CHIED DEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT								LOCAL REPORT NUMBER*					
PHOTOSTAKEN OH-2 OH-3 LOCAL INFORMATION								$\begin{bmatrix} 2 & 0 & 2 & 2 & - & 0 & 0 & 0 & 0 & 4 & 2 & 1 & 5 & \end{bmatrix}$					
promong	SECONDARY CRASH PRIVATE PROPERTY City of Kent Police						1 COLVED			NUMBER OF UNITS	UNIT IN ERROR		
	PRIVATE PR				t Police	)	<u> </u>	0 6 7 0 3 2 12 UNSOLVED U 2			U L 1 99 - UNKNOWN		
COUNTY* LOCALITY*			VILLAGE	E,TOWNSHIP*					CRASH DATE / TI	1	CRASH SEVERITY 1 - FATAL		
	VILLAGE TOWNSHIP Ke			A11 DO 1 D 1/1				ROAD TYPE	0 3 1 8 2 0 2 2 /		2 - SERIOUS INJURY SUSPECTED		
ROUTE TYPE ROUTE NU	ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH LOCATION ROAD NAME S - SOUTH CONTROL OF THE PROPERTY								LATITUDE DECI		3 - MINOR INJURY		
									[4 1] <sub>●</sub> [1 5 2 3 LONGITUDE DEG	SUSPECTED 4 - INJURY POSSIBLE			
ROUTE TYPE ROUTE NU	S-	- SOUTH				, WILEPUSI, NU	USE #)	ROAD TYPE		5 - PROPERTY DAMAGE			
	S R 59 HAYMAKER							PK	811, 35,6	<del>,</del>	ONLY		
REFERENCE POINT 1 - Intersection	DIRECTION FROM REFERENCE N - NOR	rH IR -1		OUTE TYPE TATE ROUTE	(TP) AL	ALLEY	ROAD TYPE HW- HIGHWAY	RD - ROAD	, , ,	NTERSECTION REL SECTION OR ON APP			
1 2-MILE POST 3-HOUSE #	1 S-SOUT	H US-1	FEDER/	AL US ROUTE				SQ - SQUARE			L		
	W-WES	T SR-	STATE F		CF	- BOULEVARD R - CIRCLE		ST - STREET TE - TERRACE	WITHIN INTER		NUMBER OF APPROACHES		
DISTANCE FROM REFERENCE	UNIT OF MEASURE 1 - MILE	. I		RED COUNTY RED TOWNS!				TL - TRAIL WA - WAY		ROADWAY			
5,0,	2 2-FEET		ROUTE		.   "		PI - PIKE PL - PLACE	WA-WAY	ROADWAY DIV	IDED			
LOCATIO	N of FIRST HARM		 Г		MAI	NNER OF CRASH	COLLISION/IMPA	ACT	DIRECTION OF TRAVEL		DIAN TYPE		
1 - ON ROADWA 2 - ON SHOULD		ROSSOVER RIVEWAY/	MILEV	VULE 66	DE.	TIALE PAI	- REAR-TO-REAR - BACKING		N - NORTH	ED FLUSH MEDIAN			
UI 3-IN MEDIAN	11-F	RAILWAY G	RADE CI	ROSSING L	VE	O MOTOR HICLES IN 6	-ANGLE		S - SOUTH E - EAST	2 - DIVID	VIDED FLUSH MEDIAN 24 FEET )		
4 - ON ROADSII 5 - ON GORE	DE 12-5	HARED US RAILS	E PATH	S OR			<ul> <li>SIDESWIPE, SAI</li> <li>SIDESWIPE, OPI</li> </ul>		W-WEST	<b>I</b>	ED, DEPRESSED MEDIAN		
6 - OUTSIDE TE	IVALLED WATER	IKE LANE OLL BOOTH	н		3 - HE.	AD-ON 9	- OTHER / UNKNO	OWN			DED, RAISED MEDIAN TYPE)		
7 - ON RAMP 8 - OFF RAMP		THER / UN		ı						9 - OTHE	R/UNKNOWN		
WORK ZONE RELA	TED		WORK	ZONE TYPE	######################################	LOCATIO	N OF CRASH IN W	ORK ZONE	CONTOUR	CONDITIONS	SURFACE		
WORKERS PRESE	NT			LOSURE HIFT/CROSSO	OVER	1-	BEFORE THE 1ST WARNING SIGN	WORK ZONE	1	_1	2		
LAW ENFORCEME	NT PRESENT L	. 3-1		N SHOULDER		1	ADVANCE WARN			1 - DRY	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS,		
				MITTENT OR M	NOVING WOR	K 4 ~	ACTIVITY AREA		2 - STRAIGHT GRADE 3 - CURVE LEVEL	2-WET 3-SNOW			
ACTIVE SCHOOL Z	ONE	5 - 1	OTHER	***************************************		5 -	TERMINATION A	REA	4 - CURVE GRADE	4 - ICE	ASPHALT 3 - BRICK/BLOCK		
	CONDITION				WEAT				9 - OTHER/UNKNOWN	5 - SAND, MUD, DIR' OIL, GRAVEL	T, 4 - SLAG, GRAVEL,		
1 - DAYLIGHT 1 - DAWN/DUSI	<		<b>1</b> ,0,	1 - CLEA 1 2 - CLOU		6 - SNOW 7 - SEVERE	CROSSWINDS			6 - WATER (STANDI	NG, STONE		
3 - DARK - LIG	HTED ROADWAY ADWAY NOT LIGHT	FD		3 - FOG, 4 - RAIN	-		G SAND, SOIL, DIRT, SNOW G RAIN OR FREEZING DRIZZLE 7 - SLUSH			MOVING)	9 - OTHER/UNKNOWN		
5 - DARK - UNI	KNOWN ROADWAY			5 - SLEE		99 - OTHER		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9 - OTHER/UNKNOW	/N		
9-OTHER/UN	KNOWN						I			<u> </u>			
NARRATIVE		******************************	454×××××××××××××××××××××××××××××××××××	veispogentlytysvalenteja annesissississa vand	upenacce participation conceptable						Indicate the north direction with		
UNIT TWO V	VAS PAR <i>A</i>	LLEI	_PA	RKING	AND	JUST				`	an "N" on the compass diagram.		
