OHIO DEPARTMENT TRAFFIC CRASH	REPORT *DENOTES MAN	NDATORY FIELD FOR SUPPLEM	ENT REPORT		OCAL REPORT	NUMBER*	
PHOTOS TAKEN OH-2 OH-3	LOCAL INFORMATION	2,0,2,3,-,0,0,0,1,2,4,3,2,					
OH-1P OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP 1 - SOLVED	NITS UNIT IN ERROR		
PRIVATE PROPERTY	City of Kent Police		6 <sub>1</sub> 7 <sub>1</sub> 0 <sub>1</sub> 3 <sub>1</sub>	2 - UNSOLVED		98 - ANIMAL 99 - UNKNOWN	
6 7 1 2-VILLAGE Kent	/, VILLAGE,TOWNSHIP*			CRASH DATE /		5 1-FATAL	
3-TOWNSHIP	LOCATION ROAD NAME		ROAD TYPE	0,8,0,9,2,0,2,3,		2 - SERIOUS INJURY SUSPECTED	
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST W - WEST	FRANKLIN		$\mathbf{A} \cdot \mathbf{V}$	41,14,1		3 - MINOR INJURY SUSPECTED	
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH	REFERENCE ROAD NAME (ROAD, M	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE D		4 - INJURY POSSIBLE	
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST W - WEST	CHERRY		ST	-8 <sub>1</sub> 1 <sub>10</sub> 3 <sub>1</sub> 6 <sub>1</sub> 0	6.6.8	5 - PROPERTY DAMAGE ONLY	
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE			INTERSECTION		
1 2-MILE POST 1 S-SOUTH US-			D - ROAD Q - SQUARE	X WITHIN INTE	RSECTION OR OF	N APPROACH	
W-WEST SR-	STATE ROUTE BL -		T - STREET	WITHIN INTE	RCHANGE AREA	A NUMBER OF APPROACHES	
FROM REFERENCE UNIT OF MEASURE	MIIMBERED COUNTY ROUTE I						
	ROUTE	DRIVE PI - PIKE W HEIGHTS PL - PLACE	/A - WAY	ROADWAY DIV	IDED		
LOCATION OF FIRST HARMFUL EVENT		ER OF CRASH COLLISION/IMPAG	CT CT	DIRECTION OF TRAVE		MEDIAN TYPE	
1 - ON ROADWAY 9 - CROSSOVER 2 - ON SHOULDER 10-DRIVEWAY/	1 - NOT CO	OLLISION 4-REAR-TO-REAR		N - NORTH	1-0	DIVIDED FLUSH MEDIAN	
3-IN MEDIAN 11-RAILWAY G	RADE CROSSING 5 TWO N	MOTOR CLESIN 6-ANGLE		S - SOUTH E - EAST	( < 4 FEET )  2 - DIVIDED FLUSH MEDIAN		
4 - ON ROADSIDE 12 - SHARED US 5 - ON GORE TRAILS	E PATHS OR TRANS 2 - REAR-	na managaran ang managaran		W - WEST		( ≥4 FEET ) DIVIDED, DEPRESSED MEDIAN	
6-OUTSIDE TRAFFIC WAY 13-BIKE LANE 7-ON RAMP 14-TOLL BOOTH	3 - HEAD-	ON 9-OTHER/UNKNOW	/N			DIVIDED, RAISED MEDIAN (ANY TYPE)	
8-OFF RAMP 99-OTHER/UN	KNOWN				9 - 0	OTHER/UNKNOWN	
WORK ZONE RELATED	WORK ZONE TYPE  LANE CLOSURE	LOCATION OF CRASH IN WO 1 - BEFORE THE 1ST V		CONTOUR	CONDITIO	ONS SURFACE	
WORKERS PRESENT 2 - L	ANE SHIFT/CROSSOVER	WARNING SIGN 2 - ADVANCE WARNIN		1	1 000		
LAW ENFORCEMENT PRESENT	WORK ON SHOULDER OR MEDIAN	3 - TRANSITION AREA		1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE	1 - DRY 2 - WET	1 - CONCRETE 2 - BLACKTOP,	
	NTERMITTENT OR MOVING WORK  OTHER	4 - ACTIVITY AREA 5 - TERMINATION ARE	ΞA	3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT	
LIGHT CONDITION	WEATHER	8	4 - CURVE GRADE 4 - ICE 3 - B 9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT,				
1 - DAYLIGHT  1 2 - DAWN/DUSK		6 - SNOW		7- OTTICIOUNINOWIN	OIL, GRAVE	L STONE	
3 - DARK – LIGHTED ROADWAY	3 - FOG, SMOG, SMOKE	7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT,	SNOW		6 - WATER (STA MOVING)	5 - DIKI	
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING		9 - FREEZING RAIN OR FREEZII 99 - OTHER / UNKNOWN	NG DRIZZLE		7 - SLUSH 9 - OTHER/UNK	9 - OTHER/UNKNOWN	
9 - OTHER / UNKNOWN					7-UINER/UNK	NOWN	
NARRATIVE						Indicate the north direction with	
UNIT 2 WAS SOUTHBOUND O	N FRANKLIN AVE.					an "N" on the compass diagram.	
