        |
| OCCUPAN         |                                   |                        |                   |  |  |  |                                |  |                                    |               |          |          |
| O II            | JURIES                            | INJURED<br>TAKEN       | EMS AGENCY (NAME) |  | INJURED TAKEN TO: MEDICAL FACILI   | ITY (NAME, CITY)                           | SAFETY EQUIPMENT<br>USED       | DOT-COMPLIANT                                | SEATING POSITION                   | AIR BAG USAGE | EJECTION | TRAPPED  |
| L               |                                   | ВҮ                     |                   |  |  |  |                                | MC HELMET                                    | لسلسا                              |               |          |          |
| 1               | JNIT#                             | NAME: LAS              | T, FIRST, MIDDLE  |  | · · · · · · · · · · · · · · · · · · ·  |  |                                | DAT  | E OF BIRTH                         |               | AGE      | GENDER   |
|                 |                                   |                        |                   |  |  |  |                                | шш   | 111                                | البيا         | 111      |          |
| A A             | DDRESS:                           | STREET, CITY,          | STATE, ZIP        |  |  |  |                                | CONTACT PHONE                                | - INCLUDE AREA CO                  | DE            |          |          |
| OCCUPAN         |                                   |                        | I                 |  |  |  |                                |  |                                    | T             | I        | I        |
| I               | IJURIES                           | INJURED<br>TAKEN<br>BY | EMS AGENCY (NAME) |  | INJURED TAKEN TO: MEDICAL FACILI   | ITY (NAME, CITY)                           | SAFETY EQUIPMENT<br>USED       | DOT-COMPLIANT                                | SEATING POSITION                   | AIR BAG USAGE | EJECTION | TRAPPED  |
| L               |                                   |                        | JRIES             | CAFETY   | Y EQUIPMENT USED   |  | SEATING POS                    | MC HELMET                                    |                                    | AIR BAG U     | CACE     |          |
| 19              | 1 - FATA                          |                        | NITES .           | 1 - NONE US  |  | - 00 00 to 000                             | IT - LEFT SIDE                 |  | 1 - NOT DE                         |               | JAGE     |          |
|                 |                                   |                        | RIOUS INJURY      |  | OCCUPANT   | (MOT                                       | ORCYCLE DRIV                   | ER)  |                                    | YED FRONT     |          |          |
|                 | 3 - SUSI                          | PECTED MI              | NOR INJURY        |  | ER BELT ONLY USED  |  | IT – MIDDLE<br>IT – RIGHT SIDE | E 3 - DEPLOYED SIDE                          |                                    |               |          |          |
|                 | 4 - POSS                          | SIBLE INJU             | IRY               |  | ONLY USED  |  | ND - LEFT SIDI                 |  | 4 - DEPLO                          |               |          |          |
|                 | 5 - NO A                          | PPARENT                | INJURY            |  | ER & LAP BELT USED<br>ESTRAINT SYSTEM –  |  | ORCYCLE PASS<br>ND – MIDDLE    | ENGER)                                       | FRONT/                             |               |          |          |
|                 |                                   | INJURED                | TAKEN BY          | The state of the s | D FACING   | 6 - SECOND - RIGHT SIDE 9 - DEPLOYMENT UNK |                                |  | Nown                               |               |          |          |
|                 |                                   | TRANSPOR               |                   | 6 - CHILD RI   | ESTRAINT SYSTEM -  | D – LEFT SIDE<br>ORCYCLE SIDE              | CAR)                           | EJECTION                                     |                                    |               | 2000     |          |
|                 | 2 - EMS                           |                        | CENE              | 7 - BOOSTER  |  | 8 - THIRD - MIDDLE 1 - NOT EJECTED         |                                |  |                                    |               |          | IS UNIT  |
| II.C            | 3 - POLI                          |                        |                   | 8 - HELMET   | USED   |  | D - RIGHT SIDE                 | IDE<br>ON OF TRUCK CAB 2 - PARTIALLY EJECTED |                                    |               |          |          |
|                 | 9 - OTHI                          | ER / UNKNO             | OWN               |  | TVE PADS USED  |  |                                | THER ENCLOSED 3 - TOTALLY EJECTED            |                                    |               |          |          |
| ***             |                                   | GEI                    | NDER              |  | KNEES, ETC.)   |  | O AREA (NON-TE                 |  | 4 - NOT AP                         | PLICABLE      |          |          |
| 11123           | - FEMA                            |                        |                   |  | TVE CLOTHING<br>G – PEDESTRIAN   | 12 - PASS                                  | ENGER IN UNE                   |  |                                    | TRAPP         | E D      | NO.      |
| 100             | 1 - MALI                          | E<br>:R / UNKNO        | MM                | / BICYCL   |  |  | IO AREA<br>LING UNIT           |  | 1 - NOT TR                         | APPED         |          |          |
|                 | - OTHE                            | .K / UNKNO             | WIN               | 99- OTHER /  | UNKNOWN  |  | NG ON VEHICLE                  | EXTERIOR                                     | 2 - EXTRICATED BY MECHANICAL MEANS |               |          |          |
|                 |                                   |                        |                   |  |  |  | TRAILING UNIT)                 |  | 3 - FREED BY NON-MECHANICAL        |               |          | AL       |
| 1               |                                   |                        |                   |  |  |  | R / UNKNOWN                    |  | MEANS                              |               |          |          |
| 100             |                                   | ST, FIRST, MIDE        |                   |  |  |  |                                | DAT  | E OF BIRTH                         |               | AGE      | GENDER   |
| -               |                                   |                        | IILLE, C          |  |  |  |                                | 0,5,1  |                                    |               | 2 9      | _F_      |
| A               |                                   | STREET, CITY,          |                   | OTT 14   | 240  |  |                                | Redacte                                      |                                    |               | 9 43/    | Δ)(1)    |
| _               |                                   |                        | Franklin Tv, 9    | vp, ,OH 44   | 240  |  |                                |  |                                    | 110 14        |          | 060,000  |
| 25 7            |                                   | ST, FIRST, MIDD        | r, RICHARD, 1     | n  |  |  |                                | 0,2,2,                                       | E OF BIRTH                         | 9 0           | 3 3      | GENDER M |
|                 |                                   | STREET, CITY,          |                   | D  |  |  |                                | CONTACT PHONE                                |                                    |               | 0 0      | 17.1     |
| 3               |                                   |                        | Y RD ,Cuyaho      | ga Falls, ,0   | OH 44221   |  |                                | Redacted                                     |                                    |               | A)(1)    |          |
| ١               |                                   | ST, FIRST, MIDE        |                   |  | The second secon |  |                                | and the same of the same                     | E OF BIRTH                         |               | AGE      | GENDER   |
| 5               | SIMC                              | COX, N                 | ICHOLE, LEI       | GH   |  |  |                                | 0,5,2  |                                    |               | 5,1,     | F        |
| -               |                                   | STREET, CITY,          |                   |  |  |  |                                | Redacte                                      | d ner                              | BC 14         | 9 43/    | A)(1)    |
|                 | 1156 HAMPTON RD ,Kent, ,OH 44240  |                        |                   |  |  |  | Neuacit                        | u hei O                                      | 110 14                             | J.4J(         | /\(\I\)  |          |