PARKED IN	THE SEC	COND	SPC	T ON S	S.		T .			\$			
DEPEYSTE		······				1 S.	ţ		[ <b>I</b> I	ь Г			
DEPEYSTE									13 H		KBU HOTEL		
***************************************		na i v	IAN	EK. UN	(II OIV	E SIDE			DEPENSITER	U.S. C.			
SWIPED UN	MITTWO.	······································	·····			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			28				
			***********************		**************************************	**************************************		AYMAKER PKY	<u>N.</u>	\$			
										- G			
									TRAPHO SIGNAL  ANYMAKER PKINY.				
								⇒ <u>W</u>	ا الآ	HAYMANE			
								<b>→</b>	(Part Line Control Con	OT TO SCALE			
***************************************			**************						1 1 11	, <sub> </sub> (01			
		·····	***************************************										
CRASH REPORTED	D DATE / TIME		DISPAT	TCH DATE /T	IME	AF	IRIVAL DATE /TII	ME	SCENE CLEARED	DATE / TIME	REPORT TAKEN BY POLICE AGENCY		
0 3 1 8 2 0 2		<u>  0   3   1</u>	8 2			0 3 1 8	121012121/			2   /   1   9   2   2	MOTORIST		
TOTAL TIME ROADWAY CLOSED IN	OTHER Ivestigation tim	E MINU		officer's Easter	NAME* ling. Se	ımantha		CHECKED BY OF Nelson,	ficer's name* Tosh		SUPPLEMENT		
			ļ			BADGE NUMBE			D BY OFFICER'S BADGE	NUMBER*	(CORRECTION OR ADDITIO TO AN EXISTING REPORT SENT TO ODD		
	0 0 0 0 0 3 0 0 7 3 2 5 4							2 3	3 2	11			

LOCAL REPORT NUMBER

 $\begin{bmatrix} 2 & 0 & 2 & 2 & 2 & -1 & 0 & 0 & 0 & 0 & 4 & 2 & 1 & 5 & \end{bmatrix}$ 

	OWNER NAME: LAST, FIRS				INCLUDE AREA CODE ( SAME AS DRIVER)	DAMAGE					
,	HERTZ CORPORA			<u>  8   7   7   5</u>	8   4   7   1   5   9	DAMAGE SCALE  1 - None  3 - Functional Damage					
4	DRESS: STREET, CITY, STATE, LER NATIONAL D		.32812			2 - MINOR DAMAGE 4 - DISABLING DAMAGE					
<u> </u>	IAL CARRIER: NAME, ADDR		7.52012	COMMERCIAL CAR	RIER PHONE: INCLUDE AREA CODE	9 - UNKNOWN					
					<u>.ll. 1                             </u>	DAMAGED AREA(S)					
LP STATE	LICENSE PLATE #		E IDENTIFICATION #	VEHICLE	YEAR VEHICLE MAKE	INDICATE ALL THAT APPLY					
FL	QMPL61	1	MV3JJC1719114			12					
INSURAN VERIFIE	INSURANCE COMP	ANY	NSURANCE POLICY #	COLO		12	12				
CT ACKILIC	TYPE OF USE		US DOT #	SIL	ROGUE	10 1 2	10 1 2				
Соммен		IN EMERGENCY RESPONSE	03 DOI #	TOWED BY: COM	ANY NAME	9 9 3 3	9 9 3 3				
	<u> </u>	Ve	HICLE WEIGHT GVWR/GCWR		RDOUS MATERIAL	8 4 -	8 2 4				
INTERL DEVICE EQUIPE	OCK   HIT/SKIP UNIT	#UUGUPANIS	1 - ≤10K LBS. 2 - 10,001 - 26K LBS.	MATERIAL RELEASED	CLASS# PLACARDID#	B 7 5 0	8 7 5 5				
EQUIPE	DED —		3 - >26K LBS.	☐ PLACARD		7 6	12 7 6				
		7 - MOTORCYCLE 2-WHEELED		18 - LIMO (LIVERY VEHICLE		, i	12				
0 1	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE			19-BUS (16+ PASSENGERS		10/ `	1 2				
UNIT TYPE	4 - PICK UP	9 - AUTOCYCLE 10 - MOPED OR MOTORIZED		20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT	25 - OTHER NON-MOTORIST 26 - Bicycle	9	9 3 3				
:	5 - CARGO VAN	BICYCLE		22 - ANIMAL WITH RIDER O	27 - TRAIN	<b>\</b>	8 11 4				
Π:	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV/UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHIC	LE 99 - UNKNOWN OR HIT/SKIP	8 🗸	7 6 4				
<u>. O</u>	# of Trailing Units					12 7	5 12				
	WAS VEHICLE OPERATING IN AU	TONOMOUS	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMA	TON 9 - UNKNOWN	11 12	11 12				
. 7	MODE WHEN CRASH OCCURRED	? <b>0</b> 1	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION		10/11/1/2	10 1 2				
2	1-YES 2-NO 9-OTHER/UNK		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION		9 10 2 3 3	9 10 2 3				
	1 - NONE	MODE LEVEL 6 - BUS - CHARTER/TOUR	11 - FIRE	16-FARM	21 - MAIL CARRIER	B 3 4					