STOPPED IN TRAFFIC ON F	RANKLIN AVE. AT						
CHERRY ST. UNIT 1 WAS IN	FRONT OF UNIT						
2. UNIT 1 BEGAN TO REVER	SE AND STRUCK						
UNIT 2.					Unit 2	FRA	
						FRANKLINAVE	
						ių.	
		CHI	ERRYST.		11		
		(P)	)				
201411000000000000000000000000000000000		No	ot To S	cale			
CRASH REPORTED DATE / TIME D	ISPATCH DATE / TIME	ARRIV/	1	et totale and normal, and some normal and assistant page.	ı	OLIGE MULTION	
TOTAL TIME OTHER TOTAL	OFFICER'S NAME*	1.0		EDIC NAME*		MOTORIST	
ROADWAY CLOSED INVESTIGATION TIME MINUTE		Сн	ECKED BY OFFIC	ER'S NAME^		SUPPLEMENT	
			* CHECKED BY OFFICER'S BADGE NUMBER*			(CORRECTION OR ADDITION	
	OFFICER'S BADG	E NUMBER*	CHECKED B	OFFICER'S BADGE N	UMBER*	TO AN EXISTING REPORT SENT TO COPS)	

LOCAL REPORT NUMBER

2,0,2,3,-,0,0,0,1,2,4,3,2

UNIT #	OWNER NAME: LAST, FI	RST, MIDDLE ( X SAME AS DRIVE	ER)	OWNER PHONE:	NCLUDE AREA CODE ( SAME AS DRIVER)		DAMAGE			
$a \mid 0 \mid 1$	JISTANDEN, K	KRISTY, LEA	<u> </u>		ORC 149.43 (A)(1)(mn					
2	ADDRESS: STREET, CITY, STAT		10			2 1-NONE	3 - FUNCTIONAL DAMAGE			
	RCIAL CARRIER: NAME, ADD	,	40	COMMERCIAL CARRIE	ER PHONE: INCLUDE AREA CODE	2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN				
1					A P HONE. INCLUDE AREA CODE	1	DAMAGED AREA(S)			
LP STATE	LICENSE PLATE #	VEHIC	LE IDENTIFICATION #	7 9 0 2 0 0			ICATE ALL THAT APPLY			
19	Q073211 RANCE INSURANCE COM		17.1.9.8.5.0.3.8. INSURANCE POLICY #		Suttain	11 12 1	11 12			
X VERI	FIED FOUNDER		ITOH287436	BLK	VEHICLE MODEL ASTRA	10 12	10 12			
	TYPE of USE		US DOT #	TOWED BY: COMPAN		10 2	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Соми	MERCIAL GOVERNMENT	IN EMERGENCY RESPONSE	THE STATE OF THE S	HAZARD	OUS MATERIAL	9 9 3	3 9 9			
INTE	RLOCK CE HIT/SKIP UNI	TUCCUPANTS	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS.	MATERIAL	CLASS # PLACARD ID #	7 5	4 8 7 5 74			
L EQUI	PPED MINISKIP OK	$0_1$	2 - 10,001 - 26K LBS 3 - >26K LBS.	S. PLACARD	1	7 0 5	12 7 6			
	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18-LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER	6	11 12 1			
$\lfloor 0 \rfloor 1$	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE	8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE	13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK	19-BUS (16+ PASSENGERS) 20-OTHER VEHICLE	24 - WHEELCHAIR (ANY TYPE)	10/	11 1 2			
UNIT TYP	E 4 - PICK UP	10 - MOPED OR MOTORIZED	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	25 - OTHER NON-MOTORIST 26 - BICYCLE	9	9 3 3			
	5 - CARGO VAN	BICYCLE 11 - ALL TERRAIN VEHICLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR	27 - TRAIN	<b> </b>	- 8 <b>11</b> 4 <b>-</b>			
ш	6 - VAN (9-15 SEATS)	(ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8 /	7 5 4			
	# OF TRAILING UNITS					11 12	7 6 11 12			
- - -	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE	3 - CONDITIONAL AUTOMATION	i 9 - UNKNOWN	10 12	2 10 12			
2	I 1-YES 2-NO 9-OTHER/UNK	1 0 1	0 DIDTIN NUTONIATION	4 - HIGH AUTOMATION 5 - FULL AUTOMATION	/	10 2				
		MODE LEVEL	Ľ			9 9 3	3 9 9			
0.1	1 - NONE 2 - TAXI	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY		16-FARM 17-MOWING	21 - MAIL CARRIER 99 - OTHER / UNKNOWN	7 5	4 5 7			
SPECIAL	3 - ELECTRONIC RIDE SHARING			18-SNOW REMOVAL	33-UTHER/UNINGWIN	6	8 6			
