OHIO DEPARTMENT TRAFFIC CRASH F	REPORT *DENOTES MANDATORY FIELD FOR SUF	PLEMENT REPORT	L	OCAL REPORT NUMBI	ER*			
PHOTOS TAKEN OH-2 OH-3	LOCAL INFORMATION		2,0,2,1,-	0,0,0,0	7,1,0,4,			
X OH-1P OTHER	REPORTING AGENCY NAME*	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR						
PRIVATE PROPERTY	City of Kent Police	1 - SOLVED	0,2	0 2 98 ANIMAL 99 UNKNOWN				
COUNTY* LOCALITY* 1 - CITY 2 - VILLAGE   Kopt	CRASH DATE / TIME*  CRASH SEVERITY  1 - FATAL							
3-TOWNSHIP	CONTION DOAD MANY	Table	[0]5 0 5 2 0 2 1 /	2104	2 - SERIOUS INJURY			
2-SOUTH	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DES		SUSPECTED  3 - MINOR INJURY			
11.00	DEPEYER REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ST	41,151	7   5   6	SUSPECTED			
2-SOUTH	HAYMAKER	ROAD TYPE	LONGITUDE DE		4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE			
REFERENCE POINT DIRECTION		PK	81.356	4 2 0	ONLY			
1-INTERSECTION PROVINCE 1-NORTH IR -1	ROUTE TYPE ROAD TYPI INTERSTATE ROUTE(TP) AL - ALLEY HW- HIGHWA		1 500	NTERSECTION RELAT SECTION OR ON APPR				
3-HOUSE # 3-EAST	FEDERAL US ROUTE AV - AVENUE LA - LANE BL - BOULEVARD MP - MILEPO	SQ - SQUARE ST ST - STREET			2			
DISTANCE DISTANCE CR.	NUMBERED COUNTY ROUTE CR - CIRCLE OV - OVAL	TE - TERRACE	WITHIN INTER		JMBER OF APPROACHES			
1 - MILES TR - 1	NUMBERED TOWNSHIP DR - DRIVE DI - DIVE	Y TL -TRAIL WA-WAY	ROADWAY					
1 0 2 2-FEET 3-YARDS	ROUTE HE - HEIGHTS PL - PLACE	WA WAI	ROADWAY DIV	IDED				
LOCATION OF FIRST HARMFUL EVENT			DIRECTION OF TRAVEL	MED	IAN TYPE			
1 - ON ROADWAY 9 - CROSSOVER 2 - ON SHOULDER 10 - DRIVEWAY/F	1 - NOT COLLISION 4 - REAR-TO-I BETWEEN 5 - BACKING	REAR	1 - NORTH	1 - DIVIDED	D FLUSH MEDIAN			
4 - ON ROADSIDE 12-SHARED US	VEHICLES IN	E. SAME DIRECTION	2- SOUTH 3- EAST		D FLUSH MEDIAN			
5 - ON GORE TRAILS	2 - REAR-END 8 - SIDESWIP	E, OPPOSITE DIRECTION	4 - WEST	3 - DIVIDE	D, DEPRESSED MEDIAN			
6-OUTSIDE TRAFFIC WAY 13-BIKE LANE 7-ON RAMP 14-TOLL BOOTH	3-HEAD-ON 9-OTHER/U	NKNOWN		4 - DIVIDED	O, RAISED MEDIAN (PE)			
8-OFF RAMP 99-OTHER / UN	CNOWN			9 - OTHER/	UNKNOWN			
WORK ZONE RELATED	WORK ZONE TYPE LOCATION OF CRASH  ANE CLOSURE 1 - BEFORE TH	IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE			
WORKERS PRESENT 2 - L	ANE SHIFT/CROSSOVER WARNING S	IGN	1	1	2			
LAW ENFORCEMENT PRESENT	ARNING AREA LAREA	1	1 - DRY 2 - WET	1 - CONCRETE				
	NTERMITTENT OR MOVING WORK 4 - ACTIVITY A DTHER 5 - TERMINATI		1	3 - \$NOW	2 - BLACKTOP, BITUMINOUS, ASPHALT			
		UII ANEA	4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK			
LIGHT CONDITION  1 - DAYLIGHT	WEATHER 1-CLEAR 6-SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL, STONE			
3 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY	0 1 2-CLOUDY 7-SEVERE CROSSWIND 3-FOG, SMOG, SMOKE 8-3LOWING SAND, SOIL			6 - WATER (STANDING, MOVING)				
4 - DARK ROADWAY NOT LIGHTED	4 - RAIN 9 - FREEZING RAIN OR F			7-SLUSH	9 OT ER/UNKNOWN			
5 - DARK - UNKNOWN ROADWAY LIGHTING 5 - SLEET, HAIL 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN 9 - OTHER/UNKNOWN								
NARRATIVE					Indicate the north			
Unit 1 was stopped at the red to	raffic light at the			4	direction with an "N" on the			
intersection of Haymaker Pkw				1	compass diagram.			
	The second secon							
facing east. Unit 2 was stoppe	THE RESIDENCE OF THE PROPERTY							
1. The driver of Unit 2 stated								
momentary came off the brak	e peddle and her vehicle	HAYMAKEH PKW		327				
rolled into the back of Unit 1.			TRAPPIC BISMAL					
UNIT 1- HAYMAKER TKNNY								
At first all parities stated they were not injured.								
After a moment, the occupants of Unit 1 requested								
EMS to evaluate them for neck pain. EMS arrived on								
scene and transported once of the occupants.								
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME ARRIVAL DATE	TIME	SCENE CLEARED D		REPORT TAKEN BY			
	$5_{+}2_{+}0_{-}2_{+}1_{+}/_{\perp}2_{+}1_{+}0_{+}6_{-}0_{+}5_{+}0_{-}5_{+}2_{+}0_{+}2_{+}1$	/_2_1_0_7	0_5_0_5_2_0_2_1	<u>/_2_1_3_0</u>	POLICE AGENCY			
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUTE		Short, Ja		L	MOTORIST SUPPLEMENT			
	OFFICER'S BADGE NUMBER*	Снескев	BY OFFICER'S BADGE N	UMBER*	(CORRECTION OR ADDITION TO AN EXECUTE REPORT SENT TO COPS)			
0 4 0 0 3 0 0 3	4 2 6 0	2 2	8					