. 0 . 1 .	2 - TAXI	7 - BUS - INTERCITY 12 - MILITARY 17		17 - MOWING	99-OTHER/UNKNOWN	8 7 5 4	8 7 5 4				
SPECIAL	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13-POLICE	18 - SNOW REMOVAL		7 6 5	7 6 5				
FUNCTION	4 - SCHOOL TRANSPORT	9 - BUS - OTHER		19-TOWING		6	. 8				
	5 - BUS - TRANSIT/COMMUTER		15-CONSTRUCTION EQUIPMENT				12 12 12				
1011	I - NO CARGO BODYTYPE 3 - VEHICLE TOWING AN / NOT APPLICABLE MOTOR VEHICLE		00110020	8 - POLE 9 - Cargotank	12 - CONCRETE MIXER	12					
CARGO	2 - BUS	4 - LOGGING	* 03 000 11131(MILE) 0000 001	10-FLAT BED	13 - AUTO TRANSPORTER 14 - Garbage/Refuse						
BODY Type			7 001101011001001001001	11 - DUMP	99-OTHER/UNKNOWN		3 9 1 3 9 8 3				
	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICKTIRES	9 - MOTORTROUBLE	99 - OTHER / UNKNOWN						
	2 - HEAD LAMPS	5 - STEERING		10 - DISABLED FROM PRIO	}		6 6 6				
DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT		☐ - NO DAMAGE [	] UNDERCARRIAGE [14]				
	1 - INTERSECTION - MARKED	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISL	AND 12-FIRST RESPONDER	LI-NO DAMAGE L	J-UNDERGARRIAGE [14]				
NON-MOTORIST	CROSSWALK  2 - INTERSECTION – UNMARKED	4 - MIDBLOCK - MARKED Crosswalk		10 - DRIVEWAY ACCESS	AT INCIDENT SCENE 99-OTHER / UNKNOWN	☐-TOP [13]	-ALL AREAS [15]				
LOCATION AT IMPACT	CROSSWALK	5 - TRAVEL LANE OTHER LOCATION		11 - SHARED USE PATHS OF TRAILS	27-0111cm onvitons	- UNIT NOT AT SCENE [16]					
ATIMITAGE	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURV	E 18-APPROACHING						
2	2 - NON-COLLISION	2 - BACKING		14 - ENTERING OR CROSSII	AD A MANUAL MANUAL P	O - NO DAMAG	POINT OF CONTACT  14 - Undercarriage				
	3-STRIKING 0 1	3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE		SPECIFIED LOCATION	19-STANDING		O UNIT 15-VEHICLE NOT AT SCENE				
ACTION	4- STRUCK PRE-CRASH 5- BOTH STRIKING ACTIONS	4 - OVERTAKING/PASSING	AU TRIMED	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST 21 - Standing Outside	DIAGRA					
	& STRUCK	6 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED In traffic	16 - WORKING	DISABLED VEHICLE	13 - TOP					
	9-OTHER/UNKNOWN		12-DRIVERLESS	17 - PUSHING VEHICLE	99-OTHER/UNKNOWN		TRAFFIC				
	1-NONE	7-LEFT OF CENTER	DADLICK DOCUTION	17 - VISION OBSTRUCTION		TRAFFICWAY FLOW	TRAFFIC CONTROL				
	2 - FAILURE TO YIELD	8-FOLLOWING TOO CLOSE / AC 9-IMPROPER LANE CHANGE	DA PARKED POSITION  14-STOPPED OR PARKED	18-OPERATING DEFECTIVE EQUIPMENT		1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN				
99	3 - RAN RED LIGHT 4 - RAN STOP SIGN	10-IMPROPER LANE CHANGE	ILLEGALLY	19 - LOAD SHIFTING/FALL	23 - OPENING DOOR INTO NG/ ROADWAY	2 2 - TWO-WAY	6 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL				
CONTRIBUTING CIPCHMSTANCE	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - Wrong Way	SPILLING	99 - OTHER IMPROPER ACTION						
SEQUENCI	6-IMPROPERTURN	12-IMPROPER BACKING	20 - IFRONU WAI	20 - IMPROPER CROSSING		# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING				
SEQUENCI	E OF EVENTS					1 1	1 - NOT INVOLVED  1 - 2 - INVOLVED-ACTIVE CROSSING				
	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	NON-COLLISION 11-CROSS CENTERLINE —	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE	1	3 - INVOLVED-PASSIVE CROSSING				
1 2 0	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF TRAVEL	17 - ANIMAL FARM	EQUIPMENT	`````	MOTODICT DIDECTION				
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	12 - DOWNHILL RUNAWAY	18-ANIMAL — DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR	UNII / NOR	I-MOTORIST DIRECTION  1 - NORTH 5 - NORTHEAST				
