| ONIO DEPARTMENT TRAFFIC CRASH   | LOCAL REPORT NUMBER*  |  |   |                                 |  |  |  |
|---|---|--|---|---------------------------------|--|--|--|
| PHOTOS TAKEN 0H-2 0H-3  | 12,0,2,4,-,0,0,0,1,5,8,7,   |  |   |                                 |  |  |  |
| SECONDARY CRASH OH-1P OTHER   | REPORTING AGENCY NAME*  | NCIC*  | HIT/SKIP<br>1 - SOLVED  | UNIT IN ERROR 98 - ANIMAL       |  |  |  |
| PRIVATE PROPERTY  | City of Kent Police   | 0,6,7,0,3  | L12 - UNSOLVED  |                                 | U Z 199 - UNKNOWN  |  |  |
| 1 - CITY  | r, VILLAGE, TOWNSHIP*   |  | CRASH DATE /1   |                                 | RASH SEVERITY<br>1 - FATAL   |  |  |
| 3-TOWNSHIP  | LOCATION ROAD NAME  | ROAD TYPE  | 0 2 0 3 2 0 2 4 <br>  LATITUDE DE                             |                                 | 2 - SERIOUS INJURY<br>SUSPECTED  |  |  |
| S-SOUTH   |   |  |   |                                 | 3 - MINOR INJURY   |  |  |
|   | LAKE REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  | S T ROAD TYPE  | 4,1,0,1,6,2, LONGITUDE DE                                     |                                 | SUSPECTED 4 - INJURY POSSIBLE  |  |  |
| S - SOUTH   | MASON   |  |   |                                 | 5 - PROPERTY DAMAGE  |  |  |
|   | ROUTE TYPE ROAD T   | A V  | -8 <sub>1</sub> 1 <sub>10</sub> 3 <sub>4</sub> 2 <sub>1</sub> | NTERSECTION RELAT               | ONLY   |  |  |
| 1 - INTERSECTION FROM REFERENCE N - NORTH IR -                        | INTERSTATE ROUTE(TP) AL -ALLEY HW-HIGH  |  | l 1   | RSECTION OR ON APPR             |  |  |  |
| └──── 3 - HOUSE #   | FEDERAL US ROUTE AV - AVENUE LA - LAN BL - BOULEVARD MP - MILI  |  | MITUIN INTE   | RCHANGE AREA NU                 | IMPER OF A PROPOSACION   |  |  |
| DISTANCE DISTANCE CR-   | NUMBERED COUNTY ROUTE   CR -CIRCLE   OV - OVAI  | TE - TERRACE   | WITHINTE  | ROADWAY                         | JMBER OF APPROACHES  |  |  |
| FROM REFERENCE UNIT OF MEASURE  1 - MILES TR -                        | NUMBERED TOWNSHIP DR - DRIVE PL - PIKE  |  |   |                                 |  |  |  |
| 2 0 2-FEET 2 3-YARDS  | ROUTE HE - HEIGHTS PL - PLA   | CE .   | ROADWAY DIV   | IDED                            |  |  |  |
| LOCATION OF FIRST HARMFUL EVEN<br>1 - ON ROADWAY 9 - CROSSOVER        |   |  | DIRECTION OF TRAVE  |                                 | IAN TYPE   |  |  |
| 0 1 2-ON SHOULDER 10-DRIVEWAY/  | ALLEY ACCESS 6 BETWEEN 5 - BACKIN   |  | N - NORTH<br>, s - South                                      | 1 - DIVIDE                      | D FLUSH MEDIAN<br>ET )   |  |  |
| 3-IN MEDIAN 11-RAILWAY GI<br>4-ON ROADSIDE 12-SHARED US               | WADE CROSSING VEHICLES IN 6-ANGLE   | VIPE, SAME DIRECTION   | E - EAST  | 2 - DIVIDE(<br>(≥4 FE           | D FLUSH MEDIAN<br>ET )   |  |  |
| 5-ON GORE TRAILS<br>6-OUTSIDE TRAFFIC WAY 13-BIKE LANE                |   | VIPE, OPPOSITE DIRECTION  / UNKNOWN  | W-WEST  |                                 | D, DEPRESSED MEDIAN<br>D, RAISED MEDIAN  |  |  |
| 7 - ON RAMP 14-TOLL BOOTH   | н   | 7 ONKNOWN  |   | (ANY T)                         | (PE)   |  |  |
| 8-OFF RAMP 99-OTHER/UN  |   | AND THE PARTY OF T |   | <u> </u>                        |  |  |  |
| WORK ZONE RELATED   |   | SH IN WORK ZONE<br>THE 1ST WORK ZONE   | CONTOUR 1   | CONDITIONS                      | SURFACE 2  |  |  |
| l <del></del>   | LANE SHIFT/CROSSOVER WARNIN<br>WORK ON SHOULDER 2 - ADVANC  | G SIGN<br>E WARNING AREA   | 1 - DRY   | 1 - CONCRETE                    |  |  |  |
| LAW ENFORCEMENT PRESENT   | OR MEDIAN 2 TRANSIT   | TRANSITION AREA 2 - STRAIGHT GRADE 2 - WET 2   |   |                                 |  |  |  |
|   |   | ACTIVITY AREA TERMINATION AREA 3 - CURVE LEVEL 3 - \$NOW   |   |                                 |  |  |  |
| LIGHT CONDITION   | WEATHER   | in the second se | 4 - CURVE GRADE<br>9 - OTHER/UNKNOWN                          | 4 - ICE<br>5 - SAND, MUD, DIRT, | 3 - BRICK/BLOCK  |  |  |
| 1 - DAYLIGHT  | 1-CLEAR 6-SNOW  |  | 4-0111FIGGIAKIAOANIA  | OIL, GRAVEL                     | 4 - SLAG, GRAVEL,<br>STONE   |  |  |
| 2 - DAWN/DUSK<br>3 - DARK – LIGHTED ROADWAY                           | 2-CLOUDY 7-SEVERE CROSSWI<br>3-FOG, SMOG, SMOKE 8-BLOWING SAND, S   |  |   | 6 - WATER (STANDING<br>MOVING)  | . 3.0781   |  |  |
| 4 ~ DARK – ROADWAY NOT LIGHTED<br>5 ~ DARK – UNKNOWN ROADWAY LIGHTING |   | R FREEZING DRIZZLE   |   | 7 - \$LUSH                      | 9 - OTHER/UNKNOWN  |  |  |
| 9 - OTHER / UNKNOWN   | 3-SEELI, HALE 77-SHERY SWINGS   | rn   |   | 9 - OTHER/UNKNOWN               |  |  |  |
| NARRATIVE   |   | Since the size 1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | Manager State (1921)  | d                               | Indicate the north   |  |  |
| UNIT 1 WAS TRAVELING WE   | STBOUND ON LAKE   |  |   | A                               | an "N" on the  |  |  |
| ST. UNIT 2 WAS TRAVELING  | EASTROUND ON  |  |   | ļ                               | y volimpeus unigram  |  |  |
|   |   |  |   |                                 |  |  |  |
| LAKE ST TURING NORTHBO  |   |  |   | M                               | ot To Scale  |  |  |
| LAKE ST. UNIT 2 FAILED TO   |   |  |   |                                 | (Z=)   |  |  |
| ONCOMING TRAFFIC CAUS   |   |  | 1013  | AKEAVE                          |  |  |  |
| STRIKE UNIT 2.  | MA  | SONAVE   | \   |                                 |  |  |  |
|   |   |  | [2]   |                                 | and the same of th |  |  |
|   |   | •  |   |                                 |  |  |  |
|   |   | STATE STREET,  | LAKEST  |                                 |  |  |  |
|   |   |  | Carcos  |                                 |  |  |  |
| ***************************************                               |   |  |   |                                 | ;<br>;   |  |  |
| CDACH DEDODTED DATE /TIME   | DISPATCH DATE / TIME ARRIVAL DA   | TE /TIME   | SUENE OI ENDED  | DATE /TIME                      | DEDORT TAKEN DV  |  |  |
|   |   |  | SCENE CLEARED   | l r                             | REPORT TAKEN BY  POLICE AGENCY   |  |  |
|   | $3 \cdot 2 \cdot 0 \cdot 2 \cdot 4 \cdot / \cdot 1 \cdot 5 \cdot 2 \cdot 7 \cdot 0 \cdot 2 \cdot 0 \cdot 3 \cdot 2 \cdot 0 \cdot 2$ | 4,/,1,3,3,0,(  |   |                                 |  |  |  |
| ROADWAY CLOSED INVESTIGATION TIME MINUT                               | I OFFICER'S NAME*   | Cuedves to Deet  | CEDIC NAMEX   | L                               | I  |  |  |
|   |   | CHECKED BY OFFI<br>Gaydosh,  |   |                                 | SUPPLEMENT<br>(CORRECTION OR ADDITION  |  |  |