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LOCAL REPORT NUMBER

2 0 2 3 - 0 0 0 0 6 3 0 1

NICHOLE WAS BEHIND UNIT ONE ON W. MAIN ST. NICHOLE STATED THAT THEY HAD THE RED LIGHT AND UNIT ONE MADE A WIDE RIGHT TURN. CAMILLE WAS WORKING IN THE NAIL SALON AT 402 S. FRANCIS AND HEARD THE ACCIDENT. WHEN CAMILLE GOT TO THE WINDOW OF THE NAIL SALON SHE STATED THAT THE LIGHT FACING FRANCIS ST. WAS YELLOW. RICHARD OBSERVED THE ACCIDENT AND FOLLOW UNIT ONE TO 501 S. FRANCIS WHERE KPD UNITS MADE CONTACT WITH THE DRIVER OF UNIT ONE.

UNIT ONE WAS CITED FOR MARKED LANES. STATMENTS OBTAINED FROM NICOLE AND CAMILLE.

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## TRAFFIC CRASH WITNESS STATEMENT

| LOCAL REPORT NUMBER | REPORTING AGENCY | DATE OF CRASH |
|---------------------|------------------|---------------|
| 10000 23-6301       | Kent PD          | M 4 0 23 4 23 |

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

| I, Michale Simox HEREBY MAKE THIS VOLUNTARY STATEMENT TO  |               |
|---|---------------|
| PH. Bruno AT 1156 Hampton St.   |               |
| I was driving east on Stet 59 making a right or Francis. The CAR in front of me was making a right also. They turned (wide) and hit the Side of the gray CAR, the Stopped for a Se Orace Slowly down Francis and Ended up Not Coming back to the scene of the accide  | e cond        |
| I and the Car in front of me turning had a green  | light         |
| 1156 Hampton St Kent, OH 44240  |               |
| ADDRESS OF WITNESS  SIGNATURE OF WITNESS  OFFICATION AND THE STATE OF | C 149.43(A)(1 |



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|---------------------|------------------|---------------|
| 23-6301             | Kent PD          | M 4 0 23 1 23 |

## FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

| Cam (COO)  | HEREBY MAKE THIS VOLUNTARY STATEMENT TO |
|--|---|
| PH. Bruno<br>OFFICER'S NAME  | AT 402 STANKS                           |
| Cor terming left on to ma<br>cup terming night. Hit<br>And Just helt going | the Century lest,                       |
|  |   |
|  |   |
|  |   |
|  |   |
| ADDRESS OF WITNESS SIGNATURE (FWITNESS X X Y 7003 4/15 [760-1500]          | Redacted per ORC 149.43(A               |