FUNCTIO	N 4 - SCHOOL TRANSPORT	9 - BUS - OTHER		19-TOWING	1	6	6 5			
	5 - BUS - TRANSIT/COMMUTER		15 - CONSTRUCTION EQUIPMENT	2 YOUNG SANSCOLOUGE SINCESPORCHOOLOUGH CO. CO.		ĺ	12 12 12			
$0_1$	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	CHACCIC	8 - POLE 9 - CARGO TANK	12 - CONCRETE MIXER	12				
CARGO BODY	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGOTANK 10-FLAT BED	13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE	a Ma				
TYPE			7 CDAINICHIDGICDAVEL	11 - DUMP	99 - OTHER / UNKNOWN	9 3	9 9 3 9 7 3 9 3			
	1 - TURN SIGNALS	4 - BRAKES		9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN	6				
VEHICLE DEFECTS	2 - HEAD LAMPS 3 - TAIL LAMPS	5 - STEERING 6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT DEFECTIVE	10-DISABLED FROM PRIOR ACCIDENT	1	l	6 6 6			
						☐ - NO DAMAGE	E[0]			
	CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED		9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE	N*******	_			
NON-MOTORIS	T 2-INTERSECTION - UNMARKED	CROSSWALK	8 - SIDEWALK	10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR	99 - OTHER / UNKNOWN	☐-TOP [13]	☐ - ALL AREAS [15]			
AT IMPACT		5 - TRAVEL LANE - OTHER LOCATION		TRAILS		☐ - UN	NIT NOT AT SCENE [16]			
		1 - STRAIGHT AHEAD		13 - NEGOTIATING A CURVE	18 - APPROACHING	INIT	IAL POINT OF CONTACT			
3	2-NON-COLLISION 3-STRIKING 0 2	2 - BACKING 3 - CHANGING LANES	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE	14-ENTERING OR CROSSING SPECIFIED LOCATION	OR LEAVING VEHICLE 19-Standing	0 - NO DAMA	AGE 14 - UNDERCARRIAGE			
ACTION			10 - PARKED	15 - WALKING, RUNNING,	20 - OTHER NON-MOTORIST	0 6 1-12 - REFE	RTO UNIT 15 - VEHICLE NOT AT SCENE			
	5 - BOTH STRIKING ACTIONS & STRUCK		11 - SLOWING OR STOPPED IN TRAFFIC	JOGGING, PLAYING 16 - WORKING	21 - STANDING OUTSIDE Disabled vehicle	13 - TOP	RAM 99 - UNKNOWN			
	9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	III TIMALITIC	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN					
		7 - LEFT OF CENTER		17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL			
		8 - FOLLOWING TOO CLOSE / ACD	DADVED DOCITION	18-OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE	1 - ONE-WAY	TRAFFIC CONTROL  1 - ROUNDABOUT 4 - STOP SIGN			
1,2	4 - RAN STOP SIGN	9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING	ILLEGALLY	19-LOAD SHIFTING/FALLING/	23-OPENING DOOR INTO ROADWAY	2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN			
CONTRIBUTING CIRCUMSTANCE	G S 5 - UNSAFE SPEED	11 - DROVE OFF ROAD	15 - SWERVING TO AVOID	SPILLING	99 - OTHER IMPROPER ACTION		3 - FLASHER 6 - NO CONTROL			
	6-IMPROPERTURN	12-IMPROPER BACKING	TO - MUONG WAT	20 - IMPROPER CROSSING		# OF THROUGH LANES	RAIL GRADE CROSSING			
SEQUENCI	E OF EVENTS		NON-COLLISION			2	1 - NOT INVOLVED  2 - INVOLVED-ACTIVE CROSSING			
1 2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE -	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE		3 - INVOLVED-PASSIVE CROSSING			
11	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF	17 - ANIMAL — FARM	EQUIPMENT 23 - STRUCK BY FALLING,	DNIT / N	ON-MOTORIST DIRECTION			
2		8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY	18-ANIMAL — DEER 19-ANIMAL — OTHER	SHIFTING CARGO OR	0111.7	ON-MOTORIST DIRECTION  1 - NORTH 5 - NORTHEAST			
