OFFIDE SAFETY TRAFFIC CRASH	LOCAL REPORT NUMBER*					
X PHOTOS TAKEN X 0H-2 X 0H-3	2,0,2,1,-,0,0,0,1,7,1,7,4,					
SECONDARY CRASH	REPORTING AGENCY NAME*	NCIC*	HIT/SKIP NUMBER	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR		
PRIVATE PROPERTY	City of Kent Police	0 6 7 0 3	1 - SOLVED 0	2 0 2 98-ANIMAL 99-UNKNOWN		
1 - CITY	/, VILLAGE, TOWNSHIP*	•	CRASH DATE / TIME*	CRASH SEVERITY		
3-TOWNSHIP	LOCATION ROAD NAME		$[1_10_11_15_21_0_12_11_1/_11_11_1]$	2 1 2 - SERIOUS INJURY		
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST	ROAD TYPE	LATITUDE DECIMAL DEGREE				
W-WE3	LAKE	ST	411016114:0:0	3 - MINOR INJURY SUSPECTED		
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST W - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HO	USE #) ROAD TYPE	LONGITUDE DECIMAL DEGRE			
	Harvey	ST	8 ₁ 1 ₀ 3 ₁ 4 ₁ 8 ₁ 4 ₁ 9 ₁ 0	5 - PROPERTY DAMAGE ONLY		
REFERENCE POINT DIRECTION 1 - INTERSECTION FROM REFERENCE 1 - INTERSECTION IR -	ROUTE TYPE INTERSTATE ROUTE(TP) AL - ALLEY	ROAD TYPE HW-HIGHWAY RD - ROAD	l —	TION RELATED		
2 MUE DOST		LA - LANE SQ - SQUARE	WITHIN INTERSECTION	OR ON APPROACH		
W-WEST SR-	STATE ROUTE BL - BOULEVARD CR - CIRCLE	MP-MILEPOST ST-STREET OV - OVAL TE - TERRACE	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES			
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE I	PK - PARKWAY TL - TRAIL	ROA	ADWAY		
6 5 2-FEET 2-FEET 3-YARDS	ROUTE DR - DRIVE	PI - PIKE WA - WAY PL - PLACE	ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVEN		COLLISION/IMPACT	BURGOTION TRAVEL			
1 - ON ROADWAY 9 - CROSSOVER	1 - NOT COLLISION 4	- REAR-TO-REAR	DIRECTION OF TRAVEL N - NORTH	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN		
2 - ON SHOULDER 10-DRIVEWAY/ 3 - IN MEDIAN 11-RAILWAY G	TWO MOTOR	- BACKING - ANGLE	S - SOUTH	(<4 FEET) 2 - DIVIDED FLUSH MEDIAN		
4 - ON ROADSIDE 12-SHARED US 5 - ON GORE TRAILS	E PATHS OR TRANSPORT 7	- SIDESWIPE, SAME DIRECTION	E - EAST W - WEST	(≥4 FEET)		
6-OUTSIDE TRAFFIC WAY 13-BIKE LANE	3 - HEAD-ON 9	- SIDESWIPE, OPPOSITE DIRECTION - OTHER / UNKNOWN		3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN		
7 - ON RAMP 14-TOLL BOOTI B - OFF RAMP 99-OTHER / UN				(ANY TYPE) 9-OTHER/UNKNOWN		
WORK ZONE RELATED	WORK ZONE TYPE LOCATION	OF CRASH IN WORK ZONE	CONTOUR CON	DITIONS SURFACE		
1-	LANE CLOSURE 1-	BEFORE THE 1ST WORK ZONE	ETHE 1ST WORK ZONE			
3-1	EARLE SITT TOROGSOVER	WARNING SIGN ADVANCE WARNING AREA	1-STRAIGHT LEVEL 1-DRY	1 1 - CONCRETE		
LAW ENFORCEMENT PRESENT	OR MEDIAN 4-1	TRANSITION AREA ACTIVITY AREA	2 - BLACKTOP,			
		TERMINATION AREA	3 - CURVE LEVEL 3 - SNOW	BITUMINOUS, ASPHALT		
LIGHT CONDITION	WEATHER		4 - CURVE GRADE 4 - ICE 9 - OTHER/UNKNOWN 5 - SAND, !	3 - BRICK/BLOCK		
1 - DAYLIGHT	1-CLEAR 6-SNOW		OIL, GR			
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	2-CLOUDY 7-SEVERE C 3-FOG, SMOG, SMOKE 8-BLOWING		(STANDING, G) 5 - DIRT			
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4-RAIN 9-FREEZING	RAIN OR FREEZING DRIZZLE	9 - OTHER/UNKNOWN			
9 - OTHER / UNKNOWN	5 - SLEET, HAIL 99 - OTHER /	UNKNOWN	9-OTHER	UNKNOWN		
NARRATIVE				Indicate the north		
Unit# 1 was driving East on La	ike St. at Harvey St.			direction with an "N" on the		
Unit #2 was driving West on 1				compass diagram.		
