OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*					
OH-2	PPLEMENT REPORT	2,0,2,4,-,0,0,0,7,9,3,1,				
PHOTOS TAKEN X OH-1P OTHER	REPORTING AGENCY NAME*	NCIC*		ER OF UNITS UNIT IN ERROR		
SECONDARY CRASH PRIVATE PROPERTY	City of Kent Police	0,6,7,0,3	1 - SOLVED	0 1 98 - ANIMAL 99 - UNKNOWN		
COUNTY* LOCALITY* LOCATION: CITY	CRASH DATE / TIME*	CRASH SEVERITY				
6 7 1 2-VILLAGE Kent	0,5,3,0,2,0,2,4,/,0,9	10 5 1-FATAL				
	LATITUDE DECIMAL DEC	2 - 3EKIUUS INJUKT				
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST W - WEST	HORNING	$\mathbf{R}_{\perp}\mathbf{D}_{\perp}$	41,15,3,8,0	3 - MINOR INJURY SUSPECTED		
W WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DE			
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH S - SOUTH S - SOUTH S - E - EAST W - WEST	MAIN	$\mathbf{S} \cdot \mathbf{T}$	-8.1 ₋₁ 2.0.1.8.8	5 - PROPERTY DAMAGE		
	Link Green Anni Chi. Anni Che and Balanter et Messachi con III anni Che Chi Che Chi Che	De North Control of the Control of t				
FROM REFERENCE	ROUTE TYPE ROAD TYP INTERSTATE ROUTE(TP) AL - ALLEY HW- HIGHW		X WITHIN INTERSECTI	SECTION RELATED		
2 MILEDOST S COUTU	FEDERAL US ROUTE AV - AVENUE LA - LANE	SQ - SQUARE	WITHIN INTERSECTI	3		
W-WEST SR-	STATE ROUTE BL -BOULEVARD MP - MILEPI CR - CIRCLE OV - OVAL	OST ST - STREET TE - TERRACE	WITHIN INTERCHAN	GE AREA NUMBER OF APPROACHES		
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT - COURT PK - PARKW			ROADWAY		
5 0 2 2-FEET	NUMBERED TOWNSHIP DR - DRIVE PI - PIKE ROUTE	WA - WAY	ROADWAY DIVIDED			
	HE - HEIGHTS PL - PLACE					
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 9 - CROSSOVER	MANNER OF CRASH COLLISION 1 - NOT COLLISION 4 - REAR-TO-		DIRECTION OF TRAVEL	MEDIAN TYPE		
0 1 2-ON SHOULDER 10-DRIVEWAY/	DETMEEN	KLAK	N - NORTH , , S - SOUTH ,	1 - DIVIDED FLUSH MEDIAN (<4 FEET)		
3-IN WEDIAN II-KAILWAY GE	VEHICLES IN 6-ANGLL	DE CAME DIDECTION	E - EAST	2 - DIVIDED FLUSH MEDIAN (≥4 FEET)		
4-ON ROADSIDE 12-SHARED US 5-ON GORE TRAILS		PE, SAME DIRECTION PE, OPPOSITE DIRECTION	W-WEST	3 - DIVIDED, DEPRESSED MEDIAN		
6-OUTSIDE TRAFFIC WAY 13-BIKE LANE	3 - HEAD-ON 9 - OTHER / L	NKNOWN		4 - DIVIDED, RAISED MEDIAN (ANY TYPE)		
7 - ON RAMP 14- TOLL BOUTE 8 - OFF RAMP 99- OTHER / UN	ASS			9 - OTHER/UNKNOWN		
MODIZ ZONE DEL ATED	WORK ZONE TYPE LOCATION OF CRASH	I IN WORK ZONE	CONTOUR (CONDITIONS SURFACE		
	LANE CLOSURE 1 - BEFORE TH	E 1ST WORK ZONE	1 . 1	1 2		
_	LANE SHIFT/CROSSOVER WARNING WORK ON SHOULDER 2 - ADVANCE V	SIGN VARNING AREA	1 - STRAIGHT LEVEL 1 - DR'			
	OR MEDIAN 3-TRANSITIO	N AREA	2-STRAIGHT GRADE 2-WE	500 No. (100		
	INTERMITTENT OR MOVING WORK 4 - ACTIVITY A OTHER 5 - TERMINAT		3 - CURVE LEVEL 3 - SN	OW BITUMINOUS, ASPHALT		
			4 - CURVE GRADE 4 - ICE			
LIGHT CONDITION 1 - Daylight	WEATHER 1-CLEAR 6-SNOW			ND, MUD, DIRT, -, GRAVEL 4 - SLAG, GRAVEL,		
1 2- DAWN/DUSK	0 1 2 - CLOUDY 7 - SEVERE CROSSWINI	os	6 - WA	TER (STANDING, 5-DIRT		
3 - DARK – LIGHTED ROADWAY	3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOI			OVING)		
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 9 - FREEZING RAIN OR 5 - SLEET, HAIL 99 - OTHER / UNKNOWN	REEZING DRIZZLE	7 - SLI	HER/UNKNOWN		
9 - OTHER / UNKNOWN			, , , , ,	TEN ON THE PROPERTY OF THE PRO		
NARRATIVE				Indicate the north		
Units #1 and #2 were both in the	e left turn only lane			an "N" on the compass diagram.		