	5 - CARGO/EQUIPMENT	10-CROSS MEDIAN	13-UTHER NOW COLLISION	20 - MOTOR VEHICLE IN	ANYTHING SET IN MOTION By a motor vehicle	2	2 - SOUTH 6 - NORTHWEST			
3	LOSS OR SHIFT		15 DED 11 OVOL 5	TRANSPORT 21 - PARKED MOTOR VEHICLE	24-OTHER MOVABLE OBJECT	FROM 2 TO L				
	25 - IMPACT ATTENUATOR		N WITH FIXED OBJECT	- STRUCK			4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN			
4	/ CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER		43 - CURB 44 - DITCH	50 - WORK ZONE MAINTENANCE - EQUIPMENT	HMIT COFFD				
1	26 - BRIDGE OVERHEAD	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	51 - WALL	UNIT SPEED	DETECTED SPEED			
5	27 - BRIDGE PIER OR ABUTMENT	34-MEDIAN GUARDRAIL BARRIER	AD UTU ITY DOLD	46 - FENCE 47 - MAILBOX	52 - BUILDING 53 - TUNNEL		1 - STATED / ESTIMATED SPEED			
1		35 - MEDIAN CONCRETE	41 - OTHER POST, POLE	47 - MAILBOX 48 - TREE	54-OTHER FIXED OBJECT	POSTED SPEED	2 - CALCULATED / EDR 3 - UNDETERMINED			
6	29 - BRIDGE RAIL 30 - GUARDRAIL FACE	BARRIER 36 - MEDIAN OTHER BARRIER	OR SUPPORT	49-FIRE HYDRANT	99 - OTHER / UNKNOWN	POSTED SPEED	3 - MANELEWITHEN			
	FIRST HARMFUL EVENT				1					
		, most in	WIGHT OF FACIAL							

LOCAL REPORT NUMBER

2,0,2,3,-,0,0,0,1,2,4,3,2,

0 17 # 0 2	DOLIN, JOH	RST, MIDDLE ( SAME AS DRIVER W	8)		(CLUDE AREA CODE (□ SAME AS DRIVER) DRC 149.43 (A)(1)(mi	DAMAGE ) DAMAGE SCALE				
OWNERA	ADDRESS: STREET, CITY, STAT	TE, ZIP (X SAME AS DRIVER)		The state of the s	217777	3 1-NONE	3 - FUNCTIONAL DAMAGE			
	5 ,Charlestow CIAL CARRIER: NAME, ADI			COMMERCIAL CARRIE	ER PHONE: INCLUDE AREA CODE	2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN				
							MAGED AREA(S)			
LP STATE		1 HFS C2	LE IDENTIFICATION # $2 \cdot 0 \cdot 2 \cdot N \cdot A \cdot 4 \cdot 0 \cdot 1$	5 8 2 VEHICLE Y		12	ATE ALL THAT APPLY			
INSUR VERIF	ANCE INSURANCE COM	PANY	INSURANCE POLICY#	COLOR	VEHICLE MODEL	11 12 1	11 12 1			
- VERI	TYPE OF USE		6018877386 US DOT #	RED TOWED BY: COMPA	GL1500A	10 11 1	10 11 1 2			
СОММ	ERCIAL GOVERNMENT	IN EMERGENCY RESPONSE		HAZARD	OUS MATERIAL	9 9 3	3 9 9 3 3			
INTER DEVICE		IT 0 2	EHICLE WEIGHT GVWR/GCWR  1 - ≤10K LBS. 2 - 10,001 - 26K LB  3 - >26K LBS.	MATERIAL	CLASS # PLACARD ID #	8 7 6 5	8 7 5 5			
_0_7_	3 - SPORT UTILITY VEHICLE 4 - PICK UP	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOED OR MOTORIZED	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR	18-LIMO (LIVERY VEHICLE) 19-BUS (16+ PASSENGERS) 20-OTHER VEHICLE 21-HEAVY EQUIPMENT	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE	10	11 12 1 10 2 2 9 3 3 3			
	5 - CARGO VAN 6 - VAN (9-15 SEATS)	BICYCLE 11 - ALL TERRAIN VEHICLE	16 - FARM EQUIPMENT 17 - MOTORHOME	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN 99 - Unknown or Hit/Skip	7.	8 4 -			
	# OF TRAILING UNITS	(ATV/UTV)				12	5 12			
_2_	WAS VEHICLE OPERATING IN A MODE WHEN CRASH OCCURRE 1-YES 2-NO 9-OTHER/UNI	D? <b>0</b>	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	I 9 - UNKNOWN	11 12 1 10 11 12 2 9 9 3	6 11 12 1 10 11 1 1 2 3 9 9 3 3			
$\begin{bmatrix} 0 & 1 \end{bmatrix}$ SPECIAL FUNCTION	3 FLECTRONIC DIDE CHARING	9 - BUS - OTHER	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16-FARM 17-MOWING 18-SNOW REMOVAL 19-TOWING	21 - MAIL CARRIER 99 - OTHER / UNKNOWN	8 7 6 5	8 7 5 5			