2 + 0 + 2 + 4 + - + 0 + 0 + 0 + 0 + 1 + 5 + 8 + 7 +UNIT # OWNER NAME: LAST, FIRST, MIDDLE ( SAME AS DRIVER OWNER PHONE: INCLUDE AREA CODE ( | SAME AS DRIVER) DAMAGE 0 1 MIMA, CAROL, LŸNNETTE Redacted per ORC 149.43 (A)(1)(mn DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP ( | SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 3856 NORTHVIEW DR, Stow, OH 44224 → 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 9 - UNKNOWN DAMAGED AREA(S) INDICATE ALL THAT APPLY LP STATE LICENSE PLATE # **VEHICLE IDENTIFICATION #** VEHICLE YEAR VEHICLE MAKE  $J_{+}T_{1}3_{1}X_{1}P_{1}1_{1}0_{+}V_{1}9_{1}X_{1}0_{1}0_{1}1_{1}6_{1}5_{1}8_{1}0_{1}$ 1 9 9 9 Toyota O<sub>1</sub> H<sub>1</sub> FGD4629 INSURANCE INSURANCE COMPANY
VERIFIED AMERICAN INSURANCE POLICY # COLOR VEHICLE MODEL AOV-281-677320 WHI RAV 4 US DOT # TYPE of USE TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR INTERLOCK
DEVICE
EQUIPPED #OCCUPANTS MATERIAL CLASS # PLACARD ID # 1 - ≤10KL8S. 2 - 10,001 - 26KL8S. HIT/SKIP UNIT 0,2 PLACARD 3 - >26K LBS. 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18-LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13-SNOWMOBILE 19-BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 0 1 1 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20-OTHER VEHICLE 25 - OTHER NON-MOTORIST UNIT TYPE 4 - PICK UP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26-81CYCLE 5 - CARGO VAN BICYCLE 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 - UNKNOWN OR HIT/SKIP (ATV/UTV) 00 # OF TRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 1 - DRIVER ASSISTANCE 4 - HIGH ASSTOMATION 0 2 1-YES 2-NO 9-OTHER/UNKNOWN 2 - PARTIAL AUTOMATION AUTONOMOUS 5 - FULL AUTOMATION MODE LEVE 1 - NONE 6 - BUS - CHARTER/TOUR 11-FIRE 16-FARM 21 - MAIL CARRIER 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13-POLICE 18-SNOW REMOVAL FUNCTION 4 - SCHOOL TRANSPORT 9 - BUS-OTHER 14 - PUBLIC UTILITY 19-TOWING 15-CONSTRUCTION EQUIPMENT 20-SAFETY SERVICE PATROL 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE 12 - CONCRETE MIXER  $0.1_{-}$ /NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGO TANK 13 - AUTO TRANSPORTER CARGO 4 - LOGGING 2 - BUS 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14 - ĞARBAGE/REFUSE BODY 7 - GRAIN/CHIPS/GRAVEL 11 - NUMP TYPE 99-OTHER/UNKNOWN 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICKTIRES 9 - MOTORTROUBLE 99-OTHER/UNKNOWN VEHICLE 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT 10-DISABLED FROM PRIOR DEFECTIVE DEFECTS 3 - TAIL LAMPS ACCIDENT 6 - TIRE BLOWOUT - NO DAMAGE [ 0 ] - UNDERCARRIAGE [14] 1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 12 - FIRST RESPONDER 9 - MEDIAN/CROSSING ISLAND CROSSWALK AT INCIDENT SCENE 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE -TOP [13] 10-DRIVEWAY ACCESS -ALL AREAS [15] NON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 99-OTHER/UNKNOWN 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 OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14-ENTERING OR CROSSING 0 1 3 - CHANGING LANES 3 - STRIKING 0 - NO DAMAGE 14 - UNDERCARRIAGE 19-STANDING 9 - LEAVING TRAFFIC LANE SPECIFIED LOCATION 1 2 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE PRE-CRASH 4 - OVERTAKING/PASSING 15 - WALKING, RUNNING, 20 - OTHER NON-MOTORIST ACTION 4. STRUCK 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 IN TRAFFIC 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 TRAFFICWAY FLOW TRAFFIC CONTROL PARKED POSITION 2 - FAULURE TO VIELD 8-FOLLOWING TOO CLOSE / ACDA. 18-OPERATING DEFECTIVE 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 14 - STOPPED OR PARKED 0 1 3 - RAN RED LIGHT 4 - RAN STOP SIGN EQUIPMENT 9-IMPROPER LANE CHANGE 23 - OPENING DOOR INTO 2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN ILLEGALLY 19-LOAD SHIFTING/FALLING/ ROADWAY 10-IMPROPER PASSING CONTRIBUTING 5 - UNSAFE SPEED 3 - FLASHER 15 - SWERVING TO AVOID 6 - NO CONTROL SPILLING 99 - OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING 6-IMPROPERTURN 12-IMPROPER BACKING # of THROUGH LANES RAIL GRADE CROSSING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2 - INVOLVED-ACTIVE CROSSING 2 NON-COLLISION 3 - INVOLVED-PASSIVE CROSSING 1 2 0 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE -16-RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE OPPOSITE DIRECTION OF EQUIPMENT 7 - SEPARATION OF UNITS 17 - ANIMAL -- FARM TRAVEL 23 - STRUCK BY FALLING, **UNIT / NON-MOTORIST DIRECTION** 18-ANIMAL - DEER 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR 1 - NORTH 5 - NORTHEAST 19-ANIMAL - OTHER J 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT ANYTHING SET IN MOTION 13-OTHER NON-COLLISION 2 - SOUTH 20 - MOTOR VEHICLE IN 6 - NORTHWEST 5 - CARGO / EQUIPMENT 10-CROSS MEDIAN BY A MOTOR VEHICLE 14 - PEDESTRIAN FROM 3 TO 4 TRANSPORT 3 - EAST 7 - SOUTHEAST LOSS OR SHIFT 24-OTHER MOVABLE OBJECT 15-PEDALCYCLE 21 - PARKED MOTOR VEHICLE 4 - WEST 8 - SOUTHWEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER / UNKNOWN 25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CUR8 50 - WORK ZONE MAINTENANCE / CRASH CUSHION EQUIPMENT 32 - PORTABLE BARRIER 38-OVERHEAD SIGN POST 44-DITCH **UNIT SPEED DETECTED SPEED** 26-BRIDGE OVERHEAD 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 45 - EMBANKMENT 51 - WALL STRUCTURE 1 - STATED / ESTIMATED SPEED SUPPORT 52-BUILDING 34-MEDIAN GUARDRAIL 46-FENCE ,0,3,5, 27 - BRIDGE PIER OR ABUTMENT 40 - UTILITY POLE ☐ 2 - CALCULATED / EDR BARRIER 53-TUNNEL 47 - MAIL BOX 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54 - OTHER FIXED ORJECT 48-TREE POSTED SPEED 3 - UNDETERMINED \_ 29-BRIDGE RAIL BARRIER OR SUPPORT 99 - OTHER / UNKNOWN 49-FIRE HYDRANT 30 - GUARDRAIL FACE 36-MEDIAN OTHER BARRIER 42 - CULVERT 3 5 1 MOST HARMFUL EVENT ☐ FIRST HARMFUL EVENT

**LOCAL REPORT NUMBER** 



LOCAL REPORT NUMBER 2 + 0 + 2 + 4 + - + 0 + 0 + 0 + 0 + 1 + 5 + 8 + 7

| . n         | 2  | 2   STRIMPLE, CLAIRE, MICHELLE   |  |   |   | LUDE AREA CODE (□ SAME AS DRIVER)<br>PRC 149.43 (A)(1)(mm                           |  |   |  |  |  |
|-------------|--|--|--|---|---|---|--|---|--|--|--|
|             |  | DDRESS: STREET, CITY, STATE RANT ST, Ak  |  | 1   |   | · · · · · · · · · · · · · · · · · · ·   | 1 - NONE 3 - FUNCTIONAL DAMAGE 2 2 - MINOR DAMAGE 4 - DISABLING DAMAGE |   |  |  |  |
| co          |  | CIAL CARRIER: NAME, ADDI   |  |   | COMMERCIAL CARRIER                                  | PHONE; INCLUDE AREA CODE  | 9 - UNKNOWN  |   |  |  |  |