				v compass diagram.		
on Horning Rd. approaching E						
#2 were slowly moving forward	l when Unit #2 came to a					
complete stop and Unit #1 stru	ck Unit #2 in the					
rear.				er transmitten de granden kalenda kalenda kontrolera errorrorrorrorrorrorrorrorrorrorrorrorro		
		E.MainSt	\ \ \ \			
				Not To Scale		
			HorningRd.	- Compact		
			1 [1		
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME ARRIVAL DATE	/TIME	SCENE CLEARED DATE /	I I		
0.5,3.0,2.0,2.4,/.0.9,1.0, 0.5,3.	$0_12_10_12_14_1/_10_19_11_1$ $0_15_13_10_12_10_12_14_1$	1/0,91,8	0,5,3,0,2,0,2,4,/,	0,9,3,0 X POLICE AGENCY		
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUT		CHECKED BY OFF		MOTORIST		
WINDI	Smith, Mitchell Robert OFFICER'S BADGE NUMBER*	Gaydosh	, Kyan By Officer's BADGE NUMBE	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)		
$\begin{bmatrix} & 0 & & 2 & & 0 & & 0 & & 2 & & 0 & & 0 & & 3 \end{bmatrix}$	3					

UNIT # $\begin{bmatrix} 0 & 1 \end{bmatrix}$	OWNER NAME: LAST, FIRS GERCHMAN		ARIE		ude area code (□ sane as driver) RÇ 149.43 (A)(1)(mm	DAMAGE) DAMAGE SCALE				
	DORESS: STREET, CITY, STATE,		2 1 - NONE 3 - FUNCTIONAL DAMAGE 2 2 - MINOR DAMAGE 4 - DISABLING DAMAGE							
	IAL CARRIER: NAME, ADDR		ур ,ОП 4424 0	COMMERCIAL CARRIER	PHONE: INCLUDE AREA CODE		9 - UNKNOWN			
LP STATE	LICENSE PLATE #	VEHICLE	IDENTIFICATION #	VEHICLE YE	AR VEHICLE MAKE		DAMAGED AREA(S) CATE ALL THAT APPLY			
	KHC3288	3, G1, B, E, 6, S	MX, HS, 6, 0, 3, 4	$ 1_{1}8 $		12	12			
INSURAI VERIFI	INSURANCE COMPA		NSURANCE POLICY # 26740819	SIL	CRUZE	10 10	2 10 11 12 2			
	TYPE OF USE	IN EMERGENCY	US DOT #	TOWED BY: COMPAN'		10 2	10.002			
СОММЕ		RESPONSE	HICLE WEIGHT GVWR/GCWR		US MATERIAL	9 3 4	$\begin{array}{cccccccccccccccccccccccccccccccccccc$			
INTERI DEVICE EQUIP	HIT/SKIP UNIT	#OCCUPANTS VE	1 - ≤10K LBS. 2 - 10,001 - 26K LBS.	RELEASED	CLASS # PLACARD ID #	8 7 6 5	4 8 7 5 4			
24011		7 - MOTORCYCLE 2-WHEELED	3 - >26K LBS. 12-GOLF CART	PLACARD L 8-LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER	7 6 5	11 12 7 6 5			
[0,1]	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE	8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE		9-BUS (16+ PASSENGERS) 0-OTHER VEHICLE	24 - WHEELCHAIR (ANY TYPE) 25 - Other Non-Motorist	10	11 1 2			
UNIT TYPE	4 - PICK UP	10 - MOPED OR MOTORIZED		1 - HEAVY EQUIPMENT	26 - BICYCLE	9	9 3 3			
	5 - CARGO VAN 6 - VAN (9-15 SEATS)	BICYCLE 11 - ALL TERRAIN VEHICLE	16 - FARM EQUIPMENT 2 17 - MOTORHOME	2 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	7 5 4					
00_	# OF TRAILING UNITS	(ATV/UTV)			99 - UNKNOWN OR HIT/SKIP	12	7 6 5 12			
	WAS VEHICLE OPERATING IN AU	1 0		- CONDITIONAL AUTOMATION	9 - UNKNOWN	10 11 12	2 10 11 12 1			
_ 2	1-YES 2-NO 9-OTHER/UNK	IOWN AUTONOMOUS		- HIGH AUTOMATION 5 - Full Automation		10 1 2	10 2			
	1 - NONE	MODE LEVEL 6 - BUS - CHARTER/TOUR	11 - FIRE	.6-FARM	21 - MAIL CARRIER	9 3 4	$\begin{bmatrix} 3 \\ \end{bmatrix}$ $\begin{bmatrix} 9 \\ 8 \end{bmatrix}$ $\begin{bmatrix} 3 \\ 4 \end{bmatrix}$ $\begin{bmatrix} 3 \\ \end{bmatrix}$			
[0,1]	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	.7 - MOWING	99 - OTHER / UNKNOWN	8 7 5 5	4 8 7 5 4			
	3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT	8 - BUS – SHUTTLE 9 - BUS – OTHER		.8-SNOW REMOVAL .9-TOWING		7 6 5	7 6 5			
- ONOTION	5 - BUS - TRANSIT/COMMUTER	10-AMBULANCE	15 - CONSTRUCTION EQUIPMENT	O-SAFETY SERVICE PATROL			12 12 12			