O 1 CARGO BODY TYPE	1 - NO CARGO BODYTYPE /NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	900 10000000000000000000000000000000000	8 - POLE 9 - CARGOTANK 10-FLAT BED 11-DUMP	12 - CONCRETE MIXER 13 - AUTOTRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN	9 3 9	12 12 12			
	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICKTIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10-DISABLED FROM PRIOR ACCIDENT	99 - OTHER / UNKNOWN	6				
NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION – MARKED CROSSWALK 2 - INTERSECTION – UNMARKED CROSSWALK	3 - INTERSECTION – OTHER 4 - MIDBLOCK – MARKED CROSSWALK 5 - TRAVEL LANE – OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10-DRIVEWAY ACCESS 11-SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN	☐ - NO DAMAGE [ ☐ -TOP [13] ☐ -UNIT	0] -UNDERCARRIAGE [14] -ALL AREAS [15] NOT AT SCENE [16]			
_4_ action	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK PRE-CRASH 6 STRUCK ACTIONS 6 STRUCK 9 - OTHER / UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHTTURN 6 - MAKING LEFTTURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED INTRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN	0 - NO DAMAG	TO UNIT 15 - VEHICLE NOT AT SCENE M 99 - UNKNOWN			
	1 - NONE	7 - LEFT OF CENTER	DIDI/ED DOCITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL			
O 1	2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED	8 - FOLLOWING TOO CLOSE / ACD/ 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD	14 - STOPPED OR PARKED	18-OPERATING DEFECTIVE EQUIPMENT 19-LOAD SHIFTING/FALLING/ SPILLING	22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION	1 - ONE-WAY 2 - TW0-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL			
	6-IMPROPERTURN	12-IMPROPER BACKING	10 - WRONG WAY	20-IMPROPER CROSSING		# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED			
2000	OF EVENTS  1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF	16 - RAILWAY VEHICLE 17 - ANIMAL — FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT	_ 2_	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING			
3	3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 25 - IMPACT ATTENUATOR	B - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	TRAVEL 12-DOWNHILL RUNAWAY 13-OTHER NON-COLLISION 14-PEDESTRIAN 15-PEDALCYCLE N WITH FIXED OBJECT	18 - ANIMAL — DEER 19 - ANIMAL — OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 50 - WORK ZONE MAINTENANCE	UNIT/NON	1 - NORTH   5 - NORTHEAST   2 - SOUTH   6 - NORTHWEST   3 - EAST   7 - SOUTHWEST   4 - WEST   8 - SOUTHWEST   9 - OTHER/UNKNOWN			
5	/ CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL	38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT	44 - DITCH 45 - EMBANKMENT 46 - FENCE	EQUIPMENT 51 - WALL 52 - BUILDING	UNIT SPEED	DETECTED SPEED  1 - STATED / ESTIMATED SPEED			
6	27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	POSTED SPEED	2 - CALCULATED / EDR 3 - UNDETERMINED			
1 1	FIRST HARMFUL EVEN	T     MOST U	ADMEIII EVENT			í í í	1			

OHIO DEPARTMENT MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER							
									[2,0,2,3,-10,0,1,2,4,3,2]					