St. Unit #2 went left of center						
the Eastbound lane of travel.			Lake St	:		
#2 coming straight at him so l	ne came to a stop. Unit					
#1 was then struck head on by	y Unit #2.	(-N-)				
		Not To Scale		Harvey St		
		VAL DATE / TIME	SCENE CLEARED DATE / TIME			
TOTAL TIME OTHER TOTAL				MOTORIST X POLICE AGENCY		
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUTI	cer's name* George	SUPPLEMENT				
		Y DFFICER'S BADGE NUMBER*	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)			
3 2 8 1 2 0 4 4	8 2 4 8		3 1 1			



2,0,2,1,-,0,0,0,1,7,1,7,4, OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) DAMAGE 0 1 The House of Larose 4 | 4 | 0 | 7 | 4 | 6 | 7 | 5 | 0 | 0 DAMAGE SCALE DWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 6745 SOUTHPOINT PKWY ,BRECKSVILLE ,OH 44141 J 2 - MINOR DAMAGE 4 - DISABI ING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP The House of Larose COMMERCIAL CARRIER PHONE; INCLUDE AREA CODE 9 - UNKNOWN 6745 SOUTHPOINT PKWY , BRECKSVILLE , OH 44141 4,4,0,7,4,6,7,5,0,0 DAMAGED AREA(S) INDICATE ALL THAT APPLY LP STATE LICENSE PLATE # **VEHICLE IDENTIFICATION #** VEHICLE YEAR VEHICLE MAKE PJU2453 $1_{1}F_{1}U_{1}B_{1}C_{1}X_{1}D_{1}J_{1}3_{1}7_{1}H_{1}Y_{1}2_{1}5_{1}6_{1}6_{1}5$ OH 2 10 10 17 Freightliner INSURANCE COMPANY **INSURANCE POLICY #** INSURANCE VERIFIED COLOR VEHICLE MODEL Grange CA 3183299 WHI M2 TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE 4 | 5 | 7 | 8 | | Richs Towing and Services HAZARDOUS MATERIAL **VEHICLE WEIGHT GVWR/GCWR** INTERLOCK DEVICE EQUIPPED MATERIAL CLASS # PLACARD ID # 1 - ≤10K LBS 2 - 10,001 - 26K LBS RELEASED HIT/SKIP UNIT PLACARD 3 - >26K LBS 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEEL FO 12-GOLE 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) 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-BICYCLE 5 - CARGO VAN BICYCLE 16-FARM EQUIPMENT 22 - ANIMAL WITH RIDER OF 27 - TRAIN 11 - ALL TERRAIN VEHICLE 6 - VAN (9-15 SEATS) ANIMAL-DRAWN VEHICLE 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP (ATV / UTV) 1 01 # OFTRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 1 - DRIVER ASSISTANCE 0 4 - HIGH AUTOMATION 2 1-YES 2-NO 9-OTHER/UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION AUTONOMOUS MODE LEVEL 6 - BUS - CHARTER/TOUR 11-FIRE 16.FARM 21 - MAIL CARRIER 2 - TAXI 7 - BUS - INTERCITY 12-MILITARY 17 - MOWING 99-OTHER/UNKNOWN 0 1 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 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15-CONSTRUCTION EQUIPMENT 20-SAFETY SERVICE PATROL 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE 12-CONCRETE MIXER O 1 CARGO I NOT APPLICABLE MOTOR VEHICLE 9 - CARGO TANK 13-AUTOTRANSPORTER 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARBAGE/REFUSE BODY (7 - GRAIN/CHIPS/GRAVEL TYPE 11 - DUMP 99 - OTHER / UNKNOWN 00 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN VEHICLE 2 - HEAD LAMPS 5 - STEFRING 8 - TRAILER EQUIPMENT 10-DISABLED FROM PRIOR DEFECTS 3 - TAIL LAMPS ACCIDENT 6 - TIRE BLOWOUT DEFECTIVE - NO DAMAGE [0] - UNDERCARRIAGE [14] 1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12-FIRST RESPONDER CROSSWALK AT INCIDENT SCENE 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS -TOP [13] -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 