0,1	1 - NO CARGO BODY TYPE /NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	01140010	3 - POLE 9 - Cargo Tank	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER	12				
CARGO 2-BUS 4-LOGGING			6 - CARGO VAN/ENCLOSED BOX	O-FLAT BED	14 - GARBAGE/REFUSE	R M Rs	9 3 9 3 3 9			
TYPE				1-DUMP	99 - OTHER / UNKNOWN					
VEHICLE		4 - BRAKES 5 - STEERING) - MOTOR TROUBLE 10-disabled from Prior	99 - OTHER / UNKNOWN	6				
DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT		☐ - NO DAMAGE	_			
	000001111111	3 - INTERSECTION – OTHER 4 - MIDBLOCK – MARKED		- MEDIAN/CROSSING ISLAND 0 - DRIVEWAY ACCESS	12 - FIRST RESPONDER AT INCIDENT SCENE	— □- TOP [13]	☐ - ALL AREAS [15]			
NON-MOTORIST	NON-MOTORIST 2 - INTERSECTION - UNMARKED CROSSWALK 8 - SIC			1-SHARED USE PATHS OR	99 - OTHER / UNKNOWN					
AT IMPACT	to the source of	5 - TRAVEL LANE - OTHER LOCATION 1 - STRAIGHT AHEAD	7 - MAKING U-TURN	TRAILS 13 - NEGOTIATING A CURVE	18 - APPROACHING	∐ - Ur	NIT NOT AT SCENE [16]			
. 3	2 1121 2 1122	2		4 - ENTERING OR CROSSING	OR LEAVING VEHICLE	INIT: 0 - NO DAMA	IAL POINT OF CONTACT AGE 14 - UNDERCARRIAGE			
ACTION	3-STRIKING 4-STRICK PRE-CRASH	H 4 - OVERTAKING/PASSING 10 - PARKED 15- 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED 16-		SPECIFIED LOCATION 15-WALKING, RUNNING,	19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED YEHICLE	1 2 1-12 - REFE	RTO UNIT 15 - VEHICLE NOT AT SCENE			
	5 - BOTH STRIKING ACTIONS			JOGGING, PLAYING 16-WORKING		DIAG 13-TOP	99 - UNKNOWN			
	9 - OTHER / UNKNOWN	6 - MAKING LEFTTURN		17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN	CONTRACTOR OF STREET	TRAFFIC			
		7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACD/	DADVED DOCITION	17 - VISION OBSTRUCTION 18 - Operating Defective	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE	TRAFFICWAY FLOW	TRAFFIC CONTROL			
0,8	3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED	EQUIPMENT	23 - OPENING DOOR INTO	1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN			
		10 - IMPROPER PASSING 11 - DROVE OFF ROAD	15 - SWERVING TO AVOID	19-LOAD SHIFTING/FALLING/ SPILLING	ROADWAY 99 - OTHER IMPROPER ACTION		3 - FLASHER 6 - NO CONTROL			
CIRCUMSTANCES	6 - IMPROPER TURN	12-IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPER CROSSING		# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED			
SEQUENCE	OF EVENTS		NON-COLLISION			1 1	1 2 - INVOLVED-ACTIVE CROSSING			
₁ 2 , 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE —	16-RAILWAY VEHICLE 17-ANIMAL — FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT		3 - INVOLVED-PASSIVE CROSSING			
	2 - FIRE/EXPLOSION 3 - IMMERSION	7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	TRAVEL	IB-ANIMAL — DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR	UNIT / N	ION-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST			
2		9 - RAN OFF ROAD LEFT 10 - Cross Median	13-OTHER NON-COLLISION	19-ANIMAL — OTHER 20-MOTOR VEHICLE IN	ANYTHING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE	_	2 - SOUTH 6 - NORTHWEST			
3	LOSS OR SHIFT	20 - ONOGO MEDIAM	14 - PEDESTRIAN 15 - PEDALCYCLE	TRANSPORT 21 - PARKED MOTOR VEHICLE	24 - OTHER MOVABLE OBJECT	FROM 2 TO	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST			
	25 - IMPACT ATTENUATOR	COLLISIO 31-GUARDRAIL END	N WITH FIXED OBJECT		50 - WORK ZONE MAINTENANCE		9 - OTHER/UNKNOWN			
4	/ CRASH CUSHION 26 - BRIDGE OVERHEAD	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	EQUIPMENT	UNIT SPEED	DETECTED SPEED			