UNIT # NAME: LAST, FIRST, MIDDLE  O 1 STANDEN, KRISTY, LEA									DATE OF BIRTH AGE GENDER					
	S: STREET, CITY, S		LA						1 0 2 9 1 9 8 2					
두		ST, Kent, OH 4	4240						CONTACT PHONE - INCLUDE AREA CODE  Redacted per ORC 149.43					
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TA	AKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT						TRAPPED
	J BY ∟							0 4	MC HE		_ 1	1_		
OL STATE		LICENSE NUMBER		OFFENSI		RGED	LOCAL CODE	OFFENSE DESC	OTHER NOMBER					
O H		ted per ORC 450					X	Starting and				25320		
OL CLASS	SELECT UP TO 2	RESTRICTION SELEC		VER TRACTED		OHOL / DRUG SUSPI	E <b>CTED</b> RIJUANA	CONDITION	STATUS T	YPE VAL		TATUS TY	PE RESUL	) T select up to 4
4				1		THER DRUG		1	1	1		1 1 1	1   "	
UNIT #		FIRST, MIDDLE	THE RESERVE		e de la companya de					DATE OF	BIRTH		AGE	GENDER
_0_2	7	N, JOHN, W							0 6	1   2	1 9	6   1	1 1 1	
	S: STREET, CITY, S	,								PHONE - INCL				
Θ		,Charlestown ,O	H 4426						Redac	cted per				
Ż	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TA	KEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	DOT-Co	MPLIANT			GE EJECTION	TRAPPED
5 OL STATE	]	LICENSE NUMBER		OFFENSE	CUA	2050	10041	0 1	Шмс не	LMET 0	1			
O H		ted per ORC 450	1.1 12	UFFENSE	: GHAF	KGED	CODE	OFFENSE DESC	RIPTION			CITATION	NUMBER	
OL CLASS	ENDORSEMENT		THE RESIDENCE OF THE PARTY OF T	/ER	ALCO	OHOL / DRUG SUSPE	CTED	CONDITION	ALC	OHOL TEST		DR	UG TEST(S	1
	SELECT UP TO 2		DIST BY	TRACTED		LCOHOL MAF		CONDITION		YPE VAL		TATUS TY		SELECT UPTO 4
4				1[	01	THER DRUG		1	_1	1		1_1		الاللا
UNIT#	NAME: LAST,	FIRST, MIDDLE								DATE OF I	BIRTH		AGE	GENDER
ADDDESS														
ADDRESS	STREET, CITY, ST	TATE, ZIP							CONTACT	PHONE - INCL	UDE AREA COI	DE		
INJURIES	INJURED	EMS AGENCY (NAME)		INJUDEDTA	VENTO	: MEDICAL FACILITY		CAFETY FAUTAMENT					+	
NON	TAKEN BY	LINS AUCHOT (NAME)		INJUKEDTA	KEN IU:	: MEDICAL FACILITY (	NAME, CITY)	USED	□ MC HE	MPLIANT SEATIN	NG POSITION	AIR BAG USAG	GE EJECTION	TRAPPED
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENSE	CHAR	RGED	LOCAL	OFFENSE DESC	RIPTION			CITATION NUMBER		
	ı													
OL CLASS	SELECT UP TO 2	RESTRICTION SELEC		RACTED -	-	OHOL / DRUG SUSPE		CONDITION	STATUS T	OHOL TEST (PE VAL	UE S	TATUS TY	UG TEST(S Pe Result	SELECT UP TO 4
				i	_	THER DRUG	IJUANA			1				
To See Standard State of the	URIES	SEATING POSITION	derive their agencies	IR BAG		OL CLASS		OL RESTRIC	TION(S)	DRIVER D	ISTRACTI	ION	TEST STA	TUS
1 - FATAL 2 - SUSPECTED	SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPL 2 - DEPLOYE			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTERI 2 - CDL INTRASTATE		1 - NOT DISTRA			ONE GIVEN	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MINOR INJURY	2 - FRONT - MIDDLE	3 - DEPLOYE			3 - CLASS C		3 - CORRECTIVE LEI			IC COMMUNIC	ATION 3-TE	EST REFUSED EST GIVEN, CON	TAMINATED
4 - POSSIBLE I 5 - NO APPARE		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE	4 - DEPLOYE 5 - NOT APPL	OYED BOTH FRONT / SIDE 4 - REGULAR CLASS (OHIO = D)				4 - FARM WAIVER	DUG	DIALING)	XTING, TYPIN	/ 3/ / TI	AMPLE / UNUSA	
10 18 22		(MOTORCYCLE PASSENGER)  5 - SECOND – MIDDLE		IENT UNKNOW	IKNOWN 5 - M/C MOPED ONLY 6 - EXCEPT CL			6 - EXCEPT CLASS A	A COMMUNICATION DEV			ICE 5 - TEST GIVEN, RESULTS		