2 - NON-COLLISION 2 - BACKING OR LEAVING VEHICLE 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 4 0 - NO DAMAGE 1 1 3 - CHANGING LANES 14 - UNDERCARRIAGE 3 - STRIKING SPECIFIED LOCATION 19-STANDING 9 - LEAVING TRAFFIC LANE ACTION 4- STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 1-12 - REFERTO UNIT 15 - VEHICLE NOT AT SCENE 15 - WALKING, RUNNING, 10-PARKED 20 - OTHER NON-MOTORIST $\lfloor 1 + 2 \rfloor$ DIAGRAM 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN JOGGING, PLAYING 21 - STANDING OUTSIDE 99 - UNKNOWN 11 - SLOWING OR STOPPED 13-TOP 16 - WORKING DISABLED VEHICLE & STRUCK INTRAFFIC 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 9-OTHER/UNKNOWN 99 - OTHER / UNKNOWN 12 - ORIVERLESS TRAFFIC 7-LEFT OF CENTER 13-IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY TRAFFICWAY FLOW TRAFFIC CONTROL PARKED POSITION 2 - FAILURE TO YIELD 8-FOLLOWING TOO CLOSE / ACDA 18-OPERATING DEFECTIVE 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDAROUT 4 - STOP SIGN 14-STOPPED OR PARKED 3 - RAN RED LIGHT 9-IMPROPER LANE CHANGE EQUIPMENT 23 - OPENING DOOR INTO 0 1 ILLEGALLY 2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN 19 - LOAD SHIFTING/FALLING/ 4 - RAN STOP SIGN 10-IMPROPER PASSING ROADWAY CONTRIBUTING 5 - UNSAFE SPEED 15 - SWERVING TO AVOID 3 - FLASHER SPILLING 6 - NO CONTROL 99-OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IN PROPER CROSSING 6 - IMPROPERTURN 12 - IMPROPER BACKING # of THROUGH LANES RAIL GRADE CROSSING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2 , 2 - INVOLVED-ACTIVE CROSSING NON-COLLISION 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 3 - INVOLVED-PASSIVE CROSSING 11 - CROSS CENTERLINE -16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE 1 2 0 OPPOSITE DIRECTION OF 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 17 - ANIMAL - FARM EQUIPMENT TRAVEL UNIT / NON-MOTORIST DIRECTION 23 - STRUCK BY FALLING 18-ANIMAL - DEER 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR 5 - NORTHEAST 1 4 - JACKKNIEF 9 - RAN OFF ROAD LEFT 19-ANIMAL - OTHER 1 - NORTH 13 - OTHER NON-COLLISION ANYTHING SET IN MOTION 5 - CARGO / EQUIPMENT 20 - MOTOR VEHICLE IN 2 - SOUTH 6 - NORTHWEST 10 - CROSS MEDIAN BY A MOTOR VEHICLE 14-PEDESTRIAN __ то __3 , TRANSPORT LOSS OR SHIFT 3 - EAST 7 - SOUTHEAST 24 - OTHER MOVABLE GBJECT 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-CURB 50 - WORK ZONE MAINTENANCE / CRASH CUSHION 32 - PORTABLE BARRIER EQUIPMENT 38 - OVERHEAD SIGN POST 44 - DITCH UNIT SPEED DETECTED SPEED 26 - BRIDGE OVERHEAD 51 - WALL 33 - MEDIAN CARLE BARRIER 39-LIGHT/LUMINARIES 45 - EMBANKMENT STRUCTURE 1 - STATED / ESTIMATED SPEED SUPPORT 34 - MEDIAN GUARDRAIL 46-FENCE 52 - BUILDING 27 - BRIDGE PIER OR ABUTMENT 1010101 BARRIER 40 - UTILITY POLE 53 - TUNNEL 47 - MAILBOX 2 - CALCULATED/ EDR 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54 - OTHER FIXED OBJECT 48-TREE 29-BRIDGE RAIL 3 - UNDETERMINED BARRIER OR SUPPORT POSTED SPEED 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



						2 0 2 1 - 0	0.0.1.7.1.7.4			
UNIT#		RST, MIDDLE (X SAME AS DRIVER)		OWNER PHONE: INC	LUDE AREA CODE (SAME AS DRIVER)	DAMAGE				
0 2	Mason, Charles, Gi DDRESS: STREET, CITY, STAT					DAMAGE SCALE				
		anklin Twp ,OH 442	1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE							