5	STRUCTURE	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL	SUPPORT	45 - EMBANKMENT 46 - FENCE	51 - WALL 52 - BUILDING	0,0,5	1 - STATED / ESTIMATED SPEED			
		BARRIER 35 - MEDIAN CONCRETE	41 - OTHER POST, POLE	47 - MAILBOX 48 - TREE	53 - TUNNEL 54 - OTHER FIXED OBJECT		2 - CALCULATED / EDR 3 - UNDETERMINED			
6	29 - BRIDGE RAIL 30 - GUARDRAIL FACE	BARRIER 36 - MEDIAN OTHER BARRIER	UD GIIDDUDT	49-FIRE HYDRANT	99 - OTHER / UNKNOWN	POSTED SPEED	J - GADET ENMINED			
1	FIRST HARMFUL EVEN	1	ARMFUL EVENT			2 , 5				
	H1U 1/19 [760-0820]						PAGE 2 OF 5			

LOCAL REPORT NUMBER

 $\begin{bmatrix} 2 & 0 & 2 & 4 & - & 0 & 0 & 0 & 0 & 7 & 9 & 3 & 1 & 1 \end{bmatrix}$

	OWNER NAME: LAST, FIRS				UDE AREA CODE (SAME AS DRIVER)	(A)(I)			
	LENNON, DA		JK	Redacted per O	RC 149.43 (A)(1)(mŋ	1 - NONE 3 - FUNCTIONAL DAMAGE			
OWNER ADDRESS: STREET, CITY, STATE, ZIP (☑SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 1995 CARLTON DR ,Franklin Twp ,OH 44240 2 - MINOR DAMAGE 4 - DISABLING DAMAGE									
	CIAL CARRIER: NAME, ADDR		11p ,011 11210	COMMERCIAL CARRIER	PHONE: INCLUDE AREA CODE	9 -	UNKNOWN		
							AGED AREA(S)		
LP STATE	LICENSE PLATE #		LE IDENTIFICATION #	AR VEHICLE MAKE	INDICATI	E ALL THAT APPLY			
	JJG7346		$F_1C_15_1M3_11_16_18_12$			11 12 1	11 12 1		
INSURAL VERIFI	INSURANCE COMP NATIONW		INSURANCE POLICY # 9234J165207	GRN	OUTBACK	12	12		
- VERII	TYPE OF USE	IDE	92343103207 US DOT #	TOWED BY: COMPANY		10 11 1	10 1 1 2		
СОММЕ		IN EMERGENCY RESPONSE	03 001 #	TOWED BT: COMPANY	NAME	9 9 3 3	9 9 3 3		
			EHICLE WEIGHT GVWR/GCWR		US MATERIAL CLASS # PLACARD ID #	8 4 -	0 4 -		
INTERI DEVICE	HIT/SKIP UNI	Г	1 - ≤10K LBS. 2 - 10,001 - 26K LBS.	RELEASED	LASS # PLACARDID #	8 7 6 5 4	8 7 5 4		
EQUIP		0,2	3 - >26K LBS.	PLACARD L		7 6 11	12 7 6		
	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN)	7 - MOTORCYCLE 2-WHEELED		8-LIMO (LIVERY VEHICLE) 9-BUS (16+ PASSENGERS)	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE)	10	12		
$[0_13]$	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE		0-OTHER VEHICLE	25 - OTHER NON-MOTORIST		11 10 2		
UNIT TYPE	4 - PICK UP	10 - MOPED OR MOTORIZED	15 - SEMI-TRACTOR 2	1 - HEAVY EQUIPMENT	26 - BICYCLE	9	9 3 3		
	5 - CARGO VAN	BICYCLE 11 - ALL TERRAIN VEHICLE		2 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN	-	7 5 5		
. 00	U - YAN (FID SCAIS)	(ATV / UTV)	17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP	8 🗸	6 5 4		
	# OF TRAILING UNITS					11 12 7	5 11 1		
1	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED			- CONDITIONAL AUTOMATION	9 - UNKNOWN	10 11 12 2	10 12 1 2		
_ 2 _	1-YES 2-NO 9-OTHER/UNK	1 0 1	O DADTIAL AUTOMATION .	- HIGH AUTOMATION - FULL AUTOMATION		10 2	10 2		
		MODE LEVE				9 3 3	9 3 3		
		6 - BUS - CHARTER/TOUR		6-FARM	21 - MAIL CARRIER	7 5 7	8 4 5		
	2 - TAXI 3 - ELECTRONIC RIDE SHARING	7 - BUS - INTERCITY 8 - BUS - SHUTTLE		7-MOWING 8-SNOW REMOVAL	99 - OTHER / UNKNOWN	6	6		
		9 - BUS - OTHER		9-TOWING		6 5	6 5		
	5 - BUS - TRANSIT/COMMUTER	10-AMBULANCE	15 - CONSTRUCTION EQUIPMENT 2	O-SAFETY SERVICE PATROL			12 12 12		
0,1,				- POLE	12 - CONCRETE MIXER	12			
04000	/ NOT APPLICABLE 2 - BUS	MOTOR VEHICLE 4 - LOGGING		- CARGO TANK	13 - AUTOTRANSPORTER	. RA . T			
BODY Type	L - 000	4 - Louding	7 004111101110010041151	O-FLAT BED 1-DUMP	14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN	9 3 9 9	= 3 9 1 3 9 3 3		