LOCAL REPORT NUMBER 2,0,2,1,-,0,0,0,7,1,0,4, OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) OWNER PHONE: INCLUDE AREA CODE (X) SAME AS DRIVERS DAMAGE 0 1 1 MURPHY, ROBIN, A DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 1 9892 BRADFIELD RD, GARRETTSVILLE, OH 44231 J 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 9 - UNKNOWN DAMAGED AREA(S) LP STATE LICENSE PLATE # **VEHICLE IDENTIFICATION #** INDICATE ALL THAT APPLY VEHICLE YEAR VEHICLE MAKE  $12 + G_1 + G_1 + G_1 + G_2 + G_3 + G_4 +$ O H GGE4898 Buick INSURANCE COMPANY INSURANCE VERIFIED **INSURANCE POLICY #** COLOR VEHICLE MODEL OHIO MUTUAL INS CO AAO 003172 07 **BLK** REGAL TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS INTERLOCK MATERIAL RELEASED 1 - ≤10K LBS CLASS # PLACARD ID # DEVICE HIT/SKIP UNIT 2 - 10.001 - 26K L3S 0 2 PLACARD 1 3 - >26K LBS 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12-GOLF CART 13-LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13-SYOWMOBILE 19-BUS (16+ PASSENGERS) 24-WHEELCHAIR (ANY TYPE) 0 1 3 - SPORT LTILITY VEHICLE 9 - AUTOCYCLE 14-SINGLE UNIT TRUCK 23-OTHER VEHICLE 25 - OTHER NON-MOTORIST UNIT TYPE 4 - PICK UP 10 - MOPED OR MOTORIZED 15-SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGOVAN BICYCLE 16-FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN 11 - ALL TERRAIN VEHICLE 6 - VAN (9-15 SEATS) ANIMAL-DRAWN VEHICLE 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP (ATV / UTV) # OF TRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 0 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 1-YES 2-NO 9-OTHER/UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION AUTOMOMOUS 1 - NONE 6 - BUS - CHARTER/TOUR 11-FIRE 16-FARM 21 - MAIL CARRIER 0 1 2 · TAXI 7 - EUS - INTERCITY 12-MILITARY 17 - MOWING 99-OTHER/UNKNOWN SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL FUNCTION 4 - SCHOOLTRANSPORT 9 - BUS - OTHER 14-PUBLIC UTILITY 19-TOWING 5 - 605 - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER B - PCLE 12 - CONCRETE MIXER I NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGOTANK 13 - AUTO TRANSPORTER CARGO 2 - BUS 4 - LOGGING 6 - CARGO VANIENCLOSED BOX 10-FLAT BED 14-GARBAGE/REFUSE BODY \* 7 - GRAIN/CHIPS/GRAVEL TYPE II - DUMP 99-OTHER/UNKNOWN 0 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - DTHER / UNIXNOWA VEHICLE 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER FOULPMENT 10-DISABLED FROM PRIOR DEFECTS 3 - TAIL LAMPS 6 - TIRE BLOWOUT DEFECTIVE ACCIDENT - NO DAMAGE | 0 1 - UNDERCARRIAGE [ 14 ] 1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIA WORDSSING ISLAND 12-FIRST RESPONDED CROSSWALK 4 - MIDELOCK - MARKED AT INCIDENT SCENE 7 - SHOULDER / ROADSIDE 10-DRIVEWAY ACCESS -TOP [ 13 ] -ALL AREAS [15] KON-MOTORIST 2 - INTERSECTION - UNMARKED CROSSWALK 99 THER LUNYAGUN 8 - SIDEWALK 11 - SHARED USE PATHS OR LOCATION AT IMPACT CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION TRAILS - 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 2 - NON-COLLISION OR LEAVING VEHICLE 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 4 3-STRIKING 1 3 - CHANGING LANES SPECIFIED LOCATION 19-STANDING 0 - NO DAMAGE 14 - UNDERCARRIAGE 9 - LEAVING TRAFFIC LANE ACTION 4- STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 15 - WALKING, RUNNING. 