	CIAL CARRIER: NAME, ADD			COMMERCIAL CARRIER	PHONE: INCLUDE AREA CODE	9 - UNKNOWN				
							MAGED AREA(S)			
LP STATE	LICENSE PLATE #		E IDENTIFICATION #	VEHICLE YE	AR VEHICLE MAKE		TE ALL THAT APPLY			
$O \mid H$	JLS8740		$L_1K_1X_1Y_1U_10_11_10_1$	2 4 3 2 0 0	0 Toyota	G.	12			
INSURA VERIF		PANY	NSURANCE POLICY #	COLOR	VEHICLE MODEL	12	11 12			
VERIF.	TYPE OF USE		UC DOT #	SIL	CAMRY	10 11 1 2	10 11 1 2			
COMME		IN EMERGENCY RESPONSE	US DOT #	Joes Auto	YNAME	9 10 2	10 20 2			
			HICLE WEIGHT GVWR/GCWR		US MATERIAL		1 10 J			
INTER	E HIT/SKIP UNI		1 - ≤10K LBS 2 - 10,001 - 26K LBS	I ☐ BELEASED	CLASS # PLACARD ID #	8 7 5 4	8 7 5 4			
EQUIP	PEU —	0 2	3 - >26K LBS	PLACARD		7 6	12 7 5			
	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12-GOLF CART	18-LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER	1 1	12			
0,1	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE 3-WHEELED	13-SNOWMOBILE 14-SINGLE UNIT TRUCK	19-BUS (16+ PASSENGERS) 20-OTHER VEHICLE	24-WHEELCHAIR (ANY TYPE)	10	11 2			
UNIT TYPE	4 - PICK UP	10 - MOPED OR MOTORIZED	15-SEMI-TRACTOR	21 - HEAVY EQUIPMENT	25 - OTHER NON-MOTORIST 26 - BICYCLE	, –	0 2 3			
	5 - CARGO VAN	BICYCLE	16-FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR	27 -TRAIN	 				
пi	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17-MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	7 0 5 4			
<u> </u>	# OF TRAILING UNITS					12 7	5 12			
= = = =	WAS VEHICLE OPERATING IN AL		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	12	11 12			
2	MODE WHEN CRASH OCCURRE	1 0 1	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION		10 11 1 2	10 11 2			
	1-YES 2-NO 9-OTHER/UNK	MODE LEVEL	2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION		9 9 3 3	9 9 3			
	1 - NONE	6 - BUS - CHARTER/TOUR	11-FIRE	16-FARM	21 - MAIL CARRIER	- 8 4 -				
0 1 1	2 - TAXI	7 - BUS - INTERCITY	12-MILITARY	17 - MOWING	99-OTHER/UNKNOWN	8 7 5 4	8 7 5 4			
SPECIAL	3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT	8 - BUS - SHUTTLE 9 - BUS - OTHER	13-POLICE 14-PUBLIC UTILITY	18-SNOW REMOVAL		7	7 5			
PUNCTION	5 - BUS - TRANSIT/COMMUTER		15-CONSTRUCTION EQUIPMENT	19-TOWING 20-SAFETY SERVICE PATROL			8			
	1 - NO CARGO BODY TYPE	3 - VEHICLE TOWING ANOTHER	5 - INTERMODAL CONTAINER	8 - POLE	12 - CONCRETE MIXER	ĺ	12 12 12			
CARGO	/ NOT APPLICABLE	MOTOR VEHICLE	CHASSIS	9 - CARGOTANK	13-AUTOTRANSPORTER	12				
BODY	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	10-FLAT BED	14-GARBAGE/REFUSE	, R A R	3 9 1 3 9 1 3			
TYPE			7 - GRAIN/CHIFS/GRAVEL	11-DUMP	99 - OTHER / UNKNOWN	0	1013			
	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICKTIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN	6	T			
VEHICLE DEFECTS	2 - HEAD LAMPS 3 - TAIL LAMPS	5 - STEERING 6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT DEFECTIVE	10-DISABLED FROM PRIOR ACCIDENT			6 6 6			
						- NO DAMAGE [(] - UNDERCARRIAGE [14]			
1 1 1	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE	9 - MEDIAN/CROSSING ISLAND 10-DRIVEWAY ACCESS	12-FIRST RESPONDER AT INCIDENT SCENE	[] TOD 1303				
NON-MOTORIST	2-INTERSECTION - UNMARKED	CROSSWALK	B - SIDEWALK	11 - SHARED USE PATHS OR	99-OTHER/UNKNOWN	□-TOP [13]	-ALL AREAS [15]			
AT IMPACT			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			