2	4 - JACKKNIFE 5 - CARGO / EQUIPMENT	9 - RAN OFF ROAD LEFT 10-cross median	13-OTHER NON-COLLISION	19-ANIMAL — OTHER 20-MOTOR VEHICLE IN	ANYTHING SET IN MOTION By a motor vehicle		2 - SOUTH 6 - NORTHWEST				
21 .	LOSS OR SHIFT	TO-AUGG MEDINA	14-PEDESTRIAN 15-PEDALCYCLE	TRANSPORT	24 - OTHER MOVABLE OBJECT	FROM 2 TO L					
3	l	COLLIST	ON WITH FIXED OBJECT	21 - PARKED MOTOR VEHI F - Struck	,LC		4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN				
41 1	25 - IMPACT ATTENUATOR	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE		7 - VIDEN / UNKNUWN				
7	/ CRASH CUSHION 26-BRIDGE OVERHEAD	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	38 - OVERHEAD SIGN POST 39 - Light / Luminaries	44 - DITCH	EQUIPMENT 51 - WALL	UNIT SPEED	DETECTED SPEED				
51 1	STRUCTURE	34-MEDIAN GUARDRAIL	SUPPORT	45 - EMBANKMENT 46 - FENCE	52 - BUILDING	,0,1.0.	1 - STATED / ESTIMATED SPEED				
	27 - BRIDGE PIER OR ABUTMENT	BARRIER	40 - UTILITY POLE	47 - MAILBOX	53 - TUNNEL	0 1 0	2 - CALCULATED / EDR				
	27-BRIDGE PARAPET 35-MEDIAN CONCRETE 41-OTHER POST, POLE										
61 1	28-BRIDGE PARAPET  29-BRIDGE RAIL	35 - MEDIAN CONCRETE Barrier	OR SUPPORT	48 - TREE	54-OTHER FIXED OBJECT 99-OTHER / UNKNOWN	POSTED SPEED	3 - UNDETERMINED				
61			OR SUPPORT	48 - TREE 49 - FIRE HYDRANT	99 - OTHER / UNKNOWN	POSTED SPEED	3 - UNDETERMINED				

LOCAL REPORT NUMBER

UNIT#	OWNER NAME: LAST, FIRST	, MIDDLE ( same as driver)		OWNER PHON	E: INCLUDE	AREA CODE ( <b>X</b> SAME AS DRIVER)	DAMAGE				
7	FOX, JENNIFER, C					ī	DAMAGE SCALE				
4	DRESS: STREET, CITY, STATE,						2 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE				
<b>3</b>	NTWOOD BLVD ,CO IAL CARRIER: NAME, ADDRE			Commencial C	Annien DH	ONE: INCLUDE AREA CODE	9 - UNKNOWN				
COMMERCE	IAL GARRIER: NAME, ADDRE	coo, off i, of MIC, ZIP		GOMMERCIAL G	ARRIGR I' II	I I I I I	DAMAGED AREA(S)				
LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION #					E YEAR	VEHICLE MAKE	INDICATE ALL THAT APPLY				
OH						Toyota	12				
	CE INSURANCE COMPA	ANY	NSURANCE POLICY #	CO	LOR	VEHICLE MODEL	0 1		11 12 1		
INSURAN VERIFIE	GIECO	4	264-89-62-36	PLE		SCION xD	10 11 1 2		10 11 1 2		
	TYPE OF USE	_ ;;; =:::=====	US DOT #	TOWED BY: 00	MPANY N	AME	10 2	١	10. 2		
COMMER	RCIAL GOVERNMENT	IN EMERGENCY RESPONSE			ADDOUG	MATERIAL	9 3	3	9 9 3		
INTERL	nck	#OCCUPANTS VE	HICLE WEIGHT GVWR/GCWR 1 - ≤10K lbs.	MATERI RELEAS		MAIERIAL ASS# PLACARDID#					
DEVICE	HIT/SKIP UNIT	1 1	2 - 10,001 - 26K LBS.				6	,	8 6		
			i 3 - >26K LBS.	PLACAR			7 6	11	12 7 6		
		7 - MOTORCYCLE 2-WHEELED		8 - LIMO (LIVERY VEHI)		3 - PEDESTRIAN / SKATER	10 /		12		
	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE		9 - BUS (16+ PASSENGE 0 - Other Vehicle		4 - WHEELCHAIR (ANY TYPE) 5 - Other Non-Motorist		10	$\frac{1}{2}$		
UNIT TYPE	4 - PICK UP	10-MOPED OR MOTORIZED		1 - HEAVY EQUIPMENT		6-BICYCLE	9	9	3 3		
	5 - CARGO VAN	BICYCLE		2 - ANIMAL WITH RIDE		7-TRAIN	<b>/</b>	8			
u ,	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VE	11CLE 9	9 - UNKNOWN OR HIT/SKIP	8 \	<   <sup>™</sup>	5 4		
9	# of TRAILING UNITS						12 1		5 12 1		
	WAS VEHICLE OPERATING IN AU	TONOMOUS	0 - NO AUTOMATION	- CONDITIONAL AUTO	MATION 9	- UNKNOWN	12	,	12		
2	MODE WHEN CRASH OCCURRED	' <b>0</b> ,	1 - DRIVER ASSISTANCE	- HIGH AUTOMATION			10 11 1 2 10 11 1				
2	1-YES 2-NO 9-OTHER/UNK	101011011000	2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION			9 9 3	3	$\frac{10}{9}$ $\frac{2}{3}$ $\frac{2}{3}$		
	1 - NONE	MODE LEVEL 6 - BUS - CHARTER/TOUR	11-FIRE	L6-FARM	9	21 - MAIL CARRIER	8 1 4	/	8 4 -		
		7 - BUS - INTERCITY				99-OTHER/UNKNOWN	8 7 5	4	8 7 5 4		
CDECIVI	3 - ELECTRONIC RIDE SHARING		13 - POLICE	18-SNOW REMOVAL			7 6 7				