	1 - TURN SIGNALS	4 - BRAKES		- MOTOR TROUBLE	99 - OTHER / UNKNOWN				
	2 - HEAD LAMPS	5 - STEERING		.O-DISABLED FROM PRIOR	99-UTHER/UNKNOWN	6			
DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT					
	1 - INTERSECTION - MARKED	3 - INTERSECTION - OTHER	6 - BICYCLE LANE 9	- MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER	□ - NO DAMAGE [0]		
	CROSSWALK	4 - MIDBLOCK - MARKED		O-DRIVEWAY ACCESS	AT INCIDENT SCENE	TOP [13]	- ALL AREAS [15]		
LOCATION	2 - INTERSECTION - UNMARKED CROSSWALK	CROSSWALK 5 - TRAVEL LANE - OTHER LOCAT		1 - SHARED USE PATHS OR	99 - OTHER / UNKNOWN		IOT AT SCENE [16]		
AT IMPACT				TRAILS	10 10000101111	D-04111	IOLAI JOENE [10]		
	A NOV. ANI. JAIN.	1 - STRAIGHT AHEAD 2 - BACKING		3-NEGOTIATING A CURVE 4-Entering or Crossing	18 - APPROACHING OR LEAVING VEHICLE		POINT OF CONTACT		
4	3-STRIKING 1 1	2 - BACKING 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	SPECIFIED LOCATION	19-STANDING	0 - NO DAMAGE	14 - UNDERCARRIAGE		
ACTION	4 - STRUCK PRE-GRASH	4 - OVERTAKING/PASSING	10 TANKED	5-WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST	U 6 1-12 - REFERTO	OUNIT 15-VEHICLE NOT AT SCENE 99-UNKNOWN		
	5 - BOTH STRIKING ACTIONS & STRUCK	5 - MAKING RIGHTTURN 6 - MAKING LEFTTURN	11 - SLOWING OR STOPPED IN TRAFFIC 1	.6-WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE	13 - TOP	,, J		
	9 - OTHER / UNKNOWN	O - INMINING LEFT FUNN		7 - PUSHING VEHICLE	99 - OTHER / UNKNOWN		RAFFIC		
	1 - NONE	7 - LEFT OF CENTER		7 - VISION OBSTRUCTION	21 - LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL		
	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / AC	DA PARKED POSITION 1 14 - STOPPED OR PARKED	8-OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN		
[0,1]	3 - RAN RED LIGHT 4 - RAN STOP SIGN	9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING	ILLEGALLY 1	9-LOAD SHIFTING/FALLING/	23 - OPENING DOOR INTO ROADWAY	2 2 - TW0-WAY	2 2 - SIGNAL 5 - YIELD SIGN		
CONTRIBUTING	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	15 - SWERVING TO AVOID	SPILLING	99 - OTHER IMPROPER ACTION	<u> </u>	3 - FLASHER 6 - NO CONTROL		
CIRCUMSTANCES	6 - IMPROPER TURN	12 - IMPROPER BACKING	16 - WRONG WAY 2	O-IMPROPER CROSSING		# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING		
SEQUENCE	OF EVENTS		Ongress and a second			1 1	1 - NOT INVOLVED 1 2 - INVOLVED-ACTIVE CROSSING		
2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	NON-COLLISION 11-CROSS CENTERLINE — 1	6-RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE		3 - INVOLVED-PASSIVE CROSSING		
1 2 0	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF 1	7-ANIMAL — FARM	EQUIPMENT	UNIT / NON	MOTORIST DIRECTION		
21	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	12 DOWNHILL BUNAWAY	8-ANIMAL — DEER 19-ANIMAL — OTHER	23 - STRUCK BY FALLING, SHIFTING CARGO OR	JA11 / HUN-	1 - NORTH 5 - NORTHEAST		
2	4 - JACKKNIFE 5 - CARGO / EQUIPMENT	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	13-OTHER NON-COLLISION 2	0-MOTOR VEHICLE IN	ANYTHING SET IN MOTION By a motor vehicle	,	2 - SOUTH 6 - NORTHWEST		
3	LOSS OR SHIFT	show meaning	14 - PEDESTRIAN 15 - PEDALCYCLE	TRANSPORT 21 - PARKED MOTOR VEHICLE	24 - OTHER MOVABLE OBJECT	FROM 2 TO L			
			ON WITH FIXED OBJECT		AND STREET		4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN		
4	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER		3 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT				