10-PARKED 20 - OTHER NON-MOTORIST 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN JOGGING, PLAYING DIAGRAM 21 - STANDING OUTSIDE 99 - UNKNOWN 11 - SLOWING OR STOPPED 13 - TOP 16-WORKING & STRUCK IN TRAFFIC DISABLED VEHICLE 6 - MAKING LEFT TURN 9-OTHER/UNKNOWN 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 12-DRIVERLESS TRAFFIC 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY TRAFFICWAY FLOW TRAFFIC CONTROL PARKED POSITION 2 - FAILURE TO YIELD 8-FOLLOWING TOO CLOSE / ACDA 18-OPERATING DEFECTIVE 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 14-STOPPED OR PARKED 3 - RAN RED LIGHT 9-IMPROPER LANE CHANGE EQUIPMENT 23 - OPENING DOOR INTO 0 1 1 ILLEGALLY 2 TWO-WAY 2 - SIGNAL 5 - YIELD SIGN 19 - LOAD SHIFTING/FALLING/ 4 - RAN STOP SIGN 10-IMPROPER PASSING ROADWAY CONTRIBUTING 5 - UNSAFE SPEED 15-SWERVING TO AVOID 3 - FLASHER 6 - NO CONTROL SPILLING 11 - DROVE OFF ROAD 99 - OTHER IMPROPER ACTION 16 - WRONG WAY 20 - IN PROPER CROSSING 6 - IMPROPERTURN 12 - IMPROPER BACKING # of THROUGH LANES RAIL GRADE CROSSING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2 2 - INVOLVED-ACTIVE CROSSING **EVENTS** 1 2 0 1 - OVERTURNING 1 - OVERTURN/ROLLCVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE -3 - INVOLVED-PASSIVE CROSSING 16 - RAILWAY VEHICLE 22 - WCRK ZONE MAINTENANCE OPPOSITE DIRECTION OF 7 - SEPARATION OF UNITS 17 - AHIMAL - FARM EQUIPMENT. TRAVEL 3 - IMMERSION 23 - STRUCK BY FALLING. UNIT / NON-MOTORIST DIRECTION 8 - RAN OFF ROAD RIGHT 18-ANIMAL - DEER 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR . L. 4 - JACKKNIEF 9 - RAN OFF ROAD LEFT 19-AHIMAL - OTHER 1 - NORTH 5 - NORTHEAST 13-OTHER NON-COLLISION ANYTHING SET IN MOTION 20 - MOTOR VEHICLE IN 5 - CARGO / EQUIPMENT 2 - SOUTH 6 - NORTHWEST 10 - CROSS MEDIAN BY A MOTOR VEHICLE. 14 - PEDESTRIAN TRANSPORT \_ то \_ 3\_\_ 4 LOSS 03 SHIFT 3 - EAST 7 - SOUTHEAST 24 - OTHER MOVABLE CRUECT 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE 4 - WEST B - SOUTHWEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER / UNKNOWN 25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 56 - WORK ZONE MAINTENANCE / CRASH CUSHION 32 - PORTABLE BARRIER 38-OVERHEAD SIGN POST 44 - DITCH EQUIPMENT **UNIT SPEED** DETECTED SPEED 26 - BRIDGE OVERHEAD 33 - MEDIAN CARLE BARRIER 39-LIGHT/LUMINARIES 45-EMBANKMENT 51 - WALL STRUCTURE SUPPORT 1 - STATED / ESTIMATED SPEED 34 - MEDIAN GUARDRAIL 46 - FENCE 52 - BUILDING 27 - BRIDGE PIER OR ABUTMENT  $\begin{bmatrix} 0 & 0 & 0 & 0 \end{bmatrix}$ BARRIER 40 - UTILITY POLE 53-TUNNEL 47 - MAILBOX 2 - CALCULATED / EDR 28 - RRIDGE PARADET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54 - OTHER FIXED OBJECT 49 - TREE 29 - BRIDGE RAIL BARRIER OR SUPPORT POSTED SPEED 3 - UNDETERMINED 99 - OTHER / UNKNOWN 49 - FIRE HYDRANT 30-GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42-CULVERT