1 3 1	2-NON-COLLISION 3-STRIKING 0 1	2 - BACKING 3 - CHANGING LANES	B - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	OR LEAVING VEHICLE 19-STANDING	0 - NO DAMAGE				
ACTION	4 - STRUCK PRE-CRASH	4 - OVERTAKING/PASSING		15 - WALKING, RUNNING,	20 - OTHER NON-MOTORIST		O UNIT 15 - VEHICLE NOT AT SCENE			
	5 - BOTH STRIKING ACTIONS	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED	JOGGING, PLAYING	21 - STANDING OUTSIDE	DIAGRAF 13-TOP	99 - UNKNOWN			
	& STRUCK 9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	IN THAT I IS	16 - WORKING 17 - PUSHING VEHICLE	DISABLED VEHICLE 99 - OTHER / UNKNOWN	13-104				
	1 - NONE	7-LEFT OF CENTER	IL BRITEREIG	17 - VISION OBSTRUCTION			FRAFFIC			
	2-FAILURE TO YIELD	8-FOLLOWING TOO CLOSE / ACDA	DADVED BOCITION	18 - OPERATING DEFECTIVE	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE	TRAFFICWAY FLOW	TRAFFIC CONTROL			
_0,7	3 - RAN RED LIGHT	9-IMPROPER LANE CHANGE	14-STOPPED OR PARKED	EQUIPMENT	23 - OPENING DOOR INTO	1 - ONE-WAY 7 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN			
	4 - RAN STOP SIGN	10-IMPROPER PASSING	15 - SWERVING TO AVOID	19-LOAD SHIFTING/FALLING/ SPILLING	ROADWAY	<u> </u>	3-FLASHER 6-NO CONTROL			
CIRCUMSTANCES	5 - UNSAFE SPEED 6 - IMPROPER TURN	11 - DROVE OFF ROAD 12 - IMPROPER BACKING	16 - WRONG WAY	20 - IM PROPER CROSSING	99-OTHER IMPROPER ACTION	# of THROUGH LANES	RAIL GRADE CROSSING			
SEQUENCE	OF EVENTS	12 this for the brokering	<u> </u>			ON ROAD	1 - NOT INVOLVED			
<u>ы</u>			NON-COLLISION			_2	1 2 - INVOLVED-ACTIVE CROSSING			
1 1 1	1 - OVERTURN/ROLLOVER 2 - FIRE/EXP_OSION	6 - EQUIPMENT FAILURE	ARRACITE DIRECTION OF	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQU PMENT		3 - INVOLVED-PASSIVE CROSSING			
	3 - IMMERSION	7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	TRAVEL	17-ANIMAL — FARM 18-ANIMAL — DEER	23 - STRUCK BY FALLING,	UNIT / NON-	MOTORIST DIRECTION			
2 2 0	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY	19-ANIMAL - OTHER	SHIFTING CARGO OR ANYTHING SET IN MOTION		1 - NORTH 5 - NORTHEAST			
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14-PEDESTRIAN	20 - MOTOR VEHICLE IN TRANSPORT	BY A MOTOR VEHICLE	FROM 4 TO L	3 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST			
3				21 - PARKED MOTOR VEHICLE	24 - OTHER MOVABLE CBJECT	FROM 1 TO L.	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST			
	25 - IMPACT ATTENUATOR	COLLISION 31-GUARDRAIL END	N WITH FIXED OBJECT 37-Traffic sign post	- STRUCK 43-CURB	50 - WORK ZONE MAINTENANCE	<u></u>	9 - OTHER / UNKNOWN			
4	/ CRASH CUSHION	32 - PORTABLE BARRIER	38-OVERHEAD SIGN POST	44 - DITCH	EQUIPMENT	UNIT SPEED	DETECTED SPEED			
E1	26 - BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL	CUDDART	45 - EMBANKMENT	51 - WALL 52 - BUILDING		1 - STATED / ESTIMATED SPEED			
5	27 - BRIDGE PIER OR ABUTMENT	BARRIER	40-UTILITY POLE	46 - FENCE 47 - MAILBOX	53 - TUNNEL		2 - CALCULATED/EDR			
6	28 - BRIDGE PARAPET 29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE	48-TREE	54 OTHER FIXED OBJECT	POSTED SPEED	3 - UNDETERMINED			
	30-GUARDRAIL FACE		42 - CULVERT	49-FIRE HYDRANT	99 OTHER/UNKNOWN					
_ 2	FIRST HARMFUL EVEN	T 2 MOST H	ADMENI EVENT			3 5				

LOCAL REPORT NUMBER

SHIP DEPARTMENT MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER					
	2.0.2.10.0.0.1.7.1.7.4.					