| LP          | STATE  | LICENSE PLATE #  | VEHICLE  | IDENTIFICATION#   | VEHICLE YE  | AR VEHICLE MAKE   | DAMAGED AREA(S) INDICATE ALL THAT APPLY                                |   |  |  |  |
| <u>. C</u>  | $   \begin{array}{c cccccccccccccccccccccccccccccccccc$  |  |  |   | 4[8]5[2]02  | <u>0</u> Toyota   | 11 12 1 11 12 1  |   |  |  |  |
| X           | INSURANCE POLICY # PROGRESSIVE INSURANCE POLICY # 961-801-918  |  |  | BLK   | VEHICLE MODEL RAV 4                                 | 10 12 1   | 2 10 12 1 2  |   |  |  |  |
| <b>I</b>    | TYPE OF USE  COMMERCIAL GOVERNMENT RESPONSE  US DOT #  UND DOT #                                       |  |  |   | TOWED BY: COMPAN                                    | YNAME   | 9 9 3  | 3 9 9 2 3 3   |  |  |  |
|             | <del>-</del>   | L  | #OCCUPANTS VE  | HICLE WEIGHT GVWR/GCWR<br>1 - ≤10K lbs.                         |   | OUS MATERIAL<br>CLASS # PLACARD ID #  |  | 8 4   |  |  |  |
|             | INTERLOCK   DEVICE   HIT/SKIP UNIT   #0CCUPANTS   1 - \$10KLBS.   2 - 10,001 - 26K LBS.   3 - >26KLBS. |  |  | RELEASED PLACARD  |   | 8 6 5   | 12 8 7 6 5   |   |  |  |  |
|             | 1 - PASSENGER CAR 7 - MOTORCYGLE 2-WHEELED 12 - GOLF CART 18-L   |  |  |   | 18-LIMO (LIVERY VEHICLE)<br>19-BUS (16+ PASSENGERS) | 23 - PEDESTRIAN / SKATER<br>24 - Wheelchair (any type)                              | 6 10 /   | 11 12 6   |  |  |  |
|             | 0 <sub>.</sub> 1 <sub>.</sub><br>It type   | 3 - SPORT LITILITY VEHICLE<br>4 - PICK UP  | 9 - AUTOCYCLE  | 14 - SINGLE UNIT TRUCK  | 20-OTHER VEHICLE                                    | 25 - OTHER NON-MOTORIST   |  | 10 2  |  |  |  |
|             |  | 5 - CARGO VAN  | 10-MOPED OR MOTORIZED<br>BICYCLE                           | 16-FARM EQUIPMENT   | 21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR   | 26-BICYCLE<br>27-Train  | <u> </u>   | 9 3 3   |  |  |  |
| Ш ,         | 00.  | 6 - VAN (9-15 SEATS) # of trailing units   | 11 - ALL TERRAIN VEHICLE<br>(ATV / UTV)                    | 17 - MOTORHOME  | ANIMAL-DRAWN VEHICLE                                | 99 - UNKNOWN OR HIT/SKIP  | 8  | 7 6 5 4   |  |  |  |
| VERIGEE     |  | WAS VEHICLE OPERATING IN AU  | TONOMOUS   | O - NO AUTOMATION   | 3 - CONDITIONAL AUTOMATION                          | 9 - UNKNOWN   | 11 12 1  | 6 5 11 12 1   |  |  |  |
| ><br>       | 2 ,  | MODE WHEN CRASH OCCURRED<br>1-YES 2-NO 9-OTHER/UNK   | 1 <b>U</b> 1   | 1 - DRIVER ASSISTANCE   | 4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION          |   | 10 11 1  | 2 10 11 1 2   |  |  |  |
|             |  | 1 - NONE   | MODE LEVEL  6 - BUS - CHARTER/TOUR                         |   | 16-FARM   | 21 - MAIL CARRIER   | 9 3 3  | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$   |  |  |  |
| ا ا         | $0.1_{\pm}$  | 2 - TAXI   | 7 - BUS-INTERCITY  | 12-MILITARY   | 17 - MOWING   | 99 - OTHER/ UNKNOWN   | 8 7 6 5  | 4 8 7 5 4   |  |  |  |
| SP<br>FUI   | INCTION 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14-PUBLIC UTILITY   |  | 18-SNOW REMOVAL<br>19-TOWING                               |   | 7 6 5   | 7 6   |  |   |  |  |  |
|             | ·  | 5 - BUS - TRANSITICOMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT  1 - NO CARGO BODYTYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER   |  |   | 20-SAFETY SERVICE PATROL<br>8 - POLE                | 12 - CONCRETE MIXER   |  | 12 12 12  |  |  |  |
|             | ULL  | / NOT APPLICABLE MOTOR VEHICLE   |  | CHASSIS 9 - CARGO TANK 6 - CARGO VAN/ENCLOSED BOX 10 - FLAT BED |   | 13 - AUTO TRANSPORTER   | 12<br>R.A.   |   |  |  |  |
|             | BODY<br>Type   | 2-000  | 4 - EQUALING   | 7 - GRAIN/CHIPS/GRAVEL 1  |   | 14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN   | 9 ( ) 3  | 9 🚅 🖰 3 9 🔀 3   |  |  |  |
|             |  | 1 - TURN SIGNALS   | 4 - BRAKES   |   | 9 - MOTORTROUBLE                                    | 99-OTHER/UNKNOWN  | 6  |   |  |  |  |
| DE          | FECTS  | 2 - HEAD LAMPS<br>3 - TAIL LAMPS   | 5 - STEERING<br>6 - TIRE BLOWOUT                           | 8 - TRAILER EQUIPMENT<br>DEFECTIVE                              | 10-DISABLED FROM PRIOR<br>ACCIDENT                  |   | □ No Banasa  | 6 6 6 6   |  |  |  |
|             |  | 1-INTERSECTION-MARKED<br>CROSSWALK   | 3 - INTERSECTION - OTHER                                   |   | 9 - MEDIAN/CROSSING ISLAND                          | 12-FIRST RESPONDER<br>At incident scene   | ☐ - NO DAMAGE  | E [ 0 ]   |  |  |  |
| HON-        | -MOTORIST<br>Cation  | TION STOCKER OF THE S |  | 10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR                | 99 - OTHER / UNKNOWN                                | U-NUT NOT AT SCENE [16]   |  |   |  |  |  |
| AT          | IMPACT   | 1 - NON-CONTACT  | 5 - TRAVEL LANE - OTHER LOCATION  1 - STRAIGHT AHEAD       |   | TRAILS  13-NEGOTIATING A CURVE                      | 18 - APPROACHING  |  |   |  |  |  |
|             | 4 ,  | 2-NON-COLLISION 3-STRIKING 06  | 2 - BACKING<br>3 - CHANGING LANES                          |   | 14 - ENTERING OR CROSSING<br>SPECIFIED LOCATION     | OR LEAVING VEHICLE<br>19 - Standing   | 0 - NO DAM   | IAL POINT OF CONTACT<br>Age 14 - Undercarriage          |  |  |  |
| A           | CTION  | 4- STRUCK PRE-CRASH 5- BOTH STRIKING ACTIONS   | 4 - OVERTAKING/PASSING                                     | 10-PARKED   | 15-WALKING, RUNNING,<br>JOGGING, PLAYING            | 20 - OTHER NON-MOTORIST 21 - Standing Outside Disabled Yehicle 99 - Other / Unknown | 0 4 1-12 REFE  | ER TO UNIT 15 - VEHICLE NOT AT SCENE RAM 99 - UNKNOWN   |  |  |  |
|             |  | & STRUCK   | 6 - MAKING RIGHT LURN                                      | IN TRULL IN   | 16 - WORKING<br>17 - PUSHING VEHICLE                |   | 13 - TOP   |   |  |  |  |
|             |  | 9-OTHER/UNKNOWN<br>1-NONE  | 7-LEFT OF CENTER   | TE - DICTACIONE   | 17 - VISION OBSTRUCTION                             | 21 - LYING IN ROADWAY   | TRAFFICWAY FLOW  | TRAFFIC TRAFFIC CONTROL                                 |  |  |  |
|             | 0.4  | 2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT  | 8 - FOLLOWING TOO CLOSE / ACDA<br>9 - IMPROPER LANE CHANGE | PARKED POSITION  14 - STOPPED OR PARKED                         | 18-OPERATING DEFECTIVE<br>EQUIPMENT                 | 22 - NOT DISCERNIBLE<br>23 - Opening Door into                                      | 1 - ONE-WAY  | 1 - ROUNDABOUT 4 - STOP SIGN                            |  |  |  |
|             | $rac{0_1}{2_1}$ tributing   | 4 - RAN STOP SIGN  | 10-IMPROPER PASSING  | ILLEGALLY<br>15 - SWERVING TO AVOID                             | 19-LOAD SHIFTING/FALLING/<br>SPILLING               | ROADWAY  99 - OTHER IMPROPER ACTION   | 2 - TWO-WAY  | 6 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |  |  |  |