	26 - BRIDGE OVERHEAD	33 - MEDIAN CABLE BARRIER		14 - DITCH 15 - EMBANKMENT	51 - WALL	UNIT SPEED	DETECTED SPEED		
5	STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL	SUPPORT 4	46-FENCE	52 - BUILDING	$\begin{bmatrix} 0 & 0 & 0 \end{bmatrix}$	1 - STATED / ESTIMATED SPEED		
	28 - BRIDGE PARAPET	BARRIER 35 - MEDIAN CONCRETE	41 - OTHER POST, POLE 4	7-MAILBOX 18-TREE	53 - TUNNEL 54 - OTHER FIXED OBJECT		2 - CALCULATED / EDR 3 - UNDETERMINED		
6	29 - BRIDGE RAIL	BARRIER	OR SUPPORT	9-FIRE HYDRANT	99 - OTHER / UNKNOWN	POSTED SPEED	3 - UNDETERMINED		
1	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER				2 5			
	FIRST HARMFUL EVEN	T LI MOST	HARMFUL EVENT				1		

OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER									
								2+0+2+4+-+0+0+0+7+9+3+1+								
UNIT#									DATE OF BIRTH AGE GENDER							
	DRESS: STREET, CITY, STATE, ZIP									PHONE - INCLUDE AREA			_ T			
-										ted per QR	C ₁ 149					
INJURIES 5	INJURED E TAKEN BY	EMS AGENCY (NAME)		INJUREDTA	KEN TO:	MEDICAL FACILITY	NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COM	MPLIANT	AIR BAC	GUSAGE EJECTION 1 1	TRAPPED 1			
OL STATE		ICENSE NUMBER		OFFENSE		IGED	LOCAL	OFFENSE DESC	RIPTION	L		TION NUMBER				
O, H		ed per ORC 4501			3		CODE	Maximum Sp			273					
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	_	COHOL / DRUG SUSPE		CONDITION	STATUS TY	OHOL TEST 'PE VALUE	STATUS	TYPE RESULT	SELECT UPTO 4			
_ 4			"	1	=	THER DRUG	CIDOANA	1	1	1	_1_	_1	لـــالــــا			
UNIT #	NAME: LAST, F	CONSIDER OF A STOCK CONFIDENCE OF CONFIDENCE								DATE OF BIRTH		AGE	GENDER			
0,2		ON, DALE, PATR	RICK							0 9 1 9		9 7 5	$\lfloor \mathbf{M} \rfloor$			
 	STREET, CITY, STA	ate,zip DN DR ,Franklin '	Turn 4	TH 44 2	240					PHONE - INCLUDE AREA		12 (4)(1)	(mm)			
-	INJURED E	EMS AGENCY (NAME)	Twp,			MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	Redacted per QRC 149.43 (A)(1)(mm)							
5	TAKEN BY							USED 0 4	DOT-Cor			1 1	1			
OL STATE		ICENSE NUMBER	.1.12	OFFENSE	E CHAR	RGED	LOCAL	OFFENSE DESC	RIPTION		CITA	TION NUMBER				
O, H, OL CLASS	ENDORSEMENT SELECT UP TO 2	ed per ORC 4501 RESTRICTION SELECT	UPTO3 DRI	VER TRACTED	ALCO	HOL / DRUG SUSPE	CTED	CONDITION	ALC STATUS TY	OHOL TEST	STATUS	DRUG TEST(S)	SELECT UPTO 4			
. 4 .	SELECT OF TO 2	<u> </u>	BY	1 .	=	COHOL MAF	RIJUANA	1 1	1	1	1	1 1 RESULI	SECECT UP 10 4			
UNIT#	NAME: LAST, F	IRST, MIDDLE	<u> </u>		_ 01	THEN DIVIDE				DATE OF BIRTH	ــــــــــــــــــــــــــــــــــــــ	AGE	GENDER			
				- 2 2												
ADDRESS:	: STREET, CITY, ST	ATE, ZIP							CONTACT	PHONE - INCLUDE AREA	CODE					
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TA	KEN TO:	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	ON AIR RAI	BAG USAGE EJECTION TRAPPED				
NON	TAKEN BY							USED	DOT-Co	MPLIANT LMET						
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENSE	E CHAR	RGED	LOCAL CODE	OFFENSE DESC	RIPTION	CITATION NUMBER						
O L CLASS	ENDORSEMENT	RESTRICTION SELECT			ALCO	OHOL / DRUG SUSPE	CTED	CONDITION		OHOL TEST		DRUG TEST(S				
	SELECT UP TO 2			TRACTED	AL	LCOHOL MAF			STATUS				SELECT UP TO 4			
INIU	IRIES	SEATING POSITION		TR BAG	OT	THER DRUG		OL RESTRIC	TION(S)	DRIVER DISTRAC	TION	TESTSTA	TUS			
1 - FATAL	JRIES	1 - FRONT - LEFT SIDE	1 - NOT DEP	LOYED		1 - CLASS A		1-ALCOHOL INTER	THE SHARE WASHINGTON AND ADDRESS.	1 - NOT DISTRACTED	FITON	1 - NONE GIVEN	103			