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

\_3 , 5 ,

OH:OI	DEPARTMENT UNIT SAFETY BLAVE PROTEINS UNIT							PORT NUMBER 0
UNIT#	OWNER NAME: LAST, FIRS	A STATE OF THE STA		OWNER PHONE: No.	FEVERO EA SMAR X   2002 ASPA 3CL		-	MAGE
	BARBER, CRYSTA DDRESS: STREET, CITY, STATE			<u>  L'</u>			DAMA	AGE SCALE
-	ULDING DR 2 ,Keni					2 1- NONE 2- MINOR	DAMAC	3 - FUNCTIONAL DAMAGE E 4 - DISABLING DAMAGE
COMMERC	CIAL CARRIER: NAME, ADD			COMMERCIAL CARRIER	PHONE: INCLUSE AREA CODE	2- 1111101		NKNOWN
							DAMAG	ED AREA(S)
LP STATE	LICENSE PLATE #		IDENTIFICATION #	VEHICLE YE		IND	ICATE A	ALL THAT APPLY
AK	KCV717		NSURANCE POLICY #	1 2 7 2 0 1 1 COLOR	VEHICLE MODEL	0		12 1
X INSURA	ED PROGRESSICE		44965181	BLK	RAV 4	10 12	2	10 12
	TYPE OF USE	IN EUEDCENCY	US DOT #	TOWED BY: COMPAN	YNAME	10 2 -	7	
COMME	RCIAL GOVERNMENT	IN EMERGENCY RESPONSE		HAZAPIN	US MATERIAL	9 9 3	] 3	9 6 3
INTERI	LOCK HIT/SKIP UNI	#ULLUPANIS	HICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS		CLASS # PLACARD ID #	7 5	7.	7 / Y / 7
EQUIP	PED MINISKIP BAI	0 1	2 - 10,001 - 26K LBS	PLACARD				12
		7 - MOTORCYCLE 2-WHEELED	12-GOLF CART	13-LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER	6	11	2 6
0 3	2 - PASSENGER VAN (MINIVAN) 3 - SPORT LTILITY VEHICLE	B - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE	13-SNCWMOBILE 14-SINGLE UNIT TRUCK	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)	10/	/ "	1 2
UNIT TYPE	4 - PICK UP	10 - MOPED OR MOTORIZED	15-SEVI-TRACTOR	23-OTHER VEHICLE 21-HEAVY EQUIPMENT	25 - OTHER NON-MOTORIST 26 - BICYCLE	9	10	2 -
	5 - CARGO VAN	BICYCLE 11 - ALL TERRAIN VEHICLE	16-FARM EQUIPMENT	22 - ANIMAL WITH RIDER CR	27 - TRAIN	+	8	
W.	6 - VAN (9-15 SEATS)	(ATV / UTV)	17-MOTORHOME	AYIMAL-BRAWN VEHICLE	99 - ENKNOWN OR FIT/SKIP	8	X	5 4
	# OF TRAILING UNITS					11 12 1	7	5 11 12
VEHICL	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION	9 - UNKNOWN	10 12	2	10 12
2	1-YES 2-NO 9-OTHER/UNK	MOTOROMODS	2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION		- 10 z -	7	10 2
	1 - NONE	MODE LEVEL 5 - BUS - CHARTER/TOUR	11 - F192	16-FARY	47	9 3	3	9 3
0,1,	2 - TAXI	7 - BUS -INTERCITY	12-MILITARY	17-MOWING	21 - MAIL CARRIER 99 - OT - ER - UNKNOWN	7 5	74	7.
SPECIAL	3 - ELECTRONIC RIDE SHARING		13 - POLICE	18-SNCW REMOVAL	_	7 5		6
FUNCTION	4 - SCHOOL TRANSPORT 5 - BUS - TRANSITICEMMUTER	9 - BUS - CTHER LU-AMBULAYCE	14-PUBLIC UTILITY 15-CONSTRUCTION EQUIPMENT	19-TOWING		6		6
	1 - NO CARGO BODYTYPE		5 - INTERMODAL CONTAINER		12 - CONCRETE MIXER		12	12 12
CARGO	/ NOT APPLICABLE	VOTOR VEHICLE	CHASSIS	9 - CARGOTAN (	L3-AUTOTRANSPORTER	12		
BODY	2 - 805	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	10-FLAT BED	14-GARBAGE/REFLSE	990093	, 1	G 3 9 7 3 9 60 3
1172	1 Tubi diame			11-DUMP	94-OT-ER UNKNOWN	0	9	•
VEHICLE	1 - TURN SIGNALS 2 - HEAD LAMPS	4 - BRAKES 5 - STEERING	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT	9 - MOTOR TROUBLE 10 - DISABLEE FROM PRIOR	99-OTHER UNKNOWN	6	-	0
DEFECTS	3 - TAIL LAMPS	6 - TIRE BLCWGUT	DEFECTIVE	ACCIDENT		_	6	6 6
	1 - INTERSECTION - MAPKED	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEGIAT/CROSSING ISLAND	12 -FIRST RESPONDER	- NO DAMAG	E   C	- UNDERCARRIAGE [ 14 ]