| © CIRC      | UMSTANCES  | 5 - UNSAFE SPEED<br>6 - IMPROPER TURN  | 11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING               | 16 - WRONG WAY  | 20-IMPROPER CROSSING                                | 77-OTHER IMPROPERABITION  | # of THROUGH LANES<br>ON ROAD  | RAIL GRADE CROSSING                                     |  |  |  |
| CIRC<br>SEC | QUENCE   | OF EVENTS  |  | NON-COLLISION   |   |   | 2  | 1 - NOT INVOLVED  1 2 - INVOLVED-ACTIVE CROSSING        |  |  |  |
| 1           | <b>2</b> , <b>0</b> ,  | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION  | 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS              | 11 - CROSS CENTERLINE —<br>OPPOSITE DIRECTION OF                | 16 - RAILWAY VEHICLE<br>17 - ANIMAL — FARM          | 22 - WORK ZONE MAINTENANCE<br>EQUIPMENT   |  | 3 - INVOLVED-PASSIVE CROSSING                           |  |  |  |
| اه          | 1 '  | 3 - IMMERSION  | 8 - RAN OFF ROAD RIGHT                                     | TRAVEL  12 - DOWNHILL BUNAWAY                                   | 18-ANIMAL — DEER<br>19-ANIMAL — OTHER               | 23 - STRUCK BY FALLING,<br>SHIFTING CARGO OR  | UNIT/N   | ION-MOTORIST DIRECTION  1 - NORTH 5 - NORTHEAST         |  |  |  |
| Z L         |  | 4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT   | 9 - RAN OFF ROAD LEFT<br>10 - Cross Median                 | 12 OTUCO MON POLITRION  | 20 - MOTOR VEHICLE IN<br>TRANSPORT                  | ANYTHING SET IN MOTION<br>By a motor vehicle  | FROM 4 TO  | 2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST       |  |  |  |
| 3 L_        | LOSS OR SHIFT  |  |  |   | 21 - PARKED MOTOR VEHICLE                           | 24-OTHER MOVABLE OBJECT   | FRUM [] IU   | 4 - WEST 8 - SOUTHWEST                                  |  |  |  |
| 4 L_        |  | 25 - IMPACT ATTENUATOR<br>/ CRASH CUSHION  | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER                | 37 - TRAFFIC SIGN POST  | 43-CURB<br>44-DITCH                                 | 50 - WORK ZONE MAINTENANCE<br>EQUIPMENT<br>51 - WALL<br>52 - BUILDING               | HMIT COECO   | 9 - OTHER / UNKNOWN                                     |  |  |  |
| <b>.</b>    |  | 26 - BRIDGE OVERHEAD<br>STRUCTURE  | 33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL         | 39 - LIGHT / LUMINARIES   | 45 - EMBANKMENT<br>46 - FENCE                       |   | UNIT SPEED   | DETECTED SPEED  1 - STATED / ESTIMATED SPEED            |  |  |  |
| 5           |  | 27 - BRIDGE PLER OR ABUTMENT<br>28 - BRIDGE PARAPET  | BARRIER 35-MEDIAN CONCRETE                                 | 40 - UTILITY POLE   | 47 - MAILBOX  | 53 - TUNNEL<br>54 - OTHER FIXED OBJECT  | 0,0,5  | 2 - CALCULATED / EDR                                    |  |  |  |
| 6∟          | A SO_RRINGE PAUL RAPPIER OF SUPPORT  |  |  | 48-TREE<br>49-FIRE HYDRANT                                      | 99-OTHER/UNKNOWN                                    | POSTED SPEED  | 3 - UNDETERMINED   |   |  |  |  |
| L.          | 1  | FIRST HARMFUL EVEN   | . 1  | ARMFUL EVENT  |   |   | 3 5  | . *   |  |  |  |
| HSY         | '8304 Ol   | H1U 1/19 [760-0820]  |  |   |   |   |  | PAGE 3 OF 5   |  |  |  |

| OHIO DEPARTMENT MOTORIST / NON-MOTORIST   |                                   |   |                            |                              |  | LOCAL REPORT NUMBER   |   |  |   |   |                                   |                                |           |  |
|---|-----------------------------------|---|----------------------------|------------------------------|--|---|---|--|---|---|-----------------------------------|--------------------------------|-----------|--|
|   |                                   |   |                            |                              |  | $2 \cdot 0 \cdot 2 \cdot 4 \cdot - 0 \cdot 0 \cdot 0 \cdot 0 \cdot 1 \cdot 5 \cdot 8 \cdot 7$ |   |  |   |   |                                   |                                |           |  |
| UNIT#   |                                   |   |                            |                              |  |   |   | DATE OF BIRTH AGE GENDER                     |   |   |                                   |                                |           |  |
|   | RAMOS, FELIP, MANUEL              |   |                            |                              |  |   |   |  | $0 \cdot 2 \cdot 1 \cdot 6 \cdot 1 \cdot 9 \cdot 9 \cdot 3 \cdot 3 \cdot 0 \cdot M$ |   |                                   |                                |           |  |
| <b>13</b>   |                                   | THVIEW DR ,Stow ,OH 44224                         |                            |                              |  |   |   |  | CONTACT PHONE - INCLUDE AREA CODE   |   |                                   |                                |           |  |
| Θ   |                                   | EMS AGENCY (NAME)                                 | ОП 45                      | -γ                           |  | MEDICAL FACILITY  |   | LOACETY COMPAGNIZ                            | Redacted per QRC 149.43 (A)(1)(mm)  |   |                                   |                                |           |  |
| INJURIES 3  | TAKEN                             | Kent Fire   |                            | INJUREDI                     | AKEN 10                                    | : MEDICAL FACILITY  | (NAME, CITY)  | USED   | DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED MC HELMET 0 1 1 1 1   |   |                                   |                                |           |  |
| OL STATE  | terrenewal                        | ICENSE NUMBER                                     |                            | OFFENS                       | SE CHAE                                    | RGED  | LOCAL   | 0 4  | FFENSE DESCRIPTION  |   | CITATION                          | NIMPED                         |           |  |
| O H.  |                                   | ted per ORC 4501                                  | 1.1.12                     | J TENS                       | JE OIIAI                                   | NULD  | CODE  | OTTENSE BESS                                 | MI IION   |   | CITATION NUMBER                   |                                |           |  |