1 - NOT TRANS	TAKEN BY PORTED	6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTOR	P-TRAILER	4 - TALKING ON COMMUNIC	HAND-HELD ATION DEVICE		NKNOWN	
/TREATED A	T SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJEC	ECTION		OL ENDORSEM	IENT	8 - INTERMEDIATE I		5 - OTHER ACT	IVITY WITH A	AL.	COHOL TES	TTYPE
3 - POLICE		8 - THIRD - MIDDLE	2 - PARTIALL			H - HAZMAT M - MOTORCYCLE		9 - LEARNER'S PERI	MIT	ELECTRONI 6 - PASSENGER		2 - BI		
9 - OTHER / UNI	KNOWN	9-THIRD - RIGHT SIDE 10-SLEEPER SECTION	3 - TOTALLY E			P - PASSENGER		RESTRICTIONS 10 - LIMITED TO DAY	ICHT ONLY	7 - OTHER DIST		3 - UI	RINE REATH	
Contract No. of Street, and	QUIPMENT	OF TRUCK CAB	4 - NOT APPL	ICABLE		N - TANKER Q - MOTOR SCOOTER		11 - LIMITED TO EMP		8 - OTHER DIST	TRACTION OU			
1 - NONE USED 2 - SHOULDER I	BELT ONLY USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	TR 1-NOTTRAP	APPED	4.4	R - THREE-WHEEL MOT	ORCYCLE		12 - LIMITED - OTHER THE VEHICLE  9 - OTHER / UNKNOWN DRUGT			RUG TEST	TYPE	
3 - LAP BELT OF		(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	2 - EXTRICAT	ED BY		S - SCHOOL BUS T - DOUBLE & TRIPLE T	RAILERS	13 - MECHANICAL DE (SPECIAL BRAKE	, HAND		1-NONE			
	RAINT SYSTEM –	12 - PASSENGER IN UNENCLOSED CARGO AREA	3 - FREED BY	CAL MEANS		X - TANKER / HAZMAT		CONTROLS, OR OTHER ADAPTIVE DEVICES)				2 - BI 3 - UI		
FORWARD F	ACING	13 - TRAILING UNIT	NON-MECH	HANICAL MEAN	NS	GENDER		14 - MILITARY VEHIC 15 - MOTOR VEHICLES		2 - PHYSICAL II 3 - EMOTIONAL		4 - 01	THER	
6 - CHILD REST REAR FACIN	RAINT SYSTEM – G	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F - FEMALE		AIR BRAKES		ANGRY, DISTUR			IG TEST RE	SULT(S)
7 - BOOSTER SE		15 - NON-MOTORIST 99 - OTHER / UNKNOWN				M - MALE U - OTHER / UNKNOWN		16 - OUTSIDE MIRROR 17 - PROSTHETIC AID	•	4 - ILLNESS 5 - FELL ASLEE	P. FAINTED.		APHETAMINES ARBITURATES	
8 - HELMET US 9 - PROTECTIVE	PADS USED	VIIILAI VIIMIVIII						18-OTHER		FATIGUED, E	TC.	Activities and the second	ENZODIAZEPINE	S
(ELBOW, KNI 10 - REFLECTIVE										6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS			4 - CANNABINOIDS 5 - COCAINE	
11 - LIGHTING -	PEDESTRIAN							5		/ALCOHOL 9-OTHER/UNK	(NOWN		PIATES/OPIOID	S
/ BICYCLE OF												7 - OT	HER Egative resul	TC
N. 16. 11. 11. 11. 11.					1		4-17					0 - 140	CONTINE KE SUL	19

OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER							
							2-0-2-30-0-0-1-2-4-3-2						
UNIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
DOLIN, PATRICIA, ANN							1,2,0,4,1,9,6,5						
ADDRESS: STREET, CITY, STATE, ZIP 5751 STATE ,RAVENNA ,OH 44266								CONTACT PHONE - INCLUDE AREA CODE					
INJURED INJURED EMS AGENCY (NAME)  INJURED TAKEN TO: MEDICAL FACILITY (NAME CITY)   SAFFTY FORIDMENT								Redacted per QRC 149.43					
5	TAKEN USED USED							SEATING POSITION	1 _	EJECTION	TRAPPED		
									5	J	<u> </u>		
UNIT # NAME: LAST, FIRST, MIDDLE								FE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT BUOM	<u> </u>	<u> </u>		بـــــا		
ADDRESS	,	, , <u></u>					CONTACT PHON	- INCLUDE AREA C	DDE				
INJURIES								SEATING POSITION	AID BAG HEAGE	EJECTION	TRAPPED		
	TAKEN BY				,	USED	DOT-COMPLIANT MC HELMET		AN DAG COAGE	Locolion	INAFFED		