0 4 Hamonille Enis The	DATE OF BIRTH AGE GENDER					
	1 2 / 0 4 / 1 9 7 5 4 5 M					
ADDRESS: STREET, CITY, STATE, ZIP 1181 HAMILTON DR, Broadview Hts, OH 44147 INJURIES INJURED EMS AGENCY (NAME) TAKEN BY 1 Kent Fire CON INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 0, 4	CONTACT PHONE - INCLUDE AREA CODE					
INJURED INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED USED	DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED					
	MC HELMET 0 1 5 1 1					
OL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL OFFENSE DESCRIPTI	ION CITATION NUMBER					
	ALCOHOL TEST DRUG TEST(S)					
	ALCOHOL TEST DRUG TEST(S) TUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4					
1 OTHER DRUG 1 5	5 3					
UNIT # NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH AGE GENDER					
0_2 Mason, Charles, Greenia	9 / 1 7 / 1 9 6 1 6 0 M					
ADDRESS: STREET, CITY, STATE, ZIP 6395 WEST SHORE DR, Franklin Twp, OH 44240 INJURED INJURED INJURED INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 0 4 OL STATE OPERATOR LICENSE NUMBER OL STATE OPERATOR LICENSE NUMBER OL CLASS FN0005566611 DESCRIPTION OF THE PROPERTY OF THE	NTACT PHONE - INCLUDE AREA CODE					
INJURIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME CITY) SAFETY EQUIPMENT	CENTURE SAMESIAN					
TAKEN 2 Kent Fire Akron City Hospital USED 0 4	DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED MC HELMET 0 1 2					
OL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL OFFENSE DESCRIPTI						
CODE CODE						
SELECT UP TO?	ALCOHOL TEST DRUG TEST(S) US TYPE VALUE STATUS TYPE RESULT SELECT UP TO A					
BY ALCOHOL X MARIJUANA						
UNIT # NAME: LAST, FIRST, MIDDLE						
	DATE OF BIRTH AGE GENDER					
ADDRESS: STREET, CITY, STATE, ZIP CON	CONTACT PHONE - INCLUDE AREA CODE					
0108						
ADDRESS: STREET, CITY, STATE, ZIP CON INJURED TAKEN TO: MEDICAL FACILITY (MAME, CITY) SAFETY EQUIPMENT USED N N N N N N N N N N N N N	OOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED					
	OOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED					
OL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL OFFENSE DESCRIPTION CODE	SCRIPTION CITATION NUMBER					
OL CLASS ENDORSEMENT RESTRICTION SELECTUPTOS DRIVER ALCOHOL / DRUG SUSPECTED CONDITION	ALCOHOL TEST DRUG TEST(S)					
	US TYPE VALUE STATUS TYPE RESULT SELECT UP 104					
C OTHER DRUG	<u></u>					
INJURIES SEATING POSITION AIR BAG OL CLASS OL RESTRICTION(1-FATAL 1-FRONT-LEFT SIDE 1-NOT DEPLOYED 1-CLASS 1-ALCOHOL INTERLOCK DE						
2 - SUSPECTED SERIOUS INJURY (MOTORCYCLE DRIVER) 2 - DEPLOYED FRONT 2 - CLASS B 2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN 2 - TEST REFUSED					
3 - SUSPECTED MINOR INJURY 2 - FRONT - RIGHT SIDE 3 - DEPLOYED SIDE 3 - CLASS C 3 - CORRECTIVE LENSES 4 - POSSIBLE INJURY 3 - FRONT - RIGHT SIDE 4 - DEPLOYED BOTH FRONT / SIDE 4 - REGULAR CLASS 4 - FARM WAIVER	ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIAL INC.) SAMPLE / UNUSABLE					