| OL CLASS  | ENDORSEMENT                       |   | UPTO3 DRI                  | VER                          | ALCO                                       | DHOL / DRUG SUSPE   | CTED  | CONDITION                                    | ALCOH   | OL TEST   |                                   | JG TEST(S                      |           |  |
|   | SELECT UP TO 2                    |   | DISTRACTED                 |                              |  | LCOHOL   MAF  | OHOL MARIJUANA  |  | STATUS TYPE   | VALUE   | STATUS TYPE RESULT SELECT UP TO 4 |                                |           |  |
| 4   |                                   |   |                            |                              | O1   | THER DRUG   |   | 1  |   |   | $1 \mid 1$                        |                                | بالبال    |  |
| UNIT#   | NAME: LAST,                       | •   | MICIT                      | тит                          | 7  |   |   |  |   | DATE OF BIRTH   |                                   | AGE                            | GENDER    |  |
| 0,2   | STREET, CITY, ST                  | IPLE, CLAIRE,                                     | VIICH                      | LLLE                         | با   |   |   |  | 0 7 3 1 1 9 7 8 4 5 F   |   |                                   |                                |           |  |
| 445 C   |                                   | ST ,Akron ,OH 44                                  | 311                        |                              |  |   |   |  | CONTACT PHONE - INCLUDE AREA CODE  [Redacted per ORC 149.43 (A)(1)(mm)              |   |                                   |                                |           |  |
| INJURIES  |                                   | EMS AGENCY (NAME)                                 |                            | INJUREDT                     | AKEN TO                                    | : MEDICAL FACILITY  | NAME, CITY)   | SAFETY EQUIPMENT                             |   |   | IR BAG USAGE EJECTION TRAPPED     |                                |           |  |
| <b>2</b> , 5,   | TAKEN<br>BY                       |   |                            |                              |  |   |   | USED 0 4                                     | DOT-COMPLE<br>MC HELMI  | ET 0 1  |                                   |                                | 1         |  |
| Address: 445 G  NOV 5  INJURIES OL STATE OL H,  | OPERATOR L                        | ICENSE NUMBER                                     |                            | OFFENS                       | SE CHAF                                    | RGED  | LOCAL   | OFFENSE DESC                                 | RIPTION   |   | CITATION NUMBER                   |                                |           |  |
| <b>O</b> H  | Redact                            | ed per ORC 4501                                   | :1-12                      | 331.1                        | l <b>7</b>                                 |   | CODE  | <br>  Right of Way                           | when Tu   |   | 26682                             |                                |           |  |
| OL CLASS  | ENDORSEMENT<br>SELECT UP TO 2     | RESTRICTION SELECT                                |                            | VER<br>TRACTED               | ALCOHOL / DRUG SUSPECTED CONDITION         |   |   | ALCOHOL TEST DRUG T                          |   |   | UG TEST(S                         | SELECTUPTO 4                   |           |  |
| . 4 .   | BY                                |   |                            |                              |  | LCOHOL MAR<br>THER DRUG   |   |  |   |   | 1 1                               |                                |           |  |
| UNIT#   | NAME: LAST,                       |   |                            |                              |  | I TEK DRUG  | 17  |  | ال  | DATE OF BIRTH   |                                   | AGE                            | GENDER    |  |
|   |                                   |   |                            |                              |  |   |   |  | AGE GENDER  |   |                                   |                                |           |  |
| ADDRESS:  | ADDRESS: STREET, CITY, STATE, ZIP |   |                            |                              |  |   |   | CONTACT PHONE - INCLUDE AREA CODE            |   |   |                                   |                                |           |  |
| E   |                                   |   |                            |                              |  |   |   |  |   |   |                                   |                                |           |  |
| S ADDRESS:  | INJURED<br>TAKEN                  | EMS AGENCY (NAME)                                 |                            | INJUREO T.                   | AKEN TO                                    | : MEDICAL FACILITY  | NAME, CITY)   |  | BOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED                       |   |                                   |                                |           |  |
|   | ВУ                                |   |                            |                              |  |   | USED  |  |   | DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION |                                   |                                | L         |  |
| OL STATE  | OPERATOR L                        | ICENSE NUMBER                                     |                            | OFFENS                       | SE CHAF                                    | RGED LOCAL OFFENSE DESCRICTION  |   |  | RIPTION   |   | CITATION                          | ITATION NUMBER                 |           |  |
| O L CLASS   | SUBODOSLISUE                      |   | Innu                       |                              |  |   |   | CONDITION ALCOHOL TEST                       |   |   | DRUG TEST(S)                      |                                |           |  |
| OL CLASS  | ENDORSEMENT<br>SELECT UP TO 2     | RESTRICTION SELECT                                |                            | TRACTED ALCOHOL / DRUG SUSPE |  |   | CONDITION   |  |   | STATUS TYP  | TATUS TYPE RESULT                 |                                |           |  |
|   |                                   |   |                            |                              | □ 01                                       | THER DRUG   |   |  |   |   |                                   |                                | لــالـــا |  |