NON-MOTORIST	CRCSSWALK  2-INTERSECTION - UNMARKED	4 - VIDELGCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10-DRIVEWAY ACCESS	AT INCIDENT SCENE	-TOP [ 13 ]		-ALL AREAS [ 15 ]
LOCATION AT IMPACT	CRESS WA_ <	5 -TRAVEL LANE - CTHEF LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99-OTHER/UNKNOWN	П-и	NIT NO	TAT SCENE [ 16 ]
	1 - NCN-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18-APPROACHING		-	
3	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING	OR LEAVING VEHICLE	INIT 0 - NO DAM		INT OF CONTACT
ACTION	3-STRIKING LUIII	3 - CHANGING LAYES 4 - GVERTAKING/PASSING	9 - LEAVING TRAFFIC LANE 10 - PARKED	SPECIFIED LOCATION  15 - WALKING, RUNNING	19-STANDING 20-OTHER NON-VOTORIST			14 - UNDERCARRIAGE NIT 15 - VEHICLE NOT AT SCENE
	5 - BOTH STRIKING ACTIONS	5 - MAKING RIGHT TURY	11-S_CWING CR STOPPED	JOGGING, PLAYING	21-STANDING OUTSIDE	DIAG	GRAM	99 - UNKNOWN
	A STRUCK  NWONNIL / FEHTO - P	6 - MAKING LEFT TLRN	IN TRAFFIC 12-DR VERLESS	16 - WORKING 17 - PUSHING VEHICLE	DISABLED VEHICLE 99-OTHER / UNKNOWN	13 - TOP		
		7 - LEFT OF CENTER		17 - VISION CESTRUCTION			TR	AFFIC
	2 - FAILURE TO YIELD	B-FOLLOWING TOO CLOSE / ACC/	PARKED POSITION	13 - OPERATING DEFECTIVE	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE	TRAFFICWAY FLOW 1 - 6NE-WAY		TRAFFIC CONTROL
0 8	3 - RAN RED LIGHT	9-IMPROPER LANE CHANGE	14 - STOPPED OR PARKED ILLEGALLY	EQUIPMENT	23 - OPENING COOR INTO	2 2 TWO WAY	.	1 - ROUNDABOUT 4 - STCP SIGN 2 - SIGNAL 5 - YIELD SIGN
CONTRIBUTING	4 - RAN STOP SIGN 5 - UNSAFE SPEED	10-IMPROPER PASSING 11-DROVE OFF ROAD	15 - SWERVING TO AVOID	17-LCAD SHIFTING/FALLING/ SPILLING	ROADWAY  99 - OTHER !MPROPER ACTION			3 - FLASHER 6 - NO CONTROL
	6 - IMPROPERTURN	12-IMPROPER BACKING	16 - WRCHG WAY	23-IV PROPER CROSSING		# OF THROUGH LANES		RAIL GRADE CROSSING
SEQUENCE	OF EVENTS	A				ON ROAD		1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING
1 2 0	1 - OVERTURN/ROLLCVER	6 - EQUIPMENT FAILURE	EVENTS 11 - CROSS CENTERLINE -	16 - RAILWAY VEHICLE	22 - WCRK ZONE MAINTENANCE	2	L	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
11-14		7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF TRAVEL	17 - AHIVAL - FARY	EQUIPMENT	IIIIT (A	NON MO	TORIST DIRECTION
2	3 - IMMERSION 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	01117	·on·ML	1 - NORTH 5 - VORTHEAST
	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	A	. 3	2 - SOUTH 6 - VORTHWEST
3	LOSS OR SHIFT		15-PEDALCYCLE	21 - PARKED MOTOR VEHICLE	24-OTHER MOVABLE CBJECT	FROM 4 TO	<u>J</u>	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST
	25 - IMPACT ATTENUATOR	COLLISIO 31-GUARDRAIL ENC	N WITH FIXED OBJECT 37-TRAFFIC SIGN POST	T - STRUCK 43-CURB	CC 1970V TONE MAINTER AND			9 - OTHER / UNKNOWN
4	/ CRASH CUSHION	32-PORTABLE BARRIER	38-OVERHEAD SIGN POST	44 - DITCH	SC-WCRK ZONE MAINTENANCE EQUIPMENT	UNIT SPEED		DETECTED SPEED
51	26-BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT 46 - FENCE	51 - WALL 52 - BUILDING			1 - STATED / ESTIMATED SPEED
,	27 - BRIDGE PIER OR ABUTMENT	BARRIER	40 - UTILITY POLE	47 - MAILBOX	53 - TUNNEL	0 0 2		2 - CALCULATED / EDR