FUNCTION	INCTION 4 · SCHOOL TRANSPORT 9 - BUS - OTHER			19-TOWING			6		6		
	5 - BUS -TRANSIT/COMMUTER	10-AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE P	ATROL			12	12 12		
			0114 0010			12-CONCRETE MIXER	12	1			
CARGO	/ NOT APPLICABLE 2 - BUS	MOTOR VEHICLE 4 - LOGGING	A DESCRIPTION OF BOY	9 - CARGOTANK		13-AUTOTRANSPORTER		7			
BODY Type	2 - 000	4 - E000/H0	T ANALISIANIANIANIANIANI	10-FLAT BED 11-DUMP		14-GARBAGE/REFUSE 99-Other/Unknown		) "A	3 9 3 3		
		A DALLIER						7	lacktriangle		
	1 - TURN SIGNALS 2 - HEAD LAMPS	4 - BRAKES 5 - Steering		9 - MOTOR TROUBLE 10 - Disabled from Pi		99-OTHER/UNKNOWN	6	0			
DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT	uon			6	6 6		
	~ ~ ~						☐ - NO DAMAGE	[0]	Undercarriage [14]		
	1 - INTERSECTION MARKED Crosswalk	3 - INTERSECTION - OTHER		9 - MEDIAN/CROSSING		12-FIRST RESPONDER AT INCIDENT SCENE	☐-TOP [13]		☐-ALL AREAS [15]		
HON-MOTORIST	2 - INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED CROSSWALK		10-DRIVEWAY ACCESS 11-Shared Use Path		99-OTHER/UNKNOWN			LI ALL ANCAO (125)		
LOCATION AT IMPACT	CROSSWALK	5 - TRAVEL LANE - OTHER LOCATION		TRAILS	• • • •		□-U!	IIT NOT	AT SCENE [16]		
	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CU	RVE	18-APPROACHING	TAITT	TAL DAT	NT OF CONTACT		
1	2 - NON-COLLISION	2 - BACKING		14 - ENTERING OR CRO		OR LEAVING VEHICLE	0 - NO DAM		14 - UNDERCARRIAGE		
	3-STRIKING UZ	3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE				19-STANDING 20-OTHER NON-MOTORIST	I		IIT 15 - VEHICLE NOT AT SCENE		
AGILUN	4 - STRUCK PRE-CRASH 5 - BOTH STRIKING ACTIONS	4 - OVERTAKING/PASSING	10 - PARKED 11 - Slowing or Stopped	JOGGING, PLAYING 16 - WORKING		21 - STANDING OUTSIDE	DIAG	RAM	99 - UNKNOWN		
	& STRUCK	6 - MAKING LEFT TURN	IN TRAFFIC			DISABLED VEHICLE	13 - TOP				
	9-OTHER/UNKNOWN		12 - DRIVERLESS	17 - PUSHING VEHICLE		99-OTHER/UNKNOWN		TRA	AFFIC		
	1.NONE	7-LEFT OF CENTER		17 - VISION OBSTRUCT		21 - LYING IN ROADWAY	TRAFFICWAY FLOW		TRAFFIC CONTROL		
	2 - FAILURE TO YIELD	8-FOLLOWING TOO CLOSE / AC	DA PARKED POSITION  14-STOPPED OR PARKED	18-OPERATING DEFEC		22 - NOT DISCERNIBLE	1 - ONE-WAY		1 - ROUNDABOUT 4 - STOP SIGN		
$0 \mid 1$	3 - RAN RED LIGHT	9-IMPROPER LANE CHANGE	ILLEGALLY	19-LOAD SHIFTING/FA		23 - OPENING DOOR INTO ROADWAY	2 2 - TWO-WAY	, 6	2 - SIGNAL 5 - YIELD SIGN		
CONTRIBUTING	4 - RAN STOP SIGN 5 - UNSAFE SPEED	10-IMPROPER PASSING 11-DROVE OFF ROAD	15 - SWERVING TO AVOID	SPILLING		99-OTHER IMPROPER ACTION			3 - FLASHER 6 - NO CONTROL		
© CIRCUMSTANCE	6-IMPROPERTURN	12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPER CROSS	ING		# of THROUGH LANES		RAIL GRADE CROSSING		
	E OF EVENTS						ON ROAD	1	1 - NOT INVOLVED		
		1 111 111 1 1 1 1 1	NON-COLLISION		1		_2	1	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING		
1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE OPPOSITE DIRECTION OF	16 - RAILWAY VEHICLE 17 - ANIMAL FARM		22 - WORK ZONE MAINTENANCE EQUIPMENT		<u></u>	2 III. CZ. ZO I NOOTI C UNQUING		
	2 - FIRE/EXPLOSION 3 - IMMERSION	7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	TRAVEL	17 - ANIMAL PARM 18 - ANIMAL DEER		23 - STRUCK BY FALLING,	UNIT/N	10N-MO.	TORIST DIRECTION		
2	J 4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	19-ANIMAL - OTHER		SHIFTING CARGO OR ANYTHING SET IN MOTION			1 - NORTH 5 - NORTHEAST		
	5 - CARGO / EQUIPMENT	10 - CROSS MEDIAN	14 - PEDESTRIAN	20 - MOTOR VEHICLE I TRANSPORT	N	BY A MOTOR VEHICLE	FROM 1 TO	_2_	2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST		
3	LOSS OR SHIFT J		15-PEDALCYCLE	21 - PARKED MOTOR V	EHICLE	24-OTHER MOVABLE OBJECT	FROW L 10	L.=	4 - WEST B - SOUTHWEST		
	<u></u>		ON WITH FIXED OBJEC				.1		9 - OTHER / UNKNOWN		