| The second state of the second  | IRIES                             | SEATING POSITION                                  | 7 (4AA) 12 TO 4            | IR BAG                       | d Aller                                    | OL CLASS  |   | OL RESTRIC                                   | Advanta to action from  | RIVER DISTRACT  | STATE OF BUILDING AND             | TEST STA                       | TUS       |  |
| 1 - FATAL<br>2 - Suspected  | SERIOUS INJURY                    | 1 - FRONT - LEFT SIDE<br>(MOTORCYCLE DRIVER)      | 1 - NOT DEP<br>2 - DEPLOYE |                              |  | 1 - CLASS A<br>2 - CLASS B  |   | 1 - ALCOHOL INTERI<br>2 - CDL INTRASTATI     |   | - NOT DISTRACTED<br>- MANUALLY OPERATING              |                                   | ONE GIVEN<br>Est refused       |           |  |
| 3 - SUSPECTED   | Part of British College           | 2 - FRONT - MIODLE<br>3 - Front - Right Side      | 3 - DEPLOYE                |                              |  | 3 - CLASS C   | 1 (2.36)<br>1 (3.15)                                  | 3 - CORRECTIVE LE                            | NSÈS  | ELECTRONIC COMMUNI<br>DEVICE (TEXTING, TYP            | 1110 July                         | ST GIVEN, CON<br>Ample / Unusa |           |  |
| 4 - POSSIBLE IN<br>5 - NO APPAREN   |                                   | 4 - SECOND - LEFT SIDE                            | 4 - DEPLOYE<br>5 - NOT APP | ZOUTO N                      |  |   | 5 EXCEPT CLASS A BUS 3 - TALKING ON HANDS-FREE 4 - TE |  |   | TEST GIVEN, RESULTS KNOWN                             |                                   |                                |           |  |
| INJUDER   | TAKEN BY                          | (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE        | 9 - DEPLOYI                | MENT UNKNO                   | T UNKNOWN 5 - M/C MOPED ONLY 6 - EXCEPT CL |   |   | 6 - EXCEPT CLASS /<br>& CLASS B BUS          | 6.333   | E 5 - TEST GIVEN, RESULTS                             |                                   |                                |           |  |
| 1 - NOT TRANSP  | ORTED                             | 6 - SECOND - RIGHT SIDE                           |                            | 7 - EXCEPT TRACTO            |  |   | OR-TRAILER COMMUNICATION DEVICE                       |  |   | ALCOHOL TEST TYPE                                     |                                   |                                |           |  |
| /TREATED AT<br>2 - EMS  | SCENE                             | 7-THIRD - LEFT SIDE<br>(MOTORCYCLE SIDE CAR)      | 1 - NOT EJE                | IECTION<br>CTED              |  | OL ENDORSEN H-HAZMAT  | HENT  | 8 - INTERMEDIATE<br>RESTRICTIONS             | LICENSE 5   | - OTHER ACTIVITY WITH<br>ELECTRONIC DEVICE            | AN 1-N                            | ONE                            |           |  |
| 3 - POLICE  |                                   | 8-THIRD-MIDDLE<br>9-THIRD-RIGHT SIDE              | 2 - PARTIAL                | 物产的在达瓦多尔克                    |  | M - MOTORCYCLE  |   | 9 - LEARNER'S PER<br>RESTRICTIONS            |   | - PASSENGER   | 2 - 8<br>3 - U                    |                                |           |  |
| 9-OTHER/UNK   | (NOWN                             | 10 - SLEEPER SECTION                              | 3 - TOTALLY<br>4 - Not app |                              |  | P - PASSENGER<br>N - TANKER   |   | 10 - LIMITED TO DAY                          |   | -OTHER DISTRACTION<br>Inside the vehicle              |                                   | REATH                          |           |  |
| SAFETY E  | QUIPMENT                          | OF TRUCK CAB<br>11 - Passenger in Other           |                            | RAPPED                       |  | Q - MOTOR SCOOTER   |   | 11 - LIMITED TO EMP                          |   | - OTHER DISTRACTION OF<br>THE VEHICLE                 | UTSIDE : 5-01                     | THER                           |           |  |
| 2- SHOULDER BELT ONLY USED ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, 1- NOTTRAPPE  |                                   |   |                            |                              | R-INKCE-WILLE MUTURCICLE                   |   |   | 13 - MECHANICAL DE                           | VICES 9   |   | DRUG TEST TYPE                    |                                |           |  |
| State Control in the Control of the |                                   |   | 2 - EXTRICA<br>Mechan      |                              |  |   | (SPECIAL BRAKE<br>CONTROLS, OR O                      | THER   | CONDITION   | 2 - B   |                                   |                                |           |  |
| 5 - CHILD RESTRAINT SYSTEM CARGO AREA 3 - FRI   |                                   | 3 - FREED B                                       | Y_TANKED/HA7MAT            |                              |  | ADAPTIVE DEVI<br>14 - MILITARY VEHIC  |   | - APPARENTLY NORMAL<br>- Physical impairment |   |   | V. 4.                             |                                |           |  |
| FORWARD FA<br>6 - Child resti   |                                   | 13-TRAILING UNIT<br>14-RIDING ON VEHICLE EXTERIOR | Contract                   | Waster HIL                   |  | GENDER<br>Fyfemale  | ang panga   | 15 - MOTOR VEHICLE<br>AIR BRAKES             |   | - EMOTIONAL (E.G., DEPRE                              | SSEO,                             | 4-OTHER  DRUG TEST RESULT(S)   |           |  |
| REAR FACING<br>7 - BOOSTER SE   | G ·                               | (NON-TRAILING UNIT)<br>15-Non-Motorist            |                            |                              |  | M - MALE  |   | 16-OUTSIDE MIRRO                             |   | ANGRY, DISTURBED)<br>ILLNESS                          | A 2018 C CO.                      | MPHETAMINES                    | 1. S      |  |
| 8 = HELMET USI  |                                   | 99-OTHER/UNKNOWN                                  |                            |                              |  | U - OTHER / UNKNOWN   |   | 17 - PROSTHETIC AID<br>18 - OTHER            | 5   | FELL ASLEEP, FAINTED,<br>FATIGUED, ETC.               |                                   | ARBITURATES                    |           |  |
| 9 - PROTECTIVE<br>(ELBOW, KNE   |                                   |   |                            |                              |  |   |   | 107 VIIICK                                   | 6   | UNDER THE INFLUENCE<br>OF MEDICATIONS / DRUG          | 4.6                               | ENZODIAZEPIN<br>Annabinoids    | F2        |  |
| 10 - REFLECTIVE   | CLOTHING                          |   |                            |                              |  |   |   |  |   | /ALCOHOL  | 5 - C                             | OCAINE                         |           |  |