54 - OTHER FIXED CBJECT

99-OTHER ! UNKNOWN

47 - MAILBOX 48 - TREE

49-FIRE HYDRANT

40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT

42 - CULVERT

35 - MEDIAN CONCRETE BARRIER

36 - MEDIAN OTHER BARRIER

28-BRIDGE PARAPET

30 - GUARDRAIL FACE

29-BRIDGE RAIL

1 2-CALCULATED/EDR

3 - UNDETERMINED

POSTED SPEED

3 5

CHIED DEPARTMENT MOTORIST / NON-MOTORIST						LOCAL REPORT NUMBER								
Community and	INITION INITIO						2 0 2 1 - 0 0 0 0 7 1 0 4							
UNIT #		NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER					
0,1		MURPHY, ROBIN, A							0 2	1 3 / 1	9 6 2	5 9	F	
	BRADFIELD RD ,GARRETTSVILLE ,OH 44231								CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	T DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED					
2 4	8Ÿ1_							USED 0 4	MC HELMET 0 1 1 1 1				1	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	CRIPTION CITATION NUMBER					
O, H,				<u> </u>										
OL CLASS	ENDORSEMENT SELECTUP TO 2	RESTRICTION SELECT		VER TRACTED		DHOL / DRUG SUSPE LCOHOL MAR		CONDITION		PE VALUE		UG TEST(S PE RESULT	SELECT UP TO 4	
4			,	1	_	THER DRUG	KIJUANA	1 1	1 1 :	1	1	1		
UNIT #	NAME: LAST,	FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER	
0,2	BARBI	ER, CRYSTALL,	MAR	Œ					0.9	2.0./.1	987	3 3	F	
ADDRESS	STRFET, CITY, ST	ATE, ZIP							0 9 / 2 0 / 1 9 8 7 3 3 F  CONTACT PHONE - INCLUDE AREA CODE					
200 S	PAULDI	NG DR 2 ,Kent ,	OH 44	240					•				3	
INJURIES 5	INJURED TAKEN	EMS AGENCY (NAME)		INJURED 1	FAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COM		AIR BAG USA	GE EJECTION	TRAPPED 1	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN:	SE CHAP	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATION NUMBER			
A, K,				333.0	03		CODE	Maximu	m Speed	l Limits	66525			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		/ER TRACTED	ALC	DHOL / DRUG SUSPE		CONDITION		OHOL TEST	Carried Street	UG TEST(S		
4 .			BY	1	=	LCOHOL MAR	ANAULIS	1 .					SELECT UP TO 4	
UNIT #	NAME: LAST, F	EIDST MIDDLE				THER DRUG		1	1		1		الالالا	
July "	MANUE. CASI,	TRAI, MIDDLE							,	DATE OF BIRTH		AGE	GENDER	
ADDRESS:	STREET, CITY, ST.	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
TORI									CONTACT PROME - INCLUDE AREA CODE					
INJURIES		EMS AGENCY (NAME)		INJURED I	AKEN TO	: MEDICAL FACILITY	NAME CITY)	SAFETY EQUIPMENT		SEATING POSITION	N AIR BAG USA	GE EJECTION	TRAPPED	
NON	TAKEN							USED	MC HEL	MET				
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAP	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATION	NUMBER		
9010							CODE							
OL CLASS	ENDORSEMENT EL	RESTRICTION		/ER RACTED		OHOL / DRUG SUSPE		CONDITION	STATUS IY	OHOL TEST P VALUE	DR STATUS 1Y	UG TEST(S PE RESULT	SECECI DÉ 10 4	
			, BY			LCOHOL MAR THER DRUG	ANAULIS							
INJU	IRIES	SEATING POSITION	A	IR BAG	2756	OL CLASS		OL RESTRIC	TION(S)	DRIVER DISTRACT	ION	TEST STA	TUS	