4	25-IMPACT ATTENUATOR  CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST	43 - CURB 44 - DITCH		50 - WORK ZONE MAINTENANCE EQUIPMENT			DETECTED SPEED		
	26 - BRIDGE OVERHEAD	33 - MEDIAN CABLE BARRIER		45 - EMBANKMENT		51 - WALL	UNIT SPEED		1 - STATED / ESTIMATED SPEED		
5	STRUCTURE  27 - BRIDGE PIER OR ABUTMEN	34-MEDIAN GUARDRAIL	SUPPORT	46-FENCE		52-BUILDING	0,0,5				
	28 - BRIDGE PARAPET	BARRIER 35 - MEDIAN CONCRETE	40 - UTILITY POLE 41 - OTHER POST, POLE	47 - MAILBOX		53 - TUNNEL 54 - OTHER FIXED OBJECT			2 - CALGULATED / EDR		
611_	j 29-BRIDGE RAIL	BARRIER	OR SUPPORT	48-TREE 49-FIRE HYDRANT		99-OTHER/UNKNOWN	POSTED SPEED		3 - UNDETERMINED		
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT				2 5				
1	FIRST HARMFUL EVE	NT 1 MOST	HARMFUL EVENT								

OHO DEPARTMENT MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER						
WATER HORSE PARTICIPAL TO THE TOTAL TO THE TOTAL									2,0,2,2,-,0,0,0,4,2,1,5,-,					
UNIT#	NAME: LAST, FIR								DATE OF BIRTH AGE GENDER   10 11 / 0 8 / 11 9 8 3   3 9   F					
		CY, ANNE, B							0 1 /			3 3 9	F	
Fig. 1	STREET, CITY, STAT	ιτε, ZIP Γ 509 ,CHICAGO	.IL 6	0611					CONTACT P	PHONE - INCLUDE AREA C	ODE.			
3	INJURED EI	MS AGENCY (NAME)			KEN TO; N	MEDICAL FACILITY			207.0	SEATING POSITIO	N AIR BAG	USAGE EJECTION	TRAPPED	
	TAKEN BY			<u> </u>				USED 0 4	DOT-COMPLIANT 0 1 1 1					
OL STATE	OPERATOR LI	OPERATOR LICENSE NUMBER OF				ED	LOCAL	]				ATION NUMBER		
	,			331.0	8		CODE	Driving in	ng in Marked La 23374					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP		DRIVER ALCOHOL / DRUG SUSPECTED CO				CONDITION	ALC STATUS TY	OHOL TEST /PE VALUE		DRUG TEST(S TYPE   RESULT	T SELECT UPTO 4	
. 4 .	B			BY   ALCOHOL   MARIJUANA				1						
UNIT #	NAME: LAST, FI		<u> </u>	<u> </u>	EN DIVOG			الـــــا	DATE OF BIRTH		AGE	GENDER		
	1 '	HAD, MARTIN							0 5 (		9 7 5		M	
	STREET, CITY, STA									PHONE - INCLUDE AREA				
ADDRESS: 386 B  NOW 5  INJURIES OL STATE OL H  OL GL ASS	RENTW	OOD BLVD ,COP	PLEY	,OH 4	14321	Ĺ			l					
INJURIES	INJURED E	EMS AGENCY (NAME)		INJURED TA	AKEN TO: 1	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-Co	SEATING POSITION	ON AIR BAG	USAGE EJECTION	TRAPPED	
5	BY							0,4	MC HEI	LMET 0 1	1	1 1	1	
OL STATE		ICENSE NUMBER		OFFENS	E CHARG	iED	LOCAL CODE	OFFENSE DESC	RIPTION		CITAT	TION NUMBER		
O, H	1)	•	·····	<u> </u>						AUAL TECT		DDUG TECT/G		
≥ OL CLASS	SELECT UP TO 2	RESTRICTION SELECT UP	PT03 DRIV DIST BY	TRACTED	_	H <b>ol / Drug Suspe</b> Cohol <b>i</b> mar	ECTED RIJUANA	CONDITION	STATUS	YPE VALUE	STATUS	TYPE RESUL	T SELECT UPTO 4	
4	 	 		1 OTHER DRUG 1				1	1_	1	1			
UNIT#	NAME: LAST, F	TRST, MIDDLE	- ا							DATE OF BIRTH AGE GENDER				
	1													
ADDRESS	S: STREET, CITY, STA	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
6 5												<del></del>		
ADDRESS	TAKEN							DOT-CO	OMPLIANT [	ON AIR BAG	G USAGE   EJECTION	N TRAPPED		
OL STATE	DPERATOR LT	ICENSE NUMBER		OFFENS	SE CHAR	ARGED LOCAL OFFENSE DES						TION NUMBER	<u> </u>	
SINO P. J. V. T	UF ERRAY ON	IVE(10E HOIMBEN		0, 12	E Oilian.	YED	CODE	VII MITOM DA	SE BESSIA TON			11011112		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP				HOL / DRUG SUSP	ECTED	CONDITION	ALCOHOL TEST		I Status	DRUG TEST(S	S) LT select up 104	
	SELECT UP TO 2		BA	STRACTED	=	L-mul	RIJUANA		SIAIUS	YALUE	STATUS	I I I KE OU	LI SELECTOR 104	
TNII	UDIES.	SEATING POSITION		AIR BAG	OT	HER DRUG OL CLAS		OL RESTRIC	TION(S)	DRIVER DISTRA	etton l	TEST ST	ATIIS	
1 - FATAL	URIES	1 - FRONT - LEFT SIDE	1 - NOT DEP			1 - CLASS A		1 - ALCOHOL INTE	No. of Contract of	1 - NOT DISTRACTED	<u> </u>	1 - NONE GIVEN	ATUS	