| 11 - LIGHTING - F<br>/ Bigycle on   |                                   |   |                            |                              |  |   |   |  | 9.  | OTHER / UNKNOWN                                       | "我们会说,我就是在什么                      | PIATES/OPIOIC<br>Ther          | )\$       |  |
|   | 9-OTHER/UNKNOWN                   |   |                            |                              |  |   |   |  |   |   | 经总额 电影人                           | FGATIVE RESIU                  | i Te      |  |

| OCCUPANT / WITNESS ADDENDUM  |                                   |                                |                     |  |  |  | LOCAL REPORT NUMBER   |  |  |   |                                       |            |  |  |  |
|--|-----------------------------------|--------------------------------|---------------------|--|--|--|---|--|--|---|---------------------------------------|------------|--|--|--|
|  |                                   |                                |                     |  |  |  | $2 \cdot 0 \cdot 2 \cdot 4 \cdot - 0 \cdot 0 \cdot 0 \cdot 0 \cdot 1 \cdot 5 \cdot 8 \cdot 7$ |  |  |   |                                       |            |  |  |  |
|  | UNIT # NAME: LAST, FIRST, MIDDLE  |                                |                     |  |  |  |   | DATE OF BIRTH AGE GENDER                   |  |   |                                       |            |  |  |  |
|  | 01                                | BROWN, SIERRA, E               |                     |  |  |  |   |  | 0,4,0,2,1,9,9,4,2,9, F   |   |                                       |            |  |  |  |
| OCCUPAN  |                                   | A62 LIBERTY RD, Stow, OH 44224 |                     |  |  |  |   |  | Redacted per ORC 149.43 (A)(1)(mm)   |   |                                       |            |  |  |  |
| <b>3</b> -   |                                   | INJURED                        | EMS AGENCY (NAME)   |  | INJURED TAKEN TO: Medical Facili   | TY (NAME, CITY)  | SAFETY EQUIPMENT  |  | SEATING POSITION   |   | · · · · · · · · · · · · · · · · · · · | ~          |  |  |  |
|  | _3                                | TAKEN 1                        | Kent Fire           |  |  |  | USED 0 4  | DOT-COMPLIANT<br>MC HELMET                 | 0,3  | 1   | _1_                                   | _1         |  |  |  |
|  | UNIT#                             | NAME: LAS                      | T, FIRST, MIDDLE    |  |  |  |   | DAT  | E OF BIRTH   |   | AGE                                   | GENDER     |  |  |  |
|  |                                   |                                |                     |  |  |  |   |  |  |   |                                       |            |  |  |  |
| CCUPAN   | ADDRESS:                          | STREET, CITY,                  | STATE, ZIP          |  |  |  |   | CONTACT PHONE                              | - INCLUDE AREA CO  | DE  |                                       |            |  |  |  |
| _  | INJURIES                          | INJURED                        | EMS Agency (NAME)   |  | INJURED TAKEN TO: MEDICAL FACILI   | LED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT     |   |  |  | SEATING POSITION AIR BAG USAGE EJECTION TRAPPED |                                       |            |  |  |  |
|  |                                   | TAKEN<br>By                    |                     |  | USED   |  |   | DOT-COMPLIANT<br>MC HELMET                 |  |   | т                                     | , , ,      |  |  |  |
| ì  | UNIT#                             | NAME: LAS                      | T, FIRST, MIDDLE    | to the terms of th |  |  | 13  | DAT  | E OF BIRTH   |   | AGE                                   | GENDER     |  |  |  |
|  |                                   |                                |                     |  |  |  |   | <u> </u>                                   |  |   |                                       | L          |  |  |  |
| NEGUPAN  | ADDRESS:                          | STREET, CITY,                  | STATE, ZIP          |  |  |  |   | CONTACT PHONE                              | - INCLUDE AREA CO  | DE  |                                       |            |  |  |  |
| <u> </u>   | INJURIES                          | INJUREN                        | EMS AGENCY (NAME)   |  | INJURED TAKEN TO: MEDICAL FACILI   | TY (NAME OITY)   | SAFETY FOIITOMENT   |  | SEATING POSITION   | AIR BAG HEAGE                                   | FJECTION                              | TRADDER    |  |  |  |
|  | INJUNIES                          | TAKEN<br>BY                    | EMO AGENCY (VAIVIE) |  | INJURED TAKEN TO, INCUIDAL PAGILI  | IT (NAME, GILY)  | USED  | DOT-COMPLIANT<br>MC HELMET                 | SEATING FUSITION   | AIK BAG USAGE                                   | EJECTION                              | IRAPPED    |  |  |  |
|  | UNIT#                             | NAME: LAS                      | T, FIRST, MIDDLE    |  |  | to a trace of the  |   | DAT  | E OF BIRTH   |   | AGE                                   | GENDER     |  |  |  |
|  |                                   |                                |                     |  |  |  |   |  |  |   |                                       | L          |  |  |  |
| CCUPAN   | ADDRESS:                          | STREET, CITY,                  | STATE, ZIP          |  |  |  |   | CONTACT PHONE                              | - INCLUDE AREA CO  | DE  |                                       |            |  |  |  |
| -  |                                   |                                | MANG A              |  |  |  | T   |  | I  | F   | T                                     |            |  |  |  |
|  | INJURIES                          | INJURED<br>TAKEN<br>BY         | EMS AGENCY (NAME)   |  | INJURED TAKEN TO: MEDICAL FACILI   | ED TAKEN TO: Medical Facility (NAME, CITY) SAFETY EQUIPMENT USED |   | DOT-COMPLIANT<br>MC HELMET                 | SEATING POSITION   | AIR BAG USAGE                                   | EJECTION                              | TRAPPED    |  |  |  |
|  |                                   | INJU                           | RIES                | SAFETY   | ' EQUIPMENT USED   |  | SEATING POS   | ITION                                      |  | AIR BAG U                                       | AGE                                   |            |  |  |  |