UNIT#	NAME: LA	T, FIRST, MIDDLE			N		DA	E OF BIRTH	<u> </u>	AGE	GENDER		
L								L OI DANIII		AUE	GENDER		
ADDRESS:	STREET, CITY	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DDE				
ADDRESS:													
INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	ВУ					USED	MC HELMET	 		ļ,	<u> </u>		
UNIT#	NAME: LAS	T, FIRST, MIDDLE		A COLOR OF SECTION AS	The second	* *	DAT	E OF BIRTH		AGE	GENDER		
<b>5</b>							<u></u>				   1		
Address:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
	YM WIDED	Tite a											
THIORIE2	INJURED TAKEN BY	EMS AGENCY (NAME)	j	INJURED TAKEN TO; Medical Facili	ITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		RIES	SAFETY	EQUIPMENT USED		CEATING DOC	MC HELMET		Ĺ	ا ا			
1 - FATA	5868 pril 300039		1 - NONE US	SWINE TO SHEED, AND ALL HOUSENESS AND AND	State of the state	SEATING POS T = LEFT SIDE	ITTOX	1 - NOT DE	AIR BAG U	SAGE			
- 2 - SUSP	ECTED SE	RIOUS INJURY		OCCUPANT	(MOT	ORCYCLE DRIV	ER)		YED FRONT				
3 - SUSF	ECTED MI	NOR INJURY		R BELT ONLY USED	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE			3 - DEPLOYED SIDE					
	IBLE INJU			4-SECOND - LEFT SIDE				4 - DEPLO	The state of the s		10 M		
5 - NU A	PPARENT I	NJURY	化学系统 经分分	ESTRAINT SYSTEM - 5- SECOND - MIDDLE			ENGER)	FRONTA 5 - NOT AP					
(3) 经公司的 (3) (3)	Sec. 2018	TAKEN BY	FORWARI	) FACING	6 - SECOND - RIGHT SIDE			9 - DEPLOYMENT UNKNOWN					
	FRANSPOR ATED AT S		6 - CHILD RE	STRAINT SYSTEM DING		) – LEFT SIDE DRCYCLE SIDE	CAR)		EUECTI(				
2 - EMS			7 - BOOSTER	SEAT	.8 - THIRE	) – MIDDLE		1 - NOT EJ	Security Autor Autoritation	JX V V V	\$1100.78		
3 - P0LI	CE - 4		8 - HELMET	USED	9 - THIRD = RIGHT SIDE 10 - Sleeper Section of Truc				LLY EJECTE	D			
. 9-OTHE	R/UNKNO	WN		IVE PADS USED KNEES, ETC.)	11 - PASSENGER IN OTHER ENCLOSED 3 - TOTALLY EJECTED								
ila kajanasilas	10 X 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DER		IVE CLOTHING		O AREA (NON-TR ICK-UP WITH CAF		4 - NOT AP	PLICABLE	. A.			
F-FEMAI M-MALE	ERC 新图图2500000000000000000000000000000000000			– PEDESTRIAN		ENGER IN UNEI	NCLOSED	i s menidos se se se	TRAPPE	D)			
<ul> <li>4. Sept. 1887, 1887, 1887</li> </ul>	R / UNKNOV	VN	/ BICYCLE		13 - TRAIL	DAREA ING UNIT		1 - NOT TR	(4) (2) (4) (4)				
			99-OTHER/L	INKNOWN	化复数分配 医多种皮肤 化二氯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	G ON VEHICLE	EXTERIOR	2 - EXTRIC	ATED BY MI	ECHANIC	AL		
		and the second of the second			15 - NON-N	RAILING UNIT) MOTORIST		3 - FREED	BY NON-ME	CHANICA	\L		
\$3000					99 - OTHE	R / UNKNOWN		MEANS					
NAME: LAST	T, FIRST, MIDDI	.E					DAT	E OF BIRTH		AGE	GENDER		
ADDRESS	STREET, CITY,	STATE, ZIP			<del></del>		CONTACT DUCK			111			
	, 411 41	· · · · · · · · · · · · · · · · · · ·					CONTACT PHONE	- INCLUDE AREA COI	DE .				
NAME: LAST	NAME: LAST, FIRST, MIDDLE						DAT	E OF BIRTH		AGE	GENDER		
						- 1 1		, ,	AME	WENDER .			
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE	- INCLUDE AREA COI	DE					
					·		<u> </u>	<u></u>					
NAME: LAST	, FIRST, MIDDL	E					DAT	E OF BIRTH		AGE	GENDER		
ADDRESS	STREET, CITY, S	TATE 71P					00017657			للل			
	orneelfoll (fi	ren by AIF					CONTACT PHONE	- INCLUDE AREA COL	DE .				
SV 8355 OU15						***************************************							