The state of the s	D SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 DEPLOY			2 - CLASS B		2 - CDL INTRASTA		2 - MANUALLY OPERAT ELECTRONIC COMMI	UNICATION	2 - TEST REFUSED 3 - TEST GIVEN, CO	graduation of the com-	
4 - POSSIBLE I	D MINOR INJURY Injury	3-FRONT-RIGHT SIDE	4 4 4 4 4	YED SIDE Yed Both front/side *		3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE L 4 - FARM WAIVER		DEVICE (TEXTING, T DIALING)		SAMPLE / UNU	SABLE	
5 - NO APPARE		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APP	PLICABLE		(OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL		5 - EXCEPT CLASS	S A BUS 3 - TALKING ON HAND					
INJURED	D TAKEN BY	5 - SECOND - MIDDLE	9-DEPLOY	YMENT UNKNO	WN §			6 - EXCEPT CLASS & CLASS B BUS	\$	COMMUNICATION DEV		UNKNOWN		
1 - NOT TRANS /TREATED/		6 - SECOND - RIGHT SIDE 7 - Third - Left side	EJECTION OL ENDORSE			MENT	7 - EXCEPT TRACT 8 - INTERMEDIAT	200	5 - OTHER ACTIVITY WI	100	ALCOHOL TO	EST TYPE		
2 - EMS		(MOTODOVOLE SINE CAD)	1 - NOT EJE	JECTED	1 1 1 1 1 1	H - HAZMAT	Kagarjan. Labajasjan	RESTRICTIONS	\$	ELECTRONIC DEVIC		1 - NONE 2 - Blood		
3-POLICE 9-OTHER/UN	NKNOWN	9 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE	1000	ALLY EJECTED Ly ejected		M - MOTORCYCLE P - Passenger		9 - LEARNER'S PE RESTRICTIONS		6 - PASSENGER 7 - OTHER DISTRACTIO	N	3 - URINE		
		10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APP	A CARLON THE		N - TANKER		10 - LIMITED TO DA	and the second	INSIDE THE VEHICL		4 - BREATH 5 - OTHER		
1 - NONE USE	EQUIPMENT D	11 - PASSENGER IN OTHER	أريعه	TRAPPED		Q - MOTOR SCOOTER R - THREE-WHEEL M		11 - LIMITED TO EN	A.S. 2014	THE VEHICLE		DRUG TEST TYPE		
2 - SHOULDER	R BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOTTR/	12 PH 12 PM		S - SCHOOL BUS	IS 13 - MECHANICAL		. DEVICES 9-OTHER/UNK		N DRUG TE:			
3 - LAP BELT C 4 - SHOULDER	ONLY USED R & Lap Belt Used	PICK-UP WITH CAP)  12 - PASSENGER IN UNENCLOSED	2 - EXTRIC Mecha	CATED BY Anical Means	S	多いけつ ミココルこと	UBLE & TRIPLE TRAILERS CONTROLS, OF		R OTHER COND		ON 2-BL00D			
	STRAINT SYSTEM -	CARGO AREA  13 - TRAILING UNIT	3 - FREED Non-Me	) BY Iechanical M	1EANŚ		14 - MILITARY VE		HICLES ONLY	1 - APPARENTLY NORM 2 - Physical impairm	4 - 4 1 - 7 2	3 - URINE 4 - OTHER		
6 - CHILD RES	STRAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR				GENDE F-FEMALE	R	15 - MOTOR VEHIC AIR BRAKES	LESWITHOUT	3 - EMOTIONAL (E.G., DE Angry, disturbed)	MOTIONAL (E.G., DEPRESSED,		RESULT(S)	
REAR FACI 7 - BOOSTER S		(NON-TRAILING UNIT)  15 - NON-MOTORIST				M - MALE		16 - OUTSIDE MIR	A 4 5 5	4- ILLNESS		1 - AMPHETAMIN	IES	
8 - HELMET U		99-OTHER/UNKNOWN				U - OTHER / UNKNOW	<b>VN</b>	17 - PROSTHETIC / 18 - OTHER	AID	5 - FELL ASLEEP, FAIN FATIGUED, ETC.	TED,	2 - BARBITURATE 3 - BENZODIAZEP	The state of the s	
	IVE PADS USED Knees, etc.)									6- UNDER THE INFLUE		4 - CANNABINOID		
10-REFLECTIV	IVE CLOTHING									/ALCOHOL		5-COCAINE 6-OPIATES/OPI	ioine	
11 - LIGHTING / BICYCLE	G – PEDESTRIAN E only									9-OTHER/UNKNOWN		7 - OTHER	Ulus	
99 - OTHER/ UI	INKNOWN											8 - NEGATIVE RE	.SULTS	

1	SOFT-UBLIG BARRETY OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER							
×	- AMERICA SERVICE		JOULAIL / I	/ W . L   1   Im 4	O PEDDENDON			2 + 0 + 2 + 2 + - + 0 + 0 + 0 + 0 + 4 + 2 + 1 + 5 + - +							
ľ	UNIT#	NAME: LAST	, FIRST, MIDDLE			······································		DATE OF BIRTH AGE GENDER							
Į	_02_	FOX, J	IENNIFER, CH	IRISTINI	E			0 3 / 1 5 / 1 9 6 9 5 3 F							
		STREET, CITY, S		CONTACT PHONE - INCLUDE AREA CODE											
<u> </u>			VOOD BLVD ,	COPLEY	,OH 44321 INJURED TAKEN TO: MEDICAL FACILITY			L.							