|  | 1 - FATA                          | Ĺ                              |                     | 1 - NONE US  |  |  | T - LEFT SIDE   | FD\  | 1 - NOT DE   | PLOYED  |                                       |            |  |  |  |
| ı  | S. C. H. 33                       |                                | RÍOUS INJURY        |  | OCCUPANT<br>R BELT ONLY USED   | 建1904、第1月86日   | ORCYCLE DRIV<br>T – MIDDLE  | ER) 2 - DEPLOYED FRON                      |  |   | )<br>)                                |            |  |  |  |
|  |                                   |                                | NOR INJURY          | 3 - LAP BELT   | T ONLY USED 3 - FRONT - RIGHT  |  |   |  | 3 - DEPLOYED SIDE  |   |                                       |            |  |  |  |
|  | STEEL STA                         | SIBLE INJU<br>PPARENT I        |                     | 4 - SHOULDE  | R & LAP BELT USED  | ND – LEFT SIDE<br>ORCYCLE PASS                                   | BEST TO SEE BUILDING TO SEE TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE                         |  | A Company of the Comp | UTH   |                                       |            |  |  |  |
| L  |                                   |                                | A STATE OF STATE OF |  | ESTRAINT SYSTEM - 5 - SECOND - MIDDLE D FACING 6 - SECOND - RIGHT SIG      |  |   | 5 - NOT APPLICABLE                         |  |   |                                       |            |  |  |  |
|  | 1 - NOT                           | TRANSPOR                       | TAKEN BY<br>TED     |  | D FACING 6 - SECOND – RIGHT SIC<br>ESTRAINT SYSTEM – 7 - THIRD – LEFT SIDE |  |   | 9 - DEPLOYMENT UNKNOWN                     |  |   |                                       |            |  |  |  |
|  | /TRE                              | ATED AT S                      |                     | REAR FAC   | O TUIDO MIDDIE   |  |   | CAR)                                       |  | EJECTION  |                                       |            |  |  |  |
| ı  | 2 - EMS                           |                                |                     | 7 - BOOSTER  |  | 建计 外心 计直接编码  | D = NITODLE<br>D = RIGHT SIDE   |  | 1 - NOT EJ   |   |                                       |            |  |  |  |
| i  | 3 - POLI                          | CE<br>ER/UNKNO                 | .WN                 | 8 - HELMET<br>9 - PROTECT  | USED<br>IVE PADS USED  |  | PER SECTION (   | JE I KUCK CAB                              |  | IALLY EJECTED<br>LLY EJECTED                    |                                       |            |  |  |  |
| L  |                                   |                                | IDER                | にょりょうり がいれるかり がおいり   | KNEES, ETC.)   | CA RG  | ENGER IN OTHI<br>O AREA (NON-TR   | RAILING UNIT,                              | 100000000000000000000000000000000000000  | NOT APPLICABLE                                  |                                       |            |  |  |  |
| ı  | F-FEMA                            | ng again in Turkey gales       |                     |  | IVE CLOTHING   | 4. 1000年 11首条。(11首)  | LICK-UP WITH CAP<br>ENGER IN UNE  |  | <u>。</u>   | TRAPPE  | Market A                              | 084 L 194  |  |  |  |
|  | M - MALE                          |                                |                     | 11 - LIGHTING<br>/ BICYCLE   | G – PEDESTRIAN<br>E ONLY   | CARG   | O AREA  | 1 - NOT TRAPPED                            |  |   |                                       |            |  |  |  |
|  | u - UIHE                          | R / UNKNO                      | WIN                 | 99 - OTHER / I   | JNKNOWN  | 4.5 (F) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C                   | LING UNIT<br>IG ON VEHICLE  | EXTERIOR 2 - EXTRICATED BY MECHAI<br>MEANS |  |   |                                       | AL         |  |  |  |
|  |                                   |                                |                     |  |  |  | TRAILING UNIT)<br>MOTORIST  |  | 3 - FREED  |   | CHANIC                                | <b>A</b> L |  |  |  |
|  | ( / L. )                          |                                |                     |  |  |  | R / UNKNOWN   |  | MEANS  |   | andill<br>Santa                       |            |  |  |  |
| y I  | NAME: LAS                         | T, FIRST, MIDD                 | LE                  |  |  |  |   | DAT  | E OF BIRTH   | Ì   | AGE                                   | GENDER     |  |  |  |
| 4  | Annorce.                          | STREET GITS                    | STATE 7ID           |  |  |  |   | CONTACT DUCKE                              |  |   | <u> </u>                              |            |  |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP  |                                   |                                |                     |  |  |  | CONTACT PHONE - INCLUDE AREA CODE   |  |  |   |                                       |            |  |  |  |
| NAME: LAST, FIRST, MIDDLE  |                                   |                                |                     |  |  | DATE OF BIRTH AGE GENDER   |   |  |  |   |                                       |            |  |  |  |
|  |                                   |                                |                     |  |  |  | <u> </u>  |  |  |   |                                       |            |  |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP  |                                   |                                |                     |  |  |  | CONTACT PHONE   | - INCLUDE AREA CO                          | DE   |   |                                       |            |  |  |  |
| NAME: LAST, FIRST, MIDDLE  |                                   |                                |                     |  |  | DAT  | E OF BIRTH  |  | AGE  | GENDER  |                                       |            |  |  |  |
| RANIE LAST, TINOT, MIDDLE OF COMMENT OF THE COMMENT |                                   |                                |                     |  |  |  | I I I   | F OI. DWILL                                | 1 1  | - AUE   | GENDER                                |            |  |  |  |
| 7  | ADDRESS: STREET, CITY, STATE, ZIP |                                |                     |  |  |  |   | CONTACT PHONE - INCLUDE AREA CODE          |  |   |                                       |            |  |  |  |
| Š  |                                   |                                |                     |  |  |  |   |  |  |   |                                       |            |  |  |  |