	SERIOUS INJURY MINOR INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2 - DEPLOYI			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE		2 - MANUALLY OPERATION ELECTRONIC COMMU	NICATION	2 - TEST REFUSED 3 - TEST GIVEN, CON	TAMINATED			
4 - POSSIBLE IN	NJURY	3 - FRONT - RIGHT SIDE	4 - DEPLOYI	ED BOTH FRON	T/SIDE	4 - REGULAR CLASS		4 - FARM WAIVER		DEVICE (TEXTING, TY DIALING)	PING,	SAMPLE / UNUSA	BLE			
5 - NO APPAREN	NT INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APP 9 - DEPLOYI	LICABLE MENT UNKNOW	VΝ	(OHIO = D) 5 - M/C MOPED ONLY		5 - EXCEPT CLASS 6 - EXCEPT CLASS		3 - TALKING ON HANDS-I COMMUNICATION DE		4 - TEST GIVEN, RES 5 - TEST GIVEN, RES				
INJURED 1-NOTTRANSP	TAKEN BY PORTED	5 - SECOND – MIDDLE 6 - SECOND – RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO		4 - TALKING ON HAND-H COMMUNICATION DE		UNKNOWN	TTVDE			
/TREATED A		7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	EJ 1 - NOT EJE	CTED		OL ENDORSE! H - HAZMAT	MENT	8 - INTERMEDIATE LICENSE 5 - OTHER ACTIVITY WITH AN				1-NONE	STITPE			
3 - POLICE		8 - THIRD - MIDDLE		LY EJECTED		M - MOTORCYCLE		RESTRICTIONS 9 - LEARNER'S PER	RMIT	6 - PASSENGER		2 - BL00D				
9 - OTHER / UNK	KNOWN	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION	3 - TOTALLY			P - PASSENGER		RESTRICTIONS 10 - LIMITED TO DAY	LIGHT ONLY	7 - OTHER DISTRACTION INSIDE THE VEHICLE		3 - URINE 4 - BREATH				
A DESTRUMENT OF THE RESERVE OF THE PERSON OF	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER	4 - NOT APP			N - TANKER Q - MOTOR SCOOTER		11 - LIMITED TO EM								
1 - NONE USED 2 - SHOULDER E	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOTTRA	PPED PPED		R - THREE-WHEEL MO S - SCHOOL BUS	TORCYCLE	12 - LIMITED - OTHI 13 - MECHANICAL D	DO OTHER OF OTHER / UNKNOWN DRUGTEST			DRUG TEST	TYPE			
3 - LAP BELT ON	NLY USED	PICK-UP WITH CAP)	2 - EXTRICA			T - DOUBLE & TRIPLE	TRAILERS	(SPECIAL BRAK CONTROLS, OR C	THER	CONDITION		1 - NONE 2 - BLOOD				
	CHILD RESTRAINT SYSTEM _ CARGO AREA 3-FF			Υ		X - TANKER / HAZMAT			ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY		1 - APPARENTLY NORMAL 3 - URINE					
FORWARD FA	RD FACING 13-TRAILING UNIT NUN-MECHANICAL MEANS					GENDER		15 - MOTOR VEHICLE		2 - PHYSICAL IMPAIRME 3 - EMOTIONAL (E.G., DEP		4 - OTHER				
REAR FACIN	IG .	(NON-TRAILING UNIT)				F - FEMALE M - MALE		AIR BRAKES 16-OUTSIDE MIRRO)R	ANGRY, DISTURBED) 4 - ILLNESS		DRUG TEST RE 1-AMPHETAMINES	erum and date New			
7 - BOOSTER SE 8 - HELMET US		15 - NON-MOTORIST 99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN		17 - PROSTHETIC AI	D	5 - FELL ASLEEP, FAINTE FATIGUED, ETC.	AINTED, 2 - BARBITURATES					
9 - PROTECTIVE	E PADS USED							18 - OTHER		6 - UNDER THE INFLUEN		3 - BENZODIAZEPIN 4 - CANNABINOIDS	ES			
(ELBOW, KNI 10 - REFLECTIVE										OF MEDICATIONS / DF /ALCOHOL	RUGS	5 - COCAINE				
11 - LIGHTING - / Bicycle oi								1		9 - OTHER / UNKNOWN		6 - OPIATES / OPIOIO	OS			
	OTHER/ UNKNOWN						1				8 - NEGATIVE RESU	LTS				

HSY8306 OH1M 1/19 [760-1500]

OHIO DE OF PUB	SOURCE SAFETY OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER						
surery and	GOOTANT / WITHLOO PUDLINDOM							2,0,2,4,-,0,0,0,7,9,3,1,						
UNIT #	NAME: LAS	T, FIRST, MIDDLE	DAT	E OF BIRTH		AGE	GENDER							
02_	LENN	ION, KATHEF	0 5 2 3 1 9 5 3 7 1 F											
ADDRESS	S: STREET, CITY,		CONTACT PHONE											
٩		ON DR ,Fran	Redacted			. , 4 ,								