٦		INJURED TAKEN	EMS Agency (NAME)		SAFETY EQUIPMENT	DOT-COMPLIANT	EATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED					
	_ 5 _	ВҮ		0,4	MC HELMET	0 3	<u> </u>	<u> </u>							
ı	UNIT#	NAME: LAST	, FIRST, MIDDLE					DATE	OF BIRTH		AGE	GENDER			
OCCUPAN	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
9	THURSTEA	INJURED	EMS Agency (NAME)	SAFETY EQUIPMENT	SEATING POSITION   AIR BAG USAGE   EJECTION   TRAPPED										
	INJURIES	S INJURED TAKEN TAKEN BY  INJURED TAKEN TO: Medical Facility (Name, City)   SAFETY USED						DOT-COMPLIANT MC HELMET	EAIING PUSITION	AIR BAG VSAGE	ESECTION	TRAPPED			
	<u> </u>	NAME: LAST, FIRST, MIDDLE									<u> </u>				
	UNIT #	NAME: LAST	r, FIRST, MIDDLE					/ UATE	OF BIRTH	Ì	AGE	GENDER			
Ę	ADDRESS	STREET, CITY,	PTATE 7ID					CONTACT PHONE	1 / 1 1		<u> Ш</u>	<u></u>			
CCUPAN	ADDRESS:	: STREET, GITT,	STATE, ZIP				ļ	DOMINOT FROME	· INCLUDE AREA CO	JE.					
ë	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	Y (NAME, CITY)	SAFETY EQUIPMENT	 	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		TAKEN BY				y still	USED	DOT-COMPLIANT MC HELMET				<u> </u>			
	UNIT #	NAME. 1AS	T EIDET MIDDLE		m i m m m m m m m m m m m m m m m m m m		DATI	OF BIRTH	1	AGE	GENDER				
	OHII II	IT # NAME: LAST, FIRST, MIDDLE							. /						
ANT	ADDRESS	IDRESS: STREET, CITY, STATE, ZIP							- INCLUDE AREA CO			<u>                                     </u>			
OCCUPAN															
8	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	ry (name, city)	SAFETY EQUIPMENT	DOT O	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
	1 1	TAKEN BY	•				USED .	DOT-COMPLIANT MC HELMET	L		  1				
		INJU	RIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
	1 - FAT	AL		1 - NONE US	ED- OCCUPANT	4	T - LEFT SIDE		1 - NOT DE	PLOYED					
			RIOUS INJURY		ER BELT ONLY USED	O FRONT MIDDLE			2 - DEPLOYED FRONT						
			NOR INJURY		T ONLY USED	ONLY USED 3 - FRONT - RIGHT SID				3 - DEPLOYED SIDE 4 - DEPLOYED BOTH					
		SIBLE INJU APPARENT		4 - SHOULDE	ER & LAP BELT USED	4 - SECOND – LEFT SID			FRONT/SIDE						
	J- 110 F				ESTRAINT SYSTEM -	36 . V 5.6	ND – MIDDLE ND – RIGHT SI		5 - NOT AI	PLICABLE					
	1 NOT	TRANSPOR	TAKEN BY		D FACING ESTRAINT SYSTEM –	DE									
		EATED AT S		REAR FA		CAR)		EJECTI	ON						
	2 - EMS	3		7 - BOOSTEF	RSEAT		1 - NOT E	JECTED							
I	3 - POL	ICE		8 - HELMET		1 to 1	D – RIGHT SIDI Per Section	OF TRUCK CAB 2 - PARTIALLY EJECTED							
	9 - OTH	IER / UNKN	OWN		TIVE PADS USED KNEES, ETC.)			HER ENCLOSED 3 - TOTALLY EJECTED TRAILING UNIT. 4 NOT APPLICABLE							
	10. Sec. 34	7.41. 14. 155	NDER		TIVE CLOTHING	BUS,	PICK-UP WITH CA	CAP)							
	F-FEM. M-MAL	"我""我","我"的"我"。			G – PEDESTRIAN		SENGER IN UNE GO AREA	ENCLOSED	3 10	TRAPP	ED:				
	31 1 10 10 L	ER/UNKNO	WN	/ BICYCL		化乳毒类形式 植物	LING UNIT	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL							
				99 - OTHER/	UNKNUWN		NG ON VEHICLI TRAILING UNIT)		MEAN		ALOHAIN.	OAL			
							-MOTORIST			BY NON-M	ECHANIC	ΆL			
						99 - OTHI	ER/UNKNOWN		MEAN	3	1 1 Y				
v	NAME: LA	AST, FIRST, MID	DLE					DAT ,	E OF BIRTH		AGE	GENDER			
	4000000	0 075557 0175	( OTATE 7 ( )					CONTACT PHONE		<u> </u>		J			
177	AUUKESS	S: STREET, CITY	, STALE, ZIP					CONTACT PHUNE	- INCLUDE AREA (	OUL.		, .			
ļ	NAME, LAST FIRST MIDDLE							DATE OF BIRTH AGE GENDE							
Ų	NAME: LAST, FIRST, MIDDLE							/ / .	1/1	, , ,	/ 1 m lm				
F-1/197	ADDRES	S: STREET, CIT	, STATE, ZIP					CONTACT PHON	- INCLUDE AREA	CODE		<u> </u>			
ě	i									<u> </u>	_1				
	NAME: L	AST, FIRST, MID	DLE			······································		DA	TE OF BIRTH		AGE	GENDER			
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2.0.71	ADDRES	S: STREET, CIT	Y, STATE, ZIP					CONTACT PHON	E - INCLUDE AREA	CODE					
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