5 - NO APPARENT INJURY 4 - SECOND - LEFT SIDE (OHIO = D) 5 - EXCEPT CLASS A BUS (MOTORCYCLE PASSENGER) 5 - NOT APPLICABLE (OHIO = D) 5 - EXCEPT CLASS A BUS	DIALING) 3 - TALKING ON HANDS-FREE 4 - TEST GIVEN, RESULTS KNOWN					
INJURED TAKEN BY 5-SECOND - MIDDLE 6-NO VALID OL & CLASS B BUS	COMMUNICATION DEVICE 5 - TEST, GIVEN, RESULTS UNKNOWN 4 - TALKING ON HAND-HELD					
/TREATED AT SCENE 7-THIRD-LEFT SIDE EJECTION OL ENDORSEMENT OF INTERPRETATION OF INT	ALCUHOL (ES) TYPE					
2 - EMS UNION OF B. THIRD - MIDDLE S. B. THIRD - MI	ELECTRONIC DEVICE 1 - NONE					
9-OTHER/UNKNOWN 9-THIRD-RIGHT SIDE 3-TOTALLY EJECTED P-PASSENGER RESTRICTIONS	6 - PASSENGER 2 - BLOOD 7 - OTHER DISTRACTION 3 - URINE					
10 - SLEEPER SECTION 4 NOT APPLICABLE N - TANKER 10 - LIMITED TO DAYLIGHT OF SAFETY EQUIPMENT 0 F TRUCK CAB 11 - LIMITED TO EMPLOYMENT						
1 - NONE USED 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA TRAPPED R - THREE WHEEL MOTORCYCLE 12 - LIMITED - OTHER	THE VEHICLE 9-OTHER/UNKNOWN DRUG TEST TYPE					
2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOTTRAPPED S - SCHOOL BUS 13 - MECHANICAL DEVICES 3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICATE D BY TOUBLE & TRIPLE TRAILERS CONTROL OF DTHEP	D 1-NONE					
4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED MICHANICAL MEANS X - TANKER / HAZMAT ADAPTIVE DEVICES)	CONDITION 2 - BLOOD 1 - APPARENTLY NORMAL 3 - URINE					
FORWARD FACING 13-TRAILING UNIT NON-MECHANICAL MEANS 14-MILITARY VEHICLES ONL	LY 2 PHYSICAL IMPAIRMENT 4-OTHER					
6- CHILD RESTRAINT SYSTEM - 14 - HIDING ON VEHICLE EXTERIOR F - FEMALE AIR BRAKES REAR FACING (NON-TRAILING UNIT) F - FEMALE AIR BRAKES	AMGRY, DISTURBED) DRUG TEST RESULT(S)					
7 - BOOSTER SEAT 15 - NON-MOTORIST M - MALE 16 - OUTSIDE MIRROR 8 - HELMET USED 99 - OTHER / UNKNOWN U - OTHER / UNKNOWN 17 - PROSTHETIC AID	4 - ILLNESS 1 - AMPHETAMINES 5 - FELL ASLEEP, FAINTED, 2 BARBITURATES					
9-PROTECTIVE PADS USED 18-OTHER	FATIGUED, ETC. 3 - BENZODIAZEPINES					
(ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING	OF MEDICATIONS / DRUGS 4 - CANNABINOIDS / ALCOHOL 5 - COCAINE					
11 - LIGHTING - PEDESTRIAN	9- OTHER / UNKNOWN 6- OPIATES / OPIGIDS					
/ BICYCLE ONLY	7-OTHER					

OCCUPANT / WITNESS ADDENDUM					LOCAL REPORT NUMBER							
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	UNIT # NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH AGE GENDE						
-	02 Krise, Kathryn, E						2 / 1		5 5	F		
Δ.	ADDRESS: STREET, CITY, STATE, ZIP 600 FIRST AVE B1, Kent, OH 44240					CONTACT PHONE - INCLUDE AREA CODE						
	S INJURED	EMS ABENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	THE CHANGE COTY	SAFETY EQUIPMENT	 	Teravillo naciviai	L ave san una	m m/maman	1	
, 1		TAKEN USED USED			DOT-COMPLIANT	SEATING POSITION	. 2 2	E EJECTION	3			
UNIT #	NAME: LAS	NAME: LAST, FIRST, MIDDLE				DA:	TE OF BIRTH		AGE	GENDER		
]						1 / /					
ADDRES	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHON	CONTACT PHONE - INCLUDE AREA CODE					
ADDRES			<u> </u>									
INJURIE	S INJURED TAKEN BY	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FAC	ILITY (NAME, CITY)	SAFETY EQUIPMENT USED		DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRA				