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facil	LITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	_	_			
5						0,4	MC HELMET			_1_	_1			
UNIT #	NAME: LAS	T, FIRST, MIDDLE	DAT	E OF BIRTH		AGE	GENDER							
ADDRESS	2 220557 0171						CONTACT PHONE							
ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP							- INCLUDE AREA CO	DE					
O INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACI	LITY (NAME CITY)	SAFETY EQUIPMENT		SEATING POSITION	ATR RAG USAGE	FIECTION	TRAPPED			
	TAKEN BY	Zino Adenoi (Maine)		INCORED TRICE TO MEDICAL TAGE	err thame, or re	USED	DOT-COMPLIANT MC HELMET		AIN DAG GOAGE		I I I I			
UNIT #	NAME: LAST, FIRST, MIDDLE							E OF BIRTH	T	AGE	GENDER			
, , ,	Turnia ens	.,,												
ADDRESS	S: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE					
ADDRESS														
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACI	LITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
	BY						MC HELMET			ــــا				
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
ADDRESS	S: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE					
99		T ==== :				T		I	T	T	I			
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACI	LITY (NAME, CITY)	USED USED	DOT-COMPLIANT MC HELMET				TRAPPED			
		JRIES	SAFFT	Y EQUIPMENT USED		SEATING POS			ATR RAG II	SAGE				
1 - FAT	P. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10		1 - NONE US		994 St. 1824 St. 188	T – LEFT SIDE	1 - NOT DEPLOYED							
2 - SUS	SPECTED SE	ERIOUS INJURY	VEHICLE	OCCUPANT		ORCYCLE DRIV	ER)	2 - DEPLOYED FRONT						
3 - SUS	SPECTED MI	INOR INJURY		ER BELT ONLY USED		IT – MIDDLE IT – RIGHT SIDE		3 - DEPLOYED SIDE						
4 - P0S	SSIBLE INJU	JRY		T ONLY USED ER & LAP BELT USED	시민들은 사람들은 유명하다 하시다.	ND - LEFT SIDE		4 - DEPLO	The second straining that the second	AGE GENDER AGE GE				
5 - NO A	APPARENT	INJURY		ESTRAINT SYSTEM –		ORCYCLE PASS ND – MIDDLE								
news were	INJURED	TAKEN BY		D FACING		ND – RIGHT SIC)E	9 - DEPLOYMENT UNKNOWN						
A PAGE VILLEY OF RE	TTRANSPOR	그리다 그 그리가 가는 것 같아 보니 사람이 하는 것 같아?	6 - CHILD RI REAR FA	ESTRAINT SYSTEM – CING		D – LEFT SIDE ORCYCLE SIDE	CAR)	FIFCTION						
2 - EMS			7 - BOOSTER			D – MIDDLE		1 - NOT EJECTED						
3 - P0L	ICE.		8 - HELMET	USED		D – RIGHT SIDE PER SECTION (2 - PARTIA	LLY EJECT	ED				
9 - OTH	IER/UNKNO	NWO		TIVE PADS USED	11 - PASS	ENGER IN OTH	ER ENCLOSED	3 - TOTALI	LY EJECTED					
Sec. 11 (1.1. (1.1.))	GEI	NDER		KNEES, ETC.) FIVE CLOTHING		O AREA (NON-TE PICK-UP WITH CAI		4 - NOT AF	EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE					
F-FEM				G – PEDESTRIAN		ENGER IN UNE	NCLOSED	45.000000000000000000000000000000000000	TRAPP	ED	\$6.4.45.45.45.45.4			
M - MAL	∟E ER/UNKNO	WN	/BICYCL		100 100 100 100 100 100 100 100 100 100	O AREA LING UNIT		1 - NOTTR						
			99 - OTHER /	UNKNOWN		NG ON VEHICLE	2 - EXTRICATED BY MECHANICAL MEANS							
						TRAILING UNIT)		BY NON-MI	ECHANIC	AL				
					99 - OTHE	R/UNKNOWN		MEANS	`					
	AST, FIRST, MIDE	DLE					DAT	E OF BIRTH		AGE	GENDER			
ADDRESS							L L L L							
ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
NAME: LA	NAME: LAST, FIRST, MIDDLE						DAT	E OF BIRTH		AGE	GENDER			
						J. J								
ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE	- INCLUDE AREA CO	DDE		1			
	AST, FIRST, MIDE	DLE					DAT	E OF BIRTH		AGE	GENDER			
ADDRESS	S. STREET CITY	STATE 7ID					CONTACT PHONE	- INCLUDE ADDA OF	DDE L					
ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP							I I	, oc	т т	, ,			