1 - FATAL	SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYE			1 - CLASS A 2 - CLASS E			ALCOHOL INTERLOCK DEVICE 1 - NOT DISTRACTED 1 NONE GIVEN COL INTRASTATE ONLY 2 - MANUALLY OPERATING AN 2 TEST REFUSED					
3 - SUSPECTED		2 - FRONT - MIDDLE	3-DEPLOYE			3 - CLASS C		3 - CORRECTIVE LE		ELECTRONIC COMMUN	ICATION 2 T	EST REFUSED EST GIVEN, CON	TAMINATED	
4 - POSSIBLE IN 5 - NO APPAREN		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE		(0110 - 0)			4 - FARM WAIVER	A TEST SILEN DESIR TO VACANI				VPS 1704.5		
		(MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE	5 - NOT APPI 9 - DEPLOYA		WN	5 - M/C MOPED ONLY		5 - EXCEPT CLASS A 6 - EXCEPT CLASS A		3 -TALKING ON HANDS-FR COMMUNICATION DEVI	CE 5-T	EST GIVEN, RES	2006/01/2017	
1-NOT TRANSP	TAKEN BY	6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO	D TOAN ED	4 -TALKING ON HAND HEL COMMUNICATION DEVI	CF	NKNOWN		
/TREATED A	T SCENE 7-THIRD-LEFT SIDE EJECTION OL ENDORSEMENT 8-INTERI						8 - INTERMEDIATE		5 - OTHER ACTIVITY WITH	AL	COHOL TES	TTYPE		
2 - EMS 3 - POLICE	R. THIRD - MIDDLE						RESTRICTIONS 9-LEARNER'S PER	MIT	ELECTRONIC DEVICE 6 - PASSENGER		LOOD			
9 - OTHER / UNK	OTHER/UNKNOWN 9-THIRD-RIGHT SIDE 3 TOTALLY EJECTED P PASSENGER						RESTRICTIONS 7-OTHER DISTRACTI N 3 URINE 10-LIMITED TO DAYL IGHT ONLY INSIDE THE VEHICLE 4-BREATH							
SAFETY E	AFETY EQUIPMENT OF TRUCK CAB 4 NOT APPLICABLE N-TANKER 11-LIMITE						11 - LIMITED TO EMP		8 - OTHER DISTRACTION O		THER			
1 - NONE USED	USED 11-FASSENGER IN OTHER TRAPPED R THREE WHEEL MOTORCYCLE 12-LIMITED						12 - LIMITED - OTHE 13 - MECHANICAL DE		THE VEHICLE 9-OTHER UNKNO₩N	1600	DRUG TEST	TYPE		
3 - LAP BELT ON	ONLY USED PICK-UP #ITH CAP) 2 - EXTRICATED BY T - DOUBLE & TRIPLE TRAILERS CONT					(SPECIAL BRAKE	S HAND .	CONDITION	1 - N					
The state of the s	& LAP BELT USED 12 - PASSENGER IN UNENCLOSED MECHANICAL MEANS X - TAHKER / HAZMAT					ADAPTIVE DEVICES) I - APPARENTLY NORMAL				2 - BLOOD 3 URINE				
FORWARD FA	ACING	AINT SYSTEM - 3 FREED BY CING 13-TRAILING UNIT NON-MECHANICAL MEANS GENDER				14 - MILITARY VEHICLES ONLY 2 PHYSICA IMPAIRMENT 15 - MOTOR VEHICLES WITHOUT 3 - EMOTIONAL			4-0	4 - OTHER				
6 - CHILD RESTI REAR FACIN	RESTRAINT SYSTEM - 14 - RIDING ON VEHICLE EXTERIOR FACING (NON-TRAILING UNIT) F - FEMALE					AIR BRAKES AH R )				DRUG TEST RESULT(S)				
7 - BOOSTER SE 8 - HELMET US	7 - BOOSTER SEAT 15 - NON-MOTORIST					M - MALE 16 - GUTSIDE M U OTHER / UNKNOWN 17 - PROSTHETI			D 5 - FELL ASLEEP FAINTED			MPHETAMINES ARBITURATES		
9 - PROTECTIVE	PADS USED							18-OTHER	FATICIJEN ETC			ENZODIAZEPINE	S	
	(ELBOW, KNEES ETC.) 0 - REFLECTIVE CLOTHING								OF MEDICATIONS DRUGS 4 CANNABINDI /ALCOHOL 5 COCAINE				No.	
11 - LIGHTING - I	10-AEPTECTIVE CLOTHING  1-LIGHTING - PEDESTRIAN  -/ BIEVELE ONLY							9-OTHER UNKNOWN		PIATES/OPIOID	2			
99 - OTHER / UNK												THER Egative resul	TS	