L	1					MC HELMET		<u></u>	_	نـــــــــــــــــــــــــــــــــــــ		
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDER					
ADDRES	J S: STREET, CITY,	STATE, ZIP			<u> </u>		CONTACT PURSU	<u>, / , </u>				
ADDRES							CONTACT PHON	L - INCLUDE AREA CO	0E			
	S INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	ILITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED	
	J BY L					USED	DOT-COMPLIANT MC HELMET					
UNIT #	NAME: LAS	T, FIRST, MIDDLE		<u> </u>			DAT	E OF BIRTH		AGE	GENDER	
<u></u>								1				
ADDRES	SS: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE			
S INTURE	S INJURED	EMS Agency (NAME)										
INJUNIE	TAKEN	EINS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) USED SAFETY EQUIPM		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGI	EJECTION	TRAPPED	
	JLNI	URIES	SAFETY	EQUIPMENT USED		SEATING POS			AIR BAG L	ISAGE		
1 - FAT	TAL		1 - NONE US	the state of the s	1-FRON	T – LEFT SIDE		1 - NOT DE	Watterware Profession			
		RIOUS INJURY		OCCUPANT ER BELT ONLY USED		ORCYCLE DRIV T – MIDDLE	ER)	2 - DEPLO	ED FRONT			
A 25 1 1 1 1 1 1 1 1 1	SPECTED MI SSIBLE INJU	NOR INJURY		T ONLY USED 3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE						
	APPARENT 1		4 - SHOULDE	ER & LAP BELT USED 4 - SECOND – LEFT SIDI (MOTORCYCLE PASS								
	INTURED	TAKEN BY	5 - CHILD RE	ESTRAINT SYSTEM - 5 - SECOND - MIDDLE		5 - NOT APPLICABLE						
1 - NO	TTRANSPOR	Control of the Control of the Control		6 - SECOND - RIGHT SID ESTRAINT SYSTEM - 7 - THIRD - LEFT SIDE		9 - DEPLOYMENT UNKNOWN						
MCG4351247	REATED AT S	CENE	REAR FA	CING (MOTORCYCLE SIDE		CAR) EJECTION						
2 - EM			7 - BOOSTER	9. THIRD _ RIGHT SIDE		1 - NOT EJECTED						
	3 - POLICE 8 - HELMET 9 - OTHER / UNKNOWN 9 - PROTECT		VE PADS USED 10 - SLEEPER SECTION 0									
	GENDER (ELBOW, I		KNEES, ETC.)	CARGO AREA (NON-TR			RAILING UNIT, 4 - NOT APPLICABLE					
40 THE R. P. LEWIS CO., LANSING	F-FEMALE 10- REFLECTI			IVE CLOTHING G – PEDESTRIAN	12 DASSENCED IN UNION							
Service States	M - MALE / BICYCLI U - OTHER / UNKNOWN				1 - NOT TRAPPED							
	99 - OTHER /		UNKNOWN 14 - RIDING ON VEHICLE		EXTERIOR 2 - EXTRICATED BY MEC MEANS		ECHANIC	AL				
				(NON-TRAILING UNIT) 15 - NON-MOTORIST		3 - FREED BY NON-MECHAN		CHANICA	Ĺ			
						R / UNKNOWN		MEANS				
	AST, FIRST, MIDD							E OF BIRTH		AGE	GENDER	
	Rastle, Daniel, K ADDRESS: STREET, CITY, STATE, ZIP				0 7 / 2 9 / 1 9 5 1 7 0 M							
[≥] 816 N	816 MARVIN ST ,Kent, ,OH 44240				CONTACT PHONE - INCLUDE AREA CODE							
NAME: L	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH AGE GENDER						
	Satterfield, Sean, M					0 5 / 0 8 / 1 9 8 4 3 7 M						
492 I	ADDRESS: STREET, CITY, STATE, ZIP 492 LAKE ST, Kent, OH 44240					CONTACT PHONE	• INCLUDE AREA COD	E				
	NAME: LAST, FIRST, MIDDLE					L DAT	E OF DIDT!		ACT 1	OFFICE		
						DATE OF BIRTH AGE GENDER						
ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
HSY 8355 OF	H1P 3/19 [760-1	500]		=						PAGE 5		