C	OH: DEF	SIPPLE BARTHER OCCUPANT / WITNESS ADDENDUM				LOCAL REPORT NUMBER							
							2.0.2.10.0.0.7.1.0.4						
	UNIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER					
Į.	<b>01</b> ROGERS, KIMBERLY, A							1 2 / 1 8 / 1 9 7 2 4 8 F					
PAN	ADDRESS: STREET, CITY, STATE ZIP							CONTACT PHONE - INCLUDE AREA CODE					
OCCUPAN	2805 LOVERS LN ,Ravenna Twp ,OH 44266							L					
0	INJURIES	INJURED TAKEN	EMS ABENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	ILITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
	_4	BY 2	Kent Fire		UHK		0,4	MC HELMET	0 3	1 1	1 1	1 ,	
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER	
No.									. /				
V V	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
OCCUPAN									1 1		,		
ē	INJURIES	INJURED TAKEN	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FAS	ILITY (NAME, CITY)	SAFETY EQUIPMENT	DOT C	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
		BY					USED	MC HELMET				l	
ľ	UNIT#	NAME: LAS	T, FIRST, MIDDLE			-		DAT	E OF BIRTH		AGE	GENDER	
	11							GENDER					
ANT	ADDRESS:	STRFFT, CITY,	STATE, ZIP	Wile -				CONTACT PHONE	- INCLUDE AREA CO	DE.			
OCCUPAN													
ă	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAS	ILITY (NAME, CITY)	SAFETY EQUIPMENT	_ nc- c	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
	بي	BY					USED	MC HELMET					
	UNIT#	NAME: LAS	T, FIRST, MIDDLE	T-St-THILL				DAT	E OF BIRTH		AGE	GENDER	
4	0.0								/		AGE	GENDER	
ANT	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
CCUPAN													
ŏ	INJURIES	INJURED	EMS AGENCY NAME	1	INJUREL TAKERT MEDICAL FAC	BLITT MADE ITE)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
	L .	TAKEN BY					USED	DOT-COMPLIANT					
1		INJU	RIES	SAFETY	EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	AGE		
	1 - FATA	L		1 - NONE US			T - LEFT SIDE		1 - NOT DE	PLOYED			
	2 - SUSF	PECTED SE	RIOUS INJURY		OCCUPANT		ORCYCLE DRIV T – MIDDLE	ER)	2 - DEPLO	ED FRONT			
200			NOR INJURY	3 - LAP BELT	R BELT ONLY USED		T - RIGHT SIDE		3 - DEPLOY	ED SIDE			
ð		SIBLE INJU			R & LAP BELT USED		ND - LEFT SID		4 - DEPLO				
	5 - NO A	PPARENT	NJURY		STRAINT SYSTEM -		ORCYCLE PASS ND – MIDDLE	ENGER)	FRONT/				
	A CAN	INJURED TAKEN BY FORWARD FACING 6 - SECOND - RIGHT S					DE		MENT UNK	NOWN			
Į.		TRANSPOR			STRAINT SYSTEM -		D-LEFT SIDE	CAD					
	2 - EMS	/TREATED AT SCENE REAR FACING (MOTORCYCLE SID 5 - EMS 7 - BOOSTER SEAT 8 - THIRD - MIDDLE						EJECTION					
1	3 - POLI	9 - THIRD - RIGHT SI						2 DARTIALLY ELECTED					
		OTHER / HINKNOWN O PROTECTIVE DADS USED						그렇게 하다 그 아이들이 아이들이 얼마나 나는 얼마나 살아 보다 보다 하는데 아니는데 아니는데 아니다.					
	100000	GEN	IDER	AND THE PARTY OF T	KNEES, ETC.)	CARG	O AREA (NON-T	RAILING UNIT, 4 - NOT APPLICABLE					
-	F-FEMA		Action of the second		IVE CLOTHING	A TOTAL PROPERTY.	PICK UP WITH CAI FNGFR IN LINE		TO SECOND	TRAPPE	n		
2	M - MALE 11 - LIGHTING - PEDESTRIAN CARGO AREA						OAREA		1 - NOTTR	de la facilità de la compansione della compansio			
7	U - OTHER / UNKNOWN 13 - TRAILING UNIT							2 - FYTRICATED BY MECHANICAL					
							IG ON VEHICLE TRAILING UNIT)	EXIERIOR	MEANS				
						15 - NON-I			3 - FREED MEANS	BY NON-ME	CHANICA	AL.	
	NAME	ST FIRST, MIDD	II C		diedat Englis Lik	99 - OTHE	R / UNKNOWN	Call Mark					
22	MAINE: LAS	zi rikal MIUU	LL					DAT /	E OF BIRTH		AGE	GENDER	
WITNESS	ADDRESS:	STREET, CITY,	STATE ZIP					CONTACT PHONE	- 1001 105 1051			L	
≩		.,						JOHINOI FROME	- INGLUDE AREA CO	JE.			
Y	NAME: LAS	ST, FIRST, MIDE	I.E.					DAT	E OF BIRTH		AGE	GENDER	
ESS								, , , , ,	1/			SCHARK	
WITNESS	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DF			
,	NAME: LAS	ST, FIRST, MIDE	LE					DAT	E OF BIRTH		AGE	GENDER	
WITNESS								L 1 1 1					
MIT	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE			

## COntinuation Narrative Continuation

LOCAL REPORT NUMBER

	2,0,2,1,-,0,0,0,7,1,0,4
A citation was issued for ACDA to the driver